

Leeds City Council
Infant Feeding Policy-
Staff, Customers and Visitors



Leeds City Council Infant Feeding Policy

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Executive summary

This policy sets out how Leeds City Council will support expectant and new mothers and their partners to feed and care for their baby in ways which support optimum health and well-being.

The policy is based on the UNICEF UK Baby Friendly Initiative standard, relevant NICE guidance and the Healthy Child Programme.

Equality Analysis

In support of this Policy, with due regard to the Equality Act 2010 General Duty aims, Equality Analysis has been undertaken and any outcomes have been considered in the development.

1. Purpose

1.1 The purpose of this policy is to ensure that all staff at Leeds City Council understand their role and responsibilities in supporting expectant and new mothers, whether they are staff, visitors, tenants or customers. Leeds City Council recognise the profound importance of early relationships to future health and well-being and the significant contribution that breastfeeding makes to good physical and emotional health outcomes for children and mothers.

1.2 Leeds City Council encourages and supports staff members to breastfeed their babies, including upon their return to work. Breastfeeding includes expressing milk and the same rights under this policy will apply to employees who wish to express milk to give to their baby.

1.3 Leeds City Council supports the Department of Health recommendation for mothers to exclusively breastfeed for six months and to continue breastfeeding for at least a year.

1.4 Leeds City Council will not discriminate against any women in her chosen method of infant feeding and will fully support her in the decision she has made.

2. Scope

2.1 This policy is intended for staff, visitors, tenants and customers of Leeds City Council and Leeds City Council venues, who are pregnant and/or breastfeeding.

2.2 This policy is in addition to the legislation in place to protect new and expectant mothers in the workplace. This includes the Management of Health and Safety Regulations 1999, the Workplace (Health, Safety and Welfare) Regulations 1992 and the Employment Rights Act 1996 (as amended by the Employment Relations Act 1999).

2.3 Leeds City Council supports the Health and Safety Executive guidance for new and expectant mothers, more information can be found on the Health and Safety Executive website <http://www.hse.gov.uk/mothers/>

3. Aims

3.1 To ensure all Leeds City Council public areas and venues provide a welcoming atmosphere for breastfeeding families.

3.2 To inform and support managers and staff to enable women to continue breastfeeding for as long as they want to.

3.3 To foster the development of a breastfeeding culture throughout local communities and workplaces.

3.4 To support the increase in numbers of women who choose to breastfed for longer.

4. Objectives

4.1 To create a culture where breastfeeding is seen as the normal way to feed babies and young children and mothers feel supported to do so.

4.2 More women are encouraged to start to breastfeed, confident in the knowledge that they will be given support to enable them to continue for as long as they want.

4.3 To ensure any mother who chooses to breastfeed feels confident, comfortable and supported to do so whether working in, or visiting Leeds.

5. Communicating the breastfeeding policy

5.1 This policy is to be recognised by all staff.

5.2 In order to avoid conflicting advice it is mandatory that all staff adhere to this policy. Any deviation from the policy must be justified.

5.3 The policy will be communicated effectively to customers and visitors. Where a parents' guide is displayed or distributed in place of the full policy, the full version should be available on request. A statement to this effect will be included in the parents' guide.

6. Support for breastfeeding / expressing in the workplace, or during working hours

6.1 Inform all employees of their rights and responsibilities provided under this policy as part of equality and / or related training and within the induction programme in order to foster a positive attitude towards breastfeeding.

6.2 Inform all pregnant employees that Leeds City Council fully supports breastfeeding mothers to return to work when they are ready, and their rights under this policy.

6.3 All services must reduce the risks to new and expectant mothers. A risk assessment, must be performed by a manager in relation to all employees who are pregnant and those who plan to continue breastfeeding after their maternity leave, for more information see **Appendix A**, also available [here](#).

6.4 It is the employees responsibility to give notice (at least 4 weeks to enable any necessary arrangements to be made) of her intention to continue breastfeeding or expressing milk on her return to work. If the employee is working KIT (keeping in touch) days while on maternity leave arrangements will need to be made prior to accommodate breastfeeding or expressing.

6.5 Managers are required to review the risk assessments at regular intervals for new and expectant mothers and breastfeeding mothers. The frequency of reviews should be agreed at the first assessment, 4 weekly is suggested as a guide.

6.6 If necessary managers must take the following steps to remove / reduce risk (this may include hazardous environments, shift work, overtime, lone working and night work) in consultation with new and expectant mothers and breastfeeding mothers, this might include:

- Temporarily adjust working conditions and/or hours of work. If it is not reasonable to do so or would not avoid the risk, then
- Offer suitable alternative work, if available. If that is not feasible, then
- Subject to medical advice / occupational health suspend from work with paid leave for as long as necessary to protect their safety and health and that of their child.

6.7 Permit breastfeeding employees to take additional breaks of up to one hour per full working day to feed their baby or to express their breast milk.

6.8 Make available a private, comfortable and appropriate room for breastfeeding employees to feed their baby or express their milk.

6.9 Specify a fridge where labelled breast milk may be stored safely and specify a location where expressing equipment can be stored. Further information about expressing and safe storage of breastmilk can be found on the NHS Choices website [here](#)

7. Support for breastfeeding families – customers and visitors

7.1 When introducing people to a service, they should be made aware that the service / venue welcomes breastfeeding families and has a breastfeeding policy. The policy is available on the internet and intranet.

7.2 All Services / venues participate in the 'Leeds Breastfeeding Friendly' campaign, display window stickers and posters to inform members of the public of this. More information about the campaign can be found on the Family Information Service website [here](#)

7.3 If the service / venue has a designated breastfeeding room it should be clearly identified and signposted. If there is no designated room mothers are welcome to feed in the waiting area or reception. If mothers request a more private area this should be accommodated where possible e.g. unused office, quieter corner of reception. Never suggest that mothers use the toilet as somewhere to feed their baby.

7.4 If a member of the public / staff complains about a mother who is breastfeeding it should be explained that the council has an Infant Feeding policy, and that mothers are welcomed and encouraged to breastfeed on council premises. If the person still objects it should be suggested that they either move to another area or come back at a later time. The mother should never be asked to move.

7.5 Complaints [and compliments] received in relation to this policy will be dealt with via the Leeds City Council's Compliments and Complaints Policy which states that we will endeavor to resolve customer complaints speedily, effectively and fairly.

7.6 All information provided for breastfeeding families should be approved by the Infant Feeding Lead. No literature provided by infant formula manufacturers is to be displayed.

7.7 No advertising of breastmilk substitutes, feeding bottles, teats or dummies is permissible in any part of Leeds City Council premises. The display of manufacturers' logos on items such as calendars and stationery is also prohibited.

8. Legal Considerations

8.1 The Equality Act 2010 within the pregnancy and maternity section states that a woman should not be treated less favourably because she is breastfeeding.

8.2 The Equality Act 2010 includes a Public Sector Equality Duty which places both general and specific duties on public bodies and others carrying out public functions. The aim of the duty is to embed equality considerations into the day to day work of public bodies, so that they tackle unlawful discrimination and inequality. It requires public bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation
- advance equality of opportunity between people from different groups
- foster good relations between people from different groups

9. Roles and Responsibilities

9.1 **Chief Officers and Heads of Service** are responsible for ensuring that this policy is implemented throughout the service. Creative use of accessible resources should be applied to support effective implementation of the policy. Procedures for assessing and reducing the risk to new and expectant mothers are required to be undertaken and monitored locally.

9.2 **Managers and Supervisors** are responsible for ensuring that they implement this policy in areas under their control as detailed in their local arrangements. Staff should be provided with suitable and sufficient instruction, training and adjustment, and equipment where an assessment deems it necessary.

9.3 **Employees** are required to follow safe systems of work, make proper use of any training or equipment provided for their safety and cooperate with LCC on health and safety matters. They should inform their manager or supervisor when they become aware of any ill health that could be associated with their work or condition take care that their activities do not put themselves or others at risk.

3.6 **Trade Union Representatives** are invited to be engaged in and consulted about proposals for work practice and design that could impact on the new and expectant mother and/or be involved in the risk assessment process, if required by the staff member.

10. Review

10.1 It is the responsibility of the Infant Feeding Lead to formally review this policy and procedure after one year. Thereafter it should be reviewed every three years, although reviews at other times may be necessary in the light of changes to legislation and council policy.

Further information

There are a number of support services for breastfeeding families listed below. If a breastfeeding woman expresses a need for breastfeeding support she should be directed to her Health Visitor. If there are medical concerns she should be directed to her GP.

Baby Friendly Initiative website: www.unicef.org.uk/babyfriendly

National Childbirth Trust (NCT) Breastfeeding Helpline: 0300 3300 771 8am – 11pm
www.nct.org.uk

NCT local breastfeeding counsellors: Heather 0113 2662151; Val 0113 2933176

La Leche League (LLL): 0845 120 2918 www.laleche.org.uk

LLL local leader/counsellors: Suzanne 0113 2630979; Tracey 07779 962068

Association of breastfeeding mothers (ABM): 0300 330 5453 www.abm.me.uk

Breastfeeding Network (BFN): 0300 100 0210 www.breastfeedingnetwork.org.uk

National Breastfeeding Helpline: 0300 100 0212

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Policy Consultation Process

Title of Document	Leeds City Council Infant Feeding Policy
Authors	Sally Goodwin-Mills
New / revised document	Revised
People / organisations involved in consultation process	<p>Derek Housley - Fire & Safety Manager, Leeds City Council</p> <p>Phil Baptiste - Health & Safety Manager, Leeds City Council</p> <p>Catherine Marchant – Human Resources Manager, Leeds City Council</p> <p>Trade Unions – UNISON, UNITE, NUT</p> <p>Ian Cameron – Director of Public Health, Leeds City Council</p> <p>Sharon Yellin – Public Health Consultant, Leeds City Council</p> <p>Janice Burberry – Public Health Manager, Leeds City Council</p> <p>Sarah Erskine – Health Improvement Principle, Leeds City Council</p> <p>Jane Watson – Head of Business Improvement, Leeds City Council</p> <p>Pauline Ellis – Senior Policy and Performance Officer, Leeds City Council</p> <p>Paula Groves – Early Start Manager, Leeds Community Health Care</p> <p>Leads Early Start Service – Health Visiting Breastfeeding Leads</p> <p>Amanda Ashe - Children’s Centre & Early Start Lead Learning for Life Service, Leeds City Council</p> <p>Cath Stone – Breastfeeding Peer Support Coordinator, Health For All</p>

Appendix 1

New & Expectant Mothers Risk Assessment

Name:		Directorate/Section:		Date:
List of Potential Hazards and Risks		Risk Avoidance Guidance	Comments	Action Required
PHYSICAL AGENTS – Where these are regarded as agents causing foetal lesions and/or likely to disrupt placenta attachment, and in particular:				
<p>Manual Handling of loads where there is a risk of injury</p> <p>Pregnant workers are especially at risk from manual handling injury - for example hormonal changes can affect the ligaments, increasing susceptibility to injury; and postural problems may increase as the pregnancy progresses.</p> <p>There can be risks for those who have recently given birth, for example after a caesarean section there is likely to be a temporary limitation and handling capability.</p> <p>There is no evidence to suggest that breastfeeding mothers are at greater risk from manual injury than any other workers. However, problems may arise due to increased breast size and sensitivity</p>		<p>The changes an employer should make will depend on the risks identified in the assessment and the circumstances of the business. E.g. is it possible to alter the nature of the task so that risks from manual handling are reduced for all workers including new or expectant mothers; or it may be necessary to address the specific needs of the worker and reduce the amount of physical work; provide aids for her in future to reduce the risks she faces.</p> <p>Legislation Manual Handling Operations Regulations 1992 require employers to:</p> <ul style="list-style-type: none">• avoid the need for hazardous manual handling, so far as is reasonably practicable• assess the risks from those operations that cannot be avoided <p>Consider:</p> <ul style="list-style-type: none">• does any task involve heavy lifting• does any task involve excessive twisting, stooping or stretching to lift objects• does any task involve rapid repetitive lifting (even of lighter objects)• does the task involve excessive travelling over distance• does the task involve travelling over challenging surfaces and changes in level		

	take steps to reduce these risks to the lowest level reasonably practicable		
List of Potential Hazards and Risks	Risk Avoidance Guidance	Comments	Action Required
<p>Shocks, Vibration or Movement</p> <p>Regular exposure to shocks, low frequency vibration, for example driving or riding in off-road vehicles, or excessive movement, may increase the risk a miscarriage. Long-term exposure to vibration does not cause foetal abnormalities but often occurs with heavy physical work, so there may be an increased risk of prematurity or low birth weight</p>	<p>Pregnant workers and those who have recently given birth are advised to avoid work likely to involve uncomfortable whole body vibration, especially at low frequencies, or where the abdomen is exposed to shock or jolts. Breastfeeding workers are at no greater risk than other workers</p> <p>Legislation Control of Vibration at Work Regulations 2005</p>		
<p>Movements and Postures, travelling, either inside or outside the establishment, mental or physical fatigue and other physical burdens connected with the activity of new or expectant mothers</p> <p>Fatigue from standing and other physical works has long been associated with miscarriage, premature birth and low birth weight. Excessive physical/mental pressure may cause stress and can raise anxiety and blood pressure.</p> <p>Pregnant workers may experience problems in working at heights, for example ladders, platforms, and in working in tightly fitting workspaces or with workstations which do not adjust sufficiently to take account of increased abdominal size, particularly during the later stages of pregnancy.</p> <p>This may lead to strain or sprain injuries. Dexterity, agility, co-ordination, speed of movement, reach and balance may also be</p>	<p>Ensure that hours of work and the volume and pacing of work are not excessive and that, where possible, the employees themselves have some control over how their work is organised. Ensure that seating is available where appropriate.</p> <p>Longer or more frequent rest breaks will help to avoid or reduce fatigue. Adjusting workstations or work procedures may help remove postural problems and risk of accidents.</p>		

impaired, and an increased risk of accidents may need to be considered.			
Work-related Stress New and expectant mothers may be vulnerable to stress because of hormonal, psychological and physiological changes during and after pregnancy. Additional stress may occur if she is anxious about her pregnancy, or if under excessive physical and mental pressure, or working with prolonged exposure to noise	Specific questions to consider: <ul style="list-style-type: none"> Are there tasks which are known to be particularly stressful (e.g. dealing with irate customers)? Are supervisors and line managers (and colleagues) supportive towards the pregnant woman? 		
Work-related Violence Violence and the fear of violence can increase the risk of miscarriage, premature birth and problems with breast feeding. Lone Working Physical or verbal assault resulting in injury and or stress Inability to call for assistance in the event of a medical emergency or accident	Specific questions to consider: <ul style="list-style-type: none"> Is any task (or the job) perceived to have a high risk of violence (e.g. single staffing with irate customers)? Is there always support at hand to help staff who may be threatened or abused by customers? Are supervisors and line managers aware of the extra risk for pregnant women? Guidance on intranet Avoidance of visiting and face to face duties Provision of personal attack alarm and mobile phone with single digit emergency number dial 		
Extremes of cold or heat When pregnant, women tolerate heat less well and may more readily faint or be more liable to heat stress. The risk is likely to be reduced after birth but it is not certain how quickly an improvement comes about. Breastfeeding may be impaired by heat dehydration. No specific problems arise from working in extreme cold, although clearly for other health and safety reasons, warm clothing should be provided.	<ul style="list-style-type: none"> Does the work involve exposure to temperatures that are uncomfortably cold (e.g. below 16C) or uncomfortably hot (e.g. above 27C)? If protective clothing is provided against the cold is it suitable for the pregnant worker? Is the worker exposed to cold draughts even where the average temperature is acceptable? Are there arrangements for frequent breaks and access to hot/cold drinks? 		

Pregnant workers should take greater care when exposed to prolonged heat/cold at work	Legislation <ul style="list-style-type: none"> Workplace (Health Safety & Welfare) Regulations 1992 		
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List of Potential Hazards and Risks	Risk Avoidance Guidance	Comments	Action Required
CHEMICAL AGENTS - The following chemical agents in so far as it is known that they endanger the health of pregnant women and the unborn child.			
Carbon Monoxide Carbon monoxide readily crosses the placenta and can result in the foetus being starved of oxygen. Data on the effects of exposure to carbon monoxide on pregnant women are limited but there is evidence of adverse effects on the foetus. Both the level and duration of maternal exposure are important factors in the effect on the foetus. This is no indication that breastfed babies suffer adverse effects from their mother's exposure to carbon monoxide, or that the mother is significantly more sensitive to carbon monoxide after giving birth.	HSE's guidance note EH43: <i>Carbon Monoxide</i> - gives practical advice on the risks of working with carbon monoxide and how to control them. It warns that pregnant women may have heightened susceptibility to the effects of exposure to carbon monoxide. Legislation None specific - except for the general requirements of COSHH in relation to hazardous substances.	LCC boilers are regularly checked by competent persons	

<p>Substances labelled R40, R45, R46 and R47 under Directive 67/548/EEC (since amended or adapted on a number of occasions)</p> <p>There are about 200 substances labelled with these risk phrases:</p> <p>R40: possible risk of irreversible effects 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 the breastfed babies</p> <p>The actual risk to health of these substances can only be determined following a risk assessment of a particular substance at the place of work - i.e. although the substances listed may have the potential to endanger health or safety, there may be no risk in practice, for example if exposure is below a level which might cause harm.</p>	<p>With the exception of lead and asbestos these substances all fall within the scope of COSHH. For work with hazardous substances, which include chemicals which may cause heritable genetic damage, employers are required to assess the health risks to workers arising from such work, and where appropriate prevent or control the risks. In carrying out assessments employers should have regard for women who are pregnant, or who have recently given birth.</p> <p>Legislation Control of Substances Hazardous to Health Regulations (COSHH).</p> <p>Chemicals (Hazard Information and Packaging) Regulations 1993 (CHIP)</p>		
List of Potential Hazards and Risks	Risk Avoidance Guidance	Comments	Action Required

<p>Chemical agents of known and dangerous percutaneous absorption (i.e. that may be absorbed through the skin). This includes some pesticides.</p> <p>The HSE guidance booklet EH40 Occupational Exposure Limits, updated annually, contains tables of inhalation exposure limited for certain hazardous substances. Some of these substances can penetrate intact skin and become absorbed into the body, causing ill-health effects. These substances are marked 'SK' in the tables. As with all substances, the risks will depend on the way that the substance is being used as well as on its hazardous properties. Absorption through the skin can result from localised contamination, for example from a splash on the skin or clothing, or in certain cases, from exposure to high atmospheric concentrations of vapour.</p>	<p>Take special precautions to prevent skin contact. Where possible, use engineering methods to control exposure in preference to personal protective equipment, such as gloves, overalls or face shields, enclosing the process or alter it so that less spray is produced. Where you must use personal protective equipment (either alone or in combination with engineering methods), ensure that it is suitable.</p> <p>The Control of Pesticides Regulations 1986 (COPR), set out general restrictions on the way that pesticides are procured, used, stored, the specific safety precautions that are to be followed, and who may use it. These conditions are reflected on the product label. Failure to comply is an offence.</p> <p>Legislation COSHH (see above) Control of Pesticides Regulations 1986 (COPR)</p>		
BIOLOGICAL AGENTS			
<p>Biological agents known to cause abortion of the foetus, or physical and neurological damage. These agents are included in hazard groups 2, 3 and 4.</p> <p>Rubella (German Measles) and Toxoplasma can harm the foetus, as can some other biological agents, for example cytomegalovirus (an infection common in the community) and Chlamydia in sheep. The risks of infection are generally no higher for pregnant workers than others, except in those exposed occupations</p>	<p>Dependant on findings of the risk assessment, to take account the nature of the biological agent, how infection is spread, how likely contact is, and what control measures there are. These may include physical containment, hygiene measures, use of available vaccines if exposure justifies this. If there is a known high risk of exposure to a highly infectious agent, then it will be appropriate for the pregnant worker to avoid exposure altogether</p> <p>Legislation Control of Substances Hazardous to Health Regulations 1994; ACoP on the control of biological agents; and the associated Approved list of biological agents.</p>		

List of Potential Hazards and Risks	Risk Avoidance Guidance	Comments	Action Required
WORKING CONDITIONS			
<p>Display Screen Equipment</p> <p>Although not specifically listed in the Pregnant Workers Directive, HSE is aware that anxiety about radiation emissions from Display Screen Equipment and possible effects on pregnant women has been widespread. However, there is substantial evidence that these concerns are unfounded. The HSE has consulted the National Radiological Protection Board, which has the statutory function of providing information and advice on all radiation matters to Government Departments, and the advice below summarises scientific understanding -</p> <p>The levels of ionising and no-ionising electromagnetic radiation which are likely to be generated by Display Screen Equipment are well below those set to human health created by such emissions and the National Radiological Protection Board does not consider such levels to pose a significant risk to health. No special protective measures are therefore needed to protect the health of people from this radiation. Many scientific studies have been carried out, but taken as a whole their results do not show any link between miscarriages or birth defects and working with VDU's. Research and reviews of the scientific evidence will continue to be undertaken.</p>	<p>In the light of the scientific evidence pregnant women do not need to stop work with VDU's. However, to avoid problems caused by stress and anxiety, women who are pregnant or planning children and worried about working with VDU's should have a DSE assessment carried out.</p> <p>Postural issues covered above and...</p> <p>It is important that other DSE issues, which may affect new and expectant mothers, are addressed by carrying out as part of the DSE Assessment.</p> <p>Legislation Display Screen Equipment Regulations 1992 as amended.</p>		

List of Potential Hazards and Risks	Risk Avoidance Guidance	Comments	Action Required
WORKING CONDITIONS Continued			
Working time Long hours and unsocial shift work can affect the health of pregnant women and can disrupt breast-feeding. Research has shown a potential link between night work and miscarriage.	Specific questions to consider: <ul style="list-style-type: none"> Is the woman expected to work long hours or overtime? Does the work involve very early starts or late finishes? Does the work involve night work (eg between 11pm and 7am)? 		
Rest facilities Rest is particularly important for new and expectant mothers.	Specific questions to consider: <ul style="list-style-type: none"> Is there somewhere quiet for pregnant women to rest? 		
Hygiene Easy access to toilets is essential to protect against risks of infection and kidney disease.	Specific questions to consider: <ul style="list-style-type: none"> Is the woman given easy access to toilets? Is she given more frequent breaks than other workers if needed? 		
Storage facilities Appropriate arrangements for expressing and storing breast milk are needed for breast-feeding mothers.	Specific questions to consider: <ul style="list-style-type: none"> Is there a clean, private area for breast-feeding workers to express breast milk? Is there somewhere to wash and safely store expressing equipment? Is there somewhere safe to store expressed breast milk? 		
WORK AT HEIGHT			
Ladders and steps Because of the risk of fainting, high blood pressure and an altered centre of gravity, pregnant women may experience problems.	Work at height is to be avoided, i.e. if it is necessary for height to be accessed, provision should be made to ensure this is undertaken by another member of staff Specific questions to consider: <ul style="list-style-type: none"> Does any task involve climbing up and down steps or ladders? If a mobile work platform is used to access higher levels, is there enough room for a pregnant worker to access and use it safely? 		

	Legislation The Work at Height Regulations 2005		
PERSONAL PROTECTIVE EQUIPMENT (PPE) and/or UNIFORMS			
Protective clothing or other types of PPE are not generally designed to be worn by pregnant women. Physical changes during pregnancy and breast-feeding may make it too uncomfortable to wear, or reduce/obviate the intended protection. Uniforms may also cause similar problems, especially as the pregnancy progresses.	Specific questions to consider: <ul style="list-style-type: none"> • If the woman has to wear protective clothing or PPE, are they provided in suitable sizes? • If uniforms are obligatory are they provided in maternity sizes? • Are the materials used comfortable for all pregnant women to wear? 		
OTHER ISSUES: add others, to example given, if necessary			
Animals Possibility of animals coming into physical contact and injuring/unbalancing and 'biological agents' see above	Consider avoidance of visiting duties		
Conclusion/further comments:			
Review carried out by:	Date:	Date of Next Review/s:	

This document to be referenced and reassessed at each stage of review for:

- Expectant mothers, in conjunction with form CPSF6, Risk Assessment Review for Expectant Mothers
- New mothers, in conjunction with review form CPSF7, Risk Assessment Review for New Mothers

Risk Assessment Review for Expectant Mothers

Name of Employee:		Directorate:	
Location:		Date of review:	
Assessor:		Signature:	

Date pregnancy notified:	
Expected date of childbirth:	
Date maternity leave expected to start:	
Duties carried out by employee:	
Identified hazards:	
Current control measures in place:	
Are current measures adequate:	
Action taken if NOT:	
Other medical factors relating to the pregnancy or the return to work which management should be aware of:	
List measures needed for control of additional risks:	
Is the expectant mother thinking about breastfeeding? Reassurance that return to work will be supported while breastfeeding. Refer to Infant Feeding Policy for further information.	

Date of 1st review:		Review carried out by:	
Any additional factors to consider:			
Further action identified:			
Date identified action implemented:			

Date of 2nd review:		Review carried out by:	
Any additional factors to consider:			
Further action identified:			
Date identified action implemented:			

Date of 3rd review:		Review carried out by:	
Any additional factors to consider:			
Further action identified:			
Date identified action implemented:			
Office Use - Date on Personal File:			
Office Use - Date on Personal File:			
Actual date of Maternity Leave			
Anticipated return to work:			

Risk Assessment Review for New Mothers

Name of Employee:		Directorate:	
Location:		Date of review:	
Assessor:		Signature:	

Date pregnancy notified:	
Date of return to work:	
Date of last review:	
Duties carried out by employee:	
Identified hazards:	
Is the mother breastfeeding – refer to the Infant Feeding Policy for guidance and support.	
Current control measures in place:	
Are current measures adequate:	
Action taken if NOT:	
Other medical factors relating to the pregnancy or the return to work which management should be aware of:	
List measures needed for control of additional risks:	

Date of 1st review:	
Review carried out by:	
Any additional factors to consider:	
Further action identified:	
Date identified action implemented:	

Date of 2nd review:	
Review carried out by:	
Any additional factors to consider:	
Further action identified:	
Date identified action implemented:	
Office Use - Date on Personal File:	

