

Navigating Fertility Journeys In The Workplace

**Insights for
Employers on
How to Become a
Fertility Friendly
Organisation**



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Overview

At Fertility Matters At Work (FMAW) we seek to educate businesses with an awareness of how fertility issues affect both their employees and their organisation. We are a Community Interest Company (CIC) with both a personal and professional passion for improving experiences at work for those needing fertility treatment to build their families, whilst supporting organisations to attract, retain and engage employees experiencing this life event.

Infertility is defined as a disease by the World Health Organisation (WHO) who state that 15% of the world population experience it, with it impacting one in six couples in the UK according to Fertility Network UK. In the UK, the fertility regulating body, the HFEA, reports that approximately 50,000 people go through fertility treatment each year (with many more affected by this issue but not necessarily seeking treatment).

It's also worth noting that fertility rates globally are declining. In 2017 a [study](#) found that sperm counts in the west had plummeted by 59% between 1973 and 2011. This is a working age population issue (that is set to get worse) and yet when it comes to support in the workplace, fertility still remains largely invisible.

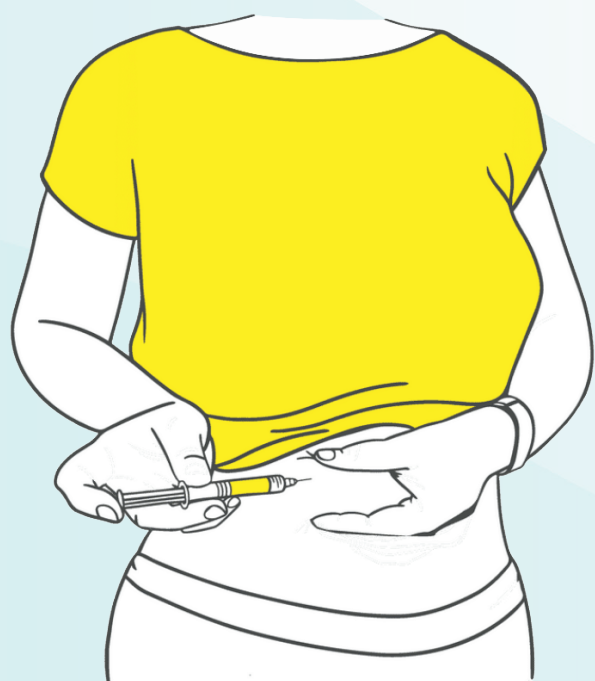
At Fertility Matters At Work (FMAW) we seek to educate businesses with an awareness of how fertility issues affect both their employees and their organisation.



In this paper we will -

- Explore the challenges of balancing fertility treatment with work including examples of the logistical, emotional, physical, social and financial challenges people face
- Highlight what actions you as an employer can take to provide support to employees experiencing fertility issues
- Suggest how you can take action to raise awareness of fertility issues and educate your workforce, introduce policies and HR communications to meet the needs of your employees and provide support

Overall, we hope this paper serves to be the first step in empowering you and your organisation to build a more inclusive and supportive workplace, helping you to start your journey on becoming a fertility friendly organisation and a modern employer of choice.



About The Research

Dr Krystal Wilkinson, alongside Dr Clare Mumford & Dr Michael Carroll, recently worked on a project funded by The Leverhulme Trust, exploring how workers navigate fertility challenges, including fertility treatment, alongside work and employment, and what employers can do to help.

Their research paper entitled 'Complex Fertility Journeys and Employment: How workers navigate fertility challenges, including fertility treatment, alongside work and employment, and what employers can do to help' published in May 2022 by Manchester Metropolitan University (MMU) (referred to in this paper as the MMU Report) seeks to fill this gap in knowledge to help organisations better support employees through challenging journeys.

MMU's research was taken from the findings of the personal interviews they conducted with 80 people who all had experience of navigating complex fertility journeys alongside employment - with consideration taken of the participants' diversity of gender, relationship status, sexual orientation and industry, job role and contract type taken into account. The report also includes a review of related online materials.

They also interviewed line managers who identified as having managed at least one colleague who had undergone/was undergoing fertility treatment to explore their confidence, capability and perceived autonomy when it comes to providing support to employees, as well as a number of fertility counsellors.

In 2020, FMAW surveyed 177 fertility patients who were either currently having fertility treatment, had finished fertility treatment or were thinking of starting treatment. You can read more about the findings [here](#).

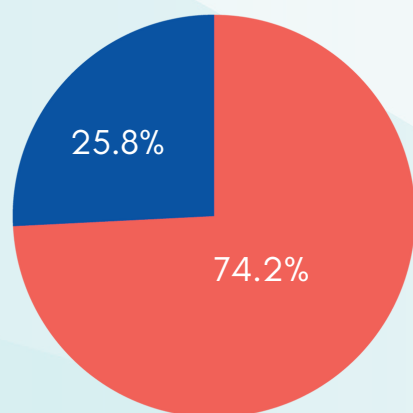
Two years later, a more recent FMAW survey in May 2022 saw over 200 individuals who were all trying to navigate their fertility journey in the workplace or had done so in the past, respond to a unique survey examining their experiences.

Understanding the Challenges of Fertility treatment - Key Insights for Employers

Uncovering the Invisible Issue

FMAW's recent patient survey at The Fertility Show 2022 uncovered some alarming statistics highlighting the extent to which employees facing fertility issues in the UK don't feel their company has adequate levels of awareness, policies, approaches to communications and ultimately support structures in place to meet their needs.

74.2% of respondents felt that the topic of fertility was not recognised and valued in their organisation. 61.1% did not feel confident talking to their employer about trying for a baby.



Do you feel that the topic of fertility is recognised and valued in your organisation?

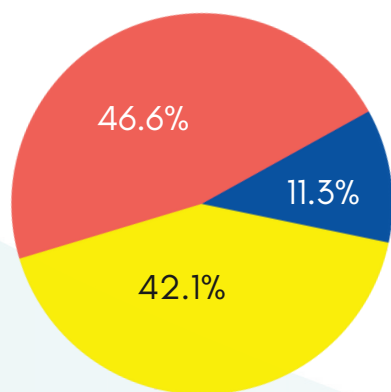


221 responses

25.3% of respondents had a negative experience with their employer whilst going through fertility treatment, citing that they felt unsupported and unable to talk to their employer and 34.4% had neither a positive nor negative experience.

FMAW's 2020 survey found that 36% of that considered leaving their job whilst going through fertility treatment

A staggering 42.1% of respondents had no idea where to turn to find out what support was in place at their organisation to help them through treatment whilst at work



Do you know what support your organisation has in place to help you through treatment whilst at work?

221 responses

- Yes, it's clear
- I'm having to navigate my way through it myself but I am being supported
- No, I have no idea where to turn

In our 2020 survey, FMAW found that only 1.7% of employees said their company had a fertility policy that met their needs.

It's clear that more needs to be done, but in order to put the right changes into action it's important employers understand the challenges posed for individuals navigating fertility journeys in the workplace, which we will now explore.

What are the Challenges Posed For Individuals At Work By Fertility Journeys?

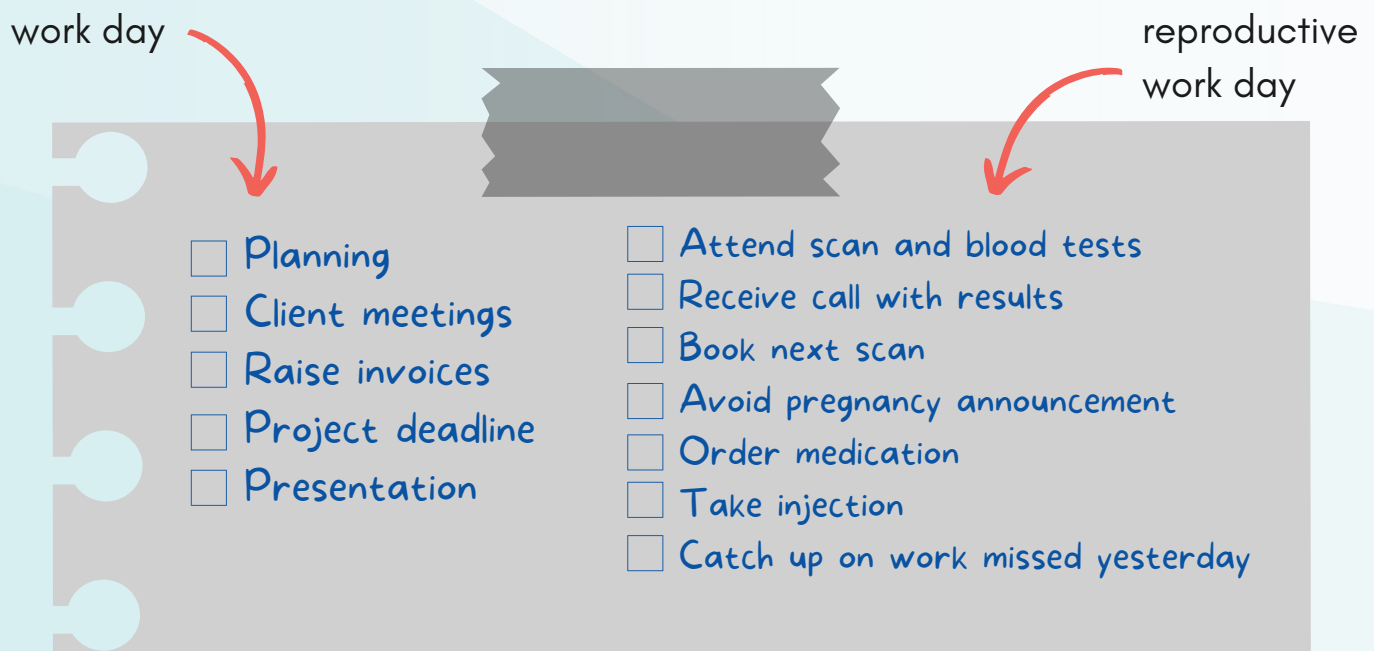
For those going through fertility treatment whilst working, there are many challenges to consider. The MMU Report explores the different types of challenges faced. We have highlighted a number of them, including the lived experiences of patients who have experienced complex fertility journeys.

As The MMU Report highlights, there is a considerable amount of 'work' involved for both men and women in navigating a complex fertility journey which may include -

- 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
- Engaging with peer-support forums

These all take up time and energy and can be emotionally charged. What's more is it 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



Examples of logistical challenges found in The MMU Report:

Ø At certain periods in their treatment, 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.

“

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

”

Ø 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.

Ø It can be challenging to store medication (which may require refrigeration) at work, and find a clean and private place to inject medication.

Ø 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.

Examples of physical challenges found in The MMU Report:

- Ø Employees may need to undergo surgery or other procedures to address underlying health conditions as part of a fertility journey.
- Ø Individuals undergoing fertility treatment are often required to inject themselves with medication, at a set time each day.
- Ø 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.
- Ø 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.

Examples of emotional challenges found in The MMU Report:

- Ø 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 checkpoints all the way through at which you could fail. And we found that rollercoaster type thing just really difficult to handle

FEMALE ACADEMIC

— ” —

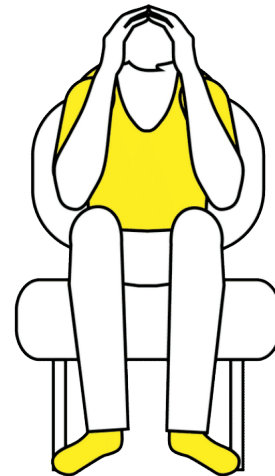
Ø Particularly emotional experiences may occur when the individual is at work, such as their period arriving; receiving difficult news from the clinic; or miscarriage:

— “ —

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

— ” —



Ø 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.

MALE EMPLOYEE, INSURANCE INDUSTRY

— ” —

Ø Emotional challenges can impact on performance and attendance at work

Examples of social challenges found in The MMU Report:

- Ø 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.
- Ø 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.
- Ø 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).

Examples of financial challenges found in The MMU Report:

- Ø 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.
- Ø 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.
- Ø 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.

To view more detailed examples, [download the MMU report](#) and/or [get in touch](#) with the team at FMAW.

Disclosure

Whether or not a person decides to disclose to their employer or not that they are going through a fertility journey can greatly influence their experiences in the workplace.

The MMU Report found that there were “a wide range of issues and concerns that influence disclosure.” Examples from their report include –

- 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 (particularly with male managers, 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

The MMU Report also found that 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.

What Do Those Facing Fertility Issues Want Their Employers To Do?

At FMAW we asked respondents to our survey at The Fertility Show 2022 what would help them feel more supported at work.

Their suggestions included an overwhelming need for clearer policies and lines of communication to be put in place so that they knew where to go to for help, what they were entitled to in terms of time off etc, and what support was available.

Awareness & Education:

Education for leaders and management, I often find myself apologising for taking time off or feeling guilty for being emotional and hormonal, it's exhausting having to explain everything.

Understanding that fertility treatment is not a choice most of the time, it's necessary for many in order to have children. My boss who to be fair had no previous experience likened it to plastic surgery! I was so hurt by this uneducated passing comment. This was during my 1st cycle at my current company, my 4th overall. We talked about it at length and for my subsequent successful cycle she was a lot more supportive and understanding.

My company being aware that my mood swings & foggy head happen during times I am in treatment, not because I am not good at my job.

A bit more understanding as to why fertility treatment is different to natural conception. And that it is very emotionally draining as well as financially draining sometimes.

More training and information for managers and employees especially about how they support team members. Also including information in the staff HR manual, we have policies about maternity/adoption leave and menopause but nothing about fertility needs.

Awareness, education and support - it's just not discussed at my work so I never told anyone.

Flexibility and Support:

Clearer policies, interest free loan for treatment.

Being able to work remotely and have time off for appointments.

Insurance and benefits coverage for fertility treatments; a more flexible work schedule and leave opportunities; more mental health coverage..

Having paid leave days for fertility treatment.

Fertility leave. I had to take holidays and unpaid time off for all the appointments, and sick days when I was mentally unable to cope.

I only felt this supported because I told the (sometimes invasive) truth about things. I felt it was the best way to get support and I think I was right. I imagine I had colleagues who chose not to share and found things rather different.

Being allowed at least a couple of days off for treatment. Not having HR tell me that I can't have any time off because the treatment is "my choice" rather than a necessity.

Having someone in the organisation that actually understood about the fertility journey & is there for both managers & employees to go to for guidance & support.

A safe space to share and for someone to help me figure out how work can help me on my journey e.g. time off, etc

A confidential support function to help navigate available support and rules and any issues that pop up.

Greater flexibility, opportunities to feel like I'm progressing in my career without being held back by the fertility treatment process.

Private medical insurance covering more treatments.

Support - not just in a staff handbook that ticks a box I need to know they truly believe it.

A policy that allows me to take time off with discretion. Currently using my annual leave.



Clear Policies & Communications:

A specific fertility policy is needed rather than being lucky by having a supportive manager

For it to be treated as a specific situation and not lumped into other policies.

A clear fertility/IVF policy. I think it should be more recognised that having the policy within maternity leave is insensitive to say the least. [It should form part of] general conversation in line with wellbeing including the menopause, mental health, etc

A clear, supportive policy, and a lead champion in HR to kick things off and help fight for your rights.

Bereavement leave for miscarriages so I don't have to take sick time.

Although they supported me with flexibility they were quick to say they have 'no legal obligation' and I felt like my flexibility could change or be stopped at any point. A clear policy on fertility treatment would be helpful if backed by law.

Clear policies that allow for time off. A more open conversation so it doesn't feel like wanting a baby means I don't want a great career too.



Key Recommended Actions & Considerations For Employers Ahead of Starting Their Journey To Becoming A Fertility Friendly Organisation

It's important that companies understand that not all fertility journeys are the same and that employers will need to not only find the right approach to suit their employee base but also to be prepared to factor in flexibility in their approach so that elements can be adapted to individual needs.

Based on our extensive research at FMAW with patients and employers and the research of others like MMU, our own personal experiences of fertility treatment, as well as countless conversations we have had helping companies to find the right approach for them, we have put together the following recommendations as a simple starting point.

Introduce a fertility policy. Ensure you have a fertility policy and more importantly that it is going to meet employee needs. As mentioned earlier in this paper, in our 2020 survey, FMAW found that only 1.7% of employees said their company had a fertility policy that met their needs. The MMU Report found that "having a [fertility] 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." We suggest ensuring that the policy is clearly communicated to employees and that it is not located under maternity policies.

- **Review your HR policies, systems and communication:** Review them in their entirety to see if they are suitable. For example, The MMU Report found ‘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 IN A MANAGEMENT ROLE

- **Consider offering workplace fertility counselling:** Whilst some clinics offer counselling, it is often very expensive and the content and number of sessions varies. During fertility counselling sessions, The MMU Report found that there was often little scope for discussing work/career concerns and yet balancing work and fertility can be a huge stress factor.
- **Provide educational support in the workplace:** Raising awareness of fertility issues in the workplace is an important educational piece for all employees, however it’s particularly pertinent to offer training for line managers. In our research at FMAW and also in The MMU Report it was found that “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.

- **Start a support group:** providing a social support from managers and colleagues who may have gone through the same experience can be a key resource in dealing with emotional challenges.
- The MMU Report also found that without training some managers reported 'stress, upset, feelings of powerlessness, and/or extra work when dealing with this issue.' This was compiled by uncertainty over how long reasonable adjustments/time off could be provided, if an employee needed multiple cycles of fertility treatment for example and how to balance this with the needs of the business.



At FMAW we have developed engaging and informative e-learning packages for both managers and employees, as well as training workshops to ensure your line managers gain the awareness and training they need to feel confident supporting team members during their fertility journey.



Want to find out more? Get in touch with the FMAW team today at info@fertilitymattersatwork.com

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Key Considerations:

When thinking about reviewing your organisation's approach to fertility and implementing changes to policies and support, The MMU Report raised the following areas for you to consider.

Demographic Considerations

The MMU Report raises the importance of considering gender, sexual orientation and those who are single who are perusing parenthood and the role they play in a person's fertility journey.

- For example, 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 a "lack of legitimacy and access to provisions such as time off to attend appointments."
- Those in same sex relationships (in this report women) reported "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."
- For those who were single "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 in The MMU Report noted that longer complex fertility journeys could be especially problematic.

Ø 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 support 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 for 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

— ” —

Ø There were perceptions of short-term compassion and support around things like IVF and baby loss, but that individuals were expected to ‘get over’ their experiences, when in reality they could still be struggling, and be triggered, years later.

Ø Some participants reported less support and compassion around secondary infertility and IVF when they already had a child.

Outcome Of Fertility Journey

The MMU Report found that there appears to be little support in the workplace around failed IVF, and coming to terms with involuntary childlessness.

Employment Context

In order to introduce a policy and approach that's fair for all those in your organisation, at FMAW we recommend considering how the type of contract your employee is on might impact the effectiveness of support during their fertility journey.

The MMU Report found –

Ø 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 (Covid), 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

More detailed examples can be found by [downloading The MMU Report](#) and/or by getting in touch with FMAW.

References

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