



“I was told I either came back or I lost my job”: a qualitative study of the experiences of Australian women navigating the return-to-work following early pregnancy loss

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ABSTRACT

Early pregnancy loss, defined as pregnancy loss prior to 20 weeks’ gestation, occurs in about one in five pregnancies. Although there has been research on women’s experiences of healthcare and social support following miscarriage, research into workplace support is relatively limited. In this study, we explored women’s experiences of returning to work following early pregnancy loss, drawing on data from semi-structured interviews with 13 Australian women. Thematic analysis generated three main themes: returning to work too soon, decisions about disclosure and the importance of a flexible workplace. Findings revealed that return to work can be a difficult process to navigate, with many reporting feeling pressured to return to work. While disclosure of their miscarriage enabled women to feel supported by their colleagues and connect to those with a similar experience, they often found disclosure challenging. Flexibility with leave, return-to-work arrangements and role adjustments were highly valued and helped women return to work. Findings revealed that workplace context and culture were important in the extent to which women felt supported by their workplace. This suggests that there may be a need for structural workplace changes to improve women’s experiences of returning to work following early pregnancy loss.

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Women’s participation in the workforce has changed dramatically over the last 50 years. They are participating in paid work at much greater levels, particularly at child-bearing ages (Australian Bureau of Statistics, 2021). Despite this, only a few studies have explored the return-to-work experience of women following early pregnancy loss (Keep et al., 2023; Meunier et al., 2021). In Australia, early pregnancy loss is defined as pregnancy loss

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occurring before 20 weeks of gestation and includes miscarriage and termination for medical reasons (Queensland Clinical Guidelines, 2022). Although there is no national data on the incidence of early pregnancy loss in Australia, research from overseas estimates that it can occur in up to 20% of clinically confirmed pregnancies (Linnakaari et al., 2019) and is reported as the most common adverse pregnancy outcome (Jurkovic et al., 2013). In addition to physical effects, including abdominal pain, cramping and heavy bleeding (Porschitz & Siler, 2017), early pregnancy loss is also associated with increased levels of depression, anxiety, grief and trauma that can persist for months or years (Kong et al., 2010). Women report feelings of isolation and loneliness (Bellhouse et al., 2019), often as a result of feeling unsupported by their usual networks of family and friends who were either unaware of their pregnancy and subsequently the loss, or being ill-equipped to acknowledge their loss and to know what to say (Bellhouse et al., 2018). These negative physical and emotional effects can make it challenging for women to navigate their daily lives, including their work life (Peel, 2010).

Research has shown that while most women and their partners take leave from work immediately following early pregnancy loss, the return-to-work experience after this period of leave can be complicated (Keep et al., 2023; Moulder, 2001; Obst et al., 2020). Research spanning psychology, sociology and the health sciences has drawn attention to the various practical, emotional, social and existential challenges that parents can experience upon their return to work (Meunier et al., 2021; Porschitz & Siler, 2017). A survey in the United Kingdom found that women returning to work following their loss experienced a range of challenges. These included challenges associated with returning to work too soon, receiving no advice on when to return to work, depression and anxiety symptoms, and negotiating difficult conversations with colleagues (e.g. having to explain their loss or talk to unsupportive colleagues) (Moulder, 2001). An Australian qualitative interview study with LGBTQ+ people highlighted the mental and emotional toll that bereaved parents can experience when returning to work, which includes making decisions about if, when and to whom they should disclose their loss (Rose & Oxlad, 2023). An Australian study of men's experiences similarly found that returning to work could take a heavy emotional toll, with some men experiencing burnout (Obst & Due, 2019). In particular, Obst et al. (2020) found that men's grief and ability to return to work were impacted by the level of understanding and support that they experienced in their workplace. Alongside managing the negative emotional impacts of pregnancy loss, parents are also required to navigate (often difficult) decisions about disclosure and concealment when returning to work.

Considerations around disclosure (or non-disclosure) are heavily influenced by social norms and expectations that surround pregnancy and pregnancy loss, which govern how those who experience pregnancy loss feel that they can act, and what they can (and cannot) speak about; in the workplace, and across other social settings (Gilbert et al., 2023). In Australia and many other Western countries, social norms like the 12-week rule – the practice of not announcing a pregnancy until after the first trimester – can serve to reinforce and encourage cultural silences and secrecy surrounding early pregnancy loss (Frost et al., 2007; Maconochie et al., 2007; Oderberg, 2023). The absence of cultural rites, rituals and social scripts associated with early pregnancy loss, combined with social stigma can prevent bereaved parents from expressing their feelings to others (Frost et al., 2007). In the workplace, these broader societal norms interact with

expectations of an 'ideal worker' grounded in a masculine model (someone who is available for long hours in the workplace), local workplace culture and policies, and legislation about worker rights and reproductive health.

Sociological and feminist studies research has drawn attention to how early pregnancy loss remains largely a loss that is 'hidden' from public view (see Cecil, 1994; Frost et al., 2007; Hey et al., 1996; Layne, 1997; Layne, 2003). Yet there is still little research that focuses specifically on the invisibility of early pregnancy loss in the workplace. Research that has been conducted reveals how cultural taboos and silences about pregnancy and pregnancy loss also infuse the workplace. Greenberg et al. (2009), for example, argued that pregnancy and pregnancy loss disrupt expectations and responsibilities tied to the 'ideal worker' identity – that is, a person who is diligent, productive and work-oriented, and this can negatively affect the responses of others, and the support that is provided. Gilbert et al. (2023) found that perceived violations of expectations of the 'ideal worker' intersected with sociocultural beliefs and norms about pregnancy to prevent some women from disclosing their loss for fear of being perceived as unprofessional or subject to the stigma associated with grief, mental illness and bodily changes. Hazen (2003) explored how work and workplaces contributed to women's grief experiences, arguing that work can either contribute to disenfranchised grieving or encourage healing and recovery. Moreover, she found that silence in the workplace surrounding pregnancy loss can be a double-edged sword. While it can preserve women's privacy in the workplace, it can also reinforce the notion that the loss should be concealed and has a negative effect on emotional and social wellbeing, leading to feelings of social alienation and disruption to career progression. Research conducted in the United States revealed that workplace taboos associated with pregnancy loss affected the responses of colleagues to the loss and, in turn, women's experiences of loss and disclosure (Steimel, 2021).

The invisibility of early pregnancy loss is evident in the absence of workplace policies and available support for pregnancy loss (Keep et al., 2023; Obst & Due, 2019). A recent Australian quantitative study involving 607 women found that although the majority of women (93%) stated that they would access paid bereavement leave if offered (Keep et al., 2023), workplace support was lacking, especially at the level of Human Resources (HR) departments. Lack of social or informal support has been identified as a risk factor underlying enduring psychological consequences following miscarriage (Qu et al., 2021). Yet, social science analyses of women's return-to-work experiences remain limited. The limited research that exists shows that a lack of formal workplace support, such as leave policies and flexible return-to-work plans, hampers employee outcomes, in terms of both health and work efficacy (Gilbert et al., 2023). In 2021, the Australian Federal Government passed the *Sex Discrimination and Fair Work (Respect at Work) Amendment Bill 2021 (Cth)*. This amendment extended compassionate and bereavement leave entitlements of the Fair Work Act (2009) to women and their partners who experienced a pregnancy loss before 20 weeks gestation (previously, this was only available for losses from 20 weeks). The intention of this change was to provide time to grieve and recover and to recognise early pregnancy loss as a loss. However, accessing this leave requires parents to disclose their loss to employers. Given the recency of this legislative change in Australia, this study aimed to provide an in-depth exploration of Australian women's return-to-work experiences following early pregnancy loss. Specifically, we

sought to understand how women navigate their return to work, and their experiences of workplace support including the role of formal workplace policies.

Materials and methods

Study design

This qualitative study draws on data from semi-structured interviews with Australian women who had experienced early pregnancy loss and were employed at the time of their loss. The study was informed by a broadly social constructionist approach, privileging the researchers' subjectivity in co-creating knowledge, as well as the subjective experiences and perspectives of women who had early pregnancy loss. In line with this approach, we recognised that data are co-produced relationally between the researchers (an occupational therapy Honours research student, two health science researchers and a sociologist, two of whom had lived experience of early pregnancy loss) and the participants.

Data were drawn from semi-structured interviews. Recruitment strategies used included electronic notices through social media and the Pink Elephants Support Network (an Australian not-for-profit charity that provides support following early pregnancy loss). Women who expressed interest in the study were sent the Participation Information Statement and given time to ask questions before an interview was scheduled. Ethics approval was granted by The University of Sydney Human Research Ethics Committee. Informed, verbal consent was provided by all participants at the start of their interview. Information regarding counselling services (e.g. Lifeline) and pregnancy loss peer support (e.g. SANDS/Red Nose 24-hour phone support, and Pink Elephants online support) was provided to each participant in the Participant Information Statement at the beginning of each interview.

Data collection

An interview guide was designed with input from all authors, two of whom have lived experience of early pregnancy loss, and relevant literature (Jamshed, 2014; Kallio et al., 2016). Broadly, interviews explored participants' experiences of early pregnancy loss, characteristics of their workplace at the time of their loss and their return-to-work experience, including any formal workplace support provided. Questions such as 'Can you tell me a bit about your experience with early pregnancy loss?' and 'What influenced your decision to return to work?' were included in the interview guide (see Appendix A for the full interview guide). Formal workplace support included leave policies available following early pregnancy loss and workplace adaptations facilitated by managers and/or HRHR. Informal workplace support is provided by colleagues. A pilot interview was conducted to ensure that the interview questions were clearly communicated. As all questions were understood, no revisions were made to the guide.

Semi-structured interviews were conducted between May and August 2022 and were between 30 min and two hours' in duration (mean: 78; median: 44). Interviews were conducted by two authors (JD and SL) via telephone or Zoom video-conferencing software, according to women's preferences. All were audio-recorded and transcribed verbatim

with consent from participants. Transcripts were de-identified and pseudonyms were attributed to each participant, to ensure confidentiality. Field notes were written following each interview to document contextual information not captured by audio recordings.

Analysis

Guided by Braun and Clarke's (2019) six steps, we conducted a reflexive thematic analysis, using an inductive approach. All authors (two health scientists, one sociologist and one occupational therapy Honours student) were involved in the data analysis process, providing different perspectives on how data were generated, and its interpretation. First, transcripts were read by JD to become familiar with the data. At each subsequent stage of the analysis, the authors met to discuss the codes and categories developed and how these may help to explain the data, reflecting in these meetings on how the interviewer participated in the construction of particular narratives within the context of an interview (Riessman, 2008). Themes were generated and refined to capture patterns in the data, including the expectations to return to work as soon as possible, the importance of flexibility and adaptability in the workplace, and the complexity of decision-making around disclosure of pregnancy loss in the workplace.

Results

Participants

Thirteen women aged 23–48 years (median 36 years) participated in the study. Women had experienced between one and five early pregnancy losses, and all were employed at the time of their loss. All women took some form of leave following their loss, though this leave varied from one afternoon to several months. Most women reported taking paid sick leave, with some taking paid annual leave. No women in this study reported taking paid bereavement leave.

Three main themes were derived from our analysis: the pressure and emotional toll of returning to work too soon; the complexity of decision-making around (non)-disclosure and the importance of flexibility and adaptability at work.

Theme 1: the pressure to return to work too soon

One prominent theme in our analysis was that workplace pressures and expectations on women (some overt, others unspoken) created a feeling of urgency to return to work before they felt ready to. Almost all women said that they felt pressured to return to work as soon as possible following their pregnancy loss, often before they were emotionally or physically prepared to. Irrespective of whether this pressure was exerted by their organisation or internally felt, feeling forced to return to work too soon, compounded the negative emotional consequences that participants experienced.

I was told I either came back or lost my job. (Participant 12)

While overt pressure such as directives from an employer or the threat of dismissal as described above by Participant 12 were infrequently reported, many participants said

that there were unspoken or inferred expectations from their organisation to return to work, conveyed in more subtle ways, for instance, through the absence of communication about leave, discussion of upcoming work events and tasks, or making no arrangements to cover their workload. This subtle messaging about being ‘needed’ back at work is illustrated in the below quote from a woman in her late thirties working in a small engineering firm, who felt that she had little choice but to return to work after her loss. Her quote highlights how subtle messaging about being ‘needed’ back at work the day after a memorial service to mark her daughter’s loss:

... my work would only let me take, I think it was three weeks off, and they really needed me back from a work point of view, but I literally had a memorial service for my daughter the day before I went back to work. And I just wasn’t ready. It was the worst. (Participant 6)

She went on to describe the harmful attitudes and impacts of the cultural silences surrounding pregnancy loss in her workplace. In particular, she described how both a lack of recognition of the loss and her grief and distress, combined with not being afforded the time and space she needed to process it, further intensified an already distressing experience. Discursively, she contrasts the minimising language of her workplace ‘it’s a loss’ with her own ‘a person that I very much wanted’, highlighting the damaging effects of lack of recognition.

I think the attitude was maybe more of a, ‘Well you’ve had a loss, but you know it’s a loss, it’s not the end of the world, get on with it.’ And they didn’t really realise, you know, I think the extent of um, the emotional turmoil I was going through, which is the grief of a person that I very much wanted. (Participant 6)

Other women explained that although they did not feel pressured by their organisation, they placed considerable pressure on themselves to return to work. Stemming from their sense of obligation to others – for example, not wanting to ‘inconvenience’ or ‘let others down’ (e.g. colleagues, managers, or clients) or feeling guilty about taking too much time off. This sense of duty to care for others is illustrated by the following participant who returned to work because of the guilt of letting both her colleagues and her clients down during a culturally significant time of year:

I think it was more the timing to be honest because it was Christmas and just everyone was on leave, and I’d had my break [...] I suppose I sort of felt the sense of obligation to the staff rather than the organisation [...] I felt an obligation to our callers, I thought our callers aren’t going to have as many counsellors. (Participant 10)

Others, like Participant 5, said that the shock of pregnancy loss had led to the prioritisation of, in her words, ‘completely the wrong things’; but also illustrates the importance of workplaces being more proactive in reassuring and supporting their employees to take the leave that they need:

So, there was sort of pressure in terms of getting back to that [clients] but it was entirely coming from myself in hindsight, so, I think everyone would’ve been absolutely fine. I think again it kind of comes back to that being in shock and just focusing on the completely wrong things. (Participant 5)

Additionally, due to a culture of workplace silence, women talked about the felt need to perform ‘being okay’ at work. The below participant, for example, said they needed to

appear happy, be productive and stay on top of work. This was motivated by a desire to not draw attention to their loss and to avoid uncomfortable or potentially distressing conversations with colleagues.

I'm not very proud of it now but I just threw myself into work and yeah it was, head down, thumb up basically. I remember my manager commenting like a couple of weeks later, like oh my goodness, you're just on fire these days, you're getting everything done. (Participant 9)

Returning to work before they felt physically or emotionally ready was described by women as emotionally taxing. They described feeling distracted, unable to maintain focus, unable to talk to colleagues, feeling teary, and, as Participant 5 said 'functioning in a state of shock'. Moreover, attempts to keep up with workload while also trying to manage the negative emotional consequences of pregnancy loss contributed to the experience of burnout for some women. Two participants reported resigning from their jobs and requiring several months out of the workforce to recover from their experience of returning to work too soon, and its long-lasting negative impacts on their mental health.

It definitely was damaging. Yeah, and it took me a lot longer to recover, than it would otherwise I believe. Not that you can fast track grief, I don't think but, just, allowing yourself having time to just be, I think that's probably underrated a lot and not valued as much. (Participant 6)

As the quote above reveals, many women commented that it was only much later, upon reflection that they wished they had taken more time off to recover and grieve. While the idea of giving themselves permission to heal was frequently discussed, their accounts also speak to the importance of workplaces being more cognisant and proactive in supporting women. In particular, being proactively offered more time and space for recovery by the organisation was seen as imperative.

Theme 2: to disclose or not to disclose?

A related theme surrounded the complexity of making decisions about the disclosure of early pregnancy loss in the workplace. This was especially complicated for participants who had not told anyone at work that they were pregnant but who were required to disclose their loss in order to access workplace support, such as leave entitlements. While many chose not to disclose due to the '12-week rule', others chose not to disclose their pregnancy (and consequently their pregnancy loss) because of how they might be viewed or treated in their workplace. Participants talked about the risk of being seen as less competent or capable, being taken off important projects, not being promoted or losing hours or income. One participant working in corporate law described being acutely attuned to the negative impacts of maternity leave and motherhood on other women in her workplace. These fears led her to hide her pregnancy loss from her organisation:

I was really aware that, many, many women in my experience have had to stop working in that firm or drastically reduce their hours when they had children. So, I guess that also factored into it hugely because I didn't really want anyone to know what had happened because then it was a signal that I would probably try again, and that I was like in that phase of life where I was ready to start a family, which would mean that I would be taken off all the good projects. (Participant 11)

For others, their reticence to disclose centred on their worries about being pitied by colleagues. Participant 3, for example, talked about her desire for separation between professional and personal life. Her experience of being treated with ‘pity’ by family members had strongly shaped her choice not to disclose her loss at work to protect her professional identity – as a strong, competent, productive and collegial team member.

I don't wanna open up to too many people cos [...] I feel like people look at you differently, I mean my close family all know, but even still every time my grandmother looks at me now it's like with pity, and I don't want that, I don't find that helpful, so I don't want to tell many people like at work today cos I don't want them to be like, “Oh there's [participant name] she keeps having miscarriages.”

Another reason for non-disclosure was more evident for participants who worked in female-dominated workplaces or teams and centred on the desire to show sensitivity and care towards others. Illustrative of the relational aspects of disclosing, as well as the wider expectations on women as carers, Participant 2 said that she felt unable to share her pregnancy and loss at work because her manager had been experiencing infertility. Her decision was motivated by altruistic reasons, as a way to show compassion for others and avoid causing them pain:

I just said, I've suffered a personal loss. I didn't wanna tell them miscarriage, particularly because my immediate boss has been having a lot of struggles with IVF and, any mention of fertility just puts her into a tailwind and [she] gets really upset.

Finally, some participants chose not to disclose their early pregnancy loss to shield themselves from potentially upsetting conversations with colleagues, knowing that they found it difficult to talk about their loss.

I certainly didn't mention anything about what had happened [...] I think, it's a very personal issue, I'm normally quite a private person. So, I don't think I would've felt that I could share that, in the workplace anyway. (Participant 9)

In contrast, those who chose to disclose their early pregnancy loss to their colleagues did so primarily to access support; both emotional support from colleagues or managers as well as practical support (for example, leave and flexible working arrangements such as working remotely and adjustments to workload). As Participant 4 describes, there were benefits in talking openly about their experience of early pregnancy loss as it provided opportunities for connection and solidarity with colleagues who had also experienced pregnancy loss.

[My manager] She'd also had a miscarriage before her twins, so she kind of understood the emotional grief I was going through at the time and the support needed as well. (Participant 4)

Sharing their experience with trusted colleagues, for some like Participant 1 (below), was important in ameliorating feelings of loneliness and guilt as well as fostering a sense of hope and optimism about the future:

I realised actually a lot of them had been in my situation and I actually found great comfort in that [...] And that was nice almost to give you perspective that other people have gone through this trauma and survived, and you know there is life after loss.

Others, like Participant 12, a woman in her twenties said that her decision to talk about her early pregnancy loss openly at work was driven by a desire to change workplace culture.

Unless you take the first step in talking about it, then, when it happens to [someone else], they're like, "Well we don't know anybody, so we won't talk about it." [...] like it's a chain reaction, and somebody has to start.

She hoped to drive cultural change in her workplace, fostering a new culture of openness around talking about pregnancy loss in the workplace, with the hopes of opening up opportunities for others in the future to feel more comfortable reaching out for workplace support. For both personal and professional reasons, many women felt unable to share their loss with co-workers, as a result, struggled to access support from colleagues and their workplaces. Those who did disclose did so to access support and foster a new culture and new local norms for women to feel comfortable speaking up.

Theme 3: the importance of a flexible workplace

Workplace flexibility was seen as critical to more supportive and positive experiences of returning to work following pregnancy loss, especially in accommodating the unpredictability and undulations of grief and loss. Participants described the benefits of transitioning back to work following early pregnancy loss when they were offered flexibility and options, including different modes of work (e.g. opportunities to work remotely), flexible leave and workload arrangements, and role adjustments. Being given options to work at reduced hours or workload, and/or remotely, fostered a sense of personal agency and empowerment, as women were able to adjust their work according to how they were feeling day-to-day. This flexibility was seen as critical because their grief was not linear or predictable – and, therefore, as Participant 3 articulated, could not always be anticipated or planned for. Leave flexibility gave women the freedom to return to work when they felt comfortable as well as accommodate longer-term needs (e.g. for follow-up appointments and for anniversaries).

I was back for two weeks before I needed to take another day because I just couldn't get out of bed, like it's not a linear process, it definitely like comes and goes in waves.

The option of working from home was described as an important facilitator of returning to work by participants, who said that this allowed them to be in a private and comfortable space, manage their encounters with colleagues (e.g. scheduled Zoom meetings, rather than incidental interactions that occur in person), and manage their work. For example, giving them more control over when and how they worked, taking breaks and having private space and time throughout the day to cry or 'be sad'. The following participant's account suggests that being given a sense of control over when 'you need to be on' was important in coping when they were back at work.

I think I would've found it very hard to go back in-person and look people in the eye and have to make those day-to-day conversations about small things. When you're working remotely, you have your zoom calls, and you have your meetings, and you know when you need to be on. (Participant 9)

Others, like Participant 3, said that remote work also offered protection and the ability to control potential triggers, like pregnancy and baby talk.

I know that there are a few people about to go on maternity leave and I haven't had to see that [...] it's like it's not in my face whereas if I'm in the office and there are like quite a few pregnant people walking around I find that really hard at the moment.

Women also talked about the benefits of being offered flexible workloads or role adjustments in supporting their return to work (e.g. reduced hours, reduced responsibilities, changed duties or voluntary attendance at meetings and events). When workplaces arranged for workload and responsibilities to be covered, as Participant 5 describes below, women felt more able to take the time that they needed to grieve and not return before they were ready.

I didn't see therapy clients for a couple of weeks after I got back. [...] that's I guess how it was structured to make those first couple of weeks easier as well.

Managers who worked around the rigid systems and processes imposed in the workplace were highly valued by participants as it allowed them to step away from their work during their time off and use the time to rest and recover, as illustrated by Participant 13, a woman in her early forties:

It was a really easy process actually. My manager at the time, I reached out to her just by text or message and just said look this is what's happening, and she was very supportive, and just said, look, take what time you need, no worries, and I didn't have to do any of the formal administrative stuff on the system straight away I could just wait until I was back on deck to put my actual leave in.

Others spoke about the value of being given a choice in how they engaged with their work. Being given the choice to opt in or out of particular activities, events and meetings, for example, offered Participant 4 protection from potentially distressing situations, as well as gave her a sense of personal agency at work:

I still want the option to opt out of any meetings that I see fit or might be triggered, especially the industry we're in because it's baby products. So, yeah, and I opted not to go to our big conference. [...] I'm just like, "I think it would be a trigger," and they were like, "We were not expecting you to go."

Although many women talked about the support they received from their workplace, this was not the case for all participants. Participants who were not provided workplace flexibility reported that they found return to work difficult. Two participants said that they requested adjustments to their duties upon their return to work but were denied by their employer. As articulated by the following participant, a woman in her early twenties, who worked in a highly physical manual labour job – her employer expected her to resume a full-time physical workload with no adjustments made:

They treated it very badly. I was basically thrown back into my normal role, which, without having a miscarriage, an ectopic at that, um, when you're doing a job that requires that amount of fitness and having six weeks off and then being thrown back into it, like six weeks, your fitness deteriorates so quickly. Even that, I thought was a bit much. (Participant 12)

Some women attributed this inflexibility to a lack of understanding regarding their experience and the available leave options, particularly at an HR and manager level.

His [my manager's] attitude around pregnancy was you're either okay to work and you take on the same workload as an unpregnant woman or you're signed off, like there was no in-between. (Participant 1)

Participant 1, for instance, described being given the option of either returning to work fulltime with no adjustments or taking leave, when the option that she would have liked to be offered, to come back in a part-time or flexible capacity, was foreclosed. Due to the unpredictability of grief, flexibility in the workplace was seen as imperative in allowing women to return to work feeling supported and understood.

Discussion

This study advances the current understanding of how to better support women in their return to work following early pregnancy loss and highlights the complexity of navigating this transition. In line with previous research, findings show that leave from work was highly valued as it gave women the time and space they needed for physical and emotional recovery. To access this support, however, women needed to disclose their loss, which required resolving competing – at times conflicting – concerns: concerns about discrimination, workplace norms about professional behaviour (and conversations), sociocultural beliefs about the place of pregnancy and grief in the workplace, and beliefs about the adequacy of support available through the workplace. In addition, many women experienced pressure to return to work, often before they felt emotionally ready. The pressure to return to work, which could be both imposed on women by their organisation and/or internally felt, was often emotionally taxing. Moreover, returning to work too soon left some women struggling to cope or burning out.

Despite legislated paid compassionate and bereavement leave being available for all Australian employees, no participants reported accessing this leave, and some reported being unaware of it. This points to a disconnect between broader structural contexts and individuals' lived experiences. In particular, it highlights the critical role of employers – both in terms of organisational policy and workplace cultural norms – in bridging this gap. Workplaces that provided flexibility (e.g. adjusting roles, responsibilities or workload and allowing remote work arrangements), coupled with formal support that was attuned to their individual needs and circumstances, helped women feel supported upon their return to work. These findings support previous research that shows that pressuring bereaved parents to return to work quickly can result in sub-par performance and exacerbate negative emotions, eventually leading to burnout (Obst et al., 2020). However, workplaces that acknowledge the experience of loss and provide a range of formal and informal support can enable parents to return to work sooner and continue to contribute to their workplace (Keep et al., 2023; Obst et al., 2020).

Decisions about disclosure were important considerations for women, which affected the degree of support received. As reported previously (Hazen, 2003; Keep et al., 2023; Moulder, 2001; Rose & Oxlad, 2023), women's decision to disclose (or not) were guided by social norms such as the '12-week rule', self-protection relating to difficult conversations with colleagues and potential discrimination related to pregnancy and motherhood that could hinder future job prospects, as well as to access leave and formal work adjustments and informal support from colleagues. Yet choosing not to disclose closed-down opportunities for support. This suggests that there is work needed at the individual

(e.g. colleagues, managers), organisational (policies and alignment with legislation) and broader social levels (cultural norms and beliefs about pregnancy and loss) to support women to grieve and work in ways that are meaningful to, and helpful for, them.

The lack of structural organisational support was highlighted by our participants and is consistent with previous research where participants reported feeling highly supported by colleagues but less supported by HR and the organisation (Keep, et al., 2023). Formal policies and training for HR and managers would ensure that all employees are aware of the support that is available for individuals who experience pregnancy loss. Raising awareness about the support that is available can serve to both help women feel well-supported as well as break down cultural silences about early pregnancy loss in the workplace.

Limitations

Our study included women from a variety of workplaces and of different ages and life stages enabling us to capture diverse return-to-work experiences. However, as with most human research studies, women self-selected to participate. Most recruitment occurred through support services (e.g. The Pink Elephants Support Network). Thus, women who did not access this support may have different return-to-work experiences which were not captured in our study. Our study also did not capture data on participants' ethnicity, religion or sexuality. Although there is limited research on the role of ethnicity on return-to-work experiences, Rose and Oxlad (2023) found that sexuality adds to the complexity that bereaved parents navigate in returning to work after early pregnancy loss. Future research could recruit participants using other avenues, such as workplaces, and from diverse cultural backgrounds to provide a more nuanced understanding of the variety of return-to-work experiences.

Conclusion

Workplaces need to be better equipped to support women's return to work following early pregnancy loss. The pressure to return to work quickly before women feel ready presents a range of adverse impacts for women and for workplaces, including reduced productivity, emotional distress and burnout. Access to flexible leave and adjusted roles ensures a safe return to work. Formal, comprehensive workplace policies over and above leave provisions are needed to embed flexible work arrangements. Further, training for HR and managers is necessary to appropriately interpret and implement these policies as well as build a supportive workplace culture that provides parents with access to both the formal and informal support that they need. Organisational change and a multi-pronged approach that simultaneously provides the overarching framework to ensure *all* employees are supported and aware of all their paid leave entitlements, as well as an approach that caters to individuals' personal experiences, preferences and social context is needed to ensure that women are supported on their return-to-work following early pregnancy loss.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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Appendix A

Interview guide

Loss experience

1. Can you tell me a bit about yourself? (Probe: age, location, partner status, employment status, and children).

Probe: Can you tell me a bit about your experiences with early pregnancy loss?

- Type of loss, location of loss, e.g. Australia or abroad. When it happened?

Work context

1. Can you tell me about your workplace at the time of your loss?
 - Type of organization, size, working remotely or in person, position and type e.g. fulltime, part-time, casual, role.
 - Team dynamics – gender distribution of the team, seniority of the participant in the team, hierarchy.
2. During that time, can you tell me a bit about your experiences at/with work?
 - Probe: How long had you been working there for?

Returning to work experience

1. After your loss, did you return to work straight away?
 - Any leave taken, duration, type of leave, was it easy to take leave?
2. What influenced your decision to return to work? / What kinds of things did you think about when you were making the decision to return to work?
3. What were some of the arrangements (if any) that were in place for you when you came back to work?
 - Probe: reduced duties, returned to work part time
4. Reflecting back, would you have done anything differently?

Returning to work experience o

1. Can you tell me a bit about how the organisation responded? OR How supportive was your workplace when you returned to work?
 - Supportive? Helpful? Delay? Difficulty? What makes you say that?
 - Probe: colleagues vs manager vs organisation more broadly
2. Did you talk to people at work about your loss? What was that experience like?
 - Probe: any difficulties or challenges that you encountered?
3. What did you find helpful about coming back to work?
4. What did you find challenging about coming back to work?
 - Probe. Partner/husband – What was their experience of returning to work like?
5. What advice would you give to other parents who might have a similar experience to your own?
6. Is there anything else that you would like to share with me about your experiences that we haven't covered yet?