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Policy Title	<i>Managing New and Expectant Mothers</i>		

Our school vision and the policies in our school

Lanercost Church of England Primary School is a caring, unique and aspirational rural community which aims for every child to live life in all its fullness. Our small Christian school is driven towards a life-long love of learning, equipping every child in becoming forward thinking, compassionate young adults who are prepared for the ever-changing world around them. As a school family rooted in Koinonia¹, we enable every child to reach their divine potential, celebrate their individuality, and grow in wisdom and knowledge. Throughout each child's journey we ensure that all in our diverse community are treated with dignity and respect.

Our vision underpins everything we do in school, including our policies. In our opinion, policies are not stand-alone documents but a vehicle for ensuring that all our children are safeguarded, happy, and have the best education we can provide. Once ratified, these policies are upheld by all members of our community.

Understanding 'Live Life in all its fullness'

A desire that underpins our vision and part of our everyday life at Lanercost C of E, is for every member of our school family to live 'life in all its fullness' (John 10:10). When writing or adopting policies, our whole community considers whether this is at the forefront of the policy.

We believe that ensuring 'life in all its fullness' means 'educating the whole person', and this is taken from the 1988 Education Reform Act (in a programmatic statement that remains in force and is deservedly influential). It sees the child's physical and intellectual development united with spiritual, moral, social and cultural development. This is something we hope to whole-heartedly reflect on and consider when undertaking policy within our small, rural school.

¹ Koinonia is the Christian fellowship or body of believers (Merriam-Webster.com)

REVIEW SHEET

The information in the table below details earlier versions of this document with a brief description of each review and how to distinguish amendments made since the previous version date (if any).

Version Number	Version Description	Date of Revision
1	Original	October 2012
2	Significantly updated to include more information about maternity/ paternity rights/responsibilities; childhood infections, gestational diabetes and asthma; equality and discrimination; and pregnant students	January 2013
3	Significantly revised to update where to find the latest maternity guidance from NHS and Public Health England; update risk assessments to make them more user-friendly and provide clearer guidance about recording risk assessment.	September 2016
4	Minor Revisions in light of the Public Health England guidance 'Health Protection in Schools and Other Childcare Settings' 2017	January 2018
5	Reviewed – links checked and correct	October 2019
6	Updates to S4 Gestational Diabetes on personal risk assessment; Section 6.10 with further information on measles symptoms, treatment and complications; additional Section 6.12 about Covid-19; and updates to Appendix B risk assessment checklist and Appendix C and D staff and student risk assessments to include Covid-19 risks and control measures with specific reference to the separate vulnerable person (staff) Covid-19 risk assessment, elements of which could apply as strictly to pregnant students in their third trimester as well.	September 2020
7	Updated with details of the change in isolation period for Covid-19 from 14 days to 10 days.	December 2020
8	Minor updates to streamline guidance, and to reporting of nurseries highlighted. Minor changes to some terminology and links to government guidance not highlighted.	September 2021
9	Minor updates to links following withdrawal of Covid-19 Government guidance and replacement with 'Living with Covid-19' guidance.	April 2022
10	No highlighting due to significant updates throughout sections 1-6 in line with current HSE advice and to clarify that an individual risk assessment for new and expectant mothers is mandatory and what the process should be. Updated infection control advice. Updated risk assessment checklist to become a checklist and action plan. Removed checklist and worker and student generic risk assessments and created links to them in the contents page. Cut from 40 pages to 18.	October 2024

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Resources

[KAHSC New and Expectant Mothers Risk Assessment Checklist & Action Plan](#)

[KAHSC New and Expectant Mothers STUDENT Generic Risk Assessment](#)

[KAHSC New and Expectant Mothers WORKER Generic Risk Assessment](#)

Introduction

Pregnancy is medically defined as a condition rather than an illness, and the health, safety and welfare implications can be adequately dealt with under normal health and safety procedures.

A new or expectant mother is any person who is pregnant, has given birth within the previous six months or is breastfeeding. 'Given birth' is defined as 'delivering a living child' or after 24 weeks of pregnancy 'delivering a stillborn child'. While the British Medical Association encourages clinicians to use gender inclusive language in appropriate situations, for example when working with a transgender man who is pregnant, the Health & Safety Executive (HSE) refers to pregnant workers and new mothers, so this guide will continue to refer to new and expectant mothers but applies where appropriate to any person who is pregnant or breastfeeding.

This guidance aims to provide advice on what education and childcare setting employers and employees should do to comply with the law and manage work-related risks to new and expectant mothers.

Consideration of students who are new and expectant mothers is included with regard to health, safety, and welfare, as well as to any implications of the [Equality Act 2010](#) for inclusion. Employers should also refer to guidance on [Managing pregnancy and maternity in the workplace | Equality and Human Rights Commission \(equalityhumanrights.com\)](#).

In community and voluntary controlled nurseries and schools, the employer is the Local Authority (LA). In this guidance the term "governor" means all of these different people who hold the legal duties of the employer or who are the employer's principle representative.

1. The law and the employer's duties

The [Health and Safety at Work etc. Act 1974 \(legislation.gov.uk\)](#) (HASAWA) requires employers to provide a safe working environment and manage risks to employees and anyone else affected by the work.

The [Management of Health and Safety at Work Regulations 1999 \(legislation.gov.uk\)](#) (MHSWR) implement the health and safety requirements of the Pregnant Workers Directive (92/85/EEC) into UK law and outline specific health and safety requirements relating to new and expectant mothers in regulations 16 to 18.

Regulation 16 requires employers to manage the risks to women of a childbearing age, pregnant workers and new mothers. In education or care, this means that governors must ensure everything 'reasonably practicable' is done to identify and control risks to all staff, students and visitors etc., including new and expectant mothers and their unborn or breastfeeding children. 'Reasonably practicable' is a balance between the costs of implementing a health and safety measure and the benefits or protection provided by it.

Regulation 17 covers advice from a doctor or midwife if night work will affect the health of new or expectant mothers.

Regulation 18 explains an employers' duties once they are notified, in writing, that a worker is pregnant, has given birth in the last 6 months or is breastfeeding. This regulation does not apply until the employer has been notified.

The [Control of Substances Hazardous to Health Regulations 2002 \(legislation.gov.uk\)](#) requires employers to protect workers from exposure to hazardous substances, including dust, fumes, chemicals, vapours, mists, nanotechnology, gases, biological agents and germs that cause disease. Other pieces of legislation outline specific requirements on employers to monitor and manage similar risks for specific substances such as lead, toxic chemicals and ionising radiation (see section 2.1).

Where substances have been classified as carcinogens, mutagens or asthmagens, exposure must be controlled to as low as is reasonably practicable (ALARP). Workplace exposure limits (WELs) are occupational exposure limits on the concentrations of hazardous substances in the air, averaged over a set period of time. They are designed to help protect workers' health, approved by HSE and outlined in [EH40 Workplace exposure limits](#). WELs are set at levels that should not put new/expectant mothers or their children at risk. However, in some cases there are lower WELs for women of childbearing age, than for others and it is important that employers follow them regardless of whether a worker has notified them

that they are pregnant or breastfeeding. An expectant mother can be pregnant for several weeks, sometimes months without knowing. If new or expectant mothers are considered in risk assessments at the outset, the chances of them being unwittingly exposed to increased risk are already reduced.

Section 67 of the [Employment Rights Act 1996 \(legislation.gov.uk\)](#) states that suitable alternative work should be offered to a new or expectant mother, if available, on the same terms and conditions, before suspension from work is considered due to unacceptable risks to their health and safety or that of their children.

Regulation 25 of the [Workplace \(Health, Safety and Welfare\) Regulations 1992](#) states that employers must provide a suitable place for pregnant and breastfeeding workers to rest.

The [Equality Act 2010 \(legislation.gov.uk\)](#) makes it unlawful to dismiss or discriminate against a worker because they are pregnant, a new mother or are breastfeeding. Breaches of health and safety law may also be discrimination under the Act, depending on the circumstances.

The Act requires no length of service qualification and gives protective rights to a broad range of workers, including contract, agency and apprentice workers. A breach of the Act could lead to civil liability.

Equality legislation applies to everyone e.g., workers, students, children being cared for, their families etc. regarding their fair treatment, especially when the employer is a public body like a school or local authority service provider.

Work related legislation and regulations only apply to workers but there is also a clear duty of care owed by the employers in education or care settings to people such as students and their families because they are members of the public who are directly affected by the work carried on in the setting.

2. Risk Assessment

General workplace risk assessments must, by law, assess the risks to women of childbearing age to avoid unwitting exposure to significantly increased or unacceptable risks.

An individual risk assessment must be carried out that covers a worker's specific needs, when they have informed their employer in writing that they:

- are pregnant
- are breastfeeding, or
- have given birth in the last 6 months

This involves:

- Reviewing existing general risk management and controls for new/expectant mothers
- Talking to the individual to find out if there are any conditions or circumstances with their pregnancy that could affect their work
- Discussing any concerns, the individual has about how their work could affect their pregnancy
- Consulting with the worker's safety representative or trade union if they have one

The person carrying out the assessment must be competent to do so and must take account of any medical recommendations provided by a worker's doctor or midwife.

A competent person is someone who has the necessary skills, knowledge and experience to carry out a task and access to the information they need to help them. To be truly competent they must also know their own limitations and possess the confidence to seek support as appropriate. This person is usually a worker's line manager who understands the individual's role.

The person carrying out the risk assessment may find it helpful to complete a [KAHSC New and Expectant Mothers Risk Assessment Checklist & Action Plan](#) before discussing the risks with the employee or student.

Alternatively, there is the [KAHSC New and Expectant Mothers STUDENT Generic Risk Assessment](#) template or [KAHSC New and Expectant Mothers WORKER Generic Risk Assessment](#) template which both contain information about how hazards may constitute a risk to pregnant or breastfeeding staff or students and suggests priorities for controlling them.

Looking at other existing workplace risk assessments or generic risk assessment templates such as for work at height or lone working, may be a helpful part of the risk assessment process. For templates see [KAHSC All generic risk assessments available \(list of links\)](#).

2.1. Conducting an individual risk assessment

Governors must ensure managers consider the specific hazards that can impact the health and safety of new and expectant mothers which exist in their setting and the controls that need to be implemented. Some of the most common risks include:

Posture and position

Due to physiological changes, new and expectant mothers could be more prone to injury, which may not become apparent until after birth.

Postural problems can occur at different stages of pregnancy, and on returning to work, depending on the individual and their working conditions.

To reduce back pain, stress or fatigue and the likelihood of developing varicose veins, haemorrhoids etc., new and expectant mothers should not:

- sit or stand for long periods e.g.,
- lift or carry heavy loads
- use a workstation that causes posture issues

For more information about managing posture issues, refer to [Musculoskeletal disorders - HSE](#).

Working conditions

Long hours, shift work and night work can have a significant effect on new and expectant mothers and their children, and they may also be particularly vulnerable to work-related stressors. Not all workers will be affected in the same way, but mental and physical fatigue generally increase during pregnancy and following birth.

Employers should assess the risks posed by:

- [work-related stress](#)
- [temperature](#)
- [noise](#).

To read more HSE advice about identifying these risks and managing them, use the links above.

Risk of physical injury

Some work carries the risk of physical injury, and the consequences for new and expectant mothers can be more serious. Extra control measures may need to be provided e.g., to protect them when:

- [working at height](#) due to fluctuations in blood pressure that can cause sudden dizziness, fatigue, or loss of balance often meaning that they should not, under any circumstances, work at height.
- [working alone](#), isolated from others in the workplace, or with children or young people who have significant needs which may make it difficult to get help, leave a work area, stay hydrated, or access toilets especially if overwhelmed with morning sickness or suffering from hyperemesis gravidarum (severe and persistent sickness which often needs hospital treatment).
- [at risk of work-related violence](#)
- [exposed to vibration](#) mainly through extended use of tools, equipment or vehicles.

To read more HSE advice about identifying these risks and managing them, use the links above.

Exposure to harmful substances

Many chemical and biological agents can cause harm to new and expectant mothers. They can also be passed on to their child during pregnancy or breastfeeding including:

- [lead](#)
- [radioactive material](#)
- [toxic chemicals like mercury and pesticides](#)
- [infectious diseases](#)
- [antimitotic \(cytotoxic\) drugs](#)

Education staff who manage premises, facilities or grounds, or who teach science or provide technician services for science activities or related academic research are the most likely individuals to be exposed to lead, radioactive materials, toxic chemicals and cytotoxic drugs.

To read more HSE advice about identifying these risks and managing them, use the links above.

For more general advice about identifying and managing the risks from exposure to harmful substances refer to [Control of Substances Hazardous to Health \(COSHH\) - HSE](#) and to EH40 for specific advice on WELs.

Staff should raise their specific concerns with a relevant manager or with other staff who can provide the right information or support such as the Radiation Protection Supervisor (RPS Schools) in the case of work with sources of ionising radiation. The amount of such work carried out annually in secondary schools and colleges that offer tuition in physics at GCSE level or higher, may mean that a new or expectant mother could avoid exposure by having those course modules scheduled to take place during their maternity leave.

For more information about managing exposure to certain infectious diseases that may result in significant risks to an unborn baby or breastfeeding child e.g., rubella, refer to UK Health Security Agency (UKHSA) guidance on [Health protection in children and young people settings, including education - GOV.UK \(www.gov.uk\)](#).

Personal protective equipment

Personal protective equipment (PPE) is often not designed for pregnant workers, so checks must ensure that any PPE provided is safe and comfortable for them to use, especially as their pregnancy progresses.

Measures to take if PPE is no longer suitable must be considered, such as changing their work activity.

Night work

New and expectant mothers can work nights, provided the work involved presents no risk to the health and safety of them or their child. However, they should be offered suitable alternative day work, on the same terms and conditions, when:

- their individual risk assessment has identified a risk from night work
- their doctor or midwife has provided a medical certificate stating they should not work nights

If it is not possible to provide alternative day work, they must be suspended from work on paid leave for as long as necessary to protect their health and safety and that of their child.

The areas of work described above is not a complete list of all that governors should be ensuring managers consider. The checklist or generic risk assessment templates linked to in the contents page must be used with care.

2.2. Reviewing an individual risk assessment

The individual risk assessment for a new or expectant mother must be reviewed regularly, and any necessary adjustments made:

- as the pregnancy progresses
- if there are any significant changes to their activity or workplace

Working conditions described in 2.1 above and any other factors identified could present a risk to mother and/or child at different stages. As the pregnancy progresses, it may affect a mother's:

- dexterity
- agility

- coordination
- speed of movement
- reach

Any risk assessment should be reviewed if it is thought to be no longer valid or if a significant change has occurred. This can be more often in the case of some pregnancies than others as every person and their experience is unique, and some can develop complications such as gestational diabetes.

The date of every review should be written down along with any new adjustments to the work or practices that need to take place.

2.3. Recording and sharing the findings

The individual risk assessment may highlight a work activity, substance etc. that poses a significant risk to the health and safety of new or expectant mothers, or their children. Some hazards may pose different risks depending on whether a member of staff or student is pregnant, has recently given birth or is breastfeeding e.g., some childhood infections are only very harmful to an unborn child.

It is important to explain to the individual new or expectant mother how they and their child will be kept safe at work and ask for their views.

Once the findings of the individual risk assessment have been written down, they should be shared with the individual and their safety representative if they have one.

2.4. Controlling the risks

If a significant risk to a new or expectant mother or their unborn or breastfeeding child is identified that could cause harm to them, an employer can take one of 3 possible actions based on current [Risk assessment: Steps needed to manage risk - HSE](#) advice.

If the risk cannot be controlled or removed an employer must do the following:

Action 1 – Adjust the working conditions or hours to avoid the risk.

For example, a school administrator may be able to work from home to avoid a childhood infection that could affect their unborn child. A cleaner may want to change their working hours from immediately after school when extra-curricular activities are still going on to before school when there are fewer adults and no children on the premises.

If that is not possible:

Action 2 – Give the worker suitable alternative work.

For example, a teacher may be able to swap classes with another teacher if their pregnancy or post-birth back health makes working at low levels unacceptably risky for them. A teaching assistant may be able to switch from a 1:1 role to a general role before they start their maternity leave if the risk to their unborn baby as a result of violent behaviour towards them is too high. A nursery assistant might switch some of their duties with those of another nursery assistant such as putting up displays, so they can avoid all work at height and take on other duties instead.

The [Employment Rights Act 1996 \(legislation.gov.uk\)](#) states that suitable alternative work should be offered, where appropriate, before any suspension from work. This must be suitable and appropriate for the new or expectant mother, and on the same terms and conditions, including pay.

If that is not possible:

Action 3 – Suspend the worker on paid leave for as long as necessary to protect their health and safety and that of their child.

If the necessary control measures cannot be put in place, the employer must suspend the worker on full pay in line with the MHSWR.

3. Rest and breastfeeding

New and expectant mothers are entitled to more frequent rest breaks and the timing and frequency should be agreed between the employer and employee.

A suitable area must be provided where they can rest. It should:

- include somewhere to lie down if necessary
- be hygienic and private so they can express milk if they choose to (toilets are not a suitable place to do this in)
- include somewhere suitable to store their milk, e.g., a fridge that has a space kept at around 0-4°C.

The Advisory, Conciliation and Arbitration Service (ACAS) is an independent public body funded by the government to improve workplace relationships, and they publish a booklet for employers on [Accommodating breastfeeding employees in the workplace | Acas](#) which should be referred to.

There is no time limit on breastfeeding, and it is for the new mother to decide how long they will continue for. In their guidance to new mothers [Your breastfeeding questions answered - NHS \(www.nhs.uk\)](#), the NHS recommends babies are exclusively breastfed for the first six months of their life and that breastfeeding into a baby's 2nd year or beyond, alongside other foods, is ideal.

Some work presents an extra risk for breastfeeding mothers and their children including working conditions outlined in section 2.1 that could expose them to organic mercury, radioactive material or lead. These risks must be considered in a worker's individual risk assessment for as long as they wish to continue breastfeeding.

4. Gestational Diabetes

Diabetes is a condition that causes too much glucose (sugar) in the blood. Gestational diabetes only occurs during pregnancy and usually disappears entirely after birth.

Normally, the amount of glucose in the blood is controlled by the hormone insulin. During pregnancy however, some women have higher than normal levels of glucose in their blood and their body cannot produce enough insulin to transport it all into the cells so the level of glucose in their blood rises.

During pregnancy, the body produces a number of hormones, such as oestrogen, progesterone, and human placental lactogen (HPL). They are essential to allow extra glucose and nutrients into the mother's blood to pass to the foetus so it can grow. They temporarily make the body insulin-resistant, so the cells respond less well to insulin and the level of glucose in the blood remains high.

In order to cope with the increased amount of glucose in the blood, the body should produce more insulin. However, some women cannot produce enough insulin in pregnancy to transport the glucose into the cells, or their body cells are more resistant to insulin. This is known as gestational diabetes.

Women with the following risk factors may be at increased risk of gestational diabetes:

- a body mass index (BMI) of 30 or more,
- having had a previous baby who weighed 4.5kg (10lbs) or more at birth (macrosomic pregnancy),
- having had gestational diabetes in a previous pregnancy,
- a family history of diabetes,
- family origins from South Asian (specifically India, Pakistan or Bangladesh), black Caribbean or Middle Eastern (specifically Saudi Arabia, United Arab Emirates, Iraq, Jordan, Syria, Oman, Qatar, Kuwait, Lebanon or Egypt) origin.

Every pregnant worker with one or more risk factor should be offered a screening test for gestational diabetes. Screening identifies apparently healthy people who may be at increased risk of a condition, such as diabetes and in pregnancy this begins at around 8-12 weeks. Those who are screened and determined to be at risk are offered an oral glucose tolerance test, usually at 24-28 weeks.

Gestational diabetes will often not cause any symptoms at all. However, high blood glucose (hyperglycaemia) can cause some symptoms, including:

- being thirsty.
- tiredness.

- having a dry mouth.
- needing to urinate frequently.
- recurrent infections, such as thrush.
- blurred vision.

Hyperglycaemia if left untreated can lead to diabetic ketoacidosis with symptoms of:

- nausea/vomiting.
- stomach pains.
- a fruity pear drops or nail varnish-tinged smell to the breath.
- drowsiness or confusion;
- hyperventilation.
- dehydration causing headaches,
- dry skin and
- a weak, rapid heartbeat and eventually unconsciousness.

Such symptoms require urgent medical attention, and an ambulance must be called. Depending on the potential seriousness of the expectant mother's condition and if they consent, colleagues and managers may need to be made aware of the signs of ketoacidosis.

Gestational diabetes can often be controlled by diet and a dietician should advise how to choose foods that will keep blood sugar levels stable. Exercise is also a controlling factor and regular monitoring of blood sugars levels is essential.

These factors may figure prominently in any personal risk assessment for someone who develops the condition, considering opportunities for food, drink, exercise, toileting and blood monitoring, any associated health or hygiene issues, and emergency action i.e., communication and whether incapacity will leave children or young people in danger or inappropriately unsupervised. Any instability in the condition should be referred back to a health professional who will consider the suitability of medication or insulin injections.

5. Asthma in Pregnancy

Pregnancy is not likely to bring on asthma if a new or expectant mother did not previously have it, but the effect of pregnancy on those who do have asthma is unpredictable. Around one-third will see an improvement during pregnancy; one-third will see no change, and one-third will experience a worsening of their symptoms.

Someone who had asthma in childhood but is not a sufferer in adulthood may experience a resurgence of asthmatic symptoms, however, medical professionals are undecided as to whether this really is recurrent asthma which is relatively rare or whether pressure on the organs from the growing baby causes memory triggers of asthmatic feelings e.g., breathlessness.

The best way to ensure a healthy pregnancy is to keep pre-existing asthma well-controlled with continued use of any prescribed medication and to seek appropriate medical advice over any concerns or a previous history of asthma. If asthma becomes uncontrolled, it does pose a risk to the expectant mother's health and will also increase their risk of having a low-birth-weight baby.

Every asthma sufferer should have a self-management plan, where they adjust their own treatment to meet changing needs e.g., increasing (or starting) use of the 'preventer' inhaled steroids when experiencing a cough or cold. This is completely safe during pregnancy.

While asthma sufferers can continue to exercise and work normally during pregnancy there are steps that can be taken to try to prevent the asthma worsening:

- avoid smoking & smoky atmospheres,
- avoid allergic triggers such as pet fur,
- control hay fever with pregnancy safe antihistamines,
- avoid hay fever triggers.

6. Infections in pregnancy and while breastfeeding

6.1. Infection risks

Infections at work are caused by exposure to harmful micro-organisms such as bacteria, fungi, viruses, parasites, and other infectious proteins known as prions. These are called 'biological agents' in health and safety legislation. Workers may be harmed by micro-organisms by being infected with them, by being exposed to toxins they produce, or by having an allergic reaction to the micro-organism or substances it produces.

Micro-organisms are found virtually everywhere in the natural environment. Most are harmless to humans and do important jobs. They are used to make medicine, break down the oil from spills, they produce the oxygen we breathe. However, some can cause harm through infection, allergy or being toxic.

A worker may come into contact with micro-organisms at work because they intentionally work with them, e.g., in a microbiology laboratory. But exposure is more likely as a result of the kind of work done, e.g., as a farmer, or a healthcare worker i.e., the exposure is incidental to the purpose of the work. Exposure while teaching or caring for children and young people is incidental to the work and are not considered by the HSE to be occupations where there may be a significant risk, unlike healthcare occupations.

Coming into contact with some infections while pregnant or breastfeeding can have more serious consequences for the worker causing them more serious illness or it can lead to miscarriage, still birth, or birth defects. Breastfeeding mothers can also pass some infections to their children through their breast milk as well as through such close personal contact.

6.2. Infection control

All staff working with children and young people should undergo an occupational health check prior to employment which should establish the immunisations they are up to date with and whether it is recommended that they receive others. This should include whether the employer will pay for any vaccinations not available to the employee free of charge from the NHS when an unacceptable risk exists.

The key role of the employer regarding infections is to monitor working conditions, manage risks, and keep employees informed of the significant risks to their health, safety and wellbeing. This includes looking for incidences of infections which are known to put new or expectant mothers and/or their children at risk and seeking out those at risk to inform them as soon as possible.

As soon as it becomes known that there may be unacceptable work-related risks, human resources advice or services should be consulted regarding possible suspension from work with pay on safety grounds.

When there is an outbreak of an infectious disease in a setting, employers should follow UKHSA guidance [Preventing and controlling infections - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/preventing-and-controlling-infections). Action should include suitably enhancing normal cleaning and hand and respiratory hygiene regimes e.g., by using bleach in the short term for cleaning affected areas if advised to by the local health protection team, cleaning frequently touched objects more often, promoting and resourcing “catch it, bin it, kill it”, increasing hand washing opportunities and providing hand sanitisers in some areas etc.

For information about specific infections that could affect the health of a new or expectant mother or their unborn or breastfeeding children that must be considered during the individual risk assessment, managers and new and expectant mothers can refer to the list below and NHS information about the illness or UKHSA guidance on [Managing specific infectious diseases: A to Z - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/managing-specific-infectious-diseases-a-to-z).

6.3. Infections with specific risks

[Chickenpox - NHS \(www.nhs.uk\)](https://www.nhs.uk/conditions/chickenpox/) and [Shingles - NHS \(www.nhs.uk\)](https://www.nhs.uk/conditions/shingles/)

Chickenpox is a highly contagious common childhood virus (varicella-zoster) with relatively mild symptoms that has no cure, but which can cause serious pregnancy complications for the mother (pneumonia) and unborn child (foetal varicella syndrome).

Chickenpox is highly infectious and spread by respiratory droplets through coughing or sneezing from 1-2 days *before* the first spots appear until the last weeping spot has crusted over (5-6 days *after* onset of the rash). Pregnant staff who have been in contact with chickenpox should contact their midwife, GP or 111 as a matter of urgency for advice.

The UKHSA recommended period of exclusion from settings or work for anyone with chickenpox is 5 days from the onset of the rash. There is no recommended exclusion period for shingles unless the rash is weeping and cannot be covered when exclusion applies.

[Chlamydia abortus: epidemiology, transmission and prevention - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/chlamydia-abortus-epidemiology-transmission-and-prevention)

Chlamydiosis is a zoonotic infection caused by the *Chlamydia abortus* organism commonly found in livestock which can also cause miscarriage in humans.

The route of transmission of the organism to humans is not known with certainty however, inhalation of aerosols and dusts heavily contaminated with it seems most likely. Pregnant women should avoid lambing or milking ewes and all contact with newborn lambs or any clothing or footwear etc. that has come into contact with them.

It is highly unlikely that the children of farming families will present any significant risk to pregnant workers, and staff worried about exposure should contact their midwife, GP or 111 for advice.

[COVID-19 - NHS \(www.nhs.uk\)](https://www.nhs.uk) and [Pregnancy and COVID-19 - NHS \(www.nhs.uk\)](https://www.nhs.uk)

Coronavirus or SARS (Severe Acute Respiratory Syndrome) COVID-19 is a mild flu-like illness for most that can have serious complications for some people. Pregnant workers have a higher risk of complications for them and their unborn child if they get the virus, especially after 28 weeks gestation (the third trimester) and vaccination (2 doses) is strongly recommended.

SARS are spread through direct contact with body fluids (through coughing, sneezing or talking) or touching contaminated surfaces and the face. Pregnant or breastfeeding staff worried about exposure should contact their midwife, GP or 111 for advice. For more information, see the Royal College Of Obstetricians and Gynaecologists guidance [Coronavirus \(COVID-19\), pregnancy and women's health | RCOG](https://www.rcog.org.uk/guidance/Coronavirus-(COVID-19)-pregnancy-and-women's-health).

The UKHSA recommended period of exclusion from settings or work for anyone with a positive COVID-19 test result is 3 days after they took the test for everyone under the age of 18 and 5 days after for anyone aged 18 or over.

[Cytomegalovirus \(CMV\) - NHS \(www.nhs.uk\)](https://www.nhs.uk)

Cytomegalovirus (large cell virus) is a common member of the herpes family of viruses which includes chickenpox, cold sores and glandular fever, causing no or mild flu-like symptoms. If a mother contracts the virus shortly before or during pregnancy or while breast feeding, 4 out of 10 babies will be born with congenital CMV and up to 9 out of 10 of those babies who have symptoms at birth will develop one or more physical or cognitive disabilities.

The virus is spread by close physical contact through saliva, urine and other body fluids e.g., coughs, sneezes, changing nappies etc. and touching contaminated surfaces and then the face. Pregnant staff worried about exposure should contact their midwife, GP or 111 for advice.

There is no UKHSA exclusion period from settings or work for anyone with CMV.

Cold sores are a 'herpes simplex virus' and many healthy children and adults excrete this virus at some time without having a 'sore'. There is no UKHSA exclusion period from settings or work for anyone with cold sores.

[Hepatitis B - NHS \(www.nhs.uk\)](https://www.nhs.uk) and [Hepatitis C - NHS \(www.nhs.uk\)](https://www.nhs.uk)

Hepatitis B and C are liver infections that cause no or mild flu-like symptoms but potentially long-term liver damage and is spread through contact with blood, semen and vaginal fluids e.g., through a cut. Having Hep-B or C does not affect pregnancy or delivery and it is safe to breastfeed but babies at risk are offered the Hep-B vaccine at birth to prevent serious liver disease later in life. There is no vaccine for Hep-C.

Pregnant or breastfeeding staff worried about exposure should contact their midwife, GP or 111 for advice.

The UKHSA does not recommend any exclusion period from settings or work for anyone with hepatitis B or C.

[HIV and AIDS - NHS \(www.nhs.uk\)](https://www.nhs.uk)

HIV (human immunodeficiency virus) is a virus that causes no or mild symptoms but damages the immune system and ability to fight everyday infections and disease. AIDS (acquired immune deficiency syndrome) is a number of potentially life-threatening infections and illnesses once the immune system has been severely damaged.

AIDS cannot be transmitted between people, but the HConcerned pregnant or breastfeeding staff should report any potential exposure to their midwife or doctor immediately because anti-HIV medication must be taken within 72 hours of exposure.

The UKHSA does not recommend any exclusion period from settings or work for anyone with HIV or AIDS.

[Measles - NHS \(www.nhs.uk\)](http://www.nhs.uk)

Measles is a viral infection that is often mild but can cause serious problems for some people and for which there is no treatment or cure. Infection during pregnancy can result in early delivery or even miscarriage. Workers of childbearing age are recommended to have at least 2 doses of the MMR vaccine or a positive history of Rubella (having had the disease) if working closely with children.

Measles is highly infectious and spread through direct contact with body fluids (through coughing, sneezing or talking) or touching contaminated surfaces from one week before symptoms start and for 5 days after the rash first appears. Pregnant staff worried about exposure should contact their midwife, GP or 111 for advice urgently. Under no circumstances should they visit their surgery without first contacting them.

The UKHSA recommended period of exclusion from settings or work for anyone with rubella is 4 days after the onset of the rash.

[Rubella \(german measles\) - NHS \(www.nhs.uk\)](http://www.nhs.uk)

Rubella (german measles) is a rare illness that causes a spotty rash and, in the first 16 weeks of pregnancy, can cause miscarriage and serious birth defects. Workers of childbearing age are recommended to have at least 2 doses of the MMR vaccine or a positive history of Rubella (having had the disease) if working closely with children.

Rubella is highly infectious and spread through direct contact with body fluids (through coughing, sneezing or talking) or touching contaminated surfaces and the face from one week before symptoms start and for 5 days after the rash first appears. Pregnant staff worried about exposure should contact their midwife, GP or 111 for advice urgently. Under no circumstances should they visit their surgery without first contacting them.

The UKHSA recommended period of exclusion from settings or work for anyone with rubella is 4 days after the onset of the rash.

[Slapped cheek syndrome - NHS \(www.nhs.uk\)](http://www.nhs.uk)

Parvovirus B19 is a common and mild childhood infection which targets the erythroid progenitor cells in the blood and bone marrow (also known as 'slapped cheek syndrome' after the appearance of the rash or 'fifth disease' as the fifth most common disease in children aged 3-15). There is a small risk of miscarriage and serious pregnancy and foetal complications.

It is spread through direct contact with body fluids (through coughing, sneezing or talking) or touching contaminated surfaces and the face. Pregnant or breastfeeding staff worried about exposure should contact their midwife, GP or 111 for advice.

The UKHSA does not recommend a period of exclusion from school or work because the illness is mild for most and highly infectious before symptoms appear, so it is too late to be an effective control.

[Strep A - NHS \(www.nhs.uk\)](http://www.nhs.uk) and [Group B strep - NHS \(www.nhs.uk\)](http://www.nhs.uk)

There are more than 20 types of strep bacteria falling into 2 groups that cause streptococcal infections. They vary in severity from mild throat infections to pneumonia, and most are treatable with antibiotics.

Strep A bacteria are found on the surface of the skin and inside the throat, are spread by close contact and through coughs and sneezes or from a wound and are a common cause of infection in adults and children. Strep A should be of no concern in pregnancy and settings should manage outbreaks in the normal way.

The UKHSA recommended period of exclusion from settings or work for anyone with Strep A is 24 hours after they start taking antibiotics.

Strep B bacteria are found in the intestinal and genital tracts of around 30% of people including an estimated 1 in 5 pregnant women. It can be passed to the baby during pregnancy or birth, causing more serious infections such as meningitis or pneumonia.

How the bacteria spreads except through pregnancy and birth is not understood. Settings that do not manage babies under 3 months old are unlikely to ever see a strep B infection and normal good hygiene

practices will prevent the spread of all types of streptococcal infections. Pregnant staff worried about exposure should contact their midwife, GP or 111 for advice.

The UKHSA does not recommend any exclusion period from settings or work for anyone with strep B.

[Toxoplasmosis - NHS \(www.nhs.uk\)](http://www.nhs.uk)

Toxoplasmosis is a mild flu-like illness that can have serious complications for some people and cause birth defects in pregnancy. It is caused by the toxoplasma gondii parasite found in infected meat and dairy products, sheep and lambs during lambing, or the litter trays of infected cats. It cannot be passed from person to person, other than in very rare cases of organ transplantation.

It is highly unlikely that the children of farming families will present any significant risk to pregnant workers, and staff worried about exposure should contact their midwife, GP or 111 for advice.

[Zika virus - NHS \(www.nhs.uk\)](http://www.nhs.uk)

Zika virus is carried by mosquitos found in South and Central America, the Caribbean, the Pacific islands, Africa, and Asia, and people get it by being bitten by an infected mosquito. It causes a mild illness for most but in pregnant women, it can cause problems with a baby's head and brain development.

Trips abroad must consider pregnancy in staff, volunteers or young people and exposure to mosquito bites. Anyone worried about exposure should contact their midwife, GP or 111 for advice.

7. Maternity Rights and Responsibilities

7.1. Notification

An employee must inform their employer, in writing of their pregnancy by the start of the 15th week before the birth is due, so around the 25th week of pregnancy. If they do not do so the regulations designed to protect them, and their unborn baby do not apply, and the employer does not have to follow them. Maternity leave entitlement may also be affected by lack of notice.

The Advisory, Conciliation and Arbitration Service publishes a guide on [Telling your employer you're pregnant: Your maternity leave, pay and other rights - ACAS](#).

Doctors or registered midwives must also issue a Maternity Certificate or form MAT B1 free of charge to their pregnant patients for whom they provide clinical care from the 20th week of pregnancy which the employer can ask to see.

The employer must write back within 28 days to confirm the maternity leave and a return-to-work date. It would be helpful to also confirm maternity pay arrangements.

The notice staff give should include the proposed start date for any maternity leave and pay as decided by them in accordance with their rights. They can change their mind later about the date they want to start their maternity leave on, but they must give 28 days' notice of the change. If staff are planning not to take their full maternity leave entitlement, they must inform their employer when they will be returning to work. Staff who do so can change their mind later on but must give 8 weeks' notice. If the planned return to work date will be later, the notice given must be 8 weeks prior to the original earlier date.

7.2. Antenatal Care

All pregnant employees have the right to take reasonable paid time off to attend antenatal care, including the time taken to travel to appointments. This includes:

- appointments with their midwife, doctor or hospital and
- ante-natal, parentcraft and relaxation classes.

It is unlawful for employers to ask these employees to make the time up, take annual leave or to change their normal working hours so that appointments fall outside of work time.

Employers can ask for evidence of antenatal appointments e.g., an appointment card, only from the second appointment onwards.

7.3. Maternity Leave and Pay

Current at the time of writing, the statutory maternity leave (SML) period is up to 52 weeks and can begin any time from 11 weeks before the week in which the baby is due. The period and amount of statutory maternity pay (SMP) will vary dependent on an employee's National Insurance contributions, length of employment, employer scheme etc.

For further advice for employers see ['Pregnancy and Work: What You Need to Know as an Employer'](#) and for information about SMP calculators for pregnant staff see [Statutory leave and time off - GOV.UK \(www.gov.uk\)](#).

If a member of staff is off work with ill-health relating to the pregnancy in the 4 weeks before maternity leave is due to start, the employer can opt to begin the maternity leave and pay from the time of the absence instead. This in no way affects the statutory period which remains 52 weeks regardless of the start time.

Maternity leave is compulsory for the mother for the first 2 weeks following the birth of a baby and none of the maximum of 10 mutually agreed 'Keeping in Touch' days may be scheduled during that time.

8. Paternity Rights and Responsibilities

8.1. Notification

The expectant father or partner of the pregnant person must inform their employer by the start of the 15th week before the baby is due if they want to take paternity leave. Information about eligibility and claiming paternity leave and pay is available at [Paternity pay and leave - GOV.UK \(www.gov.uk\)](#)

A simple way for an employee to give notice is to fill in a 'self-certificate' [Form SC3 'Becoming a parent'](#).

8.2. Antenatal Care

Expectant fathers or the partners of women who are pregnant do not have any legal right to time off to accompany their partners to antenatal appointments. However, many employers recognise the importance of this time and offer them the opportunity to take time off unpaid, request paid leave or make up the time lost later.

8.3. Paternity Leave and Pay

There are strict [conditions](#) by which the partners of new and expectant mothers qualify for Ordinary (OPL) and/or Additional Paternity Leave (APL) relating not only to paternity, but additionally to parental responsibility regardless of biological paternity as well as their employment status.

A qualifying partner is entitled to OPL and Ordinary Statutory Paternity Pay for up to 2 consecutive weeks only which cannot begin before the birth and must end within 56 days of the birth. This time cannot be split in any way.

A qualifying partner is also entitled to APL and Additional Statutory Paternity Pay for up to 26 consecutive weeks if the mother of the baby returns to work before the end of her SML period. Conditions apply and further guidance can be found online alongside the OPL information above.

9. Confidentiality

All medical advice, reports and certificates should take working/studying conditions into consideration. An employer must not make it known that an employee or student is pregnant if they do not wish it to be known or does not consent to it. In certain circumstances it may be necessary to take steps (including limited disclosure) to protect their health and safety, but this should follow consultation with and agreement from them. **Students are entitled to the same rights of privacy and confidentiality regardless of their age**, including from their parents if there are serious child protection concerns.

10. Discrimination

Under the Equality Act 2010 pregnancy/maternity is a 'protected characteristic'. This means that it is unlawful to discriminate against a new or expectant mother directly, by association, by perception,

indirectly or by harassment and victimization due to their pregnancy or maternity. The Act specifically includes the need to protect female students who are pregnant or who have recently given birth from discriminatory practices (see Section 9) which the, now superseded, Sex Discrimination Act 1975 did not.

Any breach of health and safety legislation in relation to new and expectant mothers is automatically considered to be discrimination. Individuals remain personally liable for their own actions in this regard and employers remain vicariously liable for the actions of their employees, even if they acted without the knowledge or approval of the employer. Settings must therefore:

- include discrimination against new and expectant mothers (staff or students) in their Single Equality Scheme and in any Human Resources (HR) guidance to staff on discrimination or expected behaviour.
- train employees and other workers on the regulations and the setting policy and procedures.
- regularly review how the procedures are being applied and revise as appropriate.
- take appropriate action where managers or supervisors fail to implement the regulations appropriately.

An employee is entitled to complain to an Employment Tribunal if they feel they have been discriminated against due to their pregnancy or maternity.

11. Students who are New or Expectant Mothers

Under the Equality Act 2010 pregnancy/maternity is a 'protected characteristic' which, for the first time in law, has been extended to include students who are new or expectant mothers. It is unlawful to discriminate against them in any way either directly or indirectly.

Such a student is protected from discrimination because:

- they are or have been pregnant.
- they have given birth and unfavourable treatment occurs within a period of 26 weeks beginning from the day they gave birth.
- they are breastfeeding and unfavourable treatment occurs within the period of 26 weeks beginning from the day they gave birth.
- they have suffered a stillbirth (so long as they were pregnant for at least 24 weeks before giving birth).
- both direct and indirect discrimination due to pregnancy and maternity relates to being disadvantaged and treated unfavourably.

Settings must ensure that no student will be excluded purely on the grounds of pregnancy and that up to 18 calendar weeks of authorised absence immediately before and after the birth may be given in order to ensure that the student is reintegrated into education as quickly as possible.

In any equality information, settings that may be affected by student pregnancy should set out:

- how they intend to ensure students are reintegrated into education as quickly as possible following the birth of a child.
- what alternative suitable education provision is available and accessible to students. Such suitable education must meet the needs of the student and should take account of their age, ability, aptitude and individual needs including any special educational needs they may have.
- how they intend to make use of any Local Authority (LA) or other re-integration support.

Schools already have a duty of care to pupils and are not expected to have to alter their existing policies because of this new legal provision, providing they are not excluding pregnant pupils or requiring them to study at home or in alternative provision when they wish to remain in school, and are letting them return to education when they have had their babies.

When a student discloses that they are pregnant, a key member of staff should be identified to co-ordinate education and support. Their role may include:

- informing any LA Coordinator for School-Age Parents once parental consent has been agreed.

- ensuring that all associated non-attendance (for medical check-ups and antenatal visits) is properly authorised and seeking advice from the School Health Service or Education Social Work Service, as appropriate.
- undertaking the necessary risk assessments.
- dealing with any instances of discrimination or bullying.
- co-ordinating education and support for the pregnant student together with the student, parents, staff and any external agencies and maintaining good communication links between all parties involved.
- ensuring the pregnant student receives information about the importance of using contraception to prevent a second pregnancy from an appropriate health professional.
- introducing local support groups for young parents and referring to the Connexions or similar service; and
- ensuring any new and expectant father is supported to attend antenatal and postnatal appointments, the birth itself and other necessary appointments, authorising absence appropriately. With the expectant mother's approval, the father may also be invited to attend pre and post birth meetings between the school, other professionals and the new/expectant mother.

A meeting should take place between the student, their parents/carers, the key member of staff, any medical professional necessary and any LA Inclusion Officer required to:

- develop a learning timetable taking into account future exams, work experience opportunities and other educational commitments and opportunities.
- identify any additional holistic support needs and refer as they arise e.g., to appropriate support agencies like Children's Centres, housing and counselling services etc.
- determine the level of confidentiality within school and who may need to be informed; and
- determine any Child Protection concerns (the person designated as the key member of staff for the individual student should inform the Designated Safeguarding Lead (DSL) of any child protection issues).

For students in public care, the Designated Teacher for Children Looked After should be included in discussions. The key member of staff might also be this Designated Teacher. If not, it is normally the role of the Designated Teacher to determine who may need to be informed about situations involving children in care, so it is likely that they should attend the initial meeting at least. If there are child protection concerns identified, the DSL must be informed.

For students on the Special Educational Needs Register, the Special Educational Needs Co-ordinator should be included in the discussions and for those with statements, the relevant LA Statementing Officer consulted where applicable.

Pregnant students should remain in school with the appropriate support unless medical needs dictate a home support package.

Post birth and following an acceptable six-week medical check, a plan can be formulated with appropriate professionals to reintegrate the mother back into full-time education.

Settings should acknowledge the additional needs that new or expectant fathers who are students may have, and offer the same support, guidance and advice that they provide to pregnant students, signposting to local services if necessary. When the relationship between the student father and mother continues and the father wants to be involved, the pregnant student's key person should consult with the father. Where the father attends a different setting, the expectant mothers' key person should coordinate with a similar person from the other setting on behalf of the expectant father to ensure he can fully participate in his child's antenatal care, birth and life. Both settings should develop a simple liaison plan to facilitate this.

12. References

[Equality Act 2010 \(legislation.gov.uk\)](http://legislation.gov.uk)

[Managing pregnancy and maternity in the workplace | Equality and Human Rights Commission \(equalityhumanrights.com\)](http://equalityhumanrights.com)

[Health and Safety at Work etc. Act 1974 \(legislation.gov.uk\)](http://legislation.gov.uk)

[Management of Health and Safety at Work Regulations 1999 \(legislation.gov.uk\)](http://legislation.gov.uk)

[Control of Substances Hazardous to Health Regulations 2002 \(legislation.gov.uk\)](http://legislation.gov.uk)

HSE statutory guidance [EH40 Workplace exposure limits](#)

HSE guidance [Protecting pregnant workers and new mothers - Overview - HSE](#)

UKHSA guidance on [Health protection in children and young people settings, including education - GOV.UK \(www.gov.uk\)](#)

[Pregnancy-related conditions - NHS \(www.nhs.uk\)](http://www.nhs.uk)

[Work and pregnancy - NHS \(www.nhs.uk\)](http://www.nhs.uk)

[Pregnancy - Start for Life - NHS \(www.nhs.uk\)](http://www.nhs.uk)

Royal College of Obstetricians & Gynaecologists resources covering specific gynaecological conditions or procedures, as well as conditions or situations that can occur during pregnancy and birth [Browse all patient information leaflets | RCOG](#)

[Pregnant employees' rights - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

[Paternity pay and leave: Overview - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Further Advice can be sought from Kym Allan Safeguarding, Health & Safety Consultants Ltd., 3-4 Citadel Row, CARLISLE, CA3 8SQ. Telephone: 01228 210152.