



University
of Exeter

Miscarriage and Pregnancy Loss Guidance

Managers Guidance

The guidance covers topics and issues that some may find difficult or upsetting. You may be a manager with your own experience of loss or an expectant parent managing someone that has experienced a loss. If this is the case, you may need to speak to your own line manager, HR for advice or contact the university's [employee assistance](#) programme.

It is also important to understand that everyone is different, and the longer-term effects of miscarriage will be different for different people. Managers should be mindful that there may be long term effects on a colleagues mental and physical health.

For ease, we have used the word 'miscarriage' to refer to all types of loss, such as miscarriage, ectopic or molar pregnancy in this document. When referring to the person experiencing miscarriage, we have used 'employee'.

Additional information can be found on the miscarriage association web pages regarding [supporting an employee before, during and after a loss](#).

Introduction

As a manager you play a key role in ensuring your employee feels supported. Miscarriage can be a frightening, lonely and traumatic experience. It is often both physically and emotionally painful, with effects that can last for a very long time.

Everyone's needs will be different. For example, some people may feel that they can continue to work as normal, while others may require more support. Everyone will experience their loss differently, and it's important as managers and colleagues not to make any assumptions about how they feel or how they want to be treated.

Partners, as well as grandparents and other close relatives, might also be affected by the miscarriage and you will need to consider how best to support them if they work in your team.

This guidance covers all pregnancy loss. It is intended to provide appropriate practical and emotional support and information to both managers supporting and employees experiencing pregnancy loss.

What does this guidance cover?

This guidance is intended to help managers provide appropriate practical and emotional information for an employee affected by miscarriage, ectopic or molar pregnancy, including those colleagues receiving fertility treatment. It is based on a policy template supplied by the

Miscarriage Association. There is a separate policy about [Fertility treatment leave](#) to support staff and those staff with partners who are going through the process.

Although this guidance covers support for all pregnancy loss, there are additional practical and financial implications for pregnancy loss after 24 weeks (see [Leave and your pay](#) and [Parental Bereavement Leave](#)).

If the loss occurs at work

A pregnancy loss may happen at work. Managers or colleagues may not be aware that the individual is pregnant: there is no obligation to tell managers of a pregnancy until 15 weeks before the estimated due date, or as soon as is reasonably practicable after then (approximately 6 months pregnant).

If an employee suspects that they have started to lose the baby they may have bleeding, severe abdominal pain, and may feel faint or collapse. They may be very distressed and panicked, embarrassed and frightened.

Managers and colleagues can help by ensuring that they have quick access to a toilet, or other private space with close access to a toilet. You may need to help them by calling a preferred contact or colleague to assist them in getting home to hospital or calling a first aider. In severe cases you may need to call an ambulance.

If you are supporting an employee ensure you listen to them and what they need, everyone is different. Ensure that their manager is aware that they are leaving work if they are unable to inform them themselves.

Communication

Managers will need to consider carefully how to explain the sudden absence of their employee in order to respect their privacy, especially as the individual might not want others to know the details. Where possible and if appropriate, check with the employee what they would like communicated to colleagues.

Recording leave and absence

Time off during and after a miscarriage is protected as 'pregnancy-related' leave. If an employee has suffered an early or late miscarriage, any sick leave should be recorded as sickness absence in the 'pregnancy-related' category. Any period of sick leave will not count towards sickness absence trigger points.

For periods of absence longer than seven days, the team member will need to obtain a 'Fit note' from their doctor or health professional at hospital.

Employees who experience pregnancy loss after 24 weeks are entitled to the University [maternity scheme](#).

Employees who experience pregnancy loss after 24 weeks are also entitled to [Parental Bereavement leave](#). This can be used instead of the maternity leave or on top of the maternity leave.

Future leave

Employees who have had a miscarriage, and perhaps their partners, may need time off in the future to attend appointments related to their loss.

In any future pregnancy, additional scans and monitoring may be required. This should always be accommodated. Employees have a right to take reasonable time off for antenatal care. Partners have a statutory right to time off to attend two antenatal appointments.

Requests by partners for additional time off to attend further scans or other antenatal appointments should also be accommodated wherever possible, allowing employees to work flexibly or take annual leave to attend.

Talking about miscarriage

It is important to acknowledge the loss rather than to ignore it unless the individual requests otherwise. The Miscarriage Association has more information [on talking about miscarriage in the workplace](#).

The employee may be very confused and upset. The shock of losing a pregnancy may make it difficult for them to contact their manager to tell them what has happened, and/or to discuss what happens next with work. Information on [this page from the Miscarriage Association](#) may be helpful for these conversations.

At an appropriate point, someone should speak to the individual about what they would like colleagues to know about their loss. This could be their manager or another trusted colleague. If they do not wish to share this information, their wishes should be respected. They should not feel pressured either way.

Contact with a trusted colleague/manager can help colleagues to understand what has happened, what the effects might be on the team member, and how to be supportive. It will also make it easier for the team member to speak to colleagues when they return to work. Colleagues may find it helpful to look at the Miscarriage Association's [information for colleagues](#) and the leaflet [Supporting someone you know](#).

Facilitating return to work

When an employee is ready to return to work their manager should offer them a [return to work](#) meeting where any specific needs can be discussed.

This might include a temporary workplace adjustment, which is aimed at enabling a person to remain at work rather than taking sick leave – for example more working from home, or a

phased return to work. This can be particularly important if an employee has ongoing hospital appointments to attend. It might also be very difficult for someone who has suffered a miscarriage to work closely with or near to a colleague who is pregnant or has recently given birth. If this is the case, it may also be worth exploring whether working in a different area for a period of time may be helpful.

If the individual feels physical symptoms or symptoms of low mood and/or anxiety are impacting on work or that work is impacting on their health following miscarriage, they can request a management referral to occupational health for recommendations on adjustments at work. Alternatively, a self-referral option is available if they prefer to speak to OH confidentially about support options. Colleague Wellbeing also have resources for internal and external support for mental health and wellbeing on their web pages.

Further support

Miscarriage can have longer term effects, and it is important as a manager to be aware of them. Feelings of grief, anger, jealousy, guilt or just an overwhelming sadness can come sometimes without warning, long after the miscarriage itself.

As a manager here are some things to be aware of;

- Important dates (such as due dates or the anniversary of the loss) can be difficult. If you can, check-in with them and see if you can help make things easier. Often just remembering and recognising the date can help.
- The return of menstruation (usually 4-6 weeks after a miscarriage) and attendant hormonal changes can be a difficult time.
- Pregnancy announcements and pregnant colleagues may make things harder. If possible, it may help to warn them before someone sends out a pregnancy announcement via email.
- Some colleagues prefer to get on with things and find it frustrating if people tiptoe around certain topics when with them. If you're not sure what they would prefer, ask them.
- Pregnancy after a miscarriage can be a very anxious time. The miscarriage association have additional information on [pregnancy after a loss](#) that you may find helpful. Employees may have additional appointments and scans during that pregnancy.
- A very high level of psychological stress may be associated with an increased likelihood of miscarriage. As a manager of an employee who is trying to conceive or is pregnant after a previous loss may find it helpful to use the [managing mental health and stress safety standard](#).

Recurrent miscarriage may cause long-term emotional stress that can affect their mental and physical health. They may need additional support and time off for investigations and treatment. It's important to continue to offer the same level of support throughout.

- Make sure you check in regularly – perhaps at one to one sessions to see whether they need any further support.

Information for employees who experience a miscarriage, ectopic pregnancy or molar pregnancy

Whilst we understand that work may be the last thing on your mind right now, we wanted to extend our sincere condolences for your loss to you and your family. Please let us know if there is anything we can do to support you during this time.

We have put together this document to help you understand your rights at this difficult time. It is based on guidance supplied by the miscarriage association. We've included links below to charities and support groups that you may find helpful.

If you experience a miscarriage before 24 weeks of pregnancy you can take sickness leave. You can take up to 7 days self-certifying. If you need longer than this your GP/Midwife, etc. can provide you with the fit note if you require more time away from work. For further information on sickness absence please see the [Sickness Absence Procedure](#).

If you are deemed medically fit to return to work but you feel you need more time off, then please discuss using annual leave or compassionate leave with your manager.

Any pregnancy related sickness will be disregarded in terms of trigger points under the [Sickness Absence Procedure](#). The code also has information about your [return to work](#).

Your manager will contact you to arrange a meeting beforehand to discuss how they can help you. This may include a phased return or other reasonable adjustments if you feel this would be helpful.

You have a right to keep your miscarriage private if you choose. Your manager will ask you what, if anything, you would like other people at work to know.

You may find it helpful to look at the Miscarriage Association's [information for employees](#) here. This includes information on [going back to work after a miscarriage](#).

Partners

If a partner, relative or close friend is told of a pregnancy loss while at work, they may need to leave at short notice to provide practical and emotional support. If this is the case then you should inform your line manager in the first instance.

Partners of pregnant women who lose a baby before 24 weeks can take compassionate leave. Partners of pregnant women who lose a baby after 24 weeks can take paternity or partners leave.

If the employee is not the person who has experienced the physical loss (for example this might be a grandparent) but needs to take time off work following the loss, compassionate leave can be considered.

Further information

Further information, guidance and support can be found on the [Miscarriage Association's](#) website. There are also a range of university policies and guidance which may be helpful in this situation as well as external support. These include:

[Reasonable adjustments](#)

[Compassionate leave](#)

[Sickness absence/Pregnancy related sickness absence](#)

[Flexible working](#)

[Grief and Bereavement Support](#)

[Employee Assistance Programme](#)

[Colleague Mental Health Champions](#)

External support

Miscarriage Association

www.miscarriageassociation.org.uk

0303 003 6464

info@miscarriageassociation.org.uk

Information and support to help you through a miscarriage, ectopic pregnancy or molar pregnancy.

Citizens Advice Bureau

citizensadvice.org.uk

(search for your local office on this link)

Free and confidential advice on benefits, work, and family

Ectopic Pregnancy Trust

ectopic.org.uk

020 7096 1838

Information and support for ectopic pregnancy

British Infertility Counselling Association

<https://www.bica.net/>

NHS IVF Support

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

Specific Support for multiple pregnancy loss

[Twins Trust](#)

Maternity Action

maternityaction.org.uk

(find information and appropriate telephone numbers on this link)

Information on rights and benefits around pregnancy, pregnancy loss and maternity

Mind

mind.org.uk

0300 123 3393

Information on mental health support including Wellness Action Plans and reducing stress at work

Sands

sands.org.uk

0808 164 3332

helpline@sands.org.uk

Information and support for stillbirth and neonatal death

Working families

workingfamilies.org.uk

0300 012 0312

office@workingfamilies.org.uk

Advice for working families via website and helpline

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