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Follow-up to Equality at Work: Miscarriage and Bereavement Leave

Thank you for the opportunity to provide oral evidence to the Women and Equalities Committee on Wednesday 27th November. During the session, I committed to sharing two items:

- Pregnancy Loss Impact Report produced for Birmingham Women's and Children's NHS Foundation Trust. Please find this report enclosed.
- Learnings from our one-year evaluation of NHS England's national pregnancy and baby loss people policy framework. We expect to initiate this evaluation early in the 2025-26 financial year and will share learnings with the Committee upon its completion.

I hope this information is helpful to the Committee and I would be happy to provide further information if required.

Yours sincerely



Thomas Simons,
Chief HR and OD Officer and Deputy National People Director
NHS England

Birmingham Women's and Children's NHS Foundation Trust

Pregnancy Loss Impact Report

In 2023 Birmingham Women's and Children's NHS Foundation Trust commissioned independent research to assess the impact of early pregnancy loss on NHS employees across a range of measures from time spent off work to feelings and opinions, and if these varied depending upon whether respondents had access to the existing pregnancy loss policy.

Hypothesis: "The damage of doing it wrong is greater than the good of doing it right."

'Damage' in the terms of this hypothesis would be the reputation of the Trust, as an employer, the physical health of NHS staff, the mental health of NHS staff and the impact on the organisation in terms of efficiency and finance, and ultimately on patient care.

577 survey responses were received from NHS employees across the country. Respondents were either:

- Someone who has experienced pregnancy loss.
- The partner of someone who has experienced pregnancy loss.
- A colleague of someone who has experienced pregnancy loss.

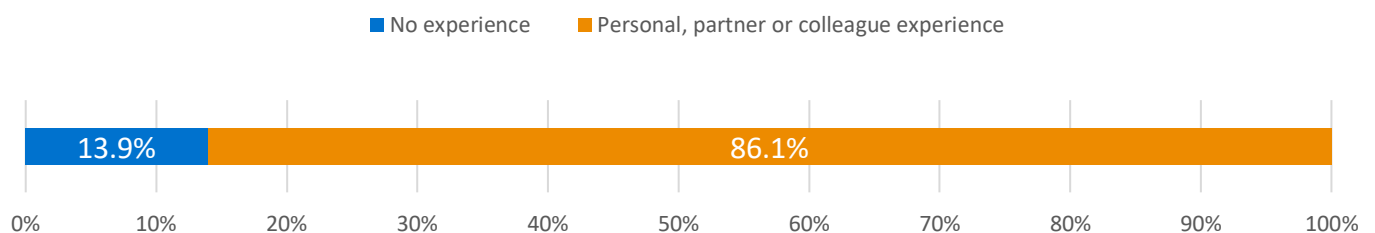
These survey responses provide valuable insight into the perceived availability of support, the impact on those who accessed the policy vs those who were unable to, and how this reflects on the Trust as an employer.

Significantly, the majority of respondents took the opportunity to leave detailed feedback, with over 600 in-depth written testimonials across nine key feedback questions, a selection of which have been duplicated in this document.

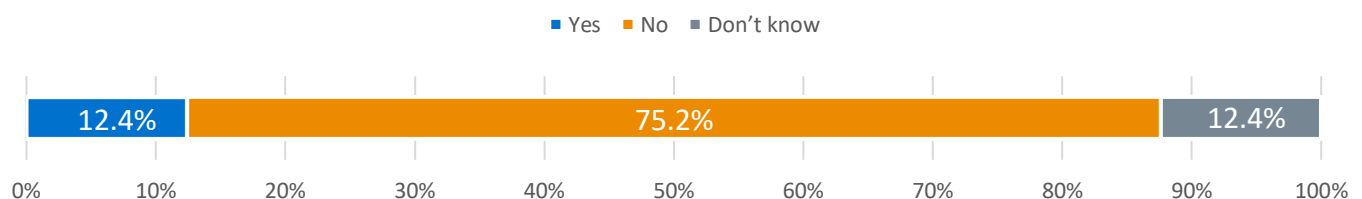
Awareness

With 86% of all respondents having some experience of pregnancy loss, it is clear that this is an issue that most will encounter at some point in their lives. Unfortunately, awareness of policies intended to support those experiencing loss and their partners is low, even in Birmingham Women's and Children's NHS Foundation Trust, with only 12.4% of respondents reporting that they were offered the policy. This lack of support and awareness can only damage those experiencing pregnancy loss during their time in employment by the NHS.

Respondent experience of pregnancy loss



Were you offered the pregnancy loss policy with paid leave? (Birmingham Women's and Children's NHS Foundation Trust)

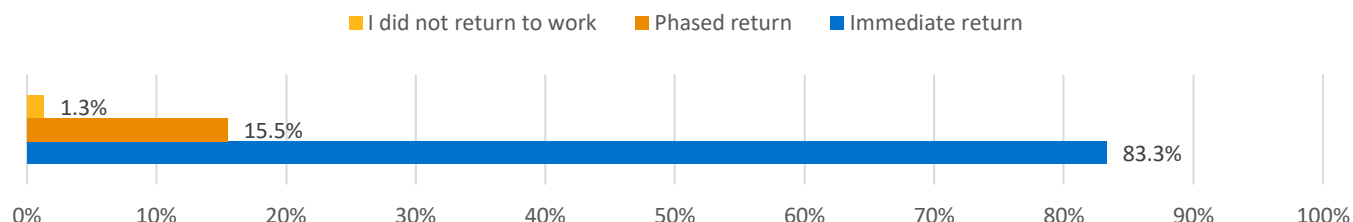


Return to work and the taboo of pregnancy loss

Of those experiencing a pregnancy loss, 83.5% returned to work immediately, with no time off. This further highlights not only the widespread lack of support, but a culture of presenteeism within the NHS.

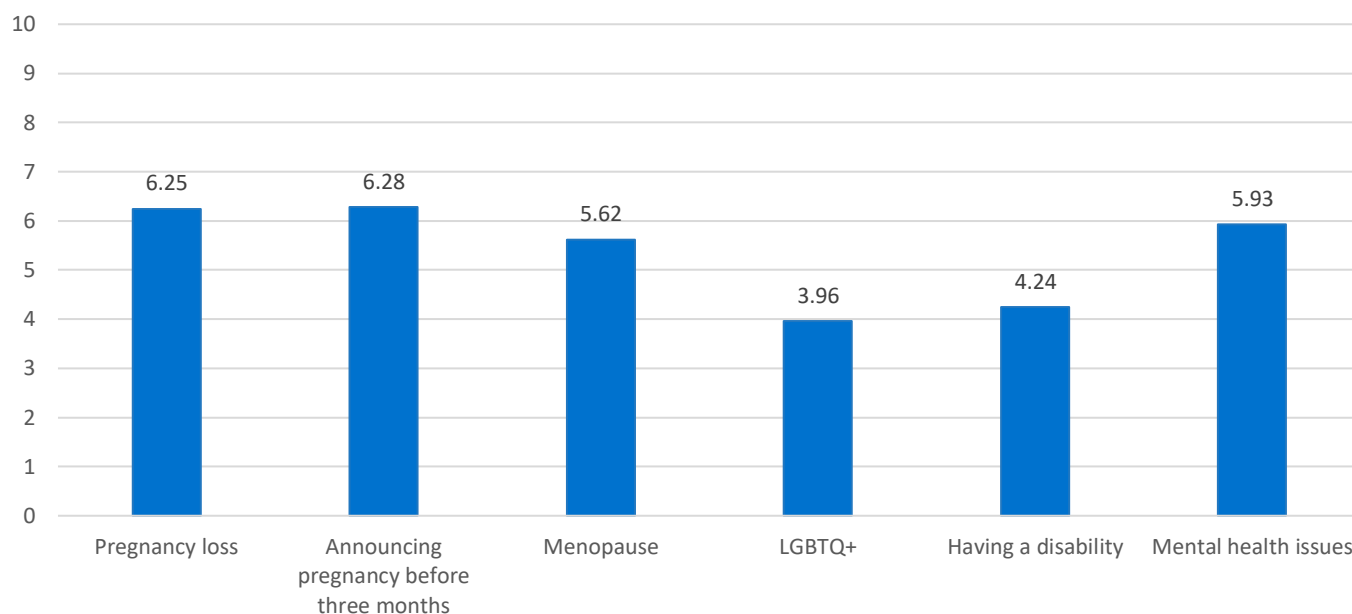
"I felt weak for needing time off work and didn't want to let my colleagues or my patients down."

How did you return to work?



It is also likely to be connected to the reported 'taboo' of discussing pregnancy loss, which is consistently rated as higher than the taboo associated with menopause, LGBTQ+, having a disability, and mental health issues by respondents. It is telling that most Trusts have employee groups for these other groups, but not for those experiencing the loss of a child.

How great is the taboo (unwillingness to discuss openly) associated with the following? (Scale of 1-10)



Testimonials from survey respondents reveal people didn't feel comfortable talking about their experience. When respondents did talk about their experience there was a significant amount who could recall negative comments which reinforce both the taboo around pregnancy loss, but also questioned the validity of their experience.

"I was told 'well it's probably for the best'... for who?"

'My manager told me not to let it happen again after my second miscarriage.'

"When saying to some colleagues they stopped talking and walked away."

'I was challenge by my seniors about when I should return to work, I felt like they did not believe that I genuinely needed time off work.'

"I had people being very insensitive, one telling me: 'now you've had a good clean out, it will be fine next time' people didn't really understand how bad I felt."

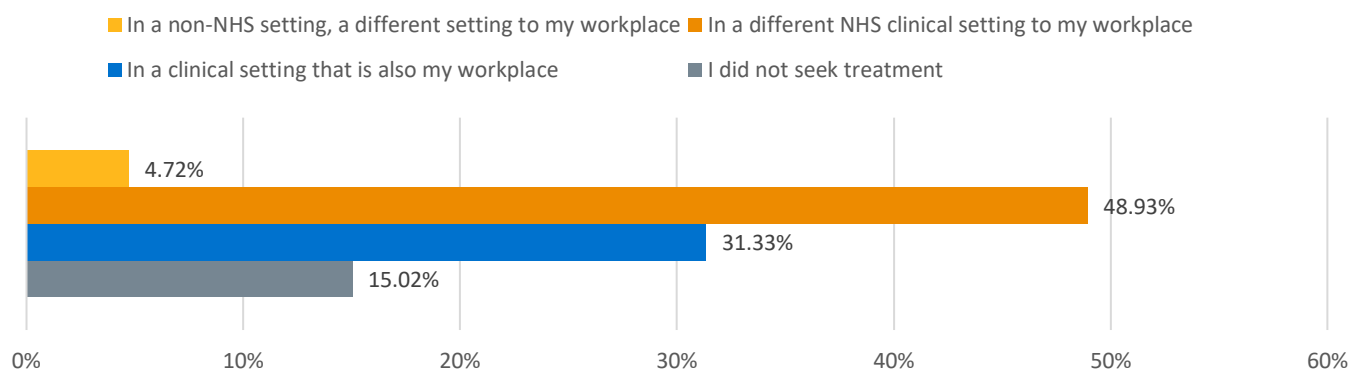
"I told a member of staff I had recently had a failed IVF cycle and she said "You can have one of mine [children] if you like" -just a lack of thought and awareness which some might find upsetting"

"Just avoided me. Didn't ask me how I was. I didn't even get a card of sympathy when I had a neonatal loss. My consultants sent me one."

"Because I was unable/didn't want everyone to know there were rumours about why I was off. I confided in one person and then found them laughing with others"

*"Being told **at least you know you can get pregnant!** Being asked 'when are you going to try for another'. Raising awareness of the harm flippant comments can make is important"*

Where were you treated?

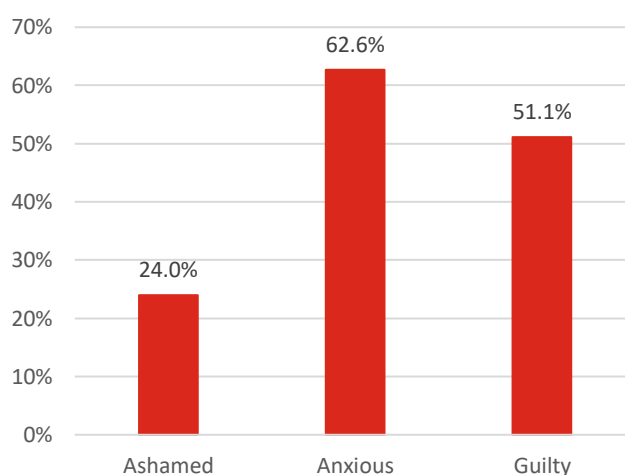


Of those that sought treatment, nearly **50% elected to visit a clinical setting different to their own workplace**, further underscoring the taboo nature of this topic, the desire for anonymity in seeking treatment, and possibly (given common themes within respondent comments), a desire to avoid being reminded of their experience every time they walk into their place of work.

This statistic also highlights a possible issue with inequality of care – where patients avoid their local hospital (most likely the one they work at), they are less likely to receive care that acknowledges and understands their medical history, therefore potentially failing to address complex or personal healthcare needs.

A significant proportion of all respondents reported feelings of shame, anxiety and guilt, compounded by reports of being punished for time taken off following their pregnancy loss.

Which of the following did you feel about receiving time off work?



"I came back to work heavily bleeding the day after it occurred with no support and no one to talk to".

"I did not tell my colleagues or workplace the reason for my absence as I felt it was too personal to share at the time and I did not want them knowing I was trying to conceive - I felt this would negatively impact my opportunities".

"I didn't tell anyone I was having a miscarriage so I carried on working because I didn't realise that you could have time off for pregnancy loss".

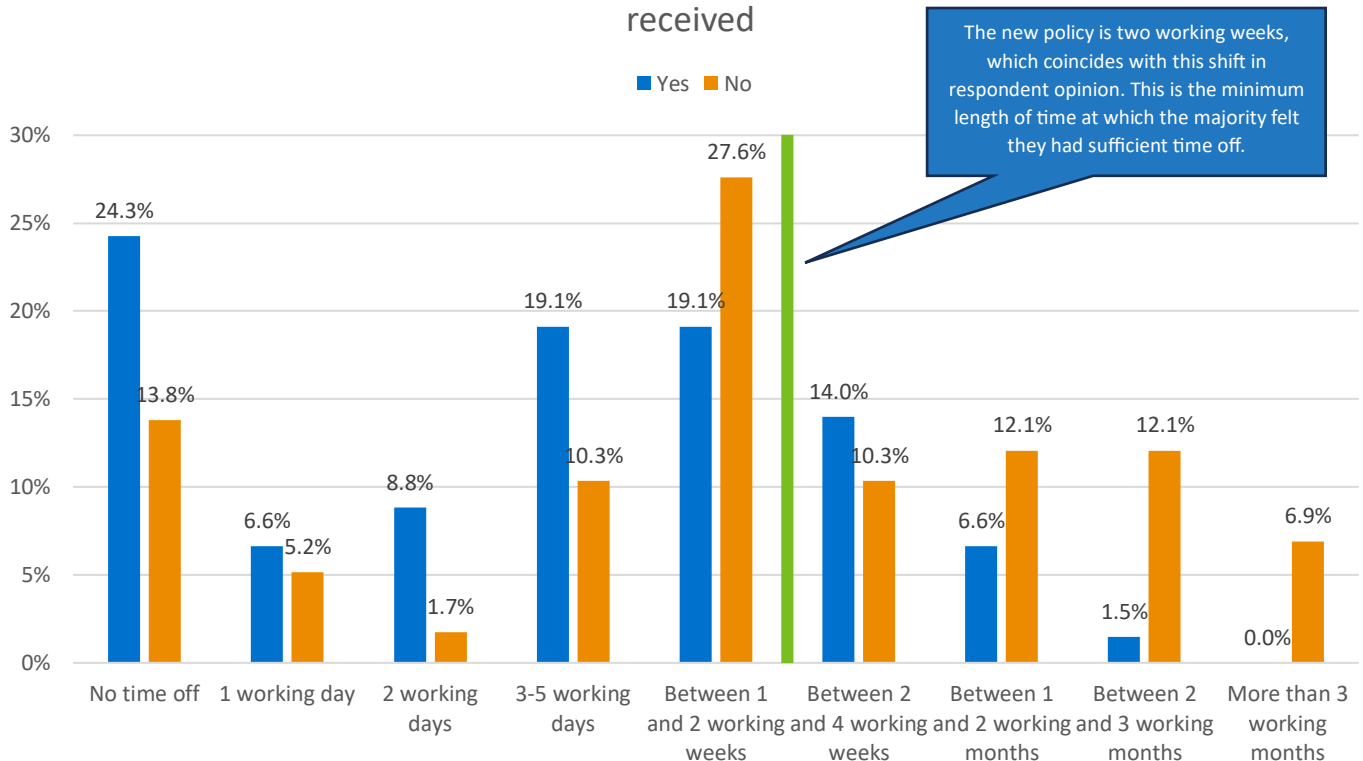
"I had to take time off due to complications/infection following the miscarriage, I was given a disciplinary meeting and a warning".

"I felt that there would be gossip amongst my team and unsure about whether manager would maintain my confidentiality. I had to tell my manager about the policy after looking it up on intranet"

"Felt like I was just expected to 'get on with it' and not be upset. Had time sick and was put on sickness review"

The majority of those receiving less than one week off felt that they needed more time. The graph below shows that one-two weeks' leave is the point at which the majority of those experiencing pre-24-week baby loss start to feel that they do not require more time off, although for 41% of 'yes' respondents, up to three months was still not considered enough.

Did you feel you needed more time off vs. that which you actually received



The case for greater support

Written survey responses call for greater support, care, and respect for those experiencing pre-24-week baby loss:

*"Make employees aware of any specific policy relating to pregnancy loss, **offer support with no pressure to immediately return to work.**"*

"Don't expect them to immediately go back to delivering babies. Don't put them on managed sickness if they're still bleeding. Don't say you'll have to get HR involved. Don't say "how can we get you back to work" when there are still blobs of your baby coming out. Actually call in and check up on them."

*"Treat with care, understanding and respect. **Acknowledge that it is a bereavement.**"*

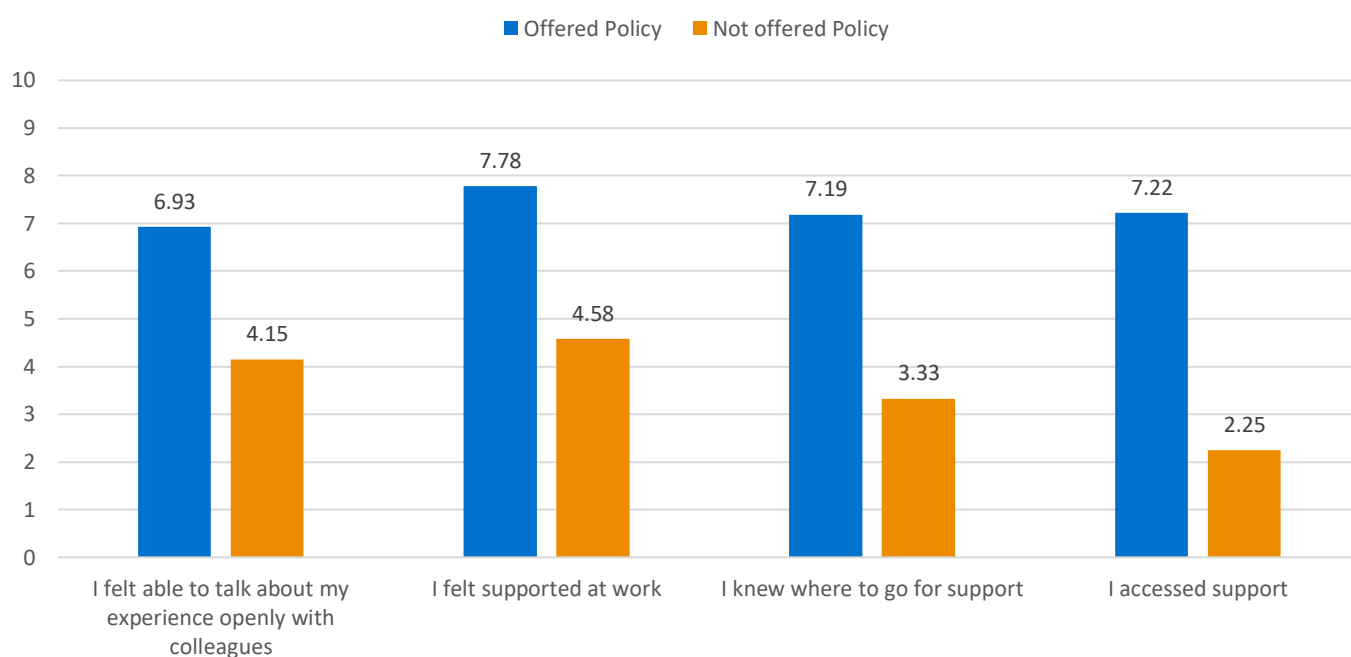
*"Raise awareness of this and encourage teams to be sensitive to this, **especially considering how common it is**"*

*"Take individual circumstances into account and provide woman-centred care. **I miscarried at work in the toilet on a night shift. I couldn't tell anyone. It was so lonely.** As midwife in charge I had to carry on working as there was no one to take over from me at that time."*

*"People who have experienced miscarriage should be given compassionate leave and more than 5 days. **It takes longer than 5 days to come to terms with things and feel physically better. A woman shouldn't have to take time off sick for a miscarriage.**"*

Comparing those who have been offered the pregnancy loss policy to those who have not reveals how those who were offered the policy felt more supported and more positive towards their workplace. These feelings were mirrored in the partners and colleagues of those who experienced pregnancy loss:

Feelings of support and desire to stay vs offered policy or not
(Loss in first 24 weeks, scale of 1-10)



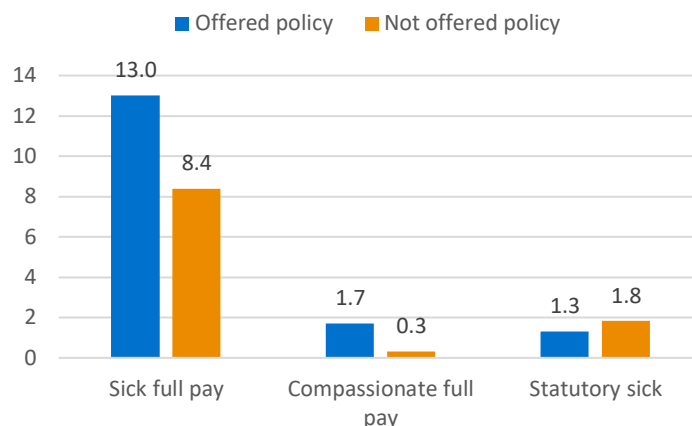
Doing the right thing

When offered more time off, people readily take it, so it is no surprise that those offered the policy take more time off overall than those who are not.

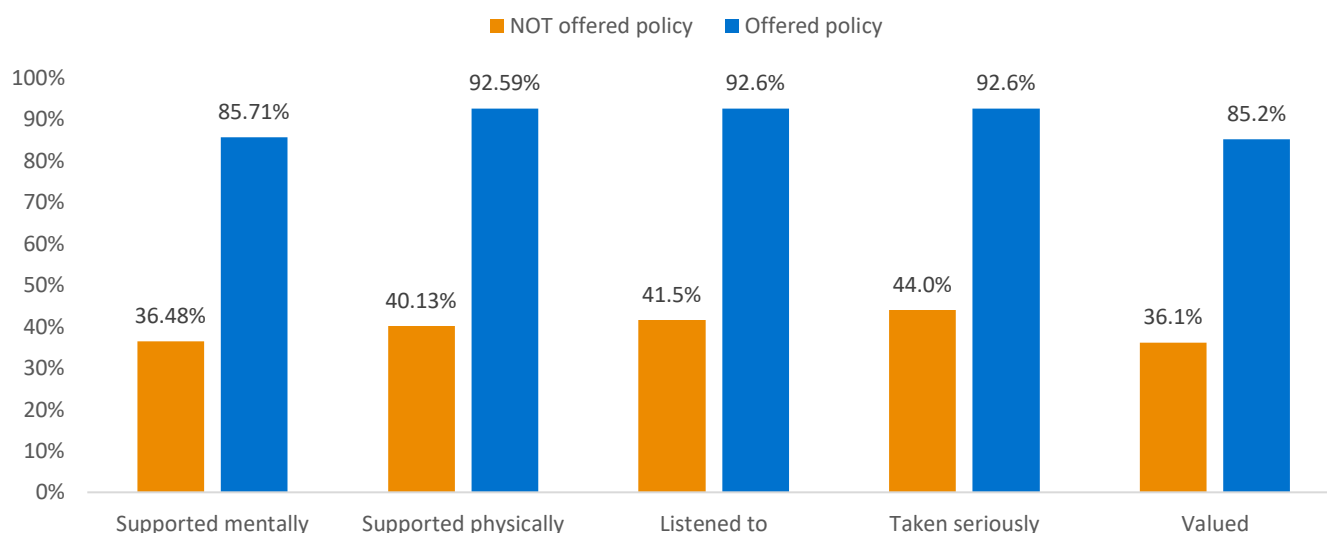
What is of special interest is that across all 3 measures of time off taken, there is only a 5.5 day difference between those offered a 2 week policy and those not – we can therefore state that the impact of offering 10 working days' leave results in only an additional 5.5 days' leave

The additional and disproportionate benefit to this is shown in the graph below and explored throughout this report. Those offered the policy typically rated their positive feelings more than 2x higher than those who were not offered the policy.

Average days off - Offered vs Not offered policy
(Loss in first 24 weeks)



Feelings - offered vs. not offered policy (all respondents)



*'I had a scare with a heavy bleed in my 5th pregnancy (which went on to be successful) and my manager and team encouraged me to take time off, to be reviewed by OH and have a risk assessment of my role, I was encouraged to adapt to working non clinically throughout my pregnancy and never once made to feel guilty, **I was treated with the care and compassion I would extend to my patients.**'*

"I was supported and allowed to leave when I felt it was right and this was exactly right for me. I was supported to be off for as long as I needed and supported to return to work following. It is just sad that the 1 colleague did cause me so much stress and distress (and I know it caused others involved the same)."

*'My managers, both direct and clinical were very supportive. **Very compassionate and did not push me to return until I was ready.** My team were also fantastic and very caring, all knew and understood that I didn't want to talk too much so just let me know they were there for me should I need or want to talk to them.'*

*'I was pleased to see the new policy implemented shortly after my loss. I have taken a very proactive and sympathetic approach to my own staff that have experienced loss, even before my loss and the new policy being implemented. **I've encouraged staff to take as much time as they need.**'*

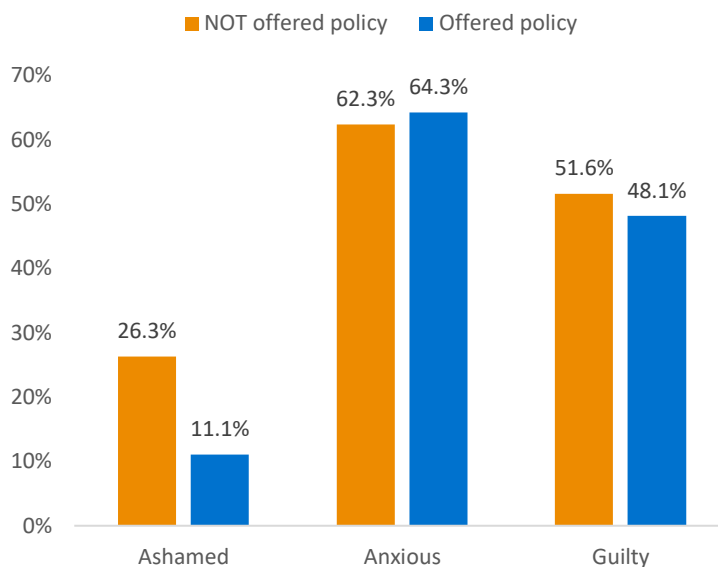
Long-term benefits of doing the right thing

Less than half of respondents who reported accessing the policy reported feeling ashamed for taking time off compared to those who were not offered the policy.

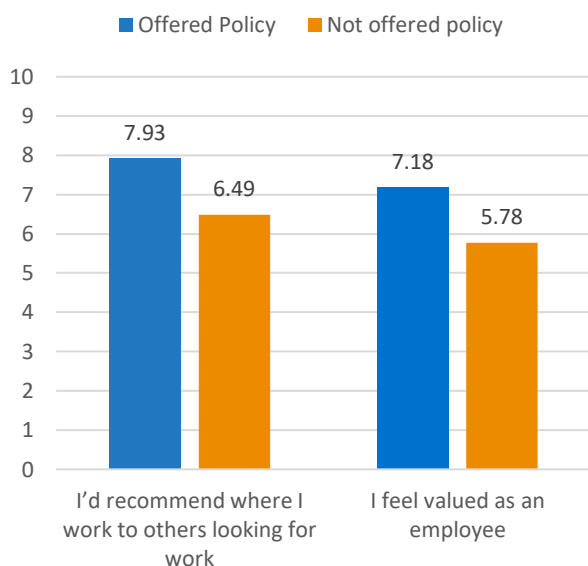
Feelings of anxiety and guilt appear to remain at the same level regardless of whether a respondent had access to the policy; this may be a confounding factor arising from general feelings either associated with pregnancy loss or the culture of presenteeism within the NHS.

It does however support the premise that feeling ashamed for taking time off can be mitigated through appropriate policies, and that care must be taken to support colleagues experiencing pre-24-week baby loss, for whom undeserved feelings of anxiety and guilt are likely.

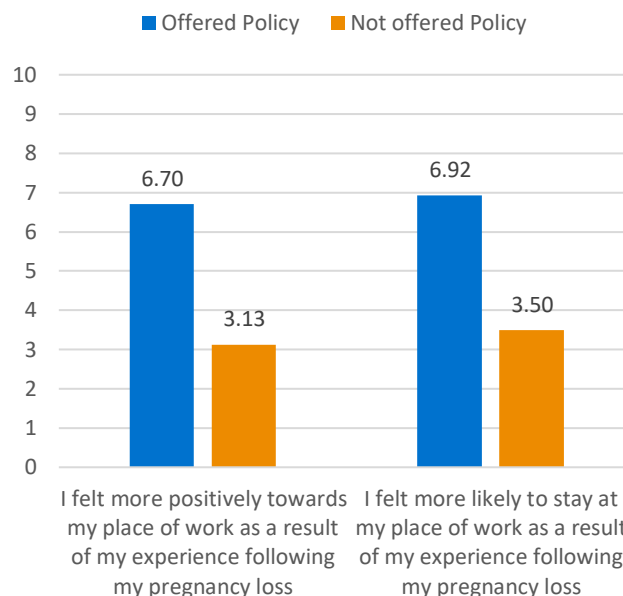
Which of the following did you feel about receiving time off work?



Workplace opinions vs offered policy or not (Loss in first 24 weeks)



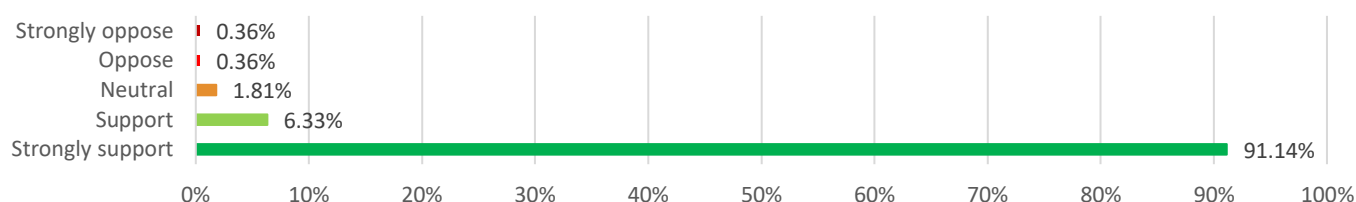
Feelings of support and desire to stay vs offered policy or not (Loss in first 24 weeks)



In the long-term, respondents who were offered the policy reported greater feelings of being valued as an employee, and that they would recommend their place of work to others.

Furthermore, this idea is overwhelmingly supported by survey respondents, which in itself suggests that the implementation of a widespread pregnancy loss policy would have a positive impact on morale and be seen as the right thing to do:

To what extent do you support the idea of the NHS providing paid time off for those who experience pregnancy loss?



One testimonial in particular highlights the difference in experience between a first loss with no policy support, and a second following policy implementation within Birmingham Women's and Children's NHS Foundation Trust:

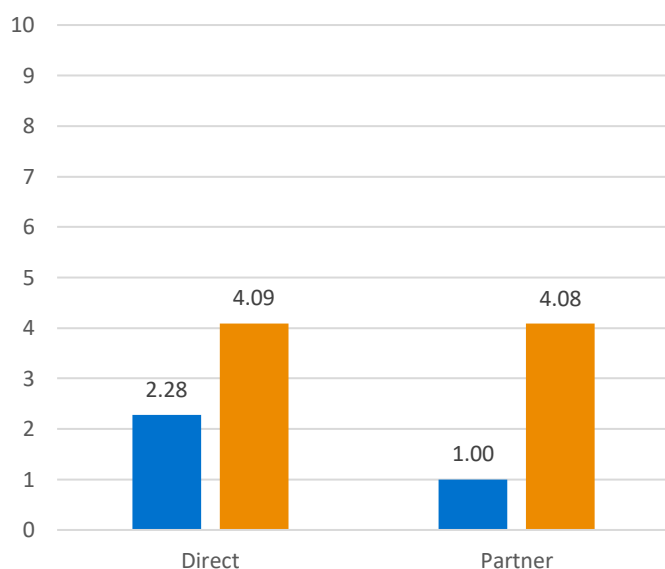
*'Information of why I was off was not shared between colleagues only a minimum number of colleagues knew... they then advised me of the policy and **it was a relief knowing I did not have to use my A/L or be recorded as sick for this.***

*This was the second time I have suffered a loss and this time I felt I was supported mentally, and emotional and physically.... **having time off to deal with the medical care required and spend with family was essential to me making a speedy recovery** and coming back to work ready to carry on my role.... **I am really grateful to this policy and the level of support I was offered by my managers.'***

Finally, respondents who were offered the policy, and partners (who are themselves eligible for 5 days' leave under the same policy) reported a significantly decreased likelihood of leaving their place of work than those who were not offered it. Their colleagues' opinions reflected this, with an average score 2.33 points lower for those making use of the policy, than those who did not.

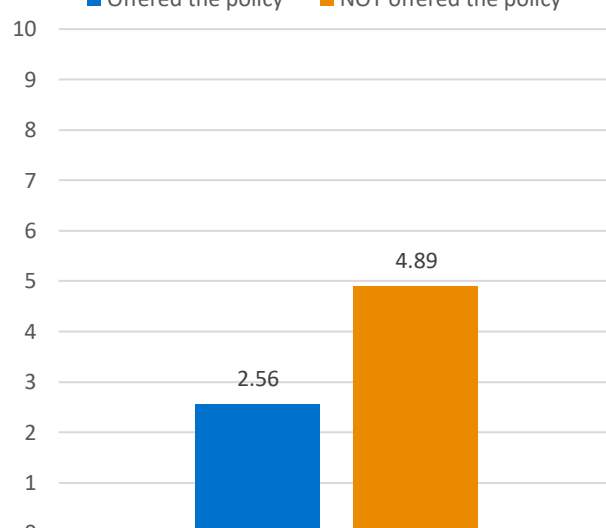
Likelihood of leaving place of work (Policy vs No policy, 1-10 score)

■ Offered the policy ■ NOT offered the policy



Colleague opinion of likelihood of leaving place of work (Policy vs No policy, 1-10 score)

■ Offered the policy ■ NOT offered the policy



They felt more likely to leave their place of work as a result of their experience following my pregnancy loss

Summary

It is worth repeating that those offered the policy reported greater feelings of being valued as an employee, and that they would recommend their place of work to others, and they were less likely to leave their place of work.

A vast majority of respondents support the idea of paid time off for those experiencing pre-24-week baby loss. This report acknowledges that the respondents were not fully representative of the broader NHS, as selection skewed towards those who had been directly or indirectly impacted by pregnancy loss, however it is still possible to draw broad conclusions from these results, particularly in terms of the widespread reception a policy for pre-24-week baby loss would receive.

Key stats include:

- 97.47% of respondents support the idea of paid time off for those who experience pregnancy loss.
- 9.2/10 average score from all respondents for the statement 'The NHS should set an example when it comes to policies that show care for its workforce'.
- Respondents making use of the policy rate their levels of shame at less than half that of those who did not have access to or make use of the policy.
- A policy providing 10 days of paid leave for those experiencing pregnancy loss would result in only 5.5 days' additional leave being taken on average per person, whilst their reported feelings of being valued, supported and listened to would **more than double** compared to someone who did not use the policy.

Regardless of whether they were offered the policy or not, over 550 respondents were absolutely clear: the NHS should be leading the way on pregnancy loss and setting an example for UK businesses. It can do this by implementing pregnancy loss policies that show understanding, compassion and care for those experiencing this under-reported and traumatising form of loss.

Conclusion

Testimonial data shows that those experiencing pregnancy loss whilst in NHS employment have experienced wildly different responses from colleagues, managers and those providing them with healthcare. The vast majority of reported experiences were negative, with the vast majority of policy feedback highlighting how valued and understood these women felt. A standardised policy for all NHS employees would serve to eliminate these negative and varying experiences in favour of an approach which the evidence in this report shows results in better outcomes across the board.

This report hypothesised: **"The damage of doing it wrong is greater than the good of doing it right"**. Based on the evidence provided through those surveyed, the damage of 'doing it wrong' can be seen as greater resentment, trauma and long-term mental health concerns, alongside a poorer view of the NHS and a greater likelihood of leaving.

By granting a comparatively small additional 5.5 days off on average, the NHS can set an example for businesses across the UK and indeed the world, raise awareness and strip the taboo from the pregnancy loss topic, whilst yielding significant gains in employee satisfaction and gratitude, short and long-term mental health and the willingness to remain an NHS employee in the long-term, which in turn results in more stability, less vacancies and a higher quality of patient care across the NHS.

We would like to acknowledge and thank all the respondents to this survey who contributed to this important report, many of whom will have revisited difficult memories to share their, opinions, views and testimonials with us.