Workplace adjustments and when to stop working

Start with function, not assumptions

When pregnancy and work start to clash, the most useful question is not "Can I work at all?" but "What part of the job is no longer compatible with my current physiology?" Pregnancy can alter fatigue, balance, nausea, sleep quality, thermoregulation, bladder frequency, and musculoskeletal tolerance. That means a job that felt manageable at 10 weeks may feel very different at 30 weeks, even if the title has not changed.

A practical review begins with a task-by-task look at the role: standing time, lifting, repetitive bending, long commutes, night shifts, exposure to heat, chemicals, infectious risks, or pressure to skip breaks. An occupational health assessment for pregnancy can help turn these demands into specific recommendations. In many cases, the answer is not absence from work but a set of pregnancy workplace accommodations that make the role safer and less exhausting.

Guidance from employers and health-and-safety bodies emphasizes a simple process: talk to the worker, understand the problem, agree on suitable changes, and respond promptly. That matters because delay often turns a solvable issue into a bigger one. The sooner the mismatch between work and symptoms is

identified, the more likely it is that the person can stay engaged, protected, and productive.

What workplace adjustments can look like

Workplace adjustments work best when they address the actual limitation, not a vague idea of being "easier." For example, if nausea is the main problem, the priority may be flexible start times, easier access to food and fluids, and avoidance of odours. If back pain or pelvic girdle pain is the issue, task rotation, seated work, or reducing repetitive bending may matter more than reduced workload alone.

Common adjustments include changes to equipment, work location, and work patterns. A chair with better support, a sit-stand option, a closer workstation, more frequent microbreaks, or a reduction in manual handling can all be meaningful. Some people benefit from temporary remote work, especially if the commute, prolonged standing, or exposure risk is part of the problem. Others need adjusted shifts, fewer night duties, or a phased reduction in hours rather than an abrupt stop.

Employers do not need to guess. The best approach is to ask what feels difficult, what tasks are essential, and what can be moved, delayed, delegated, or redesigned. A review of trimester-based work adjustments is often helpful because tolerance changes as pregnancy progresses. Early pregnancy may be dominated by nausea and fatigue, while later pregnancy may bring breathlessness, pelvic pressure, edema, or reduced standing tolerance. Adjustments should be revisited, not treated as a one-time decision.

When work should pause or stop temporarily

Sometimes adjustments are enough; sometimes they are not. A person may need to stop working temporarily when symptoms make it unsafe to perform the role, when the job exposes them to unacceptable risk, or when fatigue and pain are so severe that work is no longer sustainable even with modifications. This is not a sign of failure. It is a clinical and functional decision.

Examples include uncontrolled vomiting with dehydration, dizziness or fainting that makes standing or commuting unsafe, significant pain that impairs

mobility, or exhaustion that is affecting concentration and increasing the chance of error. If the work is safety-critical, even milder symptoms may matter more because reduced focus can affect the worker, colleagues, patients, or the public.

In practice, stopping work may mean a short period of sick leave, a longer medical leave, or a temporary step back from certain duties while the situation is reviewed. The key is to match the response to the severity and likely duration of the problem. If symptoms are improving and the clinician expects recovery, a temporary pause may be enough. If the underlying issue is ongoing, then continued work may not be realistic, even with accommodations.

Medical situations that usually need immediate review

Some pregnancy symptoms are red flags rather than ordinary discomfort. Vaginal bleeding, fluid leakage, regular contractions, or pelvic pressure that feels like labour can suggest preterm labor or another complication and should be assessed promptly. A severe headache, visual disturbance, right upper abdominal pain, sudden swelling, or elevated blood pressure can indicate preeclampsia or another hypertensive disorder of pregnancy. Chest pain, shortness of breath at rest, or fainting also needs urgent attention.

Reduced fetal movement after the point in pregnancy when movement is usually felt consistently should not be ignored. Likewise, abdominal trauma, fever, or signs of infection warrant assessment. In these situations, the question is no longer workplace adjustment versus endurance; it is immediate medical review. Work should stop for the moment, and the person should seek the appropriate urgent pathway recommended by their maternity team or local emergency services.

Some complications also change work advice even before a crisis develops. Examples include placenta previa, significant anemia, cervical insufficiency, severe hyperemesis gravidarum, or conditions that require monitoring, rest, or avoidance of strain. The exact advice depends on the diagnosis, gestational age, and job demands, which is why individualized clinical guidance matters so much.

How to have the conversation at work

Good conversations about pregnancy and work are specific, calm, and documented. It helps to describe what is happening in functional terms: "I can stand for about 20 minutes before pain increases," or "I need access to breaks because nausea worsens if I miss meals." That kind of information is more useful than a vague statement that work is "too much."

Ask for a review with your line manager, HR, or occupational health if your employer has access to it. Bring a short list of tasks that are difficult, the changes that might help, and any clinical advice you have been given. If the clinician has recommended limits, share those clearly. If there is uncertainty, the workplace can often provide interim support while a formal review happens. Employers are generally expected to talk with the worker, consider suitable changes, and respond promptly rather than leaving the request unresolved.

It can also help to separate short-term and long-term needs. For example, one person may need temporary remote work while nausea settles, followed by a return to on-site duties with fewer lifts. Another may need ongoing reduction in standing time. The more concrete the plan, the easier it is to evaluate whether it is working.

Planning for leave, handover, and a return

If stopping work becomes the safest option, planning matters. A clear handover reduces stress for the worker and the team. It should identify urgent tasks, ongoing deadlines, who is covering what, and how the person will be kept informed if they are likely to return. If the absence is short, the plan may be simple. If it is longer, it may be worth creating a written return-to-work transition plan so expectations are realistic from the start.

Some people worry that taking leave means they are "giving up" too early. In reality, the goal is to protect maternal and fetal wellbeing while preserving long-term functioning. Working through severe symptoms can sometimes make recovery harder and return more difficult. If a clinician expects improvement after treatment, rest, or monitoring, then leave can be a bridge rather than a final step. If the issue is persistent or high risk, returning too soon may simply recreate the same problem.

When the time comes to resume work, revisit the original restrictions. A phased

approach can help, especially after a complicated pregnancy or a prolonged absence. The right return is not the fastest one; it is the one that fits the actual clinical situation and the realities of the job.