

PREGNANCY AND LOSS POLICY

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Target Audience:

People who need to know about this document in detail	Author/Owners of this procedure.
People who need to have a broad understanding of this document	Board Members, Management Board, Senior Leaders, Board Committees.
People who need to know that this document exists	Employees and managers of Cwm Taf Morgannwg University Health Board and its hosted organisations.

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	Date: xx/xx/2021 Outcome: This policy has been screened for relevance to equality. No potential negative impact has been identified.
Welsh Language Standard	Yes - If Standard 82 applies you must ensure a Welsh version of this policy is maintained.
Date of approval by Equality Team:	xx/xx/2021
Aligns to the following Wellbeing of Future Generation Act Objective	Co-create with staff and partners a learning and growing culture



Disclaimer:

If the review date of this Policy has passed, please ensure that the version you are using is the most up to date version either by contacting the author or email CTM_Corporate_Governance@wales.nhs.uk

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1. POLICY STATEMENT

Pregnancy loss is a term used to describe the death of an unborn baby (foetus) at any time during pregnancy. Cwm Taf Morgannwg University Health Board understands the loss of a pregnancy can be a devastating experience, for those directly affected. If you are reading this policy because you have suffered a pregnancy loss, we wish to offer you our condolences.

Sadly, pregnancy loss is more common than we think, occurring in as many as one in every four pregnancies, (three in four losses occur within the first trimester (before the 12th week of pregnancy)). However, it is still a matter, which many who have experienced or been affected by, do not speak openly about in the workplace. Consequently, this type of loss and bereavement are frequently not recognised nor are the associated short and longer term physical and physiological health and wellbeing effects, it can have on those directly affected.

The Health Board understands that there are many possible reasons why employees do not talk about their pregnancy loss. By putting in place this policy, which offers our eligible employee's bereavement leave with pay and providing a supportive work environment, we hope that it will encourage our employees regardless of their gender to open up and talk about pregnancy loss and help to break down this taboo subject. We also hope it provides our employees with the necessary reassurance that they can confide in, seek and receive support from their manager, to help manage the emotional and physical effects on their ability to attend and performance at work.

While there are a number of Workforce and OD Policies Procedures in place to balance an employee's personal and work needs at a time of bereavement, these provisions do not extend naturally to all of the circumstances and types of pregnancy loss.

The Health Board is therefore fully committed to supporting all employees who experience the loss of a pregnancy, whether it happens directly to them, their partner, surrogate, identified birth mother (matched adoption cases), and regardless of the nature of their loss, and whatever their length of service.

2. PRINCIPLES

This policy seeks to ensure the following principles:

- Employees subject to this policy will be treated fairly and with dignity and respect;
- Employees will not be discriminated against or judged by their manager, when requesting time off to recover from a pregnancy loss;
- The manager will apply the policy provisions contained in this policy flexibly, to respond to the employee's needs and wishes;
- The manager will consider the needs of the service when assessing the employee's needs;

- The policy is consistently applied, understanding that employee's specific circumstances and needs must also be taken into account;
- Employees affected by pregnancy loss are actively encouraged to be as open and honest as they can be with their manager. This will assist to review and work through the policy and support options, to ensure appropriate measures are put in place by the manager, to support the employee's needs;
- Managers will understand that every employee's experience and reaction to of pregnancy loss will be different, depending on the circumstances. The manager will be required to engage with the employee, to understand how they are feeling and their and needs, to assist them to cope with their loss and grieve;
- Information relating to a pregnancy loss, disclosed by the employee to their manager will be dealt with in a confidential and respectful manner;
- The manager will respect an employee's wishes, should they not wish their pregnancy loss disclosed to others. They should always ask the employee what information, if any, should be communicated to their colleagues, regarding their absence;
- The manager will understand that many employees, but not all, will need some time off work to recover from the physical and / or emotional trauma;
- The manager will understand that some employee's may prefer to be in work in the early stages of bereavement, to retain a sense of normality and may need time off work later, when they have come to terms with their loss; and
- The manager reminds the employee of the free and confidential support services available to them through the Health Board's Employee Assistance Programme, provided by [Vivup](#).

3. SCOPE

This policy applies to all employees that suffer a pregnancy loss, at any time before 24 weeks, regardless of whether it has happened directly to them, their partner, surrogate or the adoptive parents in an approved adoption placement. It also applies regardless of the employee's gender, type of contract of employment, length of service, role or base.

When an expectant c suffers a pregnancy loss after 24 weeks, they will entitled to the provisions contained within Section 16 of the Health Board's Maternity, Paternity, Adoption and Surrogacy Policy. In these circumstances, their partner will be entitled to time off work, in accordance with the provisions contained within the Pregnancy and Loss Policy. They may also be entitled to apply for emergency leave, to care for their partner, in accordance with the provisions contained within Section 7.1.1 of the All Wales Special Leave Policy.

Pregnancy loss includes but is not limited to:



- **Miscarriage:** the spontaneous loss of pregnancy until 24 weeks of gestation. [NHS Information on Miscarriage](#)
- **Stillbirth:** the loss of a baby after 24 weeks, before or during birth. [NHS Inform Information on Stillbirth](#) [NHS Information on Stillbirth](#)
- **Termination:** a medical or surgical procedure to end a pregnancy. [NHS Information on Termination](#)
- **Ectopic Pregnancy:** when a fertilised egg implants and grows outside of the uterus. [NHS Information on Ectopic Pregnancy](#)
- **Anembryonic Pregnancy:** when the cells of a baby stop developing early on, and the tiny embryo is reabsorbed. However, the pregnancy sac, where the baby should develop, continues to grow. [Miscarriage Association Information on Anembryonic Pregnancy](#)
- **Molar Pregnancy:** a rare form of pregnancy in which a non-viable fertilised egg implants in the uterus and will fail to reach full term. [NHS Information on Molar-Pregnancy](#)
- **Neonatal Loss:** the loss of a baby within the first 28 days after they are born, often caused by premature births or genetic disorders.

The provisions for the child-bearing parent in these circumstances are set out in the Maternity, Paternity, Adoption and Surrogacy Policy. In these circumstances, their partner will be entitled to time off work, in accordance with the provisions contained within Section 7.1.3 of the All Wales Special Leave Policy. Learn more about neonatal loss [Tommys Information on Neonatal Loss](#)

- **Embryo transfer loss** – when the embryo does not transfer during fertility treatment and results in no pregnancy. Learn more about embryo transfer loss www.liverpoolwomensnhs.uk

4. AIMS AND OBJECTIVES

The Health Board is committed to working practices, which support and enhance its reputation as a supportive and caring employer. In keeping with our values and behaviours the aims and objectives of this policy are to:

- Outline the support and advice that is available to employees and may be useful, should they need it, due to suffering a pregnancy loss, either directly or indirectly;
- Ensure that managers and colleagues listen to and respect the employee's wishes and specific needs during this time. That they learn from each unique experience, and in doing so, overtime help to improve employee's experience, at what may be a very difficult and sad time for them and their family; and

- Ensure managers and colleagues treat employees suffering pregnancy loss with dignity and respect. Recognising that pregnancy loss is a bereavement for many and that it is an issue that is not confined to women and heterosexual couples.

5. PROCEDURE

5.1 Paid Pregnancy Loss Leave

Regardless of the reason, employees (including partners, surrogates and the adoptive parents in an approved matched adoption placement) who have been affected by a pregnancy loss, before week 24 are entitled to a maximum of ten working days full pay (pro-rata for part-time staff). Depending on the employee's wishes and needs, the leave may be taken as consecutive or ad hoc days/hours.

Should the Health Board employ the employee affected by pregnancy loss and their partner, they will both be entitled to apply for pregnancy loss leave in their own right.

Should an employee suffer more than one pregnancy loss in a calendar year they will be entitled to receive the maximum amount of paid leave, per episode.

To apply for leave following a pregnancy loss, the employee should complete the Pregnancy Loss Application Form (**Appendix A**). There is no requirement to provide a fit note from their Midwife / GP. The employee and their manager can complete the application process retrospectively, following the return to work, as long as they discuss and verbally agreed the leave.

5.2 Additional Sickness Absence Leave

Emotional and physical recovery from a pregnancy loss does not have a time limit. Grieving could go on longer than the initial bereavement event.

The employee may therefore require a further period of absence from work, following the period of paid leave. The additional absence by the employee could be facilitated by the [Managing Attendance at Work Policy](#) and / or the [Flexible Working Policy](#) or by taking unpaid leave.

5.3 Paid Time Off for Medical Appointments

Employees will be entitled to receive additional paid time off to attend pregnancy loss related appointments, or to accompany their partner, should they not fall within the agreed period of paid pregnancy loss leave (10 working paid days, pro-rata part-time staff). This will include but is not limited to medical examinations, scans and tests, and mental health-related appointments.

Managers should recognise that it would not always be possible for employees to arrange these appointments around the demands of their work, due to the nature of pregnancy loss. Therefore, they should support employees in managing the impact

of time away from work, in these circumstances.

5.4 Flexible Working

The Health Board recognises that flexibility is often important to employees that are suffering a pregnancy loss. Managers should therefore, where possible, aims to facilitate flexible working requests for these employees, wherever possible.

The Health Board has an established [Flexible Working Policy](#) that allows employees to make a temporary or substantive change to their contract e.g. reduction in hours / working days.

Should the employee require short-term flexibility, they may wish to consider the following options:

- A phased return to work;
- Work from home on a temporary basis or a temporary hybrid office / work from home model;
- More breaks and time away from their computer;
- Flexibility to work in other areas of the building, when in the office to provide them with privacy;
- Earlier start times and finish times, to avoid peak travel times when travelling into work;
- Reducing the requirement to attend department / Health Board meetings; and
- Turning their camera off when on Teams calls;

N.B. This list is not exhaustive.

The employee is required to discuss and agreed any flexible working arrangement with their manager. The manager is responsible for reviewing the arrangement on a regular basis, to ensure these adjustments continue to meet the needs or are still required by the employee.

5.5 General Support

The Health Board aims to facilitate an open and understanding working environment. Employees are therefore encouraged to inform their manager that they are suffering a pregnancy loss at an early stage. This will help to ensure that they are provided with the necessary support, in a timely manner.

Where an employee does not initially feel comfortable discussing the issue with their direct line manager, they may find it helpful to have a confidential conversation with

- A trusted manager or colleague;
- A Mental Health First Aider;
- The Employee Assistance Programme – [Vivup](#)
- The Wellbeing Service;
- An Occupational Health Department Nurse or Consultant;

- A Health Board Maternity Bereavement Officer;
- The Chaplaincy Service;
- An external bereavement support charity or organisations (See **Appendix B**);
- A ILG HR Business Partner; or
- A Trade Union representative:

6. MANAGERIAL RESPONSIBILITIES

- To be mindful of the potential immediate and longer-term effects of grief, when dealing with a bereaved employee;
- To be familiar with this policy and to implement the provisions fairly, equitably and with sensitivity and compassion;
- To have an initial conversation with the employee, to offer condolences, when they disclose their loss to them.
- To assure the employee, where necessary not to worry about any work related matters. Work related matters should only be discussed with the employee where they are business critical and there is no one else in the team that covers this element of work;
- To understand that it is common for some employees not to be able to talk to anyone about their loss, either immediately or very soon after it has happened. In these circumstances the manager should contact the employee by email or voice mail to give their condolences and confirm that they will contact the employee in a day or so;
- To understand the employee's rights in respect of paid time off work, in the event of a pregnancy loss;
- To understand that some employees may prefer to be in work in the early stages of bereavement, to retain a sense of normality. The manager should be mindful of keeping this option open to the employee, but without any pressure to take it up and with an acknowledgement that they may need time off work at a later date.
- To take into account the employee's particular circumstances and acknowledgement that they may need additional time off work, following a period of pregnancy loss leave;
- To understand the employee's right in respect of additional paid time off to attend medical appointments related to the pregnancy loss;
- To discuss with the employee, where appropriate, a phased return to work, any temporary changes or permanent adjustments that they may need to their hours



/ days of working, role etc. to enable them to return to work, when they are ready to do so;

- To welcome the employee back to work and check in with them on a regular basis to ensure that they are settling back in during the first few weeks of their return;
- To make the employees aware of the bereavement, counselling services etc. provided free and confidentially via the Health Board's Employee Assistance Programme [Vivup](#).
- To be aware that bereavement can have a long-lasting impact and that the employee may need ongoing flexibility and support.
- To record the approved pregnancy loss leave under the employee's ESR Special Leave record. Record the **Absence Reason** as **Bereavement** and the **Related Reason** as **Pregnancy Loss**.

7. EQUALITY IMPACT ASSESSMENT STATEMENT

The policy relevance to equality has been screened using the Equality Impact Assessment. There were not any negative impacts identified.

8. GETTING HELP

The Executive Director of People will ensure that copies of this policy are archived and stored in line with CTMUHB records management policy, and are made available for reference purposes should any situation arise where they are required.

All managers and employees are required to comply with this policy. It is a serious offence to fail to comply with the policy. It could therefore, result in disciplinary action.

9. RELATED POLICIES

- All Wales Special Leave Policy;
- All Wales Menopause Policy (may be applicable following an ectopic pregnancy);
- Annual Leave Policy;
- Employment Break Scheme;
- Flexible Working Policy; and
- Maternity Paternity, Adoption and Surrogacy Policy.

10. INFORMATION, INSTRUCTION AND TRAINING

Managers and supervisors will receive support with the implementation of this policy, as required.

11. MAIN RELEVANT LEGISLATION

There are currently no provisions under Agenda for Change or Medical and Dental Terms and Conditions of Service to grant NHS employees paid time off work following pregnancy loss to provide them with time to grieve.

This policy has been developed in accordance with UK private sector organisation's best practice principles, following the implementation of pregnancy loss legislation in New Zealand, during early in 2021.

12. APPENDICES

- Appendix A - Pregnancy Loss Application Form**
- Appendix B - External Bereavement Support Charities and Organisations Contact Details**
- Appendix C - An Overview – Understanding Bereavement, Grief and Loss**

APPENDIX A

PREGNANCY LOSS APPLICATION FORM

Part A: To be completed by the Employee	
Employee's Name:	
Payroll Number:	
Job Title:	
Base:	
Contact Number and email address:	
Line Manager's Name:	
Please answer the questions below:	
Have you directly or indirectly suffered the pregnancy loss? Please circle your answer	<p>Directly i.e. child-bearer or surrogate</p> <p>Indirectly i.e. Partner or father of the baby or adoptive parents</p>
What date did the pregnancy loss occur?	____ / ____ / ____
Number of days leave requested. (Maximum of 10 days full pay – Pro-rata part-time staff)	
From and To dates leave requested if taking the leave on consecutive days:	<p>From Date ____ / ____ / ____</p> <p>To Date ____ / ____ / ____</p>



Date you wish to take the leave as ad hoc days: Dates may be added to the form on an as and when basis to ensure that there is a full record of the leave granted and taken.	Dates:
Employee's Signature and Date:	<i>I can confirm that I have requested the above leave due to the direct or indirect pregnancy loss as outlined above:</i> Signature: _____ Date: _____
Part B: To be completed by the Manager	
Paid Pregnancy Loss Leave granted.	<div style="text-align: center;"> YES NO </div> If No please answer the question below
If you answer No to the above question please provide the reason for your decision:	
Number of days paid leave granted. (Maximum of 10 days full pay)	
Manager's Signature and Date:	Signature: _____ Date: _____

Placed a copy on the employee's personal file and update their ESR
Special Leave Record (*see Section 6 of the policy*).
Complete the form retrospectively where you have granted
leave verbally in advance.

Appendix B

External Bereavement Support Charities and Organisations

Many charities in the UK that provide help, support and information to those are suffering from a pregnancy loss. The following are some of the largest and where applicable, local charities:

♥ [ARC](#)

Is a charity that offers non-directive information and support to parents before, during and after antenatal screening; when they are told their baby has an anomaly; when they are making difficult decisions about continuing with or ending a pregnancy, and when they are coping with complex and painful issues after making a decision, including bereavement.

Telephone: 0207 713 7486. Helplines are answered by trained staff Monday to Friday, 10.00 to 17:30pm.

♥ [Cruse Bereavement Care](#)

Trained bereavement volunteers, who offer emotional support to anyone affected by bereavement, staff the Cruse Bereavement Care free phone national helpline.

Telephone: 0808 808 1677

Email: helpline@cruse.org.uk

Helplines are open Monday-Friday 09.30 to 17.00 (excluding bank holidays), with extended hours on Tuesday, Wednesday and Thursday evenings, when they are open until 20:00.

♥ [London Friend LGBT Bereavement Helpline](#)

Support for gay, lesbian, bisexual and transgender people expecting or experiencing bereavement.

Telephone: 0207 7837 3337 Tues 19:30 to 21:30

Webpage: www.londonfriend.org.uk

♥ [Miscarriage Association](#)

Provides advice and support to those who had experienced miscarriage, molar pregnancy or ectopic pregnancy.

Telephone: 01924 200799

Website: www.miscarriageassociation.org.uk

♥ [NHS Bereavement Helpline](#)

Qualified nurse that can provide guidance and support to individuals who are suffering a pregnancy loss runs the NHS Bereavement Helpline.

Telephone: 0800 2600 400 – Helpline is open every day 08:00 to 20:00.

♥ [Petals - The Baby Loss Charity](#)

Petals provide a free, counselling service to support women, men and couples through the devastation of baby loss. Their counselling programme meets the needs of those who have suffered pregnancy complications, pregnancy loss or the death of a baby. Their counsellors are



experts in this field, and have years of experience between them of counselling people after all types of baby loss.

Telephone: 0300 688 0068

Email: counselling@petalscharity.org

Website: Petalscharity.org

♥ [Stillbirth and Neonatal Death Society \(SANDS\)](#)

Welcomes calls from anyone affected by a stillbirth of a baby.

Telephone: 020 7436 5881

Email: helpline@uk-sands.org

Website: www.sands.org.uk

♥ [The Ectopic Pregnancy Trust](#)

A registered national charity established to meet the needs of people who have experienced ectopic pregnancy and the health care professionals who care for them.

Telephone: 020 7733 2653

Website: www.ectopic.org.uk

♥ [Tommys](#)

Tommys believe that every baby lost is one too many. Tommy's exists to support, care for and champion people, no matter where they may be on their pregnancy journey. They provide expert, midwife-led advice for parents before, during and after pregnancy, working together towards safer, healthier pregnancies. Click her for [Tommys Baby Loss Support Information](#)

If you would like to speak to one of the Tommys midwives about your pregnancy, or need support and advice following a pregnancy loss, you can contact the team directly.

Telephone: 0800 014 7800 (Monday to Friday, 09:00 to 17:00).

Email: midwife@tommys.org

Website: www.tommys.org

♥ [The Samaritans](#)

24 hour helpline support every day of the year for anyone in distress, including those who are bereaved.

Telephone: 08457 90 90 90

Website: www.samaritans.org

Appendix C

AN OVERVIEW - UNDERSTANDING BEREAVEMENT, GRIEF & LOSS

Bereavement, grief and loss can cause many different symptoms and they affect people in different ways. There is no right or wrong way to feel.

Some of the most common symptoms include:

- shock and numbness – this is usually the first reaction to loss, and people often talk about "being in a daze";
- overwhelming sadness, with lots of crying;
- tiredness or exhaustion;
- anger – towards the reason for the loss;
- guilt – for example, guilt about feeling angry, or not being able to stop their loved one dying.

These feelings may not be there all the time and powerful feelings may appear unexpectedly. It is not always easy to recognise when bereavement, grief or loss are the reason why a person is acting or feeling differently.

Experts generally accept that we go through four stages of bereavement or grief:

1. Accepting that your loss is real;
2. Experiencing the pain of grief;
3. Adjusting to life without the person or thing you have lost;
4. Putting less emotional energy into grieving and putting it into something new.

Most people go through all these stages, but often people will not necessarily move smoothly from one to the next.

It is important that managers and colleagues are mindful of changes in the behaviour, mood and performance of bereaved employees, to ensure that appropriate and timely support is offered, in a sensitive and compassionate manner. It is important to consider the context of other difficulties or work/life events the employee may be coping with, as this can affect how the person may experience and cope with a bereavement and returning to work.