

Hazards In The Workplace

Information for women who might be exposed, are exposed, or have been exposed to reproductive hazards in the workplace

The information provided below is for readers based in the United States of America. Readers outside of the United States of America should seek the information from local sources.

What are reproductive hazards of the workplace?

Also called occupational hazards, hazards of the workplace consist of dangers - physical, chemical, biological, or otherwise - that are present at your place of work, or due to the nature of your job.

Reproductive hazards of the workplace are hazards that relate specifically to reproductive issues, such as fertility, pregnancy, and breastfeeding.

Is there a safe amount of a reproductive hazard to which I can be exposed prior to or during pregnancy?

Government agencies and commissions set limits for workplace exposure to hazards. In the United States, the main government body that does this is the [Occupational Safety and Health Administration \(OSHA\)](#), which is part of the Department of Labor. Other US government bodies involved in limit setting include the Nuclear Regulatory Commission (NRC) and the Department of Energy, both of which are concerned with occupational exposure to ionizing radiation. In many cases, pregnant women are permitted to be exposed to a reproductive hazard but with stricter limits than those set for non-pregnant workers. With ionizing radiation, for instance, pregnant women are permitted to be exposed to no more than 5 mSv total over the course of the pregnancy (40 weeks), whereas a non-pregnant worker may be exposed to ten times this amount of ionizing radiation over the course of a year.

Can exposure to reproductive hazards of the workplace make it harder for me to get pregnant?

Yes. Various chemicals and ionizing radiation can harm your ovaries, thereby reducing your fertility.

Can reproductive hazards of the workplace cause a miscarriage?

Yes. Ionizing radiation at a high enough dose can cause a spontaneous abortion, as can various chemicals. For pregnant women working in agriculture for instance, exposure to certain [pesticides](#) has been linked to miscarriage.

Can exposure to a reproductive hazard of the workplace cause a birth defect?

Yes. Ionizing radiation beyond a certain dose can do this, as can various heavy metals, and certain chemical agents, including certain pesticides when the dose is high enough.

Are there long-term consequences to my baby from my exposure to reproductive hazards in the workplace?

Long-term consequences for the baby are known or suspected in the case of various hazards of the workplace. High levels of ionizing radiation for instance can produce genetic mutations that cause malformations, or long-term health conditions for the developing baby. However, as a pregnant worker, you are protected by the established occupational exposure limits. If you work at a nuclear power plant, for instance, you wear radiation dosimeters which report your level of exposure, and you are not permitted to exceed the pregnancy limit.

I just found out I am 6 weeks pregnant and last weekend was exposed to a reproductive hazard in the workplace . Will my baby have a problem?

It all depends on the hazard and the level of exposure. A one time exposure to a small dose of a pesticide may not be dangerous, for example, while exposure to high levels of a pesticide can indeed hurt you or your baby.

Is a large exposure to a reproductive hazard on only some days of the week as risky as continuing exposure to a reproductive hazard everyday but at lower amounts?

This depends on the type of reproductive hazard. In some cases, ionizing radiation for instance, limits are set based only the cumulative dose over a certain time period, regardless of the size and number of the doses that added up to that cumulative dose. There is evidence, however, that frequent exposure to lower doses of radiation is actually safer than being exposed to that same total dose concentrated into fewer but higher exposures. Very low radiation doses spread over time may even be beneficial to health.

Is it ok to be exposed to some reproductive hazard of the workplace after the first trimester?

This depends on the particular reproductive hazard. In the case of perchloroethylene (PCE), which is used in the dry cleaning industry, you should avoid exposure throughout pregnancy. When it comes to ionizing radiation, there is a particularly sensitive period that occurs during the first trimester, so the tolerance to radiation is somewhat higher later in pregnancy when many of the baby's organs and other structures have already taken shape.

Is there any hope for a baby whose mother has been exposed to a reproductive hazard of the workplace throughout pregnancy?

Yes. While maternal exposure to reproductive hazards of the workplace increases the risk of undesirable pregnancy outcomes, in most cases doses are low and the baby will be healthy.

Can I be exposed to a reproductive hazard of the workplace while breastfeeding?

Generally, if you are working in an environment that is considered a reproductive hazard, you cannot bring your baby to that environment in order to nurse. In certain cases, though, being exposed to the hazard at work does not create danger when it comes to nursing the baby outside of work. In other cases, such as when hazardous substances may enter your bloodstream and then enter breast milk, there would be a conflict between working without restrictions and breastfeeding, but such situations are extremely rare.

What if the father of the baby is exposed to a reproductive hazard of the workplace prior to conception?

This depends on the type of reproductive hazard of pregnancy. In cases where the father is exposed to massive quantities of agricultural pesticides prior to conception, there is a possibility of undesirable pregnancy outcomes, such as death of the baby. In the case of ionizing radiation, high enough doses could render a potential father sterile, or cause some problem that leads to a miscarriage.

Resources for reproductive hazards of the workplace:

For more information about **reproductive hazards of the workplace**, contact

<http://www.womenshealth.gov/> (800-994-9662 [TDD: 888-220-5446]) or read the following articles:

- Mayo Clinic: [Working During Pregnancy: Do's and Don'ts](#)
- The National Institute for Occupational Safety and Health (NIOSH): [Reproductive Hazards](#)

General information

It is very common for women to worry about having a miscarriage or giving birth to a child with a birth defect while they are pregnant. Many decisions that women make about their health during pregnancy are made with these concerns in mind.

For many women these concerns are very real. As many as 1 in 5 pregnancies end in a miscarriage, and 1 in 33 babies are born with a birth defect. These rates are considered the background population risk, which means they do not take into consideration anything about the health of the mom, the medications she is taking, or the family history of the mom or the baby's dad. A number of different things can increase these risks, including taking certain medications during pregnancy.

It is known that most medications, including over-the-counter medications, taken during pregnancy do get passed on to the baby. Fortunately, most medicines are not harmful to the baby and can be safely taken during pregnancy. But there are some that are known to be harmful to a baby's normal development and growth, especially when they are taken during certain times of the pregnancy. Because of this, it is important to talk with your doctor or midwife about any medications you are taking, ideally before you even try to get pregnant.

If a doctor other than the one caring for your pregnancy recommends that you start a new medicine while you are pregnant, it is important that you let them know you are pregnant.

If you do need to take a new medication while pregnant, it is important to discuss the possible risks the medicine may pose on your pregnancy with your doctor or midwife. They can help you understand the benefits and the risks of taking the medicine.

Ultimately, the decision to start, stop, or change medications during pregnancy is up to you to make, along with input from your doctor or midwife. If you do take medications during pregnancy, be sure to keep track of all the medications you are taking.