



Miscarriage, Stillbirth and Infertility Policy

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Aim

As a University we aim to provide a healthy and safe working environment for our staff, looking after their physical and emotional wellbeing to ensure everyone is able to contribute to the best of their ability.

Pregnancy or baby loss covers both miscarriage and stillbirth but these differ according to when the loss occurs. Miscarriage, stillbirth and infertility are not widely discussed in society despite the fact that one in seven couples in the UK have difficulties conceiving¹. This Policy aims to reduce the stigma surrounding these topics to enable confident conversations between employees and their managers and to ensure appropriate information, guidance and support is available to all affected staff.

Definitions

For the purpose of this policy:

- 'Miscarriage' includes ectopic or molar pregnancy (loss of a pregnancy before 24 weeks gestation).
- 'Stillbirth' is when a baby is born dead after 24 weeks of pregnancy
- 'Infertility' is when an individual cannot conceive despite wanting a child

Miscarriage

An estimated 1 in 5 pregnancies ends in miscarriage with some people experiencing recurrent miscarriages².

Following a miscarriage, an employee may need time off work to recover both physically and emotionally or may need leave at a later date. Sickness absence after a miscarriage is a protected absence and should be formally recorded as 'pregnancy related'. The usual sickness absence processes should be followed but the absence should not be included in any formal process.

If an employee has not experienced the actual loss (such as a partner, grandparent etc.) but may need time off work, compassionate leave is available.

Guidance for managers on how to support someone who starts to miscarry in work and helping someone returning to work after miscarriage can be found [here](#).

Stillbirth

If an employee has had a stillbirth after 24 weeks of pregnancy, they are entitled to the normal maternity leave and pay ([maternity policy](#)) Likewise, if the employee is the partner of someone who has had a stillbirth they are entitled to paternity leave and pay ([paternity policy](#)).

Guidance for managers on how to support someone returning to work following stillbirth can be found [here](#)

Infertility

Infertility is a medical condition that can affect people of all genders. An employee undergoing any form of fertility treatment is likely to attend several medical appointments which may be drawn out over months or even years. Like all other medical appointments, if possible these should be arranged outside of working hours or at the start or end of the working day. However, as this is not always possible, employees are asked to give as much notice as possible to their line manager who will try and be as flexible as possible to accommodate such requests.

Paid leave for fertility treatment

The University recognises the physical and emotional stresses that come with undertaking fertility treatment. To support this, employees are offered up to five days paid leave (pro rata for part-time staff) per cycle of treatment in one 12-month period and no more than three cycles in total. These days may be taken as a block of five or separately as necessary. Should additional time off be required, other options are available such as annual, flexible or unpaid leave.

Medical appointments as part of the treatment process will be treated in the same way as all other medical appointments.

If time off is required due to the side effects of treatment, this will be treated as sickness absence and the Sickness Absence and Monitoring Policy should be followed.

An employee who has fertilised eggs implanted in their womb as part of IVF treatment will be deemed legally pregnant from the date of the implant. A pregnancy test is usually taken two weeks after this period. If this pregnancy test is negative, then the legally protected period ends two weeks later.

Partners

Employees with partners undergoing fertility treatment can take up to two days paid leave (pro rata for part-time staff) in a 12 month period. If any additional time off is required, other options available include annual, flexible or unpaid leave.

Following implantation of the fertilised egg, the partner will be deemed legally pregnant and so any appointments following this will be covered by the Paternity Policy.

Support during fertility treatment

Fertility treatment can be stressful and employees may find they need additional support. Line managers should speak to their staff about any adjustments that can be made to duties and responsibilities along with any practical support that may be required.

Confidentiality

Employees have the right to keep pregnancy loss or fertility treatment private and confidentiality will be fully respected. However, in order for us to be able to provide appropriate support, the University encourages employees to inform their line manager and confirm who, if anyone else, needs to be made aware.

Support and Information

Counselling Solutions Northwest – the University's self-referral confidential counselling service

https://www.hope.ac.uk/media/gateway/staffgateway/personneldocuments/Six_Ways_Staff_Counselling_Leaflet_Sept%202022.pdf

Miscarriage Association

<https://www.miscarriageassociation.org.uk/>

Tommy's

<https://www.tommys.org/pregnancy-information/planning-a-pregnancy/fertility-and-causes-of-infertility>

Ectopic Pregnancy Trust

<https://ectopic.org.uk/>

Maternity Action

<https://maternityaction.org.uk/>

NHS IVF Support

<https://www.nhs.uk/conditions/ivf/support/>

Fertility Network UK

<https://fertilitynetworkuk.org/>

Notes

1. NHS guidance on Infertility (2023)
2. The Miscarriage Association (2022)