New and expectant mothers at work

A guide for health professionals
This leaflet tells you, as a professional providing advice to new and expectant mothers, about the health and safety responsibilities of employers. It advises what you can do to minimise workplace health risks to pregnant and breastfeeding workers. Many new and expectant mothers work. Early identification of workplace risks is beneficial to your patient as there are hazards at work which could affect their health. Employers also have a legal obligation to ensure a safe and healthy work environment for their pregnant or breastfeeding employees.

How you can help

Employers are advised that pregnancy is not an illness. You can help by reinforcing this message. You will naturally take appropriate medical action to deal with any symptoms of ill health related to pregnancy. But what about the causes?

The expectant mother may have a condition related directly to her pregnancy, but this may be made worse by her working conditions or hazards at work. If this is the case then employers need to do something about it. Issuing a medical certificate (Med 3) may not resolve the problem and the woman might still have to consult you more frequently than would normally be expected. It is also possible that by being off work sick the woman could suffer financial loss during her pregnancy and maternity leave.

Duties on employers under the Management of Health and Safety at Work Regulations 1999

The law requires every employer to assess workplace risks for all their employees, and take practical action to control those risks. In addition, employers must take particular account of risks to new and expectant mothers. The definition of a new or expectant mother is someone who is pregnant, has given birth within the previous six months, or is breastfeeding.

Employers must identify hazards in their workplace that could pose a health or safety risk to new and expectant mothers and take appropriate action to remove or reduce the risk. They must also make this information known to all their female employees of childbearing age, not just those who have informed them they are pregnant. This is particularly important for expectant mothers, as it is possible for the first 4-6 weeks of pregnancy to go undetected.
Stage One: Initial health and safety risk assessment

- Are there any hazards present?
  - NO
  - Inform their female employees of the outcome
  - YES
  - Assess risks, reduce or remove if possible
    - YES
    - Inform their female employees of the risk and the need to notify them, as early as possible, that they are pregnant, breastfeeding or have given birth in the last six months
    - NO
    - YES

Stage Two: After the employee has provided written notification that she is pregnant, has given birth in the last six months or that she is breastfeeding

- Carry out a risk assessment specific to the employee, based on the initial assessment and any medical advice their doctor has provided on either the Med 3 or MAT B1
  - NO
  - Has a risk been identified?
    - NO
    - Regularly monitor and review
    - YES
    - Can the risk be removed?
      - NO
      - Remove risk
      - YES
      - Action 1
        - Can her working conditions/hours of work be adjusted?
          - NO
          - Action 2
            - Can she be given suitable alternative work?
              - NO
              - Action 3
                - Suspend her from work on paid leave, for as long as necessary to protect her health and safety, or that of her child
                - YES
                - Adjust conditions/hours
              - YES
              - Give suitable alternative work on same terms and conditions

Employers should monitor and review these actions on a regular basis

The flowchart shows the stages employers must work through to ensure that new and expectant mothers are not exposed to significant risk and how any advice you provide feeds into this process.
Protecting the woman’s health and safety at her workplace

The expectant mother must inform her employer in writing that she is pregnant. Her employer can ask for written medical evidence to confirm this and the employee has to provide it. The reason for this is so that employers can carry out a specific risk assessment for the woman concerned (Stage Two of the flowchart). The following certificates can be used to convey any advice.

Medical Statement (Med 3)

Doctors are required to record advice given to patients about their ability to perform their own or usual type of occupation on medical statements. Where the doctor considers work adjustments are required during pregnancy and breastfeeding, the doctor should:

- record this advice to the employee (and employer) in the ‘remarks’ section on the Med 3; and
- select section (a) ‘You need not refrain from work’.

Maternity Certificate (MAT B1)

When the pregnant woman wishes to claim Statutory Maternity Pay (SMP) or Maternity Allowance (MA) she should provide her employer with certificate MAT B1, which is issued around the twentieth week of pregnancy. A doctor or a registered midwife can complete the MAT B1.

Employers must ask the woman to help with the risk assessment. This is particularly to take account of any medical advice she has received. In providing this advice it may be helpful to consider the following points.

Pregnancy-related medical conditions (eg high blood pressure)

Employers must conduct a specific risk assessment after receiving the Med 3 and should take into account any medical advice you have given. If risks are identified, which go beyond the level of risk found outside the
workplace, but cannot be removed, employers should adjust the woman’s working conditions or hours. If there is still a risk, she must be offered suitable alternative work or if that is not possible, suspended on full pay for as long as is necessary to protect her and her child’s health.

Health problems caused by the woman’s work

It is important to discuss the new or expectant mother’s working conditions. This is to help identify any risks which may cause health problems for her or her child.

There are some jobs that it is inadvisable for women to do when they are pregnant. For example working in underground mines, diving, and working with lead. There is serious risk of harm to both mother and child. It is therefore important that, where you have been told that she works in these conditions, you advise the mother to notify her employer as soon as possible. Her employer should then offer suitable alternative work (if available) or if that is not possible, suspend her from work on paid leave for as long as necessary to protect her and her child’s health and safety.

There are many other workplace hazards that can affect the health and safety of a new or expectant mother or her child. Employers are required to take action to identify, remove or reduce the risks through the actions outlined in the flowchart. A common risk, for example, is manual handling. In HSE’s New and expectant mothers at work: A guide for employers, employers are advised that it may be possible to reduce risks from manual handling by reducing the amount of physical work or providing aids. The guide provides details on possible workplace hazards and advice on how to reduce or remove the risk. A sensible risk assessment has to take note not only of the hazard, but how serious it is and how likely it is that it will affect the particular individual. The following checklist may help to remind you where the hazards lie.
Signing the pregnant woman off sick from work, by issuing a Med 3, may not address the cause of her ill health. The health problem could reoccur on her return to work and her colleagues, who may also be pregnant or in the future become pregnant, might also be exposed to the hazard.

The woman should be made aware of her employer’s obligations to conduct a risk assessment and to take action on it as outlined in the flowchart. You can also advise her employer on avoiding the risk, using the Med 3 certificate. The employer is required to take account of any medical advice the woman provides when conducting the specific risk assessment and acting on it. Her employer should review and monitor the risk at regular intervals, and if new medical advice has been received.

It would be helpful to refer her to the HSE guidance leaflet A guide for new and expectant mothers who work or New and expectant mothers at work: A guide for employers, see ‘Further reading’.

Physical hazards
- Awkward spaces and workstations.
- Vibration.
- Noise.
- Radiation (covered by specific legislation).

Biological agents
- Infections.

Chemical hazards
- For example chemical handling (handling drugs or specific chemicals such as pesticides, lead etc).

Working conditions
- Inadequate facilities (including rest rooms).
- Excessive working hours (nightwork etc).
  - Unusually stressful work.
  - Exposure to cigarette smoke.
  - High or low temperatures.
  - Lone working.
  - Work at heights.
  - Travelling.
  - Exposure to violence.
Rest facilities for pregnant and breastfeeding women

Many pregnant women feel tired and need to rest. Breastfeeding mothers need a clean, private place to express and store their milk. Employers are legally required to provide suitable rest facilities for workers who are pregnant or breastfeeding. Also, although not a legal requirement, employers are encouraged to provide a healthy and safe environment for nursing mothers to express and store milk. This could be provided in the suitable rest facilities. However, it is not suitable for toilets to be used for this purpose.

Night work

Where a new or expectant mother works at night and you have issued a certificate to confirm that for her or her child’s health and safety she should not be at work for the times you have specified, the employer must offer her suitable alternative day work. If that is not possible, they should suspend her from work on full pay for as long as is necessary to protect her and her child.

Impact on maternity rights, including maternity pay, of issuing a Medical Statement, eg Med 3

Pregnant workers also have concerns about their maternity rights which can be affected by periods of absence from work during their pregnancy.

Many employers operate occupational ‘sick pay’ schemes that provide pay during the first 3-6 months of sickness absence. However, where a scheme is not available, doctors who issue a medical statement of incapacity instead of advice regarding adjustments, may financially disadvantage a woman who is pregnant, because:

- their only source of income may be Statutory Sick Pay (SSP), with income support in appropriate cases;
● women getting only SSP in the period used for calculating their earnings towards Statutory Maternity Pay (SMP) may not qualify, although they may be able to claim Maternity Allowance; and

● if a woman is signed off sick for a pregnancy-related reason at any time after the beginning of the sixth week before her expected week of childbirth (this will be reduced to the fourth week for women with an expected week of childbirth on or after 6 April 2003), her maternity leave will automatically be triggered, irrespective of when she intended to start it.
Further information

For health and safety issues:
Contact HSE’s Infoline: 08701 545500 or see the HSE website: www.hse.gov.uk.

For the following maternity rights issues:
● Time off work for antenatal care.
● Maternity leave.
● Protection against unfair treatment or dismissal.

See the Department of Trade and Industry’s (DTI) interactive guidance website: www.tiger.gov.uk. Advice on employment law matters and good practice is available from offices of the Advisory, Conciliation and Arbitration Service (ACAS: www.acas.org.uk.).

For maternity benefits issues:
● Statutory Maternity Pay.
● Maternity Allowance.

Contact Department for Work and Pensions (DWP) Public Enquiry Office: 0207 712 2171,
Website: www.dwp.gov.uk.
Further reading


Five steps to risk assessment Leaflet INDG163(rev1) HSE Books 1998 (single copy free or priced packs of 10 ISBN 0 7176 1565 0)


A guide for new and expectant mothers who work INDG373 HSE Books 2003 (single copy free or priced packs of 10 ISBN 0 7176 2614 8)

Maternity rights: A guide for employers and employees 02/904 available at www.dti.gov.uk/er/individual/maternity. pdf and from DTI Publications Orderline: 0870 1502 500

Working safely with ionising radiation: Guidance for expectant or breastfeeding mothers Leaflet INDG334 HSE Books 2001 (single copy free)


HSE priced and free publications are available by mail order from HSE Books, PO Box 1999, Sudbury, Suffolk CO10 2WA
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Website: www.hsebooks.co.uk (HSE priced publications are also available from bookshops and free leaflets can be downloaded from HSE’s website: www.hse.gov.uk.)

The Stationery Office (formerly HMSO) publications are available from The Publications Centre, PO Box 276, London SW8 5DT
Tel: 0870 600 5522
Fax: 0870 600 5533
Website: www.tso.co.uk (They are also available from bookshops.)
Sources of help

HSE Information Services
Caerphilly Business Park
Caerphilly
CF83 3GG
Infoline: 08701 545500
Fax: 02920 859260
e-mail: hseinformationservices@natbrit.com
Website: www.hse.gov.uk

Department for Work and Pensions
Public Enquiry Office
The Adelphi
1-11 John Adam Street
London
WC2N 6HT
Tel: 020 7712 2171
Fax: 020 7712 2386
Website: www.dwp.gov.uk

Department for Trade and Industry
General Enquiry Unit
1 Victoria Street
London
SW1H 0ET
Tel: 020 7215 5000
e-mail: enquiries@dti.gsi.gov.uk
Website: www.dti.gov.uk

Equal Opportunities Commission
Arndale House, Arndale Centre
Manchester
M4 3EQ
Tel: 0845 601 5901
Fax: 0161 838 8312
e-mail: info@eoc.org.uk
Website: www.eoc.org.uk

The Maternity Alliance
Information and Publications
3rd Floor West
2-6 Northburgh Street
London
EC1V 0AY
Information Line: 020 7490 7639
Fax: 020 7014 1350
e-mail: info@maternityalliance.org.uk

Tommy’s the Baby Charity
1 Kennington Road
London
SE1 7RR
Tel: 0870 777 3060
Fax: 020 7928 6628
Website: www.tommys.org
This leaflet contains notes on good practice which are not compulsory but which you may find helpful in considering what you need to do.

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