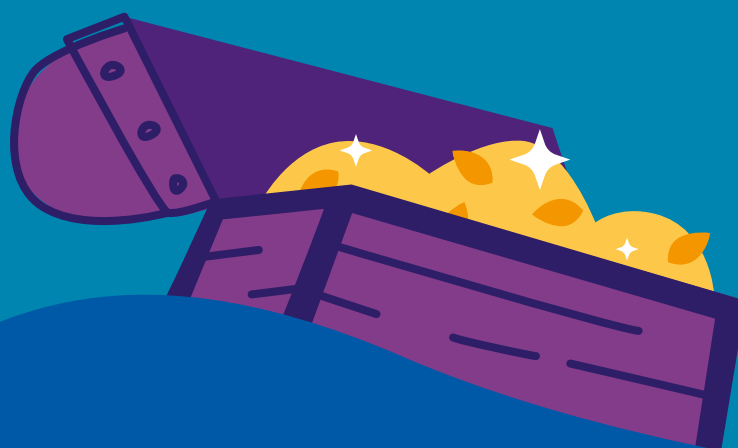


Fertility support
in the workplace guidance

Contents

Introduction	3
Fertility support in the workplace	3-4
Benefits to raising awareness of fertility support	
Policy	
Starting the conversation	5
Support	1
Workplace support	
Financial support	6-7
Fertifa	
Additional, external information and support	
Appendix 1. Reproductive health – facts and figures	8
Appendix 2. Summary of the most common treatments	9
Appendix 3. Colleague preparation for a line manager meeting	10





Introduction

This guidance document has been created to support colleagues and managers to understand more about infertility and how this may impact individuals in the workplace.

Studies show that **1 in 6 couples face fertility issues globally**, and **nearly 70,000 IVF treatment cycles are carried out each year in the UK**. As this shows - many more of our colleagues, both men and women, may be struggling with fertility than we may think. More facts and figures relating to reproductive health are in Appendix 1.

It's important to remember that every individual experience is different. Don't assume that someone will be going through the same experience as yourself, a friend, family member or another colleague. As with most things – the most important thing is for managers and colleagues to have open and honest conversations about their circumstances and what support would help.

For details of additional help, support and information, see the 'Support' section towards the end of this guide.

Fertility support in the workplace

There are many factors to consider when thinking about fertility support in the workplace.

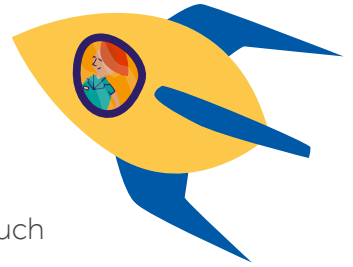
Treatment is time-consuming and time-sensitive, with multiple appointments at sometimes distant clinics. For example, colleagues going through IVF are likely to need around six to eight flexible days for a variety of tests, egg collection procedures, embryo transfers and ultrasound scans. Men may need to attend for tests and sample collection and are likely to want to be there to support their partner for more invasive procedures, particularly egg collection as the individual undergoing the procedure will be unable to drive, or be left alone for 24 to 36 hours afterwards. There is likely to be a need for flexibility, as last-minute adjustments to appointments may be required, for example due to hormone cycles.

Colleagues having fertility treatment may need to inject fertility drugs up to three times a day, which will typically require refrigeration; or insert progesterone pessaries which come with instructions to lie down for 30 minutes after insertion. This kind of process is immensely difficult to manage in the workplace.

As a result of the above, fertility treatment can result in conflict between the demands of work and the time and emotional demands of treatment. This can be particularly distressing, as individuals are likely to have been told to minimise stress as much as possible in order to aid successful treatment.

A summary of some of the most common fertility treatments is in **Appendix 2**.

Benefits to raising awareness of fertility support



Benefits to colleagues

Raising awareness of fertility in the workplace is part of our 'caring for colleagues wellbeing' strategy. We know that infertility can be a great cause of emotional and financial stress, and therefore it is important that we offer as much support to colleagues around this as possible.

Business benefits

Fertility Network UK's research shows one in five people had to reduce their work hours or quit their job during treatment. This suggests that there is a risk good colleagues may leave an unsupportive employer, resulting in the time and cost of recruiting and training replacements.

We know that when people feel valued and cared for as individuals in the workplace, they can be more productive, remain for longer, have less absences and improved engagement.

Encouraging open and honest conversations between colleagues and managers on this subject also helps with workforce planning, as colleagues will be able to give as much notice as possible for appointments and agree if, and how, they can make up the time rather than alternatives such as 'phoning in sick' on the day due to reluctance to discuss the treatment.

Policy

Infertility is an illness, as defined by the World Health Organization. Therefore, fertility treatment is the recommended medical treatment for a recognised disease. However, there is currently no statutory entitlement to either paid or unpaid time off for fertility treatment.

At Anchor Hanover we want to support colleagues mental and physical wellbeing, therefore we have a policy around leave for fertility treatment which is outlined in our maternity policy.

Colleagues undergoing specialist fertility treatment should use unpaid leave or holiday to attend medical appointments during working hours, in line with the Authorised Leave policy. Alternatively, they may agree with their line manager to make up the time at a later date. If it is possible in their role, working from home may also help with some stages of the process, for example, if they are required to inject themselves regularly.

When a colleague has been accepted for treatment, they should meet with their Line Manager to discuss the arrangements. They may be asked to provide evidence of appointments and should give as much notice as possible.

Once a fertilised embryo has been implanted the colleague is legally pregnant and is entitled to paid time off for ante-natal care as outlined in the maternity policy in way as any other colleague.

Starting the conversation

Fertility is a highly personal issue. Many individuals do not even tell family members or close friends that they are struggling to conceive, so it is unsurprising that colleagues may feel uncomfortable, or even embarrassed, talking about this with their colleagues or manager. It is therefore important that all conversations are handled sensitively.

Line Managers can help by making sure they invest in good relationships with their teams, ensuring regular one-to-ones etc, so that colleagues know they can approach them when needed.

Colleagues may wish to look at the guidance in Appendix 3, which provides some ideas to help prepare for a conversation with their manager. This should help think about what you are going to say and feel as comfortable as possible (see Appendix 3).



Support

Aside from the policy, there is other support available for colleagues struggling with fertility.

One simple point to consider is for everyone to promote sensitivity among colleagues. For example, encouraging people to avoid questioning others about 'when they're going to have kids' or jokes like 'you'll be next' when someone brings their new baby in, as these can be incredibly hurtful or upsetting for those who are struggling to get pregnant.

Workplace Support

Colleague Assistance Programme

All colleagues have access to a confidential 24/7 helpline which offers information, advice, training and other services to help deal with events and issues in their work and personal lives.

The service is provided by a range of highly-experienced consultants, including counsellors, psychotherapists, solicitors and financial experts, all qualified to give clear, relevant guidance. There are also a range of resources which are free to access on their website, or the Health e-Hub mobile app.

To access the service use "worklife" for both the user name and password:

Phone - 0800 316 9337

Website - www.legalandgeneral.com/eap

Mobile App - Search for 'Health e-Hub' in your normal app store (this app should be automatically downloaded on any company mobile phone).

Support and advice for line managers

Line managers can speak to the Manager Direct team for further advice on areas such as reasonable adjustments, the flexible working policy or managing attendance.

The team can be contacted Monday – Friday, 8am – 5.00pm on 0345 604 6635, Option 2.

Financial support

Salary Finance

Salary Finance offers loans with affordable rates of interest with higher acceptance rates than traditional lenders. The repayments will be taken directly from your salary, so there is no need to worry about arranging repayments yourself. Full details can be found on the Being Well site.



Fertifa

Fertifa are a digital fertility clinic that can support you whether you need help to grow your family, are currently pregnant, or want to be proactive about your fertility health. Fertifa's services include:

- 24/7 access to a dedicated Fertility Advisor to support and guide you through every step of your fertility journey
 - Access to experts that can help you navigate your way to NHS fertility treatment
 - Fertility investigations (including at-home testing)
 - Discounted fertility treatment at leading fertility clinics including egg freezing and egg/sperm donation.
 - A transparent pricing structure and no hidden costs means you can control your finances and save up to £1,000 on a treatment cycle
 - Adoption and surrogacy support and advice, as well as fertility support for LGBTQ+ couples
 - Miscarriage and pregnancy support and advice
 - A holistic approach to treatment which includes discounted wellbeing support for, for example counselling, coaching, reflexology, acupuncture, nutritional therapy, hypnotherapy and hypnobirthing
 - Fertility education – articles, latest news & research, webinars and networking
- ...and much more!

You can find more information about Fertifa's services, as well as their contact details on the Being Well website.



Additional, external information and support

Fertility Network UK: A national charity for anyone who has ever experienced fertility problems. They offer a free support line run by a former fertility nurse, webinars and online support, as well as support groups. www.fertilitynetworkuk.org/

Human Fertilisation and Embryology Authority: the UK's independent regulator of fertility treatment provide free, clear and impartial advice about fertility treatment, clinics, egg and sperm donation. www.hfea.gov.uk/

British Infertility Counselling Association: A registered charity and professional infertility counselling association. Their website includes a list of specialist fertility counsellors. www.bica.net/

Appendix 1. Reproductive health – facts and figures

- In 2009, infertility was classed as a disease by the World Health Organisation (WHO)¹
- The number of individuals embarking on fertility treatment is rising. This is unlikely to change as the average age for giving birth is increasing.
- Individuals facing fertility challenges may be living with a huge amount of emotional, physical and financial stress. Treatment is long, complex and there is no guarantee of success. Many find fertility treatment a lonely process, with limited advice and counselling available. Fertility treatment on the NHS is a postcode lottery and is often not possible for couples who already have a child. Private treatment is hugely expensive - for some treatment costs can equal the deposit on a house.
- 1 in 6 couples face fertility issues globally²
- Of all infertility cases, 30% are due to the male alone, and 50% are due to both male and female factors³
- There was a 10% increase in egg freezing in 2016-2017⁴
- 100% of LGBTQ individuals will need help to start a family, and same sex couples make up 5.9% of all patients having fertility treatment in the UK⁴
- Nearly 70,000 IVF treatment cycles are carried out each year in the UK
- The number of women from a BAME background in the UK undergoing IVF treatment has increased by 20.6% over the past five years⁵
- 90% of those impacted by fertility issues experience some level of depression, and 43% feel suicidal, according to Fertility Network UK

1. World Health Organization (2009) www.who.int/reproductivehealth/topics/infertility/definitions/en/
2. Taylor, A. (2003). 'ABC of subfertility: Extent of the problem', British Medical Journal, 327 (7412), p.434-436. www.ncbi.nlm.nih.gov/pmc/articles/PMC188498/
3. Agarwal, A., et al. (2015). 'A unique view on male infertility around the globe', Reproductive Biology and Endocrinology, 13, 37. www.ncbi.nlm.nih.gov/pmc/articles/PMC4424520/pdf/12958_2015_Article_32.pdf
4. HFEA (May 2019)
5. HFEA (Dex 2019) www.hfea.gov.uk/about-us/news-and-press-releases/2019-news-and-press-releases/new-figures-show-low-uptake-of-fertility-treatment-among-bame-communities/



Appendix 2. Summary of the most common treatments

There are many different types of fertility treatment and many acronyms you may come across when pregnant or trying to conceive. Here's a short summary of the most common ones:

Intrauterine insemination (IUI)

– also known as artificial insemination, a fertility treatment that involves directly inserting sperm into a woman's womb in the hope that it will fertilise an egg.

In-Vitro Fertilisation (IVF)

– a menstrual cycle is controlled to ensure that numerous ovarian follicles develop and mature to release a number of eggs (as opposed to one egg that is normally released during each menstrual cycle). The eggs are retrieved from the woman's ovaries and fertilised with sperm in a laboratory. The fertilised egg, called an embryo, is then returned to the woman's womb to grow and develop.

Egg/Embryo freezing

– Allows women to store their eggs or embryos to be used at a later date. This may be for medical reasons or if they need to delay conception. The process would be similar to IVF up to the point of egg collection. Eggs or Embryos can be stored for a maximum of 10 years before use.

Frozen Embryo Transfer/Replacement (FET/FER)

– After a cycle of IVF, you may have some embryos left over that have been vitrified (frozen) and stored. These embryos can be transferred as part of a frozen embryo transfer cycle, whereby the embryos are thawed and transferred back into the uterus in the hope of implantation.

Sperm freezing

– Allows men to store their sperm to be used at a later date. This may be for medical reasons or if they need to delay conception. There are no time limits on how long sperm can be stored for before use.

Donor egg

– Egg donation is most commonly used when the patient is unable to produce her own eggs, or in female same-sex couples where one woman is the biological mother (the egg donor) who donates her eggs to her partner who is the birth mother (the egg recipient).

Donor sperm

– Using donor sperm is becoming an increasingly popular choice – especially for same sex couples and single women. This is also an option for heterosexual couples affected by male infertility.

Surrogacy

– When a woman carries and gives birth to a baby for another person or couple. Surrogacy may be appropriate for women with a medical condition that makes it impossible or dangerous for them to get pregnant and give birth, and is also an option for male same-sex couples who want to have a family.

Appendix 3. Colleague preparation for a line manager meeting

1. Think about how much of your situation you want to share with your manager, and where your boundaries are

- Being clear beforehand about what you are willing to talk about and what you are not will help make sure you do not feel 'caught off guard' by a question and have to make a quick decision under pressure
- Whilst it is helpful for your manager to know some of the background as it will help with their understanding of your situation, fertility is a very personal subject so you may not feel comfortable sharing everything

2. Identify how your fertility treatment may impact you at work, and what may help you

- Think about the practical, reasonable adjustments that would help you, for example working from home during parts of the treatment cycle or scheduling your breaks at different parts of the day. Try to be flexible and consider different options

3. Prepare what to say and explain your situation clearly

- Rehearse what you're going to say, either mentally or ideally out loud so that the words feel and sound natural. This should help to ensure you cover all the points you want to in the right way
- Prepare a few polite and measured responses to use if a question is asked that you are not comfortable answering. For example, 'I'm sorry, I'd rather not discuss that', or 'That detail is quite personal to my partner, so I'm not in a position to discuss that'

4. Book a meeting and offer solutions

- Booking a specific time rather than just catching your manager when you see them means you'll have time and ideally a private place to talk
- Talk about your current situation, what's happening and most importantly how's it affecting your work
- If there are treatments which may have an impact at work (e.g. injections or pessaries), outline these and give your suggestions as to how to manage this
- Be as clear as possible about the likely number of appointments and treatments, and the time frame they may be over. Explain why it may be necessary for appointments to be booked or changed at short notice
- Remember it is likely that your manager is not as familiar with the processes relating to fertility treatment as you

5. Follow up

- Don't expect an answer immediately. Remember - you may have been thinking about this for a long time, but it may be the first time your manager has had to think about fertility in the workplace. Allow them time to digest the information and seek advice if necessary
- At the end of the meeting put a time in the diary to meet again, whether that's to agree a way forward, to monitor progress or provide an update