



LGBTQ+ peoples' experiences of workplace leave and support following pregnancy loss

Alice Rose  and Melissa Oxlad 

School of Psychology, The University of Adelaide, Adelaide, Australia

ABSTRACT

Pregnancy loss is a distressing life event for many people. While the need for workplace leave following pregnancy loss is increasingly recognized, limited research exists to inform policy change and appropriate organizational supports for LGBTQ+ people experiencing pregnancy loss. Adopting an inductive approach, we interviewed 12 LGBTQ+ people aiming to explore their workplace leave and support experiences following pregnancy losses as gestational or non-gestational parents in the previous 6 months to 10 years. Reflexive thematic analysis generated three themes (1) Disclosure in the workplace: support, shame, and self-protection, (2) Navigating discriminatory workplace policies, leave, and entitlements and (3) Coping at work: Getting the balance right for each person. Heteronormative policies and entitlements can compound the distress of LGBTQ+ people experiencing pregnancy loss, including increasing difficulties in accessing leave, misgendering leave entitlements, failing to accommodate for high attachment to unborn babies in early gestation, and the impact of distance for parents who have engaged in surrogacy. Employers can assist by using inclusive language in leave policies and forms, providing people of all genders and sexualities access to parental and bereavement leave irrespective of family formation method and gestational age and allowing flexibility in hours, workload, and tasks after a pregnancy loss.

ARTICLE HISTORY


Received 27 June 2021
Accepted 16 December 2021

KEYWORDS

Miscarriage; stillbirth; LGBT;
entitlements; workplace;
pregnancy

Pregnancy loss can be distressing for many expecting parents regardless of gestational age (Due et al., 2017; Obst et al., 2020b; Obst et al., 2021; Peel, 2010; Riggs et al., 2018). People experiencing pregnancy loss, encompassing miscarriage, ectopic pregnancy, medically indicated termination and stillbirth, have reported varying, lower levels of support, compared with supports following other types of loss (Dainty et al., 2021; Doka, 2008; Due et al., 2018; Obst et al., 2020b). Barriers to support include normative silence on the topic, which discourages disclosure and limits offers of support (Bellhouse et al., 2018), normative understandings of what constitutes 'legitimate' loss that often excludes pregnancy loss leading to a lack of support being offered and internalized disenfranchisement from grief (Doka, 2008; Obst et al., 2020b), as well as stigma, defined as

CONTACT Alice Rose  alicerosepsychology@gmail.com  School of Psychology, The University of Adelaide, Adelaide, SA 5000, Australia

 Supplemental data for this article can be accessed <https://doi.org/10.1080/13668803.2021.2020727>.

© 2022 Informa UK Limited, trading as Taylor & Francis Group

the labelling, separation and status-loss of individuals (Link & Phelan, 2001, p. 364), attached to and internalized by people experiencing infertility (Riggs & Peel, 2016; Whiteford & Gonzalez, 1995). In addition, for many LGBTQ+ people, heterosexual kinship norms compound pregnancy loss stigma (Craven & Peel, 2017; Peel, 2010; Riggs, 2020; Wojnar, 2007). While LGBTQ+ family formation is increasing through advances in assisted reproductive technology (ART) and in-vitro fertilization (IVF) (Australian Bureau of Statistics, 2018; Dempsey, 2013a, 2013b), conception, pregnancy, and birthing policies and practices remain largely focused on heterosexual people (Darwin & Greenfield, 2019). Approximately one in four pregnancies ends in pregnancy loss (Australian Institute of Health and Welfare [AIHW], 2019); however, there is no disaggregated data on the prevalence of pregnancy loss for LGBTQ+ people. Given the high prevalence and associated distress of pregnancy loss, and the potential for double-stigmatization of pregnancy loss for non-normative families, it is important to understand how LGBTQ+ people experience this often-distressing life event, including their experiences accessing support and leave entitlements in the workplace.

People with diverse genders and sexualities, often referred to as LGBTQ+ people, including gay, lesbian, bisexual, pansexual, transgender, gender-fluid and non-binary, queer, and asexual, tend to experience daily stressors due to their 'non-normative' gender or sexuality (Ali & Barden, 2015; Leblanc et al., 2015; Meyer, 2003; Nadal et al., 2016; Peel, 2001). These stressors, including navigating issues of visibility, conflict, policy and employment-related discrimination, physical and verbal assaults/threats, internal conflict or internalized heteronormativity, and microaggressions and misunderstandings (Nadal et al., 2016), increase the risk of mental health issues for LGBTQ+ people (e.g. Ehlke et al., 2020; National LGBTI Health Alliance, 2020; Keating & Muller, 2020).

Furthermore, the sphere of kinship holds additional challenges for LGBTQ+ people. Beyond individually directed attacks, same-sex parents experience *added* discrimination when the 'family' aspect of their identity is salient, likely evoked by the perceived illegitimacy of LGBTQ+ families (Haines et al., 2018; Nadal et al., 2016). LGBTQ+ people who have a strong desire for children have reported that their wish for children can be ignored, dismissed and problematized by society more broadly (Perales et al., 2020; Riggs et al., 2016). The perceived legitimacy of LGBTQ+ families in 'Western' countries varies, and an emphasis on the importance of biology in the context of family is negatively correlated with community support for LGBTQ+ families (Riggs & Due, 2018).

A small body of literature has focussed on general pregnancy loss experiences within particular LGBTQ+ communities (Craven & Peel, 2014; Peel, 2010; Riggs et al., 2015; Riggs et al., 2020; Wojnar, 2007). Queer reproductive loss has been described as 'a silent burden ... frequently intensified by fears of homophobia and heterosexism' (Craven & Peel, 2017, p. 225). Despite its high prevalence, pregnancy loss is rarely discussed, which creates barriers to support (Bellhouse et al., 2018; Rowlands & Lee, 2010). Several studies have found that the challenges faced by cis female LGBTQ+ people in achieving conception amplify their experiences of pregnancy loss (Craven & Peel, 2014, 2017; Peel, 2010; Wojnar, 2007). Stressors that compounded distress following pregnancy loss included financial concerns, lack of acknowledgement, lack of consideration for non-gestational parents, and fears of further marginalization as non-normative parents (Craven & Peel, 2014). Furthermore, lesbians have been found to experience a double-disenfranchisement of maternal

bereavement due to the lack of societal recognition for their status as legitimate mothers (Cacciatore & Raffo, 2011).

Similarly, challenges have been identified for gay men and trans people. For example, offshore surrogacy arrangements frequently resulted in a gap between the emotional support and involvement that gay men sought and what was provided (Riggs et al., 2015), which had significant emotional consequences when pregnancies were lost (Riggs et al., 2015). Moreover, trans parents are at higher risk of discrimination and minority stress than sexually diverse cisgender people (Ellis et al., 2015).

While there is a paucity of research investigating workplace leave and support following pregnancy loss for LGBTQ+ people (Darwin & Greenfield, 2019), existing literature on the experiences of cis heterosexual people in the workplace following pregnancy loss is increasing. A recent scoping review (Meunier et al., 2021) noted that stigma and a lack of recognition of the loss impacted organizational practice and interactions with colleagues and supervisors. However, most studies within this review involved women's perspectives of late-term pregnancy loss. Recently, cis heterosexual fathers' experiences of accessing leave entitlements have also been explored (Borgkvist et al., 2018; Haas & Hwang, 2019; Kauffman, 2002; Obst et al., 2020a). While this emerging research is valuable, LGBTQ+ peoples' experiences and workplace needs following pregnancy loss remain under-researched which poses a significant gap in knowledge given other difficulties LGBTQ+ people have reported within the workplace.

LGBTQ+ people regularly experience discrimination in their workplaces (James et al., 2016; Resnick & Galupo, 2019; Willis, 2009). A review (Stavrou & Ierodiakonou, 2018) of work-life balance research, encompassing family-friendly organizational policies, identified that research on leave and workplace flexibility is largely gender-neutral, focusing on 'visible' minorities but not diverse bodies, genders or sexualities. In addition, research indicates that LGBTQ+ people are less likely to disclose their sexuality or relationship status at work than heterosexual cis males (Capell et al., 2018; Priola et al., 2014). As a result, they may be less likely to be offered leave or support following pregnancy loss; research is required, however, at present, to the best of our knowledge, no literature describing how LGBTQ+ people experience disclosing pregnancy loss in their workplace exists.

Recently in Australia, efforts have been made to improve policies and practices for people who have experienced pregnancy loss, including the Australian Government's provision of up to twelve months unpaid leave following stillbirth (Curtis, 2020; Ireland, 2020) and new legislation allowing two days of paid leave for women and partners following miscarriage before 20 weeks gestation (Borys, 2021). These changes follow the lead of the New Zealand Government, which formally recognized the impact of miscarriage, recently announcing a three-day miscarriage leave policy (Employment New Zealand, 2021). In light of such policy developments, it is essential to investigate the experiences and needs of LGBTQ+ people following pregnancy loss to ensure adequate provisions in future workplace policies and leave entitlements.

Further, given increasingly diverse methods of family formation, the high prevalence of pregnancy loss and the lack of knowledge about workplace leave and support needs of LGBTQ+ people following pregnancy loss, there is a significant need for research exploring LGBTQ+ experiences. Such knowledge is essential for facilitating more inclusive, LGBTQ+ informed policies and supports following pregnancy loss. Therefore, we aimed

to explore LGBTQ+ peoples' workplace leave and support experiences following pregnancy loss.

Method

Participants

This study is part of a broader qualitative research project examining LGBTQ+ peoples' experiences of pregnancy loss. The University of Adelaide Human Research Ethics Committee and the AIDS Council of New South Wales (ACON) Research Ethics Review Committee approved this research. Twelve people, 8 cis women, 3 cismen and 1 trans non-binary person, who were at least 18 years of age, fluent in English, who did not consider themselves cisgender *and* heterosexual, and who had experienced pregnancy loss (via ectopic pregnancy, miscarriage, stillbirth or during surrogacy) as gestational parents ($n = 5$), non-gestational parents ($n = 3$), or as both gestational and non-gestational parents ($n = 4$), between 6 months and 10 years prior to interview, shared their workplace experiences following pregnancy loss. Despite being eligible to participate, no intersex or asexual people participated.

Participants, aged 30–60 years ($M = 40.5$ years, $SD = 10.32$), resided in four Australian states and England and were in long-term relationships; two participants were a couple who undertook separate interviews. Some cultural diversity existed, with participants including two Aboriginal and Torres Strait Islander participants, one Greek-Australian, and two participants whose partners spoke English as a second language. Participants had experienced between one and five losses, with six participants caring for living children at the time of interview. For non-surrogacy related losses, all losses occurred in Australia and England. Three participants experienced pregnancy losses while engaging in altruistic or commercial surrogacy, which occurred in Australia, the United States of America, and India. One participant had also experienced pregnancy loss as part of a multi-parent family. The time since pregnancy loss ranged between eight months and ten years prior to interview ($M = 3.58$ years, $SD = 2.81$). At the time of loss, all participants were employed; ten full time and two part-time.

Procedure

Recruitment occurred with the assistance of multiple organizations relating to LGBTQ+ conception, surrogacy and parenting, LGBTQ+ mental health, pregnancy loss support and perinatal mental health who promoted the research to their consumers through email and social media networks.

We employed a qualitative design using individual interviews. Given the exploratory nature of our research, we developed a semi-structured interview schedule using open-ended questions (see Supplementary Table 1) by adapting existing questions relating to pregnancy loss (Obst & Due, 2019; Peel, 2010). Due to the sensitive nature of the research topic, participants were provided details of support services and offered clinical psychologist support, but none accepted this offer.

We conducted a pilot interview jointly to assess the suitability of the interview schedule; given the importance of work that emerged during this interview, the following

questions were added to the interview schedule for all remaining interviews: Did you feel able to tell your employer about your loss? If so, did they grant you leave? Data from the pilot interview was included within the data corpus. The first author conducted the remaining interviews between March and July 2020. Interviews occurred via telephone, Zoom, or face-to-face and ranged between 53 and 127 min in length ($M = 97$, $SD = 19.96$). All interviews were audio-recorded with permission and transcribed verbatim using an orthographic approach (Braun & Clarke, 2013). Confidentiality was maintained by assigning each participant a pseudonym and removing identifying details from the transcripts.

In keeping with Tracy's (2010) criteria for excellence in qualitative research, an audit trail was established to document the research process. Data analysis was iterative, with sequential analysis and comparisons made between interviews to ascertain when the researchers agreed that significant meaning on the subject, taking into account the study aim, quality of the dialogue, and analysis strategy (Braun & Clarke, 2013, 2019; Malterud et al., 2016). To ensure credible research (Tracy, 2010), all participants could review their transcript for verification; 11 participants confirmed their transcripts, with no amendments requested.

As researchers can influence the research process and interactions, the authors engaged in self-reflexivity throughout the research (Braun & Clarke, 2013; Tracy, 2010). The first author is a queer parent with pregnancy loss experience, while the second author is a heterosexual parent with no pregnancy loss experience. Both authors were conscious to reflect on how their identity, experiences and training may influence the research and met regularly to discuss potential bias.

Data analysis

Data were analyzed using six-step reflexive thematic analysis (Braun & Clark, 2006, 2013, 2019). Data familiarization occurred through repeated readings of transcripts. Initial codes were noted. Codes were then synthesized to generate initial themes across the data set and then reviewed for clarity and quality of meaning in relation to the research aim before being collapsed into higher-level themes (Braun & Clarke, 2013). Themes were refined and labelled, and compelling extracts were selected to represent each theme. Both authors reviewed codes and consensus was reached for the final themes and sub-themes.

Results

Across the data set, participants' experiences of work were key aspects of their overall pregnancy loss experiences. Three themes were generated from the data: (1) Disclosure in the workplace: support, shaming and privacy, (2) Navigating discriminatory workplace policies, leave, and entitlements and (3) Coping at work: Getting the balance right for each person.

Theme 1: disclosure in the workplace: support, shaming and self-protection

Disclosure in the workplace was a key theme in participants' experiences of pregnancy loss. Participants described having to 'come out' to workplaces, sometimes on dual

fronts. Upon conception, many participants had serious conversations with partners about comfort with workplace disclosure. Family formation within the context of non-normative relationships felt precarious for many participants, who described guarding their privacy at work during the conception phase, only to then have to ‘come out’ and be explicit about their efforts to grow their family at a time of personal crisis. Participants’ experiences of silence and stigma surrounding pregnancy loss are not exclusive to LGBTQ+ people. However, participants described how their awareness of the pervasive nature of heteronormative models of kinship and procreation led to increased apprehension when disclosing pregnancy loss in the workplace. In most cases, the more non-normative the conception efforts, the more precarious the disclosures felt.

Subtheme 1 – seeking support in the workplace

Two participants, who adopted a proactive approach, described how coming out about using ART to their work colleagues allowed them to garner support, validation and increased workplace flexibility before and after loss. Isabella deliberately sought flexible employment and was up-front with her employer about her motivations to gain flexible part-time employment. In turn, this transparency made it easier to return to work following pregnancy loss.

Right from the get-go I’d been very honest about what I was doing and planning to do for the next however many years. Because I needed them to be super flexible, and they were. And they were really kind, and whenever I needed time off, they were really supportive. (Isabella)

Another participant described how, through honest disclosure, colleagues became invested in the process and were more inclined to be practically accommodating and emotionally supportive.

It [disclosure] just made the whole experience easier ... So, if it was to go bad, they just know that that’s what happened ... I did have the miscarriage and they all knew about that, and you know everyone that I work with has experienced enough to be able to manage that. So, they could say “Oh Emma, we’re really sorry”. (Emma)

While Emma was open with her whole work team, other participants found that selective disclosure provided them with limited but meaningful workplace supports, creating a buffer from other colleagues’ insensitive comments.

And I’m lucky enough to have some great work colleagues who’ve overheard those things [comments about unplanned pregnancies] and have gone over and said “Look there are women within earshot who have lost babies or are actively trying to get pregnant and you’re whinging about being pregnant for the fourth time and you didn’t plan it. You need to shut the fuck up because its rude”. (Gillian)

While some participants successfully garnered emotional support from colleagues, this was not the outcome for all. The empathy, or lack thereof, afforded by colleagues to those who disclosed their pregnancy loss at work appears to be largely framed by normative understandings of gender and kinship and lack of personal experience of pregnancy loss.

I think it was that those who’ve not had a miscarriage, or the ectopic pregnancy, not realizing the significance of it. “Well you can just perform at work, you know.” There was just this

expectation within work that you know “Look, we’ve got this work to be done”, and not realizing that I was a bit delicate at that stage. (Tom)

Male participants spoke of experiencing less workplace support which appeared related to a lack of understanding about the gravity of pregnancy loss as well as normative expectations of fathers having limited emotional attachments during pregnancy. Intended parents with surrogates overseas expressed concerns others judged them and saw them as less deserving of support.

I don’t think that we got the understanding that other people would have had. We were worried, like to have to try and have to explain to my work, why we needed some time off work. I was forced to tell people that I didn’t want to tell. And then probably for a month or two after I was in depression. And there’s no support. There’s nothing. There’s no understanding. Because people, if you tell them “Look we were having babies through surrogacy and they died.” And people immediately jump to judgement. Well, they did with me. (James)

Subtheme 2 – engaging in self-protection in the workplace

Most participants described feeling uncomfortable disclosing their pregnancy losses to colleagues; many only disclosed their conception efforts to their direct report. Many participants explicitly described their reluctance to disclose their pregnancies due to fear of recrimination or judgement from colleagues.

Some participants experienced a trade-off whereby self-protection through non-disclosure led to exposure to distressing comments in the workplace that were at odds with their experiences and desires for children. LGBTQ+ people silently endured the negative content and tone of colleagues’ comments about pregnancy, babies and LGBTQ+ family formation to conceal their pregnancies. Several participants described experiencing distress or intense anger in response to colleagues comments:

I just want to scream at these pregnant women I work with who are using—actively injecting ice while they are seven months pregnant, and it makes me want to scream. Yeah, or colleagues that go “Oh fuck, I’m pregnant again! I didn’t want this one!” (Gillian)

Through non-disclosure in the workplace, participants already distressed by their loss had to further manage their emotions in these instances. Exposure to colleagues’ judgemental, negative statements about non-normative kinship created further emotional barriers to disclosure. Participants described their colleagues making flippant comments or having heated discussions about the naturalness or healthiness of same-gender parented families and surrogacy:

A woman that I work with saw the program on Insight [a television program about surrogacy] and the next morning was like “That surrogacy program on Insight! All that exploitation of women in India!” And she was going on and on, and I was just sinking into the ground because I hadn’t told her that we were pregnant. (James)

The judgemental tone of these types of comments served to reinforce participants’ non-disclosure and increase their desire for privacy in anticipation of judgement about their desires and endeavours to have children. While non-disclosure of early pregnancies is not uncommon amongst heterosexual people, self-protection due to potential reactions to non-normative family formation may compound experiences of isolation already present for LGBTQ+ people.

Subtheme 3 – external shaming and internalized shame

Participants often anticipated the (hetero)normative response to LGBTQ+ conception and pregnancy loss in the workplace. Along with previous experiences of discrimination and overhearing discriminatory comments about other LGBTQ+ families, colleagues' judgemental comments, as described above, heightened participant fears of being shamed rather than supported if they disclosed their loss. The distress of pregnancy loss was complicated by participants' expectations of and desire to protect themselves from shaming comments. Many participants described anticipating a hostile reception from colleagues if they shared their pregnancy loss. Such anticipation was expressed by Edward.

- 'Edward: I mean I had a lot of time off work because of it. I just couldn't go in. I'd told people at work that we were going to have another child and then I just couldn't face their empathy or sympathy. I just couldn't face it. I almost felt like I was I felt like I was overreacting. I felt that they would think I was overreacting. I wasn't carrying the child. Some other woman was carrying the child. It was over in the US. It was an IVF baby. You know, all those sorts of things, so I almost felt like I was a fraud for being upset.
- Interviewer: Did you receive any of those comments?
- Edward: No, it was all in my head. It was all imagined. But I also didn't put myself in a situation where I could be confronted with it. Yeah, I had plenty of leave, so I just took it.' (Edward)

These expectations of judgement and shaming and rather than support increased participants' distress. Others' judgements led, in some cases, to internalized feelings of shame, where participants questioned whether they were deserving of support when attempting something that remains largely the domain of heterosexuals.

- 'I hadn't shared the pregnancy with a lot of people ... and I found you know, a whole lot of feelings in that I had to work through I think, some of the feelings around creating children through surrogacy. And there was guilt and shame associated with it for me. I don't know whether it was shame, but still I was feeling conservative, and I was feeling private.'
- (James)

While James questioned whether shame accurately described his emotions, externalized shaming by others clearly contributed to complex feelings overlaid onto a sense of loss and grief for participants. In James' case, feelings of guilt and a desire to shield himself from judgement posed barriers to seeking support. In this way, discriminatory comments in the workplace reinforced non-disclosure of pregnancy loss and increased fears of judgement and shaming following loss, exacerbating distress.

Theme 2: navigating discriminatory workplace policies, leave, and entitlements

Grief and identity were often contested at work. Normative understandings of parental and bereavement leave in some workplace policies hindered participants' ability to take leave following pregnancy loss. Misgendering language in policies regarding leave and entitlements was described to adversely impact participants emotions and to have a discriminating effect on the logistics of their leave entitlements.

- 'I hated the fact that from work and stuff, I had to go on paternity leave, like that feels really uncomfortable, because it's not paternity leave, like I don't know why that can't be called parental leave. Yeah and then when I was pregnant the second time, equally Alex [partner]

would have had to have had paternity leave from her work as well, which is bizarre.’
(Charlotte)

Participants, including Charlotte, described how workplace policies concerning pregnancy loss did not often align with their realities and practical needs. Several barriers to accessing workplace bereavement leave were described, including human resources staff not viewing pregnancy loss as sufficient for bereavement leave; bereavement leave only being offered for pregnancy losses of babies of 20-weeks plus gestation, minimizing the experiences of people who have lost a baby through ectopic pregnancies and miscarriage; leave being available for gestational parents only; and no leave provisions that allow for the need to travel in the case of overseas surrogacy arrangements. It was important for Elanor that while bereavement leave came out of her sick leave, the leave was acknowledged appropriately as bereavement leave.

Bereavement leave was never really discussed with me. It was actually me saying to HR “I see this as bereavement leave. I intend to apply for it this way”. And they’d never had anyone think about it that way (Elanor)

Heteronormative parental leave policies failed to consider diverse genders, sexualities and diverse conception circumstances, which participants indicated increased emotional distress and cognitive load.

She was at [a major university], and so obviously –oh no, I was in labour when her exam was supposed to be. And so obviously she didn’t make it to her exam. She told the learning and teaching unit at the university, and she had to go in and have a counselling session to learn to prioritize her time! I know it’s terrible! Yeah and she’s like “I was at the birth of my son. I think I know how to prioritize”. And that was the process we had to go through to get the fail removed from her thing [academic transcript] and to get the replacement exam. (Maryanne)

The pressure from institutions to adhere to heteronormative ideologies had potentially life-changing logistical impacts, particularly for intended parents engaging in overseas surrogacy. For example, after the death of twin daughters in India at 22-weeks’ gestation and being unable to travel to India to hold a funeral, James was denied parental status and appropriate leave entitlements when his second twins were born prematurely and were in a critical condition in intensive care. James spoke of human resource staff actively invalidating his identity as a parent during a time of crisis:

They wouldn’t give it to me. She said “You were never pregnant; your partner was never pregnant. You can’t have it.” I had kids in intensive care in India. I was trying to work our leave out. I tried to fight her on it, but I thought “I can’t do this while my kids are in intensive care”. I just had to get over there. So, I just had to use my savings. And she wrote to [government department] and tried to get a ruling to say that we didn’t get to have leave, because they weren’t our children. (James)

While subsequently overturned, this situation illustrates experiences of invalidation and the added layers of difficulty for LGBTQ+ people in accessing workplace entitlements. Needing to negotiate leave entitlements following pregnancy loss is not unique to LGBTQ+ people, but heteronormative leave policies and a lack of acknowledgement of non-gestational parents’ needs may further deplete the resources of LGBTQ+ people following pregnancy loss.

Theme 3: coping at work: getting the balance right for each person

Most participants described returning to work as a way to manage their grief, with most returning to work within 1–7 days of pregnancy loss. This decision was informed by their previous successful attempts to manage grief by ‘throwing themselves’ into work,

So, you know I had a grand total of a week off! And then straight back to work. Yeah. And that was my choice. I felt like I was ready, physically and mentally, to go back to work. To stay busy. (Gillian)

The decision to return to work was also informed by internalized norms minimizing and stigmatizing grief following pregnancy loss. Soldiering on was in some cases a matter of identity formation.

I think there’s probably that part of me that is quite resilient and like to show a strong front, so I did just turn up. And just got on with it, you know. I didn’t want them to be thinking I was just wallowing somewhere in a corner. (Emma)

Eight participants described immersion in work as their ‘go-to’ in tough times. More than half of those described to their surprise that it was an ineffective coping strategy following pregnancy loss with their emotions intense and overwhelming.

Anyway, I didn’t know what to do so I went to work, and I lasted about a couple of hours then just broke down in tears and just left ... I was starting to unravel that day I’d left work, and I’d gone into work for the distraction. I immediately felt I’d done the wrong thing, so I left work. I was feeling sort of just unravelling and out of control. (Edward)

For other participants returning to work was less about emotional coping and more about logistics. As bereavement leave was deducted from participants’ sick leave, some participants returned to work despite a desire for time to grieve to manage their sick leave for future ART treatments.

I had the D & C [*dilation and curettage*] procedure on the Thursday. I took the Thursday and Friday off ... The doctor’s rooms were like “but whatever kind of certificate you need we’ll give it to you”. But I felt this really strong pull to not have days off work because I knew I needed the sick days for our next treatments. (Cate)

Many participants described that returning to work exacerbated and prolonged their grief. Some participants pushed themselves so far that they had to take significant time off work months later to address their complete exhaustion of resources.

And I’m absolutely a case in point, where I tried to begin with to suppress that; to return to work, to pretend that everything was okay. To carry on as normal. And I ended up literally having a breakdown. I could not function. I could not go to work. (Alex)

Work was noted as a potential source of comfort and distraction for several participants.

Some features of work environments stood out as facilitating positive experiences when returning to work. Having flexible working hours, being able to delegate emotionally charged tasks, the presence of employee support programmes, and anticipated support from colleagues all contributed to participants’ positive experience of returning to work following pregnancy loss.

I think because I was part-time I sort of had, I think, it kind of worked as a bit of a spacer so it was almost a nice balance of being distracted from it and actually having time off and having the space that I needed (Maryanne)

While each participants' needs and experiences for returning to work were different, any flexibility their workplaces afforded as they adjusted to their pregnancy loss was highly valued.

Discussion

We explored LGBTQ+ people's experiences of workplace leave and support following pregnancy loss. While experiences varied, people who are diverse in gender and sexuality faced significant challenges when navigating workplaces following pregnancy loss. The need to 'come out' in workplaces during times of distress created anticipatory stress and, in some cases, experiences of explicit discrimination. Findings that workplace policies are often drafted with the presumption of heterosexual unassisted conception, further marginalizing LGBTQ+ people in times of distress, support American data regarding LGBT workplace discrimination (James et al., 2016). Therefore, it is essential that we create safer workplaces which enact leave and return-to-work policies that employ inclusive language. In addition, the complexity and heterogeneity of LGBTQ+ family formation increases the need for flexible workplace support and leave options following pregnancy loss.

Our findings illustrate how people with diverse genders and sexualities face challenges in multiple aspects of work following pregnancy loss. Broader research into LGBT workplace microaggressions shows that discrimination can occupy multiple facets of the workplace (Galupo & Resnick, 2016). Our study builds on these findings with new understandings that participation in non-normative family formation may increase anticipation and experience of workplace discrimination following pregnancy loss. After pregnancy loss, we found that LGBTQ+ people may experience workplace discrimination and exclusion; in daily interactions between employees, in policies and leave entitlements that do not account for diverse families, and in hierarchical structures where supervisors and employers may maintain control of others workplace disclosure and privacy, and interpretation of leave policies. Findings from our study show how workplace disclosure of diverse genders and sexualities, non-normative family formation, silence and stigma surrounding pregnancy loss, and disclosure of pregnancy loss in the workplace, interact to shape LGBTQ+ people's experiences of support following pregnancy loss.

Building on the importance of friends due to a lack of formal and family supports following transmasculine pregnancy loss (Riggs et al., 2020), we identified workplaces as a potential source of meaningful supports to LGBTQ+ people following pregnancy loss. Experiences where supervisors and colleagues demonstrate care and flexibility, rather than judgement, are highly valued by people with diverse genders and sexualities. However, building on Capell et al. (2018), informal workplace discrimination and judgement following pregnancy loss adversely impacts LGBTQ+ people's ability to manage their grief. Additionally, given our findings concerning the impact of informal workplace support and discrimination, and other research showing that formal anti-discrimination policies do not translate directly into staff attitudes (Priola et al., 2014), employers and supervisors need to be aware that in addition to formal policies, informal support could be increased through activities such as inclusivity training.

Importantly, we found that people with diverse genders and sexualities are often reluctant to openly disclose pregnancies and pregnancy losses in their workplaces. Our findings indicate a combination of anticipation of discrimination (Capell et al., 2018), as well as broader cultural norms regarding pregnancy loss (Bellhouse et al., 2018) and the normalization of heterosexual family models (Riggs, 2020), increase the complexity of workplace experiences for LGBTQI+ people following pregnancy loss. Thus, it is unsurprising that in contrast to research indicating high pregnancy loss disclosure rates amongst heterosexual cis men (Obst et al., 2021), we found that people with diverse genders and sexualities are often apprehensive about disclosing their pregnancies and losses at work. Considerable barriers to disclosing diverse sexuality in the workplace (Meinhold & Frohn, 2016) and variable support for LGBTQ+ families (Riggs & Due, 2018; Webb et al., 2018) may be contributing to our findings of anticipated and experienced judgement and discrimination following pregnancy loss.

Exposure to heteronormativity, discrimination and a lack of support for LGBTQ+ families (Perales et al., 2020; Riggs & Due, 2018) are likely to be contributing to our findings that people with diverse genders and sexualities commonly experience feelings of guilt and being undeserving of support, and in some cases, internalize shame, following pregnancy loss. Internalized self-judgements, along with the anticipation of discrimination, may lead LGBTQ+ people experiencing pregnancy loss to closely guard their privacy in the workplace. However, notably, in some cases, LGBTQ+ people may feel forced to 'come out' in the workplace to apply for leave entitlements, increasing their distress.

Our findings regarding the need for flexibility in returning to work expands on previous recommendations that health professionals can improve care by acknowledging the heterogeneous needs of women experiencing the trauma of pregnancy loss (Due et al., 2018; Peel & Cain, 2012). In our study, people of all genders described pregnancy loss experiences as traumatic, and many were surprised at their intense grief, even when compared to other significant losses. The unexpected levels of distress may be due in part to our other findings of discriminatory policies, external and internalized shame, as well as social disenfranchisement from grief following pregnancy loss (Obst et al., 2020b). The variable success of using work as a means to cope with grief may indicate that people with an instrumental grieving style (Doka & Martin, 2010) may also require other strategies to assist. These mixed outcomes have practical implications for health professionals and employers, as employees returning to work is not necessarily a sign of coping. People may require alternative strategies, flexibility, support with duties or hours or additional leave.

Our findings that many workplace policies are at odds with LGBTQ+ people's needs following pregnancy loss build on broader LGBTQ+ organizational research (Galupo & Resnick, 2016; Huffman et al., 2008). Notably, the gap between LGBTQ+ people's needs and family formation methods and common parental leave policies is directly contributing to experiences of marginalization and increased distress following pregnancy loss. For example, the impact of distance on parents who engage in offshore surrogacy is not adequately considered or accounted for in parental leave policies. Additionally, supporting previous research (Dempsey, 2013b; Riggs, 2020), our findings indicate that the need to deprioritize biological ties and to reduce the emphasis on gestational age in workplace policies are especially relevant for people with diverse genders and sexualities. Workplace policies that are not inclusive of LGBTQ+ family formation are adding to the distress of pregnancy loss.

People with diverse genders and sexualities who are in the midst of pregnancy loss are likely to have limited resources to navigate heteronormative policies. Employers and workplaces can take proactive steps to reduce distress for their diverse employees and create more inclusive and mentally healthy workplaces. In line with previous findings (Huffman et al., 2008; Willis, 2009), we found that people with diverse genders and sexualities highly value workplace acceptance and inclusivity. Furthermore, we found that when workplaces offer inclusive policies and entitlements that consider the diverse needs of people experiencing pregnancy loss, LGBTQ+ people are better positioned to manage their grief.

Our findings point to the need for workplace policies, procedures, and practices to be reviewed to ensure they are inclusive and to optimally support people with diverse genders and sexualities after pregnancy loss. Employers should ensure that policies and practices incorporate:

- Language that is inclusive of diverse genders, sexualities and family formation methods (including replacing maternity leave with parenting or parental leave).
- Bereavement leave that applies for pregnancy loss at any gestation.
- Bereavement and parental leave that enables people of all genders and sexualities to access bereavement and parental leave irrespective of how they form their families and whether they are the gestational parent.
- The option for flexibility in hours, workload and tasks, recognizing that people experience pregnancy loss in unique ways and have individual physical, psychological and emotional needs, capacities and coping strategies. This flexibility should also extend to employees who initially return to work being allowed to take subsequent bereavement should they desire or require it.

Sample considerations and future research

We sought to include a broad range of LGBTQ+ participants but despite consultation with relevant organizations, attempts to recruit intersex, transfeminine, transmasculine and asexual participants were unsuccessful. Therefore, we recommend that researchers seek to investigate the knowledge of pregnancy loss experiences of intersex, asexual, and transmasculine people in future research. Additionally, all of our participants were in long-term relationships which may have influenced their grief and support experiences. Future research could investigate how different family constellations, including shorter-term relationships, may influence the workplace support and leave needs of LGBTQ+ people following pregnancy loss.

Conclusion

Current workplace leave and entitlement policies impact the well-being of people with diverse genders and sexualities who experience pregnancy loss. Discriminatory language and heteronormative leave policies disadvantage LGBTQ+ people in the midst of pregnancy loss and at a time they may have limited capacity to navigate and contest such policies. Employers, policymakers, and people and culture departments have an opportunity

to make a positive difference to *all* people, including people of diverse bodies, genders and sexualities, experiencing pregnancy loss by using inclusive language in policies and forms, offering access to parental and bereavement leave irrespective of family formation method and gestational age, and offering support on a case-by-case basis, allowing flexibility in hours, workload, and tasks after a pregnancy loss.

Disclosure statement

No potential conflict of interest was reported by the authors.


Notes on contributors

Alice Rose is currently an Academic Researcher and Facilitator at the University of South Australia's Centre for Workplace Excellence and at The University of Queensland's School of Psychology. She has won awards for her qualitative research in the field of diverse bodies, genders and sexualities.

Melissa Oxlad is a Senior Lecturer in the School of Psychology at the University of Adelaide and a Clinical and Health Psychologist in private practice, where she primarily consults people with reproductive health difficulties or requiring assistance with family formation. She has expertise in researching and providing clinical services to people experiencing reproductive health difficulties.

ORCID

Alice Rose  <http://orcid.org/0000-0002-9165-4119>

Melissa Oxlad  <http://orcid.org/0000-0001-9067-6706>

References

- Ali, S., & Barden, S. (2015). Considering the cycle of coming out: Sexual minority identity development. *The Professional Counselor, 5*(4), 501–515. <https://doi.org/10.15241/sa.5.4.501>
- Australian Bureau of Statistics. (2018). *2011.0 census of population and housing: Reflecting Australia – stories from the Census, 2016 – same-sex couples*. ABS. <https://www.abs.gov.au/ausstats/abs@.nsf/lookup/4102.0main+features10july+2013>.
- Australian Institute of Health and Welfare (AIHW). (2019). *Stillbirths and neonatal deaths in Australia 2015 and 2016: In brief*. Perinatal statistics series no. 36. Cat. No. PER 102. Canberra: AIHW, 2019.75.
- Bellhouse, C., Temple-Smith, M., & Bilardi, J. (2018). It's just one of those things people don't seem to talk about ... " women's experiences of social support following miscarriage: A qualitative study. *BMC Women's Health, 18*(1), 1–9. <https://doi.org/10.1186/s12905-018-0672-3>
- Borgkvist, A., Moore, V., Elliott, J., & Crabb, S. (2018). 'I might be a bit of a front runner': An analysis of men's uptake of flexible work arrangements and masculine identity. *Gender, Work, and Organization, 25*(6), 703–717. <https://doi.org/10.1111/gwao.12240>
- Borys, S. (2021, June 24). *New law validates pregnancy loss by granting compassionate leave for grieving parents*. Australian Broadcasting Commission News. <https://www.abc.net.au/news/2021-06-24/bereavement-allowance-for-pregnancy-loss/100236932>.
- Braun, V., & Clark, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. SAGE Publications Ltd.
- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health, 11*(4), 589–597. <https://doi.org/10.1080/2159676X.2019.1628806>
- Cacciatore, J., & Raffo, Z. (2011). An exploration of lesbian maternal bereavement. *Social Work, 56*(2), 169–177. <https://doi.org/10.1093/sw/56.2.169>

- Capell, B., Tzafrir, S. S., Enosh, G., & Dolan, S. L. (2018). Explaining sexual minorities' disclosure: The role of trust embedded in organizational practices. *Organization Studies*, 39(7), 947–973. <https://doi.org/10.1177/0170840617708000>
- Craven, C., & Peel, E. (2014). Stories of grief and hope: Queer experiences of reproductive loss. In M. Gibson (Ed.), *Queering motherhood: Narrative and theoretical perspectives* (pp. 97–110). Demeter Press. <https://doi.org/10.2307/j.ctt1rrd7xf.9>
- Craven, C., & Peel, E. (2017). Queering reproductive loss: Exploring grief and memorialization. In E. R. M. Lind, & A. Deveau (Eds.), *Interrogating pregnancy loss: Feminist writings on abortion, miscarriage, and stillbirth* (pp. 225–245). Demeter Press. ISBN: 978-1-77258-023-5.
- Curtis, K. (2020, September 3). More leave on offer for grieving parents after stillbirths. *Sydney Morning Herald*.
- Dainty, K., Seaton, M., McLeod, S., Tunde-Byass, M., Tolhurst, E., Rojas-Luengas, V., Little, D., & Varner, C. (2021). Reframing how early pregnancy loss is viewed in the emergency department. *Qualitative Health Research*, 1–10. <https://doi.org/10.1177/1049732321994534>
- Darwin, Z., & Greenfield, M. (2019). Mothers and others: The invisibility of LGBTQ people in reproductive and infant psychology. *Journal of Reproductive and Infant Psychology*, 37(4), 341–343. <https://doi.org/10.1080/02646838.2019.1649919>
- Dempsey, D. (2013a). Same-sex parented families in Australia. *Australian Institute of Family Studies, CFCA Paper No. 18*, 1–26. <https://apo.org.au/sites/default/files/resource-files/2013-12/apo-nid37186.pdf>
- Dempsey, D. (2013b). Surrogacy, gay male couples and the significance of biogenetic paternity. *New Genetics and Society*, 32(1), 37–53. <https://doi.org/10.1080/14636778.2012.735859>
- Doka, K. J. (2008). Disenfranchised grief in historical and cultural perspective. In K. J. Doka (Ed.), *Handbook of bereavement research and practice: Advances in theory and intervention* (pp. 223–240). American Psychological Association. <https://doi.org/10.1037/14498-011>
- Doka, K. J., & Martin, T. L. (2010). *Grieving beyond gender: Understanding the ways men and women mourn, revised edition*. Routledge. <https://doi.org/10.4324/9780203886069>
- Due, C., Chiarolli, S., & Riggs, D. (2017). The impact of pregnancy loss on men's health and well-being: A systematic review. *BMC Pregnancy and Childbirth*, 17(1), 1–13. <https://doi.org/10.1186/s12884-016-1183-6>
- Due, C., Obst, K., Riggs, D., & Collins, C. (2018). Australian heterosexual women's experiences of healthcare provision following a pregnancy loss. *Women and Birth*, 31(4), 331–338. <https://doi.org/10.1016/j.wombi.2017.11.002>
- Ehlke, S., Braitman, A., Dawson, C., Heron, K., & Lewis, R. (2020). Sexual minority stress and social support explain the association between sexual identity with physical and mental health problems among young lesbian and bisexual women. *Sex Roles*, 83(5–6), 370–381. <https://doi.org/10.1007/s11199-019-01117-w>
- Ellis, S., Wojnar, D., & Pettinato, M. (2015). Conception, pregnancy, and birth experiences of male and gender variant gestational parents: It's how we could have a family. *Journal of Midwifery & Women's Health*, 60(1), 62–69. <https://doi.org/10.1111/jmwh.12213>
- Employment New Zealand. (2021, March 21). *Bereavement leave to cover miscarriage, stillbirth*. Employment New Zealand Website. <https://www.employment.govt.nz/about/news-and-updates/bereavement-leave-to-cover-miscarriage-stillbirth/>.
- Galupo, M. P., & Resnick, C. A. (2016). Experiences of LGBT microaggressions in the workplace: Implications for policy. In T. Köllen (Ed.), *Sexual orientation and transgender issues in organizations* (pp. 271–287). Cham: Springer. https://doi.org/10.1007/978-3-319-29623-4_16
- Haas, L., & Hwang, C. P. (2019, January 1). Workplace support and European fathers' use of state policies promoting shared childcare. *Community Work & Family*, 22(1), 1–22. <https://doi.org/10.1080/13668803.2018.1556204>
- Haines, K., Boyer, C., Giovanazzi, C., & Galupo, M. (2018). "Not a real family": Microaggressions directed toward LGBTQ families. *Journal of Homosexuality*, 65(9), 1138–1151. <https://doi.org/10.1080/00918369.2017.1406217>
- Huffman, A. H., Watrous-Rodriguez, K. M., & King, E. B. (2008). Supporting a diverse workforce: What type of support is most meaningful for lesbian and gay employees? *Human Resource Management*, 47(2), 237–253. <https://doi.org/10.1002/hrm.20210>

- Ireland, J. (2020, February 5). Parents get to access 12 months leave after stillbirth. *Sydney Morning Herald*.
- James, S. E., Herman, J. L., Rankin, S., Keisling, M., & Mottet, L. (2016). *The report of the 2015 U.S. Transgender survey*. Washington, DC: National Center for Transgender Equality. <https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf> <http://hdl.handle.net/20.500.11990/1299>
- Kauffman, J. (2002). The psychology of disenfranchised grief: Liberation, shame, and self-disenfranchisement. In K. Doka (Ed.), *Disenfranchised grief: New directions, challenges, and strategies for practice* (pp. 61–78). Research Press. ISBN 0-87822-427-0
- Keating, L., & Muller, R. (2020). LGBTQ+ based discrimination is associated with PTSD symptoms, dissociation, emotion dysregulation, and attachment insecurity among LGBTQ+ adults who have experienced trauma. *Journal of Trauma & Dissociation: The Official Journal of the International Society for the Study of Dissociation (ISSD)*, 21(1), 124–141. <https://doi.org/10.1080/15299732.2019.1675222>
- Leblanc, A., Frost, D., & Wight, R. (2015). Minority stress and stress proliferation among same-sex and other marginalized couples. *Journal of Marriage and Family*, 77(1), 40–59. <https://doi.org/10.1111/jomf.12160>
- Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology*, 27(1), 363–385. <https://doi.org/10.1146/annurev.soc.27.1.363>
- Malterud, K., Siersma, V. D., & Guassora, A. D. (2016). Sample size in qualitative interview studies. *Qualitative Health Research*, 26(13), 1753–1760. <https://doi.org/10.1177/1049732315617444>
- Meinhold, F., & Frohn, D. (2016). Daily work out?! The relationship between self-representation, degree of openness about one's gay or lesbian identity, and psychological stress in the workplace. In T. Kollen (Ed.), *Sexual orientation and transgender issues in organizations* (pp. 321–338). Springer International Publishing. https://doi.org/10.1007/978-3-319-29623-4_19
- Meunier, S., Montigny, F. D., Zeghiche, S., Lalande, D., Verdon, C., da Costa, D., & Feeley, N. (2021). Workplace experience of parents coping with perinatal loss: A scoping review. *Work*, 69(2), 411–421. <https://doi.org/10.3233/WOR-213487>
- Meyer, I. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674–697. <https://doi.org/10.1037/0033-2909.129.5.674>
- Nadal, K., Whitman, C., Davis, L., Erazo, T., & Davidoff, K. (2016). Microaggressions toward lesbian, gay, bisexual, transgender, queer, and genderqueer people: A review of the literature. *The Journal of Sex Research*, 53(4-5), 488–508. <https://doi.org/10.1080/00224499.2016.1142495>
- National LGBTI Health Alliance. (2020). Annual Report for the financial year 2019-2020. https://www.lgbtiqhealth.org.au/annual_report_2019_2020
- Obst, K., & Due, C. (2019). Australian men's experiences of support following pregnancy loss: A qualitative study. *Midwifery*, 70, 1–6. <https://doi.org/10.1016/j.midw.2018.11.013>
- Obst, K. L., Due, C., Oxlad, M., & Middleton, P. (2020a). Australian men's experiences of leave provisions and workplace support following pregnancy loss or neonatal death. *Community, Work & Family*, 1–12. <https://doi.org/10.1080/13668803.2020.1823319>
- Obst, K. L., Due, C., Oxlad, M., & Middleton, P. (2020b). Men's grief following pregnancy loss and neonatal loss: A systematic review and emerging theoretical model. *BMC Pregnancy and Childbirth*, 20(1), 1–17. <https://doi.org/10.1186/s12884-019-2677-9>
- Obst, K. L., Oxlad, M., Due, C., & Middleton, P. (2021). Factors contributing to men's grief following pregnancy loss and neonatal loss: Further development of an emerging model in an Australian sample. *BMC Pregnancy and Childbirth*, 21(1), 29. <https://doi.org/10.1186/s12884-020-03514-6>
- Peel, E. (2001). Mundane heterosexism: Understanding incidents of the everyday. *Women's Studies International Forum*, 24(5), 541–554. [https://doi.org/10.1016/S0277-5395\(01\)00194-7](https://doi.org/10.1016/S0277-5395(01)00194-7)
- Peel, E. (2010). Pregnancy loss in lesbian and bisexual women: An online survey of experiences. *Human Reproduction*, 25(3), 721–727. <https://doi.org/10.1093/humrep/dep441>
- Peel, E., & Cain, R. (2012). 'Silent' miscarriage and deafening heteronormativity: A British experiential and critical feminist account. In S. Earle, C. Komaromy, & L. Layne (Eds.), *Understanding*

- reproductive loss: Perspectives on life, death and fertility* (pp. 79–92). Ashgate. <http://www.ashgate.com/isbn/9781409428107>.
- Perales, F., Simpson Reeves, L., Plage, S., & Baxter, J. (2020). The family lives of Australian lesbian, gay and bisexual people: A review of the literature and a research agenda. *Sex Research & Social Policy*, 17(1), 43–60. <https://doi.org/10.1007/s13178-018-0367-4>
- Priola, V., Lasio, D., De Simone, S., & Serri, F. (2014). The sound of silence: Lesbian, gay, bisexual and transgender discrimination in ‘inclusive organizations’. *British Journal of Management*, 25(3), 488–502. <https://doi.org/10.1111/1467-8551.12043>
- Resnick, C., & Galupo, M. (2019). Assessing experiences with LGBT microaggressions in the workplace: Development and validation of the microaggression experiences at work scale. *Journal of Homosexuality: A Decade of Microaggression Research and LGBTQ Communities*, 66(10), 1380–1403. <https://doi.org/10.1080/00918369.2018.1542207>
- Riggs, D. W. (2020). *Diverse pathways to parenthood: From narratives to practice* (1st ed.). Academic Press.
- Riggs, D. W., & Due, C. (2018). Support for family diversity: A three-country study. *Journal of Reproductive and Infant Psychology*, 36(2), 192–206. <https://doi.org/10.1080/02646838.2018.1434491>
- Riggs, D. W., Due, C., & Power, J. (2015). Gay men’s experiences of surrogacy clinics in India. *Journal of Family Planning and Reproductive Health Care*, 41(1), 48–53. <https://doi.org/10.1136/jfprhc-2013-100671>
- Riggs, D. W., Due, C., & Tape, N. (2018). Australian heterosexual men’s experiences of pregnancy loss: The relationships between grief, psychological distress, stigma, help-seeking, and support. *Omega*, 82(3), 409–423. <https://doi.org/10.1177/0030222818819339>
- Riggs, D. W., Pearce, R., Pfeffer, C. A., Hines, S., White, F., & Ruspini, E. (2020). Men, trans/masculine, and non-binary people’s experiences of pregnancy loss: An international qualitative study. *BMC Pregnancy & Childbirth*, 20(482), 1–9. <https://doi.org/10.1186/s12884-020-03166-6>
- Riggs, D. W., & Peel, E. (2016). Motherhood and recognition. In D. W. Riggs, & E. Peel (Eds.), *Critical kinship studies: An introduction to the field* (pp. 145–175). Palgrave Macmillan. <https://doi.org/10.1057/978-1-137-50505-7>
- Rowlands, I., & Lee, C. (2010). “The silence was deafening”: social and health service support after miscarriage. *Journal of Reproductive and Infant Psychology*, 28(3), 274–286. <https://doi.org/10.1080/02646831003587346>
- Stavrou, E., & Ierodiakonou, C. (2018). Expanding the work–life balance discourse to LGBT employees: Proposed research framework and organizational responses. *Human Resource Management*, 57(6), 1355–1370. <https://doi.org/10.1002/hrm.21910>
- Tracy, S. (2010). Qualitative quality: Eight “big-tent” criteria for excellent qualitative research. *Qualitative Inquiry*, 16(10), 837–851. <https://doi.org/10.1177/1077800410383121>
- Webb, S., Chonody, J., & Kavanagh, P. (2018). Do we think children need a mom and dad? Understanding how gender ideology impact attitudes toward same-gender parent family rights. *Journal of Homosexuality*, 65(10), 1351–1371. <https://doi.org/10.1080/00918369.2017.1374071>
- Whiteford, L. M., & Gonzalez, L. (1995). Stigma: The hidden burden of infertility. *Social Science & Medicine*, 40(1), 27–36. [https://doi.org/10.1016/0277-9536\(94\)00124-C](https://doi.org/10.1016/0277-9536(94)00124-C)
- Willis, P. (2009). From exclusion to inclusion: young queer workers’ negotiations of sexually exclusive and inclusive spaces in Australian workplaces. *Journal of Youth Studies*, 12(6), 629–651. <https://doi.org/10.1080/13676260902902689>
- Wojnar, D. (2007). Miscarriage experiences of lesbian couples. *Journal of Midwifery & Women’s Health*, 52(5), 479–485. <https://doi.org/10.1016/j.jmwh.2007.03.015>