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## "You're making people in the office feel very uncomfortable": Experiences of miscarriage in the pro-natal workplace

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### Miscarriage:

‘The loss of a pregnancy during the first 23 weeks’ [1]

Over 500 everyday in the UK alone [2]

**Early** < 14 weeks  
**Late** 14 < 24 weeks  
(24 < weeks stillbirth) [1; 2]

**1 in 4**

pregnancies result in miscarriage [1; 2]

Though likely underestimated as these are clinically recorded losses [1; 3]

Despite prevalence, impact & severity, miscarriage often minimised & ignored by society [4; 5; 6]

**Stigma & taboo** leaks into realm of work [7; 8]

The limited extant research reveals organisations commonly ignore miscarriage & so women seldom receive adequate support, can face discrimination & some consider leaving [7; 8; 9].

### Research Questions

- 1) How does the physical & psychological experience of miscarriage impact upon women’s working lives, & careers?
- 2) What are women’s experiences of workplace behaviours following early miscarriage?
- 3) What are the barriers for women returning-to-work following early miscarriage?

- Philosophy: **Interpretivism**
- Methods: **Body-map storytelling with in-depth interviews**
- ✓ Novel & innovative able to obtain rich data & embodied stories - shining light on silenced experiences [10; 11; 12; 13]
- **Thematic Analysis** [14]
- Sampling: **Purposeful & snowball** to obtain early miscarriage experiences across roles & levels, particularly contemporary ones e.g., home-workers & physically demanding roles

### Preliminary findings

Inconsistent practice due to lack of formal policy	Discriminatory practice, incl. formal warnings for taking sick leave	Inappropriate leave (e.g., sick, compassionate & annual leave when miscarriage is protected by pregnancy-related sickness)
Inappropriate absence recording (e.g., Bradford Factor score affected)	Fear of discrimination prevents disclosure (e.g., being overlooked for permanency & promotion)	Managers unequipped to support affected employees due to lack of formal training
Unrealistic workloads/expectations upon returning-to-work	Pro-natal cultures traumatic for affected employees (from baby showers at work to more flexibility permitted for parents)	

“I think my experiences of miscarriage... particularly in the workplace, have been the most isolating, and most lonely experiences I’ve had, I think what I took away was I learned how uncaring workplaces can be.”

“He [my manager] turned to me and said - you’re making people in the office feel very uncomfortable. And then he said - you’re crying in the office all the time.”

“I left my role because it [baby conversations] was so bad...”

“I was living in a state of constant anxiety and panic when the next new baby photograph would land in my inbox”.

“When a colleague announced her pregnancy, that’s when the horror began for me. I went home and I was just inconsolable. I thought that should have been me. It’s not a jealousy, it’s really hard to describe, but you’re watching them go through everything that you should have been... I built a virtual wall around myself; I actually stopped talking in the office”.

“My experiences brought me closer to my line manager, we remain close friends”.

“Flexible working is granted automatically because they have a baby, whereas I asked to work from home several times and I just got a ‘no’ when disclosed it was because of miscarriage”.

“It was a highlight of people’s week when a baby was bought in and everyone flocks around the baby and mum. I also flocked at first as I was happy for the colleague and wanted to show this and also wanted to fit in, but I ended up crying in the toilets later”.

“I found out afterwards I could have taken pregnancy related sickness, but I was not told that”.

“The workload ramped up quite quickly after I returned to work which made things very difficult. Made me feel like I was just a resource to be used and not a human being who had experienced a very personal intense loss”.

Disenfranchised grief (Unacknowledged) [6; 16]

Severe pain [4; 7]  
Contractions [15]

Heavy bleeding [4]

PTSD (1 in 6) [4]

Anxiety (1 in 4) [4; 6; 7]

Depression (1 in 10) [4; 6; 7]

Sometimes surgery/ medical management

Suicidal thoughts

“The impact regarding my line manager was very damaging to my mental health and overall performance at work - she took an opportunity to chastise me in front of my colleagues, was incredibly sarcastic and would talk constantly about her own children”.

### Conclusions: What do workplaces need to do?

1. Train HR & managers, equipping them with the knowledge & confidence to support affected employees.
2. Implement a pregnancy loss policy outlining entitlements to pay & leave support.
3. Inform employees about their rights to protected paid leave.
4. Tackle pro-natal cultures through training.
5. Provide accessible information on pregnancy loss.
6. Set up/encourage support groups.
7. Acknowledge Baby Loss Awareness Week.
8. Provide training for all employees – an organisation-wide approach.
9. Assign a designated person/specialist in reproductive issues.
10. Display empathy & recognise the loss.

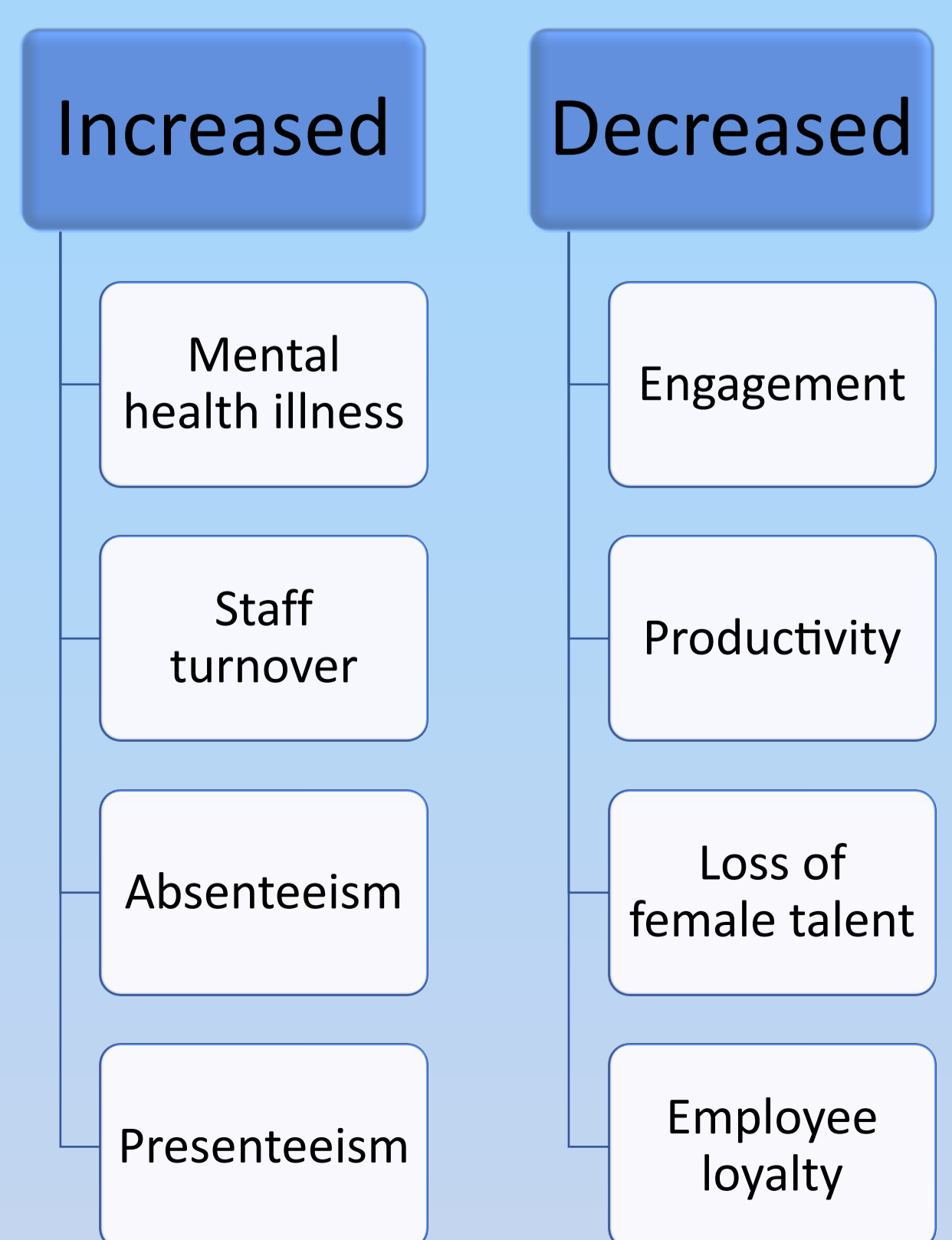
Supportive managers often:

- ✓ Facilitated flexible/work-from-home options
- ✓ Supported paid leave without pressure
- ✓ Respected confidentiality
- Been through miscarriage themselves

### Gaps:

- Future research should collate experiences from managers & HR professionals to investigate the barriers they face when supporting affected employees.
- Experiences from affected partners is also needed.

If organisations do not acknowledge pregnancy loss:



“I can’t believe we don’t have a miscarriage policy – not only from an emotional perspective, but what about Health and Safety? What would have happened if I had collapsed in the bathroom?”

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