NHS
Cornwall and
Isles of Scilly

Pregnancy and baby loss

Date approved: 27 November 2024

NHS Cornwall and Isles of Scilly Integrated Care Board

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1. Introduction

If you are reading this policy because you have lost a pregnancy or baby, we are so sorry, and we will do all we can to provide you with the support that you need.

We want to break the taboos that exist around pregnancy or baby loss,and encourage mothers and parents to talk about what has happened, if they want to. Sadly, there still remains a silence in many parts of our society about this tragic and common issue.

This policy has been developed in association with NHS England and collaboration with the Miscarriage Association.

2. Purpose

The aim of this policy is to provide the support people need during this difficult time in their life, and to help managers and colleagues know how to support people affected, with kindness and understanding.

This policy includes, but is not limited to: miscarriage, ectopic pregnancy, molar pregnancy, and termination of pregnancy.

This policy does not cover stillbirth or neonatal loss, as baby loss from 24 weeks of pregnancy is covered in a separate maternity leave / time off policy. If this applies to you, we are so sorry. Please contact POD or someone you feel comfortable talking to, so that we can provide you with the support you need.

3. How this policy supports a kind and caring culture

It supports mothers and parents who have lost a pregnancy or baby and encourages them to feel confident to talk to their manager, colleagues and friends at work about what has happened. It challenges attitudes that pregnancy or baby loss is a taboo subject, so that people do not have to suffer in silence.

Click here for more information about **‘Our NHS People Promise’.**

4. Responsibilities

Everyone is expected to treat someone who has lost a pregnancy or baby with kindness and understanding.

It is the manager’s responsibility to support the employee with kindness, compassion and flexibility. Each person is different, and individuals may also need temporary work adjustments, or other levels of support.

It is hoped that someone who has lost a pregnancy or baby feels able to reach out and talk to someone they trust, if they feel they need additional support or signposting.

5. Talk to someone wo can help

If you have lost a pregnancy or baby, it is important that you talk to your GP, Midwife or medical professional as soon as you possibly can. They will be able to provide you with the professional medical care that you need.

Please also tell someone at work so that you can access the support available to you. It is usually best to talk to your manager, but if you do not feel comfortable about this, find someone else you can talk to easily. This could be a friend, a member of the POD team, a mental health first aider, occupational health, trades unions representative, the maternity lead or someone else.

You may also wish to consider contacting the Employee Assistance Programme (EAP), which is a free telephone digital counselling and health and wellbeing service. If you do not know how to access this, please contact POD.

6. Understanding pregnancy or baby loss

We understand that losing a pregnancy or baby is a bereavement and it can affect the whole family. It may affect partners, children, and many others.

We want to encourage mothers and parents to talk about their loss, and to support each other. People often keep quiet, and don't talk about the fact that they have lost their pregnancy or baby. This can increase feelings of loneliness and isolation and talking about what has happened can help process feelings of grief and loss.

The silence that surrounds pregnancy or baby loss can stop people from accessing the support that they need. That might be counselling, mental health support, or talking about it with friends and family.

Mothers and parents may also find their GP a helpful source of support, as they will be able to refer them to talking therapies or other support services and give them the time off they need to process both the physical and emotional effects of losing a pregnancy or baby.

We hope that this policy will help reduce the silence of losing a pregnancy or baby and encourage people to talk about and seek support at what can be a really difficult time in their lives.

7. What this policy offers

We would like to offer colleagues up to 10 days paid leave for the mother (or parent who was pregnant), and up to 5 days paid leave for the partner. Leave days are given on a pro-rata basis and pay is calculated on the basis of what the individual would have received had they been at work.

This includes, but is not limited to: miscarriage, ectopic pregnancy, molar pregnancy, and termination of pregnancy.

This is not dependent upon gestation of pregnancy (how long someone has been pregnant for) or length of service with the organisation.

A ‘Fitness for Work’ statement from the GP is not required unless additional time off from work is needed. This paid time off will not be used for ‘sickness trigger’ purposes.

In addition, colleagues are offered paid time-off for appointments linked to pregnancy or baby loss, for example, medical examinations, scans and tests and mental health related interventions, if this stretches beyond the time outlined above.

If someone’s baby is stillborn, or in the case of neonatal loss, they will be entitled to the same amount of maternity leave and pay as if the baby was alive. Please see the Maternity Leave Policy.

We also promise that all requests to work flexibly following a loss will be treated with understanding and sensitivity. Implementation plans and monitoring effectiveness

We will monitor the effectiveness of this policy by collecting information to help us understand the impact it is having. We will do this by completing the table below:

8. The partner of someone who has lost a pregnancy or baby

If you are the partner of someone who has lost a pregnancy or baby, we are really sorry, and we will do all we can to provide you with the support you need.

We understand that this is a bereavement for you also, and that is why we are offering you 5 days paid leave, and paid time off to support your partner who needs to attend appointments linked to pregnancy or baby loss.

We also want to encourage you to talk about your loss. It is usually best to talk to your manager, but if you do not feel comfortable about this, find someone else you can talk to easily. This could be a friend, a health and wellbeing lead, a staff network colleague, occupational health, nurse, trades unions representative, or someone else.

Don’t suffer in silence

Please do remember we are here to support you, and we will do all we can to help you during this difficult time in your life. If there is anything further we can do to help you, please reach out. We are here for you.

9. Supporting someone who has lost a pregnancy or baby

If you are aware that someone has lost a pregnancy or baby, please remember to respect their privacy. Some people will want to talk openly about their loss, while other will not want to talk about it. Be sensitive to cultural differences as people may respond in a certain way to the loss of a pregnancy or baby.

Be sensitive to the needs of the individual, and think about how a person might feel if there are to be pregnancy announcements at work. Let them know in advance by speaking to them privately so they can prepare themselves and their reaction.

If you feel someone needs support, please gently signpost them to someone who is able to help, or raise the matter with your manager or people and OD team.

10. Update and review

All policies and similar documents must include the date they were approved on and a review date. The review date will usually be 3 years after approval unless there is clear reason to change this. The review may happen earlier than planned if the context of the document changes. For example, where legislation changes. It is the responsibility of the author (or nominated officer) to be aware of the context of the document and to undertake the review promptly as appropriate.

11. Policies referred to in this document

Time off policy

Appendix 1: Links which may help you.

- Miscarriage Association: www.miscarriageassociation.org.uk
- National Bereavement Care Pathway: nbcpathway.org.uk
- Tommy's: www.tommys.org/baby-loss-support
- Petals: petalscharity.org
- ARC (Antenatal Results and Choices): www.arc-uk.org
- Sands: sands.org.uk
- Bliss: www.bliss.org.uk
- Cradle: cradlecharity.org
- NHS Terms and Conditions of Service Handbook (Sections 15 and 23): nhsemployers.org/publications/tchandbook
- Abortion Talk: www.abortiontalk.com

The ICB has access to support 24/7 through the Health Assured Employee Assistance programme. If you would like access to counselling you can contact someone on their helpline number 0800 028 0199, live chat or video call or by emailing counsellingadvice@healthassured.co.uk

Appendix 2: Additional guidance for managers

Pregnancy or baby loss may happen at work, and of course you may not be aware that a member of your team is pregnant. Remember, that someone is not obliged to tell their manager of their pregnancy until 15 weeks before their estimated due date, or as soon as is reasonably practicable after then (approximately 6 months pregnant).

If someone suspects that they are starting to lose their pregnancy or baby, they may have bleeding, severe abdominal pain, and may feel faint or collapse. They will most likely be very distressed, panicky, embarrassed and frightened.

You can help by ensuring they have very quick access to privacy. You may also need to help them by calling their partner or friend to assist them in getting home or to hospital. In severe cases you may need to call an ambulance.

If someone at work suddenly learns that their partner, relative or close friend is starting to lose their pregnancy or baby, they may need to leave work at short notice to provide practical and emotional support. Please facilitate this and be as compassionate as you can be.

Once someone has gone home or to hospital, you will need to consider carefully how you will explain the sudden absence to other staff so you can respect their privacy, especially as they might not want others to know the details. You may chose to simply say “they are not at work”, and not engage in deeper conversation.

Absence should be recorded on ESR as ‘Special Leave’ not ‘Sickness Absence’. For periods of absence longer than 10 days (or 5 days for partners), the employee will need to obtain a Fitness for Work statement from their GP. Don’t forget leave needs to be pro-rata for part time colleagues. This paid time off is not to be used for sickness trigger purposes.

Whilst they are off, ensure you keep in contact with them, but use your discretion and be sensitive to how much contact they want.

When the employee and/or partner is ready to return to work, you should meet with them on a 1 to 1 basis to see how best you can support them going forward. This may include doing a risk assessment and/or referring them to Occupational Health support.

Be sensitive on the anniversary of the pregnancy or baby loss, and you may wish to put a private note in your diary to remind you to ‘look out’ for them. It is probably best not to make a big deal of it, but you may wish to consider discreetly asking them if they are ok. You may also wish to pay attention to them on Mother’s Day or Father’s Day, as this could be a particularly difficult day for them.

This policy does not cover stillbirth or neonatal loss from 24 weeks of pregnancy, as this is covered in separate maternity guidance and the ICB time off policy. However, if someone has lost a baby or child, whether they are the parent or the primary carer, they are entitled to 2 weeks paid leave (regardless of the age of the child). Please

see Sections 15 and 23 of the NHS Terms and Conditions of Service Handbook (see link in Appendix 1).

If you feel you need additional advice at any time, please do not hesitate to contact POD. They will provide you with the support you need.

Appendix 3: Impact Assessment

Name of policy or service to be assessed: Pregnancy and baby loss policy
Department or section: People and Organisational Development.
Date of assessment: July 2024
Person(s) responsible for the assessment: Jo Tomlinson
Is this a new or existing policy? New

Aims, objectives and purpose of the policy

Describe the aims, objectives, and purpose of the policy.
The pregnancy and baby loss policy aims to support employees experiencing pregnancy loss (including miscarriage, stillbirth, ectopic pregnancy, molar pregnancy) and neonatal death. This policy provides guidance on leave entitlements, emotional support, and workplace accommodations. It seeks to ensure that all employees are treated with sensitivity, respect, and dignity during such times.

Who is intended to benefit from this policy, and in what way?
Anyone who has lost a pregnancy or baby.

What outcomes are wanted from this policy?
To provide support, encouragement to talk and allow paid time off for parents and partners.

What factors or forces could contribute or detract from the outcomes?
Implementation of the policy. Line manager and colleague awareness of the policy and help available.

Who are the main stakeholders in relation to the policy?
All colleagues in the ICB

Who implements the policy, and who is responsible for the policy?
POD

Differential impacts

Does this have a positive or negative impact on people from an ethnic minority background? How will any negative impact be mitigated?

Potential Impact: Different cultural or religious beliefs about pregnancy loss may influence how employees approach or experience loss, impacting their needs for support.
Mitigation: Managers should provide culturally sensitive support, recognising different customs and practices related to pregnancy and baby loss. Consider translation of materials and make culturally competent counselling available.

Does this have a positive or negative impact on people who identify as male, female or intersex? How will any negative impact be mitigated?

Potential Impact: Transgender or non-binary colleagues may have specific needs related to pregnancy loss, particularly around confidentiality and sensitivity in communications. There could be a potential lack of understanding about how pregnancy loss affects trans and non-binary people.

Mitigation: Ensure that support is inclusive, and that any services (such as counselling) are trans-inclusive. Train staff to understand the unique challenges faced by trans or non-binary employees.

What is the positive or negative differential impact on people from the perspective of disability? How will any negative impact be mitigated?

Potential Impact: Employees with disabilities may face additional challenges in accessing medical or emotional support due to accessibility issues, including those with mental health conditions.

Mitigation: Ensure reasonable adjustments are made to accommodate employees with disabilities, including accessible counselling, time off, or flexible working arrangements. Ensure all support services are accessible, including mental health resources.

Does this have a positive or negative impact on people who identify as heterosexual, lesbian, gay, bisexual, pansexual or asexual? How will any negative impact be mitigated?

Potential Impact: Employees in same-sex relationships may have specific concerns about how their loss is recognized, particularly in cases involving surrogacy or adoption.

Mitigation: Ensure that the policy is inclusive of same-sex couples, with equal entitlements to leave and emotional support for all parents, regardless of family structure.

What is the positive or negative differential impact on people from the perspective of age? How will any negative impact be mitigated?

Potential Impact: Employees of any age may experience pregnancy or baby loss. There may be younger employees who have different needs or levels of experience in seeking support.

Mitigation: Ensure tailored communications and support for different age groups, including signposting to appropriate counselling and medical services.

What is the positive or negative differential impact on people from the perspective of religion or belief? How will any negative impact be mitigated?

Potential Impact: Employees from various religious backgrounds may have specific practices or rituals following pregnancy or baby loss, and managers should be mindful of this.

Mitigation: Understand the ICB's time off policy to help support flexibility in accommodating religious needs,and offer support services that are sensitive to different religious practices.

What is the positive or negative differential impact on people from the perspective of marriage and civil partnership? This is particularly relevant for employment policies. How will any negative impact be mitigated?

Potential Impact: Employees in both marriages and civil partnerships may be affected by pregnancy and baby loss. The policy ensures equal treatment of all types of partnerships.

Mitigation: Managers should be mindful that all types of partnerships are recognised in the policy and that colleagues' partners are also given consideration in leave entitlements and support.

Does this have a positive or negative impact on people who identify as trans or transgender, non-binary, or gender fluid? How will any negative impact be mitigated?

Potential Impact: Transgender or non-binary employees may have specific needs related to pregnancy loss, particularly around confidentiality and sensitivity in communications. There could be a potential lack of understanding about how pregnancy loss affects trans and non-binary people.

Mitigation: Managers should make sure that all support offered is inclusive and that language used is gender-neutral, and that any services (such as counselling) are trans-inclusive. Train staff to understand the unique challenges faced by trans or non-binary employees.

Does this have a positive or negative impact on people who are pregnant, breast feeding mothers, or those on maternity leave? How will any negative impact be mitigated?

Potential Impact: This policy is specifically intended to support pregnancy and maternity issues, so the impact is expected to be positive. The policy addresses the needs of employees dealing with pregnancy loss or neonatal death and clearly communicates their rights.

Mitigation: Managers should know that employees experiencing pregnancy loss or baby loss are entitled to the same rights as those on maternity leave, ensuring they have time to recover and access emotional support.

Are there any other identified groups? How will any negative impact be mitigated?

A British national cohort study found that socioeconomic deprivation is a risk factor for pregnancy and baby loss. This policy aims to raise awareness of the help

available and encourage colleagues and managers to act with care and kindness to support any colleagues who might be affected.

Human rights values

How have the core human rights values of fairness, respect, equality, dignity, and autonomy been considered in the formulation of this policy, service, or strategy?
The policy has been put together in collaboration with the Miscarriage Association to offer support and information to anyone affected by the loss of a baby in pregnancy, to raise awareness and to promote good practice, dignity, fairness and kindness.

Which of the human rights articles does this document impact?

☒ To life
☐ Not to be tortured or treated in an inhuman or degrading way
☐ To liberty and security
☐ To a fair trial
☒ To respect for home and family life, and correspondence
☒ To freedom of thought, conscience, and religion
☐ To freedom of expression
☐ To freedom of assembly and association
☒ To marry and found a family
☒ Not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention
☐ To peaceful enjoyment of possessions

What existing evidence (either presumed or otherwise) do you have for this?
Pregnancy must be a positive experience for mothers and babies. When that isn't possible, parents deserve empathy, respect and support. This policy aims to support in a respectful and dignified way, to acknowledge the loss of a pregnancy or baby and provide support. It encourages parents to talk about their experience and loss to avoid isolation and disconnection.

How will you ensure that those responsible for implementing the policy are aware of the human rights implications and equipped to deal with them?
Click or tap here to enter text.

Public Sector Value Act 2012

NHS Cornwall and Isles of Scilly is committed and obliged to fulfil the requirements of the Public Sector Social Value Act 2012. This Act requires the organisations to consider how services commissioned or procured might improve the economic, social, and environmental wellbeing of an area.

Please describe how this will support and contribute to the local system, wider system, and community.

This policy strives to support all colleagues to fulfil their duties at work, tackling exclusion by providing an avenue for support and time off that would not be certified as sickness absence.

Describe how the policy contributes towards eliminating discrimination, harassment, and victimisation.
This policy aims to support in a respectful and dignified way, to acknowledge the loss of a pregnancy or baby and provide support to everyone regardless of a particular protected characteristic. It encourages parents to talk about their experience and loss to avoid isolation and disconnection.

Describe how the policy contributes towards advancing equality of opportunity.
Talking openly about miscarriage is not only essential for individual healing but also contributes to a more compassionate and equal society.

Describe how the policy contributes towards promoting good relations between people with protected characteristics.
The policy is intended to created an inclusive and supportive culture.

If the differential impacts identified are positive, explain how this policy is legitimate positive action and will improve outcomes, services and or the working environment for that group of people.
Any time off taken due to the loss of a pregnancy will not be recorded as a sickness absence. As pregnancy is considered a protected characteristic, no one should be treated less favourably because of a pregnancy loss.

Signed (completing officer): Jo Tomlinson

Date: September 2024

Signed (head of department or section): Emma Goudge

Date: September 2024

Please ensure that a signed copy of this form with the policy is sent to both the corporate governance team and equality and diversity lead.