

# MNCHP Network Bulletin



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In this week's special issue:

## *I. PRECONCEPTION AND PREGNANCY IN THE WORKPLACE: OVERVIEW*

1. [Workplace Reproductive Health](#)
2. [Being Pregnant at Work](#)

## *II. PRECONCEPTION AND PREGNANCY IN THE WORKPLACE: IN THE NEWS*

3. [Should Pregnancy be Considered a Disability?](#)

## *III. PRECONCEPTION AND PREGNANCY IN THE WORKPLACE: RECENT RESEARCH AND REPORTS*

4. [Workplace Standards for Exposure to Toxicants During Pregnancy](#)

## *IV. PRECONCEPTION AND PREGNANCY IN THE WORKPLACE: RESOURCES FOR EMPLOYEES*

5. [Dads: How Your Workplace Can Affect Your Fertility](#)
6. [Ergonomics and Pregnancy](#)
7. [Safe Work: Reproductive System: Introduction](#)
8. [Healthy Pregnancy: Workplace Hazards](#)
9. [Preconception, Pregnancy, and the Workplace](#)
10. [Prepare for Baby: Create a Safe Workplace](#)
11. [Environmental Toxicants and Maternal and Child Health: An Emerging Public Health Challenge](#)
12. [The Clinical Content of Preconception Care: Environmental Exposure](#)

## *V. PRECONCEPTION AND PREGNANCY IN THE WORKPLACE: RESOURCES FOR HEALTHCARE AND PUBLIC POLICY PROFESSIONALS*

13. [Environmental Impacts on Reproductive Health](#)

## *VI. PRECONCEPTION AND PREGNANCY IN THE WORKPLACE: RESOURCES FOR EMPLOYERS*

14. [How to be a Family Friendly Workplace](#)
15. [Workplace Reproductive Health](#)

## *VII. PRECONCEPTION AND PREGNANCY IN THE WORKPLACE: PUBLIC POLICY*

16. [Pregnancy and Human Rights in the Workplace](#)
17. [Policy on Discrimination because of Pregnancy and Breastfeeding](#)
18. [Pregnancy and Parental Leave](#)

## **I. PRECONCEPTION AND PREGNANCY IN THE WORKPLACE: OVERVIEW**

### **1. WORKPLACE REPRODUCTIVE HEALTH**

This presentation by Best Start Resource Centre (2007), outlines the various work and pregnancy issues faced by women. Women in their reproductive years make up approximately half of the Canadian workforce. Ergonomic risks for pregnant workers include heavy lifting, repetitive movement, and sitting or standing for long periods of time. Physical risks include noise and vibrations, x-rays, and extreme temperatures. Biological risks include measles, TB, chicken pox and Fifth Disease. Chemical risks include heavy metals, pesticides, solvents and anaesthetic gases. Workplace stress is also a risk factor. In Canada, women cannot be dismissed from work due to pregnancy. Women are entitled to 15 weeks of maternity benefits and 35 weeks of parenting benefits. Under the Ontario Health and Safety Act, individuals have the right to refuse work, as well as the right to general protective reassignment and leave. Through education (such as posters and workplace programs), good practices (such as flexible schedules and supportive supervisors) and supportive workplace policies, workplaces may help to reduce occupational risks faced by women in the preconception and pregnancy stage.

<http://www.beststart.org/events/detail/bsannualconf07/presentations/B2.pdf>

### **2. BEING PREGNANT AT WORK**

This article (Baby Centre, 2012) outlines the challenges that pregnant women may face in the workplace. Women in strenuous jobs are more likely to deliver prematurely. Therefore women should try to switch to jobs that are less physically taxing during their pregnancies. If women who are pregnant or who desire to become pregnant work in proximity to toxic substances, they should consider requesting a job reassignment. Employers should provide information to employees about the harmful substances that they may be exposed to at work. Women at risk for preterm labour, those with high blood pressure, those at risk for preeclampsia, those with cervical insufficiency and those whose babies are not growing properly may need to stop working or decrease their working hours during pregnancy. Women may experience morning sickness at work, and may feel fatigued, or absentminded. Women should consider seeking the support of co-workers who have also experienced pregnancy in the workplace.

[http://www.babycenter.com/0\\_being-pregnant-at-work\\_490.bc](http://www.babycenter.com/0_being-pregnant-at-work_490.bc)

## **II. PRECONCEPTION AND PREGNANCY IN THE WORKPLACE: IN THE NEWS**

### **3. SHOULD PREGNANCY BE CONSIDERED A DISABILITY?**

This article in the Globe and Mail (2012) outlines the argument made by Jeannette Cox, an American lawyer, that pregnancy should be considered a disability and therefore included under the Americans with Disabilities Act. Cox found that US courts have maintained that employers do not have to go out of their way to accommodate pregnant employees (for example those dealing with shortness of breath or having to stand for prolonged periods of time). At the present moment, pregnant women have less legal standing than those who are legally disabled but are experiencing similar levels of disability.

<http://www.theglobeandmail.com/life/the-hot-button/should-pregnancy-be-considered-a-disability/article2293957/>

### **III. PRECONCEPTION AND PREGNANY IN THE WORKPLACE: RECENT RESEARCH AND REPORTS**

#### **4. WORKPLACE STANDARDS FOR EXPOSURE TO TOXICANTS DURING PREGNANCY**

Till, C., Koren, G., and Rovet, J. (2008). Workplace Standards for Exposure to Toxicants During Pregnancy. *Canadian Journal of Public Health*; 99;6:472-474.

There is limited information regarding the reproductive risks that women may face in the workplace. This leads to challenges in establishing safety standards. In this article, Till and colleagues (2008) highlight the need for an evaluation of the current occupational exposure guidelines which exist with regards to pregnancy and occupational toxicants. It is suggested that workplaces should implement regulatory safety nets for minimizing the impact of toxicant exposure, (such as Quebec's policy that provides pregnant women with precautionary leave or job reassignment if they are potentially exposed to a risk factor that may compromise theirs or their fetus' health).

<http://www.ncbi.nlm.nih.gov/pubmed/19149388>

### **IV. PRECONCEPTION AND PREGNANY IN THE WORKPLACE: RESOURCES FOR EMPLOYEES**

#### **5. DADS: HOW YOUR WORKPLACE CAN AFFECT YOUR FERTILITY**

This article (Baby Centre UK, 2007) outlines some of the various occupational hazards to fertility to which males may be exposed, as well as methods to decrease risk of exposure. Some occupations are more hazardous than others because of the risk of exposure to chemicals, radiation or sperm damaging heat or trauma. Pesticides used in the farming, agriculture and forestry industries have been linked to a decline in fertility and fetal congenital problems. Exposure to hydrocarbons (as in the automotive industry) may affect male hormone levels. Partners of men who manufacture rubber products are found to be at greater risk of miscarriage. Paternal exposure to radiation has been found to be linked to the occurrence of stillbirths. Exposure to heat, scrotal injury and sedentary work may result in difficulty

conceiving. Men should wear protective clothing in the workplace, comply with the safety guidelines and live an active lifestyle.

<http://www.babycenter.com.my/preconception/dadstobe/workplaceaffectsfertility/>

## **6. ERGONOMICS AND PREGNANCY**

An ergonomic risk factor is any imbalance between the worker and the work environment that results in extra demands being placed on the worker. Ergonomic hazards are mainly a problem during the last trimester of pregnancy and may have adverse effects on the women as well as her baby. This handbook by the Occupational Health Clinics for Ontario Workers (no date) outlines for pregnant women the ergonomic risk factors that they may be exposed to, as well as their potential effects on pregnancy. The main ergonomic risk factors include awkward postures, high force, no rest and repetitive work. Low birth weight is associated with maternal fatigue, heavy lifting, long periods of standing, high noise levels and long work hours. Ergonomic hazards may also lead to the risk of spontaneous abortion. Associated with spontaneous abortion are shift work, piecework, posture, heavy lifting and physical effort.

[http://www.ohcow.on.ca/resources/handbooks/ergonomics\\_pregnancy/Ergonomics\\_And\\_Pregnancy.pdf](http://www.ohcow.on.ca/resources/handbooks/ergonomics_pregnancy/Ergonomics_And_Pregnancy.pdf)

## **7. SAFE WORK: REPRODUCTIVE SYSTEM: INTRODUCTION**

Reproductive toxicity is defined as the occurrence of adverse effects on the reproductive system as a result of exposure to environmental agents. This online resource (International Labour Organization, no date) outlines the potential adverse effects that may occur as a result of such toxicity. These may include alteration of sexual behaviour, reduced fertility, adverse pregnancy outcomes, and modification of other bodily functions that are dependant on the functioning of the reproductive system.

Developmental toxicity is the occurrence of adverse effects on the developing fetus as a result of exposure to toxicants prior to conception or during the prenatal period. This may result in fetal death, functional deficiency, structural abnormalities or altered fetal growth. Exposed parties may also experience mutagenesis (alteration of the genetic material that is passed from parents to their baby). Also associated with exposure to environmental toxicants are reproductive wastage, genetic defects, congenital malformations, low birth weight, mortality, functional disorders and malignancies. The timing, dose and number of exposures influence outcome in pregnancy.

[http://www.ilo.org/safework\\_bookshelf/english?content&nd=857170086](http://www.ilo.org/safework_bookshelf/english?content&nd=857170086)

## **8. HEALTHY PREGNANT: WORKPLACE HAZARDS**

This document, (Complete Care for Women, no date), lists a number of common physical, chemical and disease causing agents to which female workers in certain industries may be potentially exposed.

These agents are known to have adverse effects on women who desire to become pregnant, as well as pregnant women and babies. Workplace exposures may lead to menstrual cycle effects (affecting fertility), infertility and sub-fertility, miscarriage, stillbirth, birth defects, low birth weight, premature birth, developmental disorders and childhood cancers. Solutions such as vaccination and good hygiene and safety practices are put forward.

<http://www.ccc4w.com/HealthyPregnancyWorkplaceHazards.shtml>

## **9. PRECONCEPTION, PREGNANCY AND THE WORKPLACE**

This slideshow by the Windsor-Essex County Health Unit (2010), provides couples who are pregnant or are planning a family with information on how to decrease their risk of exposure to reproductive hazards in the workplace.

<http://www.wehealthunit.org/family-health/pregnancy/presentations/Preconception-pregnancy-and-the-workplace-powerpoint.ppt/view>

## **10. PREPARE FOR BABY:CREATE A SAFE WORKPLACE**

This article (What To Expect, no date), outlines the risks that people in various professions may face with regards to a healthy pregnancy. Women who work in the healthcare field should stay away from dangerous chemicals and radiation. To protect themselves, women should hand wash frequently, wear protective clothing and respirators when necessary.

<http://www.whattoexpect.com/preconception/preparing-for-parenthood/create-a-safe-workplace.aspx>

## **11. ENVIRONMENTAL TOXICANTS AND MATERNAL AND CHILD HEALTH: AN EMERGING PUBLIC HEALTH CHALLENGE**

This resource (Harrison, 2009) provides information to women and health care providers about the various environmental toxicants that may negatively affect perinatal and preconception health. Maternal exposure to heavy metals, pollutants, and pesticides may negatively impact fetal, infant and child health. Workers may accumulate chemicals on both their clothing and skin and as a result carry chemicals home and expose their families. Complications may include brain damage, mental retardation, poor coordination, blindness, seizures, increased risk of miscarriage, congenital malformations, increased risk of low birth weight and pre-term birth.

[http://www.jhsph.edu/bin/q/r/Environ\\_Tox\\_MCH.pdf](http://www.jhsph.edu/bin/q/r/Environ_Tox_MCH.pdf)

## **12. THE CLINICAL CONTENT OF PRECONCEPTION CARE: ENVIRONMENTAL EXPOSURES**

This article by McDiarmid and colleagues (2008) outlines the various environmental and developmental toxicants that women may be exposed to in the workplace. The majority of substances evaluated for general safety are not evaluated for reproductive safety. As a result, prior to pregnancy women may use many potentially harmful substances. Materials used within industrial sectors such as pesticides, herbicides, solvents, and inks pose a potential reproductive threat to workers. An assessment may be performed by healthcare providers in which they gather information about a worker's job related exposures through the asking of screening questions regarding the timing, frequency and duration of exposure to potentially harmful chemical, biological, or physical agents. Healthcare professionals should also inquire about the exposures faced by a woman's partner, as the woman may face secondary exposure to harmful substances through the laundering of clothes.

<http://mombaby.org/PDF/Environmental%20factors%20and%20preconception%20health.pdf>

## **V. PRECONCEPTION AND PREGNANCY IN THE WORKPLACE: RESOURCES FOR HEALTHCARE AND PUBLIC POLICY PROFESSIONALS**

### **13. ENVIRONMENTAL IMPACTS ON REPRODUCTIVE HEALTH**

In the workplace, exposure to chemicals, pesticides, radiation and heavy metals are of concern for pregnant women and those who want to conceive. This monograph by the Association of Health Professionals (2010) outlines for healthcare providers how to take a comprehensive health history to assess exposures. It also provides information on the adverse effects on reproductive health that may be caused by exposure to environmental toxicants. Strategies for helping patients to reduce their exposure to harmful chemicals are outlined within this monograph. To reduce reproductive risks, women should wash all exposed skin, change out of clothes worn at the workplace, wear protective gear, avoid the use of pesticides and avoid the use of pressure treated wood.

<http://www.arhp.org/uploadDocs/CPRHE.pdf>

<http://www.arhp.org/publications-and-resources/clinical-proceedings/RHE/Workplace>

## **VI. PRECONCEPTION AND PREGNANCY IN THE WORKPLACE: RESOURCES FOR EMPLOYERS**

### **14. HOW TO BE A FAMILY FRIENDLY WORKPLACE**

This resource produced by Best Start Resource Centre (2010) outlines the ways in which workplaces can be more supportive of both parents and prospective parents. Healthy policies and practices and practices should be implemented before any workers become pregnant. Workplaces should be concerned with men's health as well, as if a damaged sperm fertilizes an egg, it can result in miscarriage or health problems for the baby. Workplaces should be supportive by assigning pregnant women modified duties and flexible hours if necessary, and by providing workers with information about

possible workplace risks. Workplaces should be prepared for situations in which pregnant employees require urgent medical care. To be a family friendly workplace, workplaces should: involve workers in planning for a healthier workplaces, find out employees concerns, determine the potential workplace risks, find out what other companies do, establish priorities, develop a plan, decide how to make changes, decide who will be responsible, raise awareness about new policies or programs, implement changes, follow up to make sure that initiatives are meeting the workers' needs and decide on further action.

[http://www.beststart.org/resources/wrkplc\\_health/pdf/preg\\_work\\_16pg\\_FNL.pdf](http://www.beststart.org/resources/wrkplc_health/pdf/preg_work_16pg_FNL.pdf)

## **15. WORKPLACE REPRODUCTIVE HEALTH**

This resource (Best Start Resource Centre, 2001) teaches both employees and employers about the impact of work on reproductive health. It also helps them to identify reproductive concerns and risks that may exist within the workplace (such as the various physical, chemical, biological, ergonomic, lifestyle and stress related concerns). Within this resource, strategies to help readers reduce or eliminate such risks are suggested, along with guidance regarding the implementation of such initiatives.

[http://www.beststart.org/resources/wrkplc\\_health/pdf/WorkplaceDocum.pdf](http://www.beststart.org/resources/wrkplc_health/pdf/WorkplaceDocum.pdf)

## **VII. PRECONCEPTION AND PREGNANCY IN THE WORKPLACE: PUBLIC POLICY**

### **16. PREGNANCY AND HUMAN RIGHTS IN THE WORKPLACE**

This document (Canadian Human Rights Commission, no date), applies the Canadian Human rights Act and the Employment Equity Act to instances of pregnancy and maternity leave. Canadian workplaces are not allowed to refuse to hire or promote a woman on the basis of pregnancy. They also are not allowed to fire, harass, or subject pregnant women to adverse differential treatment. Decisions on job promotion and hiring should not be discriminatory. Pregnant women should be allowed to attend pregnancy related medical appointments. Workplaces may not institute policies or practices that are discriminatory towards women. They must provide reasonable accommodation for their pregnant workers. However, the duty to accommodate ends when employers face undue hardship. Undue hardship is said to occur when the costs of accommodation incurred by the employer (in terms of safety, health or finance) are deemed to be too high. Pregnant employees and those on maternity leave are entitled to the same benefits as non-pregnant employees in the workplace.

[http://www.chrc-ccdp.ca/pdf/pregnancy\\_policy.pdf](http://www.chrc-ccdp.ca/pdf/pregnancy_policy.pdf)

### **17. POLICY ON DISCRIMINATION BECAUSE OF PREGNANT AND BREASTFEEDING**

This resource produced by the Ontario Human Rights Commission (2008) outlines their Policy on Discrimination because of Pregnancy and Breastfeeding. The Supreme Court of Canada has stated that pregnancy cannot be separated from gender. As a result, pregnancy discrimination is considered to be a form of sex discrimination, as only women have the biological capacity to become pregnant. Pregnancy includes the process of pregnancy to the period following childbirth. In this document, the Ontario Human Rights Commission applies the Ontario Human Rights Code to the matters of pregnancy and breastfeeding. Employers have a duty to accommodate the needs of employees during pregnancy. Special needs may be related to matters related to stillbirth, miscarriage, abortion, pregnancy complications, childbirth complications, conditions that result directly or indirectly from an abortion, miscarriage or still birth, recovery from childbirth or breastfeeding. Once the employer is made aware that accommodation is needed, they must take the steps to accommodate the needs of pregnant employees.

<http://www.ohrc.on.ca/en/resources/Policies/PolicyPregBreastfeedEN/pdf>

## 18. PREGNANCY AND PARENTAL LEAVE

This website (Ontario Ministry of Labour, 2009) outlines the sections of the Ontario Employment Standards Act, 2000 that are concerned with pregnancy. Pregnant employees are entitled to take up to 17 weeks unpaid leave from work. Parental leave is separate from pregnancy leave. Employees on leave have the right to access their employer provided benefit plan. The Act grants parents who are pregnant or who are new parents the right to take unpaid time off of work. The federal Employment Insurance Act provides eligible parents with maternity or parental benefits that may be available during the period that they are off on leave. Typically, the earliest that a pregnancy leave can begin is 17 weeks before the mother's due date. Typically, the latest that it may begin is on the baby's due date.

<http://www.labour.gov.on.ca/english/es/pubs/guide/pregnancy.php>

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