



Abu Dhabi Occupational Safety and Health System Framework (ADOSH-SF)

ADOSH-SF Technical Guideline
New and Expectant Mothers - A guide for
Employers

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1. Introduction

- (a) ADPHC recognizes that everyone has an equal right to protection from harm at work, but that doesn't mean treating everyone as if they were all the same. For example, the jobs that women and men do and their working conditions are not always the same. These factors may affect the hazards they face at work and the approach that needs to be taken to assess and control them. This is even more relevant for women if they fall pregnant or have recently delivered a child.
- (b) The requirements that are set within the ADOSH-SF are applicable to all workplaces and employees and must be implemented where applicable, regardless of gender, however the guidance within this document is aimed specifically at new and expectant mothers.
- (c) Pregnancy brings many changes for a woman. These changes will vary depending on the individual circumstances, and may or may not interfere with a woman's ability to carry out her work duties in the usual manner.
- (d) Pregnancy and childbirth are a normal part of a woman's life and should not be equated with ill health. Many women work while they are pregnant, and many return to work while they are still breastfeeding.
- (e) The purpose of this booklet is to provide employers with guidance on what measures they can take to help to make the workplace safe and healthy for women when they become pregnant or indeed return to work following the birth of their child.

2. Assessing the Workplace

2.1. Prior to Notification of Pregnancy, Child Birth or Breastfeeding.

- (a) Under the requirements of *ADOSH-SF - Element 2 - Risk Management*, all employers and workplaces must undertake a risk assessment of their undertakings. As part of this risk assessment, employers must ensure that they identify any hazards that could affect the safety and health of their employees or affected persons, which includes females of childbearing age.
- (b) In most cases pregnancy usually goes undetected for the first 4-6 weeks. It is therefore important for employers to ensure that hazards and risks for all female employees of childbearing age are identified and control measures implemented.
- (c) The risk assessment should also take account that some hazards can present more of a risk at different stages of the pregnancy. Exposure limits for hazardous substances and other agents are set at levels which should not put a pregnant or breastfeeding worker, or her child, at risk. (In some cases, there are lower exposure levels for pregnant workers, or for women of childbearing capacity, than for other workers.) Controlling common workplace risks appropriately will reduce the need for special action for new and expectant mothers.
- (d) An example of this could be chemicals with the risk phase 62 (R62) which poses a possible risk of impaired fertility. If using chemicals classed as these then regardless of being pregnant, women of childbearing age should not be exposed.
- (e) Further examples could be manual handling, hormonal changes can affect the ligaments, increasing susceptibility to injury and postural problems may be increased as the pregnancy progresses.
- (f) Following a completion of the workplace risk assessment, the employer is required to consult and inform employees of the outcome of the risk assessment and also of the control measures that have been implemented. This is no different for women of childbearing age, as the employer you have a duty to ensure they are aware of any specific hazards that may be present in the workplace that could affect their ability to have children, their unborn child or may affect them during breastfeeding.
- (g) It is vitally important that your employees are aware of the need for written notification of pregnancy, or that they are breastfeeding or have given birth in last six months, as early as possible.
- (h) Figure one below gives an overview of the process.

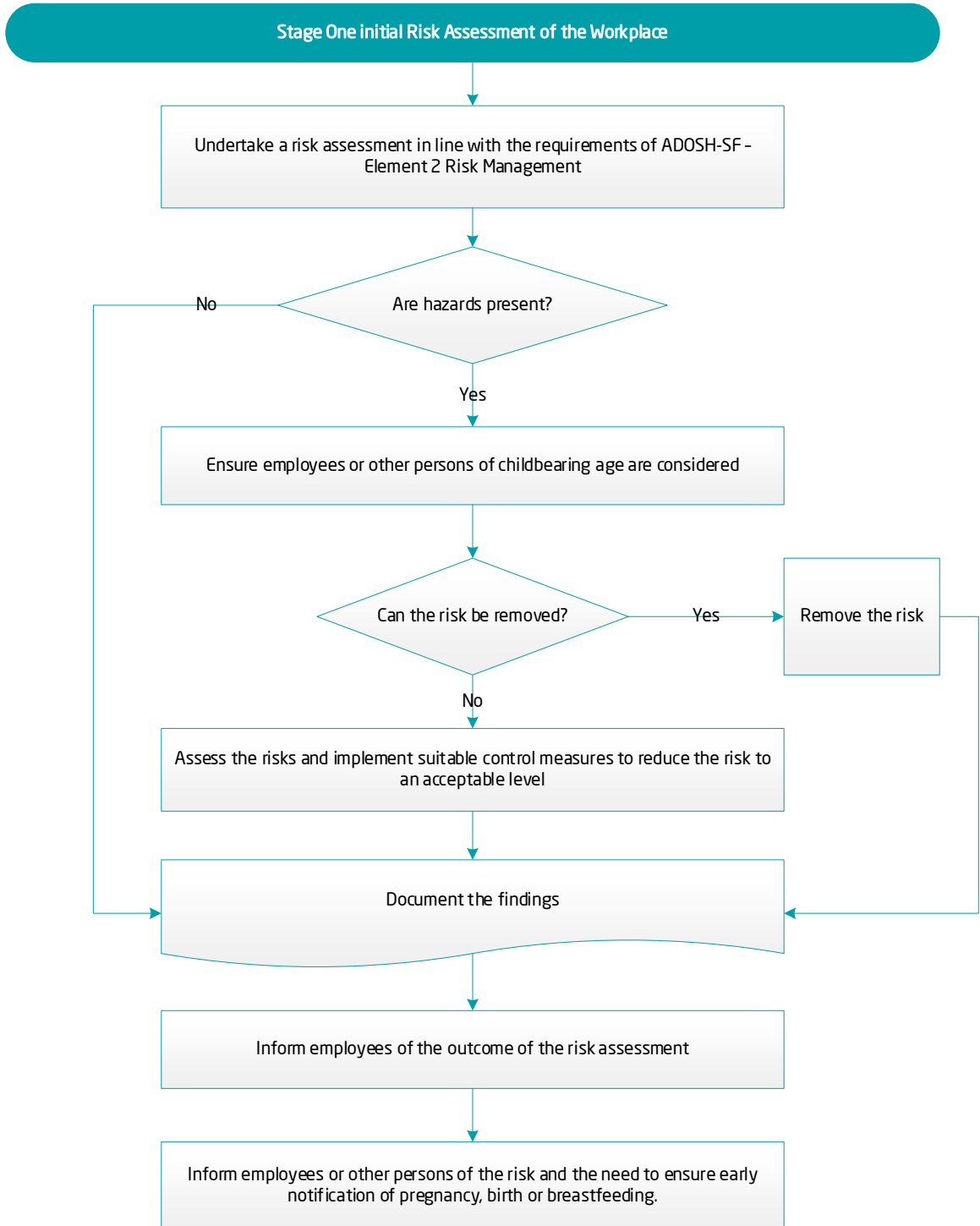


Fig 1: Stage One assessment of the workplace

3. Training

- (a) Following the initial risk assessment of the workplace, there will be a need to undertake some training for employees. In the main, the training will be identified by the risk assessments undertaken, however with regards to new and expectant mothers, there will be additional training that needs to be provided.
- (b) Firstly, as an employer you must ensure that OSH personnel employed within your organization are educated on the occupational hazards associated with new and expectant mothers. This training will help ensure that the risk management programs and ongoing controls implemented within the workplace take into account any specific hazards or issues that may be harmful.
- (c) Secondly there is a need to provide specific training to women in the workplace that are of childbearing age. This training should include specific information on the hazards within the workplace with special consideration for how this could affect them if they are pregnant, have given birth in the last six months or are breastfeeding.
- (d) It should also include information on what is required of the employee, including the need to ensure early notification of pregnancy, birth in the last six months or breastfeeding and also to ensure they are aware of the need for ongoing communication during this period and to highlight any issues they are experiencing as early as possible.
- (e) The training provided to this group should also include information on what actions will be taken by the employer following notification.

4. Notification of Pregnancy, Birth or Breastfeeding

- (a) Under the requirements of *ADOSH-SF - CoP 9.1- New and Expectant Mothers*, employees are required to notify their employer as soon possible that they are pregnant, breastfeeding or recently given birth. This notification is required to be in writing and should include certification from a registered medical practitioner. There may be instances where the certification from a registered medical practitioner is delayed, this should not result in a delay from the employer implementing the requirements of the Code of Practice.
- (b) As an employer, it is vital that all employees are aware of the need to provide early notification and the reasoning behind this notification.

5. Specific New and Expectant Mother Risk Assessment

- (a) Following notification from your employee that she is due to give birth, or indeed has recently given birth, there are a number of specific actions that must be put in place to safeguard the health of the mother and child. Figure two below outlines the process for a specific new and expectant mother's risk assessment.

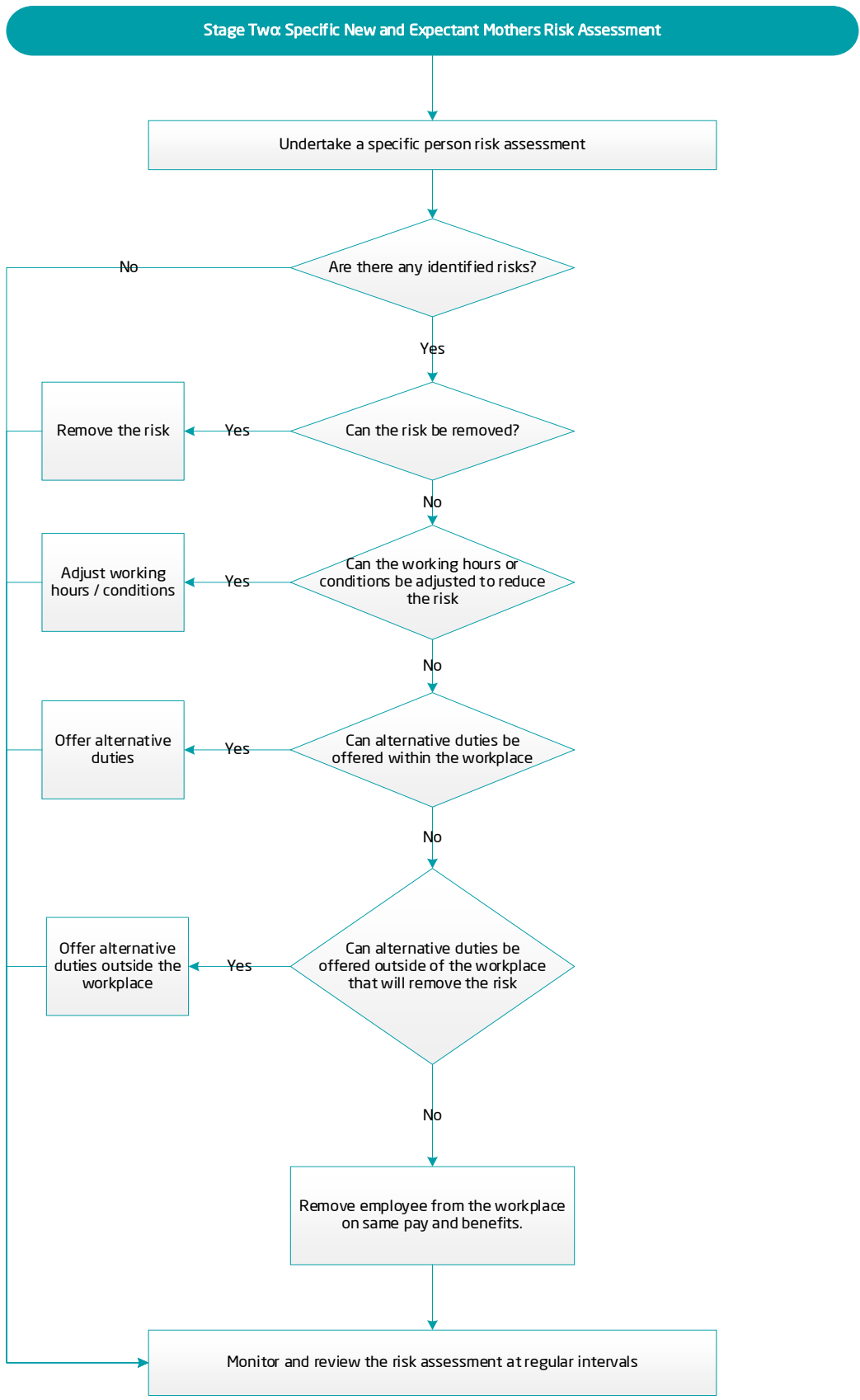


Fig 2: Specific New and Expectant Mothers Risk Assessment

5.1. Undertaking a Specific Risk Assessment

- (a) The risk assessment process is not a complicated one and it is important that the employee is fully involved in the process. It is also important that a sympathetic, flexible approach is adopted during this process and the employee is made to feel at ease as this is already a stressful time for some.
- (b) Always ensure that the employee is aware of the objectives of the assessment and not made to feel that due to her pregnancy or having given birth, she is being made to change her working environment.
- (c) The risk assessment should be undertaken after discussion with the employee concerned and observation of her working practices. Discussions should also take place with her line manager to ensure any other concerns are identified. Once notification has been given to the employer, a risk assessment must be carried out as soon as is reasonably practicable.
- (d) A template for undertaking a specific risk assessment for new and expectant mothers is provided in Appendix one. Employers can use this template to document any findings for the risk assessment. This template may require alteration to ensure it meets the needs of the organization.

5.2. Gathering Information

- (a) As with all risk assessments, the more information available on the undertakings of the employee and the procedures they are following, the more likely the specific risk assessment will be able to identify any issues that may be present. Review your general workplace risk assessments that have already been completed and identify any issues within these that may affect the employee. Consider reviewing:
 - (i) General risk assessments carried out on normal working;
 - (ii) Manual handling risk assessments carried out on normal working;
 - (iii) risk assessments for any chemicals that may be used in the working environment;
 - (iv) Information regarding normal role and activities carried out; and
 - (v) Personnel information such as previous absence and other medical information that may be held within the personnel file.
- (b) This information will help employers to determine if there is any underlying information that needs to be taken into account during the risk assessment. If hazards are identified through the general risk assessments that may pose additional risks to a pregnant worker, these must be taken into consideration during the process.

5.3. Issues to be considered during the risk assessment process

5.3.1. Pregnant women

- (a) Problems such as fatigue, backache, nausea/vomiting, swollen ankles, dizziness can occur even during a normal pregnancy.
- (b) Any pre-existing health problems such as epilepsy, diabetes or blood pressure may increase the likelihood of harm occurring whilst undertaking certain tasks at work.
- (c) In addition, some work factors such as standing for uninterrupted periods of longer than 3 or a total of 5 hours per day or prolonged spells of lifting or bending may have a cumulative harmful effect.

5.3.2. Breastfeeding Mothers

- (a) Whilst new mothers may not actually breastfeed whilst at work, there may be a need to express milk. Employers are required to make provision for them to do this and provide facilities to store the milk.
- (b) The expressed milk can be stored in a refrigerator if it is in a suitable sealed and labelled container.

5.3.3. Return to Work

- (a) Regular communication/liaison with the individual is essential to the effective management of the health, safety and welfare of new and expectant mothers.

5.3.4. During pregnancy

- (a) If a woman returns to work after sickness absence during pregnancy, she must only do so with the consent of her GP.
- (b) It may be necessary to temporarily adjust the woman's working conditions/hours or offer suitable alternative duties in order to facilitate a successful return to work.

5.3.5. After giving birth

- (a) Anyone returned from maternity leave must be seen by her HR manager and a full risk assessment carried out prior to return to work.
- (b) The medical practitioners consent must be given for anyone who wishes to return to work prior to the postnatal checkup.
- (c) Caesarean Section - There can be a risk from manual handling to women who have recently given birth after caesarean section. A temporary limitation on lifting and handling capabilities may be necessary for up to 12 months after birth.
- (d) Anyone returning to work following miscarriage/still birth must be dealt with in a sympathetic and discreet way.

5.4. Specific Hazards

- (a) When undertaking a risk assessment for a new or expectant mother, you need to ensure that it is specific to the individual and her working conditions. Each person's capability to carry out work during pregnancy will vary greatly. The physical demands of her job, together with the individual's health, physical strength, fitness and stage of pregnancy must be taken into account. When assessing any risks, the medical information that is supplied must be taken into account as this could have a bearing on the ability to carry out the role.
- (b) As an example, the posture of expectant mothers changes to cope with increasing size, this will affect how they can cope with different hazards at work and should be considered through the risk assessment process.
- (c) Table one below, identifies a number of issues that should be considered when undertaking a specific risk assessment for new or expectant mothers. It is important to note that this table is not exhaustive and only provides guidance on some of the more common issues. Employers should ensure they undertake a robust specific risk assessment for their employees.

Table one: Possible hazards for new and expectant mothers

List of Hazards / Agents or Working Conditions	Potential Risk	Precaution / Possible Control Measures
Physical Agents		
Shocks, vibration or movement	Regular exposure to shocks low frequency vibration, for example driving or riding or excessive movement, may increase the risk of a miscarriage. Long term exposure to vibration does not cause fetal abnormalities but often occurs with heavy physical work, so there may be an increased risk of prematurely or low birth weight	<p>Pregnant employees and those who have recently given birth are advised to avoid work likely to involve uncomfortable whole body vibration, especially at low frequencies, or where the abdomen is exposed to shocks or jolts.</p> <p>Breastfeeding employees are at no greater risk than other employees</p>

List of Hazards / Agents or Working Conditions	Potential Risk	Precaution / Possible Control Measures
Manual Handling	<p>Pregnant employees are especially at risk from manual handling injury e.g.: hormonal changes can affect the ligaments, increasing susceptibility to injury and postural problems may be increased as the pregnancy progresses</p> <p>There can also be risks for those who have recently given birth, for example after a caesarean section there is likely to be a temporary limitation of lifting and handling capability.</p> <p>There is no evidence to suggest that breastfeeding mothers are at greater risk from manual handling injury than any other employee</p>	<p>It may be possible to alter the nature of the task so that tasks that have a manual handling risk are reduced for all employees including new or expectant mothers. It would be necessary to address the specific needs for the employee and reduce the amount of physical work she is required to do</p>
Noise	<p>Although no direct or specific risk to new or expectant mothers or fetus, prolonged exposure may cause tiredness and increased blood pressure</p>	<p>Comply with <i>ADOSH-SF - CoP 3.0 - Occupational Noise</i></p>
Work at heights	<p>Fall from ladders, platforms</p>	<p>Risk assessment to consider additional risks associated with working at heights</p> <p>Prevent exposure to work at heights</p>

List of Hazards / Agents or Working Conditions	Potential Risk	Precaution / Possible Control Measures
Radiation Hazards: Ionizing radiation	<p>Significant exposure can harm the fetus</p> <p>If a nursing mother works with radioactive liquids or dusts the child can be exposed, particularly through contamination of the mother's skin</p> <p>Reasonably practicable risks to fetus from significant amounts of radioactive contamination breathed</p>	<p>Design work: procedures to keep exposure of the pregnant women as low as reasonably practicable and certainly below the regulatory dose limit for pregnant women. eg. 1mSv during the remainder of pregnancy (as from the moment the employer is notified of the pregnancy)</p> <p>Nursing mothers shall not be employed where the risk of radioactive contamination is high</p>
Non-ionizing electromagnetic radiation	<p>Optical radiation risk: pregnant or breastfeeding mothers at no greater risk than other employees</p> <p>Electromagnetic fields and waves Risk: exposure within current recommendations is not known to cause harm, but extreme over-exposure to radio-frequency radiation could cause harm by raising body temperature</p>	<p>Exposure to electric and magnetic fields shall not exceed restrictions on human exposure published by the National Radiological Protection Board - UK</p>

List of Hazards / Agents or Working Conditions	Potential Risk	Precaution / Possible Control Measures
Biological Agents		
Hepatitis B HIV(Aids virus) Herpes TB Syphilis Chickenpox Typhoid Rubella Toxoplasma Cytomegalovirus	Many biological agents can affect the unborn child if the mother is infected during pregnancy. These may be transmitted through the placenta while the child is in the womb, or during or after birth, for example through breastfeeding or through close physical contact between mother and child	Depends on the risk assessment, which will take account of the nature of the biological agent how infection is spread, how likely contact is, and what control measures there are. These may include physical containment, hygiene measures, and use of available vaccines if exposure justifies this Where there is a high risk then the pregnant employee shall avoid exposure altogether
Chemical Hazards		
Carbon monoxide (CO)	Carbon monoxide crossing the placenta can result in the fetus being starved of oxygen. Level and duration of maternal exposure are important factors in the effect on the fetus No indication that breastfed babies suffer adverse effects from the mother's exposure to carbon monoxide, or that the mother is significantly more sensitive to carbon monoxide after giving birth	Change processes or equipment. Warn pregnant women that they may have heightened susceptibility to the effects of exposure to carbon monoxide

List of Hazards / Agents or Working Conditions	Potential Risk	Precaution / Possible Control Measures
All substances labeled R40, R45, R46, R47, R61, R63, R64	<p>The risks associated these 'R' phrases are:</p> <p>R40 reasonably practicable risks or irreversible effect</p> <p>R45 may cause cancer</p> <p>R46 may cause heritable genetic damage</p> <p>R47 may cause birth defect</p> <p>R61 may cause harm to the unborn child</p> <p>R63 reasonably practicable risks of harm to the unborn child</p> <p>R64 may cause harm to breastfed babies</p> <p>Risk assessments shall be undertaken, as this is the only way to determine the actual risk to health.</p>	<p>For work with hazardous substances, which include chemicals which may cause heritable genetic damage, employers are required to assess the health risks to employees arising from such work, and where possible prevent or control risks. In carrying out assessments employer shall have regard for women who are pregnant, or who have recently given birth</p> <p>Comply with the <i>ADOSH-SF - CoP 1.0 - Hazardous Substances</i></p>
Lead and lead derivatives	<p>Wide range of toxic effects during pregnancy and impairment of the child after birth. More recent studies draw attention to an association between low-level lead exposure before the baby is born from environmental sources and mild decreases in intellectual performance in childhood</p>	<p>Once pregnancy is confirmed, women shall be suspended from any work which exposes them to lead at 50% of the permissible exposure limit and reassigned to suitable duties</p> <p>Comply with the <i>ADOSH-SF - CoP 1.2 - Lead Exposure Management</i></p>

List of Hazards / Agents or Working Conditions	Potential Risk	Precaution / Possible Control Measures
Mercury and mercury derivatives	<p>Exposure to organic mercury compounds during pregnancy can slow the growth of the unborn baby, disrupt the nervous system and cause the mother to be poisoned</p> <p>There is no clear evidence of adverse effects on developing fetus of exposure to mercury and inorganic mercury compounds</p> <p>No indication that mothers are more likely to suffer greater adverse effects from mercury and its compounds after the birth of the baby</p> <p>Postnatal exposure has been documented among infants breastfed by mothers exposed after delivery to methyl mercury. Inorganic mercury is also excreted in breast milk</p>	<p>Pregnant or breastfeeding mothers shall not work with or handle mercury</p>

List of Hazards / Agents or Working Conditions	Potential Risk	Precaution / Possible Control Measures
Antimitotic (cytotoxic) drugs	<p>In the long term, damage to genetic information in sperm and egg. Some can cause cancer</p> <p>Absorption is by inhalation and through the skin</p> <p>Pregnant doctors and nurses administering antimitotic agents (even when doing so with extreme care) have shown a significant increase in fetal loss and/ or congenital malformations</p>	<p>Restrict all pregnant women from handling antimitotic drugs in any form. No known threshold limit; Exposure shall be reduced to as low a level as is reasonably practical.</p> <p>Assessment of risk shall look particularly at preparation of the drug for use (pharmacists, nurses), administration of the drug, and disposal of waste</p> <p>Those who are trying to conceive or are pregnant, or breastfeeding shall be informed of the reproductive hazard. Transfer any pregnant employee preparing antineoplastic drug solutions to another job</p>
Working Conditions		
Temperature extremes of heat or cold	<p>Prolonged exposure of pregnant employees to hot environments shall be kept to a minimum, as there is a greater risk of the employee suffering from heat stress. Breastfeeding may be impaired by heat dehydration</p> <p>Working in extreme cold may be a hazard for pregnant women and their unborn children. Warm clothing shall be provided</p> <p>The risks are particularly increased if there are sudden changes in temperature</p>	<p>Heat Avoidance: Take great care when exposed to prolonged heat. Appropriate rest, rest facilities and access to refreshments would help, along with unrestricted access to drinking water. New and expectant mothers shall note that thirst is not an early indicator for heat stress. They shall drink water before they get thirsty, preferably in small and frequent volumes</p> <p>Comply with <i>ADOSH-SF - CoP 11.0 - Safety in the Heat</i></p> <p>Cold Avoidance: No specific problems from working in extreme cold. Provide warm clothing</p>

List of Hazards / Agents or Working Conditions	Potential Risk	Precaution / Possible Control Measures
Display screen equipment	Although there has been widespread anxiety about radiation emissions from display screen equipment and possible effects on pregnant women, there is substantial evidence that these concerns are unfounded.	Pregnant women do not need to stop working with display screen equipment, but to avoid problems caused by stress and anxiety; those who are worried about the effects shall be given the opportunity to discuss their concerns with someone appropriately informed of current authoritative scientific information and advice.
Travelling	There is no direct risk from ordinary driving whilst pregnant, however in the later stages of pregnancy discomfort may be experienced due to size and problems with mobility. Excessive driving could also result in physical or mental pressure of fatigue.	The woman's travel routines need to be examined and revised as required. The welfare facilities that are available along these routes need to be taken into consideration, as during the later stages of pregnancy, there will be a need for more regular welfare stops.
Stress	Stress needs to be taken into account whilst undertaking the risk assessment. A discussion on the person's role and how that affects her should be undertaken. Also remember that stress is a lifestyle issue and there may be other issues outside work that are affecting her and her ability to work. There are a number of issues that could be causing stress. Issues such as excessive hours, difficult clients or accounts, monthly financial targets or other KPI's or even just due to her inability to work in the same manner as she did prior to her pregnancy could be causing stress.	Any issues that are causing the person stress should be examined and adjusted accordingly. This may involve reducing her hours or changing her working environment.

List of Hazards / Agents or Working Conditions	Potential Risk	Precaution / Possible Control Measures
Working Routine / Hours	<p>Excessive hours could lead to additional stress or fatigue.</p> <p>The working environment may not be set up in a user-friendly manner for a pregnant worker and this could lead to additional stress or discomfort.</p>	<p>A discussion with the person should include any issues around her work routine and environment. If any issues are raised then reasonable adjustments should be made.</p>
Emergency Evacuation	<p>This may become an issue in the later stages of pregnancy, especially in building where several flights of stairs have to be descended during an evacuation.</p> <p>Due to decreased mobility the person may not be able to evacuate the building efficiently. There should also be consideration to the other persons who will be using the escape routes, and what the effects would be.</p>	<p>There are several actions that can be done to assist the timely evacuation of a building for a pregnant worker.</p> <p>A buddy could be appointed to assist the person from the building. This may involve the use of an EVAC chair.</p> <p>An evacuation plan should be devised for the person, this plan must be communicated to other parties that could be affected. It should also be reviewed as the pregnancy advances.</p> <p>It is good practice to test any evacuation plans that are in place on a regular basis.</p>

List of Hazards / Agents or Working Conditions	Potential Risk	Precaution / Possible Control Measures
Work Equipment / Personal Protective Equipment	Work equipment and personal protective equipment is not generally designed for use by pregnant women. Pregnancy (and breastfeeding) involves physiological changes which may make some existing work and protective equipment not only uncomfortable but also unsafe for use in some cases - for example, where equipment does not fit properly or comfortably, or where the operational mobility, dexterity or co-ordination of the woman concerned is temporarily impeded by her pregnancy or recent childbirth.	Any PPE used by a new and expectant mother should be reviewed as part of the risk assessment and suitable changes implemented. This should be continually reviewed as the pregnancy advances to ensure it is still valid.

- (d) Apart from the workplace hazards that could be present, there are other aspects of pregnancy that need to be taken into account. The impact will vary during the course of the pregnancy and as such should be kept under review. A good example of this is the posture of expectant mothers will change during her pregnancy and this may have a major impact on the tasks she is able to perform safely.
- (e) Other issues that need to be considered are:

Table 2: Aspects to be considered:

Aspects of Pregnancy	Work Factors
Morning' sickness	Exposure to nauseating smells
Backache	Standing/manual handling/posture
Varicose veins	Standing/sitting
Haemorrhoids	Working in hot conditions
Frequent visits to toilet	Difficulty in leaving job/site of work
Increasing size	Use of protective clothing Work in confined areas Manual handling
Tiredness	Overtime Evening work
Balance	Problems of working on slippery, wet surfaces
Comfort	Problems of working in tightly fitting work uniforms

5.5. Communication and Consultation

- (a) As highlighted earlier, the employee should be fully involved in the risk assessment process to ensure that any actions that are identified are practical for her situation.
- (b) Following completion of the risk assessment, ensure that you sit with the employee and go through all the issues that have been identified and discuss what actions can be taken to ensure her safety and the safety of her new or unborn child.
- (c) There will also be a need to communicate the results of the risk assessment to other employees to ensure that they are aware of any changes that have been identified and their role within this.

5.6. Risk Assessment Review

- (a) As with any risk assessment, it must be viewed as a live document and reviewed on a regular basis.
- (b) Under the requirements of *ADOSH-SF CoP 9.1 - New and Expectant Mothers*, reviews of the risk assessment shall be undertaken as a minimum:
 - (i) when notified of a new, expectant, or breastfeeding mother;
 - (ii) 24 weeks of pregnancy;
 - (iii) 34 weeks of pregnancy;
 - (iv) when returning to work after birth; and
 - (v) anytime there is a change to the new, expectant or breastfeeding mother's health, medication and/or the working environment.

- (c) The reviews that take place need to be documented and attached to the original assessment.
- (d) Part of the review process is to examine the original risk assessment and control measures that were put in place and assess that they are still suitable.
- (e) Consideration must be given to the stage of the pregnancy and how that will affect the person.
- (f) The pregnant worker must also ensure that the reviews are used to communicate any other issues that may arise, however this information must not be held back for a review, it should be raised immediately.

6. Return to Work

- (a) The timing of the return to work is particularly important where the pregnancy and/or birth have been medically complicated, including birth by caesarean section. Generally, after a normal pregnancy and childbirth, there are no medical contraindications for a return to work after a period of 6 weeks. The date of return is usually dictated by social and economic considerations.
- (b) As part of ensuring a safe return to work for the employee, a number of issues need to be considered. Prior to the return to work, it is good practice to meet with the employee to ascertain if there are any issues that may affect her return to work. During this meeting, also understand any concerns the employee may have and any special conditions that may be required to ensure a safe rerun to work.
- (c) Where any issues have been raised, it may require additional information from a medical practitioner to help ensure the safety of the employee.
- (d) The employer should also ensure that risk assessments are reviewed to include any special conditions that may be required as part of the employees return to work.
- (e) Depending on the timescales that the employee has been absent from work, there may also be a need to undertake some refresher training.

7. Breastfeeding in the workplace

- (a) There are other risks to consider for workers who are breastfeeding. For example, organic mercury can be transferred from blood to milk causing a potential risk to the newborn baby if the mother is highly exposed before and during pregnancy.
- (b) The employer will need to ensure, following written notification that an employee is breastfeeding, that she is not exposed to risks that could damage her safety and health and that of her child for as long as she continues to breastfeed. *ADOSH-SF - Cop 9.1 - New and Expectant Mothers* does not put a time limit on breastfeeding as this is individual to each new mother.
- (c) It is good practice to provide a healthy and safe environment for nursing mothers to express and store milk. These facilities could be included in the suitable resting facilities you must provide for pregnant and breastfeeding mothers. Where employees continue to breastfeed for many months after birth, the employer should review the risks regularly. Where risk have been identified, continue to implement control measures identified through risk assessment to avoid exposure to risk for as long as it threatens the safety and health of the breastfeeding employee and her child.

8. References

- *Guidelines for Health and Safety. New and Expectant Mothers at work. Occupational Safety and Health Service. Department of Labour. 1998. New Zealand. <http://www.osh.dol.govt.nz/order/catalogue/pdf/mothers.pdf>*
- *New and Expectant Mothers at Work - A guide for Employers. HSE Books ISBN 978 0 7176 2583 3*

9. Document Amendment Record

Version	Revision Date	Description of Amendment	Page/s Affected
4.0	15 th July 2024	<i>System acronym updated from OSHAD-SF to ADOSH-SF to accurately reflect document title</i>	Throughout
		<i>Change from OSHAD to ADPHC</i>	
		<i>Change of Logo</i>	
		<i>Minor editorial changes throughout the document without changing requirements.</i>	

Appendix 1 - Risk Assessment Template

Name		Job Title			Employee Number		
Hours of Work							
Mon	Tues	Wed	Thur	Fri	Sat	Sun	Total
Personal Information: Expectant Mothers							
Was written confirmation of the pregnancy received							
Expected date of leaving							
Expected date of delivery							
Number of weeks pregnant?							
Personal Information: Mothers Returning to Work							
Date of delivery							
Date of return to work							
Breast feeding		Yes <input type="checkbox"/> No <input type="checkbox"/>					
Medical Information							
Current medical conditions				Medication			
Previous Medical Conditions				Medication			

Obstetric Information		
Have you had pregnancy problems in the past?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide details:		
Task risk assessments		
Was a risk identified from the normal working risk assessments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes please give details:		
Specific Risks	Yes	No
Repeated strenuous movement such as bending, stretching, twisting or lifting	<input type="checkbox"/>	<input type="checkbox"/>
Awkward movements, posture or work in confined spaces	<input type="checkbox"/>	<input type="checkbox"/>
Prolonged standing for periods of longer than 3 hours without a break or 5 hours in total	<input type="checkbox"/>	<input type="checkbox"/>
Excessive fatigue from long hours / excessive travel	<input type="checkbox"/>	<input type="checkbox"/>
Excessive travel.	<input type="checkbox"/>	<input type="checkbox"/>
Excessive noise	<input type="checkbox"/>	<input type="checkbox"/>
Any hazardous chemical agents or processes	<input type="checkbox"/>	<input type="checkbox"/>
Excessive stress	<input type="checkbox"/>	<input type="checkbox"/>

If Yes provide details below:

Personal Factors	Yes	No
Has the colleague experienced any particular problems with any aspects of her work since the start of her pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
Has she raised concerns over work with her GP	<input type="checkbox"/>	<input type="checkbox"/>
Is she finding it difficult to cope with the full range of tasks	<input type="checkbox"/>	<input type="checkbox"/>
Would she find it difficult to evacuate the building in an emergency	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide details:		
Hazards Identified		
Hazard	Control Measures	Review Date / Owner

Review		
Please agree set review dates for the risk assessment. As the pregnancy advances, these should become more regular.		
Date	Location	Attendees
Signatures		
Note to colleague: if there is any significant change to this information, or you have any concerns over your health, the health of your baby or your performance at work, you should discuss that with you HR manager immediately.		
Signature of Colleague		
Date		
Signature of Assessor		
Date		



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