

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 the work causing exposure (if any). Use the general risk assessment form if more detail is required. | Level of risk (Green/Yellow/Orange/Red) | Action Required | Date completed |
|--|--|------------------------|-----------------------|
| Cytotoxic Medicines | | | |
| Solvents | | | |
| Ionising Radiation | | | |
| Mercury | | | |
| Infection Risks (e.g., COVID) | | | |
| Manual Handling | | | |
| Prolonged sitting, standing, poor posture | | | |
| Inhaled antibiotics or nitric oxide | | | |
| Violence | | | |
| Night Work or long hours | | | |
| Anaesthetics | | | |
| MRI | | | |
| Others | | | |

New and Expectant Mothers Risk Assessment
Second 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 any specialist advice required? | | |
| Line manager) any concerns raised? Action required | | |

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:.....

| 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 guidelines from manual handling? Is MH team input required? | | |
| Line manager) any concerns raised? Action required | | |

Summary of actions for risk assessment of New and Expectant Mothers

