

Health and Safety Risk Assessment Guidance Notes

These guidance notes provide detailed guidance for assessor/s1 and the individual student about the specific hazards for pregnant women, how to avoid them and minimise risk.

The notes are designed to assist in the completion of the “student pregnancy risk assessment” and as a general source of information.

The level of risk to which a student is exposed will depend on the requirements and nature of the course. **For many courses and related activities, the risk will be low**; the following are more likely to present greater risks;

- General conditions; “working” alone, “work” at heights, travelling, fatigue
- Physical activity; including lifting, handling and carrying, compressed air environments, vibrations
- The use of chemical agents including paints, pesticides, mercury, lead, carbon monoxide, and cytotoxic drugs.
- Biological agents; exposure to infections disease, laboratory work, animals , healthcare provision.

In some cases where significant hazards are present the activity may need to be avoided in totality (Avoidance) by timetabling adjustments / other flexible approaches in accordance with the University’s “Policy on support for pregnant students and student with very young children “and articulated within the “written agreement”.

Special considerations are required if the student is scheduled to undertake Fieldwork, Study Abroad or Work Placement.

The Risk Assessment should take into account any medical advice the student has received.

Where existing workplace / activity risk assessments already clearly identify risks to female employees of childbearing age and, in particular, risks to new and expectant mothers (for example, from working conditions, or the use of physical, chemical or

biological agents). These can be referred to where relevant rather than fully replicated in the Student Pregnancy Risk Assessment.

1. Assessor/s – who this will be will be determined at local level by Schools and Faculties with H&SS and or specialised input /support as necessary refer to Policy on support for pregnant students and student with very young children.

		Potential Hazards	What is the Risk?	How to avoid/ control the risk
General Issues	1	Facilities	<p>Resting facilities – Rest is important for new and expectant mothers. Tiredness increases during and after pregnancy. The need for rest is both physical and mental.</p> <p>Hygiene facilities – without easy access to toilets (and associated hygiene facilities), there may be increased risks to health and safety, including significant risks of infection and kidney disease. Because of pressure on the bladder and other changes associated with pregnancy, pregnant women often have to go to the toilet more frequently and more urgently than others. Breastfeeding women may also need to do so because of increased fluid intake to promote breast milk production.</p> <p>Storage facilities – Access to appropriate facilities for breastfeeding mothers to express and safely store breast milk or to enable infants to be breastfed may facilitate breastfeeding and evidence shows that breastfeeding can help protect the health of both mother and infant.</p>	<p>The need for physical rest may require that the woman concerned has access to somewhere where she can sit or lie down comfortably in privacy, and without disturbance, at appropriate intervals.</p> <p>Protective measures include taking appropriate measures to enable expectant and nursing mothers to take more frequent hygiene / toilet breaks.</p> <p>Access to clean drinking water should also be available.</p> <p>Protective measures include:</p> <ul style="list-style-type: none"> ○ Access to a private room where women can breastfeed or express breast milk; ○ Use of secure, clean refrigerators for storing expressed milk and facilities for washing, sterilising and storing receptacles;

	2	Mental and physical fatigue	<p>Long hours, early mornings, late nights etc can have a significant effect on the health of new and expectant mothers, and on breastfeeding. Not all women are affected in the same way, and the associated risks vary with the type of activity and individual concerned. This applies especially to mental & physical fatigue that increases during pregnancy and in the postnatal period due to the various physiological and other changes taking place.</p> <p>Increasing tiredness, may affect the health of the pregnant woman and her unborn child, her recovery after childbirth, or her ability to breastfeed, and may increase the risks of stress and stress-related ill health. Changes in blood pressure may occur during & after pregnancy and childbirth and normal patterns of breaks may be inadequate.</p>	<p>Due regard should be afforded to mental and physical fatigue related risks as part of the health and safety risk assessment with any adjustments /flexibility to timescales, periods of absence etc in accordance with the University's "Policy on support for pregnant students and students with very young children" and articulated within the "written agreement".</p>
General Issues	3	Extremes of cold or heat	<p>Prolonged exposure to hot environments should be kept to a minimum, as there is a greater risk of heat stress. Breastfeeding may be impaired by heat dehydration. Extreme cold may be a hazard for pregnant women and their unborn children. The risks are particularly increased if there are sudden changes in temperature</p>	<p>Extra rest and refreshment breaks should be available alongside unrestricted access to drinking water. New and expectant mothers should note that thirst is not an early indicator of heat stress. They should drink water before they get thirsty, preferably in small and frequent volumes. Warm clothing / PPE would be required for activities in extreme cold (this should have already been identified as part of the existing activity risk assessment.)</p>

4	Stress	<p>Hormonal, physiological and psychological changes occur and sometimes change rapidly during and after pregnancy, sometimes affecting susceptibility to stress, or to anxiety or depression.</p> <p>Financial, emotional and academic concerns may cause anxiety and stress, due to changes in circumstances brought about by pregnancy. Additional stress may occur if a woman's anxiety about her pregnancy, or about its outcome (e.g. where there is a past history of miscarriage, stillbirth or other abnormality) is heightened or as a result of peer group or other pressure. This can lead to increased vulnerability to stressors.</p> <p>Stress is associated in some studies with increased incidence of miscarriage and pregnancy loss, and also with impaired ability to breastfeed.</p> <p>Women who have recently suffered loss through stillbirth, miscarriage, adoption at birth or neonatal death will be especially vulnerable to stress, as will women who have experienced serious illness or trauma (including Caesarean section) associated with pregnancy or childbirth. However, in some circumstances, returning to study after such events</p>	<p>Due regard should be afforded to stress as part of the health and safety risk assessment however it should be remembered that the University's "Policy on support for pregnant students and students with very young children" is designed to support students who are pregnant or have decided to terminate a pregnancy. The risk of stress should be considered within the context of the overall support arrangements and "written agreement" for each student, taking into account particular medical and psychosocial factors affecting the individual. This also includes ensuring that the necessary understanding, support and recognition is available when the student returns to study while her privacy is also respected.</p>
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	5	Passive smoking	<p>Cigarette smoke is mutagenic and carcinogenic and is a known risk to pregnancy where the mother smokes. Cigarette smoke can also aggravate preconditions such as asthma. The affects of passive smoking are less clear but are known to affect the heart and lungs, and to pose a risk to infant health.</p>	<p>To reduce the risk to all including new and expectant mothers; Smoking is strictly prohibited: within all University buildings, at entrances to University buildings, including doorways and covered walkways. In vehicles owned and operated by the University and leased vehicles used during University business. For full details refer to: http://www.hr.leeds.ac.uk/policies/Default.aspx?search=smoking Consideration should be given to activities outside of the University campus which may expose the student to cigarette smoke e.g. Fieldwork. Alternative arrangements may be necessary to avoid exposure.</p>
General Issues	6	Use of DSE (Display Screen Equipment i.e. Computers)	<p>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</p>	<p>In the light of scientific evidence, pregnant women do not need to stop work with DSE; however, to avoid problems caused by stress and anxiety, women who are pregnant or planning children and are worried about working with DSE should be given the opportunity to discuss their concerns. Further advice can be provided by Health and Safety Managers / Local H&S Contacts and medical professionals GP's / Leeds Student Medical Practice.</p>

			<p>statutory function of providing information and advice on all radiation matters to Government Departments, and the advice below summarises scientific understanding. The levels of ionising and non ionising electromagnetic radiation which are likely to be generated by display screen equipment are well below those set out in international recommendations for limiting risk 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. In the latter stages of pregnancy increased abdominal size can affect posture and circulation.</p>	<p>To take account of increased abdominal size, it is important to regularly change position / take micro breaks to minimise potential postural problems.</p>
	7	“Working” alone	<p>Pregnant women are more likely to need urgent medical attention.</p>	<p>Depending on their medical condition you may need to review and revise women’s access to communications with others and levels of (remote) supervision involved, to ensure that help and support is available when required, and that emergency procedures (if needed) take into account the needs of new and expectant mothers.</p>
	8	“Work” at height	<p>It is hazardous for pregnant women to “work” at heights for example ladders, platforms etc</p>	<p>Avoid all “work” at height</p>
	9	Travelling	<p>Travelling can be problematic for pregnant women, involving risks including fatigue, vibrations, stress, static</p>	<p>The different activities the student is involved in will have an effect on the level of fatigue therefore please refer to specific entries within this table to assess how to reduce the risk.</p>

			posture, discomfort and accidents. These risks can have a significant effect on the health of new and expectant mothers.	
General Issues	10	Violence	<p>If a woman is exposed to the risk of violence during pregnancy, when she has recently given birth or while she is breastfeeding this may be harmful. It can lead to detachment of the placenta, miscarriage, premature delivery and underweight birth, and it may affect the ability to breastfeed</p> <p>The risk may affect students in direct contact with customers and clients e.g. during placements, fieldwork and research situation</p>	<p>Where a risk of exposure to violence is defined measures to reduce the risk include:</p> <ul style="list-style-type: none"> ○ Providing adequate training and information ○ Changing the design of the task – e.g. avoiding lone working, and maintaining contact with students. <p>If the risk of violence cannot be significantly reduced then adjustments / flexibility may be necessary in accordance with the University’s “Policy on support for pregnant students and students with very young children” and articulated within the “written agreement”.</p>
	11	Pre-existing medical conditions	<p>This guidance document assumes a healthy individual with no pre-existing medical conditions or disability. Risk may be increased in the presence of disease or disability.</p>	<p>Further advice may be required where students have pre-existing conditions or disabilities e.g. GP / Leeds Student Medical Practice, Disabled Students’ Assessment & Support, student support.</p>
	12	Equipment and personal protective equipment (PPE)	<p>Equipment and personal protective equipment is not generally designed for use by pregnant women. Pregnancy (and breastfeeding) involves physiological changes which may make some personal protective equipment not only uncomfortable but also unsafe for use in some cases – for example, where equipment does not fit properly or comfortably, or where the operational mobility, dexterity or co-ordination</p>	<p>Where activities & existing risk assessments (lab work etc) require the use of PPE to control risks e.g. Goggles, Respiratory Protection etc then it should be ensured that the equipment provides the pregnant student with adequate protection from the outset and as the pregnancy develops.</p> <p>If the risk cannot be significantly reduced then adjustments / flexibility adjustments /flexibility to timescales, periods of absence etc in accordance with the University’s “Policy on support for pregnant students and students with very young children” and articulated within the “written agreement”.</p>

			of the women concerned is temporarily impeded by her pregnancy or recent childbirth.	
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		Potential Hazards	What is the Risk?	How to avoid/ control the risk
Physical	13	Movements and posture	<ul style="list-style-type: none"> ○ The nature and extent of any risks of injury or ill health resulting from movements or posture during and after pregnancy will depend on a number of factors, including; The nature, duration and frequency of tasks/movements; ○ Pace, patterns and intensity of activity and rest breaks; ○ Ergonomic factors and the general environment; and ○ The suitability and adaptability of any equipment involved. <p>Hormonal changes in women who are pregnant or have recently given birth can affect the ligaments, increasing susceptibility to injury. The resulting injury may not be apparent until some time after the birth. Attention should also be paid to women who may handle loads during the three months following a return to work after childbirth.</p> <p>Postural problems can arise at different stages of pregnancy, and on return to work, depending on the</p>	<p>Some adaptations may be required where practical e.g. to equipment and lifting gear, storage arrangements.</p> <p>Pregnant women should avoid long periods spent handling loads, or standing or sitting without regular exercise or movement to maintain healthy circulation. There should be the opportunity to alternate between standing and sitting. If this is not possible, additional breaks may be required.</p> <p>A pregnant woman may need more space, or adaptations may be necessary as pregnancy changes both her size and the ways in which she can move, stand or sit still for a long time in comfort and safety.</p>

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			<p>individual and the environment. These problems may increase as the pregnancy progresses, especially if there are awkward movements or long periods of standing or sitting in one position</p> <p>Standing: Continuous standing during the working day may lead to dizziness, faintness, and fatigue. It can also contribute to an increased risk of premature childbirth and miscarriage.</p> <p>Sitting: Pregnancy-specific changes pose a relatively high risk of thrombosis or embolism, particularly with constant sitting. In the later stages of pregnancy, women are more likely to experience backache, which can be intensified by remaining in a specific position for a long period of time.</p> <p>Confined space: It may be hazardous working in confined spaces, or where adjustments cannot be made to take account of increased abdominal size, particularly; Some adaptations may be required where practical e.g. to equipment and lifting gear, storage arrangements.</p>	
	14	Manual handling	Pregnant women are especially at risk from manual handling injury, e.g. hormonal changes can affect the ligaments,	Any changes necessary will depend on the risks identified in the assessment and the individual circumstances. For example, it may be possible to alter the nature of the task to reduce risks from

	Potential Hazards	What is the Risk?	How to avoid/ control the risk
		increasing susceptibility to injury and postural problems may increase as the pregnancy progresses. There can also be risks for those who have recently given birth, e.g. after a caesarean section there is likely to be a temporary limitation on lifting and handling capability. Breastfeeding mothers may experience discomfort due to increased breast size and sensitivity.	manual handling for everyone including new or expectant mothers. Or you may have to address the specific needs of the student and reduce the amount of physical work she does, or provide aids for her to reduce the risks she faces.
15	Shocks, vibration or movement	Regular exposure to shocks, low frequency vibration, e.g. driving or riding in off road vehicles, or excessive movement may increase the risk of a miscarriage. Long term exposure to whole body vibration does not cause abnormalities to the unborn child. However, there may be an increased risk of prematurity or low birth weight. Breastfeeding women are at no greater risk than other women.	Pregnant students and those who have recently given birth are advised to avoid work likely to involve uncomfortable whole body vibration, especially at low frequency, or where the abdomen is exposed to shocks or jolts.
16	Noise	There appears to be no specific risk to new or expectant mothers or to the unborn child, but prolonged exposure to loud noise may lead to increased blood pressure and tiredness. No particular problems for women who have recently given birth or who are breastfeeding.	The requirements and compliance with the Noise At Work Regulations 2005 should be sufficient to meet the needs of new or expectant mothers.
17	Ionising radiation	Significant exposure to ionising radiation can be harmful to the unborn child. The employer is required to ensure that the conditions of exposure	http://www.leeds.ac.uk/rps/ionising/hos.html#

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			<p>during the remainder of the pregnancy are such that the dose to the unborn child is unlikely to exceed a value specified in the Ionising Radiations Regulations 1999.</p> <p>If the work involves radioactive materials there may be a risk to the unborn child if significant amounts are ingested or inhaled by the expectant mother or permeate through her skin and are transferred via the placenta to the unborn child. In addition, radiation from radioactive substances taken into the mother's body irradiates the unborn child through the wall of the womb.</p>	
Physical	18	Non – ionising electromagnetic radiation (NIEMR)	<p>Optical Radiation - Pregnant or breastfeeding mothers are at no greater risk than other workers.</p> <p>Electromagnetic fields and waves (e.g. radio frequency radiation) - Exposure to electric and magnetic fields within current recommendations is not known to cause harm to the unborn child or the mother, however, extreme over exposure to radio frequency radiation could cause harm by raising body temperature. Lasers /UV / Magnets /NMR / EMF / RF / Microwaves</p>	<p>Procedures at the University of Leeds are designed to keep the exposure of all individuals including the pregnant woman as low as reasonably practicable and certainly below the statutory exposure limits for pregnant women. Exposure to electric and magnetic fields should not exceed their restrictions on human exposure published by the National Radiological Protection Board. http://www.leeds.ac.uk/rps/</p>
	19	Diving (work in hyperbaric atmospheres)	<p>Compressed Air: Risk of decompression illness (DCI) commonly known as the bends. Little scientific information whether pregnant women are at more risk but potentially</p>	<p>Pregnant women should not work in compressed air. They should notify the University and a health professional e.g.GP / Consultant) as early as possible if they are pregnant; and the obstetrician at their routine antenatal appointments.</p>

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			<p>the unborn child could be seriously harmed. For those who have recently given birth there is a small increase in the risk of DCI. No physiological reason why a breastfeeding mother should not work in compressed air.</p> <p>Diving: Pregnant women are advised not to dive at all during pregnancy due to the possible effects of exposure to a hyperbaric environment on the unborn child. There is no evidence to suggest that breastfeeding and diving are incompatible.</p>	<p>Pregnancy is viewed as a medical reason not to dive. Diving regulations include the requirement to disclose pregnancy to the dive supervisor and /or refrain from diving.</p>
Biological	20	<p>Any biological agent of hazard groups 2, 3 and 4. (Categorisation of biological agents according to hazard and categories of containment - Advisory Committee on Dangerous Pathogens)</p>	<p>Many biological agents within the three risk groups can affect the unborn child if the mother is infected during pregnancy. These may be transmitted through the placenta while the child is in the womb, or during or after birth, e.g breastfeeding or through close physical contact between mother and child. Examples of agents where the child might be infected in one of these ways are hepatitis B, HIV, herpes, TB, syphilis, chickenpox and typhoid. For most individuals, the risk of infection is no higher at work than from living in the community, but in certain activities, exposure to infections is more likely, e.g. laboratory workers, health care, people looking after animals and dealing with animal products.</p>	<p>The University has set standards for biological safety which requires risk assessments for all work with biological hazards to be completed before the work commences. For deliberate work the assessments must also approved by Committee. See: http://www.leeds.ac.uk/safety/biological_safety/bio_safety_intro_page.htm.</p> <p>Control measures may include physical containment, hygiene measures, and using vaccines if exposure justifies this. If there is a known risk to a highly infectious agent, then it will be appropriate for the pregnant woman to avoid exposure altogether.</p>
	21	Biological agents	Rubella (German Measles) and toxoplasma can harm	See above:

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Chemical		known to cause abortion of the unborn child, or physical and neurological damage. These agents are included in hazard groups 2, 3 and 4.	the unborn child, as can some other biological agents, e.g. cytomegalovirus (an infection common in the community) and Chlamydia in sheep. The risks of infection are generally no higher for workers than others, except in those exposed certain activities, e.g. laboratory workers, health care, people looking after animals and dealing with animal products see above).	<p>http://www.hse.gov.uk/pubns/priced/infectionmothers.pdf http://www.hse.gov.uk/biosafety/infection.htm</p> <p>The pregnant woman should avoid exposure to these biological agents unless she is protected by her state of immunity.</p>
	21	Substances labelled with a hazard statement (previously risk phrases) The Control of Substances Hazardous Health Regulations . 2002 (COSHH)	There are about 200 substances labelled with these hazard statements: (previously known as risk phrases) H351 - Suspected of causing cancer H350 - May cause cancer H340 - May cause genetic defects H350i - May cause cancer H360 - May damage fertility or the unborn child H361 - May damage fertility or the unborn child H362 - May cause harm to breast fed children H341 - Suspected of causing genetic defects The actual risk to health from these substances can only be determined following a risk assessment of a particular substance at the place of work. Although the substance listed may have the potential to endanger health or safety there may be no risk in practice, for example if exposure is at a level that is known to be safe.	With the exception of lead (see below) and asbestos all these substances fall within the scope of The Control of Substances Hazardous Health Regulations. 2002 (COSHH) and reference should be made to the University's Protocol for Hazardous Substances. http://www.leeds.ac.uk/safety/hazardous_substances/index.htm For work with hazardous substances, including 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 risks. In carrying out assessments employers should have regard for women of childbearing age, who are pregnant, or who have recently given birth.

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	22	Mercury and mercury derivatives. The Control of Substances Hazardous Health Regulations . 2002 (COSHH)	Organic mercury compounds could have adverse effects on the unborn child. Animal studies and human observations have demonstrated that exposure to these forms of mercury during pregnancy can slow the growth of the unborn baby, disrupt the nervous system, and cause the mother to be poisoned. There is no indication that mothers are more likely to suffer greater adverse effects from mercury and its compounds after the birth of the baby. Organic mercury can be transferred from blood to milk, causing a potential risk to the newborn baby if being breastfed.	Preventing exposure must be the first priority. Where it is not possible to eliminate exposure, you can control, it by a combination of technical measures, along with good work planning and housekeeping, and the use of personal protective equipment (PPE). PPE should only be used for control purposes if all other methods have failed. It can also be used as secondary protection in combination with other methods.
	23	Antimitotic (cytotoxic) drugs The Control of Substances Hazardous Health Regulations . 2002 (COSHH)	These drugs are used in cancer chemotherapy and have the ability to arrest the multiplication of living cells. They achieve this by interfering with essential functions of the cell, especially those involving cell division and can, in the long term cause damage to the sperm and egg cells. Some can cause cancer. Occupational exposure is by inhalation or absorption through the skin. These substances are exempt from the normal labelling requirements because they are drugs. Further guidance on this subject is available at http://www.hse.gov.uk/pubs/misc615.pdf .	There is no known threshold limit and exposure must be reduced to a low a level as is reasonably practicable. Assessment of the risk should look particularly at preparation of the drug for use (nurses, pharmacists), administration of the drug, and the disposal of waste (chemical and human). All females of childbearing age should be fully informed of the reproductive hazard. Those who are trying to conceive a child or are pregnant or breastfeeding should be fully informed of the reproductive hazard and should avoid exposure to such materials.

		Potential Hazards	What is the Risk?	How to avoid/ control the risk
Chemical	24	<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 Control of Substances Hazardous Health Regulations . 2002 (COSHH) And The Control of Pesticides Regulations 1986 (COPR) (as amended 1997)</p>	<p>The HSE guidance booklet EH40 Occupational Exposure Limits, updated annually, contains tables of inhalation exposure limits for certain hazardous substances. Some of these substances can also penetrate intact skin and become absorbed into the body, causing ill health effects.</p> <p>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, e.g. 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, e.g. perhaps you could enclose the process or redesign 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. The Control of Pesticides Regulations 1986 (COPR) (as amended 1997) sets out general restrictions on the way that pesticides can be used. In addition all pesticides must be approved before they can be advertised, sold, supplied, used or stored.</p>
	25	<p>Carbon monoxide.</p> <p>The Control of Substances Hazardous Health Regulations . 2002 (COSHH)</p>	<p>Pregnant women may have heightened susceptibility to the effects of exposure to CO.</p> <p>Carbon monoxide readily crosses the placenta and can result in the unborn child 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 unborn child. Both level</p>	<p>The best preventative measure is to eliminate the hazard by changing process or equipment. Where this is not possible consider technical measures, in combination with good working practices and personal protective equipment.</p> <p>Avoid chronic exposure of female workers. Even occasional exposure to CO could potentially be harmful.</p>

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			and duration of maternal exposure are important factors in the effect on the unborn child. There is no indication that breastfed babies suffer adverse effects from their mothers' exposure to carbon monoxide, or that the mother is significantly more sensitive to carbon monoxide after giving birth.	
	26	Lead and lead derivatives, in so far as these agents are capable of being absorbed by the human organism. Control of Lead at Work Regulations 2002	There are strong indications that exposure to lead, either before or after birth via the mother or during early childhood, can impair the development of the child's nervous system. The effects on breastfed babies of their mothers' lead exposure have not been studied. However, lead can enter breast milk. Since it is thought that the nervous system of young children is particularly sensitive to the toxic effects of lead, the exposure of breastfeeding mothers to lead should be viewed with concern.	The Approved Code of Practice associated with the Lead Regulations Control of Lead At Work sets out the current exposure limits for lead and the maximum permissible blood lead levels for workers who are exposed to lead to such a degree that they are subject to medical surveillance. It gives a blood lead level for men and lower level for women of reproductive capacity. This lower level is set to help ensure that women who may become pregnant have low blood lead levels. This is to help protect the unborn child from injury in the weeks before a pregnancy is confirmed. Once the pregnancy is confirmed the woman should cease any work which exposes them significantly to lead.