

Pregnancy Risk Assessment Template Form

Employees who are pregnant, postnatal, or breastfeeding are protected under the Safety, Health and Welfare at Work (General Applications) Regulations 2007, Part 6, Chapter 2. Employers must assess the risk to these employees and take appropriate measures to protect them.

- x Pregnant employee means an employee who is pregnant.
- x Postnatal employee means an employee who, having given birth not more than 26 weeks previously, is breastfeeding.
- x Breastfeeding 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 the work could damage her health or that of her developing fetus. If so, you must take appropriate measures to protect her.

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.

- x [Pregnant at Work - Health and Safety Authority](#)
- x [Breastfeeding at Work - Health and Safety Authority](#)
- x [Summary - State of the Art - Health and Safety Authority](#)
- x [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 pregnant employee (Groups 2, 3 or 4 biological agents)?			
Is there possible exposure to x Toxoplasma (parasitic disease)?			
Is there possible exposure to x Rubella virus (German Measles)? Has the employee immunisation to the Rubella Virus?			
Are adequate control measures in place and personal protective equipment (PPE) provided if required?			

C. Night Work ⁴	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 work time?			
Does the employee have a medical condition that work at night should be avoided?			

³ Biological Agents Code of Practice 2007, Health and Safety Authority (hsa.ie) and Summary—State of the art report on reproductive toxicants (hsa.ie).

⁴ Nightwork means work in the period between the hours of 11 pm and 6 am next morning under the Safety, Health and Welfare at Work (General Applications) Regulation 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"> x H340/H341 May cause/suspected of causing genetic effects. x H350/H350i/H351 May cause cancer/may cause cancer by inhalation/suspected of causing cancer. x H360 May damage fertility or the unborn child E.g H360D/H360FD /H360F. x H360Fd May damage fertility and suspected of damaging the unborn child x H360Df May damage the unborn child and suspected of damaging fertility. x H361 Suspected of damaging fertility or the unborn child E.g., H361d, H361fd, H361f x H362 May cause harm to breastfed children. x H370/H371 Causes damage to organs/May cause damage to organs 			
Mercury or mercury by products?			
<p>Hazardous medicinal products (HMP) This includes medicinal products for both human and veterinary use. These are classified under the Classification Labelling and Packaging Regulations • W</p> <ul style="list-style-type: none"> x Cancer causing (category 1A or 1B), Mutagenic (category 1A or 1B), x 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"> x For example ethylene glycol x ... Practice 			
Lead or lead by products?			
<p>Are control measures in place and Personal Protective Equipment (PPE) provided if required? 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 noise 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 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, private and a fridge for storing milk if breastfeeding)			
Are there suitable and accessible toilet facilities?			

