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Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales

**Reference Number:** XXXX  
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**Date of next review:** XXX

## ALL WALES PREGNANCY LOSS SUPPORT

### Policy Statement

The aim of this policy is to provide the support employees need during this difficult time in their life, and to help managers and colleagues know how to support people affected, with kindness, understanding and without judgement. It supports pregnant employees and employed partners through pregnancy loss and encourages them to feel confident to talk to their manager, colleagues and friends at work about what has happened. It challenges attitudes that pregnancy loss is a taboo subject, and that people have to suffer in silence

### Supporting Procedures and Written Control Documents

[Recruitment & Selection Policy](#)

[All Corporate policies and procedures are available on the Public Health Wales Website](#)

<b>Impact Assessments</b>	
<b>Approved by</b>	People & Organisational Development Committee
<b>Approval Date</b>	TBC
<b>Review Date</b>	N/A All Wales Policies remain extant
<b>Date of Publication:</b>	TBC
<b>Group with authority to approve supporting procedures</b>	People & Organisational Development Committee
<b>Accountable Executive Director/Director</b>	Neil Lewis, Director of People & OD
<b>Author</b>	Welsh Partnership Forum

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**Summary of reviews/amendments**

<b>Version number</b>	<b>Date of Review</b>	<b>Date of Approval</b>	<b>Date published</b>	<b>Summary of Amendments</b>



**NHS Wales**  
**Pregnancy Loss Support Policy**

**Fforwm Partneriaeth Cymru**  
**Welsh Partnership Forum**

GIG Cymru *yn*  
*Gweithio mewn Partneriaeth*

NHS Wales  
*Working in Partnership*



# NHS Wales

## Pregnancy Loss Support Policy

### 1.0 Background

1.1 The aim of this policy is to provide the support employees need during this difficult time in their life, and to help managers and colleagues know how to support people affected, with kindness, understanding and without judgement.

1.2 It supports pregnant employees and employed partners through pregnancy loss and encourages them to feel confident to talk to their manager, colleagues and friends at work about what has happened. It challenges attitudes that pregnancy loss is a taboo subject, and that people have to suffer in silence.

1.3 If an employee is reading this document, it is likely they are either going through or supporting somebody through this very difficult period so please do reach out to your local workforce department or a manager to talk with in order to ensure that you receive appropriate support.

### 2.0 Scope

2.1 The scope of policy is defined in Appendix 1 and includes, but is not limited to: miscarriage, anembryonic pregnancy, ectopic pregnancy, molar pregnancy, embryo transfer loss and termination of pregnancy.

2.2 This policy applies to employees only. It does not apply to agency workers, consultants, self-employed contractors, volunteers or interns. If you are not an employee but have experienced pregnancy loss, we encourage you to speak with your normal point of contact in our organisation [our Pregnancy and Baby Loss Champion] or a member of the HR Department. They will be able to discuss with you what support is available.

2.3 This policy applies to all employees that suffer a pregnancy loss, at any time before 24 weeks, regardless of whether it has happened directly to them, their partner, surrogate or the adoptive parents in an approved adoption placement. It also applies regardless of the employee's gender, type of contract of employment, length of service, role or base.

2.4 When an expectant employee suffers a pregnancy loss after 24 weeks, they will still be entitled to statutory maternity leave and SMP if their baby is born early; is stillborn after the start of their 24th week of pregnancy or dies after being born. This is in addition to the provisions contained within Section 23: Child Bereavement Leave of the NHS Terms and Conditions of Service Handbook (the provisions equivalent to those contained in section 23 will apply to medical and dental staff); as well as the provisions within local organisational policies.

2.5 If an employee is affected by pregnancy loss but is not the carrier of the pregnancy, the partner of the employee carrying the pregnancy or the intended parent in a surrogacy or adoption arrangement, they should speak with their line manager or the HR Department about how they can be supported.

2.6 The NHS Organisation recognises the distress, both physical and emotional, that may result from pregnancy loss and the impact this may have on individual employees regardless of when or how the loss occurs. This policy has been prepared to provide paid time off and support in relation to pregnancy loss. However, it is appreciated that no situations will be identical, and that pregnancy loss can result in grief unlike other types of grief. Employees are therefore encouraged to discuss with their line manager or a member of the HR Department what support they may need.

2.7 [An employee may prefer to speak with our Pregnancy and Baby Loss Champion in the first instance, while keeping in mind that their line manager or the HR Department may need to be involved in subsequent discussions.]

Note: - An employer may wish to appoint a Pregnancy and Baby Loss Champion. This individual would be trained in pregnancy and baby loss and perhaps have some experience of this type of loss themselves. Appointment of a Pregnancy and Baby Loss Champion would enable employees experiencing pregnancy loss to speak with someone outside of their reporting line and HR who would be well-equipped to listen to their questions or concerns. If an employer appoints a Pregnancy and Baby Loss Champion, appropriate references should be included in this policy.

### **3.0 Experiencing Pregnancy Loss at Work**

3.1 If a pregnancy loss starts while at work, employees are encouraged to speak with their line manager or a trusted colleague. They can then arrange for your preferred contact to be notified and find a suitable place for you to remain while any medical care is organised, or arrangements are made for you to travel home.

3.2 It is recognised how traumatic the experience may be, both physically and emotionally. Consequently, the NHS Organisation wants to ensure that no employee feels that they have to go through the experience on their own or continue with their work. The employee's line manager or colleague should agree with you on how your absence will be communicated to others, if needed.

3.3 The preferred contacts of an employee experiencing pregnancy loss will be allowed to leave work at short notice to provide support.

### **4.0 Pregnancy Loss Paid Leave**

4.1 Those affected by a pregnancy loss, regardless of the reason (See Appendix 1 for further information), before week 24 are entitled to a maximum of ten working days' full pay (pro-rata for part-time staff). Depending on the employee's wishes and needs, the leave may be taken as consecutive or ad hoc days/hours. It is appreciated that some employees may not want to take leave straight away, or at all. If an employee

does want to take leave under this policy, they are asked to take it within 26 weeks of the pregnancy loss.

4.2 If the NHS Organisation employs the employee affected by pregnancy loss and their partner, they will both be entitled to apply for pregnancy loss leave in their own right.

4.3 If an employee suffers more than one pregnancy loss in a calendar year, they will be entitled to receive the maximum amount of paid leave, per loss.

4.4 In order to apply for leave following a pregnancy loss, the employee should contact their line manager in the first instance who will advise them on any local arrangements. An employee may self-certify any leave taken in accordance with this policy. They will not be required to provide a Fit Note or letter from a healthcare professional. The employee and their manager can complete the application process retrospectively, following the return to work, as long as they have discussed and verbally agreed the leave.

4.5 It is recognised that it will not always be possible to request pregnancy loss leave in advance. However, an employee is encouraged to speak with their line manager or a member of the HR Department as soon as possible if they are considering taking pregnancy loss leave in accordance with this policy.

## **5.0 Additional Leave**

5.1 Emotional and physical recovery from a pregnancy loss does not have a time limit. Grieving could go on longer than the initial bereavement event.

5.2 The employee may therefore require a further period of absence from work, following the period of paid leave. The additional absence by the employee could be facilitated by the Managing Attendance at Work Policy and / or the Flexible Working Policy or by taking unpaid leave. Leave taken under this policy will not count for monitoring purposes under the Managing Attendance at Work policy. Where appropriate, and with the consent of the employee, consideration will also be given to an occupational referral or temporary redeployment.

5.3 The NHS Organisation recognises that flexibility is often important to employees that are suffering a pregnancy loss. Managers should therefore, where possible, aim to facilitate flexible working requests for these employees, wherever possible. Further guidance around Flexible Working can be found in the All-Wales Flexible Working Policy.

5.4 We recognise that returning to work after pregnancy loss may be challenging and the preferred support will vary from employee to employee. With this in mind, we encourage employees to speak with their line manager about how they can support a return to work. If an employee has any suggestions for steps that can be taken as to support you during this time, they should discuss these with their line manager.

## **6.0 Paid Time Off for Medical Appointments**

6.1 Employees will be entitled to receive additional paid time off to attend pregnancy loss related appointments, or to accompany their partner, should they not fall within the agreed period of paid pregnancy loss leave (10 working paid days, pro-rata part-time staff). This will include but is not limited to medical examinations, scans and tests, and mental health-related appointments.

6.2 Managers should recognise that it would not always be possible for employees to arrange these appointments around the demands of their work, due to the nature of pregnancy loss. Therefore, they should support employees in managing the impact of time away from work, in these circumstances.

## **7.0 General Support**

7.1 The NHS Organisation aims to facilitate an open and understanding working environment. Employees are therefore encouraged to inform their manager that they are suffering a pregnancy loss at an early stage. This will help to ensure that they are provided with the necessary support, in a timely manner.

7.2 Where an employee does not initially feel comfortable discussing the issue with their direct line manager, they may find it helpful to have a confidential conversation with, e.g.

- A trusted manager or colleague;
- The Staff Psychological Wellbeing Service;
- A member of the Occupational Health Team;
- A Health Board Maternity Bereavement Officer;
- The Chaplaincy Service;
- An external bereavement support charity or organisations (See Appendix 2);
- Member of Workforce & OD Team; or
- A Trade Union representative

## **8.0 Responsibilities**

8.1 Everyone is expected to be sensitive to the impact of pregnancy loss and to consider their colleagues with kindness and understanding.

8.2 It is the manager's responsibility to support the employee with kindness, compassion and flexibility. Each person is different, and individuals may also need temporary work adjustments, or other levels of support.

8.3 Employees who have experienced pregnancy loss are actively encouraged to reach out and talk to someone they trust at the earliest opportunity, if they feel they need additional support or signposting.

## **9.0 Talking about a loss**

9.1 It is entirely the employee's decision whether or how much to talk about their loss. The organisation will endeavour to provide an open and welcoming environment in which an employee can do so.

9.2 Equally, it is appreciated that there may be circumstances in which an employee may want to limit the number of individuals who know about their pregnancy loss, to the extent this is possible in the circumstances. If an employee chooses to discuss their pregnancy loss with their line manager, they are encouraged to speak with them about how they would like any related absences from work to be communicated to colleagues.

9.3 Any information you provide to us about your health will be processed in accordance with our Data Protection Policy. We recognise that this data is sensitive and will handle it in a confidential manner.



Pregnancy loss includes but is not limited to:

- **Miscarriage:** the spontaneous loss of pregnancy until 24 weeks of gestation. [NHS Information on Miscarriage](#)
- **Termination:** a medical or surgical procedure to end a pregnancy. [NHS Information on Termination](#)
- **Ectopic Pregnancy:** when a fertilised egg implants and grows outside of the uterus. [NHS Information on Ectopic Pregnancy](#)
- **Anembryonic Pregnancy:** when the cells of a baby stop developing early on, and the tiny embryo is reabsorbed. However, the pregnancy sac, where the baby should develop, continues to grow. [Miscarriage Association Information on Anembryonic Pregnancy](#)
- **Molar Pregnancy:** a rare form of pregnancy in which a non-viable fertilised egg implants in the uterus and will fail to reach full term. [NHS Information on Molar-Pregnancy](#)
- **Embryo transfer loss** – when the embryo does not transfer during fertility treatment and results in no pregnancy. Learn more about embryo transfer loss [www.liverpoolwomensnhs.uk](http://www.liverpoolwomensnhs.uk)

### External Bereavement Support Charities and Organisations

Many charities in the UK that provide help, support and information to those are suffering from a pregnancy loss. The following are some of the largest and where applicable, local charities:

#### ♥ [ARC](#)

Is a charity that offers non-directive information and support to parents before, during and after antenatal screening; when they are told their baby has an anomaly; when they are making difficult decisions about continuing with or ending a pregnancy, and when they are coping with complex and painful issues after making a decision, including bereavement.

**Telephone:** 0207 713 7486. Helplines are answered by trained staff Monday to Friday, 10.00 to 17:30pm.

#### ♥ [Cruse Bereavement Care](#)

Trained bereavement volunteers, who offer emotional support to anyone affected by bereavement, staff the Cruse Bereavement Care free phone national helpline.

**Telephone:** 0808 808 1677

**Email:** [helpline@cruse.org.uk](mailto:helpline@cruse.org.uk)

Helplines are open Monday-Friday 09.30 to 17.00 (excluding bank holidays), with extended hours on Tuesday, Wednesday and Thursday evenings, when they are open until 20:00.

#### ♥ [London Friend LGBT Bereavement Helpline](#)

Support for gay, lesbian, bisexual and transgender people expecting or experiencing bereavement.

**Telephone:** 0207 7837 3337 Tues 19:30 to 21:30

**Webpage:** [www.londonfriend.org.uk](http://www.londonfriend.org.uk)

#### ♥ [Miscarriage Association](#)

Provides advice and support to those who had experienced miscarriage, molar pregnancy or ectopic pregnancy.

**Telephone:** 01924 200799

**Website:** [www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk)

#### ♥ [NHS Bereavement Helpline](#)

Qualified nurse that can provide guidance and support to individuals who are suffering a pregnancy loss runs the NHS Bereavement Helpline.

**Telephone:** 0800 2600 400 – Helpline is open every day 08:00 to 20:00.

#### ♥ [Petals - The Baby Loss Charity](#)

Petals provide a free, counselling service to support women, men and couples through the devastation of baby loss. Their counselling programme meets the needs of those who have suffered pregnancy complications, pregnancy loss or the death of a baby. Their counsellors

are experts in this field and have years of experience between them of counselling people after all types of baby loss.

**Telephone:** 0300 688 0068

**Email:** [counselling@petalscharity.org](mailto:counselling@petalscharity.org)

**Website:** [Petalscharity.org](http://Petalscharity.org)

#### ♥ [Stillbirth and Neonatal Death Society \(SANDS\)](#)

Welcomes calls from anyone affected by a stillbirth of a baby.

**Telephone:** 020 7436 5881

**Email:** [helpline@uk-sands.org](mailto:helpline@uk-sands.org)

**Website:** [www.sands.org.uk](http://www.sands.org.uk)

#### ♥ [The Ectopic Pregnancy Trust](#)

A registered national charity established to meet the needs of people who have experienced ectopic pregnancy and the health care professionals who care for them.

**Telephone:** 020 7733 2653

**Website:** [www.ectopic.org.uk](http://www.ectopic.org.uk)

#### ♥ [Tommys](#)

Tommys believe that every baby lost is one too many. Tommys exists to support, care for and champion people, no matter where they may be on their pregnancy journey. They provide expert, midwife-led advice for parents before, during and after pregnancy, working together towards safer, healthier pregnancies. Click her for [Tommys Baby Loss Support Information](#)

If you would like to speak to one of the Tommys midwives about your pregnancy, or need support and advice following a pregnancy loss, you can contact the team directly.

**Telephone:** **0800 014 7800** (Monday to Friday, 09:00 to 17:00).

**Email:** [midwife@tommys.org](mailto:midwife@tommys.org)

**Website:** [www.tommys.org](http://www.tommys.org)

#### ♥ [The Samaritans](#)

24-hour helpline support every day of the year for anyone in distress, including those who are bereaved.

**Telephone:** 08457 90 90 90

**Website:** [www.samaritans.org](http://www.samaritans.org)

#### ♥ [Canopi \(nhs.wales\)](#)

## 1. Preparation

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1.	<b>What are you equality impact assessing?</b>	All Wales Pregnancy Loss Support Policy
2.	<b>Policy Aims and Brief Description</b>	<p>The aim of the policy is to provide the support employees need during this difficult time in their life, and to help managers and colleagues know how to support people affected, with kindness, understanding and without judgement.</p> <p>It supports pregnant employees and employed partners through pregnancy loss and encourages them to feel confident to talk to their manager, colleagues and friends at work about what has happened.</p> <p>The scope of policy is defined and includes, but is not limited to: miscarriage, anembryonic pregnancy, ectopic pregnancy, molar pregnancy, embryo transfer loss and termination of pregnancy.</p> <p>The policy applies to employees only. It does not apply to agency workers, consultants, self-employed contractors, volunteers or interns.</p> <p>The policy applies to all employees that suffer a pregnancy loss, at any time before 24 weeks, regardless of whether it has happened directly to them, their partner, surrogate or the adoptive parents in an approved adoption placement. It also applies regardless of the employee's gender, type of contract of employment, length of service, role or base.</p>

3.	<b>Who is responsible for the Policy/work?</b>	NHS organisations and sub committee of the Welsh Partnership Forum Business Committee.
4.	<b>Who is Involved in undertaking this EqlA?</b>	Welsh Partnership Forum Business Committee representatives.
5.	<b>Is the Policy related to other Policies/areas of work?</b>	Equality, Managing Attendance at Work, Disciplinary, Respect and Resolution Policies. Codes of Conduct of Professional/Regulatory Bodies, Staff Charters. All Wales Workforce Strategy. Individual organisation's workforce and OD plans.
6.	<b>Stakeholders</b>	All employees, trade unions, NHS organisations
7.	<b>What might help/hinder the success of the Policy?</b>	<p><b>Factors that may hinder:</b> Lack of leadership and commitment at Executive and Board level. The process not being followed inside organisations, lack of follow through and support by managers.</p> <p><b>Factors that may help:</b> Awareness raising sessions at induction and training for managers.</p>



The Human Rights Act contains 15 rights, all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below. For a fuller explanation of these rights and other rights in the Human Rights Act please refer to **Appendix A: The Legislative Framework**.

Depending on the Policy you are considering, you may find the examples below helpful in relation to the Articles.


	Yes	No
<b>Consider, is the Policy relevant to:</b>		
<b>Article 2: The right to life</b>  <b>Examples:</b> The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control	Yes	
<b>Article 3: The right not be tortured or treated in an inhuman or degrading way</b>  <b>Examples:</b> Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control		N/A
<b>Article 5: The right to liberty</b>  <b>Examples:</b> Issues of patient choice, control, empowerment and independence; issues of patient restraint and control	Yes	

<p><b>Article 6: The right to a fair trial</b></p> <p><b>Example:</b> issues of patient choice, control, empowerment and independence</p>		N/A
<p><b>Article 8: The right to respect for private and family life, home and correspondence; Issues of patient restraint and control</b></p> <p><b>Examples:</b> Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life</p>	Yes	
<p><b>Article 11: The right to freedom of thought, conscience and religion</b></p> <p><b>Examples:</b> The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers</p>	Yes	



Equality Strand	Information Gathered
<b>Race</b>	<p>Research from <a href="#">The Lancet</a> shows that Black women are at a 43% higher risk of miscarriage than white women.</p> <p><a href="#">Ethnicity affects pregnancy healthcare, research suggests - BBC News</a>  <a href="#">RCOG calls for urgent research into miscarriage rates   RCOG</a>  <a href="#">Miscarriage: Musings of a Muslim Mother   Tommy's (tommys.org)</a></p>
<b>Disability</b>	<p><a href="#">Study Finds Disability Could Be a Miscarriage Risk Factor   SureScan (surescan-womenshealth.co.uk)</a>  <a href="#">Terminating a Pregnancy for Medical Reasons (TFMR)   Tommy's (tommys.org)</a>  <a href="#">Miscarriage Occurrence and Prevention Efforts by Disability Status and Type in the United States - PMC (nih.gov)</a></p>
<b>Sex</b>	<p><a href="#">Pregnancy Loss and Gender   Psychology Today United Kingdom</a>  <a href="#">Men and Miscarriage: A Systematic Review and Thematic Synthesis - Helen M. Williams, Annie Topping, Arri Coomarasamy, Laura L. Jones, 2020 (sagepub.com)</a>  <a href="#">Couples and Miscarriage: The Influence of Gender and Reproductive Factors on the Impact of Miscarriage - ScienceDirect</a>  <a href="#">Gender Differences in the Development of Posttraumatic Stress Symptoms Following Pregnancy Loss: Social Support and Causal Attributes   Psychological Studies (springer.com)</a>  <a href="#">GENDER DIFFERENCES IN COPING FOLLOWING LOSS OF A CHILD THROUGH MISCARRIAGE OR STILLBIRTH: A PILOT STUDY - MCGREAL - 1997 - Stress Medicine - Wiley Online Library</a></p>
<b>Gender Reassignment</b>	<p><a href="#">LGBTQ+ individuals and pregnancy outcomes: A commentary - Croll - 2022 - BJOG: An International Journal of Obstetrics &amp; Gynaecology - Wiley Online Library</a>  <a href="#">Full article: Pregnancy intentions and outcomes among transgender, nonbinary, and gender-expansive people assigned female or intersex at birth in the United States: Results from a national, quantitative survey (tandfonline.com)</a></p>
<b>Sexual Orientation</b>	<p><a href="#">Sexual Orientation Disparities in Pregnancy and Infant Outcomes - PMC (nih.gov)</a>  <a href="#">LGBTQ+ individuals and pregnancy outcomes: A commentary - Croll - 2022 - BJOG: An International Journal of Obstetrics &amp; Gynaecology - Wiley Online Library</a>  <a href="#">Sexual orientation-related disparities in perinatal mental health among a prospective cohort study - ScienceDirect</a></p>

	<a href="#">Minority stress theory applied to conception, pregnancy, and pregnancy loss: A qualitative study examining LGBTQ+ people's experiences   PLOS ONE</a>
<b>Age</b>	<a href="#">Risk of miscarriage linked strongly to mother's age and pregnancy history - BMJ Group</a> <a href="#">Female Age and Miscarriage - Spontaneous Abortion (advancedfertility.com)</a> <a href="#">Early Pregnancy Loss   ACOG</a> <a href="#">Paternal age and maternal age are risk factors for miscarriage; results of a multicentre European study   Human Reproduction   Oxford Academic (oup.com)</a> <a href="#">Miscarriage Statistics and Rates in the UK     Tommy's (tommys.org)</a> <a href="#">Risks of Pregnancy Over Age 30 - Stanford Medicine Children's Health (stanfordchildrens.org)</a>
<b>Maternity and pregnancy</b>	Too numerous to mention and the essence of the policy.
<b>Marriage and Civil Partnership</b>	N/A
<b>Religion or Belief</b>	<a href="#">Religious beliefs affect grieving after pregnancy loss - PubMed (nih.gov)</a> <a href="#">Zainab's story - talking about faith - The Miscarriage Association</a> <a href="#">Parents' religious/spiritual beliefs, practices, changes and needs after pregnancy or neonatal loss— A Danish cross-sectional study: Death Studies: Vol 46 , No 6 - Get Access (tandfonline.com)</a> <a href="#">Miscarriage, Religious Participation, and Mental Health - Petts - 2018 - Journal for the Scientific Study of Religion - Wiley Online Library</a> <a href="#">PREGNANCY LOSS: A DISTURBING SILENCE AND THEOLOGICAL WILDERNESS   Modern Believing (liverpooluniversitypress.co.uk)</a> <a href="#">Griffioen - Toward a Philosophical Theology of Pregnancy Loss (philarchive.org)</a> <a href="#">Women's Experiences of Utilizing Religious and Spiritual Beliefs as Coping Resources After Miscarriage (qub.ac.uk)</a>
<b>Welsh Language</b>	N/A
<b>Human Rights</b>	<p><b>General</b></p> <p>There are gaps in workforce equality monitoring data across all of the protected characteristics.</p>



Disaggregated workforce monitoring data is required to inform future policy review and assessment.

### 3. Assessment of Relevance and Priority

<b>Equality Strand</b>	<b>Evidence: Existing Information to suggest some groups affected. Gathered from Step 2. (See Scoring Chart A)</b>	<b>Potential Impact: Nature, profile, scale, cost, numbers affected, significance. Insert one overall score (See Scoring Chart B)</b>	<b>Decision: Multiply 'evidence' score by 'potential impact' score. (See Scoring Chart C)</b>
<b>Race</b>	<b>3</b>	<b>+3</b>	<b>9</b>
<b>Disability</b>	<b>3</b>	<b>+3</b>	<b>9</b>
<b>Sex</b>	<b>3</b>	<b>+3</b>	<b>9</b>
<b>Gender reassignment</b>	<b>2</b>	<b>+2</b>	<b>4</b>
<b>Sexual Orientation</b>	<b>3</b>	<b>+2</b>	<b>6</b>
<b>Age</b>	<b>3</b>	<b>+3</b>	<b>9</b>
<b>Religion or Belief</b>	<b>3</b>	<b>+2</b>	<b>6</b>
<b>Maternity and Pregnancy</b>	<b>3</b>	<b>+3</b>	<b>9</b>
<b>Marriage and Civil Partnership</b>	<b>1</b>	<b>+1</b>	<b>1</b>
<b>Welsh Language</b>	<b>1</b>	<b>+1</b>	<b>1</b>
<b>Human Rights</b>	<b>2</b>	<b>+2</b>	<b>4</b>
			<b>67/10 = 6.7</b>

Scoring Chart A: Evidence Available Decision

Scoring Chart B: Potential Impact

Scoring Chart C: Impact

3	Existing data/research
2	Anecdotal/awareness data only
1	No evidence or suggestion

-3	High negative
-2	Medium negative
-1	Low negative
0	No impact
+1	Low positive
+2	Medium positive
+3	High positive

-6 to -9	High Impact (H)
-3 to -5	Medium Impact (M)
-1 to -2	Low Impact (L)
0	No Impact (N)
1 to 9	Positive Impact (P)

## 4. Outcome Report

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<b>Organisation:</b>	Welsh Government/NHS Wales/Trade Unions
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<b>Proposal Sponsored by:</b>	<b>Name:</b>	Judith Paget/Alex Howells/Nicky Hughes
	<b>Title:</b>	Joint Chairs
	<b>Department:</b>	Wales Partnership Forum

<b>Policy Title:</b>	Pregnancy Loss Support Policy
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<b>Brief Aims and Objectives of Policy:</b>	<p>The aim of the policy is to provide the support employees need during this difficult time in their life, and to help managers and colleagues know how to support people affected, with kindness, understanding and without judgement.</p> <p>It supports pregnant employees and employed partners through pregnancy loss and encourages them to feel confident to talk to their manager, colleagues and friends at work about what has happened.</p> <p>The scope of policy is defined and includes, but is not limited to: miscarriage, anembryonic pregnancy, ectopic pregnancy, molar pregnancy, embryo transfer loss and termination of pregnancy.</p> <p>The policy applies to employees only. It does not apply to agency workers, consultants, self-employed contractors, volunteers or interns.</p>
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	The policy applies to all employees that suffer a pregnancy loss, at any time before 24 weeks, regardless of whether it has happened directly to them, their partner, surrogate or the adoptive parents in an approved adoption placement. It also applies regardless of the employee's gender, type of contract of employment, length of service, role or base.
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<b>Was the decision reached to proceed to full Equality Impact Assessment?:</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	<b>Record Reasons for Decision:</b> The principles and values of the policy are grounded in the promotion of fair and equal treatment.	
<b>If no, are there any issues to be addressed?</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	<b>Record Details:</b> Lack of robust workforce monitoring data to be addressed at organisational level.  Also, training for managers to ensure that the provisions of the policy are applied fairly and equally to be addressed at organisational level.	

<b>Is the Policy Lawful?</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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<b>Will the Policy be</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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<b>adopted?</b>	<b>If no, please record the reason and any further action required:</b>
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<b>Are monitoring arrangements in place?</b>	<b>Yes</b> ✓	<b>No</b> <input type="checkbox"/>
	<b>Refer to Action Plan (Form 8)</b> Monitoring arrangements will be addressed through local application. Scrutiny and review of monitoring reports will be undertaken at regular intervals in partnership by NHS organisation's executive teams and boards.	

<b>Who is the Lead Officer?</b>	<b>Name:</b>	Helen Arthur
	<b>Title:</b>	Director of W&OD, NHS Wales
	<b>Department:</b>	Welsh Government
<b>Review Date of Policy:</b>	As required in line with agreed policy review process.	

<b>Signature of all parties:</b>	<b>Name</b>	<b>Title</b>	<b>Signature</b>
	Andrew Davies		
	Vicky Richards		
	Erica Stamp		




## 5. Action Plan for Pregnancy Loss Support Policy

	<b>ACTION</b>	<b>WHO</b>	<b>HOW/ WHEN</b>
<b>Monitoring Arrangements</b>			
How will the Policy be monitored?	<p>Monitoring arrangements will be undertaken in partnership and will be determined locally.</p> <p>Monitoring outcomes will be reported to Boards</p>	Workforce and OD Directors/LPFs	Annually
What monitoring data will be collected?	Local application of pregnancy loss support policy disaggregated against each protected equality characteristic, workplace/directorate and staff group.	Workforce and OD Directors	Ongoing
<b>Other Actions</b>			
Describe any other actions highlighted through the policy screening	Policy training for managers to include scope and application of duty to consider reasonable adjustments.	Workforce and OD Directors	To be confirmed

