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Experiences of Australian women on returning to work after miscarriage

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ABSTRACT

Miscarriage, defined in Australia as spontaneous pregnancy loss occurring before 20 weeks gestation, is the most common adverse pregnancy outcome, occurring in up to one in four pregnancies. Given the frequency of miscarriage and increasing participation of women in the Australian workforce, the aim of this study was to describe women's experiences of returning to work, including workplace support, following early pregnancy loss. Six hundred and seven women completed a cross-sectional online survey about their experiences returning to work and the workplace support they received following their miscarriage. The majority (84.7%) of participants reported taking leave of a median (IQR) duration of 7(10) days following their miscarriage. Paid leave (sick or annual leave) was the most common type of leave taken, with most (93.3%) respondents indicating that they would take paid bereavement leave if offered. Women's reasons for disclosing or keeping private their miscarriage overlapped, aligning with the themes of managing their return-to-work experience and workplace culture. Most women reported receiving informal support provided by colleagues and managers. Women affected by miscarriage who were surveyed reported wanting formal leave options to be provided by their workplace and further support, including acknowledgement by managers, human resources and colleagues.

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Introduction

In Australia, eligible parents who have experienced stillbirth (pregnancy loss occurring from 20 weeks gestation) may receive two days of compassionate or bereavement leave, 18 weeks of paid parental leave or a Stillborn Baby Payment (up to \$3,639.04AUD) and up to 12 months of unpaid parental leave (Australian Government Services Australia, 2019, 2021). These means-tested parental leave provisions for parents following stillbirth are equivalent to parents of a pregnancy resulting in live birth (Australian Government Fairwork Ombudsman, 2021). Recently, Federal Parliament passed the *Sex Discrimination and Fair Work (Respect at Work) Amendment Bill 2021* (Cth) which

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extends the compassionate and bereavement leave entitlements of the Fair Work Act 2009 to include miscarriage. Prior to this change, compassionate or bereavement leave could only be taken upon the death or life-threatening illness or injury of a member of their household or immediate family (where the definition of family included child, adopted child or stillbirth but not miscarriage). At the time of data collection these changes to the Fair Work Act 2009 were not in place and decisions for leave following miscarriage remained at the discretion of the employer.

Miscarriage, defined in Australia as spontaneous pregnancy loss before 20 weeks gestation, occurs in up to 25% of pregnancies (Collins et al., 2014). In addition to the physical trauma of miscarrying, pregnancy loss in the first trimester is associated with high levels of distress, anxiety and depression for up to three years (Cheung et al., 2013; Farren et al., 2018). For the women who experience pregnancy loss, this is likely to influence their return to, and success at, work.

To date, there has been limited research on women's experiences of returning to work after early pregnancy loss. A narrative review of the economic costs of stillbirth revealed that men tended to return to work sooner than women, with most women on either full or part-time leave from work at three months following stillbirth (Ogwulu et al., 2015). This finding is echoed in an in-depth interview study of women who had experienced early pregnancy loss during their first pregnancy (Gerber-Epstein et al., 2008), with some women struggling to return to their normal routines, including work. For all of these women, heightened anxiety and depression in the months following loss were reported. Further, the silence surrounding these losses, while protective at times, contributed to the difficulty of returning to work. This was perhaps more so for women following miscarriage which often occurs early, before parents have shared their pregnancy with colleagues (Hazen, 2006; Moulder, 2016; Porschitz & Siler, 2017).

A recent survey found that Australian men who experienced loss through miscarriage were less likely to be offered leave compared to men with later gestation losses (Obst et al., 2020). Obst et al. (2020) reported that paid leave tended to consist of annual leave, sick/carer's leave, or bereavement leave. There is no equivalent data available for women's workplace support following miscarriage in the literature. Meunier et al. (2021)'s scoping review into workplace experiences of parents following perinatal loss identified that the majority of research in this area used qualitative methods and focussed on experiences following stillbirth in North America and the UK. A larger scale snapshot of women's experiences following miscarriage is needed.

This study aimed to describe women's experiences of returning to work following miscarriage. Specifically, it investigated the leave taken following miscarriage, the types of workplace-based support provided, the extent to which they felt supported by their workplaces, and whether and why they disclosed their miscarriage to their workplace.

Materials and methods

Design

A cross-sectional survey design was used to understand women's experiences of returning to work following miscarriage in Australia. The survey was hosted online via Qualtrics. Submission of a completed survey was taken to indicate participants' consent.

Participants could withdraw from the study at any time before submitting the survey. Ethics approval was granted by the University Human Research Ethics Committee (protocol number 2019/845).

Participants

Participants were recruited using social media, announcements in university newsletters and through the Pink Elephants Support Network (an Australian charity providing support following early pregnancy loss).

The survey was open to Australian women aged 18 years and over who had ever experienced a miscarriage. In total, 798 participants started the survey, of which 607 were complete and suitable for analysis. Participants' characteristics, including employment information, are summarised in [Table 1](#).

Materials

A study-specific online questionnaire comprising 30 questions was designed by the researchers to describe women's experiences of returning to work. There were six

Table 1. Participant demographics.

	Median (range, IQR)	n (%)
Age in years	35 (18–57, 7)	
State		
<i>Australian Capital Territory</i>		32 (5.3)
<i>New South Wales</i>		259 (42.6)
<i>Northern Territory</i>		5 (0.8)
<i>Queensland</i>		83 (13.7)
<i>South Australia</i>		36 (5.9)
<i>Tasmania</i>		5 (0.8)
<i>Victoria</i>		132 (21.7)
<i>Western Australia</i>		50 (8.2)
Education		
<i>High school</i>		53 (8.7)
<i>Certificate/Diploma</i>		168 (27.6)
<i>University</i>		386 (63.5)
<i>Not reported</i>		1 (0.2)
Workplace		
Employment Type		
<i>Not in paid employment</i>		20 (3.3)
<i>Casual^a</i>		38 (6.3)
<i>Part-time</i>		134 (22.0)
<i>Full-time</i>		415 (68.3)
<i>Not reported</i>		1 (0.2)
Employment Sector		
<i>Public</i>		263 (43.3)
<i>Private</i>		291 (47.9)
<i>Non-government organisation (e.g. charity)</i>		32 (5.3)
<i>Not reported</i>		22 (3.6)
Employer		
<i>Self-employed</i>		15 (2.5)
<i>Small business (5–19 employees)</i>		71 (11.7)
<i>Medium business (20–199 employees)</i>		147 (24.2)
<i>Large business (200 or more employees)</i>		354 (58.2)
<i>Not reported</i>		21 (3.5)

Note: IQR: interquartile range; n: number of participants.

^aEmployed, but the work does not continue indefinitely or with a fixed pattern of work.

demographics questions (i.e. age, education, language/s spoken at home, and residential information), seven questions about miscarriage (i.e. number and type/s of miscarriage/s, when and where their losses occurred), and 17 questions about workplace experiences (i.e. characteristics of the organisation, leave provisions, workplace-based support). Questions were a combination of fixed choice (e.g. Did you tell your workplace about your loss? Yes/No), Likert scale questions (e.g. please rate the extent to which you felt supported by the following people in your workplace), and open-ended questions, (e.g. Why did you choose to tell/not tell your workplace about your pregnancy loss?).

Procedure

Participants were provided with a link to the survey and Information Statement through online advertisements. The survey was available from March-May 2020 and took, on average, 21.4 min (IQR = 5.3 min) to complete.

Data analysis

Quantitative data were analysed using IBM SPSS 24. Descriptive statistics summarised women's experiences of returning to work following miscarriage. Not all questions were relevant to, or answered by, all participants so percentages and counts are presented below. Twenty participants reported not being in paid employment at the time of their pregnancy loss. They were excluded from workplace descriptor analysis. Independent Samples Kruskal-Wallis tests compared differences in duration of leave according to workplace size, sector of employment, whether women were in a leadership role or not, and time since loss. A significance level of 0.05 was used.

Open-ended responses describing why participants disclosed or kept private their miscarriage to employers were inductively analysed using conventional content analysis (Hsieh & Shannon, 2005). Responses were provided with an initial code that summarised the key ideas, initial codes were grouped into categories and categories were grouped into themes. Responses were reviewed and analysed independently by MK and JEC. Researchers met periodically to discuss findings and resolve any discrepancies. MK had experienced a missed miscarriage and was well supported by her workplace after disclosing her loss. This first-hand experience allowed her to provide nuance when codes were grouped into categories and categories into themes.

Results

Participants reported between one and 16 miscarriages (median = 2 miscarriages, SD = 1.7). Most participants reported complete (46.5%, $n = 283$) or missed miscarriages (41.6%, $n = 253$) requiring expectant (41.3%, $n = 251$) or surgical management (48.8%, $n = 297$) (Table 2).

Returning to work after loss

The majority of participants (77.9%, $n = 459$) returned to normal duties following miscarriage (Table 3). However, many participants (84.7%; $n = 514$) took leave before

Table 2. Miscarriage characteristics.

	Median (range, IQR)	n (%)
Number of Miscarriages	2.0 (1–16; 2)	
Timing of Miscarriage		
Last 6 months		193 (31.7)
7–12 months ago		121 (19.9)
13–24 months ago		91 (15)
>24 months		175 (28.8)
Unclear ^a		10 (1.6)
Not reported		18 (3.0)
Type of Miscarriage		
Complete		283 (46.5)
Incomplete		62 (10.2)
Missed		253 (41.6)

Note: IQR: interquartile range; n: number of participants.

^aIncomplete provision of information (e.g. provided year, but not month).

returning to work. Leave duration ranged from one day to one year (Median = 7 days, SD = 26.4 days). Most participants reported taking paid leave, with sick leave (39.3%, $n = 219$) and annual leave (19.4%, $n = 108$) the most common types of paid leave accessed. Most participants (93.8%, $n = 334$) reported that if their workplace offered two days of paid bereavement leave they would take this, and for many participants (74.9%, $n = 161$) these two days of paid bereavement leave would change their return-to-work plans.

Table 3. Return-to-work arrangements and leave taken following loss.

	Median (range, IQR)	n (%)
Return-to-work arrangements immediately following miscarriage		
Returned to normal duties		459 (77.9%)
Return-to-work plan ^a		67 (11.4%)
Normal duties with referrals to support services ^b		25 (4.2%)
Did not return to work		38 (6.4%)
Resigned		9 (1.5%)
Organisation initiated ^c		13 (2.2%)
Other (not specified)		16 (2.7%)
Leave		
Leave (days)	7 (0–365; 10)	
Leave taken after miscarriage		
Yes		514 (84.7%)
No		93 (15.3%)
Type of leave		
Paid Leave		478 (78.6%)
Annual leave		108 (19.4%)
Sick leave		219 (39.3%)
Bereavement leave		21 (3.8%)
Carers leave		6 (1.1%)
Combined leave ^d		48 (7.9%)
Long service leave		2 (0.4%)
Unknown ^e		74 (13.3%)
Unpaid Leave		35 (6.3%)
Unspecified		1 (0.2%)

Note: IQR: interquartile range; n: number of participants.

^aReturn-to-work plans included work adjustments such as modified duties, working remotely, or reduced hours.

^bReturn to normal duties with referrals to support services, but no work adjustments.

^cReason for not returning to work were initiated by the employer, e.g. redundancy, contracts not renewed.

^dSome respondents combined different forms of leave, e.g. sick leave and annual leave.

^eDescriptions of leave did not specify the type of leave, e.g. 'as much leave as I needed.'

Kruskal–Wallis H tests showed no significant differences in number of days of leave taken according to organisation size ($H(3) = 6.5, p = 0.1$), employment sector ($H(2) = 2.8, p = 0.2$), or whether the participant was in a leadership role at the time of miscarriage ($H(1) = 0.1, p = 0.8$). The average number of days of leave did not differ according to time since loss ($H(3) = 5.2, p = 0.2$).

Disclosing miscarriage to employers

Most participants shared their miscarriage with their workplace (78.6%, $n = 477$). Two broad themes captured why respondents disclosed their loss/es or not: managing their return-to-work experience and workplace culture.

Managing their return-to-work experience

The decision to share or keep private their miscarriage from colleagues enabled respondents to manage their workplace experiences following their loss. Disclosure enabled participants to access leave and flexible work arrangements, and ‘to enable me [sic] time to grieve.’ Many participants shared their loss because they ‘needed support and understanding’, and to avoid triggers at their workplace, ‘So my coworkers [sic] didn’t talk pregnancy/babies to me – 3 others pregnant in my team.’

Some participants did not disclose their loss with their workplace because ‘It’s too personal and too painful, people don’t know what to say and inadvertently say things that are hurtful.’ By not sharing, they were able to protect themselves from difficult conversations and create a different, but still emotionally safe, workplace.

Workplace culture

Participants’ decision to disclose their loss was both in response to their workplace culture and to shape workplace culture. Participants who shared their miscarriage at work ‘felt comfortable enough to share with my workplace’. Good relationships with managers, managers disclosing their losses, and colleagues responding with support when earlier losses were disclosed contributed to participants’ decision to share their miscarriage at work.

Some women also saw their disclosure as a way of shaping the workplace culture. Participants ‘believe[d] it is something that should be talked about’ and shared to ‘normalise miscarriage’. Women talked specifically about the need for open conversations in the workplace too: ‘Because I believe everyone deserves support no matter what stage of their pregnancy and workplaces are a big part of our lives.’ Women wanted to explain their absence to their team, to be honest, and to bring others along with them.

In contrast, participants who did not share their loss cited concerns about career progression and employment as reasons to keep their miscarriage private. Women who had recently started new jobs or projects, were in precarious employment, or worked in male-dominated organisations or organisations where senior colleagues were all or majority ‘men with that old school boy club mentality’ were particularly concerned about their workplace knowing that they were trying to conceive: ‘My job is coming up to be advertised and I did not want the fact that we are trying to conceive to impact my job prospects.’

Workplace support following loss

Figure 1 summarises the level of support participants received from colleagues, direct managers, human resources (HR) colleagues, and their organisation. Most participants were somewhat or well supported by colleagues (87.6%, $n = 416$) and their managers (73.5%, $n = 377$). In contrast, most received no support or negative support (67.8%, $n = 200$) from HR departments.

Discussion

Women disclosed or kept private their loss/es to access leave and flexible work arrangements, avoid triggers and solicit support. Decisions about disclosing were both influenced by and influenced workplace culture. Most respondents took paid leave following their miscarriage. Few women reported receiving formal support in their workplace. Rather, most received informal support from colleagues and managers. Importantly, having access to bereavement leave was welcomed and believed to influence return-to-work plans.

Leave is important for appointments, grieving and validation.

Nearly all participants took leave before returning to work after their miscarriage. The need for leave was independent of organisation size and sector, and participants' seniority. Women who had experienced loss within six months of completing the survey reported similar lengths of leave to women who had reported loss/es more than two years before completing the survey. Leave, and the time that it affords women to attend appointments, heal and grieve is particularly important since the majority of respondents returned to normal duties after their leave. This suggests that for most

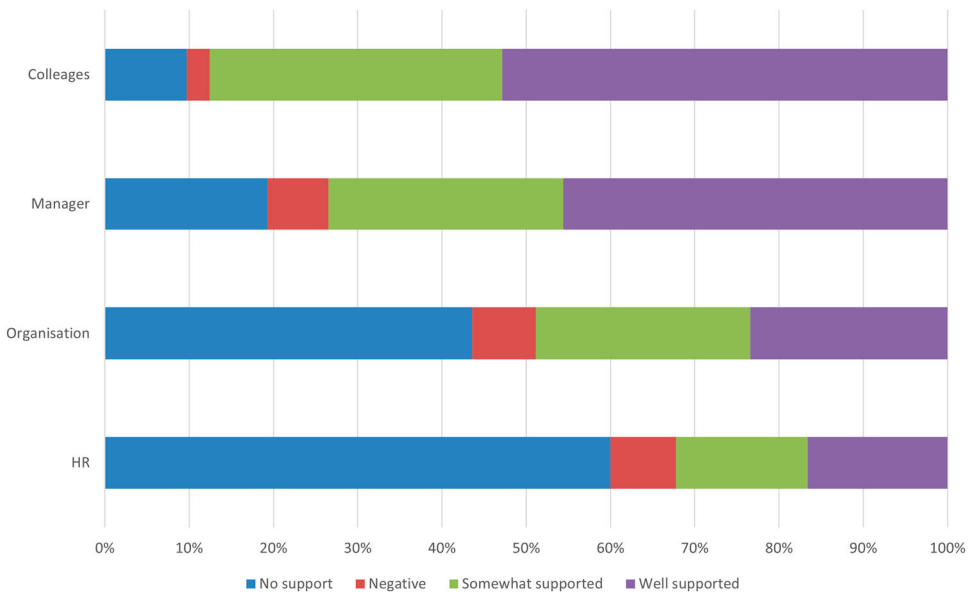


Figure 1. Number of respondents indicating the level of support they received from their colleagues, managers, human resources (HR) and their organisation.

participants, there were few adjustments made to accommodate the physical and emotional aspects of their loss upon returning to work.

At the time of data collection, Australia did not have mandated allowances for leave after early pregnancy loss. In September 2021, amendments to the Fair Work Act 2009 (Cth) were introduced to provide parents with two days of paid compassionate and bereavement leave following miscarriage. This is similar to legislation in New Zealand where parents are provided with three days of paid bereavement leave after a miscarriage or stillbirth ('Holidays (Bereavement Leave for Miscarriage) Amendment Bill', 2021). In addition to the time and financial support, bereavement leave is validation of loss. The 12-week rule, a social practice of not disclosing a pregnancy until after the first trimester, exacerbates the isolation felt by bereaved parents as first trimester loss might not be known or acknowledged by family and friends, and has no accompanying mourning ritual, e.g. funeral or body to mourn (Boyle et al., 2015; Kersting & Wagner, 2012). Bereavement leave formally acknowledges the baby and their loss while providing parents the time to physically heal and emotionally process their grief.

Support workplaces to be more supportive

The findings suggest that although individuals within teams can create supportive workplace environments, there is a need to build an organisation-wide culture of support. Examples can include: staff pages with links to consumer-led support programmes; ensuring that leave policies allow access to paid bereavement leave after miscarriage; providing flexible work arrangements and/or return-to-work plans, and support for open conversations from leadership about pregnancy loss and fertility particularly in male-dominated organisations, or organisations with male-dominated leadership. Consistent with earlier research on stillbirth (Hazen, 2006), women in this study stated that managers disclosing their own losses helped break down the silence around miscarriage and allowed them to disclose their own loss. This highlights the need for more conversation in and about fertility in the workplace, and more structural change to better support bereaved parents.

Women are contributing to work environments they need following miscarriage.

Women's reasons for (not) disclosing their miscarriage to colleagues highlights the need for a strengths-based perspective to research and conversations about miscarriage. Women shared or kept private their miscarriage to manage their return-to-work experience, from avoiding triggers or painful conversations, to accessing leave and flexible arrangements, to seeking support and validation. In choosing if/whom to tell, women create emotionally safe spaces. This is consistent with previous research on return-to-work experiences following pregnancy loss (Meunier et al., 2021; Moulder, 2016).

Although women's decision to disclose their miscarriage is influenced by how supportive their workplace and senior management are, women also disclose to influence this culture. They hope to create more openness through their conversations. What workplaces need to do, then, is to amplify their voices and provide formal, structural support.

Limitations

Although the study provides a snapshot of women's experiences of workplace support following miscarriage, as with other survey studies, there is potential for sampling bias. However, that respondents were drawn from across Australia, a range of workplaces and different levels of education suggests that a reasonable sample of experiences has been captured. Future research could explore how return-to-work experiences differ between parents of different sociocultural backgrounds and sexuality through larger sample sizes or in-depth interviews.

Conclusions

Understanding how women navigate paid work after miscarriage, and how workplaces can be better equipped to support women can help women return to work safely. Women's workforce participation, in turn, has positive impacts on women's economic security (Australian Government Workplace Gender Equality Agency, 2021) and mental health (Quenby et al., 2021). Women indicate a need for leave to support their healing and grief, and workplaces that validate their loss. We recommend that in addition to the legislated bereavement leave provisions, organisations establish local provisions for flexible work arrangements, training for managers, and opportunities for both formal support from the organisation and informal support by colleagues.

Disclosure statement

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

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