

New and Expectant Mothers Risk Assessment

All risk assessments must comply with our Identification of Hazards and Risk Assessment Procedure, risk controls measures must be applied in accordance with our Determination of Controls Procedure and this form must be filed and distributed in accordance with Health and Safety Protocols.

[Guidance on New and Expectant Mothers Risk Assessment](#)

This form should be completed and signed by a manager/supervisor and the member of staff on notification of pregnancy and / or on return to work of a new or breast feeding mother.

Mother's Name:		Job Title:	
Date of Risk Assessment:		Department:	
Expected Date of Delivery:		Date Notified of Pregnancy:	

Do the risk assessments for this person's post identify any of the following as being special risks for an employee who is a new or expectant mother?

Consider this non-exhaustive list of hazards	Yes / No	Residual Risk Low / Med / High
Physical Hazards:		
Shocks, vibration		
Manual handling loads – risk of injury		
Noise		
Ionising/Non-Ionising radiation		
Compressed air/hyperbaric pressures		
Poor movements and posture		
Extremes of heat and cold		
Electric shock		
Chemical Hazards:		
Substances labelled R40,R45,R46,R49,R61,R63,R68 or R64		
Benzene		
Anaesthetic gases		
Mercury & Mercury derivatives		
Carbon monoxide		
Lead & Lead derivatives		
Pesticides		
Biological Hazards:		
Hepatitis B, C or HIV		
Chlamydia		

Rubella		
Chickenpox		
Typhoid		
Working Conditions:		
Mental and physical fatigue		
Working hours		
Extremes of cold or heat		
Work with display screen equipment		
Occupational stress		
Working alone/violence		
Working at height		
Other Hazards: (Refer to Guidance)		

Select Residual Risk Rating		Tick Risk Rating
Low Risk	No foreseeable additional risk to the mother or unborn child throughout the pregnancy	
Medium Risk	Additional risk to the mother or unborn child caused by pregnancy or breast feeding, can be controlled through preventative measures	
High Risk	Unacceptable additional risk to the mother or unborn child caused by pregnancy or breast feeding	

If Medium or High Risk, give further details:

Measures taken to reduce risk:

Has the job been sufficiently modified in order to eliminate the potential hazards?	Yes / No
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If Yes, describe changes:

If No, describe the action taken:

Signed Manager:		Signed Employee:	
1st Review Date:		2nd Review Date:	

1st Review (2nd Trimester / 14 Weeks)	Date:
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Agreed Actions:

Signed Manager :		Signed Employee:	
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2nd Review (3rd Trimester / 28 Weeks)	Date:
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Agreed Actions:

Signed Manager :		Signed Employee:	
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Breast feeding or returning to work within 6 months of delivery:
 Date of Delivery:..... Date returned to work:.....

Date of Review:.....	
Continuing to breastfeed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes describe the details and arrangements for breast feeding in the workplace:	
Any further information associated with risk assessment	