

# SUPPORT FOR PREGNANT STUDENTS AND NEW PARENTS POLICY

## Purpose and Context

The University of Huddersfield believes that being or becoming pregnant, terminating a pregnancy, experiencing miscarriage, or having a very young child should not be a barrier to applying for, starting, succeeding in, or completing a programme of study at the University. This policy covers all students at the University or students studying for a University of Huddersfield qualification through collaborative provision. Arrangements can be made for a student in these circumstances but will vary according to the demands of each course and the circumstances of each student.

## Principles

The University is committed to supporting pregnant students (including those who become pregnant, who terminate a pregnancy, or who experience miscarriage, baby loss, or have a very young child whilst at university) Arrangements will be as flexible as possible, providing academic standards are upheld, and will follow the following principles:

- **Avoiding less favourable treatment.** The University and its staff must not treat a student (or applicant) less favourably than other students or applicants on the grounds that they are pregnant, have experienced a miscarriage or have terminated a pregnancy. Whilst arrangements may need to be made for an individual student (for example, a student **must not** return to university for two calendar weeks after giving birth for health and safety reasons), the University will seek to make sure that such arrangements do not place the student at a particular disadvantage compared to other students.
- **Taking a flexible approach.** The University recognises its obligations under the Equality Act 2010 and its staff will take a flexible approach to facilitating the continued learning of the student.
- **Demonstrating a non-judgmental and sensitive approach.** When supporting and working with a student on these matters, staff should take an open-minded and non-judgmental approach. Information provided by the student should be treated sensitively and only passed onto others on a need-to-know basis
- **Enabling informed choices.** Members of staff will work with the student to determine the best course of action, empowering the student to reach an appropriate decision, which is consistent with the student's own values. Their role is to provide context and advice to the student, and to explore, in consultation with the student and others, flexibility that can be applied to the student's programme or period of study to provide appropriate support.

## Scope

### Students (and applicants)

Students and applicants covered by this policy are **responsible for**:

- Disclosing their pregnancy to a trusted member of staff (preferably their Personal Academic Tutor) within their School at an early stage of their pregnancy, with a

view to discussing any necessary support arrangements or adjustments. Students should always promptly disclose their pregnancy to staff where elements of their programme of study might present a health and safety hazard to the student or unborn child, and this may be particularly relevant for students whose programmes include laboratory or practical work.

- Ensuring the safe supervision of any child they may bring onto campus.
- Notifying the School by the 15<sup>th</sup> week before their expected due date if they will need to be absent during teaching weeks, assessments, or examinations and in all cases for research students so that appropriate maternity leave can be arranged.
- Notifying the Placements team of their pregnancy. The pregnant student will be required to undertake a separate workplace pregnancy risk assessment, which is the dual responsibility of the student and workplace provider.

Students and applicants covered by this policy are **advised to**:

- Read the policy and associated guidance notes in order to understand the University's approach to supporting pregnant students and students with very young children.
- Ensure that they have a clear idea of what will be expected of them on their course of study in order to understand the potential impact of pregnancy related absence.
- Discuss any concerns they have relating to their pregnancy with their own healthcare professional and, if required, staff in one or more of the following services: Student Engagement Team (SET), Wellbeing Services, Office of Health and Safety, their School.

**The University will ensure that:**

- Any student who becomes pregnant before or during a period of study at the University is accommodated as far as practicable to allow them to complete their programme of study, providing academic standards are upheld.
- Relevant staff are made aware of the terms of this policy and their responsibilities arising under it.
- Support and guidance is available for staff undertaking risk assessments on elements of the programme of study that are likely to result in a risk to the health and safety of the student or unborn child.
- Staff in the Student Engagement Team and the Office of Health and Safety are available to discuss with staff the best way to support the continuing study of a pregnant student to ensure they can complete their programme of study.
- Appropriate support is available to students through various support services.
- The policy is kept under review and updated as necessary.

**Schools must ensure that:**

- The policy is widely publicised and available to staff and students.
- Students are made aware of the policy and encouraged to disclose a pregnancy or adoption in confidence at an early stage, ***particularly where elements of their programme of study might result in a risk to the health and safety of the student or unborn child.***
- Staff are aware of the policy so that they can respond appropriately when a student discloses their pregnancy and seeks support to continue their programme of study.
- As soon as a student discloses that they are pregnant, a risk assessment, or series of risk assessments, are undertaken to ensure that there are no elements of the

programme of study that present a risk to the health and safety of the student or the unborn child.

- Wherever practicable, accommodation is made to ensure that a pregnant student, or student with a very young child, can complete their programme of study.
- If requested, a female member of staff is identified with whom a pregnant student can discuss their support needs.
- The student is given information on other sources of **advice/support**.
- Any PGR stipend, bursary or scholarship arrangements detail how pregnancy, and an interruption of studies will be handled.

## Individual staff members

All individual staff members are **advised to**:

- Familiarise themselves with this document and the University's responsibilities towards students who are pregnant or have very young children.

Individual staff members to whom a pregnancy is disclosed are **responsible for**:

- Reading the Policy and, becoming familiar with the procedure for supporting pregnant students.
- Treating any disclosure of a pregnancy seriously and making students aware of appropriate sources of support.
- Respecting a student's right to confidentiality and verifying that a student has no objections to their pregnancy being discussed with others – particularly when information needs to be passed onto other staff members to arrange any agreed accommodations to the programme of study or adjustments to fees.

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## 1.0 Notifying your School

- 1.1 Students are not under any obligation to inform their School if they become pregnant, have a child, experience a miscarriage, or decide to terminate a pregnancy whilst they are a student here unless they are studying on a course or embarking on a placement for which there may be Health and Safety concerns for either the pregnant person or the unborn child/breastfeeding child. However, it is important to note that the University will not be able to take a flexible approach to their programme of study, or provide specific support to the student, unless it knows about the situation.
- 1.2 Whilst deciding on whether to inform their School, students are encouraged to consider the following:
  - There may be elements of a programme of study that could present a health and safety risk to a pregnant student and/or their child. A student's School will not be able to arrange appropriate risk assessments (as outlined in appendix 1) unless it is aware of the pregnancy.
  - If a student's pregnancy-related absence (for example, for antenatal appointments) impacts significantly on the student's studies, the school will only be able to take proper account of the reasons for absence, and exercise any discretion, if they are notified of these. Attendance at medical appointments can be self-certified on MyHud

for up to 20% of a student's overall attendance figure. Anything above this needs to be communicated to: [contactattendance@hud.ac.uk](mailto:contactattendance@hud.ac.uk)

- In some cases, a student's pregnancy-related absence from university might be something that needs to be discussed with other organisations who are a stakeholder in their course of study.
- If a student is planning to take maternity leave from their studies during a period when they would be expected to be in attendance, they must notify the university by the 15<sup>th</sup> week before their due date. If the time is not taken as maternity leave, it will be deemed to be an unauthorised absence.

1.3 *Note for International Students:* If an international student requires a Visa to remain in the UK during their period of study and their pregnancy is likely to result in the need to remain in the UK longer than planned, or if an international student is considering temporary withdrawal from their course of study, then immigration advice should be sought from the International Office Immigration Team. If an international student on a Tier 4 visa is absent without permission the University may be obliged to notify the Home Office. It is therefore crucial that the University is informed of any maternity leave required.

## 2.0 Supporting pregnant students and new parents to study

2.1 This section outlines a series of steps for students and staff to follow in order to discuss and respond to the requirements of an individual student who is pregnant.

**Step 1:** A student is strongly advised to consult their healthcare professional to discuss medical issues relating to their pregnancy prior to approaching their School. It is particularly important to take advice at an early stage.

### **Step 2a: Taught Students**

A pregnant student has the right to request a meeting with their Personal Academic Tutor or other trusted staff member. If requested, the school will identify a female member of staff to discuss the implications for the continuation of their study.

The student and the relevant staff member must meet to discuss and complete the pregnancy Risk Assessment (Appendix 1). Whenever possible, the member of staff should contact the student within 5 working days of the request being received from the student and meet them as soon as possible thereafter

### **Step 2b: Postgraduate Research Students**

In the case of a research degree candidate who becomes pregnant, the appropriate individual to contact will normally be their supervisor(s). The Supervisor(s) and Tutor will work together with the student to consider the impact of the pregnancy and any resulting interruption of study.

This will include:

- a risk assessment as described in step 3.

- completion of a of Study Support and Continuation Plan.
- consideration of maternity leaves arrangement that are detailed in any funding or scholarship award (either provided by the University or external funder).

### **Step 2c: Degree Apprentices**

Degree Apprentices who are pregnant and/or become new parents during the course of their studies will need to engage with their employer to agree arrangements related to their work, study, and maternity leave. Once these arrangements are in place the University should apply this policy to engage with the student.

- 2.2 At the meeting, it is essential that urgent consideration is given to undertaking a risk assessment. In addition, careful consideration must be given to the variety of ways in which the student can be enabled to continue their studies during their pregnancy or after the birth. For example, these might include:
- Agreeing periods of absence and making arrangements for the student to catch-up on lectures/tutorials missed for pregnancy/birth related reasons to ensure that they are not at an academic disadvantage.
  - Adjusting timescales/deadlines for assessed coursework or exam submission deadlines.
  - Seeking approval for alternative means of assessment for the student if appropriate.
  - Allowing the student first attempt re-sits at future examination periods.
  - The student taking some time out from their studies which would involve the student completing an interruption of studies form, normally for a pre-determined amount of time
  - The time permissible for maternity absence is up to 4 teaching weeks for undergraduate or post-graduate taught students and 6 weeks for research students, anything above this time will need to be an interruption of study. However, students will be expected to take a minimum of two calendar weeks as maternity absence for health and safety reasons.
  - Consideration of a transfer to part-time study (***this will not be an option for those students whose residence in the UK is based on their student visa***).
- 2.3 As well as covering the student's longer-term plans relating to their studies, the Study Support and Continuation Plan should also:
- Accommodate the student's antenatal care
  - Include a break from attending University of at least two calendar weeks after giving birth for health and safety reasons
  - Include provision for re-integrating the student to the programme of study on return from any prolonged absence.

**Step 3:** The Personal Academic Tutor (or other chosen/designated staff member) overseeing the support arrangements for the student should ensure that appropriate steps are taken in relation to health and safety issues. This will involve completing the

[risk assessment](#) for the individual student, as contained in appendix 1. Advice can be obtained from the Office of Health and Safety ([HandS@hud.ac.uk](mailto:HandS@hud.ac.uk))

- 2.4 For all students it is important that the health and safety implications of their pregnancy are given serious consideration, and where the risk assessment highlights health and safety issues, staff should seek advice as soon as possible from the School Health and Safety Coordinator and the University Office of Health and Safety.
- 2.5 If it is not practicable to alter the study conditions to respond to the risk(s) highlighted by this assessment, or if such an alteration would not avoid any identified risk(s), the student may need to take time out from their study to ensure they avoid them – although a concerted effort should be made by the School to manage the health and safety risks and find alternative ways of allowing a student to continue their course in any situation where a temporary withdrawal is not in line with their wishes. In this situation, the school should take advice from Registry and Student Engagement Team and should notify their Director of Teaching and Learning (or equivalent) that reasonable adjustments were not feasible.

**Step 4:** The student should explore with the Student Finance Team any potential impact that the flexibility proposed may have in terms of payment of her tuition fees. They should also enquire about the continued payment of any loans, bursaries, and scholarships etc. with the appropriate funding body.

The Student Finance team can advise and guide students regarding the financial support available by way of summary:

- Students who are pregnant may be eligible to receive funds from the Access to Learning Fund.
- Undergraduate Students in receipt of support from Student Finance England once the baby is born may be able to access [Parents' Learning Allowance](#) and [Childcare Grant](#).

**Step 5:** The Personal Academic Tutor (or other chosen/designated staff member) who has completed the pregnancy risk assessment should encourage the student to then engage with a Study Support Plan. The student has the option to meet with a member of the Student Engagement Team to complete a Study Support Plan, they will be able to advise on the implications of using extensions, Exceptional Circumstances and interruption of study. Once discussed and agreed, this written plan will be shared with the student and the school.

- 2.6 Where a student is dissatisfied with the degree of flexibility offered, they may ask their School for information about the local complaints procedures or make a formal complaint, if appropriate – in line with the Student Complaints Procedure.

**Step 6:** The Personal Academic Tutor (or other chosen/designated staff member) overseeing the support arrangements should communicate the agreed plan to other

relevant teaching staff and/or examination boards, as appropriate. Information should be passed on sensitively.

**Step 7:** The student and their Personal Academic Tutor (or other chosen/designated staff member) should monitor the situation on an ongoing basis, particularly to assess the effectiveness of any special arrangements that have been agreed to facilitate the student's continued study. The student can request further meetings with their School, particularly if they are experiencing any difficulties.

### **3 Miscarriage, Still Births and Neo-Natal Deaths**

- 3.1 Miscarriage is defined as the loss of a pregnancy before 24 weeks of gestation
- 3.2 Miscarriage is a relatively common experience. Among those who are aware of their pregnancy, approximately 1 in 8 will end in miscarriage. The majority of miscarriages occur within the first 12 weeks of pregnancy. If a student miscarries, they are likely to need time off study for tests and other interventions as well as to recover.
- 3.3 The University recognises that each individual will be affected differently by a miscarriage and encourages staff to treat each circumstance on an individual basis, with sensitivity and respect.
- 3.4 Where a student discloses a miscarriage, the University will support them to explore their options in relation to assessments and teaching, in line with the exceptional circumstances and extensions processes.
- 3.5 A stillbirth is when a baby dies in the womb or is born without signs of life after 24 completed weeks of pregnancy. In England, stillbirths occur in approximately 1 in every 250 births. Neonatal deaths refer to babies who die within the first 28 days after birth. According to the charity SANDS, around 13 babies are stillborn or die within four weeks of birth every day in the UK
- 3.6 When a still birth occurs, or the baby dies shortly after birth, the student should be entitled to the same length of maternity related absence (section 2.2) and wellbeing support as a student whose baby is not stillborn.

## 4 What is an appropriate degree of flexibility?

- 4.1 It is not possible to provide a definitive list of special arrangements that might be considered reasonable in every possible situation because the decisions about which arrangements are appropriate in each case will vary according to a wide range of factors. These factors include the student's individual circumstances, the time of year, the structure and content of the programme of study, restrictions imposed by professional bodies and any related health and safety matters.
- 4.2 Staff members are advised to take into account the following when considering what might be appropriate in each case:
- A student's own views on their options are important and should be taken account of wherever reasonably possible, however Schools do not have to agree to all, or any requests made by the student, particularly where such requests are impossible or unreasonable to fulfil.
  - The reasons for declining any request must be presented to the student in writing as part of their support plan.
  - In cases where suspending studies would lead to a student taking longer to complete a degree programme than would normally be permissible, the school may decline a request for further time out from studies. However, in these circumstances the School should still strive to demonstrate a flexible approach where practicable.
  - In some cases, it might be appropriate for a School to show flexibility in relation to which modules count towards a particular qualification to accommodate a pregnant student, providing academic standards are upheld and that core or compulsory modules are not affected.
  - Occasionally, a situation may arise in which a School is already making allowances for an individual student for reasons not related to pregnancy. This does not mean that it is unreasonable for them to benefit from separate/additional flexibility relating to their pregnancy.
  - It must also be pointed out to the student that any adjustment which has been sanctioned by the School but which the student has not utilised cannot later be claimed for using the Exceptional Circumstances route.
  - Employers who are funding students may also have made specific agreements with the student, and these should be taken into account when looking to create the support plan.
- 4.3 If, at any stage, a member of staff would like some assistance in thinking through the practical implications of an individual student's pregnancy, they are welcome to request a meeting with Student Services, the Office of Health and Safety or Registry as appropriate.

## **5 Work Placement/ Study Abroad**

- 5.1 For students who become pregnant before or during a period of study abroad or a work placement there may be circumstances where the University is limited in the support it can realistically offer to the student. Where this is judged to present a particular risk to the student or their unborn child, they may be strongly advised to take time out or transfer to a different programme of study.
- 5.2 Tutors, in conjunction with the student should involve the Placements Team at the earliest opportunity.

## **6 Support for new parents**

- 6.1 Whilst the procedure proposed above relates to a student during pregnancy, this also provides a helpful model for considering flexibility for a student who has recently become a parent by other means (e.g., adoption). As above, what constitutes a reasonable degree of flexibility to take account of a student's caring/parental responsibilities will vary from School to School and from programme to programme.
- 6.2 New parents should be encouraged to use the Exceptional Circumstances route if requiring mitigation for any unforeseen need. This route cannot however be used if the student already has a plan in place which covers these circumstances.

## **7 Support for partners**

- 7.1 In most cases, full-time and part-time programmes are likely to be flexible enough to enable a student whose partner is pregnant, or whose partner is about to adopt a child, to take occasional breaks – perhaps to attend antenatal appointments with their partner and/or take some time to be with their partner around the time of the birth or to support the adoption.
- 7.2 However, sometimes a student whose partner is pregnant or about to adopt may still wish to discuss this with their School. In these circumstances, staff members are encouraged to demonstrate a degree of flexibility in terms of responding to the student's circumstances.
- 7.3 Partners may be encouraged to use the Exceptional Circumstances route if requiring mitigation for any unforeseen need.
- 7.4 Partners are entitled to 2 calendar weeks leave (Partner's Leave Entitlement) which, in the absence of approved Exceptional Circumstances, must be taken within 4 weeks of the birth/adoption.

## **8 Children on campus**

- 8.1 The University is not designed for, nor does it take specific account of, the needs of babies, toddlers and young children. Children brought onto campus by students are the responsibility of the parent/carer who brings them and must be closely supervised by that person at all times. Students should not bring their child with them into any public teaching areas – such as lecture theatres, seminar or teaching rooms, or laboratories. They will need to make arrangements for the care of their child whilst they are in these locations.

- 8.2 Students may be accompanied by children in public areas such as catering venues, in one-to-one tutorials if the tutor permits and in the library (other than silent study areas), providing that their children are supervised at all times. It is particularly important that children are not brought into areas where there is the possibility of a risk to health and safety (e.g. laboratories or workshops).

## **9 Breastfeeding**

- 9.1 There are no restrictions on feeding (bottle feeding or breastfeeding) in public areas at the University.
- 9.2 We have 2 designated spaces on campus for the purpose of breastfeeding/expression of breast milk. The locations are: Richard Steinitz building on main campus and the Daphne Steele building on the National Health Innovation Campus. Access to these rooms can be arranged through the iPoints located in Student Central and the Daphne Steele building. Students are also welcome to ask at iPoint in Student Central to see if an advice room is available in Wellbeing and Disability Services for their use. Advice rooms are heavily used for student appointments; therefore, we cannot guarantee that all such requests can be accommodated. Similarly, the Students' Union may also be able to accommodate ad hoc requests.
- 9.3 We can provide facilities to store expressed breast milk in the designated room in Daphne Steele. Within the breastfeeding space is a locked fridge which can be used to store expressed breast milk. The iPoint within the Daphne Steele building can provide access to this facility. We are unable to offer storage facilities in other locations on campus.
- 9.4 Wherever possible, a room to breastfeed/express milk should be identified within the student's school as part of their Study Support and Continuation Plan
- 9.5 Wherever possible students should endeavour to schedule feeds outside teaching or examination time. Where the student believes this is not possible this should be discussed with the Personal Academic Tutor or other designated staff member during the process of establishing a study plan as outlined within section 4 of this policy. Consideration will be given to such reasonable alternatives as may be available

## **10 Deciding whether to continue with or end a pregnancy**

- 10.1 Whilst only the pregnant student can make the decision as to whether to continue with their pregnancy, a range of services across the University and Students' Union can assist by providing confidential support and information about the options available, and, in some cases, other practical assistance. These services include, for example:

- Wellbeing Services, Student Central
- The Students' Union
- Chaplaincy support through the Jo Cox More in Common Centre

Students also have access to external organisations for information, advice, or support. These include the student's own healthcare professional, Brook Advisory Centres ([www.brook.org.uk](http://www.brook.org.uk)),

MSI choices (<http://www.msichoice.org.uk/>) and the Family Planning Association ([www.fpa.org.uk](http://www.fpa.org.uk))

## 11 Further Information

Fees and Financial Support [Finance, fees and payments - University of Huddersfield](#)

Student Wellbeing Service (including counselling) [Wellbeing support - University of Huddersfield](#)

Student Engagement Team - [Student Engagement Team - University of Huddersfield](#)

Students Union - <https://www.huddersfieldsu.co.uk/advice>

Talkthru - [Talkthru | Huddersfield Pregnancy Counselling Centre](#)

Brook - [Sexual Health & Wellbeing - Brook](#)

MSI Choices - 0345 300 8090 [MSI Reproductive Choices UK – Your Choice, Our Support](#)

The government has also produced a guide to childcare. This is available on the web at: [Births, deaths, marriages and care - GOV.UK](#)

NHS Choices - [Pregnancy - NHS](#)

Bliss (for babies born premature or sick in the UK) - <https://www.bliss.org.uk/>

Tommy's (pregnancy and baby loss charity) - <https://www.tommys.org/>

The Miscarriage Association – <https://www.miscarriageassociation.org.uk>

## Appendix 1: Pregnancy Risk Assessment

To be completed by Personal Academic Tutor in conjunction with student.

An electronic version of the risk assessment form can be found [here](#)

This risk assessment has been designed as a prompt for consideration of different areas of students' programmes of study. When completing the form, you should consider the relevance of each statement to all of the teaching, studying, practical, and placement activities which the student may undertake.

If you answer yes to any of the questions below, you must take advice from the School Health and Safety Officer, or the University's Office for Health and Safety, to plan the necessary adjustments to mitigate any risks.

**Name** ..... **Student Number**.....  
**Course** ..... **Stage** .....  
**Expected Due Date** ..... **Date of Assessment** .....

Please go through the guidance found in Appendix 2 and Appendix 3 to help identify the hazards that may apply, make them specific to the individual's circumstance and add them to the matrix below. If additional hazards are identified not listed in the guidance, please include them at the end of the risk assessment document.

Potential Hazard (Number and Name)	Details of risks specific to the individual	Measures identified manage the risks effectively	Individual responsible for implementation and target date	Date Completed
<i>Eg.</i> <i>9. Personal protective equipment and clothing</i>	<i>Jane wears a rainproof fluorescent coat whilst undertaking her duties outside. As her pregnancy progresses it will not fit her.</i>	<i>Jane will be provided with a coat that will accommodate changes in body shape.</i>	<i>A. Smith. 02.07.24</i>	<i>26.06.24</i>

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<b>Additional Hazards (not listed in guidance)</b>	<b>Details of risks specific to the individual</b>	<b>Measures identified manage the risks effectively</b>	<b>Individual responsible for implementation and target date</b>	<b>Date Completed</b>
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\*Insert additional rows as required.

**Persons completing the assessment**

Tutor/Manager:

Student/Member of Staff:

Signed:

Signed:

Please list any other person(s) who have contributed to the process:

**Retention – Four Years**

Student: Once completed the document should be uploaded by the PAT/course administrator onto the student's Wisdom record and marked for removal after the four-year period.

## APPENDIX 2: Potential Hazards and Control Measures

STUDYING/WORKING CONDITIONS		
Potential Hazard	Details of risk	Potential measures to manage the risks effectively
1. Study/ Work routines	<p>Tiredness increases during and after pregnancy and may be exacerbated by study/work-related factors.</p> <p>Pressure on the bladder and other pregnancy-related changes means expectant mothers often have to go to the toilet more frequently and urgently than others. Without easy access there may be increased risks (e.g. infection and kidney disease).</p> <p>Breastfeeding mothers may also need access to such facilities because of increased fluid intake to promote breast milk production.</p>	<p>New and expectant mothers must have access to facilities to enable rest (sit or lie down comfortably, in privacy and without disturbance). Drinking water must also be available.</p> <p>Study/ Work routines and locations must ensure that expectant and breastfeeding mothers are able to promptly use toilet facilities.</p>
2. Mental and physical fatigue	<p>Mental and physical fatigue increases during pregnancy and postnatal periods. Long hours, shift work, night work and insufficient rest breaks can have a significant effect on the health of new, expectant and breastfeeding mothers.</p>	<p>It may be necessary to temporarily adjust studying/working hours and conditions, including the frequency and duration of rest breaks.</p> <p>Alternative day work must be organised where an expectant mother produces a medical certificate from her GP/midwife stating that night work is affecting her or her unborn child's health.</p>
3. Study/ Work-related stress	<p>Stress is associated with increased incidence of miscarriage and impaired ability to breastfeed.</p> <p>Stress can also lead to anxiety and depression. New mothers may develop postnatal depression, women may have recently suffered miscarriage etc. and expectant mothers may be anxious about their pregnancy that could make them more vulnerable to 'stressors'.</p> <p>New and expectant mothers are particularly vulnerable to stress for various reasons:</p> <ul style="list-style-type: none"> <li>• Hormonal, physiological and psychological changes, sometimes rapidly occurring, during and after pregnancy</li> </ul>	<p>Risk assessments must take account of organisational 'stressors' (e.g. study/work demands, work hours, organisational change) and the potential effect on new and expectant mothers.</p> <p>It may be necessary to adjust working/learning conditions and hours, and ensure individuals have opportunity to raise concerns of stress and that these are appropriately dealt with.</p>

	<ul style="list-style-type: none"><li>• Perceived or actual financial and job insecurity</li><li>• Difficulty in establishing a study/work/life balance in the new circumstances</li></ul>	
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STUDYING/WORKING CONDITIONS (continued)		
Potential Hazard	Details of risk	Potential measures to manage risks effectively
4. Passive smoking	<p>Passive smoking and cigarette smoke can affect the health of the expectant mother.</p>	<p>Under the Health Act smoking is prohibited in 'enclosed' and 'substantially enclosed' places that are open to the public or places of work. The University does not allow smoking in any of its buildings.</p>
5. Extremes of cold and heat	<p>There is a greater risk of expectant mothers suffering heat stress through prolonged exposure to hot environments.</p> <p>Breastfeeding may be impaired by heat dehydration.</p> <p>Extreme cold may be a hazard to the expectant mother and their unborn child.</p> <p>Risks are particularly increased if there are sudden changes in temperature.</p>	<p>Adequate rest and refreshments breaks must be provided along with access to drinking water.</p> <p>New and expectant mothers must be made aware that thirst is not an early indicator of heat stress. Drinking water should be taken in small frequent volumes.</p> <p>Where working in extreme cold is unavoidable, warm clothing should be worn.</p>
6. Lone studying/working	<p>Expectant mothers are more likely to need urgent medical attention.</p>	<p>Lone studying/working must be considered as part of the risk assessment process.</p> <p>Dependent on their medical status, location and type of activity, the assessment may determine that expectant mothers are prohibited from certain types of lone activity. Access to communication devices for raising an alarm and specific safe working procedures may be necessary.</p>
7. Working at height	<p>Expectant mothers can experience impaired balance which may be hazardous if working from ladders, platforms etc.</p>	<p>Risk assessment should consider whether there are any additional risks from expectant mothers working at height.</p>
8. Violence and aggression	<p>Exposure to aggressive behaviour or perceived threat of aggression or violence can lead to increased stress.</p> <p>Physical violence can result in severe injury to both expectant mother and unborn child.</p>	<p>Activities should be assessed to determine the level of risk from potentially confrontational situations.</p> <p>Measures that can reduce the likelihood of violent or aggressive behaviour include:</p> <ul style="list-style-type: none"> <li>• providing information, instruction and training;</li> </ul>

		<ul style="list-style-type: none"> <li>• changing the design or layout of buildings;</li> <li>• redesigning the task (e.g. avoiding lone working, regular contact when away from usual work base).</li> </ul>
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• <b>STUDYING/WORKING CONDITIONS</b> (continued)		
<b>Potential Hazard</b>	<b>Details of risk</b>	<b>Potential measures to manage the risks effectively</b>
9. Personal protective equipment and clothing	Physiological changes during and after pregnancy may make some existing protective equipment not only uncomfortable but also unsafe for use (e.g. protective equipment does not fit properly or comfortably).	<p>The hierarchy of risk management measures identifies personal protective equipment and clothing as a last resort.</p> <p>Where the management of a specific risk is reasonably practicable only by the use of personal protective equipment and clothing, this must be subject to assessment to determine effective alternatives. Where these are not available unsafe working must not be permitted.</p>
10. Changes to nutritional needs/ routines	<p>Appetite and digestion are affected during and after pregnancy. Inappropriate timing, frequency and duration of meal breaks can affect the health of the new, expectant or breastfeeding mother, and the unborn or breastfed child.</p> <p>Expectant mothers' eating patterns and preferences may change (e.g. only able to tolerate food 'little and often' rather than in larger quantities at 'normal' mealtimes).</p>	Adequate and appropriate nutrition, including drinking, at regular intervals is essential to the health of new, expectant and breastfeeding mothers, and their unborn or breastfed children. Individual needs and providing access to these can be established through discussion.

PHYSICAL		
Potential Hazard	Details of risks	Potential Measures to manage the risks effectively
11. Manual handling of loads	<p>Hormonal changes in expectant mothers can affect ligaments, increasing susceptibility to injury.</p> <p>Postural problems may increase as pregnancy develops.</p> <p>Those who have recently given birth will have temporary limitations on their lifting and handling capabilities.</p>	<p>Where possible, manual handling activities for new and expectant mothers should be avoided.</p> <p>Where manual handling cannot be avoided, risk assessment should look at measures such as: -</p> <ul style="list-style-type: none"> <li>• decreasing the weight of loads;</li> <li>• reducing the amount of physical effort required;</li> <li>• ensuring sufficient working space; and</li> <li>• providing assistance, mechanical aids.</li> </ul>
12. Electromagnetic fields and waves	<p>Extreme over-exposure to radio-frequency radiation could cause harm by raising body temperature.</p>	<p>Exposure to electromagnetic fields should not exceed the restrictions on human exposure, set by the National Radiation Protection Board (NRPB).</p>
13. Ionising radiation	<p>Significant amounts of radioactive contamination may be transferred via the placenta to the unborn child. Also, radiation from radioactive substances taken into to the mother's body irradiates the unborn child through the wall of the womb.</p> <p>Radioactive material may pass into the milk of a breastfeeding mother, presenting a radiation hazard to the feeding child. Exposure of the child may also occur through contamination of the mother's skin.</p>	<p>Limits are in place for external radiation dose to the abdomen of women:</p> <ul style="list-style-type: none"> <li>• 13mSv in any three months; and</li> <li>• 10mSv during the declared term of pregnancy.</li> </ul> <p>Procedures must be designed to keep exposure of expectant and breastfeeding mothers as low as reasonably practicable</p> <p>Female students/workers exposed to ionising radiation need to declare their pregnancy and whether breastfeeding as soon as possible</p> <p>As dictated by the hierarchy of controls, staff or students, in consultation with their tutor/manager, may decide avoid work with radioactive substances/radiation producing (such as x-ray) equipment for the duration of their pregnancy.</p>
14. Shocks and vibration	<p>Regular exposure to shocks, low frequency vibration (e.g. riding in off-road vehicles) or excessive</p>	<p>Expectant mothers and those who have recently given birth should avoid work likely to involve uncomfortable whole-body vibration, especially at low</p>

	<p>movement may increase the risk of miscarriage.</p> <p>Long-term exposure to whole-body vibration may increase risk of prematurity or low birth weight.</p>	<p>frequency, or where the abdomen is exposed to shocks or jolts.</p>
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PHYSICAL (continued)		
Potential Hazard	Details of risks	Potential measures to manage the risks effectively
15. Noise	<p>Increased noise levels can cause stress which can cause changes in a pregnant woman's body that can affect their developing baby.</p> <p>It is also generally accepted that sound can travel through the body and reach the womb, meaning very loud noises may be able to damage the baby's hearing. The levels likely to affect the hearing of a foetus are not known but if the nature of their activity means a pregnant woman may be exposed to very high noise exposure that is normally controlled by hearing protection, then the risk should be considered and controlled.</p>	<p>Consideration should be given to a completing a separate noise assessment if this is a potential issue.</p> <p>As well as hearing protection, adjustments to location and/or periods of exposure may need to be considered.</p>
16. Movements and posture (including working with Computers (DSE))	<p>Risks resulting from movements and postures during and after pregnancy will depend on a number of factors, including:</p> <ul style="list-style-type: none"> <li>• nature, duration and frequency of tasks/movements;</li> <li>• pace, intensity and variety of work;</li> <li>• patterns of working time and rest breaks;</li> <li>• ergonomic factors and general working environment; and</li> <li>• suitability and adaptability of any work equipment involved.</li> </ul> <p>Continuous standing may lead to fatigue, dizziness and faintness. It can also contribute to an increased risk of premature childbirth and miscarriage.</p> <p>Constant sitting and pregnancy specific changes pose a relatively high risk of thrombosis and blood clotting. Expectant mothers are more likely to suffer backache, which can be intensified by remaining in the same posture for a long period of time.</p> <p>Workspaces and workstations that do not adjust to take account of increased abdominal size may impair dexterity, agility, co-ordination, speed of movement and balance may be impaired by</p>	<p>Thorough DSE assessment, which may need to be reviewed at various stages.</p> <p>Postural problems can be removed by adjusting workstations and work routines.</p> <p>Opportunity to alternate between standing and sitting made available.</p> <p>To reduce fatigue, longer and more frequent rest break opportunities may be made available</p>

	pregnancy, increasing the risk of accidents. There may also be risks if a mother is returning to study/work after childbirth with medical complications.	
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<b>CHEMICAL</b>		
<b>Potential Hazard</b>	<b>Details of risks</b>	<b>Potential measures to manage the risk effectively</b>
<p>17. Chemicals with particular risks, such as:</p> <p>IR40 limited evidence of a carcinogenic effect.</p> <p>R45 may cause cancer.</p> <p>R46 may cause heritable genetic damage.</p> <p>R49 may cause cancer by inhalation.</p> <p>R61 may cause harm to the unborn child.</p> <p>R63 possible risk of harm to the unborn child.</p> <p>R64 may cause harm to breastfed babies.</p> <p>R69 possible risk of irreversible effects.</p>	<p>The actual risks to health from these substances can only be determined by risk assessments, as required by the Control of Substances Hazardous to Health Regulations (COSHH).</p> <p>Although substances may have the potential to cause ill-health the risk may be low in practice, e.g. if exposure is below the assigned level which may cause harm.</p>	<p>COSHH requires work with hazardous substances to be subject to specific risk assessment. These assessments must consider expectant and new mothers. Exposure must be below any assigned limits, as given within the material safety data sheet supplied with the substance or document 'EH40: Occupational Exposure Limits'.</p> <p>The hierarchy of risk management measures is:</p> <ul style="list-style-type: none"> <li>• elimination of exposure;</li> <li>• control of exposure by technical measures (e.g. local exhaust ventilation); and</li> <li>• provision and use of personal protective equipment and clothing.</li> </ul> <p>Underpinning any risk management measures is the provision of information, instruction and training to new and expectant mothers.</p> <p>Female students/workers working with hazardous substances need to declare their pregnancy and whether breastfeeding as soon as possible.</p>
<p>18. Chemical agents that can be absorbed through the skin</p>	<p>Certain substances can penetrate intact skin and become absorbed into the body causing ill-health effects. The risks will be dependent on the way the substance is</p>	<p>Such substances are marked 'Sk' under 'EH40: Occupational Exposure Limits'.</p>

	being used as well as its hazardous properties.	Work with such substances must be subject to specific risk assessment, as required by COSHH.  The hierarchy of risk management measures for exposure to hazardous substances must be applied.
19. Mercury and mercury derivatives	Exposure to organic mercury compounds during pregnancy can slow the growth of the unborn child, disrupt the nervous system and poison the mother.  Organic mercury can be transferred from the mother's blood into her breast milk if she is highly exposed before and during pregnancy.	The principles of COSHH - assessment of risk, hierarchy of risk management measures etc. – must be applied.

<b>CHEMICAL (continued)</b>		
<b>Potential Hazard</b>	<b>Details of risks</b>	<b>Potential measures to manage the risks effectively</b>
20. Carbon monoxide	Readily crosses the placenta and can result in the unborn child being starved of oxygen. The level and duration of maternal exposure are important factors.	The principles of COSHH - assessment of risk, hierarchy of risk management measures etc. – must be applied.
21. Lead and lead derivatives	Uncontrolled exposure to lead has been associated with abortions, miscarriages, stillbirths and infertility.  Exposure to lead before or after birth, via the mother or during early childhood, can impair the development of the child's nervous system.  Lead can be transferred from the mother's blood into her breast milk if she is highly exposed before and during pregnancy.	Maximum permissible blood levels are set for men, and women of reproductive capacity. The level for women of reproductive capacity is lower to ensure that should they become pregnant they have low blood levels and to protect the foetus from injury in the weeks before the pregnancy is confirmed.  Those who work with lead to such a degree defined by the Control of Lead at Work Regulations are subject to medical surveillance. Once pregnancy is confirmed, women subject to medical surveillance will normally be

		<p>suspended from work that exposes them significantly to lead.</p> <p>Exposure of breastfeeding mothers to lead must be reduced to the lowest practicable levels.</p>
<p>22. Management and handling of antimetabolic/cytotoxic (cell destroying) drugs in health care professions such as pharmacy and nursing</p>	<p>In the long term these drugs cause damage to the genetic information in sperm and eggs.</p>	<p>The principles of COSHH - assessment of risk, hierarchy of risk management measures etc. – must be applied.</p>

<b>BIOLOGICAL</b>		
<b>Potential Hazard</b>	<b>Details of risk</b>	<b>Potential measures to manage the risks effectively</b>
<p>23. Any biological agent of which presents hazards to new and expectant mothers</p>	<p>Many biological agents can affect the unborn child if the mother is infected during pregnancy. These may be transmitted through the placenta whilst the child is in the womb, or during or after birth (e.g. through breastfeeding or close physical contact between mother and child). Examples of agents include hepatitis B, HIV, chickenpox and TB.</p> <p>Rubella and toxoplasma can harm the unborn child, as can cytomegalovirus and chlamydia in sheep. There are other biological agents known to cause abortion, or physical or neurological damage.</p> <p>For most students/workers the risk of infection is not greater than that from living in the community. But in certain occupations (e.g. laboratory workers, health care, working or dealing with animals) exposure to infections is more likely.</p>	<p>The principles of COSHH apply. Risk assessment will take account of the nature of the biological agent, how infection is spread, how likely contact is and what control measures are, or need to be, in place.</p> <p>These control measures will include physical containment, hygiene measures and the use of available vaccination if exposure justifies this.</p> <p>If there is a known exposure to a highly infectious agent then it will be appropriate for the expectant mother to avoid exposure altogether.</p>

### APPENDIX 3: ASPECTS OF PREGNANCY THAT MAY AFFECT STUDIES/WORK

Aspects of pregnancy	Factors	Aspects of pregnancy	Factors
Sickness, headaches	Exposure to nauseating smells	Frequent visits to the toilet	Difficulty in leaving work-station, remote locations
Backache	Standing, manual handling, posture	Changes in body shape and comfort	Protective clothing, confined spaces, manual handling
Varicose veins	Standing, sitting	Tiredness	Overtime, evening work.
Haemorrhoids	Hot environmental conditions	Balance	Slippery surfaces, work at height.

## Appendix 4: Model Study Support and Continuation Plan / Form

This form aims to guide discussions with students during pregnancy and maternity. It should be completed and agreed with the student. It is not intended that the form should be completed at a first meeting as initially a student will be unable – and should not be expected – to respond to all the issues raised. This form can be used by a PAT and/or by a member of the SET in conjunction with the pregnant student/new parent.

The form should be reviewed at key stages (e.g., 16 weeks pregnant, 24 weeks pregnant, and prior to return to study); or at key points of the academic year (e.g., prior to examinations and field trips). If the student's circumstances change, the plan will also need to be reviewed.

<b>Contact details</b>	
<b>1</b>	<b>Student's details</b>
	Name
	Address
	Telephone
	Email address
	Student number
<b>2</b>	<b>Emergency contact's details – these will be used to notify the contact in the event of a health related emergency</b>
	Relationship to student
	Telephone
<b>3</b>	<b>Course details</b>
	Course title
	Department
	Departmental contact
	Year of course
<b>4</b>	<b>Details of the student's first point of contact within the HEI</b>
	Name
	Title
	Location
	Telephone
	Email
<b>Key dates (to be reviewed and added to over the course of pregnancy and maternity)</b>	
<b>5</b>	What is the student's due date?
<b>6</b>	How many weeks pregnant was the student when they notified HEI of pregnancy?

<b>Communication with the student</b>									
<b>7</b>	What is the student's preferred method of communication: = during pregnancy? = during maternity-related absence? = on return to study?								
<b>Informing other staff and students</b>									
<b>8</b>	Who will need to be informed about the student's pregnancy and when would the student like them to be informed?  <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%; text-align: left; padding: 5px;">Name and title</th> <th style="width: 60%; text-align: left; padding: 5px;">Date</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </tbody> </table>	Name and title	Date						
Name and title	Date								
<b>Health and safety assessment (attach copy to this form)</b>									
<b>9</b>	Has an assessment been conducted that covers (where relevant): = the student's course? = course placements or study abroad? = examinations or other assessments? = field trips? = return from maternity-related absence? = breastfeeding? = Childcare arrangements for when the parent is in seminars and lectures?								
<b>10</b>	Where changes are required to alleviate or minimise risks, who is responsible for ensuring they are implemented?								
<b>Taking rest breaks</b>									
<b>11</b>	Has the student been encouraged to take rest breaks, using seating areas/social spaces on campus to rest.								
<b>Pregnancy-related absence</b>									
<b>12</b>	Will the dates or times of antenatal appointments affect the student's study?								
<b>13</b>	Have you discussed any pregnancy-related illness that has affected the student's ability to undertake their course?								

<b>14</b>	If yes to either of the above questions, what arrangements have been made to enable the student to catch up?	
<b>Assessments</b>		
<b>15</b>	Is the student unable to complete any assessments due to their pregnancy or maternity?	
<b>16</b>	If so, provide details:	
<b>17</b>	What alternative arrangements have been made for any outstanding or incomplete assessments?	
<b>Maternity-related absence (students should provide information in writing at least 15 weeks before their due date)</b>		
<b>18</b>	How much maternity-related absence does the student intend to take?	
<b>19</b>	When does the student intend to start maternity-related absence?	
<b>20</b>	When does the student intend to return from maternity-related absence?	
<b>21</b>	Will the dates of maternity-related absence affect the student's ability to complete any course module requirements?	
<b>22</b>	If so, what arrangements have been made to enable the student to complete the module?	
<b>23</b>	What information will the student require during maternity-related absence to keep up to date on course developments?	
<b>24</b>	Who will be responsible for providing the information to the student?	
<b>Financial support</b>		
<b>25</b>	Has the student been informed about sources of financial support or been referred to an external organisation that can do so?	
<b>26</b>	Is the (UK) student aware of how any benefits they receive will affect their student support entitlements, and vice versa?	
<b>27</b>	Specify any follow-up required:	
<b>Baby feeding</b>		

<b>28</b>	Does the student intend to feed their baby on university facilities on their return to study?	
<b>29</b>	Does the student intend to breastfeed? If so, see health and safety section above.	
<b>30</b>	Has the student been informed about the facilities available?	
<b>Childcare</b>		
<b>31</b>	Has the student been informed about childcare facilities in the local community? <a href="https://www.kirklees.gov.uk/beta/children-and-families.aspx#childcare">https://www.kirklees.gov.uk/beta/children-and-families.aspx#childcare</a>	
<b>32</b>	Is the (UK) student aware that their mode of study will affect their childcare funding entitlements?	
<b>International students/those on placement abroad</b>		
<b>33</b>	Have international students or students on placement abroad been informed about:	
	= possible airline restrictions?	
	= the need to check visa implications of returning home or extending their stay due to pregnancy and maternity?	
<b>Students on placement</b>		
<b>34</b>	Has the placement provider been notified of the student's pregnancy?	
<b>35</b>	Has the placement provider conducted a health and safety assessment?	
<b>36</b>	Is the placement provider aware of the HEI's policy on supporting students during pregnancy and maternity?	
<b>37</b>	Will the student be able to complete their placement?	
<b>38</b>	If not, what alternative arrangements will be made?	
<b>39</b>	Who is responsible for liaising with the placement provider?	
<b>Extenuating circumstances</b>		

<b>40</b>	Have students been informed about the HEI's exceptional circumstances policy if their pregnancy or maternity affects examinations and assessments?	
<b>Accommodation</b>		
<b>41</b>	Does the student intend to move to alternative accommodation?	
<b>42</b>	Has the student received advice on alternative accommodation and terminating existing accommodation contracts?	
<b>Return to study</b>		
<b>45</b>	What support will be provided to the student on their return to study? (e.g., meetings with key staff, put in contact with other student parents, etc.)	
<b>Further information</b>		
<b>46</b>	Any other information or comments	
<b>Signatures</b>		
Plan to be reviewed on		
<b>Agreed by staff member</b>		
Name		
Title		
Signature		
Date		
<b>Agreed by student</b>		
Name		
Signature		
Date		

Form adapted from Equality Challenge Unit guidance, *Student pregnancy and maternity: implications for higher education*, retrieved from [Pregnant students, prospective and current parents | Advance HE \(advance-he.ac.uk\)](https://www.advance-he.ac.uk/pregnant-students-prospective-and-current-parents)

<b>POLICY SIGN-OFF AND OWNERSHIP DETAILS</b>	
<b>Document name:</b>	Support for Pregnant Students and New Parents Policy
<b>Version Number:</b>	1.4
<b>Equality Impact Assessment:</b>	05.05.2026
<b>Privacy Impact Assessment:</b>	[Completion date or confirmation that PIA not applicable]
<b>Approved by</b>	UTLC
<b>Date Approved:</b>	April 2026
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<b>Consulted with (Departments / Area of Service / Job Title):</b>	Office for Health and Safety Student Engagement Team
<b>Author:</b>	Emma Carpenter, Student Wellbeing Manager
<b>Owner (if different from above):</b>	
<b>Document Location:</b>	This should be the link to the policy on the main policies and procedures home page
<b>Compliance Measures:</b>	Compliance checks as part of annual review in line with legislative changes
<b>Related Policies/Procedures:</b>	Student Handbook of Regulations Exceptional Circumstances Equal Opportunities and Diversity Policy

<b>REVISION HISTORY</b>			
<b>Version</b>	<b>Date</b>	<b>Revision description/Summary of changes</b>	<b>Author</b>
V1.5	April 2026	Updates to student support services following reorganisation Updates to information on facilities for breastfeeding Updates to risk assessment template Updates to support organisations, statistics and data	Emma Carpenter
V1.4	December 2022	Update to gender pronouns throughout the document Updated information on miscarriages and stillbirths Updated links to support	Emma Carpenter
V1.3	September 2019	Designation and Coding of Maternity Leave / Interruption of Studies PGR Support Detailing SFE funding support Inclusion of model support plan	Matt Mills

V1.2	February 2018	Scheduled review: Typographical, phrasing, and presentational changes, addition of risk assessment form, and guidance on miscarriages and still births	Emma Carpenter
V1.1	January 2016		Student Services
V1.0	April 2010	First draft of new policy	Student Services