



Normalising fertility issues at work

A guidance document • March 2022

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Normalising fertility issues at work: a guidance document on menstruation, fertility treatment, pregnancy loss and the menopause

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Background

The Unscripted TV Union (part of Bectu) recognises the value of companies having a written policy on fertility issues such as menstruation, the menopause, fertility treatment and pregnancy loss.

Unions have a key role in challenging discrimination in the workplace and in bargaining for better policies to support members affected by these issues. This guidance has been compiled to inform what the Unscripted TV Union sees as a company's commitment to demonstrating its understanding of fertility issues in the workplace, while informing employee expectations on the support that is available.

By committing to an inclusive fertility policy, a company can help address the uncertainty workers may have about how the employer will address such issues in work and what workers should do to access support. A company can also ensure that they are abiding by the Health and Safety at Work Act and the Equality Act in the way they address workplace environments and practices surrounding fertility issues.

Research has shown that employers who have implemented a fertility policy feel that workers have responded positively and responsibly. Employers have also advised that the policy generates goodwill with staff which helps to foster a happy workforce and improves productivity.

Removing the stigma or taboo that can surround such issues is crucial in ensuring workers can speak more openly about them and employers can offer the correct care to people.

Having a fertility issues policy is one step forward in ensuring workplaces are truly open, tolerant and compassionate places to be, with no barriers to gaining the right support when it is most needed.

This guidance contains general information around best practice and does not constitute legal or other professional advice.

Our objectives

The aim of this guidance is to outline what we see as a company's responsibility to understanding how menstruation, fertility treatment, pregnancy loss and the menopause can affect workers and to provide related guidance on managing these issues in the workplace. Companies may use this guidance to inform their own policies relating to fertility issues.

Workers may need additional consideration, support and adjustments while experiencing fertility-related issues. A company has a duty of care to workers to ensure their health, safety and wellbeing at work and should commit to ensuring that all individuals are treated fairly and with dignity and respect in the workplace.

This can be achieved by encouraging an open culture to help remove the stigma attached to fertility-related issues and by creating an environment where workers feel confident enough to raise issues about their symptoms or experiences. Companies should provide guidance and communications to all workers to raise awareness of fertility issues and embed the company approach to these into their wider health and wellbeing agenda.

Wellbeing and performance are linked and therefore companies should work to make reasonable adjustments where necessary to support workers during menstruation, fertility treatment, miscarriage and menopause and ensure the workplace does not make their symptoms or experiences worse.

This guidance applies to all workers as infertility, pregnancy loss or loss of a young baby affects men too, and men, both heterosexual and homosexual, can be involved in fertility treatment, which can be stressful for them also. It is also important to note that people from the non-binary, transgender and intersex communities may also experience symptoms linked to fertility. The experience may be different for those in these communities.

Disability, age, race, religion, sexual orientation and marital/civil partnership status also have an effect on how people experience and perceive fertility issues. It is important to recognise that for many reasons, people's individual experience may differ greatly.

Managers must also familiarise themselves with company policies on equality and tackling inappropriate behaviour in order to support workers and, in particular, to ensure that workers who experience symptoms related to fertility are treated fairly.

How to use this guidance

Look at your existing documents. You may want to embed your fertility support in a formal policy document to fit into your wider portfolio of policies. See where fertility content can fit into your Absence and Sickness, Wellbeing, Diversity and Inclusion policies. It might just be in the examples but will help embed fertility issues as part of the conversation.

Make it accessible. Keep open communications going about where to find the information.

This does not replace training. Good quality training on these issues is still key and works in tandem with your documents.

Menstruation and the menopause

As we aim to achieve equality in our workforce, there are simple adjustments companies can make to ensure women and others who menstruate or experience the menopause feel comfortable and safe in the workplace.

Employers need to be aware of these issues, so that they can make reasonable adjustments that are quick, easy and incur zero/minimal cost to the employer and will improve immeasurably the quality of an employee's life who suffers from symptoms while menstruating or going through the menopause.

What is menstruation?

Menstruation is the process of blood being released from the uterus lining from puberty up until the menopause, typically on a monthly cycle.

- *Dysmenorrhea* is the term for painful periods which affect a person's day-to-day life.
- *Endometriosis* is a condition where cells which typically line the uterus grow in other areas of the body. Endometriosis can cause Dysmenorrhea.
- *Polycystic Ovarian Syndrome (PCOS)* is a prevalent hormonal disorder which affects the ovaries between puberty and menopause.
- *Primary and Secondary Amenorrhea* is the atypical absence, or stopping, of periods.
- *Premenstrual Tension (PMT/PMS)* – refers to the physical and mental symptoms experienced before a period.
- *Premenstrual Dysphoric Disorder (PMDD)* refers to a more severe form of PMT.

Symptoms of menstruation may include: abdominal pains/cramps, abdominal swelling, lower back pain, changes in mood and irritability, bloating, fluid retention, joint pain, sore breasts, food cravings, headaches, low energy or fatigue, dizziness, nausea, increased urination, acne, diarrhoea or constipation, dehydration, and trouble sleeping.

It is important to remember menstruating people experience symptoms differently, in both variety and the severity of the symptoms.

Recommendations

- Allow workers to work from home and/or more flexible hours on certain days of their cycle.
- Provide better climate control – fans, air conditioning, seats away from radiators.
- Provide access to clean toilet facilities in the office and on location.
- Provide free sanitary products in toilets and in first aid bags.
- Provide sanitary disposal bins in both male and female toilets.

What is perimenopause/the menopause?

The perimenopause is a natural stage of life for female workers that usually occurs between the ages of 45 and 55, although for some workers it can start earlier or later, and lasts for a few months to several years, even a decade or more. During the perimenopause, hormone levels change and once a woman hasn't had a period for 12 months or more, they have reached the menopause. Sometimes the menopause can be triggered early by another medical event.

Workers may experience intermittent physical and/or physiological symptoms during the perimenopause, which can include hot flushes, night sweats and related symptoms such as sleep disruption, fatigue, panic attacks, anxiety and difficulty in concentrating. It is important to note that not every employee will notice every symptom or need help and support.

Symptoms can have an adverse impact on the quality of both personal and working life, for example, hot flushes could be embarrassing and stressful to deal with. With the right support, the impact of the symptoms can be alleviated.

High percentages of menopausal women leave the workplace, taking with them valuable skills and experience that have been honed over many years. This can lead to a lack of senior level female role models and mentors for aspiring junior females in organisations, as well as an adverse impact for employers on the gender pay gap, and a lack of diversity.

Men can also experience similar menopausal symptoms, which is known as the “andropause”.

The effects of the menopause should be taken into account in the implementation of sickness absence, capability and disciplinary procedures.

Recommendations

- Regular informal conversations between managers and workers may enable discussions about changes in health, including issues related to the menopause.
- Adjust workplace temperature and ventilation to meet the needs of individuals. This could be a desktop fan in the office or locating a workstation near a window or away from a heat source.
- Provide access to cold drinking water in the office and on location
- Offer flexible working options where appropriate, such as adjustments to start or finish times, job-sharing or home working.
- Provide access to counseling/peer-to-peer support groups etc.

Pregnancy loss

A high percentage of women sadly suffer pregnancy loss. One in every four pregnancies ends in miscarriage. Many employers won't necessarily know that their employee is pregnant, particularly if miscarriage occurs during the first 12 weeks of pregnancy, when the employee may not have told anyone about their pregnancy yet.

What is pregnancy loss?

- Miscarriage – the spontaneous loss of a pregnancy during the first 24 weeks
- Stillbirth – the loss of a baby from 24 weeks, during labour or birth
- Ectopic pregnancy – when a fertilised egg develops outside the womb
- Molar pregnancy – when an abnormal fertilised egg implants in the uterus
- Neonatal loss – the loss of a live-born baby up to 28 days after the birth
- Embryo transfer loss – when an embryo transfer during fertility treatment doesn't result in pregnancy
- Abortion or termination of pregnancy – a medical or surgical procedure to end a pregnancy

Pregnancy loss policies are important as losing a baby early can have equally harmful physical and mental health impacts as than later on during the pregnancy.

Recommendations

- Paid leave for medical appointments, or offer flexible working options to allow workers to attend medical appointments.
- Sufficient paid time off to grieve and to recover physically and emotionally from the trauma of losing a baby.
- Access professional counseling where appropriate.

Any pregnancy loss policy should recognise that these issues affect the non-pregnant partner in the relationship too. In the sad case of pregnancy loss, both parents are affected emotionally and the partner will also be caring for the physical effects which the expectant mother suffers. Both parties may experience mental health issues arising from grief and anxiety and counseling should be equally available to both would-be parents, not just the expectant mother, as should paid leave under any pregnancy loss policy.

Such personal medical information should be treated confidentially, on a need to know basis only and should be handled in accordance with relevant GDPR requirements.

Fertility treatment

Companies should support workers undergoing fertility treatments such as IVF. It can be emotionally stressful and colleagues need support, especially if a cycle of treatment is not successful. Workers (both partners) may often need time off work to go to appointments for fertility treatment (including accompanying their partners).

Recommendations

- Accommodate medical advice that adjustments are needed to work duties or patterns while an employee is undergoing treatment
- People undergoing treatment may need access to a fridge for storing medication.
- Offer flexible working options and paid time off to allow workers time to attend appointments.
- Workers are encouraged to try to arrange appointments outside normal working hours if possible, or at the start or end of the working day and to let managers know early when appointments are. However, the employer should acknowledge and understand that the very nature of fertility treatment means appointments/procedures are often arranged at short notice.
- An employee may want to accompany their partner to their appointments. In this situation give a reasonable amount of time off to attend, but this may be unpaid.

Conclusion

Employers should speak openly about these issues in the workplace and create an inclusive culture in which workers can, if they so wish, be open about any fertility related issues they may be going through.

More work needs to be done to try to reduce any shame and stigma connected with discussing fertility issues, in the same way that positive progress has been made to remove the stigma that was previously attached to discussing mental health issues in the workplace.

Pressure should not, however, be placed on anyone in the workplace to share more information or detail about fertility issues that may be affecting them at work than they are comfortable disclosing. It is a personal issue and individuals have their own unique boundaries.

Employers need to train their staff to ensure that they are careful not to make unhelpful assumptions, that they do not use discriminatory stereotypes or engage in insensitive inappropriate banter. For example, assumptions should not be made that because a woman is in the wide age bracket from which menopause can occur, that she is automatically going through the menopause. Employers need to be aware of the risk of actual and perceived sex and age discrimination claims and ensure that their staff training covers this accordingly.

Looking after your staff's fertility related issues will reap benefits for your workforce and your business, as your staff will be happier and healthier and this will lead to widespread positive repercussions. A company's workforce is its greatest asset. Companies should be taking better care of their female and trans staff's fertility-related physical and mental health needs and those of their partners, given the high proportion of the workforce that females make up at all ages and career stages.