House of Commons

Women and Equalities Committee

Equality at work: Miscarriage and bereavement leave

Second Report of Session 2024–25

HC 335

Women and Equalities Committee

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Contents

1 Pregnancy and baby loss and paid leave entitlements 1

Types of pregnancy and baby loss 1

Entitlements to paid leave from work 2

Previous attempts at reform 3

The Independent Pregnancy Loss Review 3

Employment Rights Bill 4

2 Evidence to our equality at work inquiry and next steps 6

Baby loss certificates 7

Physical and psychological impacts of pre-24-week pregnancy loss 7

Why sick leave is problematic 9

Importance of leave for partners 11

Learning from employer-led pregnancy loss leave schemes: benefits and costs 13

The case for extending the statutory parental bereavement leave scheme 15

Conclusions and recommendations 17

Annex A: Note of virtual lived experience roundtable, 25 November 2024 19

Annex B: Proposed amendments to the Employment Rights Bill 24

Witnesses 26

Published written evidence 27

List of Reports from the Committee during the current Parliament 28

1 Pregnancy and baby loss and paid leave entitlements

Types of pregnancy and baby loss

1. The loss of a pregnancy can be a devastating life event for women and their families, with profound physical and emotional consequences.[1] While circumstances and experiences vary widely, the NHS acknowledges that many people affected by pregnancy loss experience it as a bereavement.[2]

2. Pregnancy and baby loss includes:

- **Miscarriage**, which is the spontaneous loss of a pregnancy before 24 weeks.
- A **stillbirth** is a baby who dies after 24 weeks of pregnancy, but before or during birth.
- **Ectopic pregnancy** is when a fertilised egg implants itself outside of the womb, usually in a fallopian tube, and the pregnancy cannot continue. Ectopic pregnancies are typically diagnosed after four to 12 weeks.
- **Molar pregnancy**, also called a hydatidiform mole, is when an abnormal egg is fertilised, and a pregnancy cannot develop. A growth or cluster of water-filled sacs can develop in the uterus. Molar pregnancies tend to be detected by a scan after around four to 14 weeks.
- **In vitro fertilisation (IVF) embryo transfer loss** is when a cycle of fertility treatment doesn't work, usually due to implantation failure.
- **Abortion or termination** is the artificial removal or expulsion of an embryo or foetus. This can be for any reason, including for medical reasons where there is a foetal anomaly or risk to the mother.[3]

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1 See, for example, The Miscarriage Association, 'The physical process'; The Miscarriage Association, 'Your mental health', accessed 9 December 2024

2 NHS, 'Afterwards: miscarriage', accessed 10 December 2024

3 See, TUC, 'TUC Northern Miscarriage & Pregnancy Loss in the Workplace: Policy & Reps Guidance' (October 2024), accessed 9 December 2024; see also, NHS, 'Symptoms: Ectopic pregnancy', accessed 9 December 2024; The Miscarriage Association, 'Molar pregnancy', accessed 9 December 2024

3. It is estimated that more than one in five pregnancies end before 24 weeks.[4] Miscarriages are sadly not uncommon. Around 10 to 20 per cent of pregnancies end in early miscarriage, in the first 12 weeks. Late miscarriages are less common, affecting about three to four per cent of pregnancies.[5] Miscarriages after IVF implantation occur in around 18% of cases in women under the age of 35 years, rising to nearly 40% in women aged 40 to 42 years and 65% in women aged 45 years and over.[6] About one in five women will experience a miscarriage in their reproductive lifetime.[7]

4. Other types of pre-24-week pregnancy loss are comparatively rare. Around one in 80 pregnancies are ectopic,[8] and about one in 600 pregnancies is a molar pregnancy.[9] Approximately 3,300 women per year make the very difficult decision to terminate a much-wanted pregnancy for medical reasons, including risks to their own health and foetal abnormality.[10]

Entitlements to paid leave from work

5. Since April 2020, employees may be eligible for statutory parental bereavement leave and pay if they or their partner:

   - had a child who has died under 18 years old; or
   - had a stillbirth after 24 weeks of pregnancy.

   The entitlement is two weeks leave, which women and their partners can take together as a two-week block or individually in two separate weeks. Statutory parental bereavement pay is £184.03 per week or 90% of average weekly earnings, whichever is lower.[11] This is the same rate as maternity, paternity, and shared parental leave.[12] In some circumstances, women who lose pregnancies may be entitled to sick leave and pay, including Statutory Sick Pay, or allowed compassionate paid leave from work by their employer,

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4 The Miscarriage Association, 'Background information: Miscarriage', accessed 9 December 2024
5 Tommy's, 'Miscarriage statistics', accessed 9 December 2024
6 London IVF and Genetics Centre, 'How Likely Are You to Miscarry When Going Through an IVF Treatment?', accessed 9 December 2024
7 Department for Health and Social Care, 'Government response to the independent Pregnancy Loss Review: care and support when baby loss occurs before 24 weeks' gestation' (22 July 2023), accessed 9 December 2024
8 The Miscarriage Association, 'Ectopic pregnancy', accessed 9 December 2024
9 The Miscarriage Association, 'Molar pregnancy', accessed 9 December 2024
10 Department for Health and Social Care, 'Government response to the independent Pregnancy Loss Review: care and support when baby loss occurs before 24 weeks' gestation' (22 July 2023), accessed 9 December 2024
11 GOV.UK, 'Statutory Parental Bereavement Pay and Leave', accessed 9 December 2024
12 See GOV.UK, Maternity pay and leave; Paternity pay and leave; Shared Parental Leave and Pay, accessed 15 November 2024

and a growing number of employers have specific pregnancy loss leave and pay policies (including NHS Trusts, Co-op and Dentsu International, see employer-led schemes in chapter 2).[13] There are, however, very substantial gaps in provision and there is no statutory acknowledgement of the grief many women and their partners will feel after a pre-24-week pregnancy loss and the effects this may have on their working lives.

Previous attempts at reform

6. There have been attempts to redress the omission of pre-24-week pregnancy and baby losses from the statutory parental bereavement leave regime. In October 2021, our Chair, Sarah Owen MP, proposed a Bereavement Leave and Pay (Stillborn and Miscarried Babies) Bill, which would have extended the same entitlements to leave and pay to women and partners who experience a pre-24-week loss.[14] In September 2022, former Scottish National Party MP and member of the Women and Equalities Committee, Angela Crawley, brought forward a Miscarriage Leave Bill to provide three days paid bereavement leave for parents who experience miscarriage, and ectopic and molar pregnancies.[15] Neither Bill progressed.

The Independent Pregnancy Loss Review

7. In March 2018, an Independent Pregnancy Loss Review was established to consider the quality of care and support available to families after pre-24-week baby losses and the case for legislative change to allow them formally to certify or register miscarriages in a similar way to stillbirths, if they so wish.[16] The review's report, published in July 2023, found systemic weaknesses in NHS care and support offered to families. The "physical and emotional pain" of early pregnancy loss was not always "taken seriously", instead it was too often viewed as a purely "clinical episode". The review made a range of recommendations to improve care and support, including 24-hour baby loss help and advice, increased resources for NHS staff training, provision of bereavement suites and counselling rooms, and bereavement and mental health support for women and partners.[17]

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13 See also, for example, Co-op, 'Pregnancy Loss Policy', accessed 10 December 2024; Channel 4, 'Pregnancy Loss Policy', accessed 10 December 2024

14 HC Deb, 19 October 2021, col 628

15 UK Parliament, 'Miscarriage Leave Bill', accessed 10 December 2024

16 See, Zoe Clark-Coates MBE BCAh and Samantha Collinge RM, *The Independent Pregnancy Loss Review: Care and support when baby loss occurs before 24 weeks gestation*, CP 805, July 2023, Annex B, Terms of reference

17 Zoe Clark-Coates MBE BCAh and Samantha Collinge RM, *The Independent Pregnancy Loss Review: Care and support when baby loss occurs before 24 weeks gestation*, CP 805, July 2023

8. While the independent review did not consider the case for statutory bereavement leave, it recommended that, "All organisations should update their Human Resources policies and practices to adequately support staff who experience pre-24-week baby loss." It further concluded that, "The NHS should be a leading example in offering excellent bereavement support and leave to staff who experience pre-24-week baby loss", and recommended that NHS Trusts introduce a policy of "up to 10 days paid leave for the person who is pregnant and 5 days for the partner."[18] This policy was adopted by NHS England in March 2024 (see employer-led schemes, in chapter 2).[19] NHS Wales has adopted a similar policy, which provides 10 days paid leave to women and partners affected by pre-24-week pregnancy loss.[20] NHS Scotland includes pre-24-week pregnancy loss in its special leave policy, which provides paid compassionate leave of up to one working week, which may be extended to up to two weeks, paid or unpaid.[21]

9. In relation to formal pre-24-week baby loss certificates, the review concluded that, "In recognition of a life lost, the Government must ensure that an official certificate is available to anyone who requests one after experiencing any loss pre-24 weeks gestation" (see baby loss certificates, in chapter 2). [22]

Employment Rights Bill

10. The Government's wide ranging Employment Rights Bill includes provisions to broaden eligibility for bereavement leave beyond parents grieving for stillborn babies and children. The Bill provides for a minimum of one weeks' leave to grieve the loss of "other loved ones". The Bill requires Regulations to set out the detailed eligibility criteria at a later date. The Bill does not propose amendments to social security regulations to allow for statutory pay alongside this extended form of bereavement leave.

18 Zoe Clark-Coates MBE BCAh and Samantha Collinge RM, *The Independent Pregnancy Loss Review: Care and support when baby loss occurs before 24 weeks gestation*, CP 805, July 2023

19 Zoe Clark-Coates MBE BCAh and Samantha Collinge RM, *The Independent Pregnancy Loss Review: Care and support when baby loss occurs before 24 weeks gestation*, CP 805, July 2023; see also, NHS, 'National pregnancy and baby loss people policy framework', v1 March 2024, accessed 10 December 2024; "NHS England staff to receive paid leave after miscarriages", *BBC News*, 13 March 2024

20 NHS Wales, *Pregnancy Loss Support Policy*, July 2024

21 NHS Scotland, 'Special Leave Policy', accessed 6 January 2025

22 Zoe Clark-Coates MBE BCAh and Samantha Collinge RM, *The Independent Pregnancy Loss Review: Care and support when baby loss occurs before 24 weeks gestation*, CP 805, July 2023

11. The Government has not given any indication that it intends to include babies and pregnancies lost before 24 weeks in the definition of other loved ones for the purposes of the new, broader bereavement leave.[23] The Bill is currently being scrutinised by a Public Bill Committee (PBC) in the House of Commons. Several witnesses to the PBC have expressed their disappointment that the Bill omits provisions to entitle parents who experience pre-24-week pregnancy loss to statutory parental bereavement leave and pay.[24]

23 Employment Rights Bill and Explanatory Notes, Clause 14: Bereavement leave

24 See UK Parliament, 'Employment Rights Bill: Committee stage', accessed 6 January 2024. For example, Q76, Pregnant then Screwed [Joeli Brearley]; Q98, Co-op [Claire Costello]; Q168, Women's Budget Group [Dr Stephenson]

2 Evidence to our equality at work inquiry and next steps

12. The passage of the Employment Rights Bill through Parliament presented an opportunity for us to consider the case for extending statutory parental leave and pay to women and partners affected by pre-24-week pregnancy losses.[25] With the help of The Miscarriage Association, we arranged a private roundtable with women who had lived experiences of multiple miscarriages and other types of pregnancy losses and the workplace impacts. A summary note of this meeting is included as annex A to this Report.

13. We also heard oral evidence from charities and specialists working in this area, and HR professionals, trade unions and employers, including Dr Jessica Farren, Consultant Gynaecologist at University College London Hospitals and expert in miscarriage trauma; Munira Oza, Chief Executive of Ectopic Pregnancy Trust; Vicki Robinson, Chief Executive Officer at The Miscarriage Association; Rachel Suff, Senior Policy Adviser, Chartered Institute of Personnel and Development (CIPD); Rhea Wolfson, Head of Internal and Industrial relations, GMB Union; Thomas Simons, Chief Human Resources and Operational Development Officer, NHS England; and Nicole Basra, Diversity, Equality and Inclusion Director UK and Ireland, Dentsu International.[26]

14. We are very grateful to everyone who contributed to our work. We are particularly grateful to the women who relayed their traumatic personal experiences in our roundtable meeting, and those who got in touch in response to our Chair's interview on BBC Radio 4's Woman's Hour programme on 27 November 2024.[27]

25 See, Women and Equalities Committee, 'Equality at work: miscarriage and bereavement leave', accessed 9 December 2024

26 See, Women and Equalities Committee, 'Equality at work: miscarriage and bereavement leave', accessed 9 December 2024

27 BBC Sounds, 'Woman's Hour: 27 November 2024', accessed 9 December 2024

Baby loss certificates

15. One of the drivers of poor provision for women and families who experience baby and pregnancy loss is the stigma and taboo associated with the subject. In its response to the Independent Pregnancy Loss Review in July 2023, the Government emphasised that, despite an estimated one in five women being directly affected in their lifetimes, it was "too often not talked about".[28]

16. In oral evidence we explored recent steps towards breaking taboos and stigma around pregnancy loss, including the impacts of the introduction of formal baby loss certificates for those who wanted them to recognise and mark their bereavement. While Munira Oza of the Ectopic Pregnancy Trust welcomed the new certificates as "an important recognition for the person of the experience that they have gone through", she emphasised that they were "not a legal document" with wider, more tangible, benefits.[29] Vicki Robinson of The Miscarriage Association told us that their introduction felt "a little bit token", as if the state were saying to affected women:

> "We will make a concession, give you a certificate, give you a piece of paper, but we will not back that up with some policy that says, actually, you can have some time off work." This can be felt as a bereavement by a great many people. It is a really important step, and it has been welcomed by so many people, but it does not go far enough in and of itself.[30]

Physical and psychological impacts of pre-24-week pregnancy loss

17. Experiences vary widely, but miscarriages are invariably distressing, typically involving bleeding and pain followed by examinations and interventions that can be traumatising. During the physical recovery period, women will feel very tired or run down. They can take from a few days to several weeks to physically recover. A range of factors can influence women's physical recoveries from miscarriage, including the amount of blood lost, how long the process of miscarriage took, and whether it occurred naturally or required surgical intervention.[31]

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28 DHSC, 'Government response to the independent Pregnancy Loss Review: care and support when baby loss occurs before 24 weeks' gestation' (22 July 2023), accessed 13 December 2024

29 Q6

30 Q7

31 NHS, 'Miscarriage', accessed 9 December 2024

18. A correspondent who contacted us in response to our Chair's BBC Radio 4 interview described the initial severe pain and cramping of her first miscarriage, which would have made it "impossible to be in the office" for work. A few days later she experienced "severe blood flow" at work and had to "hide in the loos".[32]

19. Describing the physical impacts on women of ectopic pregnancy, Munira Oza told us that all the available treatments were "incredibly difficult in their own way." Ectopic pregnancy surgery was "traumatic for the body". Non-surgical treatments involved an "ongoing risk of rupture", which was a stressful experience. Treatments typically involved demanding and repeated hospital visits.[33] Dr Farren emphasised the practical difficulties of attending repeated medical appointments during the physical recovery process from early losses such as ectopic pregnancy.[34]

20. The emotional and psychological impacts of pre-24-week pregnancy loss vary greatly and can be severe. Dr Farren described, from her clinical experience and her PhD research, that women display a range of emotional responses. She emphasised that, to most, pregnancy loss was "something", while for some it was "everything". She reported that some women were essentially "fine" after miscarriages and considered early pregnancy loss as a "reproductive mishap"; while in others it induced post-traumatic stress disorder (PTSD), "one of the most severe psychiatric diagnoses you can come across". In relation to severe psychological impacts, the headline results from her study were that 29% of women who experienced a miscarriage or ectopic pregnancy displayed symptoms of PTSD after one month; 23% were still experiencing PTSD after three months; falling to 18% at nine months post-loss. She emphasised that these headline figures on the severest psychological effects were "the tip of the iceberg", noting that 70% of participants in her study "reported symptoms that were having an impact on their day-to-day life for one month."[35]

21. This was strongly reflected in the testimonies of women we spoke to. For example, a participant in our roundtable meeting reported being suddenly struck by anxiety associated with the trauma of miscarriage after her return to work. She described physically shaking in a work meeting and needing 10 minutes to compose herself. Another emphasised that events such as the first period after a pregnancy loss could be extremely upsetting and difficult to cope with while at work.[36]

32 Email correspondence from a BBC Radio 4 Woman's Hour listener.

33 Q11

34 Q17

35 Q9

36 See Annex A, summary note of private roundtable meeting.

22. Dr Farren emphasised the emotional impacts of failed IVF treatment, telling us that:

> [...] it is really important to acknowledge that failed embryo transfers [...] are often felt as acutely as any other loss [...] the emotional impact is immense. A lot of the time people have put their entire life savings or borrowed lots of money behind the hope of this pregnancy and it represents that complete loss of hope [...] often following many years of trying and miscarriages or ectopic pregnancies. It is a culmination of all this hope and effort, and it is absolutely devastating.[37]

Our expert witnesses agreed that terminations for medical reasons can be equally felt as bereavements by women and their families, with the same or similar emotional impacts as other pre-24-week losses.[38]

Why sick leave is problematic

23. In proposing her 2021 Bill, our Chair described her experiences of miscarriage. She said:

> Grief hits everyone differently but one thing that is universal is that it takes time. That is why people are entitled to bereavement leave when losing a loved one. I was not prepared for the grief of miscarrying. I was even more shocked that I was not entitled to bereavement leave but legally had to take sick leave instead. But what I was feeling was not a sickness. It was physically painful, yes, but my overriding feeling was grief: a deep sense of loss of hopes, dreams and mourning a lost future with babies I never got to hold.[39]

24. Women we spoke to in our private roundtable eloquently expressed why sick leave was often inappropriate or inadequate. We heard that it does not afford the confidentiality many women want in relation to their pregnancy in the early weeks. Women noted that sick leave tends to require employees to report the reason for their absence directly to their line manager. This could be problematic where women had not yet told their manager that they were pregnant, requiring difficult conversations at an already challenging time. There were also circumstances in which speaking directly to a specific line manager was difficult or inappropriate, for example where that line manager had her own experiences of, or views on, fertility issues or pregnancy loss, or if the working relationship with the line manager was not good. Women we spoke to were clear that a straightforward self-

37 Qq 24-5

38 Q55

39 HC Deb, 19 October 2021, col 628

declaration to an HR department, as is required for parental bereavement leave, was much preferable to direct conversations with a line manager about sick leave.[40] A woman in our roundtable meeting described the practical difficulties of getting GP appointments in order to get the fit notes required for sick leave, which was a considerable additional burden while she was experiencing the emotional and physical pain of a miscarriage.[41] Another told us she worried about using sick leave after miscarriage in case she needed it for an unrelated illness later, and it counted against her.[42]

25. Guidance for employers by the Advisory, Conciliation and Arbitration Service (Acas) notes that, while employees who experience pre-24-week pregnancy loss are ineligible for statutory parental bereavement leave and pay, "many people would still consider miscarriage a bereavement". The guidance states that employers "should still consider offering time off at what can be an extremely difficult time, both physically and emotionally."[43]

26. Acas further notes that any sick leave taken in relation to miscarriage or pregnancy loss should be recorded separately from other types of sickness absence. This is because it is likely to be considered a pregnancy-related illness and therefore covered by the Equality Act protected characteristic of "pregnancy and maternity". Any disadvantageous treatment of a female employee who takes such time off is likely to be discriminatory in law. Acas therefore advises employers not to count women's pregnancy loss-related absences towards any review or trigger points in relation to staff absence policies.[44]

27. In oral evidence, however, we heard that guidance around recording pregnancy loss-related sick leave was not always followed, putting women at risk of discrimination. Vicki Robinson of The Miscarriage Association reported that:

> We did some research four or five years ago […]. We had about 700 respondents, 49% of whom said they were not aware of pregnancy-related leave, or their employer did not tell them about it and, therefore, their sick record was impacted because it was recorded as normal sick leave. We have a story of one woman who spoke to us who had been called in for a disciplinary hearing because she had had multiple losses and so her absences were totted up, triggering a meeting with HR. She was so distressed by her recurrent losses and

40 See Annex A, summary note of private roundtable meeting.
41 See Annex A, summary note of private roundtable meeting.
42 See Annex A, summary note of private roundtable meeting.
43 Acas, 'Time off work for bereavement: stillbirth or miscarriage', accessed 15 November 2024
44 Acas, 'Time off work for bereavement: stillbirth or miscarriage', accessed 11 December 2024

> her experiences that she ended up being dismissed while she was on leave because she just did not have it in her to fight it; she just could not.[45]

Ms Robinson reported that employers' inconsiderate treatment of women's leave after pregnancy loss was often "incredibly difficult" for women, with 11% reporting that they had left their employer as a direct result. She said The Miscarriage Association "heard all the time" that "even when they have pointed out to their employer that actually this should be recorded separately, the employer does not understand that or does not impose it."[46]

28. Women we spoke to noted the difficulty for some of relying on Statutory Sick Pay (SSP). The current SSP rate of £116.75 per week is much lower than the parental bereavement pay rate of £184.03.[47] Women in our roundtable meeting emphasised that they had been "fortunate" to be financially secure enough to be able to afford to take time away from work on SSP. They recognised that many others would simply be unable to take the leave they needed if SSP was all that was available to them.[48]

Importance of leave for partners

29. The emotional and psychological effects on partners, and their vital role in supporting women after pregnancy loss, was a very strong theme in our roundtable meeting and our oral evidence session. Women reported that partners tended to be "forgotten about" after a pregnancy loss. A participant in our roundtable meeting noted that people's sympathy tended to be directed towards her and not her partner.[49] The Miscarriage Association has noted that partners' feelings can be "overlooked". It has produced information for partners that states:

> People may ask how your partner is and not think to ask about you. They may assume you are less affected. This might feel hard. Or you might think that's ok, that your partner does deserve more consideration. You may be more concerned about them than you are about the loss itself. You might end up hiding or burying your feelings to be strong for your partner, especially at first.[50]

45 Q20

46 Q20

47 GOV.UK, 'Statutory Sick Pay'; GOV. UK, 'Statutory Parental Bereavement Pay and Leave', accessed 13 December 2024

48 See Annex A, summary note of private roundtable meeting.

49 See Annex A, summary note of private roundtable meeting.

50 The Miscarriage Association, Partners Too leaflet; see also, The Miscarriage Association, 'Partners', accessed 13 December 2024.

The Miscarriage Association notes that partners' feelings of grief may emerge later once their partner is starting to recover from the experience.[51]

30. Some women in our roundtable meeting had received "fantastic" support from their employer, while their partners' employers had been "terrible" in the aftermath of pregnancy loss. At least one partner of a woman who had experienced multiple miscarriages had felt it necessary to change employer because of their employer's attitude and the lack of support available.[52]

31. Women described how their partners struggled to keep working while they wanted to be there to provide support. There was a strong sense of guilt and shame associated with this. A participant described having to drive herself to hospital while haemorrhaging. She required emergency surgery and almost died. Her husband was in work meetings all day and could not get away to be with her. She told us her partner's employer had "no idea" how to deal with how her husband was feeling, despite her phone calls and emails saying that "he needs to be with me". Her husband had never "forgiven himself" for not being there during the emergency.[53] Another woman described how after miscarrying twins, she had been taken straight to A&E for surgery. After she phoned her husband at work to let him know, his boss had told her it was selfish of her not to have waited to call until the end of the working day. She was angry that her husband's employer had not appreciated that he too had lost his babies.[54]

32. Vicki Robinson told us that The Miscarriage Association's work confirmed that the emotional impacts on partners were not yet adequately recognised. She reported that:

> We talk a lot to partners who express a whole gamut of feelings, but often they feel quite helpless because they are not able to physically be there or take the pain and the hurt away from what their partner is experiencing. They also feel that their feelings are invalid, that they did not have the physical loss so they should not be entitled to have these sorts of feelings. […] as a society, we talk to partners and we will say, "How is your partner doing?" Or, "Here are some flowers for your partner." It is not yet fully recognised that there are two and sometimes more people in this loss.[55]

51 The Miscarriage Association, Partners Too leaflet.
52 See Annex A, summary note of private roundtable meeting.
53 See Annex A, summary note of private roundtable meeting.
54 See Annex A, summary note of private roundtable meeting.
55 Q14

Learning from employer-led pregnancy loss leave schemes: benefits and costs

33. Some employers have excellent policies in place to support women and their families, including generous and flexible periods of paid leave, but there are substantial gaps in provision. Research published by CIPD in 2022 found only around a quarter of women who had experienced a pregnancy loss in the previous five years had taken paid leave.[56]

34. Rachel Suff of the CIPD reported some recent incremental progress. For example, in the CIPD's 2023 Health and Wellbeing at Work survey, 37% of HR professionals said their organisation's health and wellbeing activity included pregnancy loss (miscarriage or stillbirth) to a "large or moderate extent", up from 26% in its 2022 survey.[57] Rachel Suff's view was that this was evidence of a "slight" improvement.[58] Women in our roundtable, who had experienced multiple miscarriages over several years, reported that the availability of pregnancy loss policies and paid leave schemes was still "hit and miss", depending on the job role and the employer.[59] A key theme in the meeting was uncertainty for women and their partners about what to do after a pre-24-week pregnancy loss. They were often unaware what their employer's policy was, or even whether a policy existed. This uncertainty caused additional stress and anxiety at an already difficult time.[60]

35. The HR professionals we heard evidence from, Thomas Simons of NHS England and Nicole Basra from global communications and marketing company, Dentsu International, emphasised that a growing number of employers were putting good support in place. Mr Simons referred to several well-known businesses that had recently adopted progressive pregnancy loss support and paid leave policies, including Channel 4, John Lewis Partnership, and the online banking app Monzo.[61] Rachel Suff and Nicole Basra both pointed to Co-op as a leading example.[62]

36. Vicki Robinson, however, emphasised that there was still a very long way to go to ensure all women and partners are adequately supported after pre-24-week pregnancy loss. She told us that:

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56 CIPD, *Workplace support for employees experiencing pregnancy or baby loss: survey report*, October 2022

57 CIPD, *Health and wellbeing at work: survey report*, April 2022; CIPD, *Health and wellbeing at work: survey report*, September 2023

58 Q34

59 See Annex A, summary note of private roundtable meeting.

60 See Annex A, summary note of private roundtable meeting.

61 Q36

62 Q36 [Nicole Basra]; Q41 [Rachel Suff]

> A lot of the businesses that recognise it do a really good job and they have great policies in place. They have training for managers, and they have guidance in place, but they are still in the minority. There are still far too many women and their partners who do not have good employers or who are having to rely on an empathetic supervisor or manager rather than there being something systemic in place for them to be able to access and know what their rights are and what they are entitled to.[63]

37. The net benefits for employers of progressive pregnancy loss policies were very clear. Mr Simons told us that an independent assessment of a trial of the now national NHS England policy, of up to ten days paid leave for women and up to five for partners, had found "quite staggering" results.[64] The assessment compared the feelings and views of staff who had experienced a pre-24-week pregnancy loss and had been offered the new leave policy, with those who had experienced a loss without being offered paid leave.

38. The assessment of the NHS pilot scheme showed the policy was associated with substantial increases in ability to talk about pregnancy loss at work (from 4.15 to 6.93 on a one to 10 scale); how supported people felt at work (from 4.58 to 7.78); awareness of where to go for support (from 3.33 to 7.19); and levels of access to support (from 2.25 to 7.22). There were huge increases in the extent to which staff felt "supported mentally" (from 36.48% to 85.71%); "supported physically" (40.13% to 92.59%); "listened to" (41.5% to 92.6%); "taken seriously" (44% to 92.6%); and "valued" (36.1% to 85.2%). There were clear potential benefits for staff retention, with those offered the policy rating their likelihood to stay at their place of work 6.92 out of 10, compared to 3.5 among those not offered the policy. The assessment found that offering 10 days' paid leave to women after pre-24-week pregnancy losses resulted in an average of 5.5 days' paid leave taken. The assessment concluded that:

> 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.[65]

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63 Q4

64 Q45

65 Letter from Thomas Simons, Chief HR and OD Officer and Deputy National People Director, NHS England, dated 12 December, see annex: Birmingham Women's and Children's NHS Foundation Trust: Pregnancy Loss Impact Report

Mr Simons described the financial costs to NHS Trusts as "pretty marginal", even before considering the apparent benefits for staff retention and turnover, employee engagement, and productivity.[66]

39. Nicole Basra of Dentsu International UK & Ireland, which has offered two weeks paid leave to women and partners after pre-24-week pregnancy losses since October 2021, reported business benefits around "loyalty, retaining talent, doing the right thing", which increased staff retention. She cited an employee who had recently used Dentsu's scheme, who said:

> The support offered by baby loss policy has strengthened my loyalty to Dentsu as an employer. I felt my struggles were heard and validated. Allowing time off to rest and recover allowed me to return to work in a much better headspace and be more productive as an employee (compared to when I returned to work following baby loss where there was no policy in place).[67]

The case for extending the statutory parental bereavement leave scheme

40. Vicki Robinson told us that, given the provisions in the Employment Rights Bill to extend bereavement leave for a greater range of other loved ones and the omission of specific provisions to extend eligibility to those bereaved by pre-24-week pregnancy losses:

> It now feels like people who are experiencing pregnancy loss are the only ones who are not included in bereavement leave legislation and that feels incredibly unfair. It feels incredibly isolating for the people who are going through it; it feels like it is extending the taboo and stigmatising even more than it is already.[68]

41. The difference statutory change would make for women and their families was clear. Women in our roundtable meeting believed that if dedicated paid leave for pregnancy losses pre-24 weeks were a legal right, it would be a "weight lifted off the shoulders". They emphasised that being able simply to self-certify to an HR department, automatically triggering a statutory paid leave period, would be "one less thing to worry about" during a very difficult time. They argued that a legal right would be a clear signal that it was ok to be off work after an often-traumatic event and lessen any sense of guilt about it. A participant argued this would be "life-changing" for many women.[69]

66 Q42
67 Q51
68 Q27
69 See Annex A, summary note of private roundtable meeting.

42. In December 2024, The Miscarriage Association relaunched its campaign for bereavement leave and pay, Leave for Every Loss. It cited nationally representative polling carried out in November 2024, in which 90% of the general public agreed that "the loss of a baby at any stage of pregnancy can be felt as a bereavement", and almost 80% supported equal rights to statutory leave and pay for pre-24-week losses.[70]

43. Unlike SSP, the financial costs of statutory parental bereavement pay are largely reimbursed by The Exchequer. Beyond initial set up and familiarisation costs, additional annually recurring financial costs to employers of extending statutory eligibility would therefore be minimal. Costs to The Exchequer are unlikely to be disproportionate for a policy that would have substantial wellbeing and labour market benefits for many women and their families. A recent Regulatory Impact Assessment by Northern Ireland's Department for the Economy of extending statutory parental bereavement leave and pay to pre-24-week pregnancy losses, based on employment rates, take up assumptions and an average of around 3,000 miscarriages per year in Northern Ireland, estimated annual recurring costs to the Government at £1.5 million.[71]

44. Best estimates of the number of miscarriages in Great Britain are around 122,000 per year.[72] Using Northern Ireland's methodology as a basis, the following estimated costs for Great Britain can be extrapolated. Based on current employment levels for women (72%) and men (78%) and a rate of £184 per week for two weeks, this would suggest an additional annually recurring cost to The Exchequer of extending bereavement leave of no more than £67 million. This assumes everyone affected claims the entitlement and for the full two weeks. In reality, the cost will be significantly less, as many will not claim or only claim a partial entitlement, and a growing number of businesses are offering policies that are more generous than the statutory regime, further reducing demand.[73]

70 The Miscarriage Association, 'Miscarriage Association launches Leave for Every Loss campaign calling for bereavement leave reform' (12 December 2024), accessed 16 December 2024

71 Northern Ireland Department for the Economy, *Regulatory Impact Assessment: Miscarriage Leave and Pay Consultation - Parental Bereavement (Leave and Pay) Act (Northern Ireland) 2022 and Parental Bereavement Leave and Pay Regulations (Northern Ireland) 2022*, October 2022

72 See, for example, Sands, 'Miscarriage statistics', accessed 16 December 2024

73 Northern Ireland Department for the Economy, *Regulatory Impact Assessment: Miscarriage Leave and Pay Consultation - Parental Bereavement (Leave and Pay) Act (Northern Ireland) 2022 and Parental Bereavement Leave and Pay Regulations (Northern Ireland) 2022*, October 2022

Conclusions and recommendations

45.

CONCLUSION

Recent progress towards recognising the grief of women and their families who experience pre-24-week pregnancy losses is welcome, but a baby loss certificate does not go far enough and it should be backed up by statutory support. The physical and emotional impacts can be severe and comparable to other forms of bereavement. Partners of women who experience a loss are also likely to experience it as a bereavement and are a vital source of support as their partners recover.

46.

CONCLUSION

Sick leave is an inappropriate and inadequate form of employer support in the aftermath of a miscarriage or pregnancy loss. It does not afford women adequate confidentiality or dignity and puts them at high risk of employment discrimination. The low rate of Statutory Sick Pay means that many women and their partners simply cannot afford to take the time off they need, putting their wellbeing and future work prospects at risk.

47.

RECOMMENDATION

There has been good progress among employers in recent years in acknowledging miscarriage as a bereavement. An increasing number are establishing excellent pregnancy loss policies, including generous and flexible periods of paid leave for women and partners. The benefits, for employees and employers, of a generous and flexible approach are clear and far outweigh the minimal costs of establishing such schemes. However, we are concerned that such schemes are not always sufficiently well promoted. The Government should work with organisations including the Chartered Institute for Personnel and Development, the Advisory, Conciliation and Arbitration Service (Acas) and the Trades Union Congress, to promote the benefits of generous and flexible pre-24-week pregnancy loss leave policies and strengthen guidance to ensure that, where such policies are in place, managers, employees, and prospective employees are aware of them.

48.

CONCLUSION

While there have been incremental improvements in recent years, substantial gaps in employer-led provision remain. The case for a minimum standard in law is overwhelming. A period of paid bereavement leave should be available to all women and partners who experience a pre-24-week pregnancy loss.

49. **RECOMMENDATION**

We intend to table amendments to the Employment Rights Bill in the name of our Chair for consideration at Report stage. The amendments are set out in annex B of this report. They seek to extend the same entitlements to statutory parental bereavement leave and pay as are currently available to parents bereaved by the loss of children and stillbirths to employees who experience pre-24-week pregnancy losses. This would include those who experience miscarriage, ectopic pregnancy, molar pregnancy, in vitro fertilisation embryo transfer loss, and terminations for medical reasons. We call on the Government to support our amendments, or bring forward its own, to ensure that all those who experience the physical and emotional pain and grief of pregnancy and baby loss are able to access the support they need.

Annex A: Note of virtual lived experience roundtable, 25 November 2024

Participants: Members of the Committee met a group of four women to discuss their experiences of miscarriage and baby loss while in employment. All of the women had experienced multiple miscarriages, and some had also had ectopic pregnancies.

The meeting was facilitated by The Miscarriage Association and attended by its Chief Executive, Vicki Robinson, and Head of Communications and Campaigns, Victoria Sowerby.

Feelings about work after miscarriage and pregnancy loss

Some participants reported that they struggled with guilt about being off work after losing pregnancies, and "letting colleagues down". One participant said she had taken a few days off work on one occasion and a week on another. The next time she experienced a miscarriage, she had felt some pressure to be present at work. This had not come from a direct line manager or her HR department but from the "wider workforce".

Broaching the subject with managers and HR

Participants noted that miscarriage and pregnancy loss could be a very problematic subject to broach with line managers. One participant had a line manager who had struggled with her own fertility issues. It had been very difficult to know how to broach the subject of pregnancy loss with her. It was particularly difficult when a pregnancy had been lost very early, before anyone at work had been told about it. One participant had changed employer and decided to be very open about her history of miscarriage and let her new employer know about pregnancies very early on.

A participant had a difficult relationship with her manager and did not want to talk to her about miscarriage. She reported directly to her HR department instead. Her HR department said she must report to her manager because it was sick leave (see issues with sick leave, below). When she spoke to her manager, the manager said she understood the situation because she had

had an abortion when she was 20. The participant found this inappropriate and upsetting. After subsequent miscarriages, she was told to report to her line manager, but she pushed back and said no.

Employers' support

Some participants had "fantastic" support from their employer. One participant described having a miscarriage while on honeymoon and phoning her employer to explain. All the people she spoke to at work, managers and HR, had been very supportive. Her employer had told her to take the time off that she needed and that they would phone her in two weeks. There was no expectation that she would have to "check in" regularly, which was "the most important thing" for her. Others reported that their employer had been supportive from the outset and offered ongoing help, including with mental health issues, such as anxiety, arising after pregnancy loss.

Others described the support as "hit and miss". It depended on the particular job role and individual line manager. A participant described her employer's approach as very flexible, including allowing paid time off for all appointments and procedures.

A participant noted how sadly common miscarriages and pregnancy losses were, and that it was important for all employers to have a clear policy. Participants agreed that good employer support involved having a formal policy in place, which provided women and partners access to the initial time off they needed and ongoing support for mental health needs. A participant noted that the psychological impacts of miscarriage could be long-lasting. For example, she described being struck by anxiety after returning to work, physically shaking in a meeting, and needing 10 minutes to compose herself. She believed good employer policies should acknowledge and support these ongoing impacts.

A participant argued that inconsistencies in approach across employers inhibited her career progression because it limited the range of employers she would be comfortable working with. She did not want to risk moving to an employer with a less progressive pregnancy loss policy.

One participant had a miscarriage while working from home during Covid-19. There was no information or policy about what to do, which was very stressful. She had drawn on her own experience to argue for her employer to bring in a formal pregnancy loss policy, which it had done, which was "heartening".

Support for partners

Partners' experiences of support from their employers were very mixed. A participant said that her partner had been "lucky" to feel able to be open with his employer, who had taken immediate steps, for example cancelling meetings out of his diary and "giving him space". She said that he had been upset about the miscarriages but processed it in his own way, which was to focus on looking after her. He was able to attend every medical appointment, and this had helped them to grieve together.

One participant said that, while her employer had been very understanding, her husband's had been "terrible". Another described how her husband had changed employers, in part because of the lack of support after miscarriages. His new employer had been more supportive.

Participants reported that partners tended to be "forgotten about". There was more of a taboo about how to deal with miscarriage in relation to partners. Some participants reported that their partners had struggled to carry on working while wanting to be with them. Partners felt a sense of guilt about this. One participant said her husband would never get over the guilt of having "let her down".

Another participant reported that, after giving birth to a son after enduring 10 previous miscarriages, her husband had wept for three or four days after the birth. It had been a "long, long journey," during which she believed her partner had not felt able to grieve. She believed that her husband, who had a child from a previous relationship, was grieving for all the things they had missed out on after their miscarriages. The role of partners was frequently overlooked. She noted that people's sympathy cards and flowers etc. were always for her, and not her partner. She described how after miscarrying twins, she had been taken straight to A&E for surgery. After she phoned her husband at work to let him know, his boss had told her it was selfish of her not to have waited to call until the end of the working day. She was angry that her husband's employer had not appreciated that he too had lost his babies.

One participant reported that her partner had not told anyone at work about their miscarriages. When a miscarriage had happened on a Friday, he took a sick day on the Monday but went to college as normal on the Tuesday. On another occasion, when it was apparent that a miscarriage was happening on a Sunday, her partner travelled abroad the next day for a work event because he felt he had no choice. She said he still felt guilt about this.

Another participant described driving herself to hospital while haemorrhaging. She required emergency surgery and almost died. Her husband was in work meetings all day and could not get away to be with

her. She said his employer had "no idea" how to deal with how her husband was feeling, despite her phone calls and emails saying that "he needs to be with me". While she was recovering, her husband had dealt with all the practicalities of family life, such as school runs etc., but he had never forgiven himself for not being there during the emergency.

Issues with sick leave and affordability of time off

A participant said her mother had raised the issue of using sick leave after miscarriage, "in case you need it for something else" later. This had played on the participant's mind, causing worry about what would happen if she had a serious illness later, after previously using sick leave after miscarriages.

A participant noted taking sick leave sometimes required GP appointments, which were difficult to get at short notice. This added to the stress of the situation.

One participant said her boss had decided not to register her paid leave as pregnancy related. This had been well-intentioned and positive in some respects, but in another sense it "continued the taboo".

Some participants noted that they had been fortunate to be able to afford time away from work on statutory sick pay. One participant reported that, in hindsight, not being under financial stress had made a difficult situation more manageable. Similarly, another participant reported that, while she knew the rate of Statutory Sick Pay would be ok for her, many would not be in that position.

A participant who worked in the care sector noted a difference of approach between local authority and private care homes. While local authority care homes offered paid leave at the usual rate of pay, private care homes typically did not provide more than statutory sick pay. While the private sector would support women to take sick leave, it was financially unworkable for many, which forced them back to work sooner than they would have liked.

One participant was conscious that taking time off work would be more problematic for others than it was for her, for example people in more precarious employment, such as those on zero-hours contracts. She recognised that she was fortunate to be in a salaried, relatively "middle-class", office-based job. She noted that some women would find it more difficult to return to more physically taxing work.

Potential benefits of statutory bereavement leave for pre-24-week pregnancy losses

Participants noted that currently many women and partners, particularly those whose employers did not have a formal pregnancy loss policy, did not know what to do, how to report it, and how to take time away from work.

One participant believed it was particularly important for women who did not have a good relationship with their manager to have a legal right to paid leave.

Participants believed that if dedicated paid leave for pregnancy losses pre-24 weeks were a legal right, it would be a "weight lifted off the shoulders". They believed that if women could simply report miscarriage by a single phone call or email, and a statutory paid leave period were automatically triggered, it would be "one less thing to worry about" during a very difficult time. A legal right would be a clear signal that it was ok to be off work, even if feeling physically ok, and lessen any sense of guilt about it. A participant argued this would be "life-changing" for many women. She believed she would be a "different person" today had it been available for her.

A participant supported 10 days' statutory paid leave and argued that they should not have to be taken consecutively, rather they should be available to take when needed. Events such as the first period after a miscarriage could be extremely upsetting and require a day off, for example.

Another participant emphasised that two weeks away from work "wouldn't come close" to allowing for a full recovery.

It was noted that some women choose not to take any leave and others do not report or speak about their pregnancy losses through choice, but participants argued having a legal right would take away some of the worry about what to do about work and allow women to focus on recovery.

Annex B: Proposed amendments to the Employment Rights Bill

Sarah Owen

Clause 14, page 28, line 25, at end insert—

“( ) after subsection (2) insert—

“(2A) The conditions specified under subsection (2) must be framed so as to ensure that a “bereaved person” includes those bereaved by pregnancy loss.

(2B) In subsection (2A) “pregnancy loss” includes—

(a) a pregnancy that ends as a result of—

(i) a miscarriage;

(ii) an ectopic pregnancy;

(iii) a molar pregnancy;

(iv) a medical termination conducted in accordance with section 1 of the Abortion Act 1967;

(b)an unsuccessful attempt at in vitro fertilisation due to embryo transfer loss.”

Member’s explanatory statement

This amendment requires that any regulations made under section 80EA of the Employment Rights Act 1996 (as amended by the Bill) must include conditions framed by reference to those bereaved by pregnancy loss.

Sarah Owen

Clause 14, page 28, line 28, at end insert—

“( ) in subsection (5), after “child” insert “or as a result of pregnancy loss.”

Members explanatory statement

This amendment amends section 80EA(5) of the Employment Rights Act 1996 to ensure that the two week leave period is made available to those bereaved as a result of pregnancy loss.

Sarah Owen

Clause 14, page 29, line 27, at end insert—

> “( ) In section 171ZZ6 of the Social Security Contributions and Benefits Act 1992 (entitlement to statutory pregnancy loss pay), after subsection (3), insert—
>
> “(3A) The conditions specified under subsection (2) must be framed so as to ensure that a “bereaved parent” includes those bereaved by pregnancy loss.
>
> (3B) In subsection (3A) “pregnancy loss” includes—
>
> (a) a pregnancy that ends as a result of—
>
> (i) a miscarriage;
>
> (ii) an ectopic pregnancy;
>
> (iii) a molar pregnancy;
>
> (iv) a medical termination conducted in accordance with section 1 of the Abortion Act 1967;
>
> (b) an unsuccessful attempt at in vitro fertilisation due to embryo transfer loss”

Member’s explanatory statement

This amendment amends the Social Security Contributions and Benefits Act 1992 to ensure that the entitlement to statutory pregnancy loss pay extends to those bereaved by pregnancy loss.

Formal minutes

Wednesday 8 January

Members present

Sarah Owen, in the Chair

Alex Brewer

David Burton-Sampson

Rosie Duffield

Kirith Entwistle

Catherine Fookes

Christine Jardine

Samantha Niblett

Rachel Taylor

Equality at work: Miscarriage and bereavement leave

Draft Report (*Equality at work: Miscarriage and bereavement leave*), proposed by the Chair, brought up and read.

Ordered, That the Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 49 read and agreed to.

Annexes agreed to.

Resolved, That the Report be the Second Report of the Committee to the House.

Ordered, That the Chair make the Report to the House.

Ordered, That embargoed copies of the Report be made available, in accordance with the provisions of Standing Order No. 134.

Adjournment

Adjourned till Wednesday 15 January at 2.00pm.

Witnesses

The following witnesses gave evidence. Transcripts can be viewed on the inquiry publications page of the Committee's website.

Wednesday 27 November 2024

Dr Jessica Farren, Consultant Gynaecologist, University College London Hospitals;
Munira Oza, Chief Executive, Ectopic Pregnancy Trust;
Vicki Robinson, Chief Executive Officer, The Miscarriage Association; Q1-32

Rachel Suff, Senior Policy Adviser, Chartered Institute of Personnel and Development (CIPD);
Thomas Simons, Chief Human Resources and Operational Development Officer, NHS England;
Nicole Basra, Diversity, Equality and Inclusion Director UK and Ireland, Dentsu International;
Rhea Wolfson, Head of Internal and Industrial Relations, GMB Union Q33-61

Published written evidence

The following written evidence was received and can be viewed on the inquiry publications page of the Committee's website.

EAW numbers are generated by the evidence processing system and so may not be complete.

1	Antenatal Results & Choices (ARC) and British Pregnancy Advisory Service (BPAS)	EAW0001
2	British Standards Institution	EAW0003
3	The Trades Union Congress (The TUC)	EAW0002

List of Reports from the Committee during the current Parliament

All publications from the Committee are available on the publications page of the Committee's website.

Session 2024–25

Number	Title	Reference
1st	Women's reproductive health conditions	HC 337