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**New and Expectant Mother Risk Identification Template**

*This form should be completed by the new/expectant mother and line manager together.*

|  |  |
| --- | --- |
| **Name of the New or Expectant Mother** |  |
| **Name of Line Manager** |  |
| **Title of the Unit (Division, Department, Institute or Research Centre)** |  |
| **Team (sub-set of Unit)** |  |
| **Building(s)** |  |
| **Specific location(s)** |  |
| **Brief outline of activities undertaken by the New or Expectant Mother (routine or foreseeable)** |  |
| **Date of Assessment** |  |
| **Proposed date of review** |  |

**Section 1. About the Job.**

**Does the work of the Expectant or New Mother involve any of the following:**

|  |  |
| --- | --- |
| Standing for long periods of time | Yes / No |
| Sitting for long periods of time without the possibility of changing posture | Yes / No |
| Lifting or carrying heavy loads | Yes / No |
| Long working hours (over 7 hours per day) | Yes / No |
| Working in extremes of temperature (e.g. walk in fridges, cold rooms, or where there are heat sources such as ovens or furnaces) | Yes / No |
| Working at height (e.g. on ladders, stepladders) | Yes / No |
| Working unsociable hours (e.g. after 10pm, or before 7 am) | Yes / No |
| Changing shift patterns of work | Yes / No |
| Increased risk of physical violence | Yes / No |
| Whole body vibration | Yes / No |
| Work in confined spaces or requiring awkward postures | Yes / No |
| Factors leading to work-related stress *(see* [*HSE site*](https://www.hse.gov.uk/stress/overview.htm) *for these factors)* | Yes / No |
| Exposure to lead | Yes / No |
| Exposure to radioactive materials | Yes / No |
| Exposure to toxic chemicals (e.g. mercury, pesticides) | Yes / No |
| Exposure to carbon monoxide | Yes / No |
| Exposure to infectious diseases *(beyond general population exposure)* | Yes / No |
| Overseas travel | Yes / No |
| Any additional hazard identified in the local risk assessment as posing a risk to a new or expectant mother | Yes / No |

**Section 2. Management and Welfare Facilities**

**Can the new or expectant mother easily access or make use of:**

|  |  |
| --- | --- |
| Suitable rest facilities | Yes / No |
| Sufficiently frequent breaks | Yes / No |
| Suitable facilities for breastfeeding or expressing milk (NOT toilets) | Yes / No |
| Time off for doctor or midwife appointments | Yes / No |

If the answer is **Yes** to any hazard listed in **Section 1**, the manager should discuss these with the new or expectant mother and re-assess the tasks (with assistance from local risk assessors as necessary) to ensure the risks are reduced as far as reasonably practicable. The assessement will need to be reviewed as the pregnancy continues to take into account any new circumstances.

Where the risks cannot be reduced sufficiently, the manager should discuss changing the tasks undertaken with the mother and HR Partner, as appropriate. In some cases, it may be necessary to put the mother on light duties, change her work hours, or redeploy her.

If the answer is **No** to anything listed in **Section 2**, the manager should discuss how the new or expectant mother can access these, seeking guidance from their HR Partner as necessary.

Note: In addition to all the above, managers must take into account any recommendations or restrictions on activities identified by the mother’s medical practitioners.