

UCD Managers Guide: Workplace Supports for Fertility Treatment



Owner

EDI Unit

Introduction

This guideline provides support and clarity for managers on how to best support members of their team undergoing fertility treatment. It is important to UCD that employees who are planning to have children, feel fully supported to do so and are facilitated to balance their career, navigate the workplace, and their fertility journey. This also includes employees whose partners are undergoing fertility treatment. Please review this guide in conjunction with UCD Fertility Policy. Further policies which offer flexibility and support for employees undergoing fertility treatment are noted in the support section of this document.

Facts and Statistics

- 186 million people experience infertility worldwide.
- 1 in 6 opposite sex couples in Ireland may experience infertility.
- 85% of these couples will conceive a child naturally after one year of trying and rises to almost 95% after two years.

The journey to parenthood can be more challenging for some. Couples who do not conceive a child naturally, individuals with secondary infertility (i.e. someone has a child or children but is having difficulties conceiving again), for same-sex couples, and individuals seeking to have a child, may undergo fertility treatments.

There is an emotional, physical, financial and social strain for employees undergoing fertility treatment. Employees will have different support needs at different stages and with different types of fertility treatments.

Fertility journeys vary in length, number of treatments and side effects and can be very individualised.

Disclosure

Undergoing fertility treatment and starting a family is a sensitive matter and deeply personal. Disclosure is always voluntary.

It is essential for managers to recognise the complexities that can occur for an employee during this period. For the employee undergoing fertility treatment, there may be medication, surgery and/or assisted conception. The employee may experience physical side effects from medication, and may

need time to recover from procedures. There may be financial limitations placing a strain on employees.

This can impact an employee in terms of their day-to-day experience in the workplace and navigating their careers during this period. This requires managers to be open-minded, flexible and supportive.

Some employees may choose not to disclose for a number of reasons including:

- Uncertainty about the outcome
- Having a fixed term contract
- Fear of social stigma and judgement
- Lack of visibility and awareness
- Bereavement and grief
- Concerns about how this might impact career progression and opportunities

Recognising that some employees may not disclose, managers should be proactive about raising awareness about flexibility, family friendly policies including fertility treatment policy and supports to their team.

Top tips to get the best from your conversation

<p>Responding to an employee who has disclosed</p>	<p>Be empathetic and understanding in your communication style.</p> <ul style="list-style-type: none"> ● Recognise that disclosure can be difficult for employees ● This is deeply personal and sensitive to employees. Employees may have experienced one or more failed cycles, or this may be the last chance at fertility treatment and their plans to have children may no longer be viable. Employees may be experiencing grief and bereavement. ● Be cognisant of the emotional and financial burden some employees may be experiencing due to undergoing fertility treatment. ● Avoid making assumptions based on your own, or others' experience of fertility, miscarriage and bereavement, and starting a family. ● Listen to the employee and reassure the employee that you will work together to develop a plan to support them. ● Let the employee know if you need time to review the range of supports that might assist the employee ● Agree on a time to meet during this discussion. ● Respect confidentiality of employees who disclose that they or their partner is undergoing fertility treatment.
<p>Preparing for the meeting</p>	<p>Review this guide in conjunction with UCD Fertility Policy.</p> <ul style="list-style-type: none"> ● Further policies which offer flexibility and support for employees undergoing fertility treatment are noted in the support section of this document.

	<ul style="list-style-type: none"> ● Talk to other supports such as your HR Partner in confidence about how they approached this. ● You could ask your HR Partner to check across HR Partner Services for examples of how managers have supported employees to date in UCD. HR Partners may also wish to contact EDI for information.
Make a plan (where someone has disclosed)	<ul style="list-style-type: none"> ● It is essential for managers and employees to have an open conversation, discuss support needs and to make a tailored plan. ● Managers should foster good communication with employees from the outset and throughout this period. This will support the employee in the event of medical procedures, sick leave, other instances where leave may be required and will support the return to work. ● It is also important for managers to be aware of University supports available, and give consideration as to how employees can take care of their emotional and physical well-being while balancing work demands and their fertility journey. ● Discuss the types of flexibility required by the employee, medical appointments and procedures and sick leave entitlements. Consider what local arrangements can be implemented where operationally feasible.
Book a Meeting	Schedule the meeting at a time and in a private place where you will not be interrupted by anyone else.
Make a plan	<p>Reassure the employee that you both can come up with an action plan.</p> <p>Discuss supports available</p> <ul style="list-style-type: none"> ● Medical Appointments and Procedures (Page 4-5) ● Flexibility required (Page 4) ● Employee Supports (page 7) <p>Confidentiality</p> <ul style="list-style-type: none"> ● Establish the level of confidentiality with your employee. ● Respect confidentiality of employees who disclose that they or their partner is undergoing fertility treatment. ● Managers should clarify with the employee who knows about the fertility treatment and who the employee is happy to know. ● Agree if other employees should/are required to be informed of the adjustments and by who. <p>Agreeing actions</p> <ul style="list-style-type: none"> ● Agree actions and how to implement them including setting time to review how the arrangement is working in practice once implemented (and follow this up in writing e.g. by email). ● Encourage the employee to let you know if they require any tweaks to the agreed adjustments.

	<ul style="list-style-type: none"> ● Agree a timeline for a check-in.
Follow Up	Check-in with the employee - this can be an on-going conversation. This is really important, as investigations, fertility treatments, taking medication may change over time, symptoms could arise. It may be that you need to meet with the employee to adapt the adjustments if this happens.

Types of flexibility may include:

- Allowing time to rest and make the time up later
- Adjusting start and finish times
- Flexibility around the taking of breaks during the working day
- Flexibility around attending relevant medical appointments.
- Being flexible around last-minute adjustments to appointments where these might be time sensitive.
- Consider local arrangements that are operationally feasible.
- Where feasible, temporary short-term remote working or an adjusted workload can also be put in place temporarily (e.g., flexibility to dial in remotely to meetings if undergoing treatment abroad).
- Time Off in Lieu is awarded for additional agreed work conducted outside of regular working hours provided that additional work has been agreed in advance. Further details can be found in UCD Overtime Policy.
- Where feasible, a manager may facilitate an employee through flexible working, to accompany their partner who is undergoing fertility treatment to attend medical appointments.

Medical Appointments, Procedures, Sick Leave

Medical appointments are covered under sick leave, however local arrangements, approved by the Head of School/Unit, are also accepted.

- You are encouraged to be flexible when approached by individuals who need to attend medical appointments and procedures related to their fertility. Often the exact days and times are unknown at the start of treatment and a time off request can come at relatively short notice.

For example, certain fertility treatments require egg retrieval and embryo implantation. In these situations, typically a full day's leave is required due to the nature of these treatments and the requirement for sedation. If this is the case, then this is treated as sick leave as per the sick leave policy once medically certified.

- In line with the public sector, UCD operates a sick pay scheme for staff that are absent due to injury or ill health.
- You should provide employee support during periods of sickness absence.

- You should undertake return to work conversations to support individuals on their return to work in accordance with the University's Sick Leave policy where applicable.
- Ensure that employees undergoing fertility treatment while in work or returning to work after a period of absence due to fertility treatment are treated in a sensitive, compassionate manner.

Balancing Career Planning and Development

- Some employees may have concerns that undergoing fertility treatment and possible leave required as well as potentially going on family related leave may negatively impact their career.
- You can reassure employees by asking if they would like to make a plan about managing their career development and progression in a sustainable manner over this period or to note that this can be discussed as part of their P4G.
- You should ensure individuals experience a level playing field in terms of opportunities and that those undergoing fertility treatment are not disadvantaged in any way.
- You should continue to communicate relevant career progression opportunities to the employee.

Compassionate Conversations

- It can be hard to know what to say to an employee who is undergoing fertility treatment or experiencing fertility issues. When a colleague opens up to you, in general, it is better to show an interest and ask how their investigations/treatment/surrogacy/adoption is going and how they are feeling. It is better to ask (or ask if it is okay to ask) than to say nothing because you are afraid of upsetting them as this can give the impression that you don't care.¹

Sensitive events

- Certain events could be particularly upsetting for a colleague experiencing fertility challenges, investigations or treatment, such as Mother's Day or Father's Day, pregnancy announcements and baby showers.
- This doesn't mean that colleagues who are expecting a child can't share their experience and anticipation or be celebrated. However, there is a need to show compassion and sensitivity if you know another team member hasn't been so fortunate.

Supporting Employees who have experienced Pregnancy Loss

Some employees may experience pregnancy loss before and during fertility treatment. Pregnancy loss and infertility can each be devastating on their own. Undergoing fertility treatment in addition to pregnancy loss can include added emotional, psychological, physical, social and financial burden

¹ CIPD Guide for Colleagues to support those experiencing fertility challenges, investigations or treatment.

on the employee. As a manager, it is important for you to know how you can best support your employee. Pregnancy loss is all types of loss, including spontaneous and medically supervised terminations that can occur during a pregnancy from the first to third trimester.²

Types of Pregnancy Loss include:

- **Miscarriage** - The loss of a pregnancy before 24 weeks
- **Recurrent miscarriage** - Two or more consecutive first trimester miscarriages.
- **Ectopic pregnancy** -When a fertilised egg implants itself outside of the uterus (womb)
- **Molar pregnancy** -Occurs at the time of conception when the sperm and the egg join together and there is excessive development of the cells that form the placenta with little or no foetal (baby) development.
- **Termination of pregnancy**³ -A medical procedure which is intended to end the life of a foetus.
- **Stillbirth**⁴ - is the name given to pregnancy loss after 24 weeks

“Miscarriages are very common. At least 1 in 5 women will have a miscarriage.”⁵ Some employees may experience repeated miscarriages, and may experience more than one type of pregnancy loss during their lifetime. Some miscarriages and pregnancy loss may need to be managed with medication or surgery. For example, some may result in pain, bleeding, infection or complications with surgery. Miscarriage and pregnancy loss impacts emotional well-being including sadness, grief, and disappointment. This could also result in depression, anxiety, or post-traumatic stress disorder.⁶ An employee may need time off work to recover from the physical or emotional impacts of a miscarriage or pregnancy loss.

You can support employees by:

- Being compassionate, flexible and supportive when an employee is returning to work.
- Sick leave and flexibility from managers can support employees who experience miscarriage.
- Maternity leave is available for stillbirth after 24 weeks and bereavement leave for an employee whose partner has a stillbirth . In instances where an employee has had a miscarriage, managers should be flexible.
- It is important for managers to acknowledge the loss when an employee returns.
- Communicate the supports, policies available in UCD and externally.
- Employees may struggle with focus and concentration, and work productivity for a period.
- Managers should proactively check-in with the employee and identify supports as required.

Grief and Infertility

For some employees fertility treatments may be unsuccessful for a period of time, or in some instances, indefinitely. The grieving process can be long and drawn out, it can be deferred because individuals may explore many options which in themselves may result in loss and bereavement⁷. Individuals may not come to terms with their circumstances until they have explored many options

² HSE National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death

³ Health (Regulation of Termination of Pregnancy) Act 2018

⁴ Civil Registration Act 2004

⁵ HSE Signs of Miscarriage

⁶ Pregnancy Loss (under 24 weeks) in Workplaces: Informing policymakers on Support Mechanisms, -Report, commissioned by Department of Children, Equality, Disability, Integration and Youth, 2024.

⁷ CIPD Guide for Colleagues to support those experiencing fertility challenges, investigations or treatment

or cannot afford to continue with fertility treatment. You should proactively check-in with the employee and connect employees with mental health and well-being supports⁸.

The University wants to ensure that it continues to provide the best supports that it can to employees undergoing fertility treatment and to people managers supporting employees and for that reason these documents are iterative. If you have suggestions around other supports that may be of assistance or raising awareness around this topic please contact edi@ucd.ie

Resources

UCD Policies

- Fertility Policy
- Career Break
- Overtime Policy
- Sick Leave
- Shorter Working Year
- Support for Employees Taking Family Related Leave Policy and Guidelines
- Bereavement Policy
- Mental Health and Wellbeing in UCD

Internal Supports

- Your line manager
- HR Partners
- Equality, Diversity and Inclusion
- Mental Health and Wellbeing Support Colleagues
- Employee Assistance Service: Confidential 24-hour service through the Employee Assistance Service (EAS): www.ucd.ie/engage/employeerelations/employeeassistanceservice/

External

- HSE Fertility Treatment
- National Infertility Support and Information Group:
- CFireland
- Irish Cancer Society:
- HSE Miscarriage
- HSE Pregnancy Loss
- Irish Hospice Foundation

Sources

- CIPD Guide for Colleagues to support those experiencing fertility challenges, investigations or treatment: www.cipd.org/globalassets/media/knowledge/knowledge-hub/guides/2023-pdfs/2023-fertility-colleague-guide-8382.pdf
- IBEC Fertility and Menopause Guide: www.ibec.ie/employer-hub/hr-management-guide/leave/maternity-leave/implementation-guidelines/fertility-and-menopause-guide

⁸ Ibid.

- PLACES | Pregnancy Loss (under 24 weeks) in Workplaces: Informing policymakers on support mechanisms, Report 2024: www.gov.ie/en/publication/0e7d5-places-pregnancy-loss-under-24-weeks-in-workplaces-informing-policymakers-on-support-mechanisms/
- HSE National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death: www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/national-fertility-services/

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