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ILRI GUIDELINES ON EMPLOYEE WELLBEING DURING EXPECTANCY & BREAST FEEDING

1.0 Introduction

ILRI is committed to promoting diversity and inclusiveness at the workplace. In particular, ILRI is committed to the inclusiveness of women in the workforce and as part of this endeavor, aims to ensure that adequate measures are put in place to support expectant and breastfeeding women at the workplace to ensure their continued long term contribution to the institute.

Additionally, there may be specific laws in the countries in which ILRI operates that may require employers to protect the health and safety of new and expectant mothers and which ILRI has to comply with.

2.0 Aim

It is ILRI’s aim to ensure a healthy and safe working environment where expectant employees can continue working safely throughout the expectancy period and breastfeeding employees can continue to breastfeed their children without interruption for at least six months as recommended by World Health Organization (WHO).

In addition, ILRI recognizes the importance of breastfeeding for both mother and baby and supports, protects and promotes breastfeeding by providing facilities to enable mothers in their employment to balance breastfeeding with their work.

3.0 Scope

These guidelines apply to all ILRI staff and staff of ILRI hosted Institutions.

In situations where ILRI is hosted by another Institution, the Institutional guidelines shall apply.

ILRI’s Regional and Country Representatives are expected to familiarize themselves with these guidelines and ensure their staff members are aware and comply with these guidelines.

4.0 Guidelines on Occupational Health and Safety during Expectancy and Breastfeeding

4.1 Limiting Exposure to Hazardous Substances

It is recognized that certain occupational hazards may exist in the work environment that may affect pregnant and/or breast feeding female staff.
ILRI seeks to limit the exposure of expectant/breastfeeding mothers from:

- Hazardous chemicals through inhalation or skin absorption in a typical research facility setting work environment.
- Hazards related to working with experimental animals as much as is practically possible
- Ionizing radiation while carrying out research activities.
- Biological agents classified as hazardous while carrying out research activities.
- Any other occupational work hazard that may exist within the ILRI work environment.

### 4.2 Managing Workplace Occupational Hazards for Expectant and Breastfeeding Employees

The following guidelines shall apply to expectant and /or breastfeeding mothers who are potentially exposed to these hazards:

The expectant employee is required to notify EOHS of their expectancy state to enable EOHS to conduct a risk assessment of their work environment in case of any known or unknown exposure and any other hazards that may exist.

The breastfeeding employee is required to request EOHS to conduct a risk assessment of their work environment in case of any known or unknown exposure and any other hazards that may exist.

EOHS shall carry out a risk assessment of the work environment to establish if there are any risks to the expectant mother and her unborn child and/ or to the breast feeding employee and her baby.

The results of this assessment shall be shared with the expectant mother and adjustments may be proposed for implementation to ensure a safe working environment.

EOHS shall liaise with the relevant supervisor who shall support the implementation of the proposed recommendations as applicable.

The expectant/breastfeeding mother shall also inform her consulting doctor and seek advice in case of exposure to any workplace hazards.

### 4.3 Undertaking Manual Handling

Pregnant women are at risk when performing manual handling tasks due to postural difficulties and hormonal changes that may increase the susceptibility of the body to injury.
When undertaking the risk assessment for expectant employees, EOHS shall include a review of tasks undertaken to identify potential manual handling hazards that need to be assessed. This assessment shall include:

- Review of the work tasks undertaken to avoid heavy work duties, in particular, avoidance of extremely heavy physical exertion in early pregnancy and a reduction of the physical workload throughout the pregnancy.
- Where it is advised by a doctor, change of working hours may be recommended depending on the actual circumstances. This provision shall be in agreement with the relevant supervisor in line with approved ILRI guidelines and policies. All mitigations shall be discussed with staff and line supervisor before implementation.

Appendix 1: Provides a general guidance sheet for the health and safety of expectant/breastfeeding staff.

5.0 Supporting Breastfeeding in the Workplace

ILRI supports the establishment of adequate breastfeeding and breast milk expression facilities at its premises. These facilities include:

i) A crèche where mothers can come to the workplace with their breastfeeding baby and breast feed the child at intervals during their break times. The basic minimum facilities at the crèche shall include: a play area, toys, cribs, chairs, tables, a fridge, microwave, an ironing board, bathroom, washroom, a kitchen sink and storage shelves.

ii) A breast milk expression room that offers privacy where mothers can express and safely store breast milk to be taken home at the end of the day. The basic facilities at the breast expression room shall include: a clean room with power points, a lockable door, comfortable chairs, tables, hand washing sink, a refrigerator and breast pump storage area.

These facilities shall be open to all ILRI staff and staff of ILRI hosted institutions at ILRI campuses.

5.1 Procedure for Access to the ILRI Workplace Crèche

The procedure for access to the crèche is as follows:

- All mothers who would like to use these facilities should notify and register with EOHS...
5.1 Procedures for the Use of the Creche

- The crèche is open to children of 5 years and below.
- On registration, the mother shall be requested to provide the required medical documents for the child which includes the record of vaccinations for the child.
- ILRI only provides the facilities; the parent must make adequate arrangements for care of their child while at the crèche.
- All nannies taking care of children hosted at the crèche must be registered with both EOHS and security and undergo both an EOHS and security briefing.

All ILRI premises providing crèche facilities shall provide separate customized guidance and operating procedures for the use of the crèche and EOHS shall provide induction to the mothers on usage of the crèche facilities. These operating procedures shall be prominently displayed on the crèche premises.

5.2 Procedure for Use of the ILRI Milk Expression Room

- Breast milk expression room is open to breastfeeding mothers.
- All mothers who would like to use the milk expression facility should register with EOHS.
- The breastfeeding employee must discuss and agree with their line supervisors on breaks to be taken to facilitate breastfeeding and /or breast milk expression. These breaks would usually fall within the normal work breaks.
- If needed, EOHS shall facilitate discussion and agreement with the relevant supervisor for breastfeeding and/or breast milk expression breaks.
- EOHS shall organize an induction and guidance on the use of the facility.
- The staff shall then be given access to either the crèche or breast milk expression room or both in accordance with the relevant request.

All ILRI premises providing breastfeeding/breast milk expression facilities shall provide separate customized guidance and operating procedures for the use of the facilities and EOHS shall provide induction to the mothers on usage of these facilities. These operating procedures shall be prominently displayed on the breastfeeding/breast milk expression facilities premises.

6.0 Travel guidelines for Expectant and Breastfeeding Employees

Travel forms an integral part of many jobs at ILRI. ILRI appreciates the challenges that travel may at times present to expectant and breastfeeding employees at ILRI.

ILRI supports all employees during the period of pregnancy and breastfeeding to enhance a safe and healthy pregnancy and a healthy baby.
6.1 Travels for Expectant Employees

General guidance:

Under normal circumstances, expectant employees can fly on commercial airlines without restriction during the first and second trimesters, but during the third trimester, generally there are restrictions.

All airlines generally recommend that a doctor is consulted before traveling at any point during pregnancy. A certification to travel is required before traveling and may be demanded by airlines.

A general guidance sheet for expectant employees on travel during pregnancy is provided in appendix 2.

6.2 ILRI Procedure for Travel Authorization for Expectant Employees

Expectant staff members are not obligated to travel at any time over the duration of their pregnancy and supervisors cannot compel an expectant staff to travel.

Where the expectant staff agrees to travel, the staff shall be required to obtain clearance to travel from the staff member’s attending doctor during pregnancy.

All expectant staff members at ILRI who are expected to travel as part of their jobs must:

i) Obtain an approval letter in writing from their attending medical practitioner each time they need to travel, by either air or road. A copy of the approval letter should be attached to the travel authorization form when requesting approval for travel.

ii) Travel for all expectant staff at ILRI shall only be given when the approving budget holder has seen the attending medical practitioner’s letter.

iii) The expectant employee will then send a scanned copy of the letter to EOHS ilrikenyaeohs@cgiar.org if in Nairobi and regional offices and ilriethiopiaeohs@cgiar.org if in Addis Ababa.

iv) A copy of this letter of approval to travel while pregnant shall be sent to the People and Organizational Development Directorate (P&OD) and kept in the staff personal file.

v) Where special considerations must be made for the expectant employee to travel, these considerations shall be handled in consultation with the People and Organizational Development Director and/or the Assistant Director General and the Deputy Director General as applicable on a case by case basis.
7.0 Breastfeeding Employees

ILRI strongly supports the WHO recommendations of breastfeeding for six months and supports staff members to breastfeed without disruption for the first six months.

7.1 ILRI Procedure for Travel Authorization for Breastfeeding Employees:

i) Mothers of breastfeeding babies below 6 months are generally not compelled to undertake travel that disrupts breastfeeding of the baby.

ii) In exceptional cases where such travel must be undertaken for one reason or another, special arrangements to maintain breastfeeding must be made. These cases shall be reviewed by the People and Organizational Development Director in consultation with the supervisor and the Deputy Director General or Assistant Director General before travel is undertaken.

iii) The exceptional arrangement made to the support breastfeeding must be documented and a signed copy made available to EOHS by the relevant employee’s supervisor.

iv) A copy of the special breastfeeding arrangement is attached to the travel authorization form, which shall be approved at the level of Deputy Director General or Assistant Director General before travel is undertaken.

References:

ILRI Guidelines and Procedures for Managing Flexible Work Arrangements.

ILRI Risk Assessment Procedures.
Appendix 1:  Personal Guideline Sheet for Occupational Health and Safety for Expectant and Breastfeeding Employees

1.1 Working with Chemicals

Inhalation can be a common route of exposure to chemicals in a typical laboratory setting work environment. The use of safe work procedures and facilities such as local exhaust ventilation will provide protection. Skin absorption and ingestion are generally less significant routes of exposure, provided safe work procedures are observed. Everyone is required to use appropriate safe work procedures in accordance with the applicable Material Safety Data Sheets (MSDS) when handling chemicals.

Exposure to chemicals at levels below recognized exposure limits should not present a risk to you or your child during pregnancy or while breast feeding. However, once you know you are pregnant, you are encouraged to notify the EOHS Manager and / or your supervisor, and your own medical practitioner as soon as possible. If you have any concerns about a chemical you are using or the procedures for its safe use during pregnancy or while you are breastfeeding, seek advice straight away from EOHS.

EOHS shall carry out a risk assessment of your work environment and chemicals involved to establish if there are any risks to you while pregnant or the fetus or the breastfeeding baby. This assessment shall be shared with you along with any adjustments proposed for implementation to ensure a safe work environment.

EOHS also advises that you make your doctor aware of the chemicals you work with, if your doctor raises any concern then notify your local EOHS Representative by email.

1.2 Working with Animals

If you work with animals, you have an increased risk of acquiring infections from these animals. While maintaining safe work procedures can reduce the risk of infection, special care must be taken to prevent infections that could have serious effects on fetal development. For example, pregnant sheep may carry Chlamydia psittaci. If you work with any animal that you feel may adversely affect your pregnancy, notify EOHS and seek advice straight away from your consulting doctor.

EOHS shall carry out a risk assessment of your work environment and animal(s) experiments involved to establish if there are any risks to you while pregnant or the fetus or the breastfeeding baby. This assessment shall be shared with you along with any adjustments proposed for implementation to ensure a safe work environment.
ILRI limits exposure of pregnant women to experimental animals as much as is practically possible.

1.3 Working with Ionizing Radiation

Levels of exposure to ionizing radiation that do not present a hazard to a pregnant woman may be of concern to the developing fetus, particularly between 8-25 weeks gestation. As many women are uncertain of their conception during the early weeks of pregnancy, special consideration must be given to the use of ionizing radiation. It is very important for you and your baby that you notify EOHS and your supervisor as soon as you can. This will ensure that your work is assessed and modifications promptly made to reduce any radiation exposure. If your work includes using ionizing radiation and you become pregnant, you have a choice to either continue working with ionizing radiation or take on other tasks in consultation with EOHS and your supervisor. It is possible to work with ionizing radiation provided that EOHS has undertaken an assessment and has defined the actions that must be taken to ensure that the risk to you and your unborn baby is as low as possible. If you work with non-ionizing radiation and you are pregnant, or planning to become pregnant, then you should seek advice from your consulting doctor.

ILRI limits exposure of pregnant women to research using radiation as much as is practically possible.

1.4 Working with Biological agents

Biological agents handled while carrying out research activities are classified as hazardous to humans which make them also hazardous to the unborn baby and breastfeeding baby.

If you work with biological agents at ILRI please notify EOHS and your supervisor immediately you are aware that you are pregnant or breastfeeding.

EOHS will carry out a risk assessment of your protocol and work environment to establish any risk to pregnancy or breastfeeding and develop a plan in consultation with your supervisor that will allow you to work safely. The mitigations could involve being moved from your usual work activities during the time of pregnancy and breastfeeding.

You can also discuss this with your consulting doctor and if any concerns are raised, please share with EOHS to ensure those concerns are considered.
Note:

It is mandatory for all staff working with any hazardous agents to take a shower at ILRI before leaving the work place. Where a full body shower is not possible, please ensure that the breast is sanitized before breastfeeding or breast milk expression.

1.5 Undertaking Manual Handling

Pregnant women are at risk when performing manual handling tasks due to postural difficulties and hormonal changes.

EOHS shall include a review of tasks undertaken to identify potential manual handling hazards that need to be assessed. This will include:

- Avoiding heavy work duties, in particular avoidance of extremely heavy physical exertion in early pregnancy.
- Reduced physical workload after the third month and again after the six month of pregnancy.

1.6 Working with Computers

A good posture is one in which you are comfortable and well supported by properly adjusted furniture. If good posture cannot be maintained at work using a computer then contact the EOHS for advice and further ergonomic assessment.

1.7 Immunization

Although the use of many vaccines during pregnancy is contradicted on theoretical grounds, there is no convincing evidence that pregnancy, in itself, should constitute an absolute contraindication to the use of standard vaccines. If you are considering becoming pregnant, you should speak with your consulting doctor about the kind of work you do and your immunization status. Ideally, you should have all the vaccinations you require for your work environment prior to becoming pregnant. Most vaccinations should not be given during pregnancy but some are regarded as safe while breastfeeding. If you have any concerns about immunization that may be required for your work, you should seek advice straight away.

Breastfeeding and vaccination: There is no evidence of risk to the breast-feeding baby if the mother is vaccinated with any of the live or inactivated vaccines. Breastfeeding does not adversely affect immunization and is not a contraindication for the administration of any vaccine to the baby.
## Vaccine Immunization Information Table

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Immunization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholera</td>
<td>There is no evidence of risk to the fetus. Cholera vaccine may be given to pregnant and lactating women</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>Is safe in pregnancy and lactation</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Is recommended for pregnant women at risk of hepatitis B</td>
</tr>
<tr>
<td>Immunoglobulin</td>
<td>No known risk to the fetus from passive immunization of pregnant women with Immunoglobulin</td>
</tr>
<tr>
<td>Influenza</td>
<td>Considered safe in pregnancy</td>
</tr>
<tr>
<td>Meningococcal vaccine</td>
<td>No documented adverse events in pregnant women</td>
</tr>
<tr>
<td>MMR or rubella vaccine</td>
<td>All pregnant women should be tested for immunity to rubella, and susceptible women should be vaccinated immediately after delivery</td>
</tr>
<tr>
<td>Poliomyelitis vaccine</td>
<td>Can be administered to pregnant women who are at substantial risk of exposure to poliomyelitis infection</td>
</tr>
<tr>
<td>Q Fever</td>
<td>Review with medical practitioners</td>
</tr>
<tr>
<td>Rabies</td>
<td>Can be used as required</td>
</tr>
<tr>
<td>Tetanus</td>
<td>Is safe in pregnancy and lactation</td>
</tr>
<tr>
<td>Typhoid</td>
<td>Should be based on an assessment of the real risk of disease</td>
</tr>
<tr>
<td>Yellow Fever vaccine</td>
<td>Pregnant women who must travel to an area where the risk of yellow fever is high should receive yellow fever vaccine</td>
</tr>
</tbody>
</table>

### 2.0 Employee’s Role in Ensuring a Safe Pregnancy

Speak with your treating doctor prior to becoming pregnant and definitely after confirmation of being pregnant about the kind of work you do and your concerns. Notify EOHS and your supervisor, as soon as possible about your pregnancy, so that an assessment and appropriate modifications can be made immediately to your work to minimize risks to your pregnancy. The information will be maintained as confidential.
Appendix 2:  General guidance on travel when pregnant:

Expectant employees can fly on commercial airlines without restriction during the first and second trimesters, but restrictions may be enforced during the third trimester. All airlines recommend that you consult your doctor before traveling at any point in your pregnancy. Play it safe by getting a "permission-to-travel" letter from your healthcare provider.

You won't — and shouldn't — get one if your pregnancy is considered high-risk.

Take your due date into consideration for the return trip, too. And before you plan a cross-country or international travel, remember how you'll feel squeezed into a seat for hours.

If you have a normal, healthy pregnancy, it can be perfectly safe to fly during most of it. Discuss your trip plans with your doctor or midwife, however, before booking your flight. You may find that your second trimester — weeks 14 to 27 — is a perfect time to fly. Once you're past the first trimester, in all likelihood your morning sickness will be behind you, your energy levels will higher and your chances of miscarriage will be low. However, you shouldn't travel after 36 weeks.

Before you leave, have your prenatal caregiver refer you to an obstetrician or midwife at your destination in case you need medical attention during your travel. If you'll be traveling during your second or third trimester, it's a good idea to carry a copy of your prenatal chart. The chart should include your age, the date of your last menstrual period, your due date, the number and outcomes of any prior pregnancies, your risk factors for disease, pregnancy-related lab tests and ultrasounds, medical and surgical history, and a flow sheet of vital signs taken at each visit.