Pregnancy Loss Policy

Security Classification	**OFFICIAL**	
Disclosable under Freedom of Information Act 2000	Yes	

POLICY	
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Version	**v1.0**

POLICY OWNERSHIP	
DIRECTORATE	Business Services
BUSINESS AREA	People and Organisational Development

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LATEST REVIEW DATE	
NEXT REVIEW DATE:	**February 2026**
RISK RATING	**MEDIUM**
EQUALITY ANALYSIS	**LOW**

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POLICY OUTLINE

This Policy sets out West Mercia Police and The Office of the Police and Crime Commissioner's (OPCC) arrangements to ensure that staff and officers who are affected by pregnancy loss are supported.

2.0 PURPOSE OF POLICY

Pregnancy loss can be a devastating experience and for many it will be a bereavement that remains with them for the rest of their lives.

West Mercia Police recognises the effects of such a loss and in accordance with our strategic vision and values of being an inclusive and compassionate employer, we are committed to supporting our colleagues during this difficult time.

This policy supports 'Supporting Bereaved Parents following Still-birth and neonatal death', which has been designed to assist those losses post 24 weeks gestation, whereas this policy is intended to help with those who have experienced a loss before 24 weeks gestation.

It is suggested that this policy is read in conjunction with the Pregnancy Loss Line Managers Guidance Document.

This policy applies to police officers, police staff, and staff of the OPCC from commencement of employment.

This policy does not cover casual workers, members of the Special Constabulary, police staff volunteers, agency workers or contractors with the exception of the provisions for health and safety risk assessments which, for agency workers and contractors, is the joint responsibility of the local manager and the worker's own employer (i.e., the agency).

3.0 PRINCIPLES OF THE POLICY

West Mercia Police are committed to supporting individuals who have experienced loss, whether that be the pregnant individual, the partner or couple, via a surrogate.

Pregnancy loss can be defined as:

- Miscarriage; the spontaneous loss of a pregnancy during the first 24 weeks,
- Surrogacy: in the circumstance where a surrogate suffers a pregnancy loss
- Stillbirth; the loss of a baby from 24-week gestation, during labour or birth
- Ectopic pregnancy: when a fertilised egg develops outside the womb, resulting in pregnancy loss
- Molar pregnancy – when an abnormal fertilised egg implants in the uterus, resulting in pregnancy loss
- Neonatal Loss; the loss of a live-born baby up to 28 days after the birth.

- Embryo Transfer Loss: when an embryo transfer during fertility treatment does not result in pregnancy,
- Abortion or termination of pregnancy; a medical or surgical procedure to end a pregnancy, under any circumstances.

3.1 LINE MANAGER RESPONSIBILITIES

Line managers have a crucial role to play in ensuring appropriate support is provided within the working environment. The support required will be dependent on the individuals' circumstances and it is important to remember that initially, they may be unsure of what they need, if they are feeling numb, or distressed.

Line managers are encouraged to be emotionally aware and to conduct all conversations in a sensitive manner. Considering appropriate language is helpful and further guidance on what is appropriate to say and do in these difficult circumstances, as well as what to avoid, can be found in the Pregnancy Loss Manager's Guidance.

Pregnancy loss can occur at any time, should this be the case whilst an individual is at work, line managers are encouraged to take immediate action to support the individual concerned.

Once aware that an individual has experienced pregnancy loss, a line manager should make arrangements for an appropriate level of regular contact.

Points to consider include:

- It is helpful for the point of contact to remain consistent and for the frequency and time of contact to be agreed in advance. Please be aware that the time and consistency of contact can vary for each individual and should be agreed on a case-by-case basis.
- Line managers should consider the individuals' boundaries: clarifying what they are comfortable discussing and confirming any areas they prefer not to discuss can be helpful.
- If the individual has help and support available to them and signposting to charities and specialist support services, as outlined in this policy.
- If the individual needs time off work, consider the arrangements to enable this, including reporting sick, cancelling meetings or duties and enabling an out of office, to redirect emails, as appropriate.
- If any further medical intervention is required and the implications of this.

Whilst there is no requirement for work colleagues to be informed, a key consideration for the line manager is to understand the individuals' preferences, some individuals will want to their circumstances to remain confidential, some may prefer to discuss their loss with their colleagues and other may prefer for the line manager to inform colleagues on their behalf.

Line managers should act in accordance with the individuals wishes and ensure that if colleagues are informed, the information is given sensitively.

Leave entitlements, as outlined within this policy.

This list is not prescriptive or exhaustive. Conversations should be sensitive and considerate of the individuals' needs and circumstances.

Returning to work:

Returning to work following a period of absence can be challenging. It can also be challenging if the individual remains at work and in most cases additional support will be required.

If the individual remains at work, line managers should consider amendments to duties and/or hours, in accordance with the phased return section of this policy.

If an individual is returning following a period of absence, line managers should complete a return-to-work plan, in advance of the return date, to ensure a smooth transition.

The meeting should be conducted sensitively, and the line manager should refer to the "Return to work following pregnancy loss" template, as a support guide.

A phased return and amended duties can be agreed, as outlined in this policy and the appropriateness of certain roles and duties should be considered, for a given period, in consultation with the individual.

Once the individual has returned to work, creating the time and space for supportive conversations about their bereavement will allow them to openly express their emotions without fear.

Further guidance can be found within the Pregnancy Loss Line Manager's Guidance Document

3.2 INDIVIDUALS

Leave Entitlements:

The amount of time an individual who has physically suffered a loss requires off work can vary significantly and can be dependent on personal circumstances and potential medical interventions. It is recognized that as well as recovering physically, in many cases there will be an emotional impact. It is also recognised some individuals may not require a period of absence.

Up to 4 weeks leave, taken either as one block, or in two-week blocks may be agreed for anyone physically affected by pregnancy loss, as defined within this policy, including those affected by loss through fertility treatment from the point of embryo transfer. Line managers may request medical evidence to authorise leave.

The amount of leave required should be discussed and agreed between the individual and the line manager. If the full entitlement is not required, the individual should be supported to return to work, in accordance with the return-to-work section of this policy.

This leave will be recorded as Special Bereavement Leave on Origin and Special Leave on Duties.

Bereavement impacts all individuals differently and therefore longer periods of leave may be required in some cases. Individuals who have exhausted the provision for paid leave within this policy, but remain unable to return to work, will need to obtain a Fit note from their GP, or medical practitioner. Absence in relation to pregnancy loss can be certified by a GP as such and this type of sickness absence will not be used for the purpose of recording sickness absence episodes, in accordance with the Attendance Management Policy.

Extended periods of absence may still be managed in accordance with the Attendance Management Policy, once this policy has been exhausted.

Returning to work:

It is recognised that returning to work following pregnancy loss can be challenging. Individuals

are encouraged to engage in open conversation with their line managers to enable the most appropriate support to be provided.

As outlined above, the line manager and individual should complete a return-to-work plan, the “return to work following pregnancy loss” support document can be used as a guide. Ideally this meeting will take place prior to the return date, or as soon as possible, thereafter.

Individuals physically affected by pregnancy loss are entitled to a phased return to work of up to 2 weeks upon their return. The hours and duties should be agreed between the individual and the line manager and can include reduced hours, amended duties, consideration of working from home. In most cases, hours worked during this period would not be less than 50% of contractual hours and the phased return can be used to provide an opportunity to return to the work environment, as appropriate. Any requirement to extend a phased return, should be an exception, considered on a case-by-case basis, in consultation with the line manager and People and OD practitioner.

Partner Support:

Pregnancy loss can have an equally impactive effect on the partner of an individual who has physically suffered the loss, both emotionally and often as a care giver. Partners of an individual who has suffered pregnancy loss are encouraged to engage in open conversation with their line manager, so that support can be provided. Partners are entitled to up 2 weeks leave, to be taken either as a block, or as an when required, as a working day, or shift in duration, within a 2-week period, for the purpose of providing support, attending medical appointment and in recognition of the potential emotional impact. The line manager may request medical evidence to authorise leave.

When a partner returns to work, the line manager should take the opportunity to consider any further support that may be required and through discussion, consider the welfare of the individual, signposting to additional support options, as appropriate. Again, line mangers should consider how any absence is managed within the team, and what the individual is comfortable to disclose.

4.0 INTERNAL SUPPORT

Peer Support:

Peer Support ensures that an individual can contact a peer who will provide support by listening and signposting to appropriate services.

Within the West Mercia Peer Support Network, there are several individuals with lived experience of pregnancy loss who can be contacted via the Peer Support intranet page, or by contacting Sarah Grainger. This resource is available to individuals and line managers seeking guidance and support.

Employee Assistance Program:

West Mercia's Employee Assistance Programme is available to all Officers and Staff and provides 24/7 confidential telephone support, assessment, advice and signposting on for both work and non-work-related matters. They can be contacted on 0800 882 4102 and further details can be found in the health and wellbeing pages of the intranet.

Occupational Health and Wellbeing:

Occupational Health work with individuals and line managers to assess and provide impartial and professional advice.

Welfare Officers act as the first point of contact to provide confidential (in line with the Welfare Services Policy/Procedure and Force Retention Schedule) triaging and appropriate professional advice and recommendations in relation to any issues both personal and professional, affecting the psychological wellbeing of both officers and staff.

Further details can be found on the Health and Well Being pages of the intranet.

Charities & Support Services:

Charities and support groups are a useful resource and can provide specialist advice, guidance and information in a caring and friendly setting. Individuals can make contact directly to access free confidential support and line managers are encouraged to have an awareness and to signpost individuals, as appropriate.

The Cedar Tree – are a Worcestershire based charity who provide support to anyone who has experienced a loss through a miscarriage, or still birth, or who is struggling with an unplanned pregnancy, after an abortion, after medical termination for abnormality, or with a loss following IVF. They offer support to men and women of all ages and are available in person, or by phone or email. –

The Miscarriage Association – an organisation which offers support and information for those affected by miscarriage, ectopic or molar pregnancy as well as signposting for counselling services.

Petals – provides specialist support and counselling after pregnancy loss

Tommy's - a charity that funds research into pregnancy problems and provides information for parents-to-be.

SANDS can offer parents support if your baby dies during pregnancy or after birth.

ARC a national charity offering parents support through antenatal screening and its consequences, including bereavement.

Abortion Talk - a new charity offering people the chance to talk about abortion in a non-judgmental and supportive environment.

The Fertility Network – a charity offering resources and support for those affected by fertility issues.

The Ectopic Pregnancy Trust – supporting people with early pregnancy complications.

4.0 CONFIDENTIALITY AND RECORD KEEPING

It is recognised that disclosing the news of a pregnancy loss can be a difficult and for some it may be preferable to keep this information confidential. This policy is intended to provide a supportive framework for individuals and line managers. Honest and open conversations are encouraged so that the full support available within the policy can be offered. Confidentiality can be discussed and agreed on a case-by-case basis between the individual and the line manager, however line managers need to be made aware in order to offer appropriate support.

Origin recording -

All reports, statements, letters and notes resulting from the formal elements of the miscarriage policy will, wherever possible be kept confidential, but where necessary a record will be kept on the individual's electronic personal file, HR Passport and HR Origin.

This is necessary to ensure that a person does not suffer an inconsistency in a change of supervision and ensures that they are fully supported throughout the process.

5.0 IMPLICATIONS OF THE POLICY

Adherence to, and the effective operation of this Policy will reduce the risk of successful legal action against West Mercia Police and OPCCs under equality and employment legislation at Employment Tribunal.

6.0 RISKS

It is anticipated that there is minimal risk associated with this policy. Unfortunately, pregnancy loss is more common than understood and therefore it is anticipated that the implementation of the policy will provide clarity for line managers and an opportunity to apply best practice across the organisation, in support of our strategic vision and values.

7.0 TRAINING

Line managers are crucial in ensuring individuals are properly supported in the working environment and therefore should ensure they have the relevant knowledge, skills and awareness to support a team member who has experienced a pregnancy loss. This policy and the associated line managers guidance document should be reviewed by all line managers. Further guidance can be sought via the Peer Support Network, or HR contact. Line Managers can also refer to charity organisations for further guidance, including the Cedar Tree, details outlined below.

8.0 CONSULTATION

Consultation has taken place with the following:

- Parental support working group

Business Lead Consulted	***Date Consulted***

9.0 DOCUMENT HISTORY

The history and rationale for change to guidance will be recorded using the below chart:

Date	**Author / Reviewer**	**Amendment(s) & Rationale**	**Date of Approval / Adoption**
01/12/2022	DI 0774 Daniel Fenn/ DC 2193 Natasha KENNETT	Initial draft	
December 2023	Kate Merchant	Content review and additions	Feb 2024 Policy and Procedure Meeting