Section 7: Pregnancy and Health & Safety

In addition to general health and safety legislation, new and expectant mothers are also covered by additional specific requirements contained in the Management of Health and Safety at Work Regulations 1999 and the Workplace (Health, Safety and Welfare) Regulations 1992.

RISK ASSESSMENT FOR NEW AND EXPECTANT MOTHERS

As soon as you have notified your employer in writing of your pregnancy, your employer is required under the terms of the Management Regulations to assess the specific risks to your condition arising out of your work and take appropriate steps to eliminate them.

If a particular risk cannot be eliminated, you should be offered suitable alternative work. If none is available, you should be medically suspended on your normal remuneration for as long as necessary. Your employer is entitled to ask for written confirmation of your pregnancy from a registered medical practitioner or a registered midwife. Your employer must keep the assessment under review.

Although pregnant or breastfeeding teachers are unlikely to be exposed as a result of their work to particularly hazardous substances such as lead, there are many other hazards which need to be considered by an employer. The Health and Safety Commission's guidance document, "New and Expectant Mothers at Work : a Guide for Employers", gives detailed guidance to employers on their obligations and on the steps which they may need to take to meet these.

Some of the most common issues which employers may need to address are considered below.

Fatigue

Fatigue is a natural consequence of pregnancy, whatever the woman's occupation. In recognition of this, the Workplace Regulations stipulate that employers must provide suitable facilities for pregnant women employees and nursing mothers to rest. The accompanying Approved Code of Practice to these regulations states that rest facilities for pregnant women should be conveniently situated in relation to sanitary facilities and should include the facility to lie down.

Fatigue is a particular problem in the early and late stages of pregnancy. Employers should, therefore, consider whether a pregnant teacher's workload should be temporarily reduced. One way in which this could be achieved would be for a school to not require a pregnant teacher to attend certain non-essential evening meetings and to reduce the burden of cover, particularly in relation to classes known to be particularly stressful.

Lifting

Assessing the risks of manual handling of loads is required by the Manual Handling (Operations) Regulations 1992. Particular allowances should be made for pregnant women because of the increased susceptibility to injury. Where any lifting or carrying needs to be done, pregnant women should make arrangements for this work to be undertaken by another person or, failing this, report the matter to the headteacher. A new mother may be at risk if, for example, she has had a caesarean section, in which case there is likely to be a temporary limitation on her lifting and handling capabilities. There is no evidence to suggest that breastfeeding mothers are at a greater risk from manual handling than any other workers.

Infectious Diseases

General advice on infectious diseases in schools, including the above, is published by the DfEE and further information can be obtained from LEAs or health authorities. As they are in contact with large numbers of children, pregnant teachers may, of course, be more vulnerable than other pregnant women to contracting infectious diseases. The following sections look at a number of infectious diseases which can pose a danger to unborn children and are, therefore, particularly relevant to pregnant teachers.

Rubella is an infectious disease which, if caught during early pregnancy, can cause serious damage to the unborn child. The Burgundy Book national teachers' sick pay scheme recognises that women teachers are particularly vulnerable to contracting the disease. The sick pay scheme provides that teachers in the early months of pregnancy may stay away from their school on full pay if a doctor considers it advisable because of the risk of rubella, although such teachers may be required to teach in another school where there is no such risk. To minimise the risk of contracting rubella still further, a teacher who is planning a pregnancy is advised to undergo a blood test to check whether she is already immune to rubella or whether she needs to be vaccinated.

Chickenpox during pregnancy can, on rare occasions lead to infection in the unborn baby, which in turn can lead to learning disabilities, limb abnormalities and skin scarring. The risk of adverse effects occurring in the unborn baby is highest in the second trimester or three month period of pregnancy (2% risk) and lowest in the first trimester (less than 0.5% risk). In addition, newborn babies are at particular risk from severe chickenpox if infected from the mother in the first four days of life. Pregnant teachers who have never had chickenpox, or who are unsure as to whether they have had it or not, can check with their GP whether they have immunity to the disease. This can be done by means of a blood test. The DfES and Department of Health advise women who are exposed early in pregnancy (the first 20 weeks) or very late in pregnancy (the last three weeks before birth) to do this; but the NUT advises that it is sensible to do this without waiting for these circumstances to arise. Women who find out that they are not immune from past infection should avoid contact with any known cases of chickenpox at school and should seek advice from their GP as to whether they should absent themselves from the school to avoid infection in such circumstances. The Burgundy Book sick pay scheme (paragraph10.3) provides that teachers who are advised by a medical practitioner that it is inadvisable to attend school for precautionary reasons due to infectious disease in the workplace shall be allowed full sick pay during this period; and that this period of absence shall not be reckoned against a teacher's normal entitlement to sick leave under the teachers' sick pay scheme.

Slapped cheek disease (Parvovirus) is transmitted via respiratory secretions and can occasionally affect an unborn child. If a pregnant teacher knows she has been exposed, she should inform her GP, or whoever is providing her antenatal care.

Chlamydia Psittaci infection, caught mainly from sheep, can result in the death of the unborn child or premature delivery. Pregnant teachers should avoid visiting farms at lambing time or other contact with lambing sheep.

Cytomegalovirus (CMV), which can affect those in close contact with children, can affect the nervous system of the unborn child. It is transmitted through blood, saliva and faeces. Transmission is easily prevented through simple hygiene precautions, such as regular hand washing.

Display Screen Equipment

Although there is no proof of a link between radiation and miscarriage, a headteacher should consider the possible risks involved and be asked to re-organise the work of a pregnant teacher whose commitments involve an element of computer use and who is concerned about the risk.

Passive Smoking

Passive smoking has now been proven conclusively to constitute a health risk. Pregnant women require special protection since breakdown products from tobacco smoke have been found in the human foetus. The smell of tobacco smoke can also be particularly nauseating to a pregnant woman who is suffering from pregnancy-related sickness.

The Workplace Regulations require employers to ensure that rest areas include suitable arrangements to protect all non-smokers to the effects of tobacco smoke. In many schools this will, in effect, mean that the staffroom should be a smoke-free zone.

Injuries caused by Collision or Assault

All pregnant workers are protected by the legal duty which requires employers to assess and address the specific risks they face because of their condition. Pregnant teachers are, therefore, entitled to expect that, where necessary, schools take action to reduce the risk of unintended playground collisions or of assault by pupils who are known to have disruptive and violent tendencies. This might, for example, involve excusing pregnant teachers from playground supervision duties and making sure that violent pupils are removed from their classes.

Toilet Provision

Teachers in the early and late stages of pregnancy often need to visit the toilet more frequently than anyone else. Arrangements should, therefore, be made to ensure that they are able to do so.