



New and expectant mothers risk assessment

This risk assessment should be completed by a line manager upon receipt of written notification from an employee that she is pregnant, has given birth within the last 6 months, or is breastfeeding. The assessment should also be completed for an employee returning to work within 6 months of delivery of her baby or where she is continuing to breastfeed.

The aim of the assessment is to identify any hazards that may result in harm to either the new/expectant mother and/or her unborn baby and to document the controls necessary to avoid or safely limit exposure to those hazards.

It is recommended that the assessment be completed in conjunction with the named new/expectant mother.

Name of employee: Jessica Percival	Department: Squirrel Room
Job Title: Nursery Practitioner	Date of assessment: 22.08.24

	Yes	No
Has a medical certificate/record or medical advice, from the employee's Doctor or Midwife, been used in this risk assessment?	<input type="checkbox"/>	<input type="checkbox"/>

Hazard identification		
Consider if there are any physical elements to the job that may cause discomfort		
Could the employees work pattern:	Yes	No
Cause occupational stress?	<input type="checkbox"/>	<input type="checkbox"/>
Cause mental or physical fatigue?	<input type="checkbox"/>	<input type="checkbox"/>
Involve shift work or working alone or at night?	<input type="checkbox"/>	<input type="checkbox"/>
Result in work related violence?	<input type="checkbox"/>	<input type="checkbox"/>
Involving travelling?	<input type="checkbox"/>	<input type="checkbox"/>
Does the work process involve:		
Work with computers?	<input type="checkbox"/>	<input type="checkbox"/>

Work at height?	<input type="checkbox"/>	<input type="checkbox"/>
Standing or sitting for long periods?	<input type="checkbox"/>	<input type="checkbox"/>
Adopting awkward positions?	<input type="checkbox"/>	<input type="checkbox"/>
Extreme heat or cold?	<input type="checkbox"/>	<input type="checkbox"/>
Lifting and carrying large or heavy loads?	<input type="checkbox"/>	<input type="checkbox"/>
Excessive movement, vibration, jolts, etc?	<input type="checkbox"/>	<input type="checkbox"/>
Excessive noise?	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to ionising radiation?	<input type="checkbox"/>	<input type="checkbox"/>
Working with X-ray equipment?	<input type="checkbox"/>	<input type="checkbox"/>
Working with unsealed radionuclide sources?	<input type="checkbox"/>	<input type="checkbox"/>
Working with sealed radionuclide sources?	<input type="checkbox"/>	<input type="checkbox"/>
Other?	<input type="checkbox"/>	<input type="checkbox"/>

Consider if the work exposes the new/expectant mother and/or her unborn baby to any of the following chemical hazards?	Yes	No
Carbon monoxide?	<input type="checkbox"/>	<input type="checkbox"/>
Lead or lead derivatives?	<input type="checkbox"/>	<input type="checkbox"/>
Anaesthetic gases?	<input type="checkbox"/>	<input type="checkbox"/>
Antimitotic (Cytotoxic) drugs?	<input type="checkbox"/>	<input type="checkbox"/>
Hormones?	<input type="checkbox"/>	<input type="checkbox"/>
Other?	<input type="checkbox"/>	<input type="checkbox"/>
Does the work involve exposure to hazardous substances? <small>(refer to any relevant safety data sheets or COSHH risk assessments):</small>	<input type="checkbox"/>	<input type="checkbox"/>
Does the work involve exposure to any of the following biological agents (infections)?		
Toxoplasmosis?	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>
Rubella?	<input type="checkbox"/>	<input type="checkbox"/>
Chicken Pox?	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B?	<input type="checkbox"/>	<input type="checkbox"/>
Herpes?	<input type="checkbox"/>	<input type="checkbox"/>
Sexually transmitted disease?	<input type="checkbox"/>	<input type="checkbox"/>
Other?		

Control Measures:

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Discussion Record:

Employee's signature:	Assessor's signature:
Date review required:	

The risk assessment will be reviewed informally throughout the pregnancy and revised formally at the request of either party.

Discussion record following review:	
Date of Review:	Name of Reviewer:

Employee's signature:	Assessor's signature:
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Return to work review - complete this section where the employee is returning to work within 6 months of her baby's delivery or if she is still breastfeeding.	Yes	No
Is the employee continuing to breastfeed?	<input type="checkbox"/>	<input type="checkbox"/>
Are any arrangements required for breastfeeding/expressing?	<input type="checkbox"/>	<input type="checkbox"/>
During the post-natal period does the work involve any of the hazards previously highlighted?	<input type="checkbox"/>	<input type="checkbox"/>
If YES provide details and any additional control measures below:		

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Discussion Record following return to work:

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Date of Review:

Name of Reviewer:

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Employee's signature:

Assessor's signature:

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