**Generic Load Moving and Handling Risk Assessment Form**

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| **Site / Hospital** | All maternity units within NHSGGC | **Reference No.** | MU001 |
| **Department** |  | **Date of Assessment** | 21/07/2011 |
| **Assessor** | Cameron Raeburn, MHSL | **Local Manager** | Senior Charge Midwives |
| **Operation / Activity Being Assessed** |
| Assisting a woman on a bed during delivery |
| **Manual Handling Risks Associated With The Activity**List hazards associated with lifting, lowering, pushing, pulling, twisting, carrying and working in an awkward posture. The risks involved may include issues relating to; the **Task** – carrying long distances, stooping twisting etc or involving equipment – is it maintained, in good working order etc; the  **Individual** – previous / current health problems, pregnancy etc; the **Load** – heavy, unstable, sharp, hot etc; the **Environment** – space, flooring, lighting etc; **Other** Factors including  |
| The midwife places her hand either on the baby’s head or slightly above the baby’s head prior to the head being delivered. There is minimal pressure exerted, rather, the midwife’s hand is there to ensure a controlled delivery of the head. This process can take between 5 and 10 minutes, first vaginal deliveries can take longer, however, the midwife does not need to maintain the same posture throughout this time. The time taken from when the baby’s head is delivered until the rest of the baby emerges is variable depending on the rate of uterine contractions (up to 10 minutes). At this point the midwife’s posture depends on what position the mother is in. A midwife may not be involved in any deliveries during her shift to a maximum of four. Musculoskeletal risks associated with this occur from having to maintain a static posture in top heavy and / or rotated position for the duration of delivery. There is a high degree of concentration required; however, the force required is negligible. It should be noted that midwives with less experience are likely to hold these postures for longer and apply more during delivery. A number of common delivery positions can occur, these are identified below in order of highest risk, identified by Rapid Entire Body Assessment (REBA):1.* 2011 Jun 18_Midwives_1368Woman semi-reclined with legs in stirrups, bed complete.
* The midwife is required to stand at a distance from the woman, increasing the amount of hip flexion, reach and rotation required.
* REBA score = 9 / Risk level = High

2.* 2011 Jun 18_Midwives_1354Woman lying on left side, upper leg drawn up and self supported.
* The midwife works in front of the thigh, increasing the rotation required to visualise the baby during delivery.
* REBA score = 7 / Risk level = Medium

3.2011 Jun 18_Midwives_1360* Woman on all fours leaning on raised back rest.
* Due to the positioning of the woman, the midwife is required to bend lower to visualise the baby.
* REBA score = 7 / Risk level = Medium

4. 2011 Jun 18_Midwives_1351* Woman semi-reclined, legs drawn up.
* The positioning of the woman’s leg, and the side of the bed limit access, increasing the amount of stooping and rotation required.
* REBA score = 6 / Risk level = Medium

 5.* 2011 Jun 18_Midwives_1355Woman on left side, upper leg drawn up and self supported (similar to No. 2).
* The midwife works behind the thigh. The central position of the woman in the bed necessitates the adoption of stooped, rotated postures.
* REBA score = 5 / Risk level = Medium

6.* Woman on all fours.
* The central position of the woman on the bed necessitates the adoption of a stooped, rotated posture.
* 2011 Jun 18_Midwives_1365REBA score = 5 / Risk level = Medium

7.* HCW supporting woman’s upper leg in side lying
* Holding the weight of the leg for an extended period
* REBA score = 4 / Risk level = Medium

8.2011 Jun 18_Midwives_1372* Woman semi-reclined with legs in stirrups, bed broken (bottom section removed)
* Access is unrestricted
* REBA score = 3 / Risk level = Low
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| **Current Control Measures** Only mention those control measure currently in place and not what you intend to put in place. In addition to noting the current control measures, you should identify any problems associated with the measure e.g. a task previously assessed and communicated to staff as requiring 2 people that is still often done by one person |
| Within some maternity units, current control measures may include:* Adjust bed to appropriate height to reduce stooped postures
* Keep hands off as far as is possible to reduce time spent in static stooped / rotated postures
* Where stirrups are to be used, the bottom section of the bed must be removed
* The birthing partner will be offered the opportunity to participate in the birthing process by assisting e.g. by supporting the woman’s upper leg in side lying
* Take frequent breaks and stretch to reduce tension
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| **Further Control measures Required** |
| Client choice to adopt a birthing position of their own choice is recognised within NHSGGC. Musculoskeletal Risks to staff associated with this approach are also recognised, and as such, midwives must be encouraged and supported in making choices to reduce risks to their own their own health and safety whilst maintaining patient choice. Midwives need to recognise changes to practices that can occur without client choice being affected and be strongly encouraged to make these changes. All midwives to be made aware of risk assessment for birthing positions and potential effects on own postures and musculoskeletal health. The following are examples of good practices that will reduce risks whilst minimally affecting the client, the following control measures are presented in a control hierarchy, that is, the most significant control measure is presented first;1. Where stirrups are to be used, the bed **must** be broken (remove bottom bed section) to avoid high risk activity (1)
2. Where a side lying position is chosen the midwife is strongly encouraged to work from behind the thigh where possible
3. Raising the bed to an appropriate height to reduce top heavy postures
4. Asking the woman to come closer to the side of the bed
5. Where the woman is in side lying and needing help to support the upper leg, ask the birth partner to assist or utilise a stirrup where these options are not appropriate the HCW may require to assist (7).
6. In some birthing positions and for some midwives it may be more appropriate to kneel with one leg on the bed facing the woman, for some this may reduce rotated postures
7. At the earliest opportunity post delivery, midwives are strongly encouraged to stretch

**Action – SCM to monitor** |
| **Risk Level** | **LOW** | **✓** | **MEDIUM** | **✓** | **HIGH** |  | **Very High** |  |  |
|  |
| **Date** | 1/8/11 | 12/09/12 |  |  |
| **Signature** | C Raeburn | C Raeburn |  |  |
| **Proposed review date** |  |  |  |  |