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

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| **Site / Hospital** | All maternity units within NHSGGC | **Reference No.** | MU002 |
| **Department** |  | **Date of Assessment** | 21/07/2011 |
| **Assessor** | Cameron Raeburn, MHSL | **Local Manager** | Senior Charge Midwives |
| **Operation / Activity Being Assessed** |
| Assisting a woman on the floor 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.* F:\Midwives Group\Pictures\2011 Jun 18_Midwives_1397.jpgWoman on all fours leaning over something e.g. a bean bag
* The midwife kneels on a floor mat, however, to visualise the baby has to adopt a forward leaning, rotated posture
* REBA score = 9 / Risk level = High

2. * F:\Midwives Group\Pictures\2011 Jun 18_Midwives_1402.jpgWoman in standing leaning against something e.g. a bed
* The midwife can chose to stand or kneel. Standing requires a significantly stooped and rotated posture to visualise the baby during delivery
* REBA score = 9 / Risk level = High

3.* F:\Midwives Group\Pictures\2011 Jun 18_Midwives_1393.jpgWoman lying on left side, upper leg drawn up and self supported
* The midwife kneels on a floor mat, however, to visualise the baby the midwife has to adopt a rotated posture
* REBA score = 7 / Risk level = Medium

4.* F:\Midwives Group\Pictures\2011 Jun 18_Midwives_1390.jpgWoman semi-reclined, legs drawn up
* The midwife kneels on a floor mat, the position of the woman’s knee can require the midwife to adopt a forward leaning posture
* REBA score = 5 / Risk level = Medium

5.* F:\Midwives Group\Pictures\2011 Jun 18_Midwives_1403.jpgWoman in standing leaning against something e.g. a bed
* The midwife kneels on a floor mat, however, to visualise the baby has to adopt a forward leaning posture
* REBA score = 5 / Risk level = Medium

6. 7.F:\Midwives Group\Pictures\2011 Jun 18_Midwives_1406.jpgF:\Midwives Group\Pictures\2011 Jun 18_Midwives_1408.jpg* Woman sitting on a chair or birthing stool
* The midwife kneels on a floor mat
* REBA score = 4 / Risk level = Medium
* Woman on all fours
* Midwife kneels on floor mat
* 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:* Use pads whilst kneeling to reduce impact through Midwife’s knees
* Use a mirror to visualise the woman’s perineum to reduce rotated / stooped postures
* Take time to stretch to reduce tension
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| **Further Control measures Required** |
| A woman’s right to adopt a birthing position of her 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 facilitating where possible the woman’s 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 a women elects to deliver in standing, the midwife **must** explore alternatives to standing as this is a high risk activity (2) including kneeling and sitting on an appropriate chair
2. Where a woman elects to deliver on the floor leaning over something, the midwife **must** use a mirror to aid visualisation of the perineum and reduce the high risk (1) nature of this activity
3. When using a kneeling mat the midwives should move the mat to reduce top heavy rotated postures as far as is reasonable and be aware that they will need to move with the woman
4. For some midwives, kneeling on the floor with a mat will not be possible due to the closed position of the knee joint. Alternatives should be explored including the use of pillows behind the knee joint. For some midwives modifications to kneeling on the floor will not be possible, this must be identified by the midwife to the SCM as assisting with deliveries on the floor may not be possible.
5. Asking the birth partner to assist, perhaps by supporting the woman’s upper leg in side lying
6. 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** |  |  |  |  |