

# Pregnancy Loss Policy

Version No: 1

**Document Summary:**

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 policy. If this applies to you, we are so sorry. Please contact Human Resources or someone you feel comfortable talking to, so that we can provide you with the support you need.

<b>Document status</b>	Approved	
<b>Document type</b>	Policy	Trust wide
<b>Document number</b>	PD2357	
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<b>Date approved</b>	11/09/2024	
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<b>Review date</b>	<b>*3 years from approval date 30/09/2027</b>	
<b>Accountable Director</b>	Director of Human Resources	
<b>Policy Author</b>	Head of HR Operations	
<b>Target audience</b>	All staff	

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## Document Control

[Author to complete all sections apart from Section 4 & 5]

Section 1 – Document Information	
<b>Title</b>	Pregnancy Loss Policy
<b>Directorate</b>	Workforce
<b>Brief Description of amendments</b>	
New document implemented in line with the national people framework.	
<b>Does the document follow the Trust agreed format?</b>	Yes
<b>Are all mandatory headings complete?</b>	Yes
<b>Does the document outline clearly the monitoring compliance and performance management?</b>	Yes
<b>Equality Analysis completed?</b>	Yes
<b>Data Protection Impact Analysis completed?</b>	Yes

Section 2 – Consultation Information	
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Section 3 – Version Control		
Version	Date Approved	Brief Summary of Changes
1	11/09/2024	New document implemented in line with the national people framework.
	Click here to enter a date.	
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Section 4 – Approval – <i>To be completed by Document Control</i>	
<b>Document approved</b>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved with minor amendments
<b>Assurance provided by author &amp; Chair</b>	<input type="checkbox"/> Minutes of meeting <input type="checkbox"/> E-mail with Chair’s approval
<b>Date approved</b>	11/09/2024
<b>Review date</b>	30/09/2027

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<b>Reason for withdrawal</b>	<input type="checkbox"/> No longer required <input type="checkbox"/> Superseded
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<b>Date Withdrawn:</b>	Click here to enter a date.

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## 1. Scope

This policy applies to all staff across the Trust.

## 2. Introduction

This policy outlines what support the Trust has in place for employees who have lost a pregnancy or baby.

The Trust acknowledges how difficult this period will be for mothers and parents and employees are strongly encouraged to reach out for support.

## 3. Statement of Intent

This policy aims to support mothers and parents who have lost a pregnancy or baby and encourage 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 and promotes people experiencing the loss of pregnancy or baby to reach out for the support that they may need.

If an employee has lost a pregnancy or baby, it is important that they talk to their GP, Midwife or medical professional as soon as they possibly can. They will be able to provide employees with the professional medical care that they need.

Employees are also encouraged to tell someone at work so that they can access the support available to them. It is usually best to talk to their manager, but if they do not feel comfortable about this, they should find someone else they can talk to easily. This could be a friend, a health and wellbeing lead, a staff network colleague, occupational health, nurse, trade unions representative, or someone else.

Employees may also wish to consider visiting the [Wellbeing Hub](#) for further advice and support.

## 4. Definitions

**Statement of Fitness to Work ('Fit Note')** – this is normally provided by the employee's medical practitioner (e.g. G.P.) as evidence of why they cannot work due to an illness or injury after the 7th day of sickness. This is advice to the patient and therefore is not binding on the employer. The employee's doctor can also advise that they 'may be fit for work' (NB not 'fit for work') or provide information on functional effects of the condition and/or any treatment planned and possible ways to aid a return to work. The Statement can be issued for no longer than 3 months at a time.

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**Electronic Staff Record (ESR)** – the Trust’s combined electronic HR and Payroll system which includes each employee’s sickness absence record since 2006.

## 5. Duties, Accountabilities and Responsibilities

### 5.1 Chief Executive

The ultimate responsibility in the area of performance and legislative adherence lies with the Chief Executive.

### 5.2 Board of Directors

The Board are responsible for ensuring that the policy is being adhered to, both collectively and by the management and staff in their area of responsibility.

### 5.3 Director of Human Resources

The Director of HR is responsible for ensuring this policy is fair and transparent and adheres to any relevant employment legislation.

### 5.4 Managers

The manager has a responsibility to ensure that the employee is aware of the options available to them if they or their partner experience pregnancy or baby loss. The manager must also ensure the leave is accurately recorded on ESR.

It is also the Manager’s responsibility to liaise with Human Resources where needed and to signpost to other appropriate support mechanisms for example Health Work and Wellbeing.

### 5.5 Employee

To be entitled to this leave, the employee must inform their line manager of their situation. If the absence lasts longer than 10 days (pro rata for part-time staff) then the employee is responsible for providing a fit note.

### 5.6 Human Resources Staff and Management

It is the responsibility of the Human Resources Department to provide advice and support managers and individuals on this policy. HR professionals must also ensure this policy adheres to any relevant employment legislation.

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## 5.7 Health Work and Wellbeing

The HWWB team should ensure that employees are supported in an appropriate and timely manner.

## 5.8 People Performance Council

The monitoring of the impact of the policy will be delegated to the People Performance Council and the auditing to the HR Management Team, however the HR Director and People Performance Council will highlight any areas of significant shortfall identified to the Board.

## 6. What this policy offers

Employees are entitled to 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 based on 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.

Paid leave for pregnancy or baby loss is special leave and therefore, a 'Fitness for Work' statement from the GP is not required. In the event that a person feels that they require more than the special leave provision, detailed above, will be recorded in line with the [Attendance Management Policy](#).

Individuals must contact their manager so that the paid leave can be processed. Managers can contact HR for support and further information. Please see appendix 2 for further information.

In addition, employees 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 an employee'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 born alive. Please see the [New Parent Support Leave and Pay Policy](#) [Maternity Leave Policy](#) for further information.

At times, managers may wish to refer individuals to Health Work and Wellbeing for additional support. There may also be certain circumstances where longer term support is considered under the [Reasonable Adjustments Policy](#). Managers and individuals are encouraged to contact a member of the HR team for guidance.

Temporary requests to work flexibly following a loss will be considered sensitively. This may include home working for a period (where practical) or changing someone's hours of work or shift pattern.

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## 6.1 The partner of someone who has lost a pregnancy or baby

The Trust acknowledges that partners of someone who has lost a pregnancy or baby may also require support. This policy allows for up to 5 days paid leave, pro rata for part time staff. Employees must contact their line manager to request this leave.

Employees are also offered paid time off to support their partner who needs to attend appointments linked to pregnancy or baby loss. This must be discussed and agreed in advance, where possible, with the line manager.

## 6.2 Don't suffer in silence

Please remember the Trust is here to support employees, and will do all it can to help during this difficult time in someone's life. If there is anything further that can be done to help, please reach out. Additional support is available through the Health, Work and Wellbeing team.

## 6.3 Supporting someone who has lost a pregnancy or baby

If employees are aware that someone has lost a pregnancy or baby, it is important to respect their privacy. Some people will want to talk openly about their loss, while others will not want to talk about it. Employees must be sensitive to cultural differences as people may respond differently to the loss of a pregnancy or baby.

Employees must be sensitive to the needs of the individual and consider how a person who has experienced pregnancy or baby loss may feel if there are pregnancy announcements at work. It is recommended that this is discussed with the staff member who has experienced pregnancy or baby loss, privately to allow them to prepare themselves.

If an employee feels that a colleague who has experienced pregnancy or baby loss needs support, they should signpost them to someone who can help or employees should make their line manager or Human Resources aware to enable appropriate support to be offered.

## 7. Training

What aspect/s of this policy will require staff training?	Which staff groups require this training?	Is this training covered in the Trust's Statutory & Mandatory Training Policy?	If no, how will the training be delivered?	Who will deliver the training?	How often will staff require training	Who will ensure and monitor that staff have this training
N/A	N/A	N/A	N/A	N/A	N/A	N/A

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## 8. Monitoring Compliance

### 8.1 Performance Management of the Policy

Minimum Requirement to be Monitored	Lead(s)	Tool	Frequency	Reporting Arrangements	Lead(s) for acting on Recommendations
Accessibility of the policy,	People professionals , Equality Diversity and Inclusion, Health Work and Wellbeing	Equality demographics , band, staff groups	Annually	ESR breakdown and reports	Head of HR Operations
How supportive was the policy	As above	Feedback from users and managers	Annually	Staff Feedback	Head of HR Operations

## 9. References/Bibliography/Relevant Legislation/National Guidelines

No	Reference
1.	NHS People Promise: 2021
2.	NHS Employers National pregnancy and baby loss people policy framework: March 2024

## 10. Related Trust Documents

No	Related Document
1.	New Parent Support Leave and Pay Policy
2.	Attendance Management Policy
3.	Reasonable Adjustments Policy

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## 11. Equality Analysis Form

The EIA screening must be carried out on all policies, procedures, organisational changes, service changes, cost improvement programmes and transformation projects at the earliest stage in the planning process. Where the screening identifies that a full EIA needs to be completed, please use the full EIA template.

The completed EIA screening form must be attached to all procedural documents prior to their submission to the appropriate approving body. A separate copy of the assessment must be forwarded to the Head of Patient Inclusion and Experience for monitoring purposes via the following email, [cheryl.farmer@sthk.nhs.uk](mailto:cheryl.farmer@sthk.nhs.uk). If the assessment is related to workforce a copy should be sent to the workforce Head of Equality, Diversity and Inclusion for workforce [equality&diversity@sthk.nhs.uk](mailto:equality&diversity@sthk.nhs.uk).

If this screening assessment indicates that discrimination could potentially be introduced then seek advice from either the Head of Patient Inclusion and Experience or Head of Equality, Diversity (Workforce) and Inclusion.

A full equality impact assessment must be considered on any cost improvement schemes, organisational changes or service changes that could have an impact on patients or staff.

<b>Title of function</b>	Pregnancy Loss Policy
<b>Brief description of function to be assessed</b>	Application of the Pregnancy Loss Policy
<b>Date of assessment</b>	25/06/2024
<b>Lead Executive Director</b>	Catherine Lothian
<b>Name of assessor</b>	Kayleigh Etherington
<b>Job title of assessor</b>	Head of HR Operations

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## Equality, Diversity & Inclusion

Does the policy/proposal:

- 1) Have the potential to or will in practice, discriminate against equality groups
- 2) Promote equality of opportunity, or foster good relations between equality groups?
- 3) Where there is potential unlawful discrimination, is this justifiable?

	Negative Impact	Positive Impact	Justification/ evidence and data source
Age	No	Yes - Positive Action	Older women are more likely to experience miscarriage than younger women. This policy ensures there is support in place for staff.
Disability	No	Yes - Positive Action	Public Health England research shows that pregnant women with learning disabilities are less likely to seek or attend regular antenatal care, and struggle to understand the often text-based antenatal information communicated during pregnancy
Gender reassignment	No	No	
Pregnancy or maternity	No	Yes - Positive Action	This policy provides support when a pregnancy has ended.
Race	No	Yes - Positive Action	Recent research conducted by Tommy's has found that black women are 43% more likely to experience miscarriage.
Religion or belief	No	No	
Sex	No	No	
Sexual orientation	No	No	

## Human Rights

Is the policy/proposal infringing on the Human Rights of individuals or groups?

	Negative Impact	Positive Impact	Justification/ evidence and data source
Right to life	No	No	
Right to be free from inhumane or degrading treatment	No	No	
Right to Liberty/security	No	No	
Right to privacy/family life, home and correspondence	No	No	

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	Negative Impact	Positive Impact	Justification/ evidence and data source
Right to freedom of Thought/conscience	No	No	
Right to Freedom of expression	No	No	
Right to a fair trial	No	No	

### Health Inequalities

Is the policy/proposal addressing health inequalities and are there potential or actual negative impact on health inequality groups, or positive impacts? Where there is potential unlawful impacts is this justifiable.

	Negative Impact	Positive Impact	Justification/ evidence and data source
Deprived Populations	No	No	
Inclusion health groups	No	No	
5 child clinical areas	No	No	
5 adult clinical areas	No	No	

### Outcome

After completing all of the above sections, please review the responses and consider the outcome.

<b>Is a full EIA required?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  Please include rationale:
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### Sign off

<b>Name of approving manager</b>	Catherine Lothian
<b>Job title of approving manager</b>	AD of HR
<b>Date approved</b>	25/06/2024

## 12. Data Protection Impact Assessment Screening Tool

If you answer **YES** or **UNSURE** to any of the questions below a full Data Protection Impact Assessment will need to be completed in line with Trust policy.

	Yes	No	Unsure	Comments - Document initial comments on the issue and the privacy impacts or clarification why it is not an issue
Is the information about individuals likely to raise privacy concerns or expectations e.g. health records, criminal records or other information people would consider particularly private?		x		Staff are not asked to share any health records in relation to this policy
Will the procedural document lead to the collection of new information about individuals?		x		
Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?		x		
Will the implementation of the procedural document require you to contact individuals in ways which they may find intrusive?		x		It is for the impacted individual to reach out for support
Will the information about individuals be disclosed to organisations or people who have not previously had routine access to the information?		x		
Does the procedural document involve you using new technology which might be perceived as being intrusive? e.g. biometrics or facial recognition		x		
Will the procedural document result in you making decisions or taking action against individuals in ways which can have a significant impact on them?		x		
Will the implementation of the procedural document compel individuals to provide information about themselves?		x		Staff are under no obligation to disclose any information they do not wish to share in relation to pregnancy or baby loss

Sign off if no requirement to continue with Data Protection Impact Assessment:

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Confirmation that the responses to the above questions are all NO and therefore there is no requirement to continue with the Data Protection Impact Assessment

**Policy author: Kayleigh Errington**

**Date: 25th June 2024**

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### 13. Appendix 1 – Links which may help

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

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## 14. Appendix 2: Additional guidance for managers

Pregnancy or baby loss may happen at work, and of course managers may not be aware that a member of their team is pregnant. Remember that employees are 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.

Managers can help by ensuring employees have very quick access to privacy. Managers may also need to help them by calling their partner or friend to assist them in getting home or to hospital or to occupational health (if they are based on-site). 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. Managers are encouraged to facilitate this and be compassionate.

Once an employee has gone home or to hospital, managers need to consider carefully how to explain the sudden absence to other staff in order to respect their privacy, especially as they might not want others to know the details. Managers may choose 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’. Employees are entitled to 10 days, pro rata for part time staff (or 5 days for partners). 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, which will then be managed through the [Attendance Management Policy](#).

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

When the employee and/or partner is ready to return to work, managers should meet with them on a one-to-one basis to conduct a welcome back conversation and see how best they can be supported going forward. This may include doing a Risk Assessment and/or referring them to Health Work and Wellbeing.

This policy does not cover stillbirth or neonatal loss from 24 weeks of pregnancy, as this is covered in a separate maternity leave 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).

Managers are reminded of the additional support that is available through the HR team.

This National Policy has been developed in collaboration with the Miscarriage Association.

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