

Pregnancy Loss (<24 weeks) in Workplaces

Informing policymakers on support mechanisms

Key messages from the PLACES Project

There is a significant **gap between the needs of individuals who experience pregnancy loss under 24 weeks gestation and the supports available to them in workplaces**. This has an impact on the wellbeing of individuals, their physical and emotional recovery from pregnancy loss, and their return to work. Many people return to work shortly after pregnancy loss, while still experiencing physical and/or emotional difficulties. Managing the impact of the loss, workloads, and social interactions can be particularly difficult. Many do not disclose their pregnancy loss, take time off work or seek support, due to stigma and fears of dismissal from work, or discrimination regarding career progression. There is a **need for dedicated leave from work and better workplace policies and supports for people who experience pregnancy loss**.

What is known?

Pregnancy loss affects approximately one in every four pregnancies, most often before 12 completed weeks of pregnancy. Pregnancy loss at any gestation can have physical impacts on the pregnant woman, and emotional and social impacts on the woman and her partner. Most women of reproductive age are in paid employment; as such, workplaces are an important context to consider in pregnancy loss experiences.

In the Republic of Ireland, women are entitled to maternity leave of six months duration if they experience a stillbirth – which, at the time this research was conducted, was defined as a baby born with no signs of life at ≥ 24 weeks of pregnancy and/or with a birth weight of $\geq 500g$ [1]. There is no statutory leave entitlement for pregnancy loss before this time.

Despite the prevalence of pregnancy loss before 24 weeks (or before viability globally) and the relevance of the workplace to these experiences, there remains a lack of knowledge around workplace experiences of, and supports for, early pregnancy loss. The limited empirical work in this area – focusing predominantly on women – highlights several issues, including challenges in returning to work, the need for time off work, disclosure (or not) within workplaces, and organisational and emotional supports [2].



What did we do?

The PLACES Project was commissioned by the Department of Children, Equality, Disability, Integration and Youth within the context of the Organisation of Working Time (Reproductive Health Related Leave) Bill 2021 going before the Houses of the Oireachtas [3]. This Bill proposes a period of paid leave consequent upon miscarriage or for the purposes of availing of reproductive healthcare.

Conducted between September 2022 and September 2023, the aim of this PLACES Project was to:

- Examine workplace experiences of pregnancy loss
- Determine what formal or informal support mechanisms could be introduced to support workers who experience pregnancy loss under 24 weeks gestation.

Phase 1: Reviews

- International literature
- Pregnancy loss policies in companies in Ireland
- Legislation (High income countries)

Phase 2: Empirical work

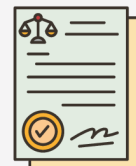
- Mixed methods survey (N=913)
- Qualitative interviews (N=13)
- With people who experienced a pregnancy loss (<24 weeks) in the preceding 5 years-working in Ireland

Phase 3: Report

- Research report with findings from the reviews and empirical work and recommendations for policymakers



Phase 1: Reviews



International literature

- **Returning to work is difficult** due to physical symptoms, managing relationships in the workplace, and concentrating on work
- **Lack of entitlement to sufficient leave**
- Practical supports: working from home, modified duties, flexibility
- Identified emotional supports: recognition, kindness, talking about it, sharing stories.



Company policies

- Just 20/179 of the 'best' companies in Ireland* which were contacted shared whether they had a policy on pregnancy loss or not
- **Almost half (9/20) had a specific pregnancy loss policy, all incorporating paid leave**
- **Average of 9 days leave (range 3-20)**
- Certification not usually required
- Generally included partners and termination of pregnancy
- Other supports within pregnancy loss policies include free counselling and flexible working.

Legislation review [4]

- **10/81 high income countries provide pregnancy loss leave**
- 3 broad categories of leave: compassionate or bereavement leave; maternity (and paternity) leave; miscarriage or pregnancy loss leave
- **Leave from 2 days (Australia), to up to 90 days (South Korea)**
- Length varies based on: set time period, gestation, or medical certification
- Some provision for partners and termination of pregnancy
- Certification generally required.

*Best 150 Employers in Ireland 2021; Ireland's Best Workplaces™ 2022 - Best Small

Phase 2: Empirical research



Survey study

- 85% of participants found it difficult to return to work following pregnancy loss. Difficulties in returning: emotional, social, and physical impacts
- 85% told somebody about their loss. Many participants chose not to disclose their pregnancy loss – stigma and taboo still surrounding the topic
- 77% took time off work, mostly sick leave. Most common reason for returning was to avoid telling anybody at work about the pregnancy loss
- 48% of women experienced physical effects of the pregnancy loss at work
- 95% would take leave relating to pregnancy loss if it was available
- Phased return, adjusted workload, working from home, flexibility helpful.

Interview study

- Most participants disclosed their pregnancy loss in their workplace – these conversations were described as extremely difficult
- Most took some leave from work (ranging a few days to a few months). Some felt pressure from work and/or financial need to return
- Most treated with kindness by colleagues. Some faced unkind or unaccommodating managers
- Need for statutory leave which is: available to all workers and does not affect sick leave; inclusive of termination of pregnancy and with provision for partners
- Organisational supports should be introduced to facilitate an easier return to work
- Awareness needed to destigmatise pregnancy loss (at work and more generally) and create supports.

Phase 3: Report

Scan to access report



Illustrative quotes from survey participants



Policy Brief 14
September 2024

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“HR were informed and were exceptionally cold about my loss and just looked for proof of loss to confirm I could be paid sick pay. (P109, First Trimester Miscarriage)”



“It was an extremely busy time of the year and I felt guilty for taking time off, I had 2 weeks signed off and only took 1 week as I felt under pressure to return. (P827, First Trimester Miscarriage)”

“I only told one work colleague and my manager. Nobody else. This was to protect myself from gossip, ridiculous comments, suggestions and judgement. (P630, Second Trimester Termination of Pregnancy)”



“Because it was early on in the pregnancy and I wasn't long return from maternity leave, I expected judgement and fallout. (P459, First Trimester Miscarriage)”

“Having to act professional and deal with members of the public on a daily basis was quite hard when I was struggling mentally and emotionally. (P549, First Trimester Miscarriage)”



“People were so awkward. The same people that had congratulated me just avoided me and ignored it completely which really hurt. (P195, Second Trimester Miscarriage)”

“...if employers had formal miscarriage policies, miscarriage leave, signposting protocols for support etc, designated contact people etc, it would help raise the understanding of miscarriage in the workplace. (P136, Second Trimester Miscarriage)”



“... [as much leave] as the person needs, maybe up to a ceiling of a few weeks. A loss isn't just something that needs physical recovery, I found the mental piece the hardest part. (P62, First Trimester Miscarriage)”

“Something needs to be offered for men too. We had a number of pregnancy losses and this loss hit him hard. He needed time off work and ended up taking sick leave but felt guilty about it. (P114, Molar Pregnancy)”



“I think it should be a statutory requirement. That way it's taken out of the hands of everybody. This is just the law on this. This is what has to happen, so it's not a case of you're dependent on the flexibility or you know the willingness of your employer, you know who may or may not give it to you. (P657, Ectopic Pregnancy)”



1

A statutory right to paid leave should be introduced for pre-viability pregnancy loss, regardless of the gestational stage or the reason for the loss. This would allow for a period of recovery, and show societal recognition of the impact of pre-viability pregnancy loss.

2

Any leave introduced should be of sufficient duration to meet the needs of those affected. The duration and scope of any leave would have to be considered in the context of existing statutory paid leave provision. The needs of people experiencing pre-viability pregnancy loss will vary, and any statutory provisions introduced will need to have regard to this.

3

A statutory right to paid leave for pregnancy loss should also be introduced for partners. This leave is needed in order to process their own loss and to support their partner (including the care of any children).

4

If statutory paid pregnancy loss leave is introduced, it should be added to the list of family/care-related leaves which are covered by the Unfair Dismissals Act. If it is not introduced, then guidance should be issued to employers to clarify that any less favourable treatment of an individual for taking existing leave entitlements following pregnancy loss is covered under the Employment Equality Acts.

5

Given the individuality of each person's experience of pregnancy loss, **patient and public involvement in the development of policies and practices which promote positive workplace cultures and environments is recommended.**

6

The implementation of leave entitlements should be carefully considered by workplaces. Procedures on notification, submitting certification, and requesting leave should be developed with sensitivity to the needs of individuals experiencing pregnancy loss.

7

Additional supports and accommodations should be made available to workers experiencing pregnancy loss. Workplaces should create **clear policies and practices**; guidance on these should be provided by Government Departments.

8

Information about leave and support entitlements for pre viability pregnancy loss needs to be clear, publicly available and accessible, to ensure that individuals can easily inform themselves about these, and avail of such supports when needed.

9

Political leadership is needed to drive changes in public awareness and perceptions surrounding pregnancy loss – in general, and specifically relating to workplaces and how to support workers in this regard – through the inclusion of education around pregnancy loss within schools, antenatal curricula, and through other channels/settings, and in national policies and action plans.



See full report for further details and context to these recommendations [2]



References

[1] Civil Registration Act 2004 (Ireland). Available at <https://www.irishstatutebook.ie/eli/2004/act/3/enacted/en/pdf>. [2] Kelly-Harrington R, Hennessy M, Leitao S, Donnelly M, Murray C, O'Sullivan M, Dalton-O'Connor C, Nuzum D, O'Donoghue K. PLACES | Pregnancy Loss (under 24 weeks) in Workplaces: Informing policymakers on support mechanisms. Department of Children, Equality, Disability, Integration and Youth; 2024. [3] Houses of the Oireachtas. (2021, March 16). Organisation of Working Time (Reproductive Health Related Leave) Bill 2021 – No. 38 of 2021. Available at <https://www.oireachtas.ie/en/bills/bill/2021/38>. [4] Kelly-Harrington R, Murray C, Hennessy M, Leitao S, O'Sullivan M, Dalton-O'Connor C, Nuzum D, O'Donoghue K, Donnelly M. Statutory leave for early pregnancy loss: A comparative study. European Labour Law Journal. 2024. <https://doi.org/10.1177/20319525241263177>.