

TRUST POLICY FOR BABY LOSS

<b>Reference Number</b> POL-HR/4414/24	<b>Version: 1</b>		<b>Status</b>  Final	<b>Author: Clare Bedford</b>  <b>Job Title - Deputy People Services Improvement Manager</b>
Version / Amendment History	<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Reason</b>
	1	14/02/24	Clare Bedford	Policy supporting colleagues who have had baby loss during pregnancy and beyond
<b>Intended Recipients:</b> This policy is for all UHDB colleagues directly employed by the Trust (permanent, part-time, or temporary).				
<b>Training and Dissemination:</b> Policy cascade through approvals process and uploaded to Net-i., Policy Advisory note.				
<b>To be read in conjunction with:</b> Family Leave Policy, Health Wellbeing and Attendance Policy Special Leave Guidance				
<b>In consultation with and Date:</b>				
<ul style="list-style-type: none"> <li>• Staff Networks and key stakeholders</li> <li>• People Policy Review Group - 12<sup>th</sup> April 2024</li> <li>• Trust Joint Partnership Forum (TJPF)</li> <li>• People &amp; Culture Group (PCG)</li> </ul>				
<b>EIRA stage One</b>				
<b>Approving Body and Date Approved</b>			People & Culture Group	
<b>Date of Issue</b>			July 2024	
<b>Review Date and Frequency</b>			July 2027 - Every, 3 years	
<b>Contact for Review</b>			Clare Bedford, Deputy People Services Improvement Manager	
<b>Executive Lead Signature</b>			Amanda Rawlings, Executive Chief People Officer	

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## 1. Background

This policy is based on the National Pregnancy and Baby Loss People Policy Framework who worked and developed the document with the Miscarriage Association.

At UHDB we know that pregnancy loss can be a devastating experience whether it happens to you, your partner or the surrogate having your baby. We know that sadly it's more common than people may think and that the challenges at work are often misunderstood. If you are reading this policy because you have been affected, we are sorry for your loss. We want you to know that we understand that for some, pregnancy loss whenever or however it happens is a type of bereavement, and that getting the right support at work is crucial. The Trust is committed to giving all colleagues who may be affected, the support that they need.

## 2. Purpose

To provide our leaders and colleagues with the necessary information, to enable them to provide appropriate practical and emotional support to an employee affected by miscarriage, ectopic or molar pregnancy (loss of a pregnancy before 24 weeks gestation). As well as support for pregnancy lost post 24 weeks (still birth and neonatal loss).

- 2.1 The policy covers topics and issues that some colleagues may find difficult or upsetting. You may be a manager with your own experience of loss or an expectant parent managing someone that has experienced a loss.

If this is the case, you may need to speak to your own line manager or the People Services Advisory Team for advice or to signpost you to further support either within or outside of the Trust.

- 2.2 There are other types of pregnancy loss covered in other UHDB policies, such as the Family Leave policy and guidelines which includes maternity, paternity and adoption leave, and the support that is offered.

## 3. Principles of the Baby Loss Policy

- 3.1 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.

- 3.2 Pregnancy loss includes but is not limited to the following situations:

- 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 of the womb.
- Molar Pregnancy - when an abnormal fertilised egg implants in the uterus.
- 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.
- Neonatal loss - the loss of a live born baby up to 28 days after the birth.

#### **4. Support for colleagues who have lost a pregnancy or baby up to 24 weeks.**

4.1 At UHDB we want to provide a comprehensive package of support for colleagues who have experienced baby loss during pregnancy which includes:

- Up to 10 days paid leave for the person who was pregnant This includes, but is not limited to, miscarriage, stillbirth, abortion, ectopic pregnancy, molar pregnancy, and neonatal loss.
- This is not dependent upon gestation of pregnancy or length of service. Leave days are given on a pro-rata basis and is calculated on the basis of what the individual would have received, had they been at work.
- A "Fitness to 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 a "sickness Management" perspective.
- In addition, colleagues will be offered paid time off for appointments linked to pregnancy loss, for example, medical examinations, scans and tests and mental health-related interventions, if this stretches beyond the time outlined above.
- At UHDB if you are a partner of a colleague who has lost a pregnancy or baby we will do all we can to provide you with the support, guidance and compassion that you need during this difficult time. As such we are offering partners 10 days paid annual leave, and paid time off to support your partner who needs to attend appointments linked to pregnancy or baby loss.
- The Trust assures all colleagues that requests to work flexibly following a loss will be treated with understanding and sensitivity. This may include home working for a period of time (where practical) or changing someone's hours of work or shift pattern.

#### **5. Support for Colleagues who have had a Pregnancy or Baby Loss from 24 weeks (Stillbirth and Neonatal loss)**

Mothers, who have experienced a baby loss post 24 weeks will receive their full maternity leave/pay entitlement as well as the additional 2 weeks paid leave, in accordance with their NHS Terms and Conditions of Employment.

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

If a colleague 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 do remember we are here to support you, and as a Trust, 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, as we are here for you.

## **6. Supporting a colleague or partner who has lost a pregnancy or baby**

Pregnancy or baby loss may happen at work, and of course as a manager 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. Be sensitive to cultural differences as people may respond in a certain way to the loss of a pregnancy or baby.

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 them 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. 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 in order to respect their privacy, especially as they might not want others to know the details. You may choose to simply say "they are not at work", and not engage in deeper conversation. Whilst they are off, ensure you keep in contact with them, but use your discretion and be sensitive to how much contact they want.

## **7. Supporting the return to work**

When the colleague and/or partner is ready to return to work, you should meet with them on a one-to-one 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.

If you feel someone needs support, please gently signpost them to someone who can help or raise the matter with your manager, HR Business Partner or People Services Advisory Team.

## 8. Recording Absence

Absence should be recorded on ESR as 'Special Leave' not 'Sickness Absence' and will not be used for sickness absence trigger purposes. Paid leave will be pro-rata for part-time colleagues.

For periods of absence longer than 10 days (or 10 days for partners), colleagues will need to obtain a 'Fitness for Work' statement.

## 9. Associated policies and guidelines

- UHDB Family Leave Policy [Family Leave Policy](#)
- UHDB Special Leave Policy [Special Leave Policy](#)
- NHS Terms and Conditions of Service [NHS Terms and Conditions of Service Handbook | NHS Employers](#)

## 10. Monitoring

Measurable Policy Objectives	Monitoring	Frequency of monitoring	Monitoring responsibility	Reporting arrangements	Action to address gaps
How many individuals accessed support through this policy	How many individuals complete a MS form	This could be annually / monthly / quarterly	People Services including EDI and Health and Wellbeing	People & Culture Group	Include details of who and how this will be reviewed and discussed
Is the policy accessed more successfully by different groups and is there any difference to agreed rates	From equality, demographics, band, staff groups	This could be annually / monthly / quarterly	People Services including EDI and Health and Wellbeing	People & Culture Group	Include details of who and how this will be reviewed and discussed
How supportive was the policy	Feedback from users/managers about how helpful the policy was.	This could be annually / monthly / quarterly	People Services including EDI and Health and Wellbeing	People & Culture Group	Include details of who and how this will be reviewed and discussed

## Appendix 1

Links to support both colleagues and Managers

Supportive Organisations	Contact Details
Miscarriage Association	<a href="http://www.miscarriageassociation.org.uk">www.miscarriageassociation.org.uk</a>
National Bereavement Care Pathway	<a href="http://nbcpathway.org.uk">nbcpathway.org.uk</a>
Tommy's	<a href="http://www.tommys.org/baby-loss-support">www.tommys.org/baby-loss-support</a>
Petals	<a href="http://petalscharity.org">petalscharity.org</a>
ARC (Antenatal Results and Choices):	<a href="http://www.arc-uk.org">www.arc-uk.org</a>
Sands	<a href="http://sands.org.uk">sands.org.uk</a>
Bliss	<a href="http://www.bliss.org.uk">www.bliss.org.uk</a>
Cradle	<a href="http://cradlecharity.org">cradlecharity.org</a>
Smallest Things	<a href="http://www.thesmallestthings.org">www.thesmallestthings.org</a>
UHDB Employee Assistance Programme provider - Health Assured	<a href="tel:08000280199">0800 028 0199</a>
NHS Terms and Conditions of Service Handbook (Sections 15 and 23)	<a href="http://www.nhsemployers.org/publications/tchandbook">www.nhsemployers.org/publications/tchandbook</a>
Abortion Talk	<a href="http://www.abortiontalk.com">www.abortiontalk.com</a>

### Useful contacts

Supportive Organisations	Contact Details
Pay Services	Telephone: 01332 2 54900 E-mail: <a href="mailto:uhdb.pay@nhs.net">uhdb.pay@nhs.net</a>
People Services Advice Team	Telephone: 01332 7 86017 E-mail: <a href="mailto:uhdb.hradvicehub@nhs.net">uhdb.hradvicehub@nhs.net</a>
Occupational Health	Telephone: 01332 788 331 E-mail: <a href="mailto:uhdb.occhealth@nhs.net">uhdb.occhealth@nhs.net</a>