



Supporting occupational health
and wellbeing professionals



Supporting employees at work during fertility treatment and pregnancy loss



Executive summary

Fertility treatment and pregnancy loss are increasingly relevant workplace issues. Rising female workforce participation, later parenthood, and assisted conception mean more employees will experience these events during employment.

Both fertility treatment and pregnancy loss can significantly affect physical health, mental state, attendance, performance and retention. While specific legal protections are limited, employers have health and safety duties as well as obligations under the Equality Act 2010.

Organisations that adopt appropriate structured approaches to supporting employees with fertility treatment and pregnancy loss are better positioned to build health and productivity within a diverse workforce, retain talent and reduce risk.

Why this matters to employers: women in the workforce

Female employment in the UK has risen steadily over the past 50 years. The gender employment gap fell to 6.4% in 2024, compared with approximately 40% in 1971 (Francis-Devine, B., Zaidi, K., Murray, A., February 2025).

While the benefits of a diverse workforce are well established (McKinsey, 2020), women remain underrepresented at every level of the corporate pipeline. Fostering an inclusive culture remains a priority for 88% of organisations surveyed by McKinsey for the Women in the Workplace 2025 report. However, only 54% are prioritising women's career advancement (McKinsey, 2025).

Increasing women's workforce participation means family planning and fertility are more relevant to employers. In turn, supporting women's health at work, including family planning and fertility, is relevant to removing further roadblocks to women's workforce participation. Importantly, fertility treatment and pregnancy loss are life events which involve and impact on men and women.

Conflict of interest

The authors have declared no conflicts of interest.



Fertility treatment in the UK

In 2023, 52,400 patients in the UK had more than 77,500 IVF cycles and there were 20,700 IVF births. IVF now accounts for more than 3% of all UK births, compared with less than 1.5% in 2000 (HFEA: UK fertility regulator, 2025). There is no clear evidence on the working status of people undergoing fertility treatment, but the average age for first-time IVF patients was around 35 in 2022 (HFEA: UK fertility regulator, 2025). For working patients in their 30s and 40s, fertility treatment is likely to coincide with established career demands and responsibilities.

There are three main types of fertility treatment, and individuals and couples may receive different treatment at different points in their journey (NHS, 2017a).

- **Medicines:** Hormone treatments prescribed to men and women to improve fertility.
- **Surgery:** Surgical procedures for investigating and treating fertility issues and associated chronic conditions.
- **Assisted conception:** Procedures such as intrauterine insemination and in vitro fertilisation (IVF) (NHS, 2017b). IVF involves taking medicines to support egg retrieval, fertilising with sperm in a laboratory and then transferring the embryo(s) back to the uterus.

Individuals and couples may use egg donors, sperm donors and surrogacy during fertility treatment. They may undergo fertility preservation in order to freeze eggs, sperm or fertilised embryos (Guy's and St Thomas' NHS Foundation Trust, n.d.). This can be carried out as part of treatment for other health conditions, including cancer, as well as for future family planning, particularly where women are concerned about low ovarian reserve (Women & Infants Fertility Center, n.d.). Fertility treatment is not always covered by the NHS, and eligibility can vary depending on where patients live. Approximately 70% of IVF cycles that took place in 2022 were privately funded (Mundasad S., 2024).

Fertility treatment: current range of organisational offerings

Current organisational offerings for employees undergoing fertility treatment vary widely. The most generous offerings include financial support for treatment and ringfenced paid time off. An intermediate offering might include clear guidance on how to seek organisational support when undergoing fertility treatment and how workplace absences related to fertility treatment would be assessed and managed.

A significant proportion of organisations have no offering at all. At the time of a 2023 CIPD survey, 40% of employers did not have a formal policy on fertility treatment and did not plan to introduce one. Twenty per cent of employers surveyed had a formal policy concerning fertility treatment within a wider policy, with 44% of these being housed in the parental leave policy (CIPD, 2023).

Fertility treatment: takeaways for employees and good practice

- Men and women can undergo fertility treatment, in couples or as individuals.
- Fertility treatment will involve different treatments for different employees depending on their health and other factors.
- An employee may undergo different fertility treatments at different times.
- Medical, surgical and assisted conception treatments have side effects and can impact on physical health and mental state.
- When a couple is undergoing fertility treatment, each partner may experience a health impact.



Fertility treatment offerings around treatment funding should be evaluated in context of other health benefits offered by an organisation. While the most generous offerings will be unattainable to many employers, at a minimum, organisations would benefit from clear, standalone policies employees can refer to and use as a route to more comprehensive workplace support, through services such as occupational health. This helps address the heterogeneity in fertility treatment journeys and their impacts. Fertility treatment policies should be accessible to male and female employees and separated from parental leave policies.

Pregnancy loss in the UK

A miscarriage is the loss of a pregnancy during the first 23 weeks (NHS, 2018a). Stillbirth is when a baby is born dead after 24 completed weeks of pregnancy (NHS, 2018b). Stillbirth requires delivery by labour (which may be induced) or, less commonly, by caesarean section. Miscarriage and stillbirth can have physical health and mental state impacts on women and men, which can be long lasting and affect them in the workplace. For example, a bereavement reaction after pregnancy loss can evolve into more pervasive and long-term mental ill health, such as depression, with a day-to-day impact on function and requiring clinical therapeutic intervention.

Depending on the circumstances, people who have experienced miscarriage and stillbirth may subsequently undergo investigations to understand the cause and may require fertility treatment in future.

Pregnancy loss: current range of organisational offerings

Employees who have had pregnancy loss after 24 weeks (stillbirth) are entitled to statutory maternity leave and statutory maternity pay, statutory paternity leave and statutory paternity pay and, in some cases, shared parental leave (Maternity Action, 2025). Both partners are eligible for two weeks statutory paid bereavement leave following pregnancy loss after 24 weeks (GOV.UK, n.d.). This will be extended to include miscarriage (i.e. loss before 24 weeks of pregnancy) following implementation of the Employment Rights Act 2025 (GOV.UK, 2025). Some organisations build upon these minimum legal requirements with more generous occupational offerings around paid time off. There is no clear data on the estimated proportion of UK companies with specific policies on pregnancy loss.

Pregnancy loss: takeaways for employees and good practice

- Miscarriage and stillbirth can impact on physical and mental health of both women and men.
- These health changes can continue long beyond the event.
- Depending on the circumstances, men and women may undergo clinical investigations and fertility treatment following miscarriage and stillbirth.

Organisations should meet and make clear their legal obligations when supporting employees through pregnancy loss, through policies housed separately from those on parental leave without pregnancy loss. Occupational parental leave offerings above the legal minimum should be consistent. Early and clear signposting and access to occupational health for tailored support in managing work and health is valuable to employees and organisations responding to employee needs in different circumstances.



Occupational and sectoral factors in relation to fertility treatment and pregnancy loss

While it is difficult to determine the exact relationships between occupational factors and fertility treatment or pregnancy loss, it is clear the relationship between work and health is relevant. International research suggests certain occupations (Kim et al., 2023), particularly those with high physical workload (Sejbaek et al., 2025), are associated with higher rates of pregnancy loss. Research on UK data suggests there may be an association between exposure to maternal or partner job loss during pregnancy and pregnancy loss (Di Nallo and Köksal, 2023).

Other evidence connects work-related stress to fertility and fertility treatment outcomes (Dehkordi et al., 2025). Research from the US finds an association between particular occupations and successful fertility treatment, with women working in traditionally male-dominated roles such as investment banking or engineering less likely to report success with their fertility treatments, after adjusting for confounders (FertilityIQ, n.d.). Research from Korea suggests there may be an association between working long hours and infertility in female workers, although this study did not adjust for all confounding variables (Ahn et al., 2021). Research on more than 1,700 Japanese women attending a single private fertility clinic in Japan identified that among 1,075 working women who began fertility treatment, 16.7% subsequently resigned (Imai et al., 2020). Lack of employer support was significantly associated with resignation. Survey results from more than 1,000 UK-based employees suggests that more than a third either quit or consider leaving their job during fertility treatment due to the physical and mental demands of treatment (Soliman, 2025).

Another layer is workplace culture. This can be difficult to distil from industry and traditional workforce demographic makeup. For example, survey data suggests industry differences in factors such as willingness to talk to colleagues about fertility and being open with employers when requesting absence for fertility treatments. On the other hand, there are examples of businesses in typically male-dominated industries such as technology and financial services offering significant fertility support (Fertifa, 2026).

Role of OH in supporting employees undergoing fertility treatment or following pregnancy loss

It is essential for employers to recognise that both fertility treatment and pregnancy loss can be clinically complex, and highly personal. Many employees will wish to keep information about their family planning, health, and treatment separate from their employer, manager and colleagues. Physical health and mental state can be impacted by fertility treatment and pregnancy loss, and the treatment journey and outcomes may not be clear from the outset. As a result, symptoms may vary and change over time. Occupational health is a useful resource that provides valuable confidential and expert clinical support to both the employee and the organisation during fertility treatment or following pregnancy loss. This can include:

- Assessment of current health and function
- Mapping current function to work duties
- Risk assessment of current function in work duties
- Advising on fitness for work
- Recommending adjustments to current working arrangements to support health and safety of the worker and others (e.g. colleagues and clients when risk management is a factor), as well as productivity
- Communicating about treatment, symptoms and uncertainties on how these may progress or change, where this is useful for workload planning
- Signposting to further clinical support where appropriate
- Ongoing reassessment with updated advice where fertility treatment or its impact, or the impact of pregnancy loss, is ongoing.



Legal context in the UK

As above, employees who have had pregnancy loss after 24 weeks are eligible for statutory parental leave and statutory parental pay (Maternity Action, 2025). Employees are eligible for two weeks paid statutory parental bereavement leave following pregnancy loss from 24 weeks (GOV.UK, n.d.), with this being extended to cover men and women following miscarriage from 2027 (GOV.UK, 2025) (UK Parliament, 2025).

There are no specific legal protections for people undergoing fertility treatment. However, the Equality and Human Rights Commission Employment Statutory Code of Practice states: “It is good practice for employers to treat sympathetically any request for time off for IVF or other fertility treatment, and consider adopting a procedure to cover this situation. This could include allowing women to take annual leave or unpaid leave when receiving treatment and designating a member of staff whom they can inform on a confidential basis that they are undergoing treatment.” (Equality and Human Rights Commission, 2011).

There may be situations where the Equality Act 2010 could apply to individuals undergoing fertility treatment or who have experienced pregnancy loss (legislation.gov.uk, 2010). The relevant protections relate to sex, pregnancy and maternity, and disability.

Under the Equality Act 2010, a woman is protected against workplace discrimination arising because of pregnancy, including miscarriage. Women undergoing IVF treatment are considered pregnant from the time the embryo is transferred to the uterus (Kuits Solicitors, 2023) and are protected from pregnancy discrimination by the Equality Act from this point. It is illegal for employers to treat individuals unfavourably because of time off required for pregnancy, including appointments and pregnancy-related sickness (Acas, 2025). However, if the treatment is unsuccessful, women will only be protected from pregnancy discrimination for two weeks following finding this out. Women undergoing IVF treatment are also protected against discrimination based on their sex. The examples given in the Equality and Human Rights Commission Employment Statutory Code of Practice relate to women requesting sickness absence under sick leave or annual leave policies for fertility treatment, and this requiring fair management in line with other non-fertility treatment-related requests (Equality and Human Rights Commission, 2011). Guidance from Acas emphasises that although there is no statutory right for time off work for IVF treatment or related sickness, employers should treat IVF appointments and sickness the same as any other medical appointment or sickness (Acas, 2025). Sex discrimination could also apply to men undergoing fertility treatment if treated less favourably than others in similar circumstances.

The Equality Act 2010 also protects individuals with disability, mandating employers to make ‘reasonable adjustments’ to avoid putting disabled people at a “substantial disadvantage”. The Equality Act 2010 defines disability according to the functional impact of a condition on daily life. Specifically, this includes an impairment with a substantial and long-term negative effect on day-to-day activities.

Assessment is case-specific although a few conditions including cancer are defined as disabilities by the Equality Act 2010. This may be relevant to individuals undertaking fertility treatment as part of their cancer treatment. Other individuals with long-term health conditions likely to meet the definition of disability according to the Equality Act 2010 may be undertaking fertility treatment as a consequence of their long-term health condition.

Infertility, fertility treatments and their causes and impacts are wide-ranging. It is unclear whether people undertaking fertility treatments for infertility who experience long-term adverse impacts of treatment on their day-to-day function would meet the definition of disability under the Equality Act, and how much this would depend on factors relating to the impairment prior to treatment. The causes and consequences of pregnancy loss are also wide-ranging. It is possible that people experiencing long-term significant impacts on health and day-to-day function following pregnancy loss meet the definition of disability under the Equality Act. There is currently limited case law in these areas.



Role of occupational health in supporting employees and employers with legal obligations during fertility treatment or following pregnancy loss

Occupational health advises on the workplace impact of health conditions and recommends workplace adjustments, to help manage risk for the individual and the employer. While only a tribunal can determine whether the Equality Act 2010 covers an individual, occupational health teams can advise whether this is likely and suggest reasonable adjustments. Occupational health input can therefore help employers meet their legal obligations in supporting their workforce. By recommending adjustments to working conditions and duties, occupational health clinicians support employee health, productivity and retention during fertility treatment or following pregnancy loss. Occupational health clinicians provide confidential third-party assessment and advice that protects both employees and employers.

Employers should also use occupational health input in leave policy design to ensure occupational leave and pay structures align with and build on the legal precedents.



Practical recommendations for employers

Occupational health is an essential component of a preventative and inclusive workplace strategy, beyond organisational compliance. Occupational health expertise should be deployed beyond support for individual cases to organisational learning strategy and delivery, anonymised trend monitoring, and policy development.

Organisational education

- Understand that fertility treatment and pregnancy loss can be clinically complex. Their impacts vary widely, and a one-size-fits-all approach to employee support is unlikely to be appropriate.
- Understand that employers have a legal duty to protect the health and safety of their workforce, and that some employees in these circumstances may be covered by the Equality Act 2010.
- Understand that employees may want to keep their health information separate from their employer and that this could be a barrier to support in the absence of third-party services.
- Include workforce-wide education on occupational health as a neutral, confidential and clinical service.

Access

- Provide early and proactive access to occupational health for personalised professional and confidential support for employees undergoing fertility treatment or who have experienced pregnancy loss.
- Support the workforce with understanding how to access occupational health support if they undertake fertility treatment or have experienced pregnancy loss.
- Support managers with understanding how to make proactive referrals to occupational health services for employees undergoing fertility treatment or who have experienced pregnancy loss. Where early input would be helpful, include thresholds of referral to avoid delay.

Policy design

- Consider clear and accessible policies covering occupational support for employees undergoing fertility treatment or who have experienced pregnancy loss.
- These policies should be separate from one another and housed separately from policies on parental leave. These experiences differ in legal status, clinical trajectory and psychosocial impact, and housing them separately from parental leave avoids unintended conflation and distress.
- Information on leave, paid time off and how to access further support, including through occupational health, should be included in these policies.



References

Acas, April 2025. Maternity leave and pay. Antenatal Appointments.

Available at: <https://www.acas.org.uk/pregnancy-at-work/antenatal-appointments>

Acas, April 2025. Maternity leave and pay. Having IVF treatment.

Available at: <https://www.acas.org.uk/your-maternity-leave-pay-and-other-rights/having-ivf-treatment>

Acas, April 2025. Maternity leave and pay. Sickness and difficult pregnancies.

Available at: <https://www.acas.org.uk/pregnancy-at-work/sickness-and-difficult-pregnancies>

Ahn, J. et al. (2021). The Association Between Long Working Hours and Infertility. *Safety and Health at Work*, 12(4), pp. 517–521. Available at: <https://doi.org/10.1016/j.shaw.2021.07.005>

CIPD. (2023). Workplace support for employees experiencing fertility challenges, investigations or treatment: Survey report. Section 4, Formal Policies. Available at: <https://www.cipd.org/globalassets/media/knowledge/knowledge-hub/reports/2023-pdfs/2023-fertility-treatment-report-8382.pdf> (Accessed: 14 February 2026).

Dehkordi et al. (2025). The effect of job stress on fertility, its intention, and infertility treatment among the workers: a systematic review. *BMC Public Health*, 25, p. 542. <https://pmc.ncbi.nlm.nih.gov/articles/PMC11812192/>

Di Nallo, A. & Köksal, S. (2023). Job loss during pregnancy and the risk of miscarriage and stillbirth. *Human Reproduction*, 38(11), pp. 2259–2266. Available at: <https://doi.org/10.1093/humrep/dead183>

Equality and Human Rights Commission. (2011). Employment Statutory Code of Practice. Absences related to in vitro fertilisation 17.29. Available at: <https://www.equalityhumanrights.com/sites/default/files/employercode.pdf> (Accessed: 14 February 2026).

FertilityIQ (n.d.). Money, Occupation and IVF Success Rates. Odds of Success With IVF by Occupation.

Available at: <https://www.fertilityiq.com/fertilityiq/articles/money-occupation-and-ivf-success-rates> (Accessed: 14 February 2026).

Fertifa. (2026). HR Guide to fertility benefits: 17 companies that are offering actually impactful fertility benefits in 2026. Available at: <https://www.fertifa.com/post/companies-that-are-offering-fertility-benefits> (Accessed: 14 February 2026).

Francis-Devine, B., Zaidi, K., & Murray, A. (2026). Women and the UK economy. Page 7. Available at <https://researchbriefings.files.parliament.uk/documents/SN06838/SN06838.pdf> (Accessed: 14 February 2026).

GOV.UK. (2025). Employment Rights Bill to increase bereavement leave for families who face pregnancy loss.

Available at: <https://www.gov.uk/government/news/employment-rights-bill-to-increase-bereavement-leave-for-families-who-face-pregnancy-loss> (Accessed: 14 February 2026).

GOV.UK. (n.d.). Statutory Parental Bereavement Pay and Leave.

Available at: <https://www.gov.uk/parental-bereavement-pay-leave> (Accessed: 14 February 2026).

Guy's and St Thomas' NHS Foundation Trust. (n.d.). Fertility preservation for women: Freezing eggs or embryos.

Available at: <https://www.guysandstthomas.nhs.uk/health-information/fertility-preservation-for-women/freezing-eggs-or-embryos> (Accessed: 14 February 2026).

Human Fertilisation & Embryology Authority (HFEA). (2025). Preliminary UK statistics for IVF and DI treatment, storage, and donation. Fertility treatment 2023: trends and figures. Main Points. Available at: <https://www.hfea.gov.uk/about-us/publications/research-and-data/fertility-treatment-2023-trends-and-figures/> (Accessed: 14 February 2026).



Imai, Y. et al. (2020). Risk factors for resignation from work after starting infertility treatment among Japanese women: Japan-Female Employment and Mental health in Assisted reproductive technology (J-FEMA) study. *Occupational & Environmental Medicine*, 78(6), pp. 426–432. Available at: <https://doi.org/10.1136/oemed-2020-106745>

Kim, C.-B. et al. (2023). Risk of adverse pregnancy outcomes by maternal occupational status: A national population-based study in South Korea. *Journal of Occupational Health*, 65(1), e12380. Available at: <https://doi.org/10.1002/1348-9585.12380>

Kuits Solicitors. (14 August 2023). Fertility treatment and the law and how to support employees undergoing fertility treatment. Available at: <https://www.kuits.com/fertility-treatment-and-the-law-and-how-to-support-employees-undergoing-fertility-treatment> (Accessed: 14 February 2026).

Maternity Action. (2025). Miscarriage, stillbirth and neonatal death – rights to time off and pay: Maternity leave and pay following a stillbirth or neonatal death. Available at: <https://maternityaction.org.uk/advice/miscarriage-stillbirth-and-neonatal-death-rights-to-time-off-and-pay-for-parents> (Accessed: 14 February 2026).

McKinsey & Company. (2020). How diversity, equity, and inclusion (DE&I) matter. Exhibit 1: The business case for diversity in executive teams remains strong. Available at: <https://www.mckinsey.com/featured-insights/diversity-and-inclusion/diversity-wins-how-inclusion-matters?utm> (Accessed: 13 February 2026).

McKinsey & Company (2025). Women in the Workplace 2025. Exhibit 3 and Exhibit 6. Available at: <https://www.mckinsey.com/capabilities/people-and-organizational-performance/our-insights/women-in-the-workplace> (Accessed: 14 February 2026).

Mundasad, S. (2024). Fall in proportion of IVF cycles funded by NHS. Available at: <https://www.bbc.com/news/articles/c134vvxd80go> (Accessed: 14 February 2026).

NHS. (2017b). IVF. Available at: <https://www.nhs.uk/tests-and-treatments/ivf/> (Accessed: 14 February 2026).

NHS. (2018a). Miscarriage. Available at: <https://www.nhs.uk/conditions/miscarriage/> (Accessed: 14 February 2026).

NHS. (2018b). Stillbirth. Available at: <https://www.nhs.uk/conditions/stillbirth/> (Accessed: 14 February 2026).

NHS. (2017a). Treatment for infertility. Available at: <https://www.nhs.uk/conditions/infertility/treatment/> (Accessed: 14 February 2026).

Soliman, I. (2025). People Management. Third of workers undergoing fertility treatment consider quitting jobs, survey shows. Available at: <https://www.peoplemanagement.co.uk/article/1924260> (Accessed: 14 February 2026).

Sejbaek, C.S. et al. (2025). Physical workload during pregnancy and adverse pregnancy outcomes: results from a Danish nationwide occupational register-based pregnancy cohort (DOC*X-Generation). *Occup Environ Med*. 82(2), pp.53–60. DOI: 10.1136/oemed-2024-109908

UK Parliament. (2025). Equality at work: Miscarriage and bereavement leave: Government Response. Available at: <https://publications.parliament.uk/pa/cm5901/cmselect/cmwomeq/803/report.html> (Accessed: 14 February 2026).

Women & Infants Fertility Center. (n.d.). Understanding Diminished Ovarian Reserve (DOR): Causes and Treatments. Available at: <https://fertility.womenandinfants.org/services/women/diminished-ovarian-reserve> (Accessed: 14 February 2026).



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