

Pregnancy Risk Assessment Template Form

This template will assist employers in conducting a risk assessment for Pregnant, Post Natal and Breastfeeding Employees¹. In these regulations an “employee” means a pregnant employee, an employee who is breastfeeding or a post-natal employee. The definitions are as follows:

- Pregnant employee means an employee who is pregnant.
- Employee who is breastfeeding means an employee who, having given birth not more than 26 weeks previously, is breastfeeding²
- Post natal employee means an employee who gave birth not more than 14 weeks preceding a material date.

When informed that an employee is pregnant, you must conduct an assessment to determine and decide if any action is required to protect against something that could damage her health or that of her developing child. Existing workplace risk assessments should be reviewed whilst completing the individual risk assessment for the employee.

There is no prescribed form that must be used to record the assessment; however, the following risk assessment template has been made available to aid employers.

For more information, the following guides and specific hazard control information are available on the HSA website:

- [Safety, Health and Welfare at Work \(General Application\) Regulations 2007 Chapter 2 of Part 6: Protection of Pregnant, Post Natal and Breastfeeding Employees](#)
- [Workplace Health Toolkit to Assist Small Business Section 6 Pregnant at Work – Health and Safety Authority](#)
- [HSA Pregnant at Work Frequently Asked Questions](#)
- [Biological Agents Code of Practice 2020 - Health and Safety Authority](#)
- [Summary — State-of-the-art report on reproductive toxicants- EU OSHA](#)
- [Remote working Guidance and Checklist](#)

¹ As required by the Safety, Health and Welfare at Work (General Applications) Regulations 2007, Part 6, Chapter 2 Protection of Pregnant, Post Natal and Breastfeeding Employees

² For an employee breastfeeding greater than 26 weeks, a risk assessment will still apply under the Safety Health & Work Act 2005. The Work Life Balance and Miscellaneous Provisions Act 2023 will apply to breastfeeding up to 2 years (104 weeks) after birth, this is outside the remit of the Health & Safety Authority.

Section 1: EMPLOYEE INFORMATION	
Employee Name	
Employee Job Title	
Company Name and Address	
Manager / Supervisor's Name	
Has the employee formally notified her employer that she is pregnant or is a new mother within 14 weeks and / or is breastfeeding?	
Name & Address of Medical Advisor	
Number of weeks pregnant	
Expected Date of Delivery	
Name and job Title of Person completing the Assessment	
Employee's Signature	
Date Assessment Completed	

Section 2: Hazard Analysis			
A. Physical Hazard Agents Does the employee's work activities involve exposure or potentially involve exposure to the following:	Yes	No	Comments
Physical shocks, movement, or vibration?			
Excessive noise?			
Ionising or non-ionising radiation?			
Handling of loads entailing risks?			
Extremes of cold or heat?			
Climbing steps, ladders or other work at height?			
Movement, travelling or postures that are abrupt or severe or give rise to excessive fatigue?			
Work in an underground mine work?			
Work in confined spaces?			
Work within pressurisation chambers or underwater diving?			

B. Biological Hazard Agents: Does the employee's work activities involve exposure or potentially involve exposure to the following:	Yes	No	Comments
Biological agents which can endanger the pregnant employee (Groups 2, 3 or 4 biological agents) ³ ?			
Is there possible exposure to: <ul style="list-style-type: none"> • Toxoplasma (parasitic disease)? 			
Is there possible exposure to: <ul style="list-style-type: none"> • Rubella virus (German Measles)? <p>Has the employee immunisation to the Rubella Virus?</p>			
Are adequate control measures in place and personal protective equipment (PPE) provided if required?			

C. Night Work⁴	Yes	No	Comments
Does the employee work at least three hours between the period 11pm and 6am, or at least 25% of the employee's monthly working time is performed in that period?			
Does the employee have a medical certificate stating that work at night should be avoided?			

³ Biological Agents Code of Practice 2020 - Health and Safety Authority (hsa.ie) and Summary — State-of-the-art report on reproductive toxicants (hsa.ie).

⁴ Night work means work in the period between the hours of 11 pm and 6.00 am next morning, under the Safety, Health and Welfare at Work (General Applications) Regulations 2007, Part 6, Chapter 2 Protection of Pregnant, Post Natal and Breastfeeding Employees.

D. Chemical Agents Hazards: Does the employee's work activities involve exposure or potentially involve exposure to the following:	Yes	No	Comments
<p>Chemicals with any of the following hazard statement: <i>Note: Review the label on chemical container and / or the safety data sheet available from the supplier / manufacturer. Review the risk assessment.</i></p> <ul style="list-style-type: none"> • H340/H341 May cause /suspected of causing genetic effects. • H350/H350i /H351 May cause cancer/may cause cancer by inhalation/suspected of causing cancer. • H360 May damage fertility or the unborn child E.g.H360D/H360FD /H360F. • H360Fd May damage fertility and suspected of damaging the unborn child. • H360Df May damage the unborn child and suspected of damaging fertility. • H361 Suspected of damaging fertility or the unborn child E.g., H361d, H361fd, H361f. • H362 May cause harm to breast-fed children. • H370/H371 Causes damage to organs/May cause damage to organs 			
Mercury or mercury by products?			
<p>Hazardous medicinal products (HMP)</p> <p>This includes medicinal products for both human and veterinary use. These are classified under the Classification Labelling and Packaging Regulations as:</p> <ul style="list-style-type: none"> • Cancer causing (category 1A or 1B), Mutagenic (category 1A or 1B), • Toxic for reproduction (category 1A or 1B). <p>For example, cytotoxic drugs (Cancer treatment drugs)?</p>			
Carbon monoxide?			
<p>Chemical agents that can absorb into the skin?</p> <ul style="list-style-type: none"> • For example, ethylene glycol (antifreeze) • Have "Sk" notation in the Chemicals Agent Code of Practice 			
Lead or lead by products?			
<p>Are control measures in place and Personal Protective Equipment (PPE) provided if required?</p> <p>If yes, please specify in comment box</p>			

E. Ergonomics/ Movement / Posture	Yes	No	Comments
Does the work involve long periods of time sitting or standing? Is there a chair accessible?			
Is the employee a visual display user (VDU)?			
Has a workstation assessment been carried out?			
Can the employee vary tasks at her own discretion?			
Is it necessary to reach over and around obstacles?			
Are there constraints preventing good posture?			
Is there exposure to strong air movements?			
Is there adequate lighting?			
Is there likely to be lone working? Is the employee aware of emergency procedures and has a means of communication?			
Is there any difficulty for the employee wearing PPE due to changes to the body during the pregnancy?			
Is there likely to be entry to tightly fitting workspaces which would present comfort difficulties to the employee?			
Is there any difficulty in the employee evacuating the building in an emergency due to lack of speed and movement?			
If the employee is working remotely has a remote work assessment been carried out?			

F. Psychosocial Hazards	Yes	No	Comment
Could the pregnant employee be exposed to aggressive or violent persons?			
Is the employee trained how to deal with aggressive / violent persons or stressful situations?			
Are there any identified work-related stressors that could cause or contribute to mental or physical fatigue?			

G. Welfare Hazards	Yes	No	Comments
Are suitable and sufficient rest facilities provided? (For example, a place to lie down, privacy, hygienic and a fridge for storing milk if breastfeeding)			
Are there suitable and accessible toilet facilities?			

H. Have you identified any other safety and health hazards?

Section 3: Record Management

It is important to capture any identified corrective actions and to ensure that follow up measures are actioned.

Employees Signature

Date

Assessors Name

Date:

Corrective Actions Identified:

Reviews Required.

Changes Required:

First Review Date:

Second Review Date:

Third Review Date:

Section 4:

Additional Notes