Pregnancy and Breastfeeding - Risk Assessment

This form summarises the headings in the guidance section on the Health and Safety Website. It should be completed by the manager and the New/Expectant Mother. The hazards highlighted in the table could create increased risks during pregnancy and may require action. Specific instructions from the pregnant worker's GP or OH Physician may indicate further actions in addition to any arising from assessment.

In the first trimester the table on page 2 should be filled in, with any identified risks and recommendations recorded. A review of any risks identified in the initial assessment and any further risks highlighted should be documented on the follow up assessment forms for the second and third trimesters.

If the New Mother gives notification that she wishes to breastfeed on her return to work then the risk assessment form for return to work should be completed and the risks highlighted in the table on page 2 reviewed.

If the risks cannot be adequately controlled please refer to the summary of actions on page 6 for further guidance.

First Trimester

Name of New/Expectant Mother	
Job Title:	Ward/Dept:
Date of notification of pregnancy:	
Instructions from medical practitioner:	

Hazard (see guidance) In each box in this column, describe	Level of risk	Action Required	Date completed
the work causing exposure (if any). Use the general risk	(Green/Yellow/	Addion required	Date completed
assessment form if more detail is required.	Orange/Red)		
Cytotoxic Medicines	5 /		
Solvents			
Ionising Radiation			
lonionig radiation			
Mercury			
Infection Risks			
(e.g., COVID)			
(5.9., 55.1.5)			
Manual Handling			
Dueloused etting etending george etune			
Prolonged sitting, standing, poor posture			
Inhaled antibiotics or nitric oxide			
Violence			
Night Work or long hours			
ingin non on ong nomo			
Anaesthetics			
MRI			
IMINI			
Others			

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New and Expectant Mothers Risk Assessment

Second Trimester

Assessor Name and Title:
Signature:
Name of New/Expectant Mother:
Signature:
Date:

Y/N	Comments
	Y/N

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New and Expectant Mothers Risk Assessment

Third Trimester

Assessor Name and Title:
Signature:
Name of New/Expectant Mother:
Signature:
Date:

Checklist	Y/N	Comments
Have you and your line manager		
reviewed the risk assessment for		
pregnant workers?		
Have you and your line manager		
discussed the potential risks as		
outlined in the risk assessment?		
Have you and your line manager		
discussed the Health and Safety		
Guidance? Is specialist advice		
required?		
Line manager) any concerns raised?		
Action required		

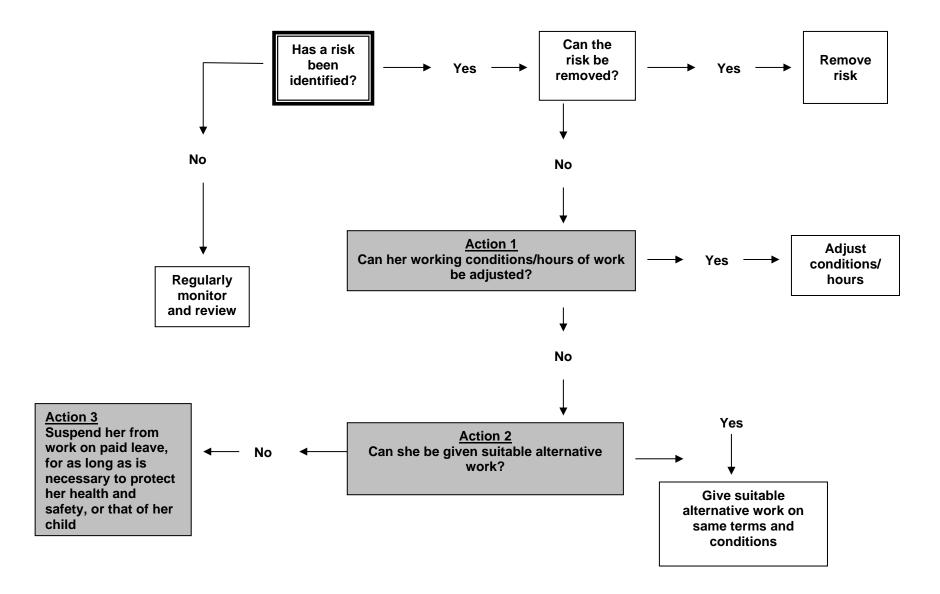
New and Expectant Mothers Risk Assessment

Return to Work

Assessor Name and Title:
Signature:
Name of New/Expectant Mother:
Signature:
Date:

Comments

Summary of actions for risk assessment of New and Expectant Mothers



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