

Miscarriage and the workplace

A guide for employers

This leaflet contains information and advice for employers whose staff have been or may be affected by miscarriage. Since about one in every four pregnancies ends in miscarriage, it is quite a common occurrence.

Miscarriage affects women – and their partners – in many different ways and there is no one-size-fits-all approach for employers. However, two principles are likely to hold true:

- The behaviour and attitudes of employers and co-workers will affect how well women and their partners cope with miscarriage and how soon they feel able to return to work;
- Supportive management of employees affected by miscarriage, including flexible working and leave arrangements, will enhance their motivation and commitment¹.

Getting pregnant is usually a cause for excitement. For people like us it's a cause for increased anxiety and stress.

Key facts about miscarriage and work

- Miscarriage is the spontaneous loss of a baby any time up to 24 weeks of pregnancy. It is most likely to happen in the first three months, often before a woman has announced she is pregnant.
- With some 250,000 miscarriages one in four pregnancies – occurring in the UK each year, most workforces have staff that have been or may be affected.
- The exact cause of most miscarriages is not known, but some factors are known to increase the risk. Research has shown that women under stress from demanding jobs are more likely to miscarry.
- Working full time does not by itself increase the risk of miscarriage; neither does work involving sitting or standing for six hours a day or more, or lifting heavy objects or people².
- After one miscarriage, most women go on to have a healthy pregnancy. However, some suffer repeated miscarriages and a small minority never have a live baby.

Signs, symptoms and 'silent' miscarriages

A woman who begins to miscarry at work will have one or more of these symptoms:

- bleeding, which may be very heavy
- abdominal pain, which may be severe
- faintness and even collapse; this is most likely with an 'ectopic' pregnancy – a life-threatening condition where an embryo starts to grow outside the womb.

In contrast, some women have no symptoms at all and only find out their unborn babies have died at a routine antenatal appointment. In such cases the actual miscarriage may be delayed for days or even weeks. Some women are told they are at risk of miscarriage and will need to be monitored carefully by their doctors over a number of weeks.

Some women with delayed or 'threatened' miscarriages may want and be able to continue with their normal employment, but others will not.

Employers tip

A woman who starts to miscarry at work is likely to be distressed, frightened and embarrassed. She will need privacy, support and access to a toilet, and may appreciate help in getting home or to hospital. If she is very unwell an ambulance may be needed.

If you return to work early and then go off again because you're not coping, it's classed as another episode of sickness and HR get involved.

Treatment and recovery

Some women miscarry at home, but most are treated in hospital. Sometimes surgery is needed, especially in cases of ectopic pregnancy.

Women are often physically unwell for some time after miscarriage and pain and bleeding can continue for several weeks. Full physical recovery can take anything from days to weeks, even after an early miscarriage. It is likely to take longer after late miscarriage or ectopic pregnancy.

How miscarriage affects women and their partners

The emotional impact of miscarriage varies enormously. It is always unpleasant but it can be devastating – for men as well as women.

Some people move on quickly from their initial sadness and regret, while others experience intense grief that continues for weeks or months. Some cope well at the time but become distressed days or weeks later. People affected by recurrent miscarriages often suffer long-term emotional stress. Many people who have lost a baby find it hard to work with women who are pregnant or to celebrate someone else's new baby.

Employers tip

Remember that different employees may have very different reactions and needs after miscarriage. I was under huge pressure to return to work due to poor staffing levels.

Time off work

Most women need at least several days' sick leave after a miscarriage, but others take longer to recover both physically and emotionally and will need to be signed off work by their doctors.

Men whose partners have miscarried may need compassionate leave, either for themselves or to allow them to care for their partners.

Employers tip

Be aware that some women will need further time off for investigations and extra routine checks before and during the next pregnancy.

There was a baby boom at work, so I was constantly getting e-mails with baby announcements, which drove me nearly demented.

Returning to work

Whether or not you conduct a formal interview with a woman returning to work after miscarriage, you can help by:

- offering a meeting if the employee wants one
- · acknowledging their loss
- checking on any particular issue or needs. These could include:
 - confidentiality
 - working conditions
 - time off for tests or treatment
 - support in a future pregnancy.

Employers tip

In some cases it may be appropriate to offer a stepped return to work, with a gradual resumption of full working duties.

My employer allowed me to work from home for a while, which really took the pressure off. At a very stressful time I was able to avoid the stress of the workplace.

How employers can help

Do...

...offer support, without pressure, to employees on sick leave with threatened or actual miscarriage;

...find out whether the employee wants the miscarriage kept private or would prefer you to explain the situation to colleagues;

...be aware that for many people miscarriage is experienced as a bereavement, with all the attendant grief and gradual recovery;

...be sensitive to the long-term distress of people experiencing recurrent miscarriages.

Don't...

...expect people to be back to normal just because they are physically fit to return to work;

... try to cheer them up by making light of the loss with remarks like 'you'll be fine next time' or 'it was meant to be'.

> I don't want people to know that I am pregnant until I am confident that the pregnancy looks reasonably viable.

Your legal responsibilities

Antenatal appointments

All pregnant employees are allowed paid time off work for these and an employee at risk of miscarriage will need more than usual.

• Sex discrimination

It is unlawful to treat a woman less favourably because of pregnancy. Time off for pregnancy-related illness cannot be included in calculations related to disciplinary action or used as grounds for dismissal.

• Health and safety

Employers should carry out risk assessments for every pregnant employee, taking advice from a GP or midwife if appropriate. Any breach of health and safety legislation in respect of a pregnant employee automatically counts as sex discrimination.

Workplace stress

An employee who has had a miscarriage may be more vulnerable to stress in the workplace.

Good employers and managers will recognise this and take appropriate supportive action at an early stage.

N.B. This leaflet represents the legal position in England and Wales as at December 2010. It offers a brief reminder of the main issues in a complex area of employment law. When problems arise it is important to take specific advice from your employment law adviser.

Useful contacts and websites

The Miscarriage Association Tel: 01924 200799 (Mon-Fri, 9am-4pm) www.miscarriageassociation.org.uk – for further information and support on pregnancy loss

Enlighten

www.employee assistanceprogramme.com – for brokering and information on counselling services for the workplace

www.hse.gov.uk

for health and safety issues, including workplace stress

www.direct.gov.uk

and www.tuc.org.uk

 for information on pregnancy rights and obligations

References

¹ B Hayward, B Fong, A Thornton, BMRB Social Research. The third work-life balance employer survey: main findings, Department for Business Enterprise & Regulatory Reform, December 2007

² N Maconochie, P Doyle, S Prior, R Simmons (2007) Risk factors for first trimester miscarriage – results from a UK-populationbased case-control study BJOG: An International Journal of Obstetrics and Gynaecology 114 (2), 170-186. doi:10.1111/j.1471-0528.2006.01193.x I needed most help and support from work after my fifth miscarriage – and I was lucky enough to get it.

Need to talk to someone who understands?

Call our support line on 01924 200799. Monday to Friday, 9am-4pm

Or email info@miscarriageassociation.org.uk



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