

Pioneers of Mild and Natural IVF

## HOW EMPLOYERS CAN SUPPORT STAFF FACING FERTILITY PROBLEMS, MISCARRIAGE AND THE MENOPAUSE





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# **Foreword**

Professor Nargund has witnessed firsthand the impact that reproductive and hormonal health issues can have on women's day-to-day lives. Treating patients undergoing IVF, facing pregnancy loss, or experiencing severe menopausal symptoms, she is often struck by the additional hardship factoring in employment adds to the emotional and physical challenges women face.







co-founder of





Ginsburg Women's

Health Board and
lifelong campaigner
for improving women's
health and well-being,
Professor Nargund cares deeply about
supporting women in all areas of their lives.
And given that a high percentage of women
facing reproductive health challenges
are in employment – resetting the dial on
reproductive health in the workplace is
Professor Nargund's next pursuit towards
closing the gender health gap.

By supporting women's reproductive health through effective emotional, financial and medical support, employers also benefit. Businesses that take an active role in making positive changes around women's health are more likely to have an engaged and committed workforce, and retain essential talent and experience.

The following guide will outline how infertility, miscarriage and the menopause impact employees, informed by primary research undertaken by CREATE Fertility in conjunction with WorkLife Central, which was known as Cityparents when the survey was undertaken. The guide will draw on this primary research to outline the impact of reproductive health on the working population; followed by practical guidance for employers and HR directors on how to improve workplace culture around women's health; with examples of implementable workplace policy; and a call to action for changing attitudes when it comes to the future of women's health.

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## About WorkLife Central

<u>WorkLife Central</u> is a digital hub of expert-led content designed to support, inform and inspire professionals in their family life, work life and wellbeing.

Delivered through Live Talks and Videos available both Live and On Demand and a Library of Articles and Podcasts, WorkLife Central provides positive and practical content for professionals across 5 core topic categories: Careers, Families, Inclusion, Wellbeing and Workplace.

Professor Geeta Nargund has worked in collaboration with WorkLife Central and Cityparents over the years running fertility awareness and educational seminars to their members as a means of driving greater fertility education amongst professionals.

## Introduction

#### By **Professor Geeta Nargund**

While leaps and bounds have been made in the efforts to achieve gender equality over the past couple of decades, women's health remains far behind the curve. Reproductive and hormonal health issues such as infertility, miscarriage and the menopause remain stigmatised and neglected, and unfortunately the workplace often continues this trend. To achieve true gender equality, we need to ensure that health doesn't become an obstacle to women's success.

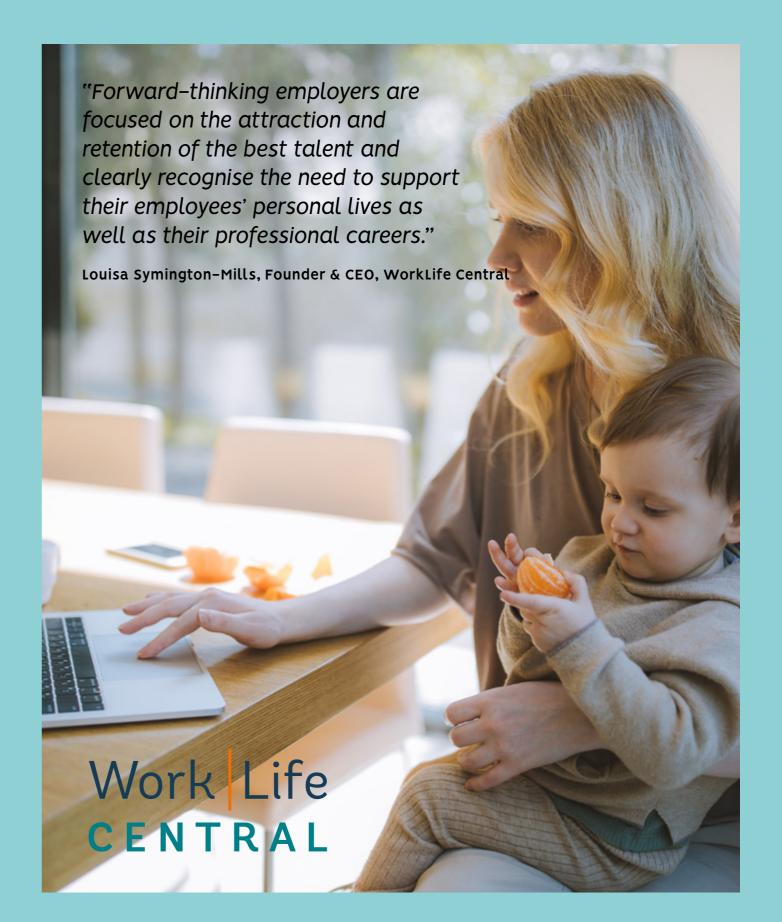
A key pillar of the **Government's Vision for Women's Health** outlines how the gender health gap translates into the workplace, with women reporting negative impacts on their stress levels and productivity due to health challenges. We aim to support the Government's Vision by providing advice, informed by first-hand medical experience, on how employers can support efforts to bridge the gender health gap.

Covid-19 has accelerated a shift in attitudes towards employee wellbeing and workplace policy. This is a climate of change that we need to harness to bring flexible working and health prioritisation into tangible policy supporting

women going through reproductive and hormonal health issues in the workplace.

Progressive workplace policy not only progresses efforts to close the gender health gap, but it makes good economic sense. As businesses face fierce competition in the 'war for talent', progressive policy can be a powerful weapon to have in your arsenal. With recruiting and retaining talent only becoming more challenging, many prospective employees seek forward-thinking and socially responsible workplace policy. It won't be long before those refusing to put employee wellbeing first are left behind.

Therefore, in conjunction with Cityparents, we launched a survey in the hope of hearing about people's firsthand experiences of facing reproductive and hormonal health issues while in employment. The survey questioned 75 individuals from a range of organisations on their experiences of workplace policy and culture surrounding fertility treatment, miscarriage and menopause, and included both quantitative and qualitative data.

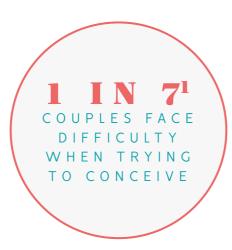




## What women told us

## Fertility and IVF in the workplace

1 in 7 couples¹ face difficulty when trying to conceive, meaning that a reported 3.5 million people<sup>2</sup> in the UK are currently impacted by infertility. For an issue defined by the World Health Organisation as a disease, and one that impacts all areas of life, it is vital that conversations around fertility treatment extend beyond the medical sphere. The number of women and couples using IVF continues to rise and for same-sex couples or single women, fertility treatment is often their only option to start a family.



Despite rising levels of infertility nationally, and Training and education are essential for both staff the all-encompassing impact of fertility treatment on day-to-day life, employees facing fertility the workplace.

Our survey revealed that only 4% of employers provide appropriate training for HR directors or line managers in how to support staff undergoing IVF.

and employers to achieve a better understanding of what is involved in undergoing IVF treatment, be challenges still feel neglected and unsupported in it time-consuming appointments or the emotional toll of lengthy procedures and physical side effects, and for staff to feel able to speak out about their reproductive health – education is always the first step in inciting change.

several days off for scans, egg collection, and embryo transfer. I'm doing another cycle but I have to otherwise I'd get questioned why I'm

"I had a miscarriage and then to use annual leave for the rest. I am worried about how it will

Tangible policy, explicitly laid out and communicated across the board, is a vital component in ensuring that someone's desire to start a family doesn't come at the cost of their career prospects. From our survey, it was revealed that 48% of employers have no official policy in place to support staff undergoing IVF, with only 20% of respondents being offered paid

leave for IVF and just 16% offered flexible working options to fit around appointments and treatment. The decision to undergo IVF treatment is both emotionally and physically challenging enough, without considering the potentially detrimental impact on your career. The workplace needs to be a space of understanding and transparency when it comes to fertility treatment.

"I have had fertility treatment and approached talking to my manager and HR were unaware







## Pregnancy loss: a policy vacuum

An estimated one in eight pregnancies<sup>3</sup> end in miscarriage, and yet current UK employment law only grants paid leave for employees if the miscarriage takes place after 24 weeks. This legislation neglects the many women who face pregnancy loss prior to the 24-week mark, leaving them to deal with the emotional and physical trauma of miscarriage without the safety net of any paid leave – an essential policy in giving women the space to help them come to terms with their loss, and recover, before returning to work.



This was reflected in our survey, with only 12% of employers providing time off for staff suffering a miscarriage before 24 weeks. We found there was also a palpable lack of knowledge surrounding the policies that were in place, with 44% of respondents being unsure if there was a policy to support those going through pregnancy loss. Women deserve better, and shouldn't have to feel alone when facing the trauma of miscarriage.

"Until employers offer compassionate leave for miscarriages at any gestation, it is purely tokenistic."



## Dealing with menopause in the workplace

From Davina McCall's Channel 4 show Sex, Myths and the Menopause, to Mariella Frostrup's guide Cracking the Menopause, Caroline Harris's M-Boldened: Menopause Conversations We All Need to Have, and the Ginsburg Women's Health Board's powerful #freeHRT social media campaign and network activation, a compelling host of women are leading the charge in exposing the neglect and stigmatisation surrounding the menopause — a serious health stage that will impact the lives of roughly 50% of the population.



As well as medical support, effectively managing menopause requires a holistic approach that places equal value on counselling and building supportive workplaces that ensure women are not needlessly lost to the workforce.

Our survey revealed that only 12% of employees have a menopause policy in place at work. With regards to workplace culture, 40% of women said they would feel uncomfortable talking to a line manager if menopausal symptoms were impacting their performance at work – shocking when a 2019 study<sup>4</sup> revealed that 14 million workdays were lost in the UK each year due to menopause symptoms.

Thanks to the campaign efforts of so many for-midable individuals, taboos are continually being broken down and challenged, and we hope to support in raising awareness of the impact of menopausal symptoms on women in the workplace through further opening up the conversation; providing training on the impact of menopausal symptoms; and suggesting policy that mitigates career detriment as a result of the menopause.



40%

OF WOMEN WOULD
FEEL UNCOMFORTABLE
DISCUSSING THE
MENOPAUSE AT WORK

3 NHS data

4 Health & Her survey

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Employers need to be aware that infertility is defined by the World Health Organisation as a disease, yet as our survey shows it is not regarded in the same way as other essential medical issues.

This is tricky terrain for employers and there is no one size fits all approach. The most important forms of support will depend upon the age demographic of the employees. A younger workforce may appreciate financial support for fertility preservation in the form of egg freezing, while those already trying to become parents may be better supported with time off for fertility assessment or IVF treatment. Large teams covering a range of ages and ethnicities will require comprehensive policies across a range of health needs.

### Fostering a culture of transparency

As a starting point it is essential that employers create a supportive environment that encourages and allows for conversations around women's health issues. This requires employers and HR professionals to introduce dedicated training on how to support their employees and how line managers should communicate with team members about sensitive health issues.

### Developing policies and frameworks

Policies need to be developed that properly provide for women's health needs. While few employers have the resource to support across all fronts, the following might provide a useful assessment point:

#### Potential fertility support:

- · IVF and IUI treatment (time off and/or subsidised costs)
- · Infertility prevention support (time off for and/or funding of fertility MOTs, part or full funding of egg freezing)
- · Same-sex family planning support
- · Single parent family planning support
- · Flexible working options around treatment
- · Confidentiality training
- · Counselling support and time off where needed

#### Potential pregnancy loss support:

- · Paid leave for pregnancy loss at any gestation, for employees affected directly or indirectly
- · Training/education around pregnancy loss
- Flexible working options
- · Confidentiality training
- · Counselling support and time off where needed

#### Potential specific menopause policy/support:

- · Training/education around the menopause and menopausal symptoms
- Flexible working options
- · Confidentiality training
- $\cdot$  Counselling support and time off where needed

## What CREATE Fertility can offer

At CREATE Fertility we have helped thousands of women and couples trying to conceive, so know very well the challenges they face and what support is needed during this time. We provide everything from one stop fertility assessments and advice to all fertility treatments, which include ovulation induction IVF, IUI and egg freezing for women, so can provide expert advice on the steps you need to take as an employer or HR director to best support employees through reproductive and hormonal health challenges, helping to close the gender health gap.

#### **IVF**

We are one of the UK's largest fertility and IVF providers, with clinics across the country. We provide IVF to both NHS and self-funded patients. We are pioneers and leaders in Natural and Mild IVF treatments that are known to be women friendly, safer, use less drugs and are aimed at improving health outcomes for mothers and babies. Find out a little more about our Mild and Natural IVF treatment here.

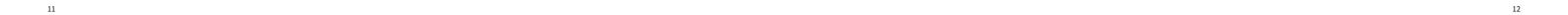
## Egg-freezing

We also provide egg-freezing services for women who aren't ready to have children but would like to optimise their chances of conceiving later in life, or women who would like to preserve their fertility when facing certain medical conditions. For more information on our egg-freezing services, visit our website here.

## Support

Alternatively, if you would like support with training and policy implementation, we'd happily provide our expert medical insight on how best to support your employees when it comes to reproductive and hormonal health. Please email us at workplacesupport@createfertility.co.uk for more information.







## Survey methodology

Our survey was sent to the WorkLife Central membership formed of employees working for a range of organisations, answering a series of questions on the policies, culture and anecdotal experiences of undergoing IVF teatment, pregnancy loss and menopause in the workplace. We used the Smart Survey platform to conduct the survey, and guaranteed anonymity on all responses.

## Useful resources

For additional legal guidance on introducing workplace policy, *Acas* have provided advice on employees' rights to maternity leave, pay and other rights (<u>here</u>) and Working Families have provided advice on rights at work for those undertaking IVF treatment (<u>here</u>).

## **Bibliography**

'Infertility', NHS – <u>here</u>

Fertility Network UK – <u>here</u>

Miscarriage Association – <u>here</u>

Health & Her – **here** 

## Media enquiries

For reporters or forward planners interested in hearing more about themes explored in this whitepaper please email us at: **createfertility@farrerkane.com** 

