



Miscarriage, Stillbirth and Infertility Policy

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Aim

Our University Strategy 2019-25 sets 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 members of staff 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 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 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 This Policy applies to all employees of the University of Essex, both academic and professional, and those on all types of employment contract from day one of employment. All employees, regardless of grade and job role, should be treated in an equitable and consistent way. This policy is inclusive and applies to everyone including lesbian, gay, bi and trans staff and same-sex couples as well as heterosexual individuals and couples. 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 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.

Managers/Heads of Departments and Sections

4.2 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 managers about personal issues that may affect their work. 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 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 \(Validium\)](#).

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 considerations relating to or redundancy purposes or as part of an appraisal. 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 time off work following the loss, [compassionate or special leave](#) is available.

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).

² Miscarriage Association (2020)

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 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 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 \(Validium\)](#) 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](#). If you are the partner of someone who has had a stillbirth you are also entitled to [paternity leave and pay](#).

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](#).

6.3 To make things easier, your 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 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 \(Validium\)](#) for additional support (including counselling).

7. Infertility

7.1 It is recognised that infertility is a medical condition. Infertility affects people of all genders.

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 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 manager as much notice as possible. Your 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 is a stressful process, both physically and emotionally. To support you, we offer up to 9 days paid leave (pro rata for part-time staff) in any 12-month period for fertility treatment. These days may be taken as a block of 9 days or separately as necessary. You should give your 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 3 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](#). A pregnancy test is usually taken 2 weeks after this period. If the pregnancy test is negative, then the protected period ends 2 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 9 days paid leave (pro rata for part time staff) 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 3 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 is often a deeply traumatic process. You may also wish to contact the [University Employee Assistance Programme \(Validium\)](#) 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.

7.15 Should you require a clean and private place to do your injections as part of your fertility treatment, you may use a room within [Occupational Health](#) at the Colchester campus. Please contact Occupational Health to arrange this. If you require these facilities at the Loughton or Southend campuses you should contact the Student Services Hub in the first instance (askthehub@essex.ac.uk) and ask them to find a suitable room for you.

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 manager will ask you what, if anything, you would like other people at work to know.

9. External sources of support and information

There are several external agencies available to provide advice and support to you and your family:

Miscarriage Association

miscarriageassociation.org.uk

T 01924200799

info@miscarriageassociation.org.uk

Tommy's

www.tommys.org/about-us

Baby loss support

Citizens Advice Bureau

www.citizensadvice.org.uk

Free and confidential advice on benefits, work, and family

Ectopic Pregnancy Trust

www.ectopic.org.uk

T 020 7733 2653

Information and support for ectopic pregnancy

Maternity Action

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

Sands

www.sands.org.uk

T 0808 164 3332

helpline@sands.org.uk

Information and support for stillbirth and neonatal death

Working families

www.workingfamilies.org.uk

T 0300 012 0312

advice@workingfamilies.org.uk

Advice for working families via website and helpline

Gateway women

<https://gateway-women.com/community/>

Fertility Network UK

T 01424 732361

<https://fertilitynetworkuk.org/>

IVF Support NHS

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

10. University sources of support and information

There are several University sources of support and information available to you:

- [Employee Assistance Programme \(EAP\)](#)
- [Work-related stress](#)
- [Lone working health and safety](#)
- [Stress management guidance for line managers](#)
- [Coaching Essentials for line managers](#)
- [Improving assertiveness](#)
- [Recreational and sporting activities](#)
- [Bystander intervention training](#)
- [Report and support](#)
- [Mental health first aid](#)
- [Zero tolerance of harassment and bullying](#)
- [Building Resilience in periods of change](#)
- Working from home
- Top tips working from home for managers

11. Related University policies, procedures

- [Family leave policy \(including, maternity & paternity leave and pay\)](#)
- [Health and Safety policy](#)
- [Sickness absence policy and procedure](#)
- [Stress management policy](#)
- [Disciplinary procedure](#)
- [Capability procedure](#)
- [Grievance procedure](#)
- [Appeals procedure](#)
- [Flexible working](#)
- [Whistleblowing policy](#)
- [Special leave policy](#)
- [Equality and Diversity policy and strategy](#)
- [Zero tolerance policy](#)
- [Healthy University Sub-Strategy](#)

12. Equality impact assessment

12.1 We are committed to meeting our obligations under the Equality Act 2010, which requires the University show no discrimination as required by law on account of age, disability, gender reassignment*, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. The University will always act lawfully and this may include taking action to support people with particular protected characteristics, including disability and sex. In addition to its obligations under the EA, the University shall adopt policies, practices, and procedures that define expected standards of behaviour and specify any additional characteristics, beyond those required by law, to which protection is provided, for example, in relation to political belief, social background and refugee status.

*The University's policies, practices and procedures specifically extend to all gender identities including trans, non-binary and gender non-conforming people.

12.2 Our [Equality, diversity and inclusion policy](#) sets out our approach, in the context of our institutional mission, values and objectives as set out in our Strategic Plan, our People Supporting Strategy, our Education and Research Strategies and equalities legislation.

13. Monitoring

13.1 People, Culture and Inclusion Advisory Group will monitor the impact of this policy.

Policy information

Title: Miscarriage, Stillbirth and Infertility Policy

Policy Classification: Policy

Security Classification: Open

Security Rationale:

Nominated Contact: Head of Employment Policy and Engagement

Responsible UoE Section: People & Culture

Approval Body: University Steering Group

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