Guidance for Supporting Pregnant and Postnatal Pre-Registration Healthcare and Social Work Students when on placement – Including Risk Assessment Template

1. Introduction

This document outlines the procedures and responsibilities for supporting pregnant students enrolled in pre-registration health care programs during their placements, in accordance with the guidelines set out by the UK Health and Safety Executive (HSE).

2. Disclosure and Risk Assessment

Students are encouraged to disclose any health-related issues affecting their placement.
Students should notify their Academic Advisor in writing about their pregnancy promptly so that appropriate support can be put in place for practice placement experiences.
Upon disclosure of pregnancy, the placement provider will be notified. They will be deemed the 'employer,' and must conduct a risk assessment.
The placement providers risk assessment tool should be used. However, if there is not one available and for information we provide a Risk Assessment Template for Pregnant Students (Appendix 1).
Throughout the pregnancy there are likely to be changes affecting: dexterity, agility, coordination, speed of movement, reach and therefore the student and placement supervisor should regularly review the risk assessment. It is the student's responsibility to inform the practice area supervisor and their link lecturer if their pregnancy has complications or they experience changes which would warrant a review of the risk assessment.
The assessment should be included in the student's Practice Assessment Document (PAD) and shared with their link lecturer.

3. During Placement: Accommodations and Support

The University and Placement provider (via Practice Placement Agreements), consider placement providers as 'employers' from indemnity and health and safety perspectives. Placement staff must support the student as they would support an employed member of staff.

If concerns arise about the student's learning experience, the link lecturer is able to offer advice and signposting.

If concerns about the student's well-being arise, the placement staff should consult with the student, informing the link lecturer with the student's consent.

Any changes in the student's abilities or risks must prompt a review of the risk assessment.

There does not need to be a routine occupational health referral. However, if risks cannot be mitigated and/or advice is required regarding the pregnancy and practice placement the academic advisor or link lecturer can make a referral to the students Occupational Health department.

The link lecturer will be informed of any concerns about Fitness to Practise, with or without the student's consent, following notification to the student.

4. Postnatal Return to Placement: Transition and Support

It is common practice for healthcare and Social Work registrants not to return to working until after the 6 week postnatal check. This is to ensure health and safety in the practice setting. If the birth was a normal delivery without complications and all is well at the 6 week check the student can return to practice based on the advice of the midwife/GP.

If the student has experienced a complex birth and has been advised by their GP/Obstetrician to consider adjustments for a safe return to university and placements, an Occupational Health Referral form should be submitted prior to the student's return from maternity leave. This should ideally be no later than 6 weeks before the expected return date (or placement start date). This facilitates an appropriate health assessment to ensure the student's readiness to resume placement activities. If the delivery was straightforward and no additional concerns have been raised then an occupational health referral is not required.

5. Breastfeeding Support and Facilities

For breastfeeding and/or expressing milk to be accommodated in the practice setting local placement provider policies will be applied aiming for:

- Breastfeeding Breaks: Students who are breastfeeding will be allowed adequate breaks to breastfeed or express milk, as per their needs. These breaks will not contribute to their overall placement hours.

- Facilities: Clean and private facilities for breastfeeding or expressing milk will be provided. It is the responsibility of the placement provider to ensure these spaces are comfortable and accessible to the student.

The student should notify their academic advisor ideally no later than 6 weeks prior to the placement starting so that a placement that can meet this accommodation can be arranged. It may not always be possible to meet this requirement in full.

6. Confidentiality and Dignity

To ensure the student's and the unborn baby's safety, it will be necessary to disclose the pregnancy to the specific placement partner so that the risk assessments can be completed. However, outside of this requirement we will ensure:

- Confidentiality: Pregnancy, postnatal, and breastfeeding-related information will be kept confidential. Only necessary staff will be informed, ensuring the student's privacy and dignity.
- Dignity at Work: All staff and students are expected to maintain a respectful and supportive environment, promoting dignity and understanding for those going through pregnancy, postnatal periods, or breastfeeding.

7. Compliance and Additional Resources

Students and staff are encouraged to refer to the HSE guidelines for detailed information on protecting pregnant workers and new mothers during their placements

This guidance ensures that pregnant students receive appropriate support, risk assessments, and adjustments during their placements, aligning with the requirements outlined by the UK Health and Safety Executive.

Useful links:
https://www.hse.gov.uk/search/search-results.htm?query=pregnancy%20risk%20assessment%20template#gsc.tab=0&gsc.q=pregnancy%20risk%20assessment

https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:31992L0085:EN:HTML

https://www.hse.gov.uk/mothers/employer/risk-assessment.htm

https://www.hse.gov.uk/mothers/worker/index.htm

https://www.hse.gov.uk/mothers/employer/workplace-safety-law.htm#:~:text=The%20Equality%20Act%202010%20makes,new%20mother%20or%20are%20breastfeeding.

https://www.acas.org.uk/accommodating-breastfeeding-employees-in-the-workplace

https://www.brookes.ac.uk/students/support

https://www.brookes.ac.uk/students/ssc

Appendix 1: Risk Assessment Template for Pregnant Students and those returning from maternity leave

Considerations when undertaking a risk assessment for pregnant pre-registration healthcare and Social work students

This risk assessment should be completed in the placement area with the student, a practice representative (suitably experienced supervisor/manager) and if necessary a member of the university academic team e.g. link lecturer. This should be completed at the start of the placement (or as soon as the pregnancy is confirmed). In addition, it must be undertaken at the beginning of each trimester. This should also be repeated should the student's condition change and/or the placement environment alters. NB: In addition, spoke/short exposure additional learning placement experiences should be considered using the principles outlined in the risk assessment prior to confirming.

During the risk assessment it is important to explain how you will keep the student and their child safe.

The placement area risk assessment document can be used or alternatively this template can be employed.

The risk assessment should be undertaken collaboratively with the student applying the following principles:

- Confidentiality: Pregnancy, postnatal, and breastfeeding-related information will be kept confidential. Only necessary staff will be informed, ensuring the student’s privacy and dignity.
- Dignity: All staff and students are expected to maintain a respectful and supportive environment, promoting dignity and understanding for those going through pregnancy, postnatal periods, or breastfeeding.
- Engage in Open Communication: Foster open channels of communication between the student and placement team
- Collaborative Risk Assessment: the student should work collaboratively with the placement team to conduct a thorough risk assessment tailored to the placement site, considering biological, chemical, physical, and psychosocial factors
- Creating a Supportive Environment: conveying a consistent message of care and understanding from all stakeholders involved.
- Consider reasonable resources: Collaboration between the student, the university and the placement provider to provide necessary and reasonable resources, such as ergonomic furniture, and educational materials, ensuring a supportive environment for the student.

Once you have completed the individual risk assessment, record your findings and share these with the student and the link lecturer

If the student has a pregnancy with abnormal medical conditions and/or risk the student should be referred to Occupational Health for further advice.

If you identify a significant risk or If you identify a risk that could cause harm to the student or their child, you must firstly decide if you can control it. If you cannot control or remove the risk, you must do the following:

Action 1 – Adjust the working conditions or hours to avoid the risk. The student should NOT be in practice until this has been resolved.
Action 2 – Contact the link lecturer ASAP to raise the concern.
Action 3 – If adjusted working conditions are not possible, consider an alternative placement allocation and/or seek occupational health advice

By working collaboratively, the aim is to ensure an holistic, site-specific approach to supporting pregnant and post-natal pre-registration health care and social work students. This collaborative effort not only enhances the safety and well-being of the students but also fosters a positive and supportive learning environment within the placement setting.

Template risk assessment tool:

Pregnant Pre-registration Students and New Mothers Risk Assessment Form

Student Information

Name:
Student No:
Programme:
Contact details:
Days &/or hours planned for placement:

Current placement during pregnancy Yes/No
Due date:
Complications: Yes / No (If yes, please provide details)

Current placement post-natal Yes/No
Actual date of baby's/babies' birth:
Normal delivery: Yes / No
Caesarean: Yes / No
Complications: Yes / No (if yes, please provide details)
Are you Breastfeeding/expressing milk? Yes/No (if yes this must be taken into consideration during the risk assessment)
Planned return to placement date:

HAZARD	YES	NO	COMMENTS & ACCOMMODATIONS
Breaks - Does your job allow you to take sufficient work breaks?			
CHEMICAL AGENTS - Do you currently handle, or have close contact with any chemicals? If yes, please list			
MICRO ORGANISMS – Do you have contact with microorganisms?			
MANUAL HANDLING - Do you have to carry out any manual handling during the course of your duties? e.g. lifting, pulling, pushing			
DISPLAY SCREEN EQUIPMENT - Do you use a visual display unit in the course of your duties?			
TEMPERATURE – Is your working environment a comfortable temperature?			
TOILET – Do you have easy access to a toilet?			
REST – Are you aware of the staff rest rooms?			
SHIFTS – Does your placement involve working in shifts or at night?			
NOISE - Are you subjected to any periods of noise which may cause you any discomfort or stress?			
SHOCKS, VIBRATION AND MOVEMENT - Are you subjected to any of these situations?			
IONISING RADIATION - To the best of your knowledge, are you exposed to this?			
FATIGUE - Do you suffer from fatigue which is related to your employment?			
HYPERBARIC ATMOSPHERES - Are you currently subjected to the use of compressed air during the course of your duties?			

HAZARD	**YES**	**NO**	**COMMENTS & ACCOMMODATIONS**
Are there any specific duty you are required to carry out that you feel may cause you harm?			
Would you like to be referred to Occupational Health regarding any health concerns declared above?			
ADDITIONAL CONSIDERATIONS FOR MOTHERS WHO ARE BREASTFEEDING/EXPRESSING MILK (consider local staff policies)			
Are there any potential hazards for the mother or the baby if the student is a breastfeeding mother and/or expressing milk when allocated to this environment? Please consider this even if the student does not want to undertake this whilst on shift			
Do you want the opportunity to breastfeed/express milk when on a placement shift/day? Please specify and consider the suitability of this.			
If required, are there appropriate facilities for breastfeeding/expressing milk?			
If required, how can breastfeeding/expressing milk breaks be accommodated within the shift/placement schedule?			
Comments: **Are there any specific duties you are required to carry out that you feel may cause you harm? (please note here)** **Have you identified a significant risk or a risk that could cause harm to the student or their child?** **Yes /No (If yes, please contact the link lecturer as soon as possible and remove the student from harm)**			
LINK LECTURER: **Shared this risk assessment with the link lecturer: YES/NO** **Is link lecturer support/visit required? YES / NO** **If Yes, Agreed Actions:** **Is Occupational Health referral required?** YES/NO			

HAZARD	**YES**	**NO**	**COMMENTS & ACCOMMODATIONS**
If yes, date of referral:			
PLACEMENT PROVIDERS STAFF MEMBER COMPLETING THE RISK ASSESSMENT: **Name:** **Role:** **Contact Information:** **Signature:** **Date:**			
Student Signature: **Date:**			

NB: The information below was provided by Great Western Hospital NHS Foundation Trust – You may find it helpful

List of agents /working conditions	**Nature of the risk**	**How to avoid/control the risk** ***Relevant legislation/guidance***
	PHYSICAL RISKS	
Movements and postures	Postural problems may arise during and after pregnancy, especially if work involves awkward movements or prolonged periods of standing or sitting. Prolonged standing may lead to general fatigue, backache and contribute to varicose veins, miscarriage and premature birth and should be restricted to no longer than three hours where possible. Prolonged sitting may give rise to backache and increased risk of DVT. Pregnancy may adversely affect an individual's speed of reaction, coordination and ability to work in confined spaces.	Adjustments to methods of working, workstation set up and job content may have to be made. A repeat DSE assessment may be necessary. Consideration should be given to providing: a suitable mix of standing and sitting duties; and regular breaks. *• Workplace (Health, Safety & Welfare) Regs 1992.* *• Health & Safety (DSE) Regs 1992 (amended 2002).* *• 92/85/EEC Annex II Section A.* *• NHS+ Physical and shift work in pregnancy.*
Manual handling of loads	Hormonal changes during and immediately after pregnancy increase susceptibility to ligament and associated injuries. Women who handle loads must exercise particular care, especially in late pregnancy..	Adjustments to methods of working and job content may have to be considered. *• Manual Handling Operations Regs 1992 (amended 2002).* *• NHS+ Physical and shift work in pregnancy.*
Direct trauma and shocks	Direct trauma or physical shocks to the abdomen during pregnancy increase the risk of haemorrhage and miscarriage.	Particular care should be taken regarding those working with potentially violent or unpredictable patients. Temporary adjustment of their duties may be necessary. *• Management of Health & Safety at Work Regs 1999.* *• 92/85/EEC Annex II Section A.*

List of agents /working conditions	**Nature of the risk**	**How to avoid/control the risk** ***Relevant legislation/guidance***
Ionising radiations	Significant exposure to ionising radiations (from sealed or unsealed sources) may be harmful to the foetus. After birth, radioactive material inhaled or ingested by the mother may pass from her bloodstream into her milk and then be ingested by her suckling infant. Likewise, radioactive material contaminating the skin of a nursing woman may be inhaled or ingested by her suckling infant. Possible problems associated with wearing personal protective equipment (e.g. lead aprons) during pregnancy should also be considered	There is a statutory duty on women working with ionising radiations to inform their employer (manager) as soon as they know they are pregnant (IRR Reg 8(5)). Thereafter, the employer must ensure that the dose of radiation received by the unborn child during the remainder on the pregnancy does not exceed a defined limit (1mSv). (There is also a statutory duty on employers to ensure that women of reproductive capacity are not exposed to a dose of ionising radiations in any 3-month period beyond a defined limit (13mSv). Methods of working and dose monitoring must ensure that exposures are kept as low as reasonably practicable and do not exceed the statutory limits. Employees who work with unsealed sources of radiation (e.g. radioactive iodine) in Nuclear Medicine and who breastfeed their infant have a statutory duty to inform their employer (manager) of this fact so that appropriate controls and dose monitoring arrangements may be implemented. (As a general rule, nursing mothers should not work with processes or in areas where contamination with radioactive material may occur). • *Ionising Radiations Regs 1999.* • *92/85/EEC Annex II Section A.*
Non-ionising radiations	***Optical radiation*:** Pregnant or breastfeeding mothers are not at greater risk from this than other workers.	

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	Electromagnetic fields and waves: Exposure to electrical and magnetic fields within current recommendations is not thought to pose a risk to pregnant women or the unborn child.	*• National Radiological Protection Board (NRPB) restrictions on human exposure. NRPB*, **4**, No. 5, 7 (1993). *• 92/85/EEC Annex II Section A.*
Extremes of temperature	Pregnant women are less able to tolerate hot or cold environments and, in the former case, it is particularly important for them to maintain a good fluid intake.	Workplace adjustments may be necessary (e.g. improved ventilation or heating) and adequate rest and refreshment breaks should be provided. *• 92/85/EEC Annex II Section A.*
Travel	Travel to and from work and in the course of work may be difficult for pregnant women for a variety of reasons e.g. general fatigue, poor posture, discomfort and stress.	See above for guidance about the particular issues in question. In some cases, adjustment of duties will be necessary. *• 92/85/EEC Annex II Section A.*
BIOLOGICAL AGENTS		
Any biological agent of hazard groups 2,3 &4 (as defined by the Advisory Committee on Dangerous Pathogens)	Many biological agents within these hazard groups may adversely affect the unborn child (via the placenta) or following birth (as a result of breast feeding or close physical contact.). Examples of agents where the child might be infected in one of these ways are hepatitis B and C, HIV, herpes simplex, TB, syphilis, chicken pox (varicella zoster), typhoid, rubella (German measles), cytomegalovirus and toxoplasma. For many health care workers, the risk of acquiring such infections is no greater than for members of the general public but, for some, the risk will be higher e.g. those in close contact with infectious patients or pathology/ microbiology lab workers. Some live vaccines may be harmful to the unborn child and should not be given during pregnancy.	A risk assessment must be undertaken which takes account of: the particular biological agent(s) in question; possible modes of transmission and the likelihood of these occurring; and possible control measures. Control measures may include: physical containment; general or personal hygiene measures; and pre-exposure vaccination or demonstration of naturally acquired immunity. If there is likely to be a significant risk of exposure to a highly infectious agent and the pregnant health care worker is not immune, or there is uncertainty about this, they should be excluded from the possibility of such exposure.

List of agents /working conditions	**Nature of the risk**	**How to avoid/control the risk** ***Relevant legislation/guidance***
		• Control of Substances Hazardous to Health Regulations 2002 and Approved Code of Practice on Biological Agents (COSHH). *• Infection risks to new and expectant mothers: a guide for employers. HSE 1997.* *• 92/85/EEC Annex II Section A.*
CHEMICAL AGENTS		
Substances labelled with the risk phrases R40, R45, R46, R61, R63 & R64 in the Approved Supply List of the Chemicals (Hazard Information and Supply) Regulations 2002	R40: limited evidence of a carcinogenic effect R45: may cause cancer R46: may cause heritable genetic damage R61: may cause harm to the unborn child R63: possible risk of harm to the unborn child R64: may cause harm to breastfed babies The actual risk to health of such substances can only be determined by assessing the particular circumstances in which they are to be used.	Most chemicals fall within the scope of the Control of Substances Hazardous to Health (COSHH) Regulations 2002. An assessment of the risks to health in the particular circumstances of use must be carried out and where such risks are identified these should be prevented or controlled in accord with the hierarchy of measures specified in the regulations. Occupational exposure limits for many chemicals are published by the HSE in the document EH40 and take into account evidence of reproductive toxicity. *• COSHH* *• EH40: Occupational Exposure Limits (HSE).* *• 92/85/EEC Annex II Section A.*
Mercury and its derivatives	In the health care sector, mercury is usually found in its elemental form (in old thermometers, sphygmomanometers and in some other scientific instruments) and as amalgam (in old dental fillings). There is no clear evidence that exposure of a pregnant worker to mercury in these forms represents a risk to the development of their unborn child	The COSHH Regulations apply and priority should be given to preventing exposure. *• COSHH.* *• 92/85/EEC Annex II Section A.*

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Cytotoxic (antimitotic) drugs	The property of these drugs to damage rapidly dividing (cancerous) cells is the reason for their widespread use in oncology. However, this same property may give rise to genetic mutations or cancerous changes in normal cells. Occupational uptake mainly results from inhalation and dermal absorption.	A safe level of exposure to these drugs cannot be defined. Therefore, exposure should be avoided or kept as low as reasonably practicable. Risk assessment should focus on preparation of drug for use (pharmacist, nurses), administration of drug and disposal of waste (chemical and human). All female employees of childbearing age involved in such work should be informed of the reproductive hazard. If they become pregnant, they should inform their manager of this and be transferred to other duties during the remainder of the pregnancy. Known or suspected exposures should be reported on a trust incident report form and followed up by the Occupational Health Department. *• COSHH.* *• HSE information sheet: Safe handling of cytotoxic drugs 2003.* *• 92/85/EEC Annex II Section A.*
Other (non-cytotoxic) pharmaceutical products	Specific risks to the health of pregnant women and the unborn child as a result of the former preparing or administering non-cytotoxic pharmaceutical products are likely to be exceedingly small, particularly if good occupational hygiene practices are followed.	The COSHH Regulations apply. *• COSHH.*
Anaesthetic gases	Whilst there may be some risk to health from repeated exposure to high levels of anaesthetic agents, levels have been defined where there is believed to be no risk to exposed workers and, in the case of pregnant women, to the unborn child. These ‘safe’ levels are quoted	The COSHH Regulations apply and the key actions are to ensure that appropriate environmental controls and monitoring arrangements are in place.

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	in the HSE publication EH40 as Occupational Exposure Standards (OESs).	If it is established that the OESs have been, or are likely to be, exceeded in a particular work environment or when undertaking a particular procedure, pregnant women should be excluded from such until appropriate remedial action has been taken. *• COSHH.*
WORKING CONDITIONS		
Facilities	General tiredness increases during and after pregnancy and there is a greater need for both physical and mental rest. The physiological changes of pregnancy may also result in the need to use hygiene/toilet facilities more frequently.	There should be ready access to suitable rest and hygiene/toilet facilities at all times. Facilities should be made available for nursing mothers to express and safely store breast milk. *• Workplace (Health, Safety & Welfare) Regs 1999.* *• Management of Health and Safety at Work Regs 1999.*
Physical and mental fatigue and working hours	As previously noted, general tiredness is increased during and after pregnancy. Long working hours, shift work and night work may compound this and have an adverse effect on the health of new and expectant mothers and their ability to breastfeed.	It may be necessary to temporarily adjust working hours and other work arrangements. Although there is currently insufficient evidence of a risk to pregnant women to make recommendations to restrict shift work (ref. NHS+), where a pregnant woman normally undertakes night work, alternative daytime work should be arranged for her if a registered medical practitioner or midwife certifies that night work is adversely affecting her health or safety or that of her unborn child. *• Management of Health and Safety at Work Regs 1999.* *• NHS+ Physical and shift work in pregnancy.*

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Occupational stress	For various reasons, new and expectant mothers are particularly vulnerable to occupational and other stresses. Not infrequently, childbirth may be followed by a period of low mood and anxiety and, less frequently, by clinical depression or psychosis.	Managers should be mindful of these issues and strive to address any known occupational stresses. Protective measures may include the temporary adjustment of working conditions and hours and the provision of understanding and support. *• Management of Health and Safety at Work Regs 1999.*
Passive smoking	The adverse effects of smoking on the health of the smoker and, where they are pregnant, on that of their unborn child are well known. It has also been established that similar health risks are associated with passive smoking.	The Trust has a no-smoking policy.
Working with display screen equipment (VDUs)	The National Radiological Protection Board (NRPB) has concluded that the levels of ionising and non-ionising radiation that are likely to be generated by display screen equipment do not pose a significant risk to the health of users. Furthermore, research undertaken to date has failed to establish a clear relationship between VDU use and increased risk of miscarriage or birth defects.	Current evidence supports the view that pregnant women do not need to stop working with VDUs. *• Health & Safety (DSE) Regs 1992 (amended 2002).* *• Management of Health and Safety at Work Regs 1999.*
Working alone	Pregnant women are more likely to require urgent medical attention and this may be problematic if they work alone.	It is necessary to consider the individual's particular circumstances at work and their medical condition and match these with appropriate arrangements for communication and (remote) supervision, so that help and support are readily available. If this proves impracticable, alternative duties should be provided. *• Management of Health and Safety at Work Regs 2009.* *• Working alone in safety: controlling the risks of solitary work (INDG73) HSE 2002*
Work-related violence	As previously noted, direct trauma or physical shocks to the abdomen during pregnancy increase the risk of haemorrhage and miscarriage.	Particular care should be taken regarding those working with potentially violent or unpredictable patients (e.g. A&E and psychiatric work). Strategies for reducing the

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		risk of violence and aggression should be adopted but, in the final analysis, adjustment of duties may be necessary. *• Management of Health and Safety at Work Regs 1999.* *• Violence and aggression to staff in the health services (HSE) 1997.*
Work equipment and personal protective equipment	The physical changes that occur during pregnancy may make the use of some work equipment and personal protective equipment (including clothing) uncomfortable and/or unsafe.	An ongoing assessment of such risks should be carried out during the course of the pregnancy. Wherever possible, the risks should be addressed by making alterations/adjustments to existing equipment or by providing suitable alternative equipment. Under no circumstances should unsafe working be permitted. *• Provision and Use of Work Equipment Regulations 1998.* *• Personal Protective Equipment at Work Regulations 1992.*