

Expectant and New Mother Risk Assessment Procedure

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Key messages

The main objective of this procedure is to:

- Provide a safe working environment and safe systems of work for staff who are pregnant, new mothers or are breast feeding.
- Supply information to Line Managers and members of staff who are expectant or new mothers, and establish regular conversations between them to ensure appropriate measures are in place.
- Indicate factors to think about when a team member confirms that they are pregnant and the adjustments which may need to be considered.
- Confirm details of the process involved in conducting risk assessments, the way in which information is recorded and stored, and support which is available to managers and team members.

Does this procedure relate to me?

This procedure applies to all people managers and to staff who are pregnant, have given birth in the last six months, or who are breast feeding. Staff within People Services and Facilities Management also need to be aware of the content of this procedure.

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1. Introduction

- 1.1. The aim of this procedure is to ensure that staff who are pregnant, have recently given birth, or who are breast feeding are able to work safely.
- 1.2. The precautions taken to protect the health and safety of the workforce as a whole will, in many cases, also protect expectant and new mothers. However, there are occasions when, due to their condition, different and/or additional measures will be necessary. This procedure and its related documentation aims to reduce any identified risks to expectant and new mothers and provide guidance on the specific control measures required to protect them.
- 1.3. The procedure also aims to ensure that line managers are aware of potential hazards which may arise for a pregnant team member, and puts in place a process for agreeing and recording actions with the team member to reduce risks.

- 1.4. The legal requirements for this procedure are grounded in:
- The Health & Safety at Work Act 1974
 - The Management of Health and Safety at Work Regulations 1999
 - The Workplace (Health, Safety and Welfare) Regulations 1992
 - The Employment Rights Act 1996
 - The Equality Act 2010
- 1.5. For the purpose of this procedure 'Expectant and New Mothers' are those who are pregnant, have given birth within the last six months or who are currently breast feeding and expressing milk.
- 1.6. Expectant Mothers who experience miscarriage will also be supported by the ICO. Although this Risk Assessment process will not be applied following a miscarriage, the Line Manager along with colleagues working in Health, Safety and Wellbeing teams can provide support and an individual Risk Assessment as needed.

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2. Overview of responsibilities

- 2.1 Managers are responsible for:
- Completing a maternity risk assessment when a team member notifies them of their pregnancy, or that they have given birth within the last six-months or are breastfeeding
 - Ensuring that actions are taken to reduce risk to the individual
 - Regularly reviewing the risk assessment with the individual
 - Liaising with the Health & Safety Manager for guidance on completing the risk assessment and reasonable adjustments
 - Liaising with the Human Resources Team and Inclusion and Wellbeing Team if there are risks to the employee that cannot be reduced.

The Equality and Human Rights Commission provide useful guidance for managing pregnant team members, which can be found here: [working-forward-conversation-guide-for-line-managers.pdf \(equalityhumanrights.com\)](https://www.equalityhumanrights.com/en/working-forward-conversation-guide-for-line-managers)

- 2.2 Employees are encouraged to inform their line manager as soon as they are aware they are pregnant, or as soon as they are comfortable to do so. They should also inform their line manager if they have given birth in the last six months or are breast feeding.
- 2.3 If an individual chooses not to inform the manager until a later stage in their pregnancy, this will be their responsibility as personal risk assessments cannot be undertaken until the pregnancy (or recent childbirth/breastfeeding) is known.
- 2.4 Individuals must inform their manager if they have any concerns relating to their health and safety at work due to being an expectant or new mother.

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3. Detailed procedure

- 3.1 The following procedure is summarised in the flow chart which can be found at Annex 3.
- 3.2 The first step in this procedure is for the individual to inform their line manager of their pregnancy (or recent childbirth). This must be confirmed in writing via email. The manager should forward this email to the People Services team, so there is a centrally held record of the confirmation of pregnancy, recent birth or breast feeding.
- 3.3 The Manager must then meet with their team member as soon as possible to ensure that a Risk Assessment is carried out using the Expectant and New Mother Risk Assessment template [see link in the Annexes]. This assessment will identify potential risks, and the steps needed to eliminate or reduce them. If the Manager is not available within the next two weeks, contact should be made with the Health and Safety Manager for an initial assessment.
- 3.4 The Risk Assessment will cover the nature of the person's work activities and the potential hazards, risks and levels of harm. This

will include consideration of processes and the work environment, and the potential for exposure to hazardous substances.

- 3.5 Annex 1 provides guidance on factors to be considered in the Risk Assessment, and the Risk Assessment template itself includes details of the controls already in place at the ICO. These should be referred to in the Risk Assessment meeting.
- 3.6 If the Risk Assessment reveals a risk to a pregnant, new or breast feeding mother, reasonable steps must be taken to ensure that they are not exposed to that risk.
- 3.7 Risks must be scored using the ICO's standard Risk Scoring Mechanism, further details of this can be found at Annex 2.
- 3.8 Any factors to be considered or actions arising from the team member's pregnancy, must be recorded on the Risk Assessment form. Responsibility for completing actions should be assigned. If, a medical opinion is required on a matter, this must be highlighted to People Services so that a referral to Occupational Health can be made.
- 3.9 If necessary, adjustments should be made to working conditions or hours of work. If it is not practical to adjust these, the person should be offered alternative work. If that is not feasible, the Line Manager should discuss with People Services the potential need to release the person from their duty for as long as it is necessary to protect their health and safety, and that of their child.
- 3.10 There are no ICO staff required to work nights, but if practices develop that require night time working, arrangements should be put in place to move the person to day time based duties if the continuation of night time work is likely to increase the potential of harm to the mother or child.
- 3.11 Upon completion of the initial Risk Assessment, the Risk Assessment form must be emailed by the manager to their team

member, and also to the People Services Team. The form will be stored on the individual's electronic People Services file.

- 3.12 Risk Assessments should be reviewed regularly to ensure that they remain valid and take account of the changing circumstances for expectant and new mothers.
- 3.13 Managers will set review dates with their team member. The review dates should not exceed three monthly intervals. Additional reviews can take place at the request of the expectant or new mother if they feel that the arrangements in place from the last Risk Assessment are no longer adequate.
- 3.14 The Risk Assessment form must be updated at each review, and the line manager must send the updated form to the team member and People Services Team. The Risk Assessment review process should continue during the pregnancy and until either six months after the birth or for as long as the Mother is breastfeeding.
- 3.15 Once the period requiring Risk Assessment reviews is complete, because the team member no longer fulfils the definition of an Expectant or New Mother, the Team Manger must delete the Risk Assessment form from their own records. People Services will retain the form on the individual's record for six years after the end of the Risk Assessment period.
- 3.16 The Risk Assessment form may need to be accessed by staff with a responsibility for Health, Safety or Wellbeing. This will be to support the individual or line manager, or as part of the health and safety monitoring process.
- 3.17 If there is disagreement about the content or actions within the Risk Assessment, advice should be sought from the Health and Safety team. In some circumstances, an Occupational Health referral may be necessary for additional information.

4. Links and annexes

- 4.1 Link 1: [Expectant and New Mother Risk Assessment - BLANK TEMPLATE - November 2025](#)
- 4.2 Link 2: [Expectant and New Mother Risk Assessment - EXAMPLE 1 - Nov 2025.xlsx](#)
- 4.3 Link 3: [Expectant and New Mother Risk Assessment - EXAMPLE 2 - Nov 2025.xlsx](#)
- 4.4 Annex 1: Factors for consideration when completing a Risk Assessment for Expectant and New Mothers.
- 4.5 Annex 2: Risk Assessment Scoring Guidance.
- 4.6 Annex 3: Risk Assessment Process Flow Chart.

Feedback on this document

If you have any feedback on this document, please [click this link](#) to provide it.

Version history

Version	Changes made	Date	Made by
1.0	New procedure implemented	12.1.23	Mike Collins
1.1	Updated reference to HR Team contact details, as the mailbox named is no longer in use.	01.07.24	Mike Collins
2.0	Scheduled review of policy and procedure. Updated to aid accessibility	25.11.25	Mike Collins

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Annex 1: - Guidance on Maternity Risk Assessment

The following are factors that could pose risks to the health and safety of expectant or new mothers and their babies and should be taken into consideration whilst carrying out a risk assessment.

Please also consider that they may now be working at home for several days per week. Any workplace modifications that are agreed and put in place as a result of the risk assessment should be recorded on the Risk Assessment form.

Manual handling

Hormonal changes in pregnancy increase the risk of injury from lifting and moving goods and equipment etc. Problems may be greater during the later stages of pregnancy and in the early stages following childbirth. Nursing mothers may experience problems because of increased breast size and sensitivity. There are also 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. Risks may be reduced by limiting the amount of physical work or providing lifting or carrying aids.

Continuous standing

Standing in one position for periods of more than two or three hours at a time may cause backache, dizziness, faintness and fatigue, especially in the later stages of pregnancy. It could also lead to premature birth or miscarriage. Pregnant colleagues should be able to take frequent breaks from standing or be given the chance to work sitting down.

Continuous sitting

Sitting continuously at a workstation can cause backache and increase the risk of thrombosis. Pregnant colleagues should vary their position while sitting. The small of the back should be supported by a suitable cushion or D-shaped foam wedge if necessary. Using a foot rest can help. Expectant mothers should take frequent breaks and alternate seated work with other tasks. Their workstation assessment should be reviewed either

through self-assessment or arranging an assessment with the Facilities Team.

Repetitive movements

Hormonal changes may cause carpal tunnel syndrome in the fifth or six months of pregnancy, exacerbated by repetitive hand movements such as those associated with using keyboards, small precision instruments, etc. Pain, discomfort and numbness may be relieved by taking frequent breaks from the repetitive work and regularly exercising fingers, hands and wrists during the working day.

Exposure to hazardous substances

Some substances may cause harm to the developing foetus and some may cause harm to babies being breastfed. If a pregnant worker uses chemicals as part of their everyday work, the manager must check that it is safe for her to continue to do so. Common groups of chemicals, which may pose problems, include: pesticides, solvents, wood preservatives and adhesives, lead, mercury and asbestos.

Working in cramped/restricted space

In the later stages of pregnancy, working in restricted spaces such as cramped storerooms can cause discomfort, especially if the work entails awkward twisting or stretching.

Extremes of heat or cold

The ability to tolerate extremes of cold or heat is reduced during pregnancy. Prolonged exposure of pregnant workers to hot environments should be kept to a minimum as there is a greater risk of the worker suffering from heat stress. Breastfeeding may be impaired by heat dehydration. Working in extreme cold may be a hazard for pregnant workers and their unborn baby. The risks are particularly increased if there are sudden changes in temperature.

Wearing personal protective equipment, workwear and uniforms

Most workwear, uniforms and personal protective equipment are not designed for use when pregnant, and therefore may prove uncomfortable

or impossible to wear. Standard fit workwear may not give the intended protection. Comfortable alternatives should be provided in appropriate or maternity sizes, where applicable.

Working at height

Expectant mothers may experience problems with low blood pressure, which can cause dizziness and fainting. In addition, as the baby grows, postural problems and a changing centre of gravity can affect balance and agility. It is not advisable to work at height whilst pregnant. Where it is unavoidable, every effort must be made to minimise the risks of such work, and the matter closely monitored during the pregnancy in line with the risk assessment review process.

Work-related stress

Hormonal, psychological and physiological changes and anxieties about the pregnancy make new and pregnant mothers vulnerable to stress. New and expectant mothers should be protected from work-related stress such as discrimination, bullying, unmanageable workloads, etc.

Lone working

Due to hormonal and psychological changes and anxieties relating to the pregnancy, those who work in premises, travel in vehicles or visit clients when alone may feel vulnerable or threatened. There is also a risk that pregnant workers may be more likely to need urgent medical attention.

Work-related violence and aggression

Where there may be violence or aggression, and consequently the fear of it, there may be an increased risk of miscarriage, premature birth and breastfeeding problems. Where expectant mothers are exposed to risks of violence and physical assault at work, steps must be taken to protect them.

Shocks, vibration and noise

Regular exposure to shocks, low frequency vibration or excessive movement may increase the risk of miscarriage. Prolonged exposure to loud noise may lead to increased blood pressure and tiredness.

Night work

Special consideration needs to be given to those new or expectant mothers who work at night. The ICO does not engage staff to work night shifts, so this guidance is provided by way of background information. If a pregnant employee has a medical certificate stating that there is a significant risk that night work would affect their health or safety the employer must take action to either offer suitable alternative daytime work if any is available; or if that is not reasonable, the provision for paid leave as appropriate.

Shift work and long working hours

Long working hours and shift work can have an effect on the health of new and expectant mothers and on breastfeeding. Not all everyone is affected in the same way and the associated risks vary with the type of work undertaken, the working conditions and the individual.

Generally, however, both mental and physical fatigue increases during pregnancy and in the postnatal period. Because they suffer from increasing tiredness, some pregnant and breastfeeding mothers may not be able to work irregular or late shifts or overtime. Working arrangements, including provisions for rest breaks, may need to be reviewed and any temporary arrangements agreed.

Exposure to infectious diseases

For most workers, the risk of infection is not higher at work than from elsewhere. However, there are some diseases which could harm the developing foetus, such as chicken pox and rubella. In addition, pregnant workers who are nominated first aiders may be exposed to contact with bodily fluids.

Welfare facilities

Pregnant and new mothers should have easy access to clean toilets. Breastfeeding mothers should be provided with suitable facilities in which to express milk. Toilets are unsuitable for this purpose. A restroom or alternative must be provided which is clean, comfortable and private, with a lockable door. There should be a chair, a clean place to store equipment, and access to a fridge for storing expressed breastmilk.

Aspects of Pregnancy that Can Affect Work

The following list provides some aspects of pregnancy that may affect the ability to undertake some or all of activities involved in the job.

Issue	Potential causes/impacts
Morning sickness	Can occur at any time, but may be exacerbated by early starts. Exposure to nauseating smells, which could include cooking, chemicals, and cleaning products. Eating may help to ease nausea, so ensure that team member has time to eat or may need to nibble on snacks during the working day.
Backache	Standing for long periods. Manual Handling. Posture
Fainting	Working in hot conditions. Getting up from seated position too quickly
Varicose veins	Standing or sitting for long periods
Frequent visits to the toilet	Difficulty leaving job or site of work
Balance	Problems of working on slippery, wet surfaces Working at height
Dexterity, agility and co-ordination, speed of movement and reach may be impaired because of increasing size	Physical jobs and tasks.

Annex 2: Risk Assessment Scoring Guidance

Managers who conduct Risk Assessments for Expectant and New Mothers will be required to score the risks using the ICO's standard risk calculation methodology.

This involves providing a score from 1-5 for the likelihood that an event or harm might happen, and likewise a score from 1-5 for the level of harm or impact which might occur.

By multiplying these two scores together we are provided with an overall Risk Score. The higher the score, the greater the level of risk. The ICO Risk Scoring Mechanism provides the following risk ratings.

Total Score	Risk Rating	RAG rating
1-4	Low	Green
5-12	Medium	Amber
15-25	High	Red

The intention of any Risk Assessment process should be to identify areas of risk, and put in place actions to eliminate or minimise the residual level of risk. The score allocated to an activity or hazard should be considered taking into account the existing control mechanisms.

To allocate a score for likelihood and impact we to define what each score means. The table below sets out what each rating means.

Likelihood	Score	Impact
Rare: harm is extremely unlikely to happen or not possible to happen.	1	Minor: No injury, or little or no impact.
Unlikely: harm is not expected to happen but is possible.	2	Minor: Short-term injury may cause short term sickness absence or resolve within a month.
Possible: Harm may occur occasionally.	3	Moderate: causing longer term injury taking up to a year to resolve.
Likely: Harm will probably occur but is not a persistent issue.	4	Major: causing permanent injury or ill health.
Almost certain: Harm is likely to occur on many occasions. A persistent issue.	5	Catastrophic: causing death or permanent incapacity.

The nature of the ICO's work and the generic controls in place already, mean that most risks are likely to be in the 1-2 range for both likelihood and impact, but it is important that each are considered on a person by person basis, and actions considered to reduce the Risk Rating where possible.

The example Risk Assessment [found here](#) gives an illustration of the types of scores you may see for typical activities at the ICO, but remember they may vary depending on individual circumstances.

Annex 3: Expectant and New Mother Risk Assessment Process.

