

SUPPORTING THE HIDDEN JOURNEYS TO PARENTHOOD

Fertility treatment, adoption,
surrogacy, loss, pre-term birth



WHAT DOES THIS MEAN, AND WHY IS IT IMPORTANT?

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I experienced four miscarriages, attempted in vitro fertilisation (IVF) seven times, and gave birth to stillborn twins before finally having my daughter. The struggle was beyond words.

MOTHER, HR DAILY ADVISOR

The journey to parenthood is not always straightforward, and can remain hidden, especially in the workplace.

When employees or their partners are having difficulty getting or staying pregnant, are worried about conceiving, or preparing to travel a different path to have children, they may not feel comfortable reaching out for support.

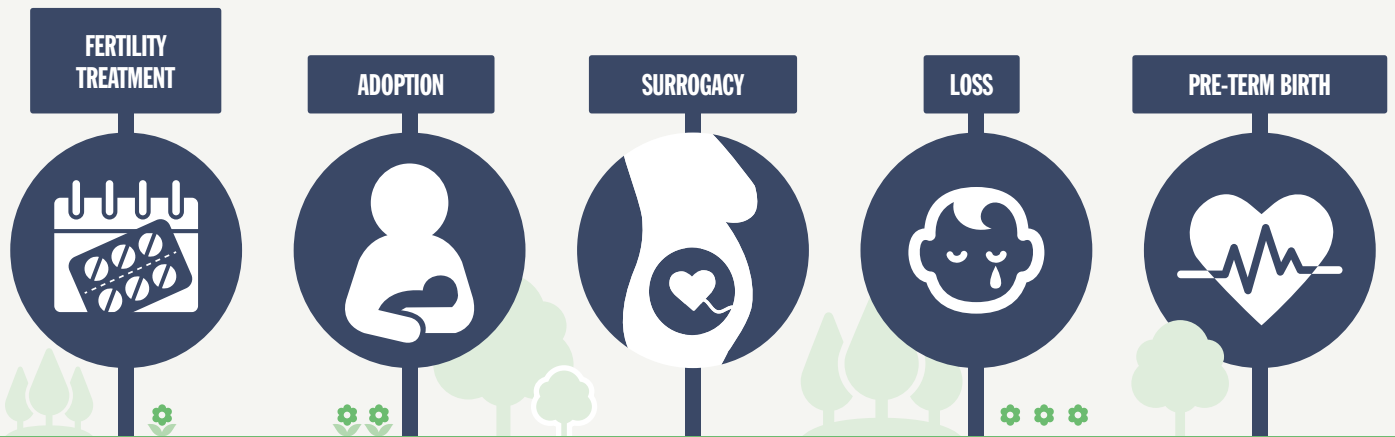
Similarly, when a baby unexpectedly arrives long before their due date, parents and workplaces may be unprepared for the stressful and often unpredictable journey they face.

Given that these experiences can result in additional physical, psychological and financial costs, it's important that workplaces understand how to best support the hidden journeys to parenthood.

This resource was developed as part of the Perinatal Workplace Wellbeing Project, funded by WorkSafe Victoria's WorkWell Mental Health Improvement Fund.



THE HIDDEN JOURNEY



GENERAL STRATEGY HIGHLIGHTS

HR and leaders within an organisation have a role to play in understanding how the various journeys to parenthood affect their workforce, and how they can effectively support employees who may be impacted.

Set up good practices and actively promote the supports that are available. The journey to parenthood can be intensely personal and private, and many people will not wish to disclose their situation to their employer.

Recognise that every journey is unique and the support required for each person will look different. Relationship stress can increase during these experiences, leaving individuals even more psychologically vulnerable.

Ensure policies are inclusive for all types of families and circumstances.

Boost awareness on how the organisation supports employees through their family journey, and how to support colleagues. Be aware that HR/leaders who support others might also be going through their own hidden journey and they may need assistance too.

Create visible role models to help employees feel confident of the support they can expect. Encourage people to share their stories.

Be aware that, for some, the journey will end without the result they hoped for. Be sensitive to their changing circumstances and encourage them to access the support they need.

How does supporting the hidden journeys to parenthood reduce the impact of work-related factors?

Work-related factors, also known as psychosocial hazards, are anything in the management or design of work that increases the risk of work-related stress, which can lead to physical injury, mental injury or even both at the same time.

Supporting employees through the hidden pre-parental journey can help reduce common work-related factors such as:

- Low job control.
- High and low job demands.
- Poor support.
- Low recognition and reward.
- Low role clarity.
- Poor workplace relationships.
- Poor environmental conditions.
- Remote and isolated work.
- Traumatic events.

For more information see:

www.safeworkaustralia.gov.au/doc/work-related-psychological-health-and-safety-systematic-approach-meeting-your-duties



Infertility is defined as the failure to achieve a clinical pregnancy after trying to conceive for 12 months or more. It affects approximately 15% of women of reproductive age at any given time.

UNSW NATIONAL PERINATAL
EPIDEMIOLOGY AND
STATISTICS UNIT



1 in 25

Australian babies are now born via IVF

AUSTRALIAN INSTITUTE OF
HEALTH AND WELFARE



FERTILITY TREATMENT

What is it?

Fertility treatment, or Assisted Reproductive Technology (ART), describes several kinds of procedures that can help a woman fall pregnant, including:

- In Vitro Fertilisation (IVF).
- Intrauterine insemination.
- Cryopreservation (freezing eggs, sperm, or embryos).
- Egg or embryo donation.
- Gestational carriers, i.e. surrogacy.

There are many possible reasons why treatment may be required to fall pregnant, for example:

- Infertility.
- Single people, same sex couples.
- Injury or disability, e.g. quadriplegia.
- Preventative measures to enable future pregnancy, e.g. freezing eggs prior to chemotherapy or declining fertility.

Employees may be experiencing:

- Frequent (sometimes daily) and unpredictable medical appointments.
- Blood tests, procedures etc.
- As each person and each cycle is unique, it is difficult to predict what each treatment phase will look like.

Physical effects of treatment

- Side effects of fertility medication can include fatigue, nausea, vomiting, headaches, cramps, mood changes and ovarian hyperstimulation syndrome.
- Increased likelihood of multiple births.
- Increased risk of pregnancy loss.

Emotional impact

- In one US study 55% of respondents felt infertility was more stressful than unemployment, 61% more stressful than divorce (Source: Reproductive Medical Associates of New Jersey).
- Individuals are at greater risk of experiencing stress, anxiety, and depression.
- The experience can result in feelings of fear, guilt, disappointment, frustration, grief.
- Social alienation, as couples may avoid social events or contact with other parents because the experience is too painful, or because of the physical side effects of treatment.

Financial strain

- Fertility treatments and health insurance plans can vary greatly, and therefore the costs are different for each person. Out-of-pocket costs can include medication, hospital, anaesthetics and genetic testing.
- Additional therapies are often used in conjunction with medical treatment to increase the likelihood of success, e.g. acupuncture, that can add to the overall cost.

How employers can help support fertility treatment:

Create awareness

- ✓ Educate leaders and employees on how to support colleagues undergoing treatment. Strong relationships and open conversations with leaders are the key to workers feeling supported at this time.
- ✓ Encourage conversation on infertility and fertility treatments, and work to break down stigmas e.g. hold a workshop, put up posters to raise awareness of how your organisation supports the pre-parental journey (see resource on page 11).

Provide flexibility

- ✓ Flexibility to attend appointments – particularly those that may need to be attended at short notice.
- ✓ Choice to work from home or take time off if feeling unwell or on pregnancy test result days.

Offer access to counselling / Employee Assistance Program (EAP)

- ✓ Promote support programs that are available (e.g. EAP) and provide additional access to 1-1 counselling sessions if needed.
- ✓ Ask your EAP provider to facilitate a workshop on fertility and loss for all employees to raise awareness.

Provide multi-use facilities and services

- ✓ Most people going through fertility treatments will not disclose to others, however having a fridge available for all employees will help those needing to store fertility drugs discreetly.
- ✓ If feasible, consider an on-site GP for all staff, particularly in regional areas where travelling to medical appointments can be onerous.

Ensure clear, accessible policies relating to the pre-parental journey

- ✓ Have a policy supporting employees seeking fertility treatments and loss – this could cover additional leave, right to flexible working hours, etc. Explore ways to make this information accessible to those who do not wish to disclose the reasons for their application.
- ✓ Create an action plan for making the policies known to employees.
- ✓ Support leaders to build open, trusting relationships with team members so that employees feel comfortable making use of the policies if needed.

Consider providing additional benefits

- ✓ Ideas include additional paid leave, subsidised insurance coverage for fertility treatment, low interest loan, travel allowance/on-site parking when attending medical appointments, corporate discounts for treatments such as yoga and acupuncture.



The psychological impact, coupled with the physical strain that accompanies fertility treatment, can have a significant impact on employees' productivity, energy and overall mental health and wellbeing.

DR SARAH COTTON
ORGANISATIONAL PSYCHOLOGIST



ONE SUGGESTION ...

Welcome at least one colleague into your confidence. It helps to have someone at work who knows what's going on and can help provide cover or a shoulder to cry on if needed.

GENEA PANEL INTERNATIONAL
PREGNANCY AND INFANT LOSS
REMEMBERANCE DAY



Parents who have kept their surrogacy or adoption journey private will have the same needs as a parent who has given birth naturally, but without the nine months of workplace preparation and knowledge.

MOTHER THROUGH SURROGACY



ADOPTION AND SURROGACY

What is it?

Adoption is the process by which all parental responsibilities and rights are transferred from birth parents to adoptive parents. In Australia, adoptions can be 'known child', 'local' or 'intercountry'.

Surrogacy occurs when a woman carries a pregnancy for a third party with the express intention of giving up all parental and custody rights to the resulting child(ren).

Employees may be experiencing:

ADOPTION

Logistical strain

It is a complex and lengthy application process. The typical wait time for families adopting from overseas in 2018-19 was just over two years.

Intercountry adoptions hold additional challenges, including time taken, unclear or changing policies, overseas travel or residency requirements.

Financial strain

Adoption fees range between \$3,000-\$11,000 (AUD) per application, with additional fees depending on which country is involved.

Other expenses may include airline travel, overseas accommodation, preparing documents, e.g. translation, legal and notary fees. The payment of fees is no guarantee of success.

Emotional strain

The circumstances leading to a child requiring placement can make parenting that child extremely challenging. There are no guarantees that the lengthy application process will end in a successful adoption.

SURROGACY

Finding a surrogacy can be challenging and time consuming. It is illegal to advertise for a surrogate in Victoria.

Prior to entering a surrogacy agreement, several counselling sessions are required for both the surrogate and the commissioning parent(s).

Following the birth of the child, intended parents must enter a legal process to transfer parentage from the surrogate.

While commercial surrogacy (where the surrogate receives payment) is illegal in Australia, intended parents must reimburse the surrogate's medical expenses (doctors' fees, scans, tests, medication etc), legal and counselling services, and travel costs relating to the pregnancy or birth. Medicare does not cover the cost of fertility treatment for surrogacy, so all costs are out-of-pocket.

Overseas surrogacy also requires additional travel costs.

To legally commission a surrogate, a person must be able to prove that they cannot become pregnant, carry a baby or give birth safely themselves. For many people, this means they have already experienced significant trauma or loss prior to commencing the process.

It is rare for a surrogate mother not to relinquish parental rights. However, while the parties might intend to enter into a legal relationship, surrogacy agreements are not legally enforceable in Australia.

Being a surrogate mother can be a physically and emotionally intense experience.

There were
310 adoptions
finalised in Australia in 2018-19

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE

How organisations can help support adoption and surrogacy:

Ensure policies are in place to support prospective parents going through the adoption or surrogacy process

- ✓ Ensure parental leave policies cover adoption, surrogacy and the needs of employees who choose to act as a surrogate (although workplace legislation does not specifically cover surrogacy, once a surrogate ceases to have responsibility of care of the child, an organisation cannot request the employee to return earlier than 6 weeks from the date of birth).
- ✓ Notify employees of entitlements to the government paid parental leave of up to 18 weeks (which is eligible to adoptive parents, a surrogate, and potentially the intended parents of the baby carried by a surrogate since they are caring for a child under exceptional circumstances).

Targeted support for individual circumstances

- ✓ Flexibility to navigate the process (e.g. attending interviews, seeking legal advice, counselling), and paid/unpaid leave for parents to travel overseas if required.
- ✓ The type of support required during the adoption process will depend on the age of the child and the circumstances under which the adoption has occurred. For example, a parent will require different support for a newly adopted baby vs. a newly adopted school-aged child. For surrogacy, there are extensive counselling and legal requirements that will require flexibility and the ability to take the necessary time off.

Set up connection points

- ✓ Encourage access to a Working Parent Network, if available (Refer to Resource: 'How to Set up a Working Parent Network'), create peer connections if other employees have gone through similar process.

Raise awareness within the business

- ✓ Reduce stigma associated with adoption or surrogacy, provide clear access to policies and advertise company support.

Facilitate access to legal and/or financial advice

- ✓ For example, providing access to in-house legal counsel, or covering the cost of an initial consultation with a lawyer or financial advisor.



We were not sure how people would react so we decided to just focus on ourselves and the people we knew would help us through.

There is also a lot of wrong information and, thanks to the media, horror stories and stigma attached to surrogacy.

So for workplaces to make it feel like a viable and acceptable road to parenthood is awesome.

MOTHER THROUGH SURROGACY



In 2017-18

35 Victorian women underwent fertility treatment for purposes of surrogacy

Resulting in 13 live births

VICTORIAN ASSISTED REPRODUCTIVE TREATMENT AUTHORITY (VARTA)



It's a lonely experience. Most people don't discuss miscarriages because you worry your problems will distance you or reflect upon you – as if you're defective or did something to cause this. So you struggle on your own.

MARK ZUCKERBERG
FACEBOOK FOUNDER

EVERY YEAR

150,000

Couples experience
reproductive loss

THAT'S

282 miscarriages
5 still births
2 infant deaths

<28 days post birth

EVERY. DAY.

AUSTRALIAN BUREAU OF
STATISTICS



What is it?

- Miscarriage refers to the loss of a baby up to and including the 19th week of pregnancy.
- Stillbirth is the loss of a baby from the 20th week of pregnancy onwards.
- Loss can also be experienced as a result of an unsuccessful fertility treatment cycle, or when all avenues for pregnancy have been exhausted.

Employees may be experiencing:

- Emotional and physical strain
- Emotional upheaval associated with loss – grief, anger, shame, fear of stigma.
- Uncertainty or fear about future pregnancies.
- Physical recovery of pregnancy, including possible surgery or the trauma of delivering a stillborn baby.
- Supporting the grief of a partner and other children.

Logistic challenges during recovery

- Managing the care of other children in the family, e.g. caring for children while grieving, logistical challenges such as school drop-off and pickup.
- Medical or specialist appointments may be required.
- The mother may be unable to drive if she has undergone surgery.

Concerns relating to the workplace

- Some may not have told colleagues they were pregnant or trying to conceive.
- Concern about how to tell people about the loss: manager, colleagues, clients.
- Uncertainty regarding leave entitlements:
- Special maternity leave may be available for eligible employees not fit for work because the pregnancy ends, not in the birth of a living child, within 28 weeks of the expected date of birth.
- Under recent legislative changes, parents dealing with a stillbirth or infant death during the first 24 months of life can access 12 months of unpaid parental leave.

Financial and administrative concerns

- By law, all stillbirths in Australia must be registered with Births, Deaths and Marriages in the relevant state or territory.
- It is also a legal requirement to arrange a burial or cremation for a stillborn baby.
- There may be additional medical costs, particularly for emergency or specialist care.

How employers can help support loss:

Implement clear policies and educate employees

- ✓ Ensure policies explicitly cover perinatal loss, and that this is clear and easily accessible to everyone (avoid 'ask your manager for the policy').
- ✓ Educate the organisation about perinatal loss, what support is available to those impacted, and how to support colleagues.

Hold no expectations about how an employee 'should' grieve

- ✓ Recovery takes time and is not linear – some days will be better than others. There is no 'set' amount of time a person takes to grieve.
- ✓ Ask what leave they need and be prepared to flex as their needs change. Be aware that some people will want to keep busy as part of their recovery – they may not wish to take leave.

Remind employees of EAP assistance and additional 1-1 counselling service, if available

- ✓ If EAP services offers counselling to immediate family members, remind them of this service for partners and other children.
- ✓ Close co-workers and managers may also benefit from EAP counselling.

Allow flexibility to attend any medical appointments or manage childcare logistics for other children

- ✓ If appropriate, prepare a return to work plan, e.g. temporary part-time hours, gradual transition back to regular work, etc.

Carefully consider communication to others

- ✓ Ask your employee what communication they would like, and what they would prefer to do themselves vs. have it done for them (i.e. telling colleagues, clients of their loss).
- ✓ It may be necessary to discuss this more than once as and when it becomes necessary or appropriate.

Consider financial assistance where possible

- ✓ For example, contributing to expenses, funeral costs, vouchers for childcare to provide grieving parents some time, voucher for meal delivery, etc.



I was scared that if I told someone about my loss they would ask questions.

Questions that even I didn't have the answers to.

I knew they cared but nothing anyone could say would take my pain away. I suffered in silence because I didn't know how to ask for help.

MISCARRIAGE SURVIVOR



“

1 in 10 babies in Australia are born premature and approximately 15% of all babies require some form of extra care at birth.

MIRACLE BABIES AUSTRALIA



PRE-TERM BIRTH

What is it?

- A pre-term birth is one that takes place before the 37th week of pregnancy. Premature babies often have complex medical issues.

Employees may be experiencing:

Physical strain

- Exhaustion from the birth and subsequent stress.
- Recovery from the pregnancy and possible birth surgery, e.g. caesarean.

Emotional trauma

- Fear for the short-term health of the baby – pre-term babies are at increased risk of Sudden Unexpected Death in Infants (SUDI) and highly susceptible to respiratory distress and other health concerns (Source: Better Health, Victoria).
- Emotional distress of returning home when baby remains in hospital.

Concerns about ongoing health of the baby

- Pre-term babies can suffer lifelong effects, such as cerebral palsy, visual and hearing impairments and learning difficulties (Source: Better Health, Victoria).
- For additional information relating to providing support for later stages of parenting, refer to Resource: 'Supporting the Ongoing Seasons of Parenthood'.

Workplace concerns

- Guilt for leaving the organisation without a proper handover. Pre-term birth is often unexpected, and therefore absence from work can be unplanned or much earlier than planned.
- Anxiety over how the role will be covered while they are on leave if a suitable handover plan wasn't already in place.
- Uncertainty regarding leave entitlements: For parents of premature babies, or newborns that experience birth-related complications that result in immediate hospitalisation, where an employee returns to work while their baby remains in hospital, they are able to recommence their unpaid parental leave when the baby is discharged from hospital (or an earlier time) with the agreement of the employer.

Logistical challenges

- Visiting the baby in hospital every day, inability to drive if mother has had surgery, and caring for other children.

How employers can help support pre-term birth:

Start preparing for Parental Leave early

- ✓ Ensure planning begins well before their due date, agree with employee how their responsibilities will be handled while they are on leave.
- ✓ Start the necessary training or recruiting early. Not only does this ease the handover process, but provides a backup in case the baby arrives early.

After the birth, have a conversation with the new parent about how and when it would be appropriate to do a handover

- ✓ Give the employee the opportunity to address handover concerns, but without pressure, e.g. 'Do you have any concerns relating to work that you would like to discuss now?' or 'There is no rush whatsoever, but when you feel ready to discuss handover, let me know and we can have a call'.
- ✓ Be respectful if they are not ready or able to discuss work-related issues.

Review Parental Leave policies

- ✓ Consider expanding Parental Leave policies to include additional paid leave in the event of premature baby, particularly for partners who may have to use their parental leave to care for their partner before the baby gets home from hospital.
- ✓ Remind employees of their rights relating to special maternity leave.
- ✓ Provide employee with EAP details, and remind them if family members are also able to access this support.
- ✓ Remind parents that they are able to take up to 30 days of their 12 months unpaid parental leave on a flexible basis (in days or weeks) any time up to two years after the birth or adoption of a child.

Consider providing practical support

- ✓ Meal vouchers, taxi vouchers to get to and from the hospital if the parent cannot drive, nanny care for other children, etc.



Estelle was born 12 weeks early. It was a miracle [mother and baby] both survived. Nathan used up his holiday and sick leave to care for the three children at home while juggling several days a week at work. Finally, when mum and baby were well enough to leave, Nathan's employer rejected his request for Paternity Leave, saying he had taken too much leave and was needed back at work.

I felt robbed of so much because it's not how you expect to welcome a baby into the world. So for his boss to turn around and say that he can't have the leave, when we're supposed to have this time as a family, that we looked forward to for so long ... It was just like the last kick in the guts.

7.30 REPORT, ABC

RESOURCE:

PRACTICAL IDEAS FOR SUPPORTING AN EMPLOYEE THROUGH LOSS AND PRE-TERM BIRTH

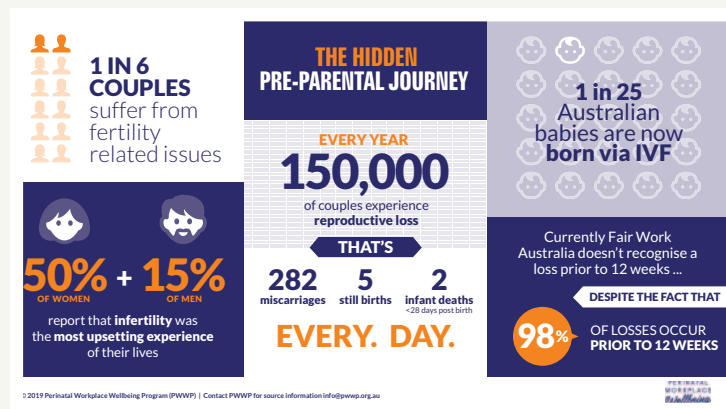
IDEAS TO SUPPORT LOSS AND PRE-TERM BIRTH

- Remind employees of the leave available, and consider providing additional leave if appropriate.
- Ask how they would like you to stay in touch with them and ensure there is no inadvertent pressure to return to work.
- Arrange a food delivery service, or a voucher for Emergency Nanny Support for other children (e.g. to drop off/pick up older kids from school).
- Check that they are aware of resources that may be helpful. Multiple resources are available at www.cope.org.au.
- If colleagues and managers are aware of the co-worker's loss (or permission is given to inform them), provide them with resources that can help them provide support too. For example, Pink Elephants provides a free guide on how to support someone who has experienced miscarriage here: miscarriagesupport.org.au/support-resources/

Resource: Poster

Putting up posters in common areas is an effective way to increase awareness and promote the support your organisation provides.

A free Hidden Journeys infographic poster is available, please email us at info@transitioningwell.com.au to request a copy. Add contact details to the bottom of the poster so that people know who to speak to if needed.



Resource: Further information and support

COPE (Centre of Perinatal Excellence) provides support for the emotional challenges of becoming a parent.

On this website is a range of agencies who provide free telephone support, information resources and services to assist access to further information, support and care at stages throughout the perinatal journey: www.cope.org.au/getting-help/self-help/types-treatment/