



University of Essex



Miscarriage, Stillbirth and Infertility:

Line Manager Guidance

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Miscarriage, Stillbirth and Infertility: Line Managers Guidance

This Guidance for Line Managers¹ should be read in conjunction with the [Miscarriage, Stillbirth and Infertility Policy](#).

The University Strategy 2019-28 sets out our commitment to create and maintain environments that foster a sense of belonging, inclusion, well-being, resilience and empowerment (O3.1). For this to be achieved, conversations about wellness must become a routine part of how we work. Creating an environment where people feel able to ask for help, knowing they will be supported and signposted to help, is important.

Our people-centred approach shapes the way we support members of our University community within the workplace. It ensures equality of treatment through our policies, processes and the value-based decisions we are trusted to make. Specifically, in relation to this guidance, we should all have an awareness of how we can support a member of staff who may have had a miscarriage or a stillbirth or be experiencing infertility.

As a line manager, you play an important part in supporting and promoting wellness amongst your employees. Taking time to understand how a member of your team may be affected by a miscarriage, stillbirth, or infertility, is very important. Providing personalised support and exploring together ways of alleviating any stress at work are effective ways of providing support. Having regular conversations with your team gives individuals the opportunity to raise any issues and for you to help to identify problems at an early stage.

This guidance is intended to help line managers provide appropriate practical and emotional support to an employee affected by:

- **miscarriage**, 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 loss before 24 weeks;
- **stillbirth** (when a baby is born dead after 24 weeks of pregnancy);
- **infertility** (when an individual cannot conceive despite wanting a child).

¹ This guidance is based on information supplied by the Miscarriage Association.

This guidance covers topics and issues that you may find difficult or upsetting. You may be a line manager with your own experience of loss or an expectant parent managing someone that has experienced a loss. Your wellbeing is important too, so if this is the case, you may need to speak to your own line manager or seek advice from the [People & Culture Employee Relations team](#).

How an individual may feel

It is important to remember that in the case of a miscarriage, stillbirth or infertility everyone's needs will be different. Some people may feel that they can continue to work as normal, while others may require more support. Everyone will experience their situation differently, and it's important not to make any assumptions about how they feel or how they want to be treated. This is the case for the employees who are physically experiencing baby loss or treatment, and also their partners.

Employees who are grandparents or other close relatives might be affected by the miscarriage and you will need to consider how best to support them if they work in your team.

An employee who has experienced a miscarriage or stillbirth or is being treated for infertility may feel any, or all, of these:

- sad and tearful
- shocked, especially if there were no signs that anything was wrong
- angry – it feels so unfair
- jealous, especially of pregnant individuals and people with babies
- guilty, perhaps wondering if they might have caused the miscarriage/stillbirth/infertility
- empty – a physical sense of loss
- lonely, especially if others don't understand
- panicky and out of control
- negative about themselves
- stressed and anxious
- acceptance – feeling as if this is not a major event for them
- relief – feeling relieved that they are no longer pregnant.

Panic attacks, flashbacks, nightmares, issues with the inability to focus on work tasks and problems with sleep are also common. Research has shown that miscarriage, stillbirth and ectopic pregnancy may trigger long-term post-traumatic stress disorder (PTSD)².

Talking about miscarriage, stillbirth and infertility

It can be very shocking to find out that a member of your team has suffered a miscarriage, stillbirth or is experiencing infertility. It's important to acknowledge the situation privately with the employee rather than to ignore it unless the individual requests otherwise. You should not make light of it. The way you listen and respond can have a great effect on how supported the individual feels. In order to support employees through these life events, it is recommended that you take a personalised approach to their circumstances and:

- ask simple, open questions
- let them explain in their own words
- give them time and be prepared for some silences
- be prepared for strong displays of emotions
- don't interrupt or impose your opinions or ideas
- show empathy and understanding – don't make assumptions about what they're experiencing or try and guess how it will affect their work
- follow their lead in terms of the language they use to describe their loss/situation (i.e. some people say 'pregnancy' whereas others prefer to use 'baby')
- offer comfort and support – the most important thing you can do is to acknowledge what has happened/what the individual is going through, it doesn't have to be anything complicated or profound.

While pregnancy and childbirth are highly visible and often celebrated, miscarriage, stillbirth and fertility challenges can be invisible and silent. For many employees, it's an incredibly private and sometimes

² Tommy's National Centre for Miscarriage Research at Imperial College London, November 2016.

painful experience, and one that's difficult to share. If you are not sure how to start a conversation about miscarriage, stillbirth or infertility you may find that these questions are useful to get you started:

- how are you feeling?
- what do you feel would help you right now?
- what, if anything, would you like team members to know?
- do you need any time off work?
- do you need any adjustment to your work tasks or schedule?
- is there anything you need me to find cover for, so you are not worrying while you are off?
- how would you like me to keep in touch while you are away?
- what other support do you have?

Avoid using phrases and expressions which, whilst well-meaning, can be perceived as dismissive or trivialising. These tend to be things that try to 'look on the bright side' or start with 'at least'. Most people feel this diminishes the importance of their situation. These include statements like 'everything happens for a reason', 'you can try again'.

You can make a difference

Being there for someone who has experienced pregnancy loss, had a stillbirth or is having fertility problems isn't easy. You might feel as if nothing you can do or say will help. But kind words and thoughtful support can make a real difference to how people cope.

If the loss occurs at work

If an employee begins to miscarry at work, they may experience one or more of these symptoms:

- bleeding, which may be very heavy
- abdominal pain which may be severe
- dizziness, fainting or even collapsing.

They may be upset, scared and embarrassed, and they may need privacy, support and access to a toilet. Individuals, and their partners, experiencing loss should be offered support with their needs, which may include organising a taxi home or if they are very unwell an ambulance to the hospital, and

they may want to be accompanied by someone. They may need you to call a partner, relative or friend. You should reassure them that any work will be covered for as long as is needed.

Pregnancy announcements

People who experience pregnancy loss, stillbirth or infertility must cope with family, friends and other employees announcing pregnancies and having babies. Each time might be an upsetting reminder of their loss or make them feel worse about their own situation. This can be a difficult situation for everyone involved. Be sensitive about how you communicate pregnancy announcements within your team. Individuals may find it difficult to read or hear pregnancy announcements (for example, in work emails) and they may not feel ready to meet a team member who might visit during their maternity leave. This isn't always possible to avoid but it's something to bear in mind. It might help to send a message or talk to them privately first so they can prepare themselves.

If the day-to-day nature of the work brings the employee into contact with baby-related items or pregnant women (for example working in a nursery or in an office where other women are pregnant), be sensitive to the fact that this may cause upset. Some individuals don't find it very upsetting, but others do. The best way to find out is to ask. If there is a way to avoid the situation, offer this.

Support whilst working

Don't be surprised if the employee struggles to concentrate at work. This is normal. They might be fine one day but may find the feelings of loss and sadness overwhelming another day. Loss also tends to be experienced as cyclical or intermitting rather than as a single event, so people may feel fine at one point and unwell shortly thereafter. For those undergoing fertility treatment individuals often feel in a constant state of anxiety.

If it is possible, let them know that it is OK to take some time out, maybe a walk or some time alone, in these situations. Some days working from home could help too, if that's possible. Employees also have the right to [request flexible working](#).

If you need access to a fridge during working hours to store medication, you should speak to Occupational Health who will arrange this.

Facilitating a return to work

Going back to work can be a welcome return to routine for some employees, and a worrying prospect for others. When an employee is ready to return to work you should offer them a meeting where any specific needs can be discussed. This might include a temporary workplace adjustment, which is aimed at enabling a person to remain at work rather than taking sick leave – for example working from home, or a phased return to work. This can be particularly important if an employee has ongoing hospital appointments to attend. Take advice from [People & Culture](#) as required.

It might also be very difficult for someone who has suffered a miscarriage or stillbirth to work closely with or near to a team member who is pregnant or has recently given birth. If this is the case, it may also be worth exploring whether working in a different location within the office would be possible and helpful.

Help the employee seek additional support if they want it, perhaps from their GP or from the [University Employee Assistance Programme](#).

Effect on performance

People experience miscarriage, infertility and stillbirth differently so it's important to discuss their individual needs and circumstances, and the impact these can have on their work. You may need to make some allowances for performance over the first few weeks and months back at work or whilst an individual is going through fertility treatment. Don't expect them to feel totally fine as soon as they are back at work. It usually takes some time.

In some cases, the physical and emotional challenges of dealing with their situation may inhibit an employee from performing at their best. Taking time off, missing out on important meetings, and struggling to stay on top of work should not be interpreted as slacking or lack of motivation. Some things to watch out for are:

- lack of energy – the stress of a difficult situation can be both physically and mentally exhausting for the individual and their partner
- reduced concentration and focus – as much as an individual may try to not let their situation distract from work, the potential effect on their concentration should be acknowledged
- team engagement – an employee's ability to participate and engage in team events may be limited due to several factors including feelings of embarrassment, required GP/hospital visits during treatment and the individual's overall energy level.

Take advice from [People & Culture](#) as required.

Confidentiality

At an appropriate point, and always before disclosing any related information to third parties, you should speak to the individual about what they would like team members to know about their situation. They have a right to keep a miscarriage, stillbirth or infertility treatment private, if they choose, so respect their wishes. They should not feel pressured either way.

Looking after yourself

Your own wellbeing is important too.

- Supporting someone else may be more difficult if you are affected by the loss yourself, if you are pregnant, trying for a baby or if you have had a loss in the past.
- Talk to someone you trust (your own line manager or the [University Employee Assistance Programme](#)).
- Make sure you take some time for yourself too – especially if you are providing a lot of support.
- Be kind to yourself – especially if their experience brings back upsetting memories for you, or makes you feel guilty about your own pregnancy or baby.
- Give yourself time to grieve if the loss has affected you too.

Flowchart of support

This support flowchart was designed to help you navigate the ways in which you can provide support and foster the maintenance of an enabling environment. This flowchart should be read in conjunction with [Miscarriage, Stillbirth and Infertility Policy](#).

Once you are made aware that an employee has had a miscarriage, stillbirth or is experiencing infertility offer to have a conversation with them. They may not want to talk immediately, and this should be respected. Ensure that confidentiality is maintained.



Listen to how they are feeling and identify how best you can support them (do they need time off work? Do they need adjustments to the role?) Consult [People & Culture](#) for advice if necessary.



Signpost them to external and internal sources of support should this be required (see Helpful Resources section below).



If they **remain in work** discuss whether any adjustments are required (e.g. temporary adjustment to duties, working from home, reduced hours etc). Consult [People & Culture](#) for advice if necessary.



If they are **absent from work** maintain contact with them (be led by them as to how frequent this contact is). Do not pressure them to return to work until they are ready. In the case of a stillbirth [maternity leave and pay](#) will apply. Log the absence on [HR Organiser](#).



Before an individual returns to work, have a conversation about how they are feeling and what additional support may be needed. (e.g. phased return or flexible working etc). Log the return on [HR Organiser](#).



Check in regularly with them and discuss any continued support required.

Helpful Resources

It is not essential that you become an expert in miscarriage, stillbirth or infertility to support people in your team, but it is important that you are able to listen to them and signpost them to expert support when needed.

There is a wide variety of external support available for individuals who have experienced a miscarriage or stillbirth or who are encountering fertility problems. We also have a number of University sources of support and information, including an Employee Assistance Programme and Wellbeing Directory.

The most helpful form of support will vary from individual to individual and you should support individuals in whatever approach is seen to be the most effective and appropriate in their situation.

External Support

<p>There are several external agencies available to provide advice and support to individuals and their families. Miscarriage Association</p> <p>www.miscarriageassociation.org.uk</p> <p>01924200799</p> <p>info@miscarriageassociation.org.uk</p> <p>Information and support to help you through a miscarriage, ectopic pregnancy or molar pregnancy.</p> <p>Citizens Advice Bureau</p> <p>www.citizensadvice.org.uk</p> <p>Free and confidential advice on benefits, work, and family</p> <p>Ectopic Pregnancy Trust</p> <p>www.ectopic.org.uk</p> <p>020 7733 2653</p> <p>Information and support for ectopic pregnancy</p> <p>Maternity Action</p>	<p>Sands</p> <p>www.sands.org.uk</p> <p>0808 164 3332</p> <p>helpline@sands.org.uk</p> <p>Information and support for stillbirth and neonatal death</p> <p>Working families</p> <p>www.workingfamilies.org.uk</p> <p>0300 012 0312</p> <p>advice@workingfamilies.org.uk</p> <p>Advice for working families via website and helpline</p> <p>Gateway women</p> <p>https://gateway-women.com/community/</p> <p>Fertility Network UK</p> <p>01424 732361</p> <p>https://fertilitynetworkuk.org/</p>
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www.maternityaction.org.uk

Information on rights and benefits around pregnancy, pregnancy loss and maternity

Mind

www.mind.org.uk

Information on mental health support including Wellness Action Plans and reducing stress at work

IVF Support NHS

www.nhs.uk/conditions/ivf/support/

University sources of support and information

<ul style="list-style-type: none">■ Miscarriage, Stillbirth and Infertility Policy■ Occupational Health Referral Guidance■ Employee Assistance Programme■ Wellbeing Directory and Manager Wellbeing Directory■ Stress Management Guidance for Line Managers■ Flexible Working■ Family Leave Policy■ Annual Leave■ Medical Appointments	<ul style="list-style-type: none">■ Health and Safety Policy■ Sickness Absence Policy and Procedure■ Stress Management Policy■ Special Leave Policy■ Equality and Diversity Policy and Strategy
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Policy creator: People & Culture

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