

Pregnancy loss and termination – **A call to action**

neu.org.uk/maternity

"I was in a lot of pain afterwards and losing a lot of blood and didn't have anyone to talk to about it."

"I had to have four weeks off as I had to have surgery. I was told to 'pull my big girl pants up and get on with it!'"

"My employer had NO understanding of my condition."

"Women need understanding, compassion and time to grieve for what could have been."



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Introduction

Three-quarters of NEU members are women, many of them of childbearing age. This is why our survey of teacher and support staff members' experiences of being pregnant, while working in the education sector, is so important.

Many women will experience baby loss or termination/abortion while working, and their employer's reaction and support are crucial elements to help them cope. Our survey has shown that many women have had to go through this experience alone, feeling unable to tell their employer or colleagues what has happened. This is often because they fear the reactions they may face, having either experienced poor treatment themselves or seen other women being badly treated by the employer, when facing similar circumstances. Many were unaware of their rights, for example to maternity leave and pay, sick leave or even whether they could leave work to access medical support when needed.

More positively, other women told us of the fantastic support they had received from employers and/or colleagues, how much this meant to them and how it helped them to cope with an extremely difficult situation.

To highlight the experiences of women in the education sector facing pregnancy loss or termination, the NEU is proud to be working with Maternity Action. Maternity Action is the UK's maternity rights charity dedicated to promoting, protecting and enhancing the rights of all pregnant women, new mothers and their families to employment, social security and health.

Our aim in this call to action is to raise awareness, end injustice and demand better for working women experiencing baby loss or a termination/abortion.

Let's support women and parents experiencing baby loss. Let's value all women at work.

Our recommendations

Government – changes needed

- › Extend day one rights for workers and agency workers to paid time off to attend antenatal care and to have an individual risk assessment and to maternity suspension if required.
- › Include miscarriage and termination before 24 weeks in the statutory parental bereavement leave and pay for parents.
- › Decriminalise abortion in England and Wales.
- › Ensure that relationships, sex and health education is comprehensive, inclusive and teaches students on their rights to bodily autonomy and access to abortion.

Employers – changes needed

- › Adopt the NEU Pregnancy loss and termination model policy.
- › Respect women's confidentiality – don't disclose private information without her consent and only when absolutely necessary, eg for health and safety reasons. Discuss with her whether and how she wishes her experience to be communicated to colleagues, students and parents.
- › Arrange training for all managers on the mental and physical impact of baby loss and how to respond tactfully and sensitively when a woman discloses a pregnancy loss or termination.
- › Actively encourage women to attend antenatal appointments and to leave work to seek urgent medical advice if they have any concerns about their pregnancy or unborn baby.
- › Make sure that managers are aware of pregnancy protections and women's rights to sick leave and maternity leave.

- › Support women's return to work and any adjustments that might help such as a phased return on full pay, or temporary change of working hours or duties.
- › Extend paid bereavement leave to parents experiencing pregnancy loss before 24 weeks.
- › Ensure that appropriate toilet and washing facilities are available to pregnant women.
- › Record any sickness absence related to miscarriage, stillbirth or termination separately from other sick leave so that pregnancy-related sickness absence is not used as a reason for disciplinary action, dismissal or redundancy.
- › Offer confidential support from an employee assistance programme, including counselling if needed.
- › Respect the right to bodily autonomy and do not treat a woman less favourably for exercising her rights if she needs to terminate her pregnancy.



About this research

Between April and May 2022, 3,700 NEU women members participated in an online anonymous survey about their experiences in an education setting in the previous five years of being pregnant at work, experiencing pregnancy loss or termination, taking maternity leave and returning to work.

This call to action is one of a series of reports on areas that working women raised in the survey as needing urgent action.

Our five reports call for action on all aspects of women's pregnancy and maternity journeys at work and can be found at [**neu.org.uk/maternity**](https://neu.org.uk/maternity)



3,700

They cover the following themes:

- › breastfeeding women at work
- › being pregnant at work
- › pregnancy loss and termination
- › maternity leave and pay
- › returning to work after maternity leave.

Summary of key findings

We asked women members if they had experienced pregnancy loss or baby loss or maternal ill-health while working in education in the previous five years.

1%



One per cent of women experienced stillbirth or neonatal death.

2%



Two per cent of women had experienced an ectopic pregnancy.

18%



Eighteen per cent of all women responding experienced postnatal depression.

25%



Twenty-five per cent of women had experienced a miscarriage.

10/12%

Ten to 12 per cent of women who experienced baby loss didn't have access to appropriate toilet or washing facilities at work.

3%



Almost three per cent of women had had an abortion.

Miscarriage

Definitions and rights

The stillbirth of a baby before the end of the 24th week of pregnancy is treated as a miscarriage.

Unfortunately, there is no right to statutory maternity leave or pay. If an employer does not offer paid pregnancy loss leave, a woman or parent can ask for compassionate leave or special leave.

If a woman needs time off sick as a result of a miscarriage, this should be treated as pregnancy-related sickness – a GP will need to certify that the absence is pregnancy-related. There is no time limit on sickness absence following a miscarriage. If a GP has certified sickness absence as pregnancy-related, this applies for as long as sick leave lasts.

The employer must count any sick leave related to pregnancy or miscarriage separately and must not use it against a woman, for example for disciplinary or redundancy purposes.

The Equality Act 2010, section 18, provides protection against discrimination on the grounds of pregnancy or pregnancy-related sickness for a protected period of two weeks from the end of a pregnancy for women who are not

entitled to maternity leave. During this period, women are protected against discrimination, dismissal, redundancy or unfair treatment related to their pregnancy, miscarriage or related sick leave. Sick leave will not be protected as pregnancy-related if the woman has not disclosed her pregnancy or miscarriage.

NEU women's experiences of miscarriage

A quarter of respondents to our survey had experienced a miscarriage. Although 80 per cent had felt able to tell their employer or their manager, a fifth had not. The main reason for not telling, reported by nearly half, was that they did not work in a supportive environment where such a conversation could take place. Nearly a quarter said that they were afraid that they would be treated worse. Women also wanted to keep the fact that they were trying to conceive a secret from their employer because they were concerned that, if the employer knew this, it would count against them. Some wanted to keep their grief private and to themselves, and did not want colleagues to know, especially if they had not told others about their pregnancy.

Expectations about the amount of support that they would receive if they did tell colleagues was low. Only ten per cent of women said that they had access to appropriate and accessible toilet or washing facilities at work.

On a more positive note, of the women who did tell their manager or employer about their miscarriage, 29 per cent described them as supportive and just over half (52 per cent) said that they were very supportive.

Of the women who had experienced a miscarriage, over half (55 per cent) said that it had affected their mental health in ways that required them to be absent from work. Many felt that there was a complete lack of understanding about how their mental health was impacted and this was particularly the case for women who had experienced more than one miscarriage. The reactions of different colleagues – especially those in senior positions such as heads and deputy heads – clearly had a huge impact on the women and how stressed they felt. Some women found that colleagues knew what had happened even if they had asked their manager to keep the information confidential. Women

often felt a deep sense of guilt about taking time off work and the impact on colleagues, despite being very aware that they needed time to recover not only physically but also mentally. There was also a lack of understanding from employers about the length of time that the physical effects, such as heavy bleeding and pain, can continue.

It is clear from the comments that women experiencing baby loss need empathy, understanding and discretion. Many women will start to experience miscarriage while at work so managers should be aware of this and how to react. Women need to be encouraged to take time off work to recover both physically and mentally without feeling pressured to return too soon or being made to feel that their future career will be negatively impacted.

Women told us that it would have been helpful if their employer had a clear policy on dealing with baby loss because many did not know what leave they would be entitled to. They also felt it would be helpful in encouraging women to talk to their manager about what had happened. Such policies would make managers more aware of the impact, the support needed

– particularly regarding time off work to recover fully – and the obligations on them to be mindful of their duty of care towards them.

Women's voices

Negative

- " I was afraid that knowing I was trying for a baby may go against me for promotion or consideration for training."
- " My head teacher encouraged me to come back to work two days after my miscarriage, even though I was still bleeding significantly. I felt I couldn't say no."
- " First two miscarriages – the head was supportive and appeared understanding when I couldn't come into work. Eyes started rolling with the following four miscarriages and it was clear it was an inconvenience."
- " I was told I should return to work after two weeks as that was what other people had done. This was not appropriate as I still hadn't fully miscarried the pregnancy."
- " My miscarriage happened at work and the way it was initially dealt with was very traumatic. My line manager made me go to the head teacher to inform him what was happening even though I wanted to go straight to seek medical care. However, the head teacher was very good and supportive once he was aware."
- " Head teacher disclosed to members of SLT who then disclosed to other staff members. Was early in first trimester when this happened and was not happy. When I miscarried so many people knew about it – this added to my mental health issues."

Positive

- " My school were extremely supportive and allowed me a week off. Had I have wanted it, I believe they would have given me more time. It was amazing to work for such a supportive trust in such a vulnerable and fragile situation."
- " I lost a lot of blood and was required to have time off until my blood supply and iron levels improved a little. My emotional and mental wellbeing were also fragile so I was allowed to take the time I needed to adjust."
- " When I eventually told my deputy head that I had had two miscarriages and was struggling to conceive she made adjustments to my work life that enabled me to conceive almost immediately."
- " My employer was amazing. I was given as much time off as I needed, returned on a phased return that was actually respected and discussed with me. Everybody was supportive, discreet and I couldn't have asked for a better place to be during a difficult time."



Ectopic pregnancy

Symptoms of an ectopic pregnancy may occur as early as for weeks into a woman's pregnancy and up to 12 weeks or even later. Any woman who suspects that she is experiencing an ectopic pregnancy should seek immediate medical advice. Often ectopic pregnancies can require emergency surgery for which a woman is likely to require time off. If the employer is aware of the pregnancy, detrimental treatment of her on grounds of her pregnancy or pregnancy loss would be unlawful.

Two per cent of the women who responded to the survey told us that they had experienced an ectopic pregnancy. Of those, 16 per cent felt unable to tell their manager or employer that this had happened. The main reasons for this were that they were afraid that they would be treated worse or that they did not work in an environment where they felt that they could have such a conversation. Others had either experienced poor treatment at work following an earlier miscarriage or ectopic pregnancy or were aware of other women being poorly treated.

Of the women who did tell their employer, two thirds said that they had been either supportive or very supportive. Sadly 16 per cent told us that they had been unsupportive or very unsupportive.

Ten per cent of women who experienced an ectopic pregnancy did not have access to appropriate or accessible toilet or washing facilities at work.

Nearly two thirds of the women who had experienced an ectopic pregnancy told us that this affected their mental health in ways that required them to be absent from work.



Women's voices

Negative

" Due to having surgery I had to have a number of weeks off work. The head at the time on return was horrible about me not being on call to collect misbehaving students. I don't think the gravity of my situation was understood by the head. My line manager was supportive. I struggled both physically mentally with it."

- " It seemed so taboo that my experience didn't count. Other people have babies and share photos via whole staff email... what about my baby?"
- " I am due to go back to work after four weeks off. Those four weeks were almost continuous treatment for my ectopic pregnancy, and I do not feel that I have had time to mend mentally, but that I cannot take any further time off work as my physical treatment has finished."
- " I had to have four weeks off as I had to have surgery. I was told to 'pull my big girl pants up and get on with it!'"
- " Need more mental health support. Physically you're okay but emotionally more support is needed. It is unrealistic to expect teachers to pretend that they won't have good and bad days and taking time off because you just want to sit on the floor and cry for what you've lost before you can even enjoy it. I found that I needed emotional support almost two months after I returned to work and then when it was my due date."

- " Ectopic pregnancies need to be treated in the same way that a miscarriage is. Women need understanding, compassion and time to grieve for what could have been."

Positive

- " My whole team at work were very supportive and encouraged me to take as much time as I needed. They gave me someone I could talk to and even told staff for me as I didn't feel I could."
- " I felt pressured by my line manager to return to work. Occupational health were much more supportive and organised counselling."

Termination/abortion

A woman may have a termination for a variety of reasons including a termination for medical reasons (known as a TFMR). The NHS¹ explains that most terminations in England, Wales and Scotland are carried out before 24 weeks of pregnancy. They can be carried out after 24 weeks in very limited circumstances – for example if the mother's life is at risk or the child would be born with a significant disability. If a termination occurs after the 24th week of pregnancy the mother should be issued with a stillbirth certificate and usual rights to maternity leave and pay should apply.

If an employer is aware of a woman's pregnancy, detrimental treatment of her on grounds of her pregnancy or termination would be unlawful.

The NEU supports women's reproductive rights which includes the right of a woman to make her own decisions in and around her pregnancy.

Nearly three per cent of respondents to our survey had opted for a termination in the past five years while working in education. Of these, only 41 per cent felt able to tell their employer or manager, most because they

feared a negative reaction or impact or had experienced or witnessed other women being treated badly. Nearly half (44 per cent) scheduled their termination to take place outside of term time. Women told us that the stigma they felt was attached to termination which prevented them from feeling able to tell colleagues. Nearly half (49 per cent) said that having an abortion affected their mental health in ways that required them to be absent from work.

Of the few women who did feel able to tell their employer, 50 per cent described them as very supportive and 30 per cent as supportive. Once again only 12 per cent said that they had access to accessible or appropriate toilet or washing facilities at work.

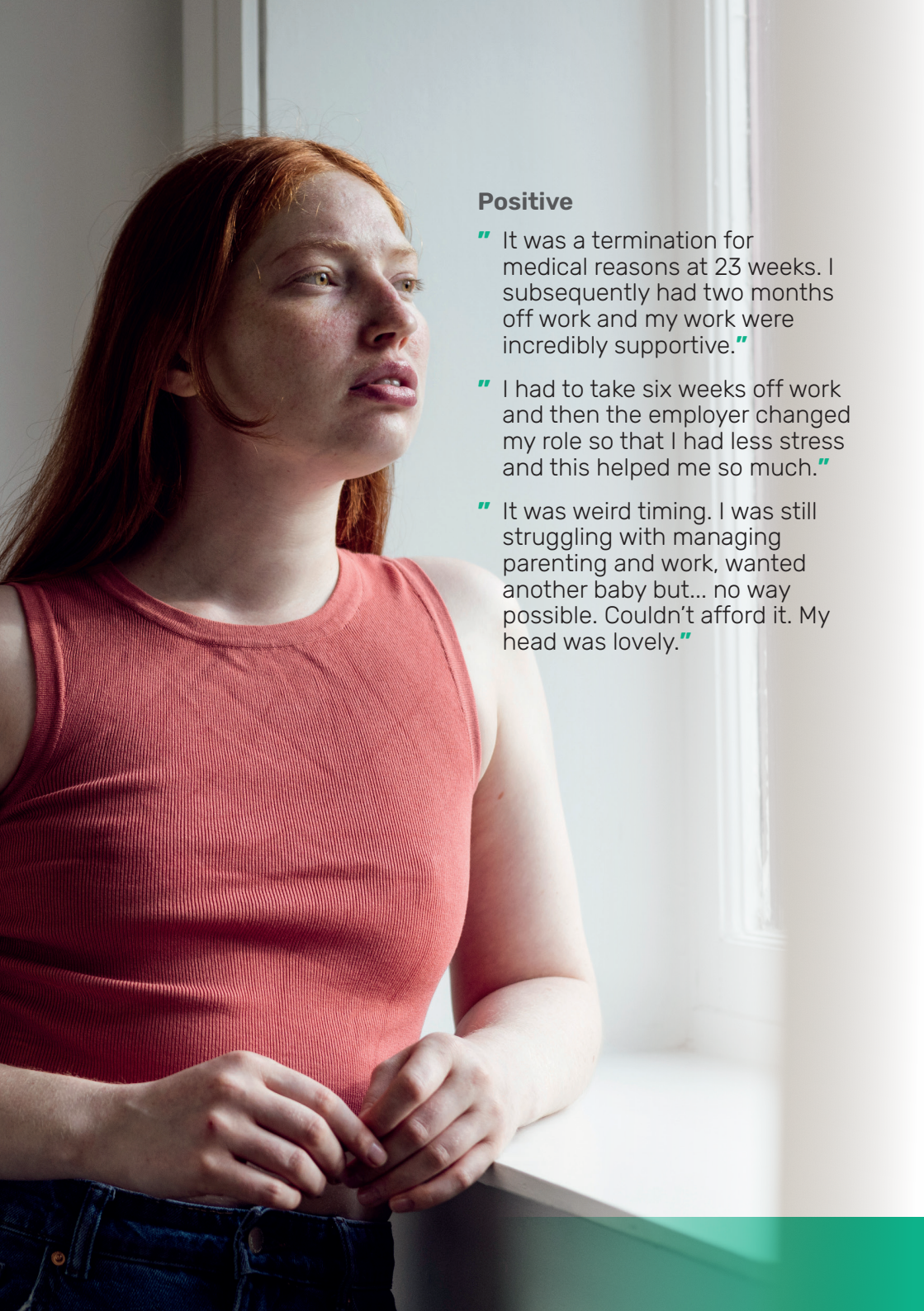
Several respondents had a termination for medical reasons, of a late, much-wanted pregnancy and were suffering grief along with medical implications. Again, confidentiality was an issue, especially when it came to having to fill in forms to claim sick leave and not knowing what to put to avoid others finding out.

¹ [nhs.uk/conditions/abortion/](https://www.nhs.uk/conditions/abortion/)

Women's voices

Negative

- " I felt ashamed by the stigma of aborting a pregnancy."
- " I had to take two weeks off work after the termination as I couldn't stop crying and was grieving basically. I probably returned to work too quickly after the termination at 16 weeks (due to a genetic abnormality). I felt a pressure to get back to managing my team, teaching my students and returning to 'normal'. There wasn't an expectation from my college to return that swiftly but I think teachers generally feel incredibly guilty if they are absent from work due to the impact it has."
- " I had to have a termination for medical reasons with the baby being very poorly. This made me extremely anxious in the second pregnancy and the day before the anomaly scan I had a breakdown and was so scared of it happening again. My line manager told me I needed to get over it or leave the job."
- " I was in a lot of pain afterwards and losing a lot of blood and didn't have any one to talk to about it. At that school if you had time off sick you had to fill in quite detailed forms to say why we were off and I didn't want them to know and didn't feel like saying period pains because I know I'd get treated badly, so I carried on and returned straight away. Standing in front of a class in that condition added an extra layer of shame I didn't need and I feel traumatised by it. I left that school at the end of the school year."
- " I had to take a day off for sickness, I had a lot of pain the following day (had procedure on Sunday). I was afraid of being judged and my employer not being discreet and telling other staff members."
- " I thought it would be easier to say that I miscarried. I had never had a termination before so it affected me very badly. I knew I had to terminate based on the fact that I was told my baby wouldn't survive more than a few weeks and could suffer a painful life if they lived longer."
- " I was off sick from the school that I worked in at the time. I did not have a supportive line manager or any colleagues that I could talk to about this."



Positive

- " It was a termination for medical reasons at 23 weeks. I subsequently had two months off work and my work were incredibly supportive."
- " I had to take six weeks off work and then the employer changed my role so that I had less stress and this helped me so much."
- " It was weird timing. I was still struggling with managing parenting and work, wanted another baby but... no way possible. Couldn't afford it. My head was lovely."

Stillbirth and neonatal death

Stillbirth definition and rights

A stillbirth certificate will be issued where a medical professional estimates that pregnancy lasted for a full 24 weeks. A medical estimate of the length of pregnancy may be based on a number of factors including scans, examination of the foetus or counting forward from the first day of the last menstrual period.

A woman given a stillbirth certificate is entitled to maternity leave and pay including statutory maternity pay, maternity allowance and may also include occupational maternity pay. This will depend on meeting the qualifying conditions for each. For women who are still working, maternity leave will start on the day after their baby was stillborn. The statutory entitlement is to 52 weeks' leave and 39 weeks' maternity pay but any woman who does not want to stay off work for the full 52 weeks can give notice to return to work early.

Women who are not issued with a stillbirth certificate but whose baby was delivered in or after the 16th week before the start of her expected week of childbirth may still be entitled to maternity leave and any maternity pay that they qualify for. This was confirmed

in a tribunal case supported by Maternity Action.

Any woman who experiences a stillbirth or neonatal death may also be entitled to parental bereavement leave and pay. You can read more about parental bereavement leave at [neu.org.uk/maternity](https://www.neu.org.uk/maternity)

A woman's partner will also be entitled to paternity leave and pay if they meet the normal qualifying conditions.

Neonatal death definition and rights

If a baby dies within the first 28 days of life, this is considered to be a neonatal death. If the baby was born alive, at any time during pregnancy, but did not survive, a woman is entitled to maternity leave and any maternity pay that she qualifies for, including any occupational maternity leave and pay the employer provides if she meets the qualifying conditions.

NEU women's experiences of stillbirth and neonatal death

Just over one per cent of respondents told us that they had experienced stillbirth or neonatal death during the past five years while working in education. Forty-six per cent of women told us that their employer or manager had been very supportive and a further 27 per cent described them as supportive. Ten per cent described them as unsupportive or very unsupportive.

Nearly all women (85 per cent) who had experienced this said that it led to them having to be absent from work because of the impact on their mental health. Women again told us how helpful it would have been if managers were more aware of the impact and had been confident in how best to provide support.

Sadly, many women told us of horrendous experiences with unsupportive managers pressuring them to return to work too soon and doing little or nothing to support them on their return – even refusing to follow occupational health advice. However, there were also many examples of excellent support that made coping with the grief and

transition back to work so much easier given the trauma that these women had experienced.

Women's voices

Negative

" Anxiety was a big factor in my following pregnancy with lots of additional scans every three weeks plus midwife appointments meant lots of time off work that was sometimes difficult to get cover for especially during Covid. I found getting staff cover for appointments quite stressful to consider and made me feel guilty about having so many appointments."

" Three weeks after having the funeral of my six-month-old baby boy I was called into a meeting with work where they discussed my request for an extended phased return (I asked for three months). At this meeting, they had HR representation that I wasn't aware of in advance and it was awful. It didn't feel in the slightest bit supportive... I was called into meetings with multiple people on sickness monitoring, was told that my job

was at risk and that I needed to return... I was forced to relinquish my TLR. I felt wholly unsupported."

- " I suffer with PTSD following the death of my son. My head teacher told me 'he's never had mental health issues so doesn't understand it' and has been extremely unsupportive throughout, refused to follow any OH recommendations, and made a horrendous time even more difficult."
- " Employers must have training to support them to deal with bereavement, especially child death. It's difficult for people to know what to say etc so having one person who has some knowledge and understanding would be helpful."

Positive

- " I found it most useful when my employer had an honest conversation about the support I needed, particularly when they were proactive about seeking me out near the anniversary to ask me what I needed – I didn't have the confidence to seek that support independently."
- " My head teacher and school staff were simply amazing. They listened, they cried with me, they were so supportive. Nothing was too much."
- " When my son died, aged 4.5 months, my work were amazing. I had a phased return and was able to go back as a third teacher in a year group, so didn't have whole class responsibilities. This was incredibly helpful and aided a successful return to full time class teaching this academic year."
- " My work offered me access to free counselling and altered my timetable when I came back to work. They couldn't have done more for me and in my future pregnancy. They were fantastic. They told my colleagues and students in a very appropriate way."

Mental health and postnatal depression

Postnatal depression is common and affects more than one in ten mothers within a year of giving birth. It is important to seek help if you think you are depressed as, with the right support, you can make a full recovery. The NHS gives further information about symptoms and treatment options².

Depression during pregnancy is also very common, affecting more than one in ten mothers. It's important to talk to your GP or midwife as they know that it affects many women and can discuss treatments.

You have the same rights to paid sick leave during pregnancy as other employees. If you are not well during your pregnancy, you should follow your employer's normal sickness reporting procedures. Your employer must record any pregnancy-related sickness absence separately from other sick leave, so that pregnancy-related sickness absence is not used as a reason for disciplinary action, dismissal or redundancy.

A pregnancy-related illness includes any condition that is linked to your pregnancy, including depression, anxiety and other mental health conditions related to pregnancy or childbirth. If you or your employer are unsure, you should seek advice from your GP or midwife and ask them to write to your employer so that your employer is aware that your condition is pregnancy-related.

It is important that the employer carries out a risk assessment on a woman as soon as she discloses that she is pregnant. This should include any aspects of work that could cause stress, such as a high workload, and identify steps to be taken to mitigate or remove that risk. The NEU Pregnancy risk assessment can be used for this purpose³.

Nearly a fifth (18 per cent) of respondents to the NEU survey had experienced postnatal depression during the past five years while working in education. However only a quarter (24 per cent) of women felt able to tell their employer or manager. Once again, the reasons for feeling unable to inform them were due to

² [nhs.uk/mental-health/conditions/post-natal-depression/](https://www.nhs.uk/mental-health/conditions/post-natal-depression/)

³ neu.org.uk/maternity

fear of being treated worse (52 per cent); the workplace environment not being one where such a conversation could take place (44 per cent); or having witnessed others experiencing this being treated badly.

Women told us of their fears of confidentiality not being respected, and of the potential impact on their future job and career prospects. There were also feelings of stigma and the guilt and shame and denial that accompanied this, making women feel less able to discuss with colleagues.

Several told us that their condition had improved by the time they returned to work and so did not feel the need to tell their employer or colleagues.

Of the 24 per cent of women who did feel able to tell their employer, a quarter described the employer as very supportive and a further third as supportive. Others told us that their employer did little or nothing to check how they were coping with their return to work and did not offer a risk assessment on return which might have

identified adjustments that could be made. Many felt pressured to return to work full-time and found that requests for flexible or part-time working were refused even though they could have helped with transitioning back to work, balancing work with their new family and coping with depression.



Women's voices

Negative

- " I had postnatal psychosis and did not feel comfortable talking about it openly because the condition is stigmatised and not the same as normal depression."
- " It wasn't something that I wished to discuss at work as I didn't have confidence in it being kept private."
- " Didn't want to tell anyone. Felt I could cope with it on my own and felt a bit ashamed."
- " I was signed off work due to the severity of the depression. I returned to work on a phased return but was told that my phased return was taking too

long. I was told that no more sick notes would be accepted and I had to return to work full-time. I was also told that my TLR would be removed from me as this would mean I would return to work full-time quickly. My employer had NO understanding of my condition. I was also told that as they had seen me smile at work I was obviously better. It remains an awful experience."

" I took time off sick as I was not coping. The head made me go to occupational health, which I did. Then when the head received their report, which suggested I would not be returning to work for a further 3-4 months due to having severe depression, the head pushed for me to be dismissed on grounds of ill health. I was basically told resign or we will dismiss you!"

" Fear of already having time off and saying I now was suffering postnatal depression added to stress that my job is on the line."

" My school refuses flexible working which would have allowed me to ease back into school. Instead, I had to return to work too early and had a breakdown as a result."

" Was contacted regularly about my return and pressured to be full-time upon return which I believe caused and/or increased my postnatal depression."

" Lack of understanding/compassion/empathy is staggering. The attitude of 'if you're not well enough to work you shouldn't be here' is horrid. People struggled with mental health and how to deal with it in a way that doesn't happen if someone is struggling with a more physically obvious illness. I found I was 'written off' as a professional after suffering with postnatal depression."

Positive

" I experienced depression and anxiety during my second pregnancy after having birth trauma from my first birth. It was noted by other teachers that my performance at work had declined and my line manager was supportive about the situation and gave me strategies to help deal with the issues in the classroom. More follow-up would have been useful but I felt comfortable talking to my manager and other staff if needed."

" We have a wellbeing officer who took over my counselling after I'd finished with the course arranged by the hospital. She continues to visit me at home to support me."

" I was able to get therapy for free through the council that I work for, with the help from my head. She was very supportive and allowed me to take time off to attend the appointments."

" My line manager was so supportive but the new HT and HR were not, it was expected for me to just get on with it. My line manager was just amazing providing a safe space for me when I required."



A call to action

Our survey of women members has revealed some shocking treatment at work of women experiencing baby loss, abortion or pregnancy-related mental ill health. Compassion and support systems are often absent. Employers are failing to acknowledge the impact of losing a pregnancy or a newborn baby on women's physical and mental health. Women are not being protected from pregnancy-related discrimination where they have experienced a pregnancy loss. And awareness of maternity rights is lacking.

Some women are facing deeply unkind and unacceptable treatment at work.

In contrast, many employers can and do show compassion, provide exemplary support and offer appropriate absence and return-to-work arrangements for sick and grieving mothers. A good workplace can be a real source of resilience, support and recovery for women when they have these really tough experiences. Support from colleagues can really make a huge difference.

The NEU is calling on employers to uphold women's rights at work. We want to see increased awareness among decision-makers in schools and colleges, clearer and more informative workplace policies on baby loss, and improved return-to-work arrangements.



What can reps do?

NEU reps can bring members together to achieve better policies and raise awareness of how workplaces need to respond for staff when these things happen. Caring and empathetic attitudes can really make a big difference for colleagues at a very hard point in their life.

- › Read the NEU resource pack – Pregnancy loss and termination – and discuss it with your union colleagues, including your health and safety rep if you have one.
- › Follow the NEU Pregnancy loss and termination rep checklist.
- › Ask your employer to follow the NEU Pregnancy risk assessment whenever a member of staff discloses that she is pregnant.
- › Support women members and their partners in securing:
 - appropriate time off
 - privacy
 - safe and fair working arrangements
 - compassionate return to work arrangements.
- › Download and display the NEU Pregnancy loss and termination poster.
- › Call a union meeting and include the NEU model policy – Pregnancy loss and termination – on the agenda.
- › Read our NEU Pregnancy loss and termination checklist for leaders – and give a copy to your head or principal.
- › Push for adoption of the NEU model policy, through a workplace campaign if necessary.
- › Include your membership group at every stage of the process; include women on maternity leave, and breastfeeding women; keep members informed of the negotiations and encourage their input to approve changes so that everyone is fairly represented.
- › Gauge how widely and deeply felt this issue is and contact your **branch secretary and women's organising forum** rep to ask for advice and support if you need it.



Resources

For resources and more guidance on how to support women at work, visit neu.org.uk/maternity



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neu.org.uk/maternity



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