



# **NEW OR EXPECTANT MOTHERS POLICY (APPENDIX F)**

**South Central Ambulance Service NHS Foundation Trust**  
Unit 7 & 8, Talisman Business Centre, Talisman Road,  
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## **DOCUMENT INFORMATION**

**Author:** John Dunn, Head of Risk and Security.

**Ratifying committee/group:** Health, Safety and Risk Group.

**Date of ratification:** 21/7/2021.

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**Review date:** July 2024.

**Version:** 8.

## **1. Introduction**

- 1.1 The South Central Ambulance Service NHS Foundation Trust recognises its duty to comply with the Health and Safety at Work Act (HSWA) 1974 and all subordinate regulations. Therefore, the Trust is committed to ensuring, so far as is reasonably practicable, the health, safety and welfare of all of its employees, including new or expectant mothers.
- 1.2 The Trust recognises that new or expectant mothers, as result of their condition, may face additional risks to their health, safety and welfare. As a result of this, the Trust will fulfil the requirements of the Health and Safety at Work Act 1974 and, more specifically, the Management of Health and Safety at Work Regulations 1992 (Amended 1999) and the Workplace (Health, Safety and Welfare) Regulations 1992 and will do all that is reasonably practicable to protect these employees.

## **2. Scope**

- 2.1 This policy applies to every department within the Trust and to every new or expectant mother employed by South Central Ambulance Service NHS Foundation Trust including contract workers, temporary workers and bank staff.

## **3. Equality statement**

- 3.1 The Trust is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity or any other basis not justified by law or relevant to the requirements of the post. The Trust will therefore take every possible step to ensure that this procedure is applied fairly to all employees regardless of the afore mentioned protected characteristics, whether full or part time or employed under a permanent or a fixed term contract or any other irrelevant factor.
- 3.2 By committing to a policy encouraging equality of opportunity and diversity, the Trust values differences between members of the community and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences in order to provide an exemplary healthcare service. The Trust is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.
- 3.3 Where there are barriers to understanding; for example, an employee has difficulty in reading or writing, or where English is not their first language, additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that the employee is not disadvantaged at any stage in the procedure. Further information on the support available can be sought from the HR Department.

## **4. Aim**

- 4.1 The aim of the policy is to set out the arrangements for the identification, assessment and management of the risks to the health and safety to new or expectant mothers within the Trust.
- 4.2 The objectives are to ensure that the Trust has clear and defined arrangements for:

- the identification of new or expectant mothers
- the carrying out of risk assessments on new or expectant mothers
- the regular review of these risk assessments
- the management and control of the risks to new or expectant mothers whilst they are at work.

## **5. Roles and responsibilities**

### **5.1 Trust Board**

5.1.1 The Trust Board will ensure that there suitable and sufficient arrangements and adequate resources for the identification, assessment and management and control of the risks to new or expectant mothers; and that there are suitable rest facilities available to staff who are pregnant or breastfeeding.

### **5.2 Chief Executive**

5.2.1 The Chief Executive has overall responsibility for:

- the effective implementation of this policy within the Trust and for ensuring that there are suitable and sufficient arrangements for the identification, assessment and management and control of the risks to new or expectant mothers.
- ensuring the allocation of sufficient resources to maintain efficient and effective health and safety arrangements for new or expectant mothers
- ensuring that policies are reviewed to secure compliance with existing legislation and any changes to this legislation.

### **5.3 Executive Directors**

5.3.1 Executive Directors are responsible for the effective implementation of this policy within their directorates and for ensuring that there are adequate resources available to fulfil the requirements of this policy.

### **5.4 Director of Patient Care and Service Transformation**

5.4.1 The Director of Patient Care and Service Transformation is directly accountable to the Chief Executive and will advise and assist the Trust Board in fulfilling its duties under the relevant statutory legislation. In particular, the Director of Patient Care and Service Transformation is responsible for:

- ensuring that workplace health, safety and welfare procedures are constantly reviewed
- ensuring that there are arrangements for liaising with the Health and Safety Executive (HSE)
- ensuring that the Trust Board are kept abreast of relevant new legislation and guidance in order to ensure on-going compliance with the law.

### **5.5 Managers and supervisors**

5.5.1 Once they have been notified in writing that one of their staff is a new or expectant mother, managers and supervisors have the following responsibilities:

- to ensure that this policy is implemented effectively within their departments;
- to ensure that the member of staff is provided with a reasonable amount of time to complete all necessary medical tests (please see Maternity, Paternity, Adoption Shared Parental Leave Policy);
- to ensure that, upon receipt of written notification that one of their staff is a new or expectant mother, they inform the member of staff about the risk assessment process and work with them to ensure that a suitable and sufficient risk assessment is carried out using the risk assessment proforma in appendix 3; Please note, the pregnant member of staff might prefer another female carrying out the risk assessment and if this is the case arrangements should be made to accommodate this;
- to ensure that when carrying out or reviewing the risk assessment they take account of any medical recommendations provided by the member of staff's General Practitioner (GP) or midwife;
- to ensure that the risk assessment is reviewed on a regular basis (at the very least on a monthly basis); and when carrying out and reviewing the assessment, managers and supervisors should consider the guidance in sections 6 and 7 and appendix 2;
- to ensure that adequate controls are put in place and maintained to either eliminate, manage or control, so far as is reasonably practicable, the identified risks to new or expectant mothers;
- to monitor the workplace to ensure that safe conditions are maintained for new or expectant mothers;
- where necessary, to liaise with Human Resources, the Occupational Health Department and the Risk Team;
- to consider and, where necessary, put in place alternative working arrangements for the new or expectant mother such as:
  - to liaise with the Health and Wellbeing Team to see what alternative duties are available as per their procedures
  - to, where necessary, alter her working conditions or hours of work, if it is reasonable to do so and would avoid the risks, or
  - where necessary, identify and offer her suitable alternative work that is available, or
  - where necessary, suspend her medically from work. The Employment Rights Act 1996 requires that this medical suspension must be on full pay. With regards to pay, managers should follow the arrangements in the Maternity, Paternity, Adoption Shared Parental Leave Policy. For example, if the new and expectant Mother works nights and has a certificate from a registered medical practitioner or a registered midwife stating that it is necessary that they should not be at work for the period identified on the certificate then the Trust will, subject to section 67 of the 1966 Act, suspend her medically from work for as long as is necessary for her health and safety as required by regulation 17 of the Management of Health and Safety at Work Regulations 1992 (amended 1999).

## **5.6 Employees responsibilities**

- 5.6.1 It is the duty of the expectant or new mother to notify the Trust immediately by phone and in writing (by letter/email) that she is pregnant or has given birth within the previous six months or is breastfeeding. The new or expectant mother can use the template letter in appendix 1 to do this. Please note, you do not have to inform the Trust if you don't want to, but it is important to the health and safety of both you

and your unborn child/child to inform them as soon as possible. This helps the Trust to adjust working conditions and identify potential health risks, for example during breastfeeding. It also helps the Trust to plan maternity leave and arrange cover for expectant mothers. Moreover, the Trust only has to adjust the working conditions of a new or expectant mother (someone who is currently pregnant or has given birth in the last six months and/or is breastfeeding) if you have given them written confirmation that you are a new or expectant mother.

5.6.2 The new or expectant mother also has the following responsibilities:

- to obtain confirmation that they are pregnant from their GP or midwife as soon as is reasonably practicable and provide this to their manager or supervisor;
- to share any certificate they receive from a registered medical practitioner or registered midwife which states that they should not be at work for the period on the certificate with their manager or supervisor (this applies to staff who work nights);
- to participate in the carrying out and completion of the risk assessment
- to inform their manager or supervisor of any changes in their circumstances which will require the risk assessment to be reviewed;
- to inform the Human Resources Department and Occupational Health Department that they are continuing to breastfeed for six months or more after the birth.

## **6. Definitions**

6.1 The phrase 'new or expectant mother' means an employee who is either pregnant or has given birth within the previous six months or who is breastfeeding. 'Given birth' is defined as 'having delivered a living child' or after 24 weeks pregnancy, 'a stillborn child.'

## **7. Arrangements for carrying out a risk assessment on a new or expectant mother**

7.1 On receiving written notification from an employee that they are a new or expectant mother, their manager or supervisor will inform the member of staff about the risk assessment process, and using the proforma referred to in appendix 3, will work with them to carry out a risk assessment of the duties undertaken by that individual and will, so far as is reasonably practicable, put in place measures to eliminate, manage or control the identified risks.

7.2 When using this risk assessment proforma, if any of the hazards listed are not relevant to the new or expectant mother's circumstances then the manager or supervisor should state 'not applicable' in the existing controls column against that particular hazard.

7.3 For those hazards that are relevant, the manager or supervisor should state what controls are in place and then evaluate the level of risk to the new or expectant mother and then identify whether or not any further controls need to be put in place.

7.4 When carrying out the risk assessment on the new or expectant mother, the manager or supervisor can obtain support from a Human Resources Manager/Advisor, and/or the Occupational Health Department and/or the Risk



Team.

7.5 Among other things, the risk assessment will consider the specific risks to new and expectant Mothers and whether or not they are at risk from the following:

- Sitting for long periods; working long hours; workstation and posture issues; and work-related stress. Bearing in mind that where identified, and where necessary, a separate display screen equipment workstation risk assessment and a separate stress risk assessment would have to be carried out by the manager/supervisor.
- **Physical agents** - such as shock, vibration or other movements; manual handling of loads; noise; ionising and non-ionising radiation; temperature extremes; postures and movements that cause mental and/or physical fatigue; hyperbaric (high pressure) atmospheres.
- **Biological agents** - such as bacteria, viruses (including coronavirus, Covid-19) and other micro-organisms known to cause adverse human health effects, especially those known to cause abortion or physical/neurological damage.
- **Chemical agents** - such as mercury, lead, substances absorbed through the skin, cytotoxic drugs, carbon dioxide and chemicals labelled with the following risk phrases: possible risk of irreversible effects; may cause cancer; may cause heritable genetic damage; may cause harm to the unborn child; possible risk of harm to unborn child; may cause harm to breast fed babies.
- **Individual circumstances**: such as any other relevant medical conditions or issues such as morning sickness, visits to the toilet, increased tiredness
- **Process** – from the working activities that they carry out.
- **Environment** – any aspect of the environment that could cause risk.

7.6 Where the risk assessment identifies significant risks to new or expectant mothers and these risks cannot be avoided or removed, the manager/supervisor must take action and:

- Adjust the working conditions or hours of the new or expectant mother to reduce the risk(s)
- If this is not possible, then in accordance with the Employment Rights Act 1996, give the new or expectant mother suitable alternative work on the same terms and conditions and pay
- If this is not possible, then in accordance with the Employment Rights Act 1996, suspend the new or expectant mother for as long as necessary to protect the health and safety of her and her child.

7.7 The manager/supervisor must also review and revise the risk assessment as the pregnancy develops (this should be done each month) and/or if there are any significant changes to anything/any factor within the risk assessment. Having a regular discussion with the new or expectant mother is an important way to monitor any changes and address any concerns about health and safety.

7.8 Depending on the work involved, this might mean the manager/supervisor carrying out ongoing reviews for an expectant mother because their dexterity, agility, coordination, speed of movement and reach could be impaired as their size increases. Moreover, working conditions can also present a risk to the mother and child at different stages of the pregnancy.

- 7.9 This assessment may identify that other assessments are required for the new or expectant mother, such as a display screen equipment workstation assessment and/or a stress risk assessment and/or a control of substances hazardous to health assessment and/or a manual handling risk assessment, which the manager or supervisor will have to carry out or arrange for them to be carried out.
- 7.10 Whichever additional risk assessments are carried out, they will need to be attached and collated to the initial risk assessment; and all of the associated risk assessments will have to be reviewed regularly as the pregnancy progresses/develops (at the very least on a monthly basis).
- 7.11 Where necessary, in addition to any risk assessments, a personal emergency evacuation plan (PEEP) will be required for an expectant mother who, in the later stages of pregnancy, is experiencing mobility difficulties and would need assistance in the event of an emergency evacuation. A copy of this PEEP should be held and retained by the expectant mother's manager or supervisor.
- 7.12 The documented risk assessment and any other associated risk assessments and the PEEP will be placed on the individual employee's personal file kept by Human Resources.

## **8. General advice**

- 8.1 When re-deploying new and expectant mothers, suitable alternative duties need to be identified by working and liaising with the Health and Wellbeing Team.
- 8.2 Line managers and supervisors should work closely with staff to identify any previous work skills and experience which may benefit the Trust.
- 8.3 General guidance is as follows:
- All frontline patient facing operational staff on front line duties (999, HART and NEPTS) should, once they have notified their manager/supervisor in writing that they are pregnant, be removed from operational frontline duties immediately and found alternative employment. Their manager/supervisor should also work with them and carry out a risk assessment which should be reviewed and revised throughout the pregnancy.
  - Clinical Coordination Centre Staff or Non-emergency Patient Transport Service (PTS) Call Centre Staff (including managers/supervisors/Team Leaders) should, once they have notified their manager in writing that they are pregnant, work with their manager/supervisor to have a risk assessment carried out. This risk assessment should be reviewed and revised throughout the pregnancy. As part of this risk assessment, the manager/supervisor should review shift patterns and consider, where necessary, alternative deployment.
  - Administration and support staff should, once they have notified their manager/supervisor in writing that they are pregnant, work with their manager/supervisor to have a risk assessment carried out. This risk assessment should be reviewed and revised throughout the pregnancy. As part of this assessment, the manager/supervisor should review the workload.

## **9. Suitable rest facilities for new or expectant mothers and their welfare rights**

- 9.1 The Trust, in accordance with the Workplace (Health, Safety and Welfare) Regulations 1992, will provide suitable rest facilities for staff who are pregnant or breastfeeding. Where necessary, the rest area should include somewhere for them to lie down. These facilities should be suitably located (e.g., near to toilets) and, where necessary, should provide appropriate facilities for the new or expectant mother to lie down. However, please note, toilets are not a suitable place for mothers to express milk.
- 9.2 New or expectant mothers are entitled to more frequent rest breaks so their manager/supervisor should discuss this with them and agree on their timing and frequency.
- 9.3 There are no legal restrictions on breastfeeding at work or any time limits on how long this should take. However, before a new mother returns to work their manager/supervisor should ask for written confirmation if they are breastfeeding and intend to do this on their return to work. This will give the manager/supervisor and the Trust an opportunity to provide a health, safe and suitable rest environment for the new mother.
- 9.4 Toilets are not a suitable place for new mothers to express milk so the manager/supervisor on behalf of the Trust should provide a separate private environment where the employee can safely both express and store milk. However, this would be a goodwill gesture and would be provided where feasible as the Trust is not under any legal duty to provide this separate environment.

## **10. Training**

- 10.1 Managers and supervisors who have to carry out risk assessments must obtain training in how to carry out a risk assessment from the Risk Team prior to undertaking any risk assessments as per this policy.

## **11. Equality and diversity**

- 11.1 An equality and diversity impact assessment has been carried out on this policy and can be found at appendix 5.

## **12. Monitoring**

- 12.1 The effectiveness of this policy will be monitored regularly by the Risk Team who will provide an annual report to the Health, Safety and Risk Group which will include information on:
  - a) A report from HR on the number of assessments completed on new or expectant mothers in a financial year.
  - b) The findings of an audit on 10% of the risk assessments on new or expectant mothers completed in a financial year.

### **13. Consultation and review**

- 13.1 A consultation exercise on the policy will be carried out with the stakeholders every three years, or less if there are any relevant changes to legislation or best practice.

### **14. Implementation (including raising awareness)**

- 14.1 The policy will be implemented and communicated to managers and staff within the Trust via the weekly newsletter, Staff Matters. Emails will also be sent to senior managers and area managers asking them to bring the existence of the policy to their staff.

### **15. References**

- Health and Safety at Work Etc. Act 1974
- Management of Health Safety at Work Regulations 1992 (Amended 1999)
- Pregnant Workers Directive (92/85/EEC)
- Workplace (Health Safety and Welfare) Regulations 1992
- 'New and Expectant Mothers at Work – A Guide for Employers'
- Employment Rights Act 1996
- Equality Act 2010
- Agenda for Change Terms and Conditions.

### **16. Associated documentation**

- Maternity, Paternity, Adoption Shared Parental Leave Policy
- Health and safety policy and procedure
- Display screen equipment policy
- Minimal lifting policy
- Control of substances hazardous to health policy
- Lone working policy.

### **17. Review**

- 17.1 This policy is regularly reviewed and updated with information in line with relevant national guidance and legislation. A full 'Review Table of Contents' is available on request.

## 18. Appendix 1: Written notification confirming new or expectant mother status

All staff who are expectant mothers should complete this as soon as they know that they are pregnant and/or if they are new mothers and returning to work; once completed they should send it to their manager/supervisor directly/immediately. They can either do this by copying and pasting the letter and after inserting their relevant details and signing it and giving a copy to their manager/supervisor and also sending a copy to the Human Resources Department and the Risk Team. Alternatively, they can copy and paste this letter and after amending it to reflect their circumstances attach it to an email and send it to their manager/supervisor, copying in the Human Resources Department and the Risk Team.

Address (Insert your address here)

Insert date

### Private and confidential

Dear [insert line manager's/supervisor's name]

**RE: Written notification of being a new or expectant Mother** (delete whichever is not applicable)

In accordance with regulation 18 of the Management of Health and Safety at Work Regulations 1992 (Amended 1999) I wish to inform you that I am pregnant and that my baby is due on the: /I wish to inform you that I am a new mother and will be returning to work on: . Please delete whichever is not applicable.

I understand that as I have now informed you in writing of my circumstances, you will make arrangements to carry out a personal and specific risk assessment on my circumstances and current job role.

I also understand that you will make arrangements to put measures in place, so far as is reasonably practicable, to ensure my health and safety; and you will review this assessment regularly as my pregnancy progresses or my circumstances change to take into account any possible risks that may occur during the different stages of my pregnancy.

I look forward to hearing from you in the very near future.

Yours sincerely

Please print name:

Please print job title:

Please print usual work location:

## 19. Appendix 2: Guidance for managers and supervisors

### Physical effects of pregnancy on work performance

The following notes are provided for managers and supervisors to increase awareness of the physical changes and work limitations that expectant mothers may experience during pregnancy.

Nausea and sometimes vomiting may lead to deterioration in work performance during the first trimester (first 12 weeks following conception). Fatigue is also a common problem during the early and later stages of pregnancy. This may in turn exacerbate any other issues present such as difficulties in commuting to and from work.

In the second trimester (13 to 28 weeks after conception) many pregnant women experience musculoskeletal problems due to their stomach becoming distended. The onset and aggravation of lower back pain and stiffness are commonly attributed to changes in activity patterns or work postures; and physical changes such as weight gain increase the strain in a given posture.

Towards the end of this trimester more physical difficulties may be experienced, e.g., reduction in effective arm reach, and the expectant mother's chair may not be able to be pulled into the desk as close as usual. Changes in the body's centre of mass can result in balance becoming less stable which can increase the potential for falls. Dizziness and fainting may also occur, particularly in hot environments or due to prolonged standing.

In the third trimester (after 29 weeks from conception) the problems of the second trimester continue. Fatigue is more pronounced and is often worsened by insomnia. There may also be a variety of aches and pains due to stretching of abdominal and pelvic muscles and ligaments. Constipation, haemorrhoids, varicose veins and bladder problems may also cause discomfort. Each of these alone may not present a significant problem, but when a number are present it is likely that they will affect the woman's work capacity.

## **20. Appendix 3: New or expectant mothers risk assessment from**

8.1 Many of our policies have an 'Internal staff form' attached that is relevant to the document. For security and accessibility reasons they are only available on our [Staff Intranet](#).

## **21. Appendix 4: Responsibility**

21.1 The responsibility for this policy is shared between various Policy Groups, Lead Director/Officers, Working Groups and Committee members.

21.2 A full list of all responsible parties can be made available upon request.

## **22. Appendix 5: Equality impact assessment - Screening**

22.1 An initial screening equality impact assessment has been carried out and has identified that the policy does not have an adverse or detrimental impact on any of the proscribed equality groups as the policy is designed to protect all staff who carry out work for or on behalf of the Trust.

22.2 The screening element of the initial 'Equality Impact Assessment' is available on request.

## **23. Appendix 6: Equality impact assessment – Full assessment**

23.1 Due to the outcome of the initial screening equality impact assessment, it has not been necessary to carry out a full equality impact assessment.

## **24. Appendix 7: Ratification**

Policy Title: New or expectant mothers policy.

Author's Name and Job Title: John Dunn, Head of Risk and Security.

Review Deadline: July 2021.

Consultation From – To (dates): 28/4/21 to 19/5/21.

Comments Received? (Y/N): Y.

All Comments Incorporated? (Y/N): N.

If No, please list comments not included along with reasons: Some of the comments did not apply to this policy, but were more relevant to the Trust's Maternity, Paternity, Adoption Policy.

Equality Impact Assessment completed (date): 28/4/21.

Name of Accountable Group: Health, Safety and Risk Group.

Date of Submission for Ratification: 14/7/2021.

Template Policy Used (Y/N): Y

All Sections Completed (Y/N): Y

Monitoring Section Completed (Y/N): Y

Date of Ratification: 21/7/2021.

Date Policy is Active: August 2021.

Date Next Review Due: July 2024.

Signature of Accountable Group Chair (or Deputy):

Name of Accountable Group Chair (or Deputy): Chief Operating Officer.