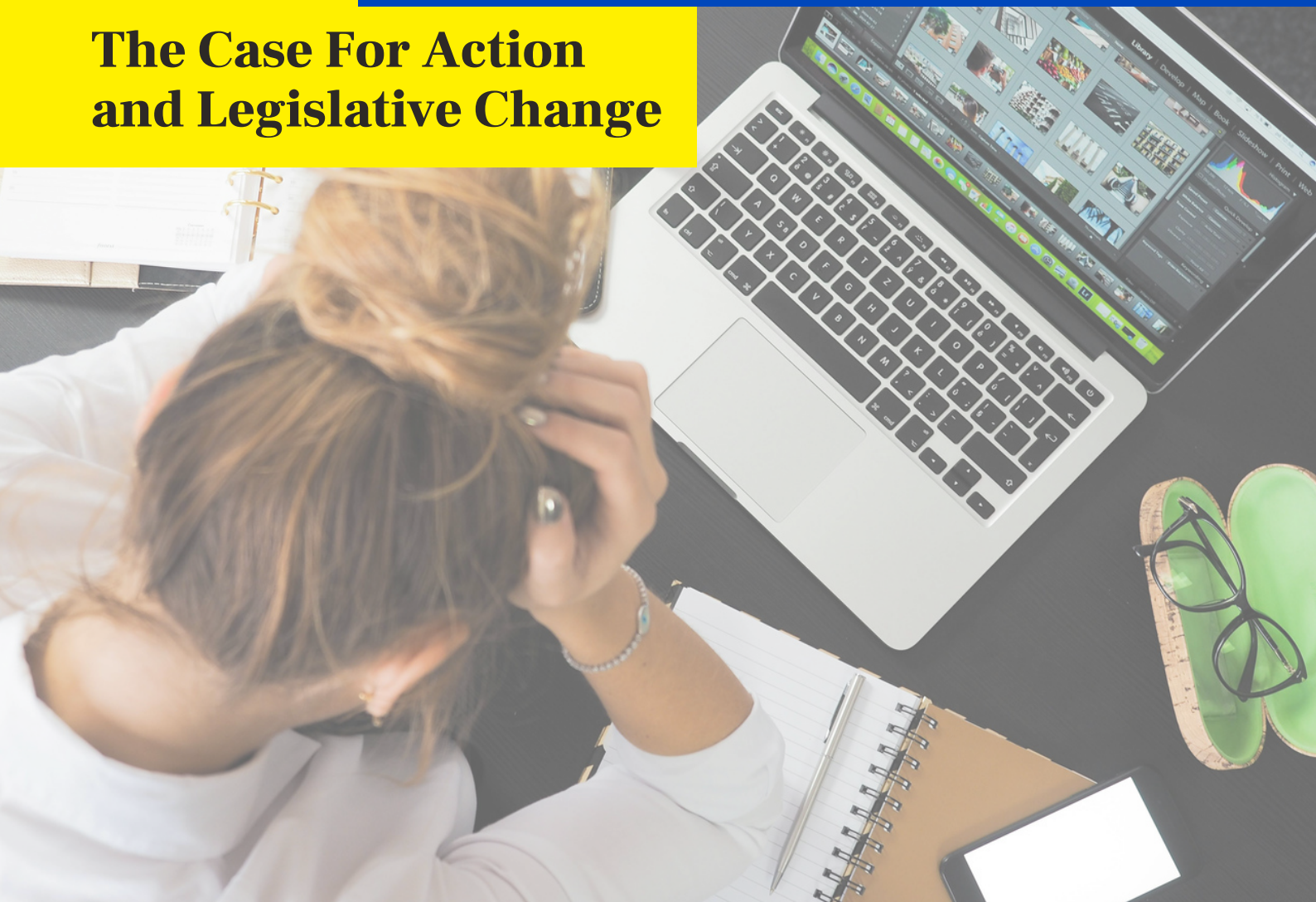


The Impact of Fertility Challenges in the Workplace

The Case For Action and Legislative Change



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Overview

The following organisations have come together, with the support of Nickie Aiken MP, to highlight the need for legislative change to provide protection and support for the growing number of employees who are going through fertility treatment whilst at work:



Infertility:

According to the World Health Organization, infertility is a disease of the reproductive system affecting 1 in 6 individuals.

Fertility Network UK has identified that this figure is in fact 1 in 6 couples (which does not include those who are in LGBTQ+ relationships or single parents) therefore this statistic will be higher.

While often caused by specific medical condition(s), cause(s) can be unexplained, due to sexual orientation, or lack of a partner ('social infertility'). Furthermore, fertility rates globally are declining (World Economic Forum). All those facing infertility are of working age and many are in, or seeking, employment.

Fertility treatment

Since the world's first baby was born by in-vitro fertilisation (IVF) in 1978 in the UK, over nine million IVF babies have been born globally (ESHRE, 2020) and fertility treatment options have expanded, including egg-freezing and intracytoplasmic sperm injection (ICSI). In the UK in 2019, almost 53,000 patients underwent more than 74,700 fertility treatment cycles (HFEA, 2021). Fertility treatment is often a necessity for LGBTQ+ people - 77% of whom aged 18-35 are either already parents or considering having children (a 44% increase over their elders according to Family Equality, 2019).

Whilst fertility treatment brings new hope to many individuals experiencing infertility, there is no guarantee of a positive outcome. The successful metric for IVF is live birth, and the overall birth rate for IVF in the UK is just 23% (HFEA, 2021), dropping below 5% for women and people aged 43+ using their own eggs. Many people undergo several cycles of treatment, with each cycle costing thousands of pounds if privately funded. There are considerable mental health tolls to both infertility and fertility treatment. The 2016 Fertility Network UK and Middlesex University survey found that 90% of respondents undergoing fertility treatment reported feeling depressed, and 42% had felt suicidal (Payne and van den Akker, 2016).



Fertility treatment and the workplace

Fertility treatments are often gruelling physically, logistically, psychologically, socially, and financially. Many challenges affect both the individual undergoing treatment and also their partners or Co-parents, and there are complex intersections with work and careers (Wilkinson et al. 2022; Mumford et al, 2023; Wilkinson and Mumford, 2024). At present, the UK has little legislative employment provision around fertility treatment, except for the 'pregnant until proved otherwise' (PUPO) principle, which provides limited protections under maternity provisions after embryo transfer. This means that support and protection in the workplace is largely at the discretion of individual employers. CIPD (2023a) research found that only 27% of employers offer fertility provisions to a large or moderate extent, which is far less than parental (60%) or menopause (46%) provisions, although an improvement on 2022 (where the figure was just 19%).

Whilst some employers have developed proactive policies, research suggests that there can be problems with inclusivity; accommodating different fertility journeys and outcomes; and where the information is located (Wilkinson, et al. 2022; 2023a). Where provisions for fertility treatment are buried deep within a maternity/paternity/shared parental leave policy - which was found to be the case in 44% of organisations with any policy coverage (CIPD, 2023b) - this can be extremely painful to read through for someone who is struggling to conceive.

Internationally, several countries have developed bespoke employment legislation around fertility treatment (Malta, Korea, and Japan), offering paid leave and/or protection from discrimination for at least some workers (Koslowski et al., 2021). We argue that the UK should follow suit. Leaving support to the discretion of individual employers is problematic and could well contribute to increasing levels of 'reproductive stratification': the circumstances whereby 'some categories of people are empowered to nurture and reproduce, while others are disempowered' (Ginsburg and Rapp, 1995:3, in Wilkinson et al. 2023a).



In this paper we will:

- Demonstrate the impact of infertility and treatments on employees' health and wellbeing and the need for recognition, understanding and support in the workplace.
- Demonstrate the impact of infertility and treatments on the workplace from an employer's perspective and the need for workplace policies to enable succinct and consistent practices.
- Reflect on societal attitudes towards fertility treatment and fertility treatment in the workplace and demonstrate that societal attitudes may be changing faster than workplaces.
- Provide suggestions for legislative change.

Research

This white paper draws on recent academic studies and industry surveys exploring the impact of fertility issues (including infertility, fertility tests and treatments) on those experiencing them, across different facets of life, including work and careers:

- Manchester Metropolitan University (MMU) 'Complex fertility journeys and employment' project (Wilkinson, et al. 2022)
- Manchester Metropolitan University (MMU) and Northern Care Alliance (NCA) Women's Health in the Workplace project (Wilkinson, et al. 2023b)
- CIPD (2023b) 'Workplace support for employees experiencing fertility challenges, investigations or treatment' survey
- CIPD (2023a) Health and Wellbeing at Work survey
- Fertifa / Fertility Network UK (2023) Fertility in Focus survey
- Fertility Network UK / Middlesex University (Payne, 2022) survey
- Peppy / Fertility Matters at Work / BICA (2023) survey
- Pregnant then Screwed (2023) survey

[See appendix 1 for details of each study, and reference list for links]

The white paper also reports the findings of a 2024 survey launched by the working group to investigate societal attitudes towards infertility and infertility in the workplace. This survey reveals overwhelming levels of public support for increased provisions and protections for employees undergoing fertility treatment in the workplace.

Understanding the impact of infertility and treatments on employees

There are many challenges to be faced when navigating fertility treatment alongside employment, including logistical challenges around attending appointments, administering medications, and taking calls from the fertility clinic; psychological challenges; social challenges (including triggers in the workplace); and financial dilemmas. Challenges can be exacerbated where company policies and narratives are not supportive (Wilkinson et al. 2022).

“
There are lots of appointments during your 9 to 5 day. Working full time makes it feel impossible and I have to make up hours at work for appointments. Fertility is not considered a medical condition.

(Fertifa/FNUK 2023)

This paper aims to demonstrate that those who are undergoing medical treatment to start a family should be entitled to the same workplace support and protection from discrimination as those who are pregnant.

Key Issues

Disclosure

In order to receive support at work, an employee needs to disclose to their employer – and often their manager – that they are undergoing fertility treatment. There are many reasons why they might be reluctant to do this. Infertility and engagement with fertility treatment are very private issues, and people may not want everyone to know, or be constantly asked how it’s going. There is also a very real fear that disclosing fertility treatment may result in discrimination and being overlooked for promotions or opportunities at work, on the assumption that the individual’s priorities now lie elsewhere, or that they will disappear off on maternity or paternity leave.



Statistics show that less than half of those who are going through fertility treatment reveal this to their boss (47% CIPD 2023, 42% Pregnant then Screwed). Even where people disclose fertility treatment overall, they may not always tell their manager specifics.

Whilst fertility treatments involve taking time off for medical appointments, only 1 in 3 tell their employers the real reason for time off

(Fertifa/FNUK 2023).

In the CIPD (2023b) fertility survey, 35% of employees with lived experience of fertility treatment believed this was a taboo topic in the workplace.

45% of participants in the Peppy / FMAW / BICA (2023) survey reported feeling uncomfortable speaking about fertility issues or benefits at work.

Unfair treatment/Discrimination

The 2023 survey by Pregnant then Screwed found that 24% of people who told their boss they were going through fertility treatment experienced unfair treatment as a result. This is also seen in qualitative responses in other studies:

“

I've lost promotions because, you know... I learned from a colleague... they decided not to give me the position because I was going through fertility rounds and maybe I wasn't going to be to the standards of the new job

(MMU Complex fertility journeys project)

“

The pressure of work and lack of manager understanding impacted me negatively. I took a lengthy absence (sick leave) and was subsequently threatened with disciplinary [action] and dismissal.

(Fertifa/FNUK 2023)

“

[My manager] actually sent me an email saying 'as far as I'm concerned, this isn't sickness, you're choosing to do something other than teach'... So after that the line manager... came to me and said that it was apparent to him that I couldn't fulfil the hours that I'd been contracted to, so he was suggesting that they take them off me and give them to a man

(MMU Complex fertility journeys project)

LGBT Mummies have seen an exponential rise in reported discrimination and lack of support for Non-Biological and Non-Birthing parents across the LGBTQ+ community. Non-Biological and Non-Birthing Parents are often 'the forgotten party' in fertility journeys. There is consistent erasure of their identities and experiences, invalidation, and lack of understanding. This can have huge implications on all involved. They should have equal access to all parts of the process, including appointments, transfers, and any employee support that ordinarily is only offered to the birthing parent.



Performance, presenteeism and wellbeing

In the Fertifa and Fertility Network UK (2023) survey, 75% of respondents said that their productivity at work was strongly impacted by fertility challenges, and yet more than a third (37%) said that they received very little or no support from their employer.

“

I felt like I needed to carry on as usual. Often dipping out of meetings or escaping to the toilet to take calls with my consultant about the progression of our embryos... to then rejoin the meeting minutes later.

(Fertifa/FNUK 2023)

The MMU/NCA (2023) staff surveys highlighted similar productivity issues, with 63% of participants saying they struggled to focus, concentrate or prioritise tasks at work whilst undergoing fertility treatment. The survey also revealed a perceived inability to take the time off work that is needed: 30% of respondents disagreed or strongly disagreed that they were able to take sufficient time off work; and 50% reported having attended work when they really should have been off (presenteeism). Where time off was taken, this was mostly via annual leave.

The same survey showed that work could add to what was a very stressful experience. 65% of respondents felt that work added to their stress levels, and yet only 50% felt able to disclose the mental health aspect at work.

“

I used all of my annual leave for fertility treatment, so when I eventually needed a break, I couldn't take one and that was mentally exhausting.

(Fertifa/FNUK 2023)

What employees say they need

Workplace support for employees undergoing fertility treatment can come in many forms, including time off, flexibility and financial benefits. The CIPD (2023b) employee survey indicates that the most valued forms of support by those experiencing fertility issues are:

- Paid time off to attend appointments**
- Understanding from their manager that it can be a challenging time**
- Paid compassionate or other special leave**
- Flexibility of working hours**
- Option to work from home when needed**
- Protection from discrimination**

According to the organisation survey (CIPD, 2023b), around half (49%) of senior HR professionals and decision-makers in the UK said they provide some kind of support for employees pursuing fertility treatment. This mostly includes flexibility for appointments (27%); paid time off for appointments (22%) and access to employee assistance programme (21%). Worryingly, the same survey revealed that only 1 in 4 (23%) of those organisations providing some kind of support had told employees about it.

The Impact on Organisations

Surveys/studies have shown repeatedly that most people experiencing fertility problems are reluctant to speak to their employer, because they fear it may have a detrimental effect on their career. We know it is not uncommon for staff to end up reducing their hours or quitting their job if they are unable to balance work and fertility issues. This can be a challenge for employers both operationally and financially. This section elaborates on the business case behind the growing number of firms introducing fertility policies – who appreciate that a supportive workplace is good for business as well as for employees.

Retention and attraction

The Fertifa/FNUK (2023) survey found that almost 1 in 5 people (18%) ended up leaving their jobs because of the impact of fertility treatment.

“

I had a supportive manager but very unsupportive employer. I reduced my hours of work before eventually leaving my job, because it was too difficult and stressful but that then meant I was earning less. A very difficult and isolating experience.

(Fertifa/FNUK 2023)

43% of Millennial (24-34 year old) employees surveyed by Peppy / FMAW / BICA (2023) said they are likely to consider leaving/changing their current job within the next year due to a lack of workplace fertility or baby loss support.

Furthermore, nearly eight out of ten (78%) people said that fertility support or a fertility policy was very important when they were considering a new job or employer

(Fertifa/FNUK 2023)

These messages are perhaps not widely known by employers. The CIPD (2023b) survey found that 40% of employers don't have a formal policy on fertility treatment and don't plan to introduce one. Concerningly, over a quarter (27%) of the senior decision-makers in the organisations surveyed didn't know whether they had a policy covering this issue or not (rising to 36% of those in the public sector).

Absenteeism

Fertility Matters at Work (2020) research found that 69.5% of respondents had taken sick leave when going through treatment. Sick leave is linked to appointment attendance (especially where people feel unable to disclose treatment or utilise paid time off specifically for appointments), but also due to the physical symptoms and mental health tolls associated with fertility journeys (MMU/NCA 2023). If employers encourage staff to disclose treatment, and provide the specific supports they need, they will likely be able to maximise attendance and productivity.

Management and HR capability

MMU/NCA (2023) research found that 90% of line managers felt it was their responsibility to provide support to staff undergoing fertility treatment and felt motivated to do so.

However:

- Only a third felt they had had appropriate training
- Only 40% felt they had adequate time
- Only half felt HR provided the advice that they needed
- Only 58% felt clear on how much authority they had to provide support



This was reflected in the employee survey in the same study.

Only 35% of people with lived experience of fertility treatment felt their manager understood how to support them and only 7% felt that HR had a good understanding of fertility journeys and understood what they could do to help.

In addition to developing policies and provisions, it is imperative that HR departments and line managers are empowered and equipped to implement policies and provide effective support.

Societal attitudes towards fertility treatment, including in the workplace

Published research indicates that fertility treatments have been largely positively accepted and increasingly normalised in many countries including in Europe, the US and the Middle East, at least for heterosexual (in particular married) couples (Inhorn, 2020).

“
My heart sank when I saw IVF listed as an ‘elective’ procedure.
(Fertility Matters at Work)

Having said that, controversies remain. Historical debate about the ‘necessity’ of fertility treatments versus other healthcare needs (Lord et al., 2011) have led to limits to publicly funded (NHS) treatment, and inequalities persist. This debate seems to be mirrored in some workplace and manager attitudes towards fertility treatment, with words like ‘elective’ being used, and comparators made with things like cosmetic surgery.

“
I did approach HR towards the end of the year, before we started the procedure to say, "Could I apply for special leave?"... And I was told it was cosmetic surgery, and I would have to sort it all out in my own time, this was my choice to do it

(MMU Complex fertility journeys research)



Our bespoke survey (Workplace Fertility Working Group, 2024) indicates that societal views towards fertility are changing, and that the workplace needs to keep up. Regardless of their own personal experience of fertility issues, or demographic variances:

- **93% agreed that fertility treatment is a legitimate medical need rather than a lifestyle choice.**
- **95% agreed that all individuals needing fertility treatment should have equal access.**
- **95% agreed that taking time off work to attend fertility treatment appointments should be treated more favourably than time off for cosmetic surgery-related appointments.**
- **96.6% agreed that employees should have a right to paid time off for fertility treatment appointments, like they do for antenatal appointments.**
- **96% agreed that LGBT+ people should be supported to start a family, should they want to.**
- **99.3% agreed that employees should be protected from unfair treatment on the grounds of needing fertility treatment.**

This suggests that societal attitudes are changing faster than workplaces.



Recommendations on recognising infertility and fertility treatments in workplace

We believe that there is a need for legislative change to mirror provisions for maternity in the workplace, i.e. **paid time off for appointments and protection from discrimination**. There is also a need for paid time off work for partners or Co-Parents so that they can attend important clinic appointments and treatment. This formed the basis of the Private Members Bill put forward by MP Nickie Aiken in 2021. Without employers being forced to recognise this medical condition, and respond to it accordingly and with clear guidance, discrimination will continue to plague the workplace.



Legislative change needs to reflect the requirement for **sickness related to fertility treatment to be 'protected'** and exempt from absence management (trigger systems) processes, in the same way that maternity-related sickness is protected.

These protections need to be extended to all workers (not just employees) and **allow for the principles of flexibility and temporary 'reasonable adjustments' to be made**, recognising the varied and individual needs of different workers at different times. At the time of writing, the EHRC has just released guidance that reasonable adjustments should be made for employees significantly affected by menopause.

There should be a strong **mandate for workplace awareness raising and training** (especially for line managers) including consideration and education surrounding language; LGBTQ+ journeys and barriers, and different outcomes (including pregnancy after such journeys - including potential pregnancy loss and/or mental health challenges - and also involuntary childlessness). There should also be consideration of the performance and career-related impacts of engagement with fertility treatment in recruitment, probation, performance management and promotion processes.

Employers should make sure they know how fertility treatment relates to the law, including the:

- Equality Act 2010, which protects workers against discrimination, particularly with regards to women and people's reproductive health.
- Health and Safety at Work Act 1974, which says an employer must, where reasonably practical, ensure everyone's health, safety and welfare at work.

Nickie Aiken MP has joined forces with national charities and organisations to write and launch the landmark "Fertility Workplace Pledge". This pledge recognises the challenges highlighted in this white paper at the intersection of fertility treatment and work

The Fertility Workplace Pledge consists of four steps for employers to sign up to:

- Accessible information:** Having an accessible workplace fertility policy to create an open culture free from stigma; to make sure employees feel comfortable in the workplace; and to prevent the best talent from leaving.
- Awareness in the workplace:** Establishing the role of Fertility Ambassador to open conversations internally and make people aware of available support.
- Staff training:** Making sure line managers understand the realities of treatment for employees including the physical, mental, and financial impact – and how they can support someone going through it.
- Flexible working:** Giving the right for employees to request flexible working, including reasonable working adjustments, so they can attend appointments.

Organisations that have already signed up include Aldi, Cadent Gas, Channel 4, Co-op, Fertility Matters at Work, Fertility Network UK, Metro Bank, NatWest Group, UK Hospitality, and Zurich Insurance, Houses of Parliament as well a range of law firms, recruiters, and events companies.

This is a fantastic start to raising awareness and we endeavour to reach as many MPs as we can to support and promote this pledge and join us in our soon to be formed Fertility APPG to bring this topic to the forefront of conversations surrounding fertility challenges, women's health and mental health and wellbeing in the workplace.

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Appendix 1: Methods information on research informing the white paper

Manchester Metropolitan University 'Complex fertility journeys and employment' project (2020–2022), led by Dr Krystal Wilkinson. 80 in-depth interviews with men and women with experience of navigating fertility tests and treatment alongside work/careers, as well as interviews with line managers and fertility counsellors.

Manchester Metropolitan University & Northern Care Alliance Women's Health in the Workplace project (2023), led by Dr Krystal Wilkinson. Collaboration between the university and the Northern Care Alliance NHS Foundation Trust (circa 22,000 staff) to develop, administer and analyse two bespoke surveys on the topic of women's reproductive health issues in the workplace:

- All staff survey, asking about general attitudes and lived experience, including a section specifically on fertility treatment. 1,200 responses, 819 usable returns.
- Line manager specific survey, including questions about their confidence, competence and challenges re. supporting staff members affected women's health issues. 94 usable returns.

CIPD Survey Report (2023) on 'Workplace support for employees experiencing fertility challenges, investigations or treatment'. Based on two surveys:

- A survey of 300 UK employees who had experiences of fertility challenges, investigations or treatment while in employment within the last five years, conducted by YouGov Plc. Fieldwork was undertaken between 10 and 20 June 2022. Two-thirds of respondents were female.
- Survey of 2,023 senior HR professionals and decision-makers in the UK, conducted by YouGov Plc. Fieldwork was undertaken between 22 March and 18 April 2022. The survey was carried out online. The figures have been weighted and are representative of UK business by size, sector and industry.

CIPD Health and Wellbeing at Work survey (2023). Analysis is based on responses from 918 organisations, covering more than 6.5 million employees. Responses came from HR and L&D professionals. Respondents come from organisations of all sizes and from a range of industries. Overall, 62% work in the private sector, 24% in the public sector and 14% in voluntary, community and not-for-profit organisations.

Fertifa / Fertility Network UK Fertility in Focus survey (2023): The survey looked at how workplaces and employer policies affect wellbeing and outcomes for individuals. It includes responses from 3,654 individuals across the UK, aged 25 to 45. The data was collected over the period of 15th September through 27th October and analysed by the Fertifa team and Fertility Network UK

Fertility Network UK / Middlesex University (2022): This survey looked at the far-reaching trauma of infertility. The survey received 1,279 responses. Respondents were mainly white (93%), women (98%) in a heterosexual relationship (90%). The average current age of respondents was 36.6 years and the average age when they started treatment was 33.7 years, and they had on average been trying to conceive for 4.1 years. 69% were living in England, 18% in Scotland, 7% in Wales and 6% in Northern Ireland.

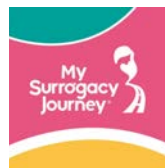
Peppy / Fertility Matters at Work / BICA Study (2023): The survey, deployed in collaboration with CensusWide, assessed the experiences of 1031 employees, 511 of whom were struggling with fertility issues and 508 of whom were trying to conceive or considering fertility in the future.

Workplace Fertility Working Group (listed above) Survey (2024): Societal attitudes to fertility treatment in general, and in the workplace. 1,890 respondents across all sectors, including employers, employees, those who have had experience of fertility issues, those with no prior experience of fertility issues, minority communities, male and female. The majority of respondents were white (81%), female (92%), heterosexual (87.5%) and had direct experience of fertility treatments (65%).

Pregnant then Screwed (2023) survey in partnership with Women in Data, focusing on discrimination associated with fertility treatment in the workplace. A sample of 3540 was randomly selected from a pool of 24,193 respondents to the survey. The sample is targeting national representation and is nationally representative on gender, region and social grade.



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Acknowledgements

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