|  |  |  |
| --- | --- | --- |
| Version number: | 4.0 |  |
| Policy owner: | Student Health Service |
| Effective date: | 31/03/2022 |
| Review date: | 31/07/2025 |

POLICY ON SUPPORT FOR PREGNANT STUDENTS
and students with very young children

Contents

[Flowchart 1](#_Toc98327526)

[1. Introduction 2](#_Toc98327527)

[2. Key guiding principles 2](#_Toc98327528)

[3. Summary of key responsibilities 3](#_Toc98327529)

[4. Does a student need to notify their Academic Department of their pregnancy? 5](#_Toc98327530)

[5. What support is available to assist a student in deciding whether or not to continue with a pregnancy? 6](#_Toc98327531)

[6. What support is available in the event of a miscarriage or stillbirth? 7](#_Toc98327532)

[7. What process should be followed for a student and their Academic Department to discuss the impact that the student’s pregnancy or childcare responsibilities may have on their studies? 8](#_Toc98327533)

[8. How should an Academic Department determine an appropriate degree of flexibility? 13](#_Toc98327534)

[9. What advice is available on study abroad and work placements? 14](#_Toc98327535)

[10. What support is available to staff members to help them advise, or take a flexible approach to, a pregnant student? 14](#_Toc98327536)

[11. What support is available for a student whose partner is pregnant? 15](#_Toc98327537)

[12. What support and facilities are available for a student who has recently become a parent? 15](#_Toc98327538)

[13. What advice is available for international students on a student route visa? 17](#_Toc98327539)

[Appendix 1: Useful contacts 18](#_Toc98327540)

[Appendix 2: University of Chichester Student Pregnancy Risk Assessment 21](#_Toc98327541)

[Appendix 3: Health Risk Guidance Notes and Table 26](#_Toc98327542)

[Appendix 4: Risks to be considered by Academic Department 40](#_Toc98327543)

# Flowchart

This flowchart summarises the steps that could most usefully be taken when a student or applicant discloses a pregnancy - Section 7 of this document contains more information about each stage.

# Introduction

The University values the diversity of its student population and is strongly committed to creating and sustaining a first-rate and positive learning experience for all. Demographic changes mean that more students are likely to become pregnant or have a child during their studies and, in addition, the Equality Act 2010 has significantly strengthened the legal protections for students during periods of pregnancy and maternity. Both students and applicants are now protected in relation to:

* + Admissions
	+ The provision of education
	+ Access to any benefit, facility or service

This document provides both students and staff - particularly personal tutors, academic advisers, Student Support and Wellbeing staff and all other staff who have a role in advising or supporting students - with information about the University’s approach to supporting a student, or prospective student, who is pregnant, has decided to terminate a pregnancy, has experienced pregnancy loss or is a primary adopter. It also provides some information relating to supporting a student who has recently become a parent (including through adoption) or is the partner of someone who has a very young[[1]](#footnote-1) child.

# Key guiding principles

The University of Chichester believes that being or becoming pregnant, experiencing pregnancy loss, terminating a pregnancy or having a very young child (including through adoption) should not, in itself, be a barrier to a student starting, succeeding in, or completing a programme of study at the University. The University is committed to being as flexible as possible, whilst, at the same time, making sure that any accommodations made for the student do not compromise academic standards. The special arrangements which can and should be made for a student in these circumstances will vary from Academic Department to Academic Department and from programme to programme. However, the general approach to be taken in these circumstances is consistent across the University - as is the legal framework in which the University operates.

This policy is based on a set of important guiding principles, namely:

* **Avoiding less favourable treatment.** The University and its staff shall make sure they avoid treating a student less favourably than other students on the grounds that they are pregnant[[2]](#footnote-2) or have terminated a pregnancy or experienced pregnancy loss. Whilst particular arrangements may need to be made for an individual student (for example, a student should not return to University for two weeks after giving birth) for health 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 and maintaining a high-quality and safe student experience for a pregnant student, a student who is the parent of a very young child or a student whose partner is in either of these positions.
* **Demonstrating a non-judgmental and sensitive approach.** When supporting and working with a student on these matters, staff must take an open-minded and non- judgmental approach.
* **Confidentiality and sharing information on a need-to-know basis.** The University acknowledges the importance of maintaining confidentiality with students over sensitive information such as pregnancy; however, the health and wellbeing of pregnant students is also of paramount importance. Information will only be shared between departments on a need-to-know basis (for example between Student Support and Wellbeing and the Accommodation Team or in order to set up appropriate adjustments for the student as agreed in the risk assessment). This will usually be with the student’s prior consent unless there are serious and valid concerns for the health and wellbeing of the pregnant student and/or their unborn child.
* **Enabling informed choices**. Members of staff will not attempt to direct or unduly influence a student’s decisions. 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.

# Summary of key responsibilities

## 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.
* All students covered by this Policy will be dealt with in a sensitive manner. Unless there are serious and valid concerns for the health and wellbeing of the pregnant student, only members of staff who need to know will be informed of their circumstances, and this will be only with the student’s prior consent.
* Relevant staff are made aware of the terms of this policy and their responsibilities arising under it.
* Support and guidance are 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.
* The Inclusivity Officer and the Nurse Health Advisers on campus are available to discuss with staff the best way to support the continuing study of a pregnant student to ensure they are able to 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.
* The health and wellbeing of pregnant students will be considered of paramount importance at all times.

## All departments 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 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 (see Section 4).
* 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, the student is advised that a risk assessment can be undertaken by the Nurse Health Advisers and tutors, 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 (See Section 4).
* If the student wishes to remain in University Accommodation it is important that a senior member of the Accommodation Department is notified; a risk assessment with respect to this accommodation MUST be completed to ensure the student’s safety and to protect staff and other students living with them.
* Wherever practicable, reasonable adjustments are made to ensure that a pregnant student, or student with a very young child, is able to complete their programme of study.
* The student is given information on other sources of advice/support (particularly immigration advice for international students, available from the International Student Advisory Service) (see Section 13).

## 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, in particular, 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, particularly when completing the risk assessment, that a student has no objections to their pregnancy being discussed with others when information needs to be passed on to other staff members to arrange any agreed adjustments to the programme of study, fees, or their University Accommodation where relevant.
* Ensuring accurate information is given to prospective students regarding the availability of support for students who are pregnant or have very young children.
* Seeking advice from colleagues and/or Student Support and Wellbeing services within the University if they are unsure of how best to support the continued study of a pregnant student (see Section 10).

## Students (and applicants):

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

* Disclosing their pregnancy to a trusted member of staff within their Academic Department, if they wish to, at an early stage of their pregnancy and informing the Nurse Health Advisers, with a view to discussing any necessary support arrangements, risk assessment or adjustments - particularly where elements of their programme of study might present a health and safety hazard to the student or unborn child (see Section 4).
* In the case of applicants, it is advisable to inform their Admissions Tutor and appropriate Student Support and Wellbeing staff, at an early stage, so that consideration can be given to appropriate support being available from the commencement of their programme of study.
* Ensuring the safe supervision of any child they may bring onto campus.

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

* Read the policy 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 GP (or surgery with which they are registered whilst a student) or the Nurse Health Advisers on campus.

If required students may also seek advice and help from staff in one or more of the following services (see Appendix 1: Useful contacts for contact details):

̵ Student Support and Wellbeing

̵ Health and Safety Service

̵ Accommodation Services

̵ the Chaplaincy

̵ Students’ Union.

# Does a student need to notify their Academic Department of their pregnancy?

**Please note that the University advises the student to inform their Academic Department at an early stage of a pregnancy where there is a potential risk to the health and safety of the student and/or their child (see below). The Department should then carry out a risk assessment, with the Nurse Health Advisers where appropriate, as soon as possible to minimise any potential risk.**

Students are not under any obligation to inform their Academic Department if they become pregnant, have a child, experience pregnancy loss, or decide to terminate a pregnancy whilst they are a student here. However, it is important to note that an Academic Department will not be able to take a flexible approach to their programme of study, or provide specific support to the student, unless they know about the situation.

Whilst making a decision on whether or not to inform their Academic Department, 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[[3]](#footnote-3). A student’s Academic Department will not be able to arrange appropriate risk assessments unless it is aware of their pregnancy.
* If a student’s pregnancy-related absence (for example, for antenatal appointments) impacts significantly on their studies, the Academic Department will only be able to take proper account of the reasons for absence if they are notified of these[[4]](#footnote-4).
* In some cases, a student’s pregnancy-related absence from University might be something that needs to be discussed with other organisations. For example, if a postgraduate research student is in receipt of a University or Departmental Scholarship or funding from a Research Council or other external body, they should refer to the terms and conditions relating to their award. The student will generally be required to notify their supervisor and in some cases relevant documentation may be necessary (eg reasonable adjustment or intermission). This could make it more important for the student to notify the Academic Department of the situation.
* Sometimes, the absence of a student from University can adversely affect the work of other students they are working alongside (for example, on a group project or in a research team), which might make it more important to notify the Academic Department, so that plans can be made to deal with any such issues arising from the absence.

Various sources of advice and support are available to students, whether or not they decide to notify their Academic Department of their circumstances (see Appendix 1: for more information).

***Note for International Students:*** If an international student requires a Student visa (student route) to remain in the UK during their period of study, UK Visas and Immigration (UKVI) regulations must be taken into consideration. An international student wishing to suspend their studies for more than two months will need to leave the UK. Both the Academic Department and the student should seek advice from the International Student Advisory Service (ISAS) as early as possible during the pregnancy. This will enable colleagues to ensure that any arrangements agreed with the student comply with UKVI requirements. Early discussions are also important because a late or unexpected decision to fly home could be affected by health considerations. ISAS can be contacted on email: international@chi.ac.uk or Tel: 01243 812146.

# What support is available to assist a student in deciding whether or not to continue with a pregnancy?

Whilst only the pregnant student can make the decision as to whether or not 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:

* Nurse Health Advisors - 01243 816111/07739 983703 - studenthealth@chi.ac.uk
* Student Wellbeing Services - Wellbeing@chi.ac.uk
* the Wellbeing Service - Wellbeing@chi.ac.uk
* the University Chaplain Rev. Alison Green - 01243 816041 - Alison.Green@chi.ac.uk
* the Students’ Union - studentsunion@chi.ac.uk

See Appendix 1: for links to these and other services.

Students also have access to external organisations for information, advice or support. These include:

* the student’s own GP
* the doctor’s surgery with whom the student is registered whilst at Chichester University
* Sexual Health Clinic at Bognor Regis War Memorial Hospital (01243 831607)
* Chichester Sexual Health Clinic, St. Richards Hospital, Chichester (01903 285199)
* MSI Reproductive Choices (0345 300 8090) www.msichoices.org.uk
* the Family Planning Association (0845 122 8690, [www.fpa.org.uk](http://www.fpa.org.uk/))
* The Pregnancy Options Centre Chichester (01243 784177 / 07843 543792), <https://optionschichester.org.uk/>

At this stage, a student may also wish to consider the impact that having a child may have on their studies. Section 7 describes the procedure for a student to discuss with their Department how their programme of study might be adjusted to take account of their pregnancy and/or childcare responsibilities.

# What support is available in the event of a miscarriage or stillbirth?

In the event of a miscarriage or stillbirth, a student may wish to access support from:

* The Wellbeing Service - Wellbeing@chi.ac.uk
* The University Chaplain Rev. Alison Green - 01243 816041 - Alison.Green@chi.ac.uk
* SANDS - the stillbirth and neonatal deaths society: <https://www.sands.org.uk/>
* The Pregnancy Options Centre Chichester: 01243 784177 / 07843 543 792, <https://optionschichester.org.uk/>

# What process should be followed for a student and their Academic Department to discuss the impact that the student’s pregnancy or childcare responsibilities may have on their studies?

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. ***This section should be read in conjunction with the flowchart presented at the beginning of this document.***

**Step 1**

* Student consults their GP, other NHS appropriate services and/or the Nurse Health Advisers and considers disclosing their pregnancy to their Academic Department, particularly where elements of the programme of study present risk to the health and safety of the student or child

The student is strongly advised to consult their GP to discuss medical issues relating to the pregnancy and also to discuss any concerns they have with the Nurse Health Advisers on campus, prior to approaching their Academic Department. *It is particularly important to take advice at an early stage if there is any possible health and safety risk.[[5]](#footnote-5)*

Since the focus of this 7-step process is on considering the implications of pregnancy on the student’s programme of study and academic work, students are also reminded that they can, at any stage, contact other sources of non-academic advice and support (including the Wellbeing Service, the Nurse Health Advisors, the Chaplain, Health and Safety Services, Students’ Union, etc. - see Appendix 1: for contact details).

**Step 2**

* Student meets with their personal/academic tutor, the Nurse Heath Adviser, or other trusted member of staff, to discuss the implications of their pregnancy for their course of study. Options include: continue with current course; change course or modules; change to part time study; intermit; withdraw

The student has the right to request a meeting with their personal tutor/academic adviser or other trusted staff member. If so requested, the Academic Department will identify another member of pastoral support staff to discuss the implications for the continuation of study.

The student and the relevant staff member must meet to discuss and agree a plan for the continuation of study. Whenever possible, the member of staff should contact the student within 5 working days of the request being received from the student and meet as soon as possible thereafter.

At the meeting, it is essential that careful consideration is given to the variety of ways in which the student can be enabled to continue their studies during pregnancy or after the birth. For example, these might include:

* Continuing with the current course and modules; this may require the agreement of adjustments/additional requirements with the Academic Department.
* Where advisable and practicable, changing course or particular modules of the course eg where these might result/include specific health risks to the student and/or baby or where it would not be feasible for the student to complete them.
* Due to the nature of some intensive shorter courses (e.g. PGCE) flexibility relating to time off, is very limited. Students on these courses need to discuss implications as soon as possible with Academic staff.
* Consideration of a transfer to part-time study (information on the financial support available to part-time students is available from the Student Money Advice Service (studentmoney@chi.ac.uk) and from the Finance Department).

#### Please note that international students in the UK with a Student Visa (Student Route) are not permitted to change to part-time study.

* The student intermitting from their studies which would involve the student completing an Intermission Form or, for research students, speaking to their Supervisor(s) to discuss intermission/extension of study, normally for a pre-determined amount of time. The period of intermission may be extended if the time required to complete the programme of study will still fall within the maximum time limit allowed for the programme by the University (and/or, where applicable, professional bodies).

The student has the right to withdraw from the course if they so choose

As well as covering the student’s longer-term plans relating to their studies, the continuation of study plan should also:

* Accommodate the student’s antenatal care.
* Include a break from attending University of at least two weeks after giving birth for health reasons.
* Include provision for re-integrating the student to the programme of study on return from any intermission/prolonged absence.
* Consider any accommodation needs, particularly as the pregnancy reaches the later stages.

The staff member overseeing the support arrangements should refer to the guidance below in step 3 when considering what flexibility might be appropriate in any given situation.

**Postgraduate Research Degree Students**

If a research degree student becomes pregnant, the appropriate individual to contact will normally be their supervisor(s) within the Academic Department. The postgraduate supervisor(s) will work with the student to consider the impact of the pregnancy and any resulting suspension/intermission of study. This will include a risk assessment as described in step 3 below.

The Postgraduate Supervisor may request permission from the Research Degrees Group, on behalf of the student, for a period of intermission for reasons of maternity leave.

The student is responsible for checking the implications of a suspension of study with their scholarship awarding body or provider at an early stage. For students funded by a Research Council, or on a University Research Scholarship, advice is available from the Research Office (Email: pgrsupport@chi.a.uk, tel: 01243 812137).

Step 3

The staff member overseeing the support arrangements for the student should ensure that appropriate steps are taken in relation to health and safety issues - both in relation to the student’s academic studies and in relation to University Accommodation (if relevant). In most cases, this will involve a risk assessment for the individual student. Advice can be sought from the Nurse Health Advisors and/or the University Health and Safety department.

For some students - for example, those participating in field trips, studying a laboratory- based subject, working with equipment which poses a danger to the health of a pregnant woman or unborn child (e.g. equipment producing radiation) or taking a programme of study which involves high levels of physical activity - it will be even more important that the health and safety implications of pregnancy are given serious consideration. In these situations, staff should seek advice as soon as possible from the Nurse Health Advisors and/or Health and Safety and a full risk assessment should be completed - see Appendix 2 for guidelines and a risk assessment form. If the student is in University Accommodation a senior member of the Accommodation Team should be notified as a risk assessment must be completed to ensure their safety and to protect staff and other students living with them.

For students in the Institute of Sport it may be more appropriate to follow the Institute’s own guidelines and risk assessments following the governing bodies of the various sports.

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 intermit from study to avoid them - although a concerted effort should be made by the Academic Department to manage the health and safety risks and find alternative ways of allowing a student to continue their course in any situation where an intermission is not in line with their wishes.

A student who is considering intermitting from studies or changing the mode of study from full time to part-time should explore this at an early stage with their Department, the Finance

Department (salesledger@chi.ac.uk) and the Student Money Advice Service (studentmoney@chi.ac.uk) to identify any potential impact that the flexibility proposed may have in terms of payment of tuition fees.

In the event that a student needs to intermit their studies the standard regulations for suspension of tuition fees will apply (no tuition fees are due for the period of intermission).

Please note that, if the student is in receipt of a bursary or scholarship, they must also discuss the implications of any absence with the funding body.

Step 5

In certain circumstances, the student may require reasonable adjustments over the duration of their pregnancy in order to support the student’s continuation of study. The student and appropriate staff members (from the Academic Department and student health] should meet to discuss and agree any specific reasonable adjustments to allow the student to continue their studies. A copy should be held by the student and the Department.

Reasonable adjustments could include:

* Agreeing periods of absence and planning 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 if the pregnancy or birth prevents compliance.
* Discussion about the potential for flexibility in relation to the way in which credits are scheduled/distributed.
* Seeking approval, as appropriate, from the Head of Academic Department for alternative means of assessment for the student (for example, a written assessment instead of a physical performance) if the pregnancy or birth prevents the normal methods of assessment.
* Allowing the student first attempt re-sits at future examination periods, for example in a situation in which the pregnancy or birth prevents the student from taking an examination at the normal time for their programme of study.

Where a student is dissatisfied with the degree of flexibility offered, they may ask their Academic Department for information about the local complaints procedures or make a formal complaint, if appropriate - in line with the student Complaints Procedure which is described in Section 3 of the Academic Regulations. This can be downloaded from the [Academic Quality and Standards](https://www.chi.ac.uk/about-us/policies-and-statements/academic-quality-and-standards/) page of The University of Chichester website.

The staff member overseeing the support arrangements should communicate the adjustments to the personal tutor/academic adviser/research supervisor and other relevant teaching staff and/or examination boards, as appropriate. Information should be passed on sensitively. The student can request a letter of evidence for Mitigating Circumstances from the supporting Nurse Health Adviser on campus.

Students may seek advice or assistance from the Students’ Union (UCSU) or from the Student Wellbeing and Disability and Dyslexia Service Manager (

Step 6

The student and an appropriate member of staff (eg personal tutor, academic adviser, supervisor, Nurse Health Adviser or other chosen/designated staff member) should monitor the situation on an on-going basis, particularly to assess the effectiveness of any special adjustments or other arrangements that have been agreed to facilitate the student’s continued study.

The student can request further meetings with their Academic Department, particularly if they are experiencing any difficulties with academic work as a result of these arrangements.

Step 7

In exceptional circumstances, for example unexpected medical issues, it may be necessary to revisit the options available to the student and, where exams and/or deadlines have been impacted, to consider mitigating circumstances.

# How should an Academic Department determine an appropriate degree of flexibility?

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 particular 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 particular programme of study, restrictions imposed by professional bodies and any related health and safety matters.

Staff members are advised to consider the following when considering what might be appropriate in a given case:

* A student’s own views on their options are very important and it is vital that staff consult them openly on the way forward, rather than seeking to implement a predetermined set of adjustments.
* At the same time, it is important to note that Academic Departments do not have to agree to any or all requests made by the student. There may be some situations in which it is impossible or unreasonable for a Department to agree to a particular request.
* To ensure best practice and avoid any inadvertent discrimination, an Academic Department should not normally decline a request from a pregnant student for particular special arrangements solely on grounds that they are too costly to implement (although this may be one factor considered when deciding on the overall reasonableness of meeting the request).
* If an Academic Department decides to decline a request for reasonable adjustments from a pregnant student, it is considered good practice for the Department to document its reasons for refusing the request and discuss with the student why this particular request is not considered “reasonable” in the particular circumstances.
* In cases where deferring their studies would lead to a student taking longer to complete a degree programme than would normally be permissible, the Academic Department may decline a request for further time out from studies in order to ensure that the information gained in previous parts of the programme remains current enough to count towards the qualification in question. However, in these circumstances the Academic Department should still strive to demonstrate a flexible approach, where practicable, in relation to this deadline for programme completion, whilst ensuring that the student does not exceed the overall time limit allowed for their programme of study by the University or a relevant professional body.
* In some cases, it might be appropriate for an Academic Department to show flexibility in relation to which modules count towards a particular qualification to accommodate a pregnant student, providing academic standards are upheld. In such circumstances normal procedures would need to be followed in terms of gaining approval for such changes e.g. via the Academic Department or the Academic Quality and Standards Service. In some situations, however, such flexibility could lead to a student missing a piece of work or module which is required for professional or vocational accreditation. Care should, therefore, be taken to check that any missed work will not adversely affect the accreditation of the student or, at the very least, the student should be made aware of the potential impact in terms of future employability

**Staff members are also welcome to seek bespoke advice on what might constitute appropriate flexibility in a particular case from the Inclusivity Officer (see Section 10 below).**

Occasionally, a situation may arise in which an Academic Department is already making allowances for an individual student for reasons not related to pregnancy (for example, for reasons linked to disability or religion). This does not mean that it is unreasonable for the student to benefit from separate/additional flexibility relating to their pregnancy. It is important that, in these situations, the Academic Department strives to separate out these different concerns and clarify with the student what flexibility relates to which reasons[[6]](#footnote-6). This approach will help to ensure that the flexibility remains in place only for as long as it is required and also that they are complying with the Equality Act 2010.

# What advice is available on study abroad and work placements?

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 intermit or transfer to a different programme of study.

If a student becomes pregnant before, or during a work placement, advice should be sought from their Academic Department Work Placement Support Tutor. In exceptional circumstances a Reasonable Adjustments on Work Experience (RAWE) form may need to be completed by the Nurse Health Advisers and/or Academic Department on campus.

# What support is available to staff members to help them advise, or take a flexible approach to, a pregnant student?

**Support from the Inclusivity Service**

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 the Inclusivity and Wellbeing Officer in the Human Resources Department to act as an initial sounding board.

Since this meeting is intended to assist the member of staff in thinking through options, and because the Inclusivity Officer does not normally provide advice to individual students, the student would not normally be present at the meeting. (The student, of course, is welcome to make use of the Students’ Union at any stage as an alternative.)

The Inclusivity and Wellbeing Officer may be contacted by e-mail on inclusivity@chi.ac.uk or by telephoning 01243 816118.

Members of staff may also wish to consult their own manager/supervisor or the Nurse Health Advisers as alternative sources of advice on these matters (bearing in mind the need to respect confidentiality if so requested by the student).

**Support relating to health and safety issues**

Advice on health and safety issues relating to pregnant students may be sought from the University Health and Safety Officers. Appendices 2 to 4 of this policy provide a template for a risk assessment and guidelines on potential risks.

# What support is available for a student whose partner is pregnant?

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/child around the time of the birth or adoption.

In the case of research students, some funding bodies may allow a period of time for paternity leave. Students should refer to the terms and conditions relating to their award.

Where circumstances are more complex, a student whose partner is pregnant or about to adopt may still wish to discuss their situation with their Academic Department (normally their personal tutor/academic adviser/research supervisor) - especially if they feel that this may significantly affect their studies. In these circumstances, staff members are encouraged to demonstrate a similar degree of flexibility to that described in Section 7 step 2 above.

In some circumstances a student may wish to seek support from the Wellbeing Service: Wellbeing@chi.ac.uk.

If a student requires legal advice concerning parental status etc. the Students’ Union can direct the student to appropriate sources of such advice: [www.ucsu.org/advice/](http://www.ucsu.org/advice/)

Advice will also be available from the Arun and Chichester Citizen’s Advice Bureau (which covers both Chichester and Bognor Regis): [www.arunchichestercab.org.uk](http://www.arunchichestercab.org.uk/)

# What support and facilities are available for a student who has recently become a parent?

Whilst the procedure proposed in section 7 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, including through adoption. As above, what constitutes a reasonable degree of flexibility to take account of a student’s caring/parental responsibilities will vary from Department to Department and from programme to programme[[7]](#footnote-7).

There are also sources of practical support available, administered by either the University or the Students’ Union, to assist parents with the costs associated with studying at this University. (Links to more information about these funds are provided in section 13 below.)

The University may be able to assist/signpost students with post-natal physical or mental concerns.

**Bringing children onto campus**

Students may be accompanied by children in ***general public areas*** (such as the restaurant) or in one-to-one tutorials if the tutor permits. Children brought onto the campus are the responsibility of the adult who brings them and must be supervised at all times. From a Health and Safety perspective, the University environment is not in general designed for, nor does it take specific account of, the needs of young children and toddlers; therefore, close and continuous supervision by the parent / carer will be required at all times.

Under no circumstances should children be brought into areas where there is the possibility of a risk to health and safety (notable examples would include laboratories and workshops) unless specific authorised approval has been given by an authorised member of the relevant Department.

Parents are allowed to bring their children into ***the University Learning and Resource Centre (LRC)*** for a short time providing that they are supervised at all times. The LRC cannot be held responsible for what might happen to an unattended child in the LRC building.

There are silent study areas that are unsuitable for children to use. If a child causes disruption to other LRC users, the parent and child may be asked to leave. The LRC may house materials on open access shelves or have available on PCs material that some parents would find unsuitable for their children to see.

Students ***should not*** normally bring their child with them into any ***public teaching and research areas*** - such as lecture theatres, seminar or teaching rooms, laboratories or shared work spaces - and so they will need to make arrangements for the care of their child whilst they are in these locations.

**Breastfeeding/Chestfeeding facilities on campus**

Whilst there are no restrictions on feeding (bottle feeding or breast/chest feeding) in general public areas at the University (taking note of the restriction above), there are facilities available for baby feeding purposes or for the preparation of food or expression of milk in the student health centre on both campuses (the treatment room next to the Nurse Health Advisers’ office in the New Hall Health and Support centre at BOC, and the LRC Health Centre at BRC). If requested, rest facilities (including a day bed) are provided in the health centres at both campuses, which is near to toilets with baby changing facility.

**Emergency short term child care**

The University does not have any facilities for childcare on campus. Alternative arrangements need to be made by the student.

**Accommodation**

The University has no family accommodation. For information about accommodation for families, students should contact the Accommodation Office, who can provide support and advice to students about finding non-University owned family accommodation.

It is recommended that pregnant students living in University accommodation vacate their room in halls at least 4 weeks prior to their due date. This is to ensure they are settled in their new accommodation before the birth.

It is important that a risk assessment is completed for pregnant students who are in University Accommodation. This will consider issues such as access difficulties in the later stages of pregnancy, and the need for support in an emergency situation such as early labour or miscarriage.

# What advice is available for international students on a student route visa?

International students should seek advice from the International Student Advisory Service on the implications for their student route visa:

* Email: international@chi.ac.uk
* Phone: 01243 812146 /text/call/WhatsApp/WeChat: 07739983729
* Check the [International Student Advisory Service Moodle page](https://moodle.chi.ac.uk/course/view.php?id=86214) for availability and full range of contact details.

# Appendix 1: Useful contacts

University services

The Support and Information Zone (SIZ) is your first point of contact for many University services and is available for extended hours, weekdays and weekends, to support and advise you. It is located in both Learning Resource Centres (LRC), and also accessible via telephone, email and self-service:

* Telephone: 01243 816222
* Email: help@chi.ac.uk
* The University online help page: <https://help.chi.ac.uk/>
* In person: SIZ counter, Learning Resource Centres
* Social Media: [www.facebook.com/SIZchiuni](http://www.facebook.com/SIZchiuni) and [www.twitter.com/SIZ\_chiuni](http://www.twitter.com/SIZ_chiuni)

The Wellbeing Service, the Nurse Health Advisers and the Chaplain will also be able to advise and support:

* Wellbeing services (including details of drop-ins and bookable triage appointments) can be found on their webpage <https://wellbeing.chi.ac.uk/>, email Wellbeing@chi.ac.uk
* The Nurse Health Advisers offer confidential advice and information to pregnant students: 01243 816111, 07739 983703, studenthealth@chi.ac.uk
* The Chaplainoffers confidential, non-judgmental and compassionate advice Alison.Green@chi.ac.uk, 01243 816041

## Financial support and advice

The Finance Department (salesledger@chi.ac.uk) and the Student Money Advice Service (studentmoney@chi.ac.uk) will be able to give you advice on the impact of intermitting on your University fees.

The University Support Fund is available to help students in financial difficulty - particularly those who need financial help to meet extra costs which cannot be met from other sources of support and students with dependent children. A student Childcare Grant is also available from SFE to help with childcare costs (<https://www.gov.uk/childcare-grant>), and the Parents' Learning Allowance (<https://www.gov.uk/parents-learning-allowance>) with learning costs. More information is available from the Student Money Advice Service studentmoney@chi.ac.uk

## Accommodation

The University does not provide family accommodation, but the Accommodation Office will provide help and guidance to find suitable private sector housing: accommodation@chi.ac.uk

## Advice for staff

**The Inclusivity and Wellbeing Officer**, within the Human Resources department, can provide ***advice to staff members*** on how to provide flexible support for a pregnant student/student parent/student carer - inclusivity@chi.ac.uk.

**The Nurse Health Advisers** (studenthealth@chi.ac.uk) are also a good source of advice and help.

## The Students’ Union

**The University of Chichester Students’ Union (UCSU)** has officers who can offer advice and support - studentsunion@chi.ac.uk.

## Health and safety

We advise pregnant students to complete a risk assessment to identify any potential health and safety concerns they may have whilst on campus. Further advice is available from the Nurse Health Advisors (studenthealth@chi.ac.uk) and the Health and Safety Officers (healthandsafety@chi.ac.uk).

For students of the Institute of Sport there may be a more specific risk assessment and guidance available within the Academic Department.

The NHS have an information service for parents providing regular information and advice tailored to your baby's age and covering all key pregnancy and baby topics. [www.nhs.uk/start4life](http://www.nhs.uk/start4life)

## External support

There are several sexual health clinics in both Chichester and Bognor Regis. For clinic venues and opening times please visit the Sexual Health West Sussex website: [www.sexualhealthwestsussex.nhs.uk](http://www.sexualhealthwestsussex.nhs.uk/) or telephone 0845 111 3456.

The Stillbirth and Neonatal Deaths Society ‘Sands’ supports anyone who has been affected by the death of a baby before, during or shortly after birth. See more at: <https://www.sands.org.uk/>

The Pregnancy Options Centre, offers a free counselling service for anyone facing an [unplanned pregnancy](https://optionschichester.org.uk/#unplanned), post abortion or pregnancy loss giving them time and space to explore their thoughts and feelings in a safe non-judgemental environment.

01243 784177 / 07843 543 792, <https://optionschichester.org.uk/>

MSI reproductive choices can provide you with free support to help you decide if abortion, adoption or parenting is right for you. You can self-refer to have an abortion through MSI reproductive choices without having to go through a GP. They also offer a confidential online chat service, allowing you to talk quickly and safely without the need to ring. MSI’s 24/7 helpline One Call (0345 300 8090) provides advice and consultations, with same day appointments available. Website: <https://www.msichoices.org.uk> Email: services@msichoices.org.uk

Gingerbread is a charity for single parent families. Gingerbread provide expert advice and practical support for single mums and dads in England and Wales. Website: <https://www.gingerbread.org.uk/>

*N.B. The Nurse Health Advisers are available to signpost pregnant people and student parents to a wide range of support services in addition to those listed here, including support for LGTBQ+ parents and for men experiencing ante/postnatal distress.*

## Spiritual guidance

The University of Chichester Chaplain is experienced at listening and offering support and guidance to students and staff Alison.Green@chi.ac.uk

## Research Office

The staff in the **Research Office** have an understanding of the regulations relating to research students pgrsupport@chi.ac.uk

## Childcare

The University does not have any childcare facilities on campus. For information on local childcare facilities visit: <http://www.childcare.co.uk/search/Childminder/Chichester>

## Parents’ legal rights

The government website has information which covers child health and safety, preschool provision, school provision, care during pregnancy, financial support etc. [www.gov.uk/browse/births-deaths-marriages/child-adoption](http://www.gov.uk/browse/births-deaths-marriages/child-adoption)

# Appendix 2: University of Chichester Student Pregnancy Risk Assessment

Health and safety considerations that arise during pregnancy, breast/chestfeeding or giving birth within previous 6 months, and the risks to which students could be exposed to, require assessment. Students should be encouraged to notify the University as early as possible so that this assessment can be conducted as evidence suggests that the first 13 weeks of pregnancy is a critical time for the unborn child.

*“As soon as a student discloses that they are pregnant, the student is advised that a risk assessment can be undertaken by the Nurse Health Advisers and tutors, 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.”[[8]](#footnote-8)*

This form and associated guidance notes to be found in Appendices 2 and 3 provide a useful starting point for the risk assessment. Refer to the Policy Appendix 1 for additional sources of advice. The risk assessment should be regularly monitored and reviewed taking into account possible risks that may occur at different stages of the pregnancy.

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, working 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 by timetabling adjustments / other flexible approaches. 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.

It is recognised that students may wish the information to be treated in confidence and this will be respected, except where it is judged necessary to take expert advice.

## Covid-19

For up-to-date advice regarding risk to pregnant people in relation to Covid-19, please refer to the government guidance for pregnant employees as this is an evolving situation and recommendations frequently change. Website: <https://www.gov.uk/government/publications/coronavirus-covid-19-advice-for-pregnant-employees/coronavirus-covid-19-advice-for-pregnant-employees>.

Students who attend placement as part of their studies are advised to seek additional input from Occupational Health. Risk from Covid-19 for pregnant people will vary according to the pregnancy gestation and between individuals depending on a variety of factors and should be considered in line with government advice. If required (such as where the pregnancy is high risk or complex) medical input regarding risk of study may be requested by the student from their Midwife, Obstetrician or General Practitioner.

Consider the following in relation to the aspects of pregnancy that may impact upon the student’s activities

|  |  |  |  |
| --- | --- | --- | --- |
| **Aspects of pregnancy** | **Factors in studying** | **Aspects of pregnancy** | **Factors in studying** |
| ‘Morning’ sickness / Headaches | Early lectures / Exposure to nauseating smells | Frequent visits to toilet | Difficulty in leaving lectures / practicals etc |
| Backache | Standing / manual handling / posture | Increasing size | Use of protective clothing / Work in confined areas / Manual Handling |
| Varicose veins | Standing / sitting | Tiredness | Evening or Early morning activities |
| Haemorrhoids | Working in hot conditions | Balance | Floor surfaces - slips and trips |
| Stress | Increased levels of stress / anxiety |  |  |

**Risk Assessment Form (Please note that for certain sports degrees a more specific risk assessment by the Department may be more appropriate)**

|  |  |
| --- | --- |
| GENERAL INFORMATION |  |
| Student’s name | Contact details | Confirm Emergency contact details are on ChiView |  |
| Date of assessment | Assessment undertaken by | Sign and date |
| Course and year | Course contact | Assessment agreed by Academic link ☐ | Sign and date |
| Number of weeks pregnant | Student’s due date | Assessment agreed by Student ☐ | Sign and date |
| COMMUNICATION WITH THE STUDENT |  |
| What is the student’s preferred method of communication: | During pregnancy? |  |
| During maternity-related absence? |  |
| On return to study? |  |
| INFORMING OTHER STAFF |  |
| Who would the student like to be informed about their pregnancy and when would the student like them to be informed e.g. staff, H&S | Name and title | Date |
|  |  |
|  |  |
| ASSESSMENTS |  |
| Will the dates or times of antenatal appointments affect the student’s study?If so explain what options are available? |  |
| Will the student be unable to complete any assessments or exams due to their pregnancy or maternity?If so explain what options are available? |  |
| Discuss any pregnancy related illness or symptoms that may affect the student’s ability to undertake their course.If so explain what options are available. |  |
| Discuss with the student options regarding Mitigating Circumstances, extensions for course deadlines, intermission of course and changingto part time study. |  |
| MATERNITY RELATED ABSENCE |  |
| How much maternity absence does the student intend to take?Include approximate start and return dates? |  | Start DateReturn Date |
| Will the above dates affect the student’s ability to complete any course module requirements? If so what arrangements have been made toenable the student to complete the module? |  |
| HEALTH RISKS |  |
| Is the student aware of any particular hazards associated with their course from physical, biological or chemical agents and if so what are the control measures introduced?See Appendix 3 - Health Risk Table. |  |
| Is the student likely to be lifting or involved in physical activity not explained above?If so explain what controls are to be put in place? |  |
| Will the student be on work experience during their pregnancy?Has the placement provider been informed? If so explain what controls are to be put inplace? |  |
| Will the student be on a field trip during their pregnancy?If so explain what controls are to be put in place? |  |
| Does the student require any changes to the learning environment to alleviate or minimise risk?e.g. suitable seating, access /egress to lectures? |  |

|  |  |
| --- | --- |
| SUPPORT ON RETURN TO STUDY |  |
| Will the student require facilities for expressing breast milk or breast/chest feeding on site?If so, does the student know where this can bedone? |  |
| Will the student require baby changing facilities on their return?If so, does the student know where this can be done? |  |
| What support will be provided to the student on return to their study? (e.g. meetings with key staff, time off for sickness and child care facilities. |  |
| NB. This Risk Assessment Form should be provided to the student electronically for them to take ownership of and to allow timely completion. It should be completed with the academic department and Nurse Health Advisors, ideally at a joint meeting or separately ensuring both the student and academic department agree with the final assessment which is then held by the student as a PDF. A second PDF copy will be held securely by the Nurse Health Advisors as per University Information Governance policy. |

# Appendix 3: Health Risk Guidance Notes and Table

These guidance notes provide detailed guidance for *assessor/s[[9]](#footnote-9)* and the individual student about the specific hazards for pregnant and people, how to avoid them and minimise risk.

The notes are designed to assist in the completion of the “student pregnancy risk assessment form” 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, working 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 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 special adjustments.

**Guidance Table**

|  |  | **Potential Hazards** | **What is the Risk?** | **How to avoid/ control the risk** |
| --- | --- | --- | --- | --- |
| **GENERAL ISSUES** |
|  | 1 | Facilities | **Resting facilities** - Rest is important for new and expectant mothers and pregnant people. Tiredness increases during and after pregnancy. The need for rest is both physical and mental.**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 and people often have to go to the toilet more frequently and more urgently than others. Breastfeeding/chestfeeding women and people may also need to do so because of increased fluid intake to promote milk production.**Storage facilities** -Access to appropriate facilities for parents to express and safely store milk or to enable infants to be breast/chestfed. Evidence shows that breast/chestfeeding can protect the health of both feeding parent and infant. | The need for physical rest may require that the parent concerned has access to somewhere where they can sit or lie down comfortably in privacy and without disturbance at appropriate intervals.Protective measures include taking appropriate arrangements to enable expectant and nursing mothers and people to take more frequent hygiene / toilet breaks.Access to clean drinking water should also be available. Protective measures include:* Access to a private room to feed or express milk;
* Use of secure, clean refrigerators for storing expressed milk and facilities for washing, sterilising and storing receptacles;
 |
|  | 2 | Mental and physical fatigue | Long hours, early mornings, late nights etc can have a significant effect on the health of new and expectant mothers and birthing parents, and on breast/chestfeeding. Not all women and birthing people are affected in the same way, and the associated risks vary with the type of activity and individual concerned. This applies especially to mental and physical fatigue that increases during pregnancy and in the postnatal period due to the various physiological and other changes taking place.Increasing tiredness, may affect the health of the pregnant woman or person and their unborn child, recovery after childbirth, ability to breastfeed, and may increase the risks of stress and stress-related ill health.Changes in blood pressure may occur during and after pregnancy and childbirth and normal patterns of breaks may be inadequate. | Due regard should be afforded to mental and physical fatigue-related risks as part of the 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 SARA.Hours of work, volume and pacing should not be excessive and the student should have some control over how the work is organised. Seating should be available where appropriate and longer or more frequent rest breaks provided. |
| **GENERAL ISSUES** | 3 | Extremes of cold or heat. | Prolonged exposure to hot environments should be kept to a minimum, as there is a greater risk of heat stress.Breast/chestfeeding may be impaired by heat dehydration.Extreme cold may be a hazard for pregnant women and people and their unborn children. The risks are particularly increased if there are sudden changes in temperature. | Extra rest and refreshment breaks should be available alongside unrestricted access to drinking water.New and expectant mothers or birthing people 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.) |
|  | 4 | Stress | Hormonal, physiological and psychological changes occur and sometimes change rapidly during and after pregnancy, sometimes affecting susceptibility to stress, or to anxiety or depression.Financial, emotional and academic concerns (due to changes in circumstances brought about by pregnancy) and/or excessive physical or mental pressure may cause anxiety and stress (and associated raised blood pressure).Additional stress may occur if a woman or person’s anxiety about their 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.Stress is associated in some studies with increased incidence of miscarriage and pregnancy loss, and also with impaired ability to breastfeed.Parents who have recently suffered loss through stillbirth, miscarriage, adoption at birth or neonatal death will be especially vulnerable to stress, as will those 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 may help to alleviate stress, but only in those cases where there is a sympathetic and supportive environment.It is known that stress can lead to anxiety and depression. Equally, if someone is already suffering from anxiety or depression, they may be more vulnerable to stressors in their environment. It is important to remember that some parents may develop postnatal depression after childbirth, which could make them more vulnerable to stressors. | Due regard should be afforded to stress as part of risk assessment however the risk of stress should be considered within the context of the overall support arrangements and the SARA for each student, considering 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 privacy is also respected. |
| **GENERAL ISSUES** | 5 | Passive smoking | Cigarette smoke is mutagenic and carcinogenic and is a known risk to pregnancy where the parents smoke. Cigarette smoke can also aggravate preconditions such as asthma.  | To reduce the risk to **all** smoking is strictly prohibited: within all University buildings including halls of residence; at entrances to University buildings, including doorways and covered walkways; in vehicles owned and operated by the University. For full details refer to:[https://www.chi.ac.uk/about-us/policies-and-](https://www.chi.ac.uk/about-us/policies-and-statements/health-and-safety) [statements/health-and-safety](https://www.chi.ac.uk/about-us/policies-and-statements/health-and-safety)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. |
|  | 6 | Use of DSE (Display Screen Equipment i.e. Computers) | The HSE has consulted the National Radiological Protection Board, which has the 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. | In the light of the scientific evidence, pregnant women and people do not need to stop work with DSE; however, to avoid problems caused by stress and anxiety, women and people 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 the Health and Safety Officers, Nurse Health Advisers, and the student’s own GP (or surgery with which they are registered whilst a student).To take account of increased abdominal size, it is important to regularly change position / take micro breaks to minimise potential postural problems.Workstations and work procedures may need to be modified to remove postural problems. Ensure workstations are assessed considering pregnant workers and that sufficient rest breaks away from the screen are provided. |
|  | 7 | Working alone | Pregnant women and people are more likely to need urgent medical attention. | Depending on their medical condition you may need to review and revise their 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) consider the needs of new and expectant mothers and birthing parents. |
|  | 8 | Working at height | It is hazardous for pregnant women and people to work at heights for exampleladders, platforms etc | Avoid **all** working at height. |
|  | 9 | Travelling | Travelling can be problematic for pregnant women and people, involving risks including fatigue, vibrations, stress, static posture, discomfort and accidents. These risks can have a significant effect on the health of new and expectant or birthing parents. | 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. |
|  | 10 | Violence | If exposed to the risk of violence during pregnancy, when having recently given birth or while breast/chestfeeding this may be harmful. It can lead to placental abruption, miscarriage, premature delivery and low birth weight, and it may affect the ability to breast/chestfeed.The risk may affect students in direct contact with customers and clients e.g. during placements, fieldwork and research situations | Where a risk of exposure to violence is identified measures to reduce the risk include:* Providing adequate training and information
* Changing the design of the task - e.g. avoiding lone working, and maintaining contact with students

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 SARA. |
|  | 11 | Pre-existing medicalconditions | 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. | Further advice may be required where students have pre-existing conditions or disabilities e.g. GP / Equality Services, Student Support and Wellbeing |
|  | 12 | Equipment and personal protective equipment (PPE) | Equipment and personal protective equipment is not generally designed for use by pregnant women and people. Pregnancy (and breast/chestfeeding) 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 of the woman or pregnant person concerned is temporarily impeded by their pregnancy or recent childbirth. | Where activities and 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.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 SARA. |
|  |
| **PHYSICAL** |
|  | 13 | Movement and posture | 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.

Hormonal changes in women and people 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 and people who may handle loads during the three months following a return to work after childbirth.Postural problems can arise at different stages of pregnancy, and on return to study, depending on the 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.**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, low birth weight and miscarriage.**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.**Working at height or in a confined space:** It may be hazardous working at height or in confined spaces, or where adjustments cannot be made to take account of increased abdominal size, particularly during the later stages of pregnancy. This may lead to strain or sprain injuries. Dexterity, agility, co-ordination, speed of movement, reach and balance, may be impaired and potential increase in the risk of accidents. There may also beadditional risks if a woman or person is returning to University after childbirth with medical complications such as a Caesarean birth or deep vein thrombosis. | Some adaptations may be required where practical e.g.to equipment and lifting gear, storage arrangements.Pregnant women and people 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.A pregnant woman or person may need more space, or adaptations may be necessary as pregnancy changes both their size and the ways in which they can move, stand or sit still for a long time in comfort and safety. |
| **PHYSICAL** | 14 | Manual handling | Pregnant women and people are especially at risk from manual handling injury, e.g. hormonal changes can affect the ligaments, 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 or birthing parents may experience discomfort.  | 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 manual handling for **everyone** including new or expectant mothers or birthing parents. Or you may have to address the specific needs of the student and reduce the amount of physical work completed, or provide aids to reduce the Risks. |
|  | 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.Breast/chestfeeding women and people are at no greater risk than others.  | 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 birthing parents or to the unborn child, but prolonged exposure to loud noise may lead to increased blood pressure and tiredness.No particular problems for women and people who have recently given birth or who are breast/chestfeeding. | The requirements and compliance with the Noise At Work Regulations 2005 should be sufficient to meet the needs of new or expectant mothers and birthing parents. |
|  | 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 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.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 birthing parent or permeate through skin and are transferred via the placenta to the unborn child. In addition, radiation from radioactive substances taken into the mother or birthing parent’s body irradiates the unborn child through the wall of the womb. | Procedures at the University of Chichester are designed to keep the exposure of **all** individuals including pregnant women and people and breast/chestfeeding parents as low as reasonably practicable and certainly below the statutory dose limit for pregnant women and people.Please refer to the University’s Health and Safety Officer for further information. |
|  | 18 | Non - ionising electromagnetic radiation (NIEMR) | **Optical Radiation -** Pregnant or breast/chestfeeding mothers or birthing people are at no greater risk than other workers. **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 or birthing parent, however, extreme over exposure to radio frequency radiation could cause harm by raising body temperature.**Lasers / UV / Magnets / NMR / EMF / RF / Microwaves** | Procedures at the University of Chichester are designed to keep the exposure of all individuals including pregnant women and people and breast/chestfeeding as low as reasonably practicable.Exposure to electric and magnetic fields should not exceed their restrictions on human exposure published by the National Radiological Protection Board. |
| **BIOLOGICAL** |
|  | 20 | Any biological agent of hazard groups 2, 3 and 4. (Categorisation of biological agents according to hazard and categories of containment - Advisory Committee on DangerousPathogens). | Many biological agents within the three risk groups can affect the unborn child if the mother or birthing parent is infected during pregnancy. These may be transmitted through the placenta while the child is in the uterus, or during or after birth, e.g. breast/chestfeeding or through close physical contact between mother or birthing parent 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 | Consider the nature of the biological agent, how infection is spread, how likely contact is and the availability of control measures.Controls include: physical containment, hygiene measures and the use of available vaccines. Where the risk of exposure is high, then pregnant women and people should avoid exposure altogether. |
|  | 21 | Biological agents known to cause abortion of the unborn child, or physical and neurological damage. These agents are included in hazard groups 2,3 and 4. | Rubella (German Measles) and toxoplasma can harm 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). | See above. Guidelines can also be found on the following sites:<http://www.hse.gov.uk/pubns/priced/infection-mothers.pdf> <http://www.hse.gov.uk/biosafety/infection.htm>The pregnant woman or person should avoid exposure to these biological agents unless they are immune. |
| **CHEMICAL** |
|  | 22 | 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 defectsThe 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 Health and Safety policies.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 and people of childbearing age, who are pregnant, or who have recently given birth. |
|  | 23 | Mercury and mercury derivates.*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 or birthing parent to be poisoned.There is no indication that mothers or birthing parents 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 new-born baby if being breast/chestfed. | Preventing exposure must be the first priority. Where it is not possible to eliminate exposure, strict control measures should be adhered to considering 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. |
|  | 24 | 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. | 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 people of childbearing age should be fully informed of the reproductive hazard.Those who are trying to conceive a child or are pregnant or breast/chestfeeding should be fully informed of the reproductive hazard and should **avoid** exposure to such materials. |
|  | 25 | Chemical agents of known and dangerous percutaneous absorption (i.e. that may be absorbed through the skin). This includes some pesticides*The Control of Substances Hazardous Health Regulations. 2002 (COSHH)**And**The Control of Pesticides Regulations 1986 (COPR) (as amended 1997)* | 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.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. | 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 |
|  | 26 | Carbon monoxide (CO)*The Control of Substances Hazardous Health Regulations. 2002 (COSHH)* | Pregnant women and people may have heightened susceptibility to the effects of exposure to carbon monoxide.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 and people are limited but there is evidence of adverse effects on the unborn child. Both level and duration of exposure are important factors in the effect on the unborn child.There is no indication that breast/chestfed babies suffer adverse effectsfrom exposure to carbon monoxide, or that the mother or birthing parent is significantly more sensitive to carbon monoxide after giving birth. | 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.**Avoid chronic exposure of workers**. Even occasional exposure to carbon monoxide could potentially be harmful. |
|  | 27 | 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 birthing parent or during early childhood, can impair the development of the child’s nervous system.The effects on breast/chestfed babies of their mother or birthing parent’s lead exposure have not been studied. However, lead can enter human milk. Since it is thought that the nervous system of young children is particularly sensitive to the toxic effects of lead, the exposure of breast/chestfeeding mothers or birthing parents 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.The exposure limits should be strictly adhered to. Pregnant women and people should be subject to health surveillance and be suspended from work which exposes them significantly to lead. |

# Appendix 4: Risks to be considered by Academic Department

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Risk** | **Adventure Education/PE** | **Sports Science** | **Dance** | **Theatre** | **Engineering** | **Fine Art** | **Media** | **Childcare Education****Social Work** | **Counselling Psychology** | **Nursing** | **Others** |
| Mental/Physical fatigue | yes | yes | yes | yes | yes |  | yes | yes |  | yes |  |
| Posture/long hours/Dehydration | yes | yes | yes | yes | yes |  |  | yes |  | yes | yes |
| Stress/ Violence | yes | yes | yes | yes |  |  |  | yes | yes | yes |  |
| Extremes of Heat/exhaustion | yes | yes | yes | yes | yes | yes |  |  |  |  |  |
| *Manual Handling* | yes |  |  |  | possible |  | yes | yes |  | yes |  |
| Working Alone | yes | yes | yes | yes | yes | yes | yes | yes | yes | yes |  |
| Ionising Radiation |  | possible |  |  | possible |  |  |  |  | possible |  |
| Electromagnetic Fields |  | possible |  |  | possible |  |  |  |  | possible |  |
| Bacteria/Viruses | possible | possible | possible | possible | possible | possible | possible | possible | possible | possible | possible |
| Biological Agents - Rubella | possible | possible | possible | possible | possible | possible | possible | possible | possible | possible | possible |
| Chemicals Solvents |  |  |  |  |  | yes |  |  |  |  |  |

1. Reference to very young children relates to children under the age of 6 months and, with particular regard to health and safety considerations, those beyond 6 month who are still being breastfed. [↑](#footnote-ref-1)
2. The Equality Act 2010 prohibits organisations, including the University, from treating a person (including a student, staff member or visitor) less favourably than others on the grounds of pregnancy or maternity. Discrimination on the grounds that a student is pregnant or breastfeeding can constitute unlawful discrimination. The University also has a statutory duty to promote equality of opportunity for those with a protected characteristic. These guidelines have been drafted with these legal obligations in mind.

 [↑](#footnote-ref-2)
3. It is important to point out that, in the case of students with a potential exposure to hazardous radiation or chemicals, the greatest risk to the health of an embryo or foetus arises within the first 13 weeks of pregnancy. Students in these circumstances are strongly advised to inform their Department of their pregnancy in order to allow a risk assessment to be undertaken. Further guidance on such risks can be found in appendix 4 to this policy. [↑](#footnote-ref-3)
4. In the case of pre-arranged antenatal appointments, the Academic Department would normally need to be notified of these in advance in order to take these into account. [↑](#footnote-ref-4)
5. Guidance on health and safety issues during pregnancy is included in Appendix 3. [↑](#footnote-ref-5)
6. If, for example, a pregnant student is already receiving reasonable adjustments relating to disability, the Academic Department should ask itself what flexibility it would permit for a non-disabled student who is pregnant and ensure that the same flexibility is permitted to the pregnant student. Otherwise, the Academic Department would be in danger of treating the disabled student less favourably than a non-disabled student would be treated in the same situation. The same approach should also be taken by the Board of Examiners or those dealing with academic appeals in cases like these. [↑](#footnote-ref-6)
7. The same services that are referred to in sections 10 and 13 of this document (i.e. Inclusivity Officer for staff members and a range of different support services, such as the Students’ Union, for students) are also open to staff and students who are seeking advice about the implications of a student’s new parental responsibilities for their studies. [↑](#footnote-ref-7)
8. Extract from Section 3 of the University’s *“Policy on support for pregnant students and student with very young children”* [↑](#footnote-ref-8)
9. Assessor/s – The member of Academic staff and/or Nurse Health Advisor preparing the risk assessment [↑](#footnote-ref-9)