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## **PREGNANCY AND WORK**

Concerns have been raised in several quarters about the impact that working conditions may have on pregnant staff and the consequence of adjusting working arrangements on service delivery. In particular difficulties have been raised around shift work and night work. The purpose of this document is to clarify the Occupational Health (OH) and Trust position and to provide background as to how this position was reached.

The starting point is that pregnancy is a normal condition and not an illness. The majority of pregnancies are uncomplicated from a medical perspective.

### **Uncomplicated pregnancies**

It is recognised that some pregnant women feel excessively tired in the first trimester (0-12 weeks) and may experience marked nausea. In most cases this eases off after the first 3 months or so. One of the difficulties in the early stages of pregnancy is that employees may choose not to share the fact that they are pregnant with their employer and hence managers may be unaware of the situation. In the third trimester (ie from 6 months onwards) as the pregnancy progresses, increasing fatigue may become a problem in addition to the physical limitations that arise simply due to bulk. Employees experiencing excessive symptoms of pregnancy may need some adjustment to their work and these should be discussed with their manager as part of their pregnancy risk assessment and OH as necessary.

### **Risk Assessment**

Pregnant staff are advised to tell their manager as early as is reasonably possible that they are pregnant. Upon receiving such advice, managers are required to undertake a risk assessment of the potential risks to the pregnant woman and her unborn child through her work and to look at how any identified risks may be removed, reduced or controlled to reduce the risk to an acceptable level. A zero risk position is not achievable and the purpose of this process is to reduce risk as far as is reasonably practicable, not to create an entirely risk free environment. The employer cannot be expected to make a risk assessment or adjust work if they have not been notified of the pregnancy.

The approach to risk assessment is clearly laid out in the Health & Safety Executive guidance "*A Guide for New and Expectant Mothers who work*" <http://www.hse.gov.uk/pubns/indg373.pdf>, in Employment Law and also in Trust policy <http://ghnhst/C2/Maternity%20Information/default.aspx>.

There are some clear risk factors in a healthcare setting which should be avoided for pregnant women. These would include exposure to radiation, exposure of non immune pregnant workers to various infections such as Rubella and Varicella. There are however a

range of further possible exposures where the evidence of adverse pregnancy outcome is at best weak. Such issues include manual handling, prolonged standing, shift work, long working hours and night work. Despite the lack of evidence for adverse outcomes, many pregnant women wish to err on the side of caution and this can become a highly emotive area.

### **Evidence for the Effect of Physical and Shift Work**

The Occupational Health Clinical Excellence Unit of the Royal College of Physicians has undertaken a review of the evidence for the effect of physical and shift work during pregnancy. The working group who prepared this guidance includes Occupational Health Physicians, Consultant Obstetricians and Midwives. A review of all the available studies in this area has been undertaken and detailed findings of the studies are given in the national guideline produced by the group. This is available on line at [http://www.nhsplus.nhs.uk/providers/images/library/files/guidelines/PHYSICAL AND SHIFT WORK IN PREGNANCY.pdf](http://www.nhsplus.nhs.uk/providers/images/library/files/guidelines/PHYSICAL_AND_SHIFT_WORK_IN_PREGNANCY.pdf) . The studies show conflicting evidence in some areas for adverse pregnancy outcomes such as low birth weight or pre term birth but based on all the combined evidence, recommendations are made for pregnant women who work and their employers. The key recommendations made by the group are as follows:-

#### *1. General*

- *Managers should perform a risk assessment of a woman's work when she informs her manager that she is pregnant.*

#### *2. Manual Handling*

- *When performing the risk assessment, the manager should assess the amount of physical effort associated with the job and assess the duration for which such tasks are being performed.*
- *Pregnant women should be informed that evidence suggests:*
  - *at most, heavy physical work and lifting carry no more than a moderate risk of low birth weight/intrauterine growth restriction (IUGR)/small for gestational age (SGA)*
  - *there is limited and inconsistent evidence of risk for preterm birth and pre-eclampsia.*

*Employers should reduce very heavy physical activities and lifting for pregnant workers where possible, particularly in late pregnancy. However, if a pregnant worker who has been informed of the possible risk wishes to continue then there are insufficient grounds to impose restrictions against her will.*

*It is not possible to determine from the literature the level of heavy work or lifting at which adjustments should be introduced.*

#### *3. Prolonged standing*

- *Pregnant women should be informed about the generally consistent evidence suggesting that:*
  - *prolonged standing (more than three hours) carries no more than a small risk of preterm birth and low birth weight/IUGR/SGA.*
  - *limited evidence suggests no effect on pre-eclampsia.*
- *Employers should reduce standing for longer than three hours for pregnant workers where possible, particularly in late pregnancy. However, if a pregnant worker who has been informed of the possible risk wishes to continue, then there are insufficient grounds to impose restrictions against her will.*

*It is not possible to determine from the literature at what stage in pregnancy the adjustments to work should be applied.*

#### 4. Working hours

- *Pregnant women should be informed about the generally consistent evidence suggesting that long working hours carry no more than a small to moderate risk of preterm birth, and low birth weight/SGA.*
- *There is limited and inconsistent evidence for pre-eclampsia.*
- *Employers should reduce long working hours for pregnant workers particularly in late pregnancy. Where possible, hours should be limited to about 40 per week. However, if a pregnant worker who has been informed of the possible risk wishes to continue then there are insufficient grounds to impose restrictions against her will.*

*It is not possible to determine from the literature at what stage in pregnancy the adjustments to work should be applied.*

#### 5. Shift Work

*There is insufficient evidence of a risk to pregnant women to make recommendations to restrict shift work, including rotating shifts or night/evening work.*

Extract from: Physical and shift work in pregnancy: Occupational aspects of management, Royal College of Physicians/NHS Plus [www.nhsplus.nhs.uk](http://www.nhsplus.nhs.uk)

### **Complicated pregnancies**

The small number of pregnant women who develop medical complications during pregnancy may be deemed unfit for work or fit for only modified work. They are likely to receive advice to this effect from their GP or obstetrician as well as Occupational Health. This is not usually contentious and managers should, as far as possible, adjust the work to fit with these adjustments. Where this is not possible, the pregnant woman may need to be suspended from work or signed off sick if appropriate.

### **Practical adjustments in uncomplicated pregnancy**

Despite the evidence outlined above, many pregnant women remain concerned about the impact that activities in their daily life, including work, may have upon the pregnancy. As a consequence some women may request adjustments to their hours and duties. Where there is no complication or health problem associated with the pregnancy the decision to accommodate such requests must be made by management with HR support on an individual basis. Managers are best placed to know what is reasonable for their service to accommodate and also to understand when staff may be particularly anxious. Occupational Health is happy to assist, especially where there are specific health concerns and further assessment is required. However there is no evidence to support a blanket ban on night shifts and shift work.

Recommended adjustments:

- Avoid long working hours and aim not to exceed 40 hours per week wherever possible.
- Avoid prolonged periods of standing still and at least no more than 3 hours consecutive static standing wherever possible.
- Reduce very heavy physical activities and lifting where possible and particularly in late pregnancy.

In individual cases and after appropriate assessment, consideration may be given to:

- Consider avoiding long runs of days without a break
- Consider altering patterns of work
- Consider increased number of rest breaks

These adjustments could be considered on a permanent or temporary basis depending upon the stage of pregnancy and whether symptoms improve.

If risk assessment shows that adjustments are required but cannot be accommodated then managers may need to consider placing the pregnant worker in an alternative post or, as a last resort, suspending the employee on full pay until their maternity leave commences.

### **Exposure to Nitrous Oxide**

Some pregnant staff may be exposed to nitrous oxide through their work. There is some evidence for adverse pregnancy outcomes associated with long term high level exposures. Risk assessment should be undertaken on an individual basis. Where exposure is low or infrequent or can be reliably controlled such as in theatre, the pregnant woman may continue to work without restriction. Where exposure is potentially high but cannot be well controlled and the Work Exposure Limit may be exceeded, the manager should discuss with the pregnant woman the need to restrict their areas of work in light of the evidence for possible increased miscarriage rate and low birthweight.

Occupational Health is always pleased to discuss individual cases with the pregnant staff member or their manager following either management or self referral to our service.

Dr Sue Hunt  
12.2.10