



Pregnancy Policy

V3 May 2025

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Pregnancy Policy

➤ Policy Statement

- Healthy Further Education (FE) agendas have emphasized the necessity for colleges to play an increased role in **reducing the rate of teenage conception** and in **supporting those learners who decide to proceed with their pregnancy** to both a safe delivery and the successful achievement of their qualification.
- The college also recognises the importance of providing comprehensive information and support to learners who may be pregnant or concerned about pregnancy, including information about sources of help, advice, and reassurance about their options. **This support includes guidance for learners if pregnancy is not going to proceed.**

➤ Scope

- The policy and associated procedure is for students and the staff supporting them. The procedure specifically aims to ensure that all Tutors are equipped to advise learners on available support and provides mechanisms for planning for success on their programme.
- Appendices:
 1. RISK ASSESSMENT – NEW AND EXPECTANT MOTHERS
 2. SUMMARY OF HSE GUIDANCE ON POSSIBLE HAZARDS AND THEIR IMPLICATIONS FOR NEW OR EXPECTANT MOTHERS AT COLLEGE
 3. Factors that may require adjustments to course
 4. Education Plan

➤ Objectives

- Through this policy and procedure, Nescot hopes to achieve the following:
 - a. Ensure that all Tutors are **equipped to advise learners** on what support is available
 - b. Provide **mechanisms for planning for success** on their programme
 - c. Ensure that all pregnant learners have the **best chance of a safe pregnancy at Nescot**
 - d. Ensure the **successful achievement of a qualification**
- By drawing together the health and education needs of learners, the college ensures all pregnant learners have the best chance of a safe pregnancy and successful achievement of a qualification. The successful implementation of this procedure is anticipated to improve attendance, retention, and achievement rates in the college.

➤ Sexual Health and Wellbeing

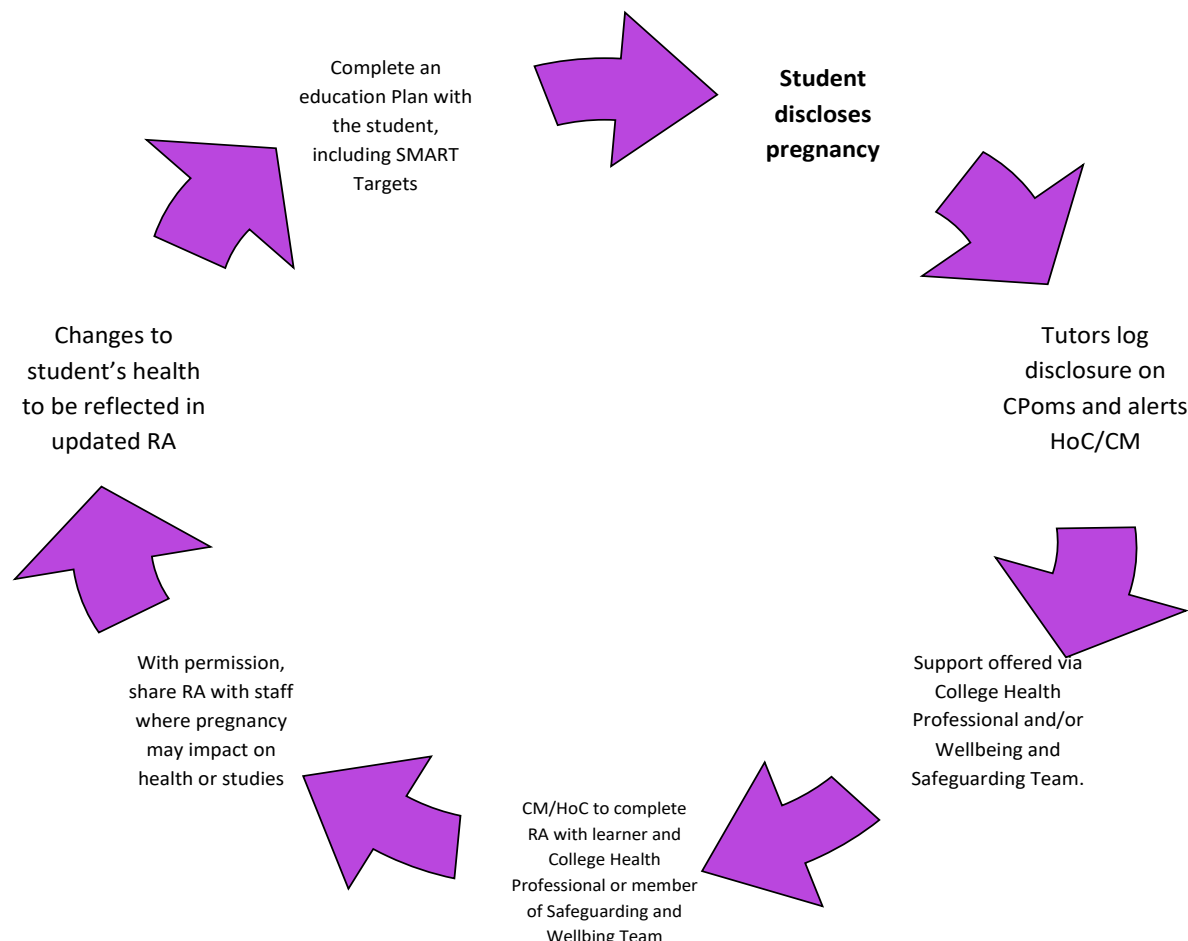
- Nescot young-people's clinic, offers free and confidential contraceptive services and sexual health advice for people aged 25 and under.
- Open alternate Thursdays 2.30pm to 4pm on the first, third and fifth (when there is a fifth week in the month) Thursday of the month.

- This clinic is by appointment only, please do not attend unless you have an appointment as you will not be able to be seen.
- For more information, see posters around the college or drop in to the Safeguarding and Wellbeing Team in N17.
- Additionally, condoms are available free of charge, and information on morning after contraception is available from the College Medical Professional in N17

➤ Procedure

When a learner discloses a pregnancy or concern about being pregnant, it is vital they receive **information about sources of help and advice** and reassurance about their options and support, whatever they decide to do.

- Learners should be advised to see the **College Health Professional** in the first instance.
- All disclosures should be **entered on CPOMs**.
- Tutors **should not counsel or give guidance themselves** to ensure impartiality and equality in providing information, advice, and guidance.
- **If pregnancy is not going to proceed** the Tutor should:
 - Signpost to the **Safeguarding and Wellbeing Team**,
 - Check the learner knows to contact their GP or personal health professional
 - Check who the learner has told (respecting confidentiality as parents may not know)
 - Remind the learner about mentoring and College medical support.
- **If pregnancy is going to proceed, in collaboration with the college health professional, the tutor should:**
 - Complete a **Learner Pregnancy Risk Analysis (App 1)** and upload a copy of the completed assessment to CPoms.
 - If any adjustments need to be made based on the risk analysis, send a copy to the **Health and Safety Officer** and liaise to ensure learner safety.
 - Make an appointment with the learner to complete a **Pregnancy Education Plan (App 2)**
 - Progress against the plan and the risk analysis should be reviewed frequently to ensure a positive outcome.



➤ Responsibilities

- **Tutors:** Advise learners on support, log disclosure on CPoms and alert HoC/CM, signpost to Safeguarding and Wellbeing Team, check learner contact with GP, check who learner has told, ensure absence authorisation, remind about support, complete Learner Pregnancy Risk Analysis and upload to CPoms, make appointment for Pregnancy Education Plan, review progress frequently, send copies of forms to relevant staff.
- **College Health Professional:** Offer support to the learner, see the learner upon disclosure, potentially be involved in completing the Risk Analysis, signpost to GP or external health agencies.
- **Safeguarding and Wellbeing Team:** Provide support to the learner, potentially be involved in completing the Risk Analysis.
- **Health and Safety Officer:** Liaise with the tutor to ensure learner safety if adjustments are needed based on the Risk Analysis.
- **Head of Curriculum or Curriculum Manager (HoC/CM):** Receive copies of the completed Pregnancy Education Plan, potentially complete the Risk Analysis with the learner and health/wellbeing staff, receive alerts from tutors via CPoms.
- **Learner:** Sign the Risk Analysis form

➤ Related legislation and documents

- Nescot Safeguarding Policy
- Equality Act 2010
- [Protecting pregnant workers and new mothers: employers - Common risks](#)

➤ Approval and Review

Policy Originator:	Head of Learning Support and Head of Safeguarding and Wellbeing
Approved by:	
Date Approved:	Summer 25
Review Interval:	3 Years
Last Review Date:	Summer 25
Next Review Date:	Summer 28
Audience:	Students, Staff, Parents & carers, Health Professional
Entered on SP:	

➤ Appendices

See next page

Risk assessment for new and expectant mothers			
Name of student:			
Department:			
Date of childbirth/expected date of childbirth:			
Date of risk assessment:			
Name and job title of person carrying out risk assessment:			
Review date:			
Risks to new and expectant mothers	Risks identified - who could be at risk and how	Precautions already taken to reduce those risks	Further action necessary (including dates when action will be taken and name of person/people responsible for taking action)
Physical hazards: • awkward spaces and workstations • vibration • noise • radiation • difficult light conditions			
Chemical hazards: • handling chemicals such as drugs, pesticides, or lead			
Biological agents: • infections			
Working conditions:			

• inadequate facilities (including inadequate rest rooms) • excessive working hours (including night work) • unusually stressful work • exposure to cigarette smoke • high or low temperatures • lone working • working at height • travelling • exposure to violence • heavy lifting • contact with animals			
Any other hazard:			
Details of any advice provided by the student's GP or midwife:			
Data protection The organisation treats personal data collected during risk assessments in accordance with its data protection policy / policy on processing special categories of personal data.			
Student's signature:			
Date:			
Signature of person carrying out risk assessment:			
Date:			

SUMMARY OF HSE GUIDANCE ON POSSIBLE HAZARDS AND THEIR IMPLICATIONS FOR NEW OR EXPECTANT MOTHERS AT COLLEGE

Possible Hazard	Risk to new or expectant mother or her child	Suggested Action
Shocks, vibration and movement	Regular shocks, low frequency vibration or excessive movement may cause increased risk of miscarriage. No increased risk for breastfeeding women.	Avoid uncomfortable whole body vibration or activity where abdomen is exposed to shocks, including driving or riding in off-road vehicles.
Manual Handling	Hormonal changes in pregnant women may increase risk of ligament injuries. Advanced pregnancy can cause postural problems. Manual handling can be dangerous for those who have recently given birth by Caesarean section. No increased risk for breastfeeding women.	Alter tasks as appropriate.
Noise	No specific risk can be associated with pregnancy or breastfeeding.	
Ionising Radiation	Significant exposure can harm the foetus. Exposure can be by direct irradiation of the abdomen or by the mother ingesting or breathing contaminated dust and passing across to the placenta. A breastfed child could also be exposed to radiation through contamination of its mother's skin.	Reduce exposure to as low as practicable and follow statutory dose limits for pregnant women. Breast feeding mothers should avoid work with radioactive liquids or dusts.
Optical Radiation	No increase in risk.	
Electromagnetic Fields	No specific risks to new or expectant mothers.	
Heat and Cold	Pregnant women are less tolerant of heat stress. No specific risk from cold work.	Care is needed for work involving excessive heat exposure – such as furnace operation.
Fatigue, Posture and Movement	Fatigue from standing and other physical activity has been associated with miscarriage, premature birth and low birth weight.	Avoid excessive hours and workloads. Allow students to have some control over how they organise their work.
Hyperbaric Atmospheres	The risk of developing the bends is slightly increased in those that have recently given birth. Severe foetal damage from gas bubbles is possible.	Pregnant women should not work in compressed air and should not dive.
Display Screen Equipment	Levels of ionising and non-ionising radiation generated by display screen equipment are well below international recommendations for limiting health risks. "The National Radiological Protection Board does not consider such	Pregnant women do not need to stop working with display screen equipment. However, because anxiety has been well-publicised and is widespread, they should be given the opportunity to discuss their concerns with someone who is adequately informed of current scientific information and advice.
Biological Agents	Dangerous pathogens can affect the unborn child if the mother is infected during pregnancy. Examples are Hepatitis	Action will depend on the risk assessment which will take into account the nature of the agent and

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	B, HIV (AIDS) Herpes, chickenpox typhoid, syphilis. Some agents such as rubella, toxoplasma and Chlamydia can cause direct foetal damage or abortion. There may also be a risk of infection from breastfeeding.	the risk of infection. Containment, vaccination or total avoidance of exposure may be appropriate.
Chemical Agents (particular examples given below)	Under labelling regulations around 200 substances carry one or more of the risk phrases: R40 (irreversible effects), R45 (cancer), R46 (heritable genetic damage) and R47 (birth defects) to comply with the "Dangerous Substances" Directive (No. 671548/EEC). R47 has now been replaced by the more specific R60 and R62 (may impair fertility), R61 and R63 (may harm foetus) and R46 (may harm breastfed babies).	Particular emphasis in carrying out COSHH risk assessments should be given to the risks to new or expectant mothers.
Mercury and Derivatives	Organic mercury compounds may adversely affect the development of the foetus. There is no clear evidence of effects of metallic mercury or inorganic mercury compounds. The effects on the child of exposure of a breastfeeding mother to mercury and its compounds are unknown.	Practical guidance is given in HSE guidance notes EH1 7 and MS 12*
Carbon Monoxide	Carbon Monoxide readily crosses the placenta and can result in adverse effects on the foetus. Pregnant women may be at heightened susceptibility. There is no evidence that breastfed babies suffer adversely if their mothers are exposed to carbon monoxide.	HSE guidance note EH43* contains practical advice.
Lead and Lead Derivatives	High-level exposure to lead – as was common in the early 1900's – results in high frequencies of spontaneous abortion, stillbirth and infertility. Low – level exposure may reduce intellectual performance of the child. Lead can also enter breast milk.	Maximum permissible blood lead levels are lower for women of reproductive capacity than for men. Once pregnant, women who are subject to statutory medical surveillance under the Control of Lead at Work Regulations (1980) will normally be suspended from that part of their course.

*Available from HSE Books, PO Box 1999, Sudbury, Suffolk CO IO 6FS

Factors that may require adjustments to course

Apart from the hazards listed in Appendix 1, there are other aspects of pregnancy that may affect the student's course. The impact will vary during the course of the pregnancy and will need to be kept under review. For example, the posture, expectant mothers will change to cope with increasing size.

Aspects of pregnancy	Factors in course
Morning sickness	Early start to course Exposure to nauseating smells
Backache	Standing/manual handling/posture
Varicose veins	Standing/sitting
Haemorrhoids	Working in hot conditions
Frequent visits to toilet	Difficulty leaving class
Increasing size	Use of protective clothing Work in confined areas Manual handling.
Tiredness	Long days
Balance	Problems of working on slippery, wet surfaces
Comfort	Problems of working in tightly fitting workspaces.
Dexterity, agility, co-ordination, speed of movement, reach, may be impaired because of increasing size.	

Education Plan

Nescot is committed to supporting you in achieving a successful outcome in your studies during and after your pregnancy. Your tutor will help you to manage your studies during your pregnancy to give you the best possible chance of completing your qualification.

The learner will complete their course before their due date **Yes No**

If no, is the learner planning to return to college to complete? Yes No

When will they return.....

Do they need a place reserved for the next academic year? Yes No

What are their childcare plans?

.....

.....

If no, can the work completed to date be used to achieve a different relevant qualification?

What qualification?

To achieve their qualification what does the learner need to do (SMART targets) before their due date?

Target	Achievable in time span	Completion due	progress

Will the learner be doing some of this from home? Yes No

If yes, how will the learner access teaching support?

Include named staff and contact details for the learner to use, and any specific contact times/frequencies

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Will the learner be undertaking work experience during their pregnancy?	Yes	No
<i>If yes, is the placement aware of the pregnancy?</i>	Yes	No
<i>Has a risk assessment been completed?</i>	Yes	No