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| **Pregnancy workplace assessment****Date:** Click to indicate dateName  | **Case Officer:**Name 1 Name 2Case No.: Case No. |

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| When? |
| The workplace assessment must be carried out as soon as possible after the staff member has informed her workplace of the pregnancy. |
| Who? |
| Managers, OHS representatives or pregnant staff members may decide to initiate a pregnancy work place assessment (APV). |
| How is the pregnancy workplace assessment conducted? |
| Prior to the meeting, pregnant staff members may enter their own notes in the form; or the form may be used by the manager or the local OHS group as an interview guide. During the meeting, remember to bear in mind that the aim of the pregnancy workplace assessment is to ensure a safe working environment for the pregnant staff member and to identify any risks relating to the staff member’s work tasks. Solutions may be found by the pregnant staff member and the local OHS group, but also by her colleagues. |

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| **Physical work environment** | **Yes** | **No** | **Comments** |
| Do you feel that your workplace is currently adapted to your needs during your pregnancy? |  |  |  |
| Do you feel you are able to adjust your working posture for more comfortability (height adjustable desk, anti-fatigue mats, fitness ball, etc.)? |  |  |  |
| Do you feel that your work is organised appropriately in relation to work hours, breaks, protective measures, etc.? |  |  |  |
| Do you feel that it is acceptable for you to say no to meeting activities, long hours? |  |  |  |
| Do you feel that your work has become physically challenging due to your pregnancy? (lifting heavy loads exceeding 12 kg, pushing or pulling heavy loads, pain, nausea, etc.)  |  |  |  |
| Can we do anything to organise your work to take into account these physical challenges? |  |  |  |
| Can we do anything to organise your work so as to help you alternate your work activities? |  |  |  |
| Are you aware of what to do to make these situations more comfortable? |  |  |  |
| Are there any tasks you are unable to perform during your pregnancy? |  |  |  |
| Do you have the opportunity to exercise/ stretch affected muscle groups while at work to help prevent discomfort?  |  |  |  |
| Do you need anything to help you exercise/stretch affected muscle groups? |  |  |  |
| Are you exposed to loud noise? |  |  |  |
| Do you work with ultrasound? |  |  |  |

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| **Organisational and social work** **environment** | **Yes** | **No** | **Comments** |
| Do you have the time needed to meet work requirements? |  |  |  |
| Do you feel that your colleagues are willing to help you whenever you need help?  |  |  |  |
| Do you know how to ask for help when you need it? |  |  |  |
| Have you experienced any mental health problems at work? (stress, vulnerability, etc.)  |  |  |  |
| Can we do anything to organise your work so as to take into account these challenges? |  |  |  |
| How can your workplace help you in ensuring that your work remains interesting and that you continue to have a meaningful and stimulating work life throughout your pregnancy? |  |
| **Back to work** |
| If you were to describe the ideal situation of returning to work following your maternity leave, what would the first three months look like?  |  |
| How can your workplace support you in realising this ideal? |  |

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| Action plan |
| 1.  |
| 2.  |
| 3.  |
| 4.  |
| 5.  |
| 6.  |

Date for follow-up meeting:

**Date:** Click to indicate date

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| Remember to familiarise yourself with the Danish Working Environment Authority’s annex to the Executive Order no 559 on the Performance of Work on [Gravides og ammendes arbejdsmiljø](https://at.dk/regler/at-vejledninger/gravides-ammendes-arbejdsmiljoe-a-1-8-5/) - on agents, work processes and working conditions (Danish only). Suggestions: Adjust work hours or tasks, offer physiotherapy services or rest breaks, strengthening and stretching exercises, finding solutions through joint discussions with the staff member’s closest colleagues, ‘extended’ staff performance and development review. |