



**Coventry and
Warwickshire**
Integrated Care Board

Pregnancy and Baby Loss Policy

Reference Number:	This will be applied to all new ICB-wide policies by the Governance Team and will be retained throughout its life span.
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Department:	Human Resources

VERSION HISTORY

Date	Version	Changes made to previous version	Engaging and Endorsing Stakeholders, Committees / Meetings / Forums etc.
08.05.2024	1.0	New policy	Human Resources Team, Social Partnership Forum, Staff Forum, Execs, EQIA Quality Assurance, PAG and People Committee

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1.0 Scope

- 1.1 The pregnancy and Baby Loss Policy Framework provides a supportive approach to employees who have lost a pregnancy or baby.
- 1.2 This policy also links to other ICB policies including: Maternity Leave Policy, Maternity Support (Paternity) Policy.
- 1.3 This policy is based on the NHS England National Pregnancy and Baby Loss People Policy Framework [NHS England » National pregnancy and baby loss people policy framework](#)

2.0 Introduction

- 2.1 The aim of this policy is to provide the support colleagues need during this difficult time in their life, and to help managers and colleagues know how to support staff affected.
- 2.2 This policy includes, but is not limited to:
 - Miscarriage
 - Termination
 - Ectopic pregnancy
 - Molar Pregnancy
- 2.3 If a colleague's baby is stillborn after 24 weeks of pregnancy, 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 alive. Please see the Maternity Leave Policy.
- 2.4 If this applies to you, we are very sorry. Please contact HR, or someone that you feel comfortable talking to, so that we can provide you with the correct advice and support.

3.0 Details of Policy

What this policy offers:

- 3.1 This policy offers colleagues up to 10 days paid leave for the mother (or parent who was pregnant), and up to 5 days paid leave for the partner.
- 3.2 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.
- 3.3 This includes, but is not limited to: miscarriage, ectopic pregnancy, molar pregnancy, and termination of pregnancy.
- 3.4 This is not dependent upon gestation of pregnancy (how long someone has been pregnant for) or length of service within the organisation.
- 3.5 A 'Fitness for 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 'sickness trigger' purposes.
- 3.6 Colleagues are offered paid time-off for appointments linked to pregnancy or baby loss. This could be for medical examinations, scans and tests and mental health-related interventions, if this stretches beyond the time outlined above.

- 3.7** If a colleague'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 alive. Please see the Maternity Leave Policy.
- 3.8** All 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.
- 3.9** If you are the partner of someone who has lost a pregnancy or baby, we are also offering you 5 days paid leave, and paid time off to support your partner to attend appointments linked to pregnancy or baby loss.

4.0 Duties/Responsibilities

4.1 Line Manager Responsibilities

- To ensure that this policy is applied fairly and consistently to an employee who may have experienced a pregnancy or baby loss.
- If an employee has experienced a pregnancy or baby loss, to record this on ESR as 'Special Leave'
- To support the employee with kindness, compassion, and flexibility.
- To seek HR advice where any support or clarification is needed.
- Additional Guidance for Managers can be found in Appendix 1.

4.2 Employee Responsibilities

- To reach out to your line manager or trusted person if you feel comfortable in doing so.

4.3 Human Resources Responsibilities

- To assist managers in the fair and consistent application of this policy.
- To provide advice to employees or managers concerning any issues raised surrounding the topic of pregnancy and baby loss, or the content of this policy.

5.0 Support Services

- 5.1** If you have lost a pregnancy or baby, it is important that you talk to your GP, Midwife, or medical professional as soon as you possibly can. They will be able to provide you with the professional medical care that you need.
- 5.2** It is also advised that you inform someone at work so that you can access the support available to you – this can be your line manager, but if you do not feel comfortable with this, you can find another trusted person that you can talk to easily.
- 5.3** At the ICB, support can be sought via the following (*please note that this list is not exhaustive*):
- The HR Team
 - Health and Wellbeing Champions
 - Occupational Health

- Employee Assistance Programme
- Trade Union representatives, if colleagues are a member
- A colleague

5.4 Mothers and parents may also find their GP to be a helpful source of support, as they will be able to refer them to support services.

5.5 The GP will also be able to provide medical professional advice on taking time off to process both, physical and emotional effort of losing a pregnancy or baby.

5.6 Please see appendix 2 for additional links to services which may be of support.

6.0 Dissemination and Implementation

6.1 All staff will be notified of this new policy via the staff newsletter. This policy will be available via the ICB website and directly from the HR department.

7.0 Training

7.1 HR will provide training sessions on this policy upon implementation and wherever necessary.

8.0 Monitoring Compliance

8.1 The application of this policy and procedure will be monitored by the Human Resources team, and the policy and procedure formally reviewed every 3 years in conjunction with ICB Governing Body. Where review is necessary due to legislative change, this will happen immediately.

9.0 Monitoring Table

Aspect of compliance or effectiveness being monitored	Monitoring method (i.e. regular audits/reviews)	Individual/department responsible for the monitoring	Frequency of the monitoring activity (i.e. Monthly/Annually)	Group / committee which will receive the findings / monitoring report	Group / committee / individual responsible for ensuring that the actions are completed
How supportive was the policy	Feedback from users / managers about how helpful the policy was	HR Health and Wellbeing	Quarterly		

10.0 Staff Compliance Statement

- 10.1** All staff must comply with this ICB-wide policy and failure to do so may be considered a disciplinary matter leading to action being taken under the ICB's Disciplinary Policy. Actions which constitute breach of confidence, fraud, misuse of NHS resources or illegal activity will be treated as serious misconduct and may result in dismissal from employment and may in addition lead to other legal action against the individual/s concerned.

A copy of the ICB's Disciplinary Policy is available on the Intranet and ICB websites.

11.0 Equality & Diversity Statement

- 11.1** In applying this policy, the ICB will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

12.0 Ethical Considerations

The ICBs recognise their obligations to maintain high ethical standards across the organisations and seek to achieve this by raising awareness of potential or actual ethical issues through the Policy consultation and approval process.

13.0 Definitions

- Miscarriage: loss of a pregnancy before 24 weeks
- Termination: a medical or surgical procedure to end pregnancy
- Ectopic pregnancy: where a fertilised egg implants and grows outside the uterus, meaning the pregnancy is not viable.
- Molar Pregnancy: where a non-viable fertilised egg implants in the uterus, and the baby and placenta do not develop as they should.

Appendix 1: Additional Guidance for Managers

Pregnancy or baby loss may happen at work, and of course 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.

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 home or to a hospital. 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.

Absence should be recorded on ESR as ‘Special Leave’ not ‘Sickness Absence’. 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. Don’t forget leave needs to be pro-rata for part-time colleagues. This paid time-off is not to be used for ‘sickness trigger’ purposes.

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

When the employee 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. 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.

This policy does not cover still-birth or neonatal loss from 24 weeks of pregnancy, as this is covered in a separate maternity leave / bereavement 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.

If you feel you need additional advice at any time, please do not hesitate to contact the HR team.

Appendix 2: Links to Support Services

- Miscarriage Association:
www.miscarriageassociation.org.uk

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