

NUCLEAR SAFETY DIRECTORATE - BUSINESS MANAGEMENT SYSTEM		
BUSINESS SUPPORT GUIDANCE: HEALTH & SAFETY OF NEW AND EXPECTANT MOTHERS		G/BSS/HRM/004
		ISSUE 004
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1. Purpose & Scope

1.1 This supplement gives guidance on the known risks to new and expectant mothers and actions to take to ensure that they are not exposed to any of these risks. As such this supplement is aimed at providing information for staff and those with a line management responsibility.

2. Guidance

2.1 Pregnancy should not be equated with ill health. It should be regarded as part of everyday life and its health and safety implications can be adequately addressed by normal health and safety management procedures. Many women work while they are pregnant, and many return to work while they are still breastfeeding. Some hazards in the workplace may affect the health and safety of new and expectant mothers and their children.

Manual Handling of loads

2.2 Pregnant workers are especially at risk from manual handling injury, for example hormonal changes can affect the ligaments, increasing susceptibility to injury, and postural problems may increase as the pregnancy progresses. 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 on lifting and handling capability. Breastfeeding workers are at no greater risk than other workers. Line Managers should ensure that risks from manual handling are reduced for new or expectant mothers.

Noise

2.3 No specific risk to new or expectant mothers or to the foetus has been identified, but prolonged exposure to loud noise may lead to increased blood pressure and tiredness. During normal work in NSD offices it is unlikely that there will be significant exposure to this risk. For staff visiting sites, they should follow guidelines issued by the respective licensees concerning noise.

Ionising Radiation

2.4 Significant exposure to ionising radiation can be harmful to the foetus and this is recognised by placing limits on the external radiation dose to the abdomen of the expectant mother for the term of her pregnancy. For an employee who is pregnant at work, whether a classified radiation worker or non-classified, the statutory dose limit for the foetus is 1mSv from the time of the notification of the pregnancy and during the remainder of the pregnancy (Reg 8(5)) of the IRR's).

2.5 If a breastfeeding employee works with radioactive liquids or dusts, these can cause exposure of the child, particularly through contamination of the mother's skin. Also there may be a risk to the foetus from significant amounts of radioactive contamination breathed in or ingested by the mother and transferred across the placenta.

2.6 The Radiation Protection Supervisor, on behalf of the employer (and in consultation with a Radiation Protection Advisor) should ensure that work patterns and procedures are designed to keep exposure of the pregnant woman and her baby as low as reasonably practicable. If necessary, following a risk assessment, additional precautions should be implemented which will normally include a special written system of work designed to restrict the baby's dose to as low as reasonably practicable. Special attention should be paid to the possibility of nursing mothers receiving radioactive contamination and they should not be employed in work where the risk of such contamination is high. The working conditions should be as such as to make it unlikely that a pregnant woman might receive high accidental exposures to radioactive contamination. It may be that some work activities need to be curtailed to ensure the baby is not placed at unnecessary risk (eg long air flights, work in contamination controlled areas).

2.7 There is not a legal requirement under the IRR 1999 for the employee to notify HSE / NSD (as employer)

in the event of pregnancy or breastfeeding, although it is clearly in the mother / baby's interest to do so. If the employee informs HSE that she is pregnant for the purpose of any other statutory requirement (eg maternity pay) this is sufficient for the RPS to act in the absence of any earlier notification.

Extremes of cold or heat

2.8 Pregnant women tolerate heat less well and may readily faint or be more liable to heat stress. The risk is likely to be reduced after birth but it is not certain how quickly an improvement comes about. Breastfeeding may be impaired by heat dehydration. No specific problems arise from working in extreme cold, although clearly for other health and safety reasons, warm clothing should be provided.

Physical and mental fatigue

2.9 Fatigue from standing and other physical work has long been associated with miscarriage, premature birth and low birth weight. Excessive physical or mental pressure may cause stress and can give rise to anxiety and raised blood pressure. Pregnant workers may experience problems in working at heights, for example, ladders, platforms, and in working in tightly fitting workspaces or with workstations which do not adjust sufficiently to take account of increased abdominal size, particularly during the later stages of pregnancy. This may lead to strain or sprain injuries. Dexterity, agility, co-ordination, speed of movement, reach and balance may also be impaired, and an increased risk of accidents may need to be considered.

2.10 Line managers should ensure that hours of work and the volume and pacing of work are not excessive and that, where possible, the pregnant workers themselves have some control over how their work is organised. They should ensure that seating is available where appropriate and workstations or work procedures adjusted. (This may help remove postural problems and the risk of accidents) and that longer or more frequent rest breaks are taken to avoid or reduce fatigue.

Work with Display Screen Equipment

2.11 There has been some concern in the recent past that work with display screen equipment can give rise to health hazards to pregnant workers. More recent work has shown that the levels of ionising and non-ionising electromagnetic radiation which are likely to be generated by display screen equipment are well below those set out in international recommendations for limiting risk to human health created by such emissions. The National Radiological Protection Board does not consider such levels to pose a significant risk to health. No special protective measures are therefore needed to protect the health of people from this radiation. In the light of the scientific evidence pregnant women do not need to stop work with VDU's.

Aspects of pregnancy that may affect work

Aspects of pregnancy	Factors in work
Morning sickness	Early shift work Exposure to nauseating smells
Backache	Standing / manual handling / posture
Varicose veins	Standing / sitting
Haemorrhoids	Working in hot conditions
Frequent visits to the toilet	Difficulty in leaving job / site of work
Increasing size	Use of protective clothing Work in confined areas Manual handling Dexterity, agility, co-ordination Speed of movement, reach
Tiredness	Overtime Evening work
Balance	Problems of working on slippery, wet surfaces

3. Associated Documents

3.1 Manual Handling Operations Regs, 1992

3.2 Ionising Radiations Regs 1999

3.3 HS (G) 122 - HSE's Guidance for New and Expectant Mothers at Work

3.4 Noise at Work Regs 1989

3.5 Health and Safety Guidance for managers in HSE offices

3.6 **BSS/HRM/008** - Health & Safety of new and expectant mothers.

3.7 Working Safety with ionising radiation: Guidelines for expectant or breastfeeding mothers, HSE INDG334.