

PARENTAL LEAVE SAFE WORK ASSESSMENT



PHASE 3: RETURNING FROM LEAVE

All workers, regardless of their role or status, are entitled to a safe work environment, which eliminates or minimises risks to health and safety so far as is reasonably practicable.

During the parental leave transition there are additional considerations to be taken into account, to ensure that the expectant/new parent and/or child are not exposed to any risks.

Under the federal Fair Work Act, an employee returning to work from parental leave has a right to return to their pre-parental leave position or if that position no longer exists, an available position for which the employee is qualified and suited nearest in status and pay.

When an employee is preparing to return from parental leave their employer should conduct a risk assessment of any processes, working conditions or hazards that may present a risk to the health and safety of the worker or their child. This may result in recommendations to vary hours of work or working conditions as required. Any decision should be made in consultation with the employee to find appropriate solutions.

HOW TO CONDUCT A PARENTAL LEAVE SAFE WORK ASSESSMENT?



Actively review the work environment to see if there are any hazards.



Assess potential risks (see 'What are the risks?' outlined below).



Eliminate the risks if possible.



If the risks cannot be eliminated, **reduce the risks** to a minimum.



Make any necessary adaptations to the working conditions and/or provide an alternative 'safe job'.

WHAT ARE THE RISKS?



General hazards which may present greater risks for new parents and breastfeeding mothers include the following:

This list is by no means an exhaustive description of risks that may arise, and employers should consider hazards and risks specific to the employee's working environment.

Physical

- Excessive heat or cold is associated with increased dehydration and fatigue, which can affect the supply of breast milk and increase fatigue.
- Working without good access to toilet and rest facilities may be difficult, as more frequent toilet breaks may be required following pregnancy. Lack of time (suitable shifts, breaks from work to enable breastfeeding) and facilities that support breastfeeding (e.g. Parent's Room) may inhibit or prevent continued breastfeeding on return to work, with health risks to mother and child (see 'Breastfeeding and Work' below).

Ergonomic

- Following pregnancy, it can take several months for ligaments to return to their pre-pregnancy condition, hence there is a continued risk of ligamental and associated injuries, as well as back pain.
- Excessive handling of loads: If a role involves manual handling, prolonged standing, repetitive lifting or maintaining awkward postures, this should be adapted, and advice sought from a treating doctor.
- Depending on one's recovery from birth, over-exertion may place strain on the mother's heart and circulation, especially when she first returns to work. A graded/gradual return to work which develops stamina is recommended.
- Prolonged sitting/standing can increase risks of back pain especially if standing for more than three hours, as well as fatigue and varicose veins. Extra breaks, walks and a stool/ chair as well as reducing standing can help.
- Night work, rotating shifts, long and/or excessive working hours carry increased risks of fatigue and exhaustion.
- These can also increase risks of hazardous exposures due to longer periods of exposure, especially where work involves postural problems, repetitive movements, prolonged standing or sitting or arduous or intensive workloads.

Psychosocial

- Prolonged exposure to stress and/or workplace bullying is associated with fatigue, exhaustion and increased risks of post-natal depression and/or anxiety. It can also suppress immune responses and reduce resistance to infection.
- Working alone may increase vulnerability to violence and injury and reduce support and should be minimised.
- Compared to other life stages, the transition to parenthood is a high-risk time to experience psychological distress or develop a mental health condition. For more information and support, refer to www.cope.org.au/new-parents

Biological

- Some viruses and bacteria can be carried to the child during breastfeeding, and some vaccinations can be harmful during breastfeeding—seek medical advice and avoid exposure where possible.
- It is important to note that a woman may pass on an infection without experiencing any symptoms herself.

Chemical

- Exposure to certain chemical substances, such as lead, should be avoided as they are toxic for humans and can be transmitted via breastmilk, as well as accumulate in the woman's body and cause harm to the child at a later date. This means that lead in a mother's body can harm her unborn or breastfeeding child, even if she has stopped being exposed to lead before getting pregnant or breastfeeding.
- A child can be exposed to radiation through contact with irradiated particles on the mother's skin or clothing.
- Other chemicals can trigger toxic effects, including developmental problems and allergies due to substances carried in the mother's breastmilk or on parents' work clothes or skin.
- An unborn or breastfeeding child may be harmed at far lower levels of exposure than an adult. In some cases, there may be no safe level of exposure for the child or the parent.

Fatigue

- Fatigue is linked to increased risks of ill health and accidents, both in the workplace and outside. When new parents return to work, both mothers and fathers may be juggling disrupted sleep patterns and other challenges which contribute to fatigue and increased risks of accidents and/or near misses. These should be managed with consideration of adjusting schedules, avoiding shift or night work and enabling flexible working conditions.
- If driving is a component of the role, this should be reviewed and arrangements made to managed fatigue and minimise the risk of transport accidents.

BREASTFEEDING AND WORK

The World Health Organisation (WHO, 2000) global recommendations suggest six months of exclusive breastfeeding and continued breastfeeding with appropriate complementary foods for up to two years.

For working women, achieving this ideal can be difficult. However, breastfeeding has major benefits for both mother and child. Employers can also benefit as the improved health of breastfed babies can lead to lower absenteeism of their parents. It is important that the work environment helps mothers to continue breastfeeding, avoiding the risks of stopping too soon or not feeding at all.

Information and advice before birth ensures that mothers know about facilities available at the workplace and their options. Suitable supports include facilities to breastfeed, express, and store any breast milk. This could mean a private room with a comfortable chair, a fridge and somewhere to store a breast pump, and appropriate breaks to breastfeed or express.

Breastfeeding is a protected ground of discrimination.

Failure to provide adequate facilities may constitute discrimination and a breach of work health and safety laws. Failure to allow an employee to have breaks to facilitate breastfeeding or expressing milk may also constitute discrimination.

See [Breastfeeding and Work Plan](#) for more detailed information.