

Complex Fertility Journeys and Employment

How workers navigate fertility challenges, including fertility treatment, alongside work and employment, and what employers can do to help.

**Dr Krystal Wilkinson, Dr Clare Mumford &
Dr Michael Carroll**

May 2022

Contents

Executive Summary	1
Background to the study	3
Research aims	3
Methodology	4
Stage 1: Biographical narrative interviews with 80 men and women on complex fertility journeys	4
Stage 2: Line manager and fertility counsellor interviews	4
Stage 3: Online review	4
Key findings	5
The lived experience of navigating complex fertility journeys alongside employment	5
Reproductive work	5
Balancing reproductive work with paid work	5
Variations and specific challenges	8
Identity issues	9
No narrative	10
Disclosure	10
Employment consequences	11
Organisational dynamics, policy and employment legislation	12
Policy and processes	12
Manager and HR competence	13
Beyond fertility treatment	13
Recommendations	14
Important low-cost activities	14
Additional 'best practice' provisions	14
The research team	15
Further resources on our website	15

Executive summary

This research report derives from a two-year project funded by The Leverhulme Trust on the topic of ‘complex fertility journeys and employment’. The full study has a broader remit, but this summary sets out the findings most relevant to employers and HR professionals interested in making their organisations more ‘fertility friendly’.

For further information about the full project please visit:

<https://www.mmu.ac.uk/research/research-centres/dwp/projects/complex-fertility-journeys>

In this report we focus on the key themes which emerged from interviews with 67 women and 13 men on complex fertility journeys (which often included fertility tests and fertility treatment, and for some included pregnancy loss and involuntary childlessness), as well as supplementary interviews with 20 line managers and fertility counsellors.

Our findings centre on two issues. The first is the difficulty of navigating a highly individualised and unpredictable complex fertility journey. Experience differed hugely in our sample in terms of the origins of fertility issues, the experiences/challenges faced, the duration of the journey, and the outcome. The commonality in our dataset centred around the additional ‘work’ required to navigate this journey alongside paid employment, and the general lack of knowledge about this individual complexity in an employment context. Whilst not the whole story, the extent to which someone feels able to disclose (tell people about) their experience at work, and the way their manager and colleagues respond, often makes a significant (negative or positive) difference to their experience.

The second finding concerns organisational context. While many organisations recognise the need to take active steps to accommodate employee pregnancy, maternity and parenting needs, there is evidence that traditional inequalities are being perpetuated in terms of wider fertility concerns. Moreover, where organisations have started to engage with fertility treatment, organisational policy and HR responses are often not sufficiently nuanced to be helpful. Particular gaps appear in terms of support for line managers and for those who are unsuccessful in their fertility journeys.

We conclude this report with recommendations for employers, which include awareness raising; peer support; manager training and core principles for policy.

Background to the study:

Research has shown that infertility and fertility treatment can be challenging physically, emotionally, socially and financially. One in seven couples experience **infertility (who.int)**, and this is a working age population issue. Yet when it comes to the interaction between work and family, academic research and organisational support has tended to focus upon experiences after the point of conception, such as pregnancy, maternity/paternity and parenting, with pre-conception/fertility remaining a largely invisible workplace issue.

Our research sought to address this gap in knowledge by exploring the issues at the intersection of 'complex fertility journeys' and employment. We explored how various fertility experiences intersect with work, including:

- deciding if/when to start trying for children
- tests and procedures to correct underlying health conditions
- fertility treatments, which can range from medication protocols to more invasive procedures such as IVF (for information, see <https://www.hfea.gov.uk/>)
- miscarriage
- secondary infertility
- coming to terms with involuntary childlessness.

Whilst we encourage recent organisational interest in fertility treatment and employment; our research considers a broader range of issues, and we situate fertility treatment within pathways of experience over time.

We were interested in a diverse range of industries, sectors, occupations, working environments and contractual arrangements, as well as different family arrangements such as the experiences of those in heterosexual and same-sex partnerships and women seeking to become solo mothers.

Research aims:

1. To explore how men and women in different workplaces and roles, and from varying social backgrounds, experience diverse fertility journeys and to explain the effect of work on pre-conception/infertility experience, and vice versa.
2. To raise understanding and debate across a number of stakeholder groups, including HR practitioners, managers, workers, medics and fertility specialists of the workplace challenges faced by men and women on fertility journeys and of how workplaces and pre-conception/infertility affect one another

Methodology:

Stage 1: Biographical narrative interviews with 80 men and women on complex fertility journeys

Participants were asked to share their fertility and employment story; details on the challenges they faced; whether they talked about their fertility journey in the workplace; and any support they received. They were also asked about organisational policy.

Table 1: Participant characteristics

Sex	67 women 13 men
Relationship status	69 people in heterosexual partnerships 6 people in same-sex partnerships 5 women pursuing solo motherhood.
Fertility journey	37 participants (46%) were still engaged with their fertility journeys whilst 43 participants (54% of the sample) had completed their fertility journey: <ul style="list-style-type: none">• 21 with children (just over 26% of all participants)• 22 remaining childless (just over 27% of participants).
Job context	Diversity in terms of sector; industries and occupations; seniority; working environments and contract types. Several participants cited more than one job context in their interview. We struggled to gain participants from 'blue collar' roles, which helped shape the 'online review' element of the project (see below)

Stage 2: Line manager and fertility counsellor interviews

To supplement the 'lived experience' interviews, we also conducted 10 semi-structured interviews with line managers – individuals who identified as having managed at least one colleague who had undergone/was undergoing fertility treatment. We asked about their levels of confidence and their experience of navigating the organisation culture and policies. We also conducted 10 semi-structured interviews with fertility counsellors, including those in NHS fertility clinic; private fertility clinic; and private practice contexts. The aim here was to explore the amount of specialist psychological support individuals and couples undergoing fertility treatment have access to, and the topics covered. These interviews were also useful in understanding the demographic profile of those who often seek counselling.

Stage 3: Online review

We conducted a review of six UK websites that share resources/materials around fertility and employment. We wanted to see if implicit assumptions were being made about the type of job, employer organisation or sector that might facilitate or support a worker's choice of fertility treatment; and, if so, whether these assumptions matched or were different from the work- or employment-related characteristics in our participant sample. More information on the online review (method and findings) can be found on our project webpage.

Key findings

The lived experience of navigating complex fertility journeys alongside employment

Complex fertility journeys are highly individualised experiences. There are different causes of infertility/fertility issues; different challenges are experienced along the way; some journeys can be fairly short, whilst others can last many years; and they can end either with or without children. Despite the diversity, all participants reported difficulties when navigating this journey alongside paid employment, and a lack of clarity about how to go about this. The extent to which someone feels able to disclose their journey at work, and the way their manager and colleagues respond, makes a significant (negative or positive) difference to their experience.

For this reason, we're recommending nuance, and more attention to individualised reasonable adjustments in terms of policy.

Reproductive work

There is a considerable amount of 'work' involved in a complex fertility journey, which may include finding a partner and developing a relationship; deciding if and when to try for children; identifying fertility problems; dealing with underlying health conditions (which may require surgery); following health and life-style advice; liaising with doctors, clinics, and insurance companies; researching medical conditions and procedures; attending appointments; taking medication (including self-administered injections); undergoing clinic procedures; and engaging with peer-support forums. These all take up time and energy and can be emotionally charged.

'Reproductive work' is not only performed by women of reproductive age, who are actively trying to get pregnant. It is also performed by their partners (men and women), and does not necessarily stop after a certain age, or after fertility treatment. Sadly, for some people, the work evolves into the emotional labour of trying to deal with (or hide) the distress of remaining childless.

Balancing reproductive work with paid work

It can be extremely difficult to balance the demands of complex fertility journeys with the demands of paid employment. As one female teacher stated: 'it became a second job for me to manage IVF along with [work]'. Different types of challenge were mentioned:

Logistical challenges:

- Those undergoing fertility treatment are required to attend multiple (sometimes daily) clinic appointments, often arranged with very little notice. Managing this around work commitments can be difficult, especially where travel time is factored in too.
- If an employee has no flexibility over working hours or location, then they are likely to need to tell work (some) reason for their absence and may need to arrange cover. Arranging cover can add considerable additional workload:

It's easier as a teacher just to be in school, because to have a day off plus do extra work to set that work... I'd stay late in evenings, I worked through breaks and lunches, just to prepare everything to get everything on the side ready. Not only would I have to prepare for a day that I wasn't in, when I wasn't in things would go wrong, and I would have to deal with them the next time I was in (Female School Teacher)

- Where there is flexibility over working hours, this may be beneficial, but there can be problems around having to 'catch up' on work later, or feeling the need to work extra hard to 'justify' this flexibility:

With the appointments and so on, no one really picks up my work. It just means I have to do it at another point. So I guess that adds to working at the weekend and in the evenings. So another couple of hours (Female in a Management role)

I sort of threw myself into work because I took the view that if I want flexibility at work then I had to make sure that I was on top of everything I was doing. So, it actually drove me probably to work a bit harder and work a little bit longer in the evenings and do a bit more above and beyond what I needed to so that work would give me a bit more flexibility (Male Consultant Engineer)

- It can be challenging to find the time and privacy to take sensitive phone calls from the clinic during the working day. Several interviewees mentioned how they had to wait for calls, about extremely important updates, without knowing what time to expect the call. If they missed a call, it could be difficult to get through when ringing back. This created additional anxiety.
- It can be challenging to store medication (which may require refrigeration) at work and find a clean and private place to inject medication.
- There is a lot of uncertainty during fertility treatment about the amount of time you might need off work. Participants expressed confusion over whether to just arrange time off for clinic appointments, or whether they would need time off during the 'two-week wait', or for potentially coping with a negative result.

Physical challenges:

- Employees may need to undergo surgery or other procedures to address underlying health conditions as part of a fertility journey.
- Individuals undergoing fertility treatment are often required to inject themselves with medication, at a set time each day.
- There can be a number of side-effects of fertility treatment, which can prove problematic at work, including enlarged ovaries; 'looking pregnant'; poor concentration; memory problems; poor sleep; exhaustion; generally feeling 'run down'; and hormone imbalances that cause mood/anger issues. Many of these physical effects are hard to predict and fluctuate over the course of treatment / different cycles.
- Complex fertility journeys can sadly include ectopic pregnancy, molar pregnancy, miscarriage and 'missed miscarriage'. Such experiences can vary hugely in terms of the physical experience and duration, which can inform the support that is needed from work.

Emotional challenges:

- Individuals can experience 'cycles of hope and grief' throughout their fertility journeys, including when failing to get pregnant naturally; through fertility treatment cycles; and pregnancy followed by miscarriage

You start on IVF and you think it'll either work or not, but we didn't realise there were so many check points all the way through at which you could fail. And we found that rollercoaster type thing just really difficult to handle (Female Academic)

- Particularly emotional experiences may occur when the individual is at work, such as their period arriving; receiving difficult news from the clinic; or miscarriage:

I remember I had to speak to the doctor to get the results of my blood test when I was sat at work. And I remember him telling me over the phone that "you're not ever going to be able to conceive naturally". I was just like, I just remember being at work, getting this news thinking... I'm at work, I've got to try and be professional, yet my whole world has just sort of fallen apart (Female School Teacher)

- These emotional experiences can be hard to manage alongside the demands of work, especially 'performance' roles (such as teaching), emotional work, or when exposed to 'triggers' in the workplace, such as being around pregnant colleagues, pregnant women/new mothers (health and social care roles) or young children
- There is a significant emotional transition at the end of a fertility journey if treatment is unsuccessful:

It wasn't while we were actually having the fertility treatment, it was after the unsuccessful completion of the fertility... I think it was just that limbo, where for the last 18 months, 2 years, you know a lot of your, again a lot of your emotional energy has gone into this project of having a child. And then when that stops, you know, you're left with a bit of a void, aren't you? And you're like, oh right, well what do I do now, sort of thing (Male employee in Insurance Industry)

- Emotional challenges impact on performance and attendance at work
- Whilst most clinics offer fertility counselling, the content and number of sessions varies. There was often little scope for discussing work/career concerns.
- Importantly, social support from managers and colleagues could be a key resource in dealing with emotional challenges.

Social challenges:

- Complex fertility journeys can put a strain on relationships both outside and inside work. This does not end with the conclusion of fertility treatment, or the end of the fertile years, if an individual remains childless, and affects men/partners as well as the woman undergoing treatment.
- People can struggle with disclosure (more below). They are often uncomfortable hiding things from friends and colleagues, but similarly do not want people intruding too much into their personal experience
- Many participants reported feeling excluded from certain conversations or events at work; whilst others would withdraw from/avoid certain situations to avoid triggers (i.e. pregnant colleagues/talk of families)

Financial challenges:

- As access to funded fertility treatment on the NHS is variable, finances often influence fertility journey decisions, including the pursuit of treatment; the type of treatment; the timing of treatment; and the number of cycles.
- Certain job features, such as low pay and precarity can make people rule out certain fertility options.
- Private treatment is costly and may place pressure on employees to work additional hours; attend work when they should be off sick; secure permanent work; or gain a promotion.
- Some individuals suffer financially due to the incompatibility of their complex fertility journey with their work. For example, individuals sometimes leave their jobs, step down, reduce their hours, take career breaks, or avoid applying for promotion.

Variations and specific challenges

Demographics and source of fertility issue

- Gender and 'role' in the fertility journey: Women reported more concern over the possible negative career consequences of disclosure; and more significant challenges of balancing treatment with work (due to treatment playing out on women's bodies). Men and some same-sex partners reported lack of legitimacy and access to provisions such as time off to attend appointments; financial concerns and pressures to be the 'breadwinner'; and difficulties in trying to balance supporting their partner with their job requirements. Men also reported male 'banter' that discouraged disclosure and peer support.
- Sexual orientation: There were specific challenges reported by women in same-sex relationships. These included issues in inequalities in health service provision that influenced fertility treatment choice, which then impacted upon logistics (i.e. opting for treatment abroad); lack of inclusive language in policies/provisions; having to 'come out' at work; and homophobic reactions.

The main difficulty that we came across was... time off [for] my partner... because it's not catered for in any of the policies... It ended up going all the way to HR in our place and they basically came back and said "we'll have to give her", it was five days special leave. "We'll have to give it to her or we might be seen as discriminatory if we don't"... But there was no provision for it and there was very little understanding... as to why she should be there [for the appointment], why she needed to be there. "You're not the biological parent" kind of thing. So that was really, there was a real pushback on, "we don't understand why you need to be there" (Female Probation Officer)

- Relationship status: There were specific challenges reported by women pursuing motherhood without a partner. These included judgements being made over their decision; financial concerns; career impact concerns; and the absence of someone at home to share the struggles with.

Length of fertility journey

- Participants noted that longer complex fertility journeys could be especially problematic. Whilst support was more common for the first couple of IVF cycles, managers and colleagues were seen to be less sympathetic after several treatment cycles. There was often also some anticipation of this, which affected the supports requested earlier in the journey:

If I knew when this was all going to end, I would probably be a bit more forthright and a bit more vocal and just say, "Look it's only going to be temporary, it's only short term, but I need this, this and this". But the problem with treatment is that I don't know how long this is going to be going on for, and how long can they make these adjustments for? This could be going on years. I don't know when the end point is, so I sort of feel like I can't ask for too many favours. And I feel guilty about that...feel almost like, how far can I push it, is there going to be a day when they turn round and go, "Come on, this is getting a bit silly now"? (Female in a Management role)

- There were perceptions of short-term compassion and support around things like IVF and pregnancy loss, but that individuals were expected to 'get over' their experiences, when in reality they could still be struggling, and be triggered, years later.
- Some participants reported less support and compassion around secondary infertility and IVF when they already had a child

Outcome of fertility journey

- There appears to be little support in the workplace around failed IVF, and coming to terms with involuntary childlessness

Employment context

The following employment contexts proved especially problematic:

- Precarious contracts, or working for multiple employers
- Being a relatively new employee, without a 'track record' with the employer or manager, to have 'earned' supportive treatment
- Long working hours and lack of flexibility
- Jobs with significant travel requirements
- Jobs with limited autonomy and control over work tasks
- Certain job roles and working environments, in terms of physical work; exposure to chemicals/radiation; time-critical duties; lack of access to private space; and client-facing roles in health and social care
- Where line managers were perceived to be unsupportive

Identity issues

Infertility and fertility treatment can cause ‘identity threat’ because they don’t fit with widely held cultural narratives around pregnancy and maternity processes. Confident workers can suddenly feel like a failure and/or like they have no control, which can knock their confidence and affect their work and/or career aspirations.

I do think one major thing out of infertility and childlessness is a huge knock to your confidence. And I think that has absolutely fed through into my career, where I’m at now with my work. I’ve sort of stepped off the academic trajectory, I’m more sort of managing research now rather than doing research (Female Academic)

On the positive side, the job role can provide a sense of achievement and self-esteem when people feel a failure due to fertility struggles; as well as providing a valuable distraction. Managing a complex fertility journey can also make people feel more resilient, and better able to cope with work/career challenges.

No narrative

There is a lack of a clear, culturally shared organizational narrative around complex fertility journeys and employment.

‘I just feel like all the onus is on you as an individual, as an employee to try and educate your employers... I went to all the company announcements, I went to all the team away days and stuff like that. So I was really quite immersed in their culture. And nowhere, nowhere have I seen, in huge multinational companies and agencies, any open discussion on fertility in the workplace.’ (Female employee in Commercial Marketing)

Several people thought that the stage of pregnancy provided an anchor point for having a ‘legitimate’ experience and basis for support. Many participants had no real idea what types of support/adjustment they might be able to request for fertility treatment, and thought this would be more difficult for their manager/employer to navigate than pregnancy/maternity:

From a business side of things, if I’m off indefinitely, because nobody knew how long I was going to be off for, I didn’t even know that, that’s really difficult to manage because they can’t get cover in, how do they do it? Whereas, as soon as I said “I’m pregnant”, they knew they had to get maternity cover... I feel like it was more convenient for them, being pregnant is easier to manage at work than being off indefinitely. That’s very much what I felt like. I was more convenient to them at that point (Female Safeguarding Officer)

Disclosure

Many participants struggled when trying to decide whether to tell others at work about their complex fertility journeys: what to disclose, when, to whom, and how much. Sometimes, disclosure was not voluntary (people overhearing/walking in on something). Many people had disclosed parts of their journey, but kept silent about others (‘edited disclosure’):

One of the things you feel very self-conscious with is telling your boss... “Look, this is a bit awkward, but [wife] and I are going through treatment to try and have a kid”... we didn’t really tell them specifics of where we were at, and we didn’t tell them when we were doing the implantation or anything like that... He didn’t ask questions. I would just say, “I’ve got a hospital appointment” or “I’ve got a doctor’s appointment” or something like that. My boss was supportive...the second time we went through IVF I had a different boss... I didn’t actually tell him... So he didn’t actually know (Male Consultant Engineer)

Many people felt they had no choice but to disclose treatment because they didn't know what to expect, and what the impact on their work would be (days off needed; physical and emotional reactions, etc). This made it hard to manage/control the conversation.

A wide range of issues and concerns influence disclosure, including:

- It being a private issue
- Feelings of shame
- Not wanting to show vulnerability at work
- Not wanting to be asked for progress updates when this might be hugely upsetting
- Not expecting the line manager to be supportive
- Concerns that it might be awkward to talk about (male manager, young colleagues)
- Concerns about assumptions about career commitment and desire for progression
- Concerns about the impact on decisions of others (in terms of securing a permanent job; promotion; redundancy)
- Feeling the need to 'explain' yourself (absence, working from home, emotions)
- Disclosing fertility treatment sometimes discloses something else (sexual orientation, desire to have a child alone, etc)
- Reactions to disclosure cannot be predicted

I was nervous beforehand, because a) I didn't want to get upset, b) I was sharing very personal information, and c) I didn't know what the response would be (Female in a Management role)

Sometimes there was evidence of regret following disclosure, if the perception was that it did not lead to appropriate support or that it led to unfair treatment

Employment consequences

Fertility journeys (including considerations around future fertility journeys) impacted upon people's choice of job, making them stay in jobs they no longer valued due to accrued maternity leave rights; not apply for desirable promotions/new jobs that might prove too time-consuming or challenging in the future; or to move proactively into a job that would provide better conditions for maternity, or ongoing fertility treatment.

Sometimes, the uncertainty of the fertility journey made such decisions extremely difficult:

I've really obviously strived to get to this position (professionally) and work in the type of environment that I work in, but it feels like maybe I have to sacrifice that to help this (fertility treatment) to work. Yeah, it's just really difficult to know what the best thing to do is. And I just don't know when this will be sorted. You know, I could step down and then miraculously it might work... my other worry is starting something new at this point, and I feel like there's so much uncertainty and so much to deal with emotionally, that do I want to start and be looking to start a new job and going through that process? I'm just not sure if, I feel like that would almost be worse. So it's just like trying to weigh it all up (Female in a Management role)

Organisational dynamics, policy and employment legislation

While many organisations now recognise the Equality, Diversity and Inclusion (EDI) based need to attend to pregnancy, maternity and parenting issues for their employees, there is evidence that traditional inequalities are being perpetuated in terms of wider fertility concerns.

Where organisations have started to recognise the social impacts of new fertility technologies (fertility treatment), organisational policy and HR responses are often not sufficiently nuanced to be helpful. Particular gaps appear in terms of support for line managers and for those whose complex fertility journeys end without children.

Policy and processes

Many organisations do not explicitly consider complex fertility journeys in their policies and practice, and that was seen as problematic for some participants:

I think that's half the problem with things like this, is that nobody has a fertility treatment section of their HR policies. There's stuff about 'illness' in inverted commas but because fertility isn't really seen by a lot of people as an illness that needs treatment, I think it's hard to sort of see where it fits with HR... there isn't a policy which IVF fits within, or fertility treatment fits within. It's always at manager's discretion (Female in a Management role)

Where specific fertility treatment policies do exist however, they may be counter-productive (i.e. specifying a certain number of days leave, which may be inappropriate/insufficient). For this reason, some participants thought having no policy was beneficial:

I can use that flexibility or that complete lack of policy to just give them [the employee] what they need... But it's only because there isn't a policy in the background telling me what I need to do about it. Telling me "this falls under, this is a hospital appointment or this isn't, or hospital appointments have to be taken at this time and have to be made back up" and all that sort of stuff. So I can just be nice about it. I don't have the pull of HR responsibility on the other shoulder (Female Line Manager, Healthcare)

On balance, from our interviews with both employees and line managers, it seems like having a policy is generally beneficial, to give legitimacy to the issue, but there is a need to go beyond a prescriptive policy and apply more personalised responses along the lines of 'reasonable adjustments' in equality legislation. The nature of the policy, and its operationalisation, needs to be carefully considered, to recognise the sensitivity of the subject and concerns around privacy and confidentiality.

Sometimes, elements of broader HR policies, systems and paperwork around absence management, selection, promotion, etc. are not fit for purpose (or adapted in practice) for accounting for complex fertility journey issues, and could add to an individual's emotional challenge:

Basically after the miscarriage... you tick a box on a sickness form and it says, "Is it pregnancy related?" And you go "Yes" And then you write down miscarriage. And then you get an email two weeks later from HR going "Oh, congratulations" (Female Project Co-ordinator)

Manager and HR competence

- Line managers are crucial to the provision of appropriate support, but managers often lack training, guidance (from policy or HR) or autonomy. The managers who seemed most competent and confident were those with significant management experience and who viewed the issue as an extension/element of managing staff health/wellbeing more generally. They felt confident to suggest/agree reasonable adjustments and found a way to reconcile this with systems/paperwork. They were also aware of their limitations, and where they needed more guidance/information.
- Many participants noted that manager reaction/competence was somewhat a 'lottery':

I think if we'd had to do that whole HR thing, it would have been quite cumbersome. It would have been meetings and paperwork. I think that my line manager at the time was switched on and empathetic to say, "We'll manage the operations around you." He was great. But I can't necessarily, I don't think my current manager would have been that switched on; that would have been legalistic and procedural (Male Academic)

- Managers are tasked with balancing the needs of the employee with the needs of their team (who may be unaware of the issue), the needs of the business, and their own wellbeing. Some managers reported stress, upset, feelings of powerlessness, and/or extra work when dealing with this issue. They also reported uncertainty over how long reasonable adjustments/time off could be provided, if an employee needed multiple cycles of fertility treatment. There were issues in managing a team which included pregnant/new parent colleagues.
- HR professionals often proved unable to provide necessary guidance on complex fertility journeys - to line managers and individual employees.
- The current provisions under the Equality Act 2010 (where pregnancy and maternity, gender, disability, and sexual orientation are protected characteristics) and organisational policy/provisions (or lack thereof) do not appear to prevent discrimination:

I've lost promotions because, you know, "Yes, she's very good, but if we have two equal employees, why take her instead of someone else that is not going through this period of his life?"... after a few months, I learned from a colleague that learned from a colleague that was there, they decided not to give me the position because I was going through fertility rounds and maybe I wasn't going to be to the standards of the new job, maybe and maybe and maybe. And that's why I felt at that point, I felt very disappointed, because I mentioned to you before how hard I work not to give them the chance to have anything against me. But they still found that maybe and maybe and maybe (Female employee in Commercial Banking)

Beyond fertility treatment

- Many workplaces are not very 'friendly' to involuntarily childless staff. Work is not a 'safe space' and employees can be triggered by many things (family events, babies coming into the office/video calls, pictures of families, conversations that assume parenthood). There is a lack of support for the 'disenfranchised grief' of involuntary childlessness, and those without children may feel a lack of fairness regarding work allocations and flexible working.

Recommendations

Important low-cost activities

- Raise awareness of fertility issues (i.e. via 'awareness weeks', posters, blog on the intranet) and provide signposting for more information and support. Make people feel it is OK to talk about fertility issues in the workplace, if they choose to
- Introduce the topic of fertility treatment to line managers in training around Equality, Diversity and Inclusion (EDI) and/or managing wellbeing at work
- Encourage managers to make 'temporary reasonable adjustments' to support an employee undergoing fertility treatment – this might include informal flexibility (location/work schedule) or adjusted workload. Ensure managers are supported in enacting said adjustments.
- Ensure that HR/senior managers have a clear and consistent response regarding how time off related to fertility treatment and pregnancy loss should be logged (and associated pay)
- Consider introducing a staff peer-support scheme, if there is interest.

Additional 'best practice' provisions

- Audit your specific context: Industry/job-specific challenges; demographic profile of staff; available finances; existing training for line managers; existing policies and systems (for example, the absence management system); existing employee benefits (including private health insurance and counselling/employee assistance programme (EAP) coverage)
- Consider a staff survey/consulting with existing staff networks to find out more about the specific needs and perceptions of your workforce
- Consider offering a variety of reproductive health provisions across the life-course, from fertility awareness and fertility health-checks (home testing kits or apps) through to support for involuntary childlessness
- Create specialist policies on fertility treatment and pregnancy loss, or 'reproductive health', ideally based on the principle of temporary reasonable adjustments. Communicate this clearly.
- Consider more detailed training for line managers and mental health first aiders
- Ensure appropriate storage facilities for medication, and suitable private space for administering medication or having sensitive telephone calls.
- Make further use of staff networks as sources of support
- Consider fertility benefits, which might include payment for treatment, payment for alternative therapies, access to specialist counselling
- Evaluate and revisit provisions regularly to ensure they are fit for purpose and monitor return on investment

The Research Team

Dr Krystal Wilkinson, Principal Investigator
Senior Lecturer in Human Resource Management
Manchester Metropolitan University

k.wilkinson@mmu.ac.uk

 Twitter: **@DrKrysWilkinson**

 **LinkedIn**

Research on the work-life interface, flexibility and wellbeing at work.
Focus on under-explored topics in work and employment, including solo-living, complex fertility journeys and perinatal mental health.

Dr Michael Carroll, Co-Investigator
Reader in Reproductive Science
Manchester Metropolitan University

 Twitter: **@DrM_carroll**

 **LinkedIn**

Research interests include reproductive cell biology, andrology, investigating lifestyle and environment effects on human sperm, and evolutionary biology.

Dr Clare Mumford, Senior Research Assistant
Manchester Metropolitan University

Research interests focus broadly on people's experience of work and work relations and the meanings they attach to these, as well as qualitative research methodologies.

Further resources on our website:

- We commissioned Creative Consultant Jenny Berry to write a series of short ethnodrama scripts/outputs from key themes and voices in our data, for use in teaching, training and awareness raising. Scripts and audio resources include: 'Man Up' (male perspective) and 'The HR Meeting'
- Information on the online review
- Details of academic publications, conference presentations, media articles, podcasts and webinars

The research was conducted within the Research Centre for Decent Work and Productivity at Manchester Metropolitan University, where the aim is to identify what causes – and who has – decent work and productivity, and what can be done to shape a bright future for the world of work.

<https://www.mmu.ac.uk/research/research-centres/dwp>

**If you make use of this report in your organisation,
please let us know**

© copyright MMU May 2022



LEVERHULME
TRUST ———