

The background features a large, light gray silhouette of a pregnant woman on the left and a baby on the right, both facing each other. The woman's silhouette is on the left, and the baby's silhouette is on the right, appearing to be held or supported by the woman. The entire scene is set against a light yellow background.

**PROGRAM:
FOR A SAFE MATERNITY EXPERIENCE**

Medical Recommendations Summary

January 2014

**Centre de santé et de services sociaux
de la Vieille-Capitale**

Centre affilié universitaire – mission CLSC

PROGRAM: FOR A SAFE MATERNITY EXPERIENCE

SUMMARY OF THE MEDICAL RECOMMENDATIONS ISSUED REGARDING APPLICATIONS UNDER THE PROGRAM “FOR A SAFE MATERNITY EXPERIENCE” IN THE QUÉBEC REGION

This document provides information on adequate assignment or reassignment conditions for pregnant workers. The contents correspond to the recommendations generally issued by occupational-health medical officers of Québec (Region 03) in medico-environmental reports produced further to applications for a preventive leave and reassignment from work for pregnant or breast-feeding workers.

The recommendations issued are based on recent research as well as a prudent interpretation of the resulting data, in line with the precautionary principle promoted in public health. The recommendations are not exhaustive but represent those most often issued for a range of work situations. The selection and application of recommendations are determined by the type of job and position held by the worker. It should also be kept in mind that these recommendations apply to normal pregnancies. Attending physicians may make modifications to take into account the specific characteristics of a patient's pregnancy.

The various workplace risks may be grouped into six main categories, and the recommendations follow this model. The categories are:

- work-organization risks;
- ergonomic stress risks;
- chemical risks;
- biological risks;
- physical risks;
- security and psychosocial risks (assault, violence).

For specific work situations or for further information on these recommendations, contact the occupational-health team at the CSSS de la Vieille-Capitale. You may also consult information prepared by the *Groupe de référence grossesse-travail (GRGT)* on the website of the *Institut national de santé publique du Québec (INSPQ)*: <http://www.inspq.qc.ca/grgt/>.

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Listed below are the leading preventive measures to eliminate or limit potential health hazards during pregnancy.

Concerning work-organization risks

- It is generally recommended to eliminate night work and to have a work schedule between 7 a.m. and midnight until the 24th week of pregnancy and thereafter between 7 a.m. and 6 p.m.
- A maximum of 8 hours per day, 40 hours per week until the 24th week of pregnancy, and a maximum of 7 hours per day, 35 hours per week thereafter.
- A maximum of five consecutive days of work and no more than five days of work per week.
- A meal period of not less than 30 minutes at a regular and normal time (between 11:30 a.m. and 1:30 p.m. and between 5 p.m. and 6 p.m.) is also recommended.

Concerning ergonomic stress risks

Prolonged sitting

- Pregnant workers must be permitted to stand up when necessary according to the physiological needs of their pregnancies. Workstations must include a comfortable chair with lumbar support, in addition to permitting (following adjustment to the desired height) workers to place their feet flatly on the ground. Workstations must also provide adequate and suitable space for the abdomen that precludes any undue pressure on the abdomen while the worker is sitting. Work accessories must be located within the worker's regular handling zone so as to preclude excessive stretching and twisting.

Prolonged standing

- Limit the daily work time spent in a standing position to a maximum of five hours until the 20th week of pregnancy and a maximum of four hours thereafter. The remaining daily work time must be spent in a sitting position with the pregnant workers permitted to stand up when necessary.
- Throughout their pregnancies, pregnant workers must be permitted a 15-minute sitting period following every two-hour period spent in a standing position or a 10-minute sitting period following every one-hour period spent in a standing position. Other sitting-standing intervals may be adopted according to the workers' duties.

Stressful positions and twisting, bending and stretching movements

- Avoid repetitive trunk movements (twisting, bending and stretching) as well as prolonged twisted, bent and stretched positions. In general, these movements are not dangerous if they are moderate, short and occasional.

Other stressful positions

- Avoid prolonged and repetitive squatting positions. Squatting must be limited as pregnancies progress according to the morphological characteristics of each pregnant worker.
- Other positions may also be considered stressful (kneeling, over-reaching, etc.).

Lifting, carrying and handling loads

- Avoid lifting loads that weigh 10 kg or more. For lighter loads, the frequency of lifting must be limited according to the abilities and tolerance of each pregnant worker.
- In general, pregnant workers must avoid major physical efforts and overexertion.

Work pace and load

- Avoid work with a stressed pace (examples: performance pay, production-line work, production quotas, tight deadlines, etc.).
- Ensure that pregnant workers can work at their own pace to avoid becoming overtired.
- The overall workload of a pregnant worker may be assessed by the attending physician, who may issue recommendations and further restrictions according to the clinical evaluation.

Concerning chemical risks

- Avoid exposure to chemical products, vapours, gases, smoke and dust that could be harmful to a pregnancy or an unborn child (examples: carbon monoxide, anaesthetic gases, paint or other solvents [alcohol, ether, etc.], welding fumes, etc.).

The risk of chemical products must be assessed on a case-by-case basis with reference to safety data sheets.

The general recommendation is to eliminate exposure to all known or suspected mutagenic, teratogenic or carcinogenic chemical substances. For chemical substances that are embryofetotoxic or toxic in the postnatal stage, assignment may be acceptable if the workstation is equipped with a system that evacuates the substances at the source (example: chemical fume hood), adequate preventive measures are applied and the installations are not contaminated with aerosol particles from the substances in question.

Concerning biological risks

- Many situations may expose pregnant workers to biological risks. Exposure may occur through direct contact, spray or air, according to the nature of the infection and its source, including another person, an animal or contaminated biologic fluids.
- The risk of biological agents for mother or unborn child must be assessed on a case-by-case basis with reference to their specific characteristics.

Examples:

Childcare: In childcare centres with children aged 60 months or younger, due to the presence of cytomegalovirus, pregnant childcare educators must be reassigned to preclude contact with children.

Hospitals and other health-care institutions: For pregnant workers who perform duties that put them at risk of injury (from needle pricks or cuts) or splashing to a mucous membrane exposing them to blood or blood products, it is recommended that these workers be exempted from performing these duties. As is the case with childcare workers, health-care workers, who are in close contact with paediatric clients or with adult clients suspected or known to be contagious (example: tuberculosis, meningococcus, FLSs, influenza, chickenpox, whooping cough), must be reassigned to preclude contact with these kinds of patients. For our present purposes, close contact is defined as direct, face-to-face contact at less than two metres from the person in question during the provision of care (example: taking blood pressure, changing a bandage) or a discussion.

Elementary and secondary schools: For pregnant workers who are in contact with students, the decision to effect a reassignment or withdrawal depends on the state of the worker's immune system. Prior to pregnancy or at the beginning of a pregnancy, workers' resistance to the following diseases should be tested: chickenpox, rubella and parvovirus. Regarding other contagious diseases (whooping cough or pertussis, measles, mumps, meningococcus, etc.), withdrawal from exposure is recommended if a case is reported in the workplace. During moderate, high and extremely high periods of influenza activity (refer to the flu watch index at

www.msss.gouv.qc.ca/influenza), the recommendation is, depending on the attending physician's clinical assessment, that only those workers with a particular medical condition (example: chronic lung disease, heart disease, immunosuppression) and/or an at-risk pregnancy (example: premature birth, intrauterine growth retardation, twin pregnancy, gestational diabetes) that increases the risk of developing a complication related to influenza be reassigned to duties that do not involve contact with children.

Pet store, agricultural and veterinary workplaces: Some zoonotic diseases (toxoplasmosis, salmonellosis, simian herpes, hepatitis, etc.) also present risks for pregnant workers depending on the situation. Each case must be assessed on an individual basis.

- It is always recommended that basic precautions be taken according to each situation.

Concerning physical risks

Noise

- At the 20th week of pregnancy, pregnant workers should avoid exposure to noise that is greater than 85 dBA (daily exposure of eight hours).
- In case of gestational high blood pressure in the pregnant worker, this recommendation may apply earlier during the pregnancy according to the attending physician's clinical assessment.

Heat

- Regarding exposure to high temperatures, the workstations of pregnant workers should not be situated near a radiant heat source (example: oven, hotplate, fryer).
- Further, on hot days, during heat waves or in work situations characterized by exposure to high humidity levels (38°C or higher), pregnant workers should be relocated to an area where the ambient temperature falls within the usual and normal comfort zone. Pregnant workers should always have access to a water source enabling appropriate hydration. The employer must also ensure that the workers have access to a rest area (without undue exposure to heat) in case they suffer dizziness, faintness or other discomfort.

Cold

- Workplace temperature must be within the standard comfort zone.

- Duties in cold-temperature areas (freezers, refrigerators) must be restricted to short durations. In addition, adequate clothing must be made available.

Non-ionizing radiation

- Regarding the different varieties of non-ionizing radiation (electromagnetic fields, lasers, microwaves, etc.), limited available research generally suggests that caution be practised. Case-by-case assessment is necessary in formulating relevant recommendations.

Ionizing radiation

- The harmful effects of ionizing radiation on embryos and unborn children are well documented. Pregnant workers must not be exposed to this kind of radiation. Several recommendations apply specifically to hospital workplaces.

Examples:

Regarding radioactive substances used for nuclear medicine, contact with clients involved must be avoided for 24 hours following injections. Also, the handling of radioactive waste and contaminated biologic fluids must be avoided.

Regarding X-rays, contact with clients during this type of activity (fixed or mobile equipment) must be avoided.

In other work situations, the nature of emissions varies depending on the product used, leading to various recommendations. These risks must be assessed on a case-by-case basis.

In addition to workplace radiation safety protocols, caution must always be practised by pregnant workers according to the ALARA (As Low As Reasonably Achievable) principle.

Full-body vibrations

- In general, it is recommended that pregnant workers not be exposed to the following work situations: long bus rides, electric cranes, lift trucks, heavy equipment, farm equipment, transport trucks, helicopters (and other similar sources of vibrations), vibrating compactors, etc.

Concerning safety risks and psychosocial risks

Risk of falls

- Avoid the use of stepladders, stools, etc.

- Avoid situations that could lead to falls (examples: assisting individuals suffering from mental confusion or reduced mobility, participating in activities that might involve jostling, etc.).
- Avoid slippery floors and surfaces.

Risk of assault

- Pregnant workers must not be in close contact with clients identified as being at risk for aggressive or unpredictable behaviour. Such clients must be subject to ongoing assessment by the employer throughout the workers' entire assignment, with equal representation of both sides and according to objective criteria. In general, physical assault is defined as a direct act against a worker's physical integrity (example: striking the abdomen, causing a fall). Further, physical efforts with the clients, for example to control or restrain them during a crisis, should be avoided.

Risk of road accidents

- In general, automobile travel for the purpose of daily duties is not recommended for pregnant workers. This recommendation applies to workers operating a vehicle as well as travelling as passengers. However, irregular (unplanned) use of a vehicle over short distances with good road and weather conditions is acceptable.

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