



Miscarriage, stillbirth and infertility policy

Authors:	People & Culture
Publication date:	March 2024
Amended:	January 2024
Review date:	January 2027

Table of Contents

Miscarriage, stillbirth and infertility policy	3
Aim	3
1. Policy statement	3
2. Scope	4
3. Definitions	4
4. Roles and responsibilities	4
5. Miscarriage	5
6. Stillbirth	6
7. Infertility	7
8. Confidentiality	8
9. Equality impact assessment	9
10. Monitoring	9
11. Related University policies and procedures	9
12. University sources of support and information	9

Miscarriage, stillbirth and infertility policy

Aim

Our University Strategy 2019-28 and People Supporting Strategy 2019-28 set out our mission of excellence in education and research, for the benefit of individuals and communities. To help us deliver this we aim to provide a healthy and safe working environment that puts people at the centre of everything we do.

Our people-centred approach shapes the way we support our employees and encourages us to look after our own physical and emotional wellbeing and that of others so that we can contribute to the best of our ability.

Resilience and mental wellbeing are not intrinsic to an individual but are influenced by the surrounding environment in which they live and work. As an enabling environment we treat individuals as professionals, who manage their own time and outcomes, and expect line managers to be compassionate, adaptive, inclusive and protecting of people's rest.

1. Policy statement

- 1.1 This Policy covers miscarriage (including ectopic or molar pregnancy), stillbirth and infertility. The purpose of the Policy is to explain an employee's rights and ensure that support is provided consistently across the organisation.
- 1.2 Research¹ has shown that employees who feel supported in the workplace have increased job satisfaction, feel valued, perform better and are less likely to leave. Workplace support and job flexibility are crucial in enabling employees to deal with miscarriage, stillbirth and infertility in the best possible way.
- 1.3 This Policy also aims to reduce the stigma surrounding these topics so that employees and line managers feel comfortable and confident in talking about these situations.

¹ L. Rhoades and R. Eisenberger (2002) Perceived Organizational Support: A review of the literature. Journal of Applied Psychology

2. Scope

- 2.1 The policy applies to all permanent and fixed-term employees at the University of Essex, regardless of length of service, during their employment with the University. This policy does not form part of your contract of employment, and we reserve the right to amend or withdraw it at any time.
- 2.2 Students should refer to [Our Approach to Supporting Pregnant Students and Their Partners](#).

3. Definitions

- 3.1 For the purposes of this Policy:
- the term 'miscarriage' includes ectopic or molar pregnancy (loss of a pregnancy before 24 weeks gestation). For ease, we have used the word 'miscarriage' to refer to all these types of baby loss before 24 weeks
 - stillbirth is when a baby is born dead after 24 weeks of pregnancy
 - infertility is when an individual cannot conceive despite wanting a child

4. Roles and responsibilities

Employees

- 4.1 Employees are encouraged to speak to their line manager when they are dealing with miscarriage, stillbirth, infertility and childlessness so that they can receive the full support available. Individuals do, however, have a right to keep their miscarriage, stillbirth or infertility treatment private if they choose, and their wishes will be respected.

Line managers/Heads of Departments and Sections

- 4.2 Line managers play a critical role in creating and sustaining a supportive working culture, and in acting as a role model to their teams. This starts with establishing a culture of trust, where employees feel comfortable in confiding in line managers about personal issues that may affect their work. Line managers should be open and supportive adopting a people-centred approach to how health and wellbeing are supported at work. This includes creating the environment in which these topics can be spoken about openly and without fear of judgement or embarrassment.

People & Culture

- 4.3 People & Culture Section will assist line managers in creating a supportive and flexible culture within their teams so that employees have confidence that the University will support them.

Occupational Health

- 4.4 Miscarriage, stillbirth and infertility can have a significant impact on the mental health of individuals. Occupational Health can ensure that employees are supported with access to employee benefits such as the University Employee Assistance Programme (HealthHero).

5. Miscarriage

Rights to leave after a miscarriage

- 5.1 An estimated one in five pregnancies ends in miscarriage². Some people will experience recurrent miscarriages.
- 5.2 Following a miscarriage, you may need time off work to recover physically and emotionally. You may also need additional leave at a later date. Sometimes the physical recovery can take a long time, sometimes it can be emotional and/or involve mental health difficulties that are harder to cope with.
- 5.3 Sickness absence after a miscarriage is protected and formally recorded as 'pregnancy-related' sickness. It will be recorded separately and will not be included in trigger points under the sickness absence policy or in considerations relating to redundancy or as part of a PDR. You can self-certify for up to seven days as usual, noting that the absence is pregnancy related. After that you will need to get a Statement of Fitness for Work from your GP or other medical practitioner. You may want to ask your GP to backdate the Statement of Fitness for Work to confirm that the leave is related to miscarriage.
- 5.4 There is no time limit on sickness absence after a miscarriage. If a GP has certified the sickness, this applies for as long as the sick leave lasts. You will be entitled to any sick pay/leave you are usually entitled to.
- 5.5 If you are not the individual who has experienced the physical loss (for example you might be the partner, grandparent or the intended parent in a surrogacy arrangement) but you need to take

² Miscarriage Association (2020)

time off work following the loss, [compassionate or special leave](#) is available. If you are absent from work due to sickness, [sick leave and pay arrangements](#) will apply.

- 5.6 You may be upset, scared or embarrassed and you may need privacy, support and access to a toilet. When experiencing a miscarriage, whether physically or as a partner, you can ask for someone to call you a taxi to go home, or to the hospital, and ask for someone to go with you. You may like someone to call a partner, relative or friend on your behalf. If you are very unwell, the University can call an ambulance for you (Colchester campus telephone extension 2222, Southend campus University Square reception telephone 01702 328408, Loughton campus call 999 directly and then notify reception extension 5983).

Returning to work after a miscarriage

- 5.7 Returning to work after a miscarriage can be overwhelming. You may feel anxious about what colleagues will say or uncertain about returning to work while no longer pregnant.
- 5.8 To make things easier, your line manager will offer a return to work meeting to check that you feel fully ready to resume work and to find out if you need any adjustments to the role. This may include a phased return on reduced hours or a change to your duties for a period. Some people find this helps them get back into work, while others prefer to go back to normal immediately. Some people find flexibility or adjustments to their job can help them return to work more quickly.
- 5.9 Your line manager can make some allowances for performance over the first few weeks and months back at work. You may also wish to contact the [University Employee Assistance Programme \(HealthHero\)](#) for additional support (including counselling).

6. Stillbirth

Rights to leave after a stillbirth

- 6.1 If you have had a stillbirth and this occurs after the 24th week of pregnancy you will be entitled to [maternity leave and pay, adoption leave and pay or shared parental leave and pay](#). If you are the partner of someone who has had a stillbirth you are also entitled to [paternity leave and pay](#). You are also entitled to [parental bereavement leave and pay](#), however this must start after your maternity, adoption or paternity leave has ended but does not have to be taken immediately after. Parents also have the right to [time off for dependants](#).

Returning to work after a stillbirth

- 6.2 Going back to work can be a welcome return to routine for some individuals, and a terrifying prospect for others. It is up to you to make the decision when you are ready within the limits of the University's [Family leave Policy](#) (.pdf). By law the minimum time that you must take is two weeks, this is known as compulsory maternity leave.

- 6.3 To make things easier, your line manager will offer a return to work meeting to check that you feel fully ready to resume work, and to find out if you need any adjustments to the role. This may include a phased return on reduced hours or a change to your duties for a period. Some people find this helps them get back into work, while others prefer to go back to normal immediately. Some people find flexibility or adjustments to their job can help them return to work more quickly.
- 6.4 Your line manager can make some allowances for performance over the first few weeks and months back at work. You may also wish to contact the University Employee Assistance Programme (HealthHero) for additional support (including counselling).

7. Infertility

- 7.1 It is recognised that infertility is a medical condition.
- 7.2 If you are undergoing fertility tests, or any form of fertility treatment, it is likely that you will be attending several medical appointments. Investigations to discover the cause of the problem are often drawn out over many months or even years, and although some hospitals/clinics try to arrange appointment times to suit their patients, many others cannot do this.
- 7.3 You may need to take some time off work during your normal working hours to attend medical appointments. The amount of time you are away from work will depend on the nature of the tests and treatments as well as the distance between your appointment and your place of work and the timing of your appointment. You may experience considerable conflict between the demands of work and the emotional demands of treatment. Therefore, your line manager will ensure flexibility around work tasks so that unavoidable last-minute adjustments to appointments can be accommodated.

Medical appointments

- 7.4 You should try and arrange medical appointments, outside agreed working hours. However, as this is not always possible with fertility treatment appointments, you should try and give your line manager as much notice as possible. Your line manager may ask to see confirmation of the appointment but will be as flexible as possible to accommodate your requests.

Paid leave for fertility treatment

- 7.5 The University recognises that having fertility treatment can be a stressful process, both physically and emotionally. To support you, we offer up to nine days paid leave (pro rata for part-time employees) in any 12-month period for fertility treatment. These days may be taken as a block of nine days or separately as necessary. You should give your line manager as much notice as possible so that they can provide cover for your absence. Should additional time off be required, you may wish to consider using flexible working, annual leave, unpaid leave, or making up the time over an agreed period (usually three months).

- 7.6 When you require a medical appointment as part of the treatment process, this will be treated in the same way as other medical appointments.
- 7.7 If time off is required due to the side effects of treatment, this will be treated as sickness absence and the Sickness Absence Management Policy should be followed.
- 7.8 If you have had fertilised eggs implanted in your womb as part of IVF treatment you will be regarded legally as being pregnant from the date of the implant and should consult the family leave policy (.pdf). A pregnancy test is usually taken two weeks after this period. If the pregnancy test is negative, then the protected period ends two weeks later.

Partners

- 7.9 Should you wish to take time off work to support your partner undergoing fertility treatment you can take up to nine days paid leave (pro rata for part time employees) in a 12-month period. Should you require additional time off to attend further scans or other antenatal appointments this will be accommodated wherever possible using flexible working, annual leave, unpaid leave or making up the time over an agreed period (usually three months).
- 7.10 When you require a medical appointment as part of the treatment process, this will be treated in the same way as other medical appointments.
- 7.11 Following implantation of the fertilised egg your partner will be regarded as being pregnant, and so any appointments that fall after this time (if the IVF is successful) will be regarded under the paternity policy.

Support during fertility treatment

- 7.12 The emotional impact of infertility cannot be underestimated and going through tests and treatment can be a traumatic process. You may also wish to contact the University Employee Assistance Programme (HealthHero) for additional support (including counselling).
- 7.13 You may need additional support during the process, and reasonable adjustments to your duties and responsibilities.
- 7.14 Your line manager will try to accommodate your needs with guidance from Occupational Health, including any requests to work flexibly, should you require this. This may include reduced hours or changing work patterns.

8. Confidentiality

- 8.1 You have a right to keep your miscarriage, stillbirth or fertility treatment private. If you choose complete confidentiality your wishes will be respected. However, we would encourage you to

inform your line manager so that we can ensure that full support is provided. Should you decide to disclose your situation, your line manager will ask you what, if anything, you would like other people at work to know.

9. Equality impact assessment

9.1 The University has conducted an Equality Impact Assessment on this policy and is satisfied that its application should not result in a differential and negative impact on any groups of employees identified under the Equality Act 2010.

10. Monitoring

10.1 [People, Culture, and Inclusion Advisory Group \(.pdf\)](#) will monitor the impact of this policy.

11. Related University policies and procedures

- [Family Leave](#)
- [Equality and Diversity Policy and Strategy](#)
- [Zero Tolerance of Harassment and Bullying](#)
- [Health and Safety Policy](#)
- [Grievance Procedure](#)
- [Disciplinary Procedure](#)
- [Sickness Absence Policy and Procedure](#)
- [Stress Management Policy \(.doc\)](#)
- [Probation](#)
- [Flexible Working](#)
- [Whistleblowing Policy](#)
- [Special Leave Policy](#)

12. University sources of support and information

- [Health and Wellbeing](#)
- [Wellbeing Directory](#)

- Work-Related Stress
- Coaching Essentials for Line Managers
- Report and Support
- Mental Health First Aid
- Employee Assistance Programme

Please contact Occupational Health at ohquery@essex.ac.uk if you have further questions about the local support available.

This policy has been informed by the following academic research:

Boncori, I. and Smith, C. (2019) I lost my baby today: Embodied writing and learning in organizations, *Management Learning*, 50 (1):74-86

Boncori, I. and Foughi, H. (2022) Understanding the individual and organisational experiences of miscarriage and stillbirth in the workplace, *British Academy/Leverhulme*

Document Control Panel

Field	Description
Title	Miscarriage, Stillbirth and Infertility Policy
Policy Classification	Policy
Security Classification	Open
Security Rationale	None
Policy Manager Role	Policy and Projects Officer
Nominated Contact	develop@essex.ac.uk
Responsible UoE Section	People & Culture
Approval Body	University Steering group
Signed Off Date	March 2024
Publication Status	Published
Published Date	March 2024
Last Review Date	January 2024
Minimum Review Frequency	3-Yearly
Review Date	January 2027
UoE Identifier	0093

If you require this document in an alternative format, such as braille, please contact the nominated contact at develop@essex.ac.uk