S4, 16 Becky Kearns –Trying to Conceive: Fertility Matters at work – the hidden struggle

Joyce Harper (00:02)
Hi, I'm Joyce Harper and I want to welcome you to season four of my podcast, Why Didn't Anyone Tell Me This? Together with expert guests and those with lived experiences, we will give you some tools to empower you to live a life of good health and happiness.

Joyce Harper (00:22)
Welcome to another podcast in the mini series about trying to conceive. And today I'm speaking to the brilliant Becky Kearns about Fertility Matters at Work, The Hidden Struggle. Becky is co-founder and CEO of Fertility Matters at Work, a UK organisation dedicated to improving workplace support for people experiencing fertility challenges. A former HR professional, combines her career expertise with her own lived experience of early menopause,

IVF and donor conception to advocate for better awareness and support.

This podcast got quite emotional as I had a bit of a cry as I remembered my own fertility journey. Becky is doing amazing work with her team to try and improve awareness and support around fertility in the workplace. She has heard so many stories from people who have really struggled and she wants to help. This is an important podcast, whether you're an employer,

Chances are some of your employees are having fertility struggles and this will help you to understand what they may be going through. But also if you're a person on your own fertility journey and you're trying to juggle this with work, there will hopefully be some support in this podcast.

Joyce Harper (01:43)
Welcome, Becky.

Becky (01:45)
Hi Joyce.

Joyce Harper (01:47)
So really looking forward to talking to you today, Becky. So can we start by you telling us about your own fertility journey and what led you to set up Fertility Matters at Work?

Becky (01:59)
Yeah, so my journey, it feels like a long time ago now, but I was 28 when I was diagnosed with POI, which came as a huge shock. I'd always known I wanted to be a mum. I was with my partner. We'd thought about in the next few years, we might have kids. Came off the pill and suddenly realized that things weren't quite what they should be. And after a lot of pushing with GPs, et cetera, was finally sort

had some tests and then I was diagnosed with POI and told that if I wanted to have a chance of becoming a mum that IVF would probably give me the best opportunity and that I would probably need to do it sooner rather than later because my egg reserve was so low. So I kind of felt like I was catapulted into this whole new world of fertility treatment and we were fortunate to be able to fund that ourselves because I wasn't eligible on the NHS. Went through our first round of IVF and I got pregnant and I thought, that wasn't so bad.

But at eight weeks miscarried and that's when I think it really hit me that the chances of this working. I think I went into this very naively that IVF would equal a baby. But it was over time. I think that naivety leaves you and you keep going. We went through another four rounds of IVF and each time only getting very few eggs. But ultimately we got to a point and it sounds so simple when I say it like this because it was very, very complex decision, but we decided to try egg donation and we actually travelled out to Prague, had egg donation treatment there and then I had my first daughter in 2016, Mila who is now 10. We then went back and tried for sibling and ended up with twins, so I then had Eskra and 20 months later who are now eight. And so after that I really realised how alone I felt in that whole journey, which was why I started my Instagram account defining mum wanted to share a little bit more about that element of my path. I kind of entered this whole fertility advocacy world, started at an organization called Paths to Parenthood. But at the same time, I was having more more conversations about the workplace. And I hadn't mentioned actually my previous life, I worked as a HR professional. So I was working on a corporate at the time. And if I look back now at my whole fertility journey, one of the most difficult parts was how it intersected with my career and how it impacted me in my job and realizing as a HR professional, I just wasn't aware of this huge experience that many people were going through. And so there was a real gap. And that's where I came together with my co-founders, Claire and Natalie, and Natalie Silverman and Claire Ingle, who both also had an interest in this area. So Natalie, with her broadcasting experience and the fertility podcast, heard so many stories and started to share her own and also Claire is a HR professional as well. we, I still remember vividly just before the pandemic, we sat in a pub in the Peak District and we had a table full of post-it notes going, right, what needs to change? And that's where fertility matters at work was formed really just from our own experiences and knowing that there was a massive gap there. And actually I think the menopause conversation showed us what was possible in the workplace. I think it sort of paved a way for these more taboo topics that you would previously, people would have said that's not relevant to work, to actually show that it's integral and it's a big part of the culture of an organisation. So we set out very much to raise awareness of fertility as an issue, but to think about how can we change the culture around this in workplaces and bring them along with us.

So yeah, that was the start of Fertility Matters at Work. That was a very long-winded way of telling you my story, but hopefully it shows how it kind of weaved into where I am today.

Joyce Harper (05:53)

It's a very, very important journey. And I think you're the three of yours experience is so vital in this arena. It really, really is important. And I always think I always say to everyone, the best ideas get discussed in a pub.

Becky (06:09)
They do.

Joyce Harper (06:10)
Yeah, they do, they do. So you mentioned that your team and you do do absolutely brilliant work and we're going to go into some of the issues that people experience when they're trying to get pregnant. But tell us a bit more about fertility matters at work and what it does and how it can help people.

Becky (06:31)
Yeah, so one of things at the beginning we were really keen on is making sure that businesses were firstly just aware that this is even an issue that was happening. And I think society has still got a long way to go where they need to understand how prevalent this is, but also the very real human impact that it can have. And so we started off just raising some awareness. So we started off with some events and

We started off with a survey as well. as you know, Joyce, data is really important and we needed to be able to go with not just we think this is something that needs to happen. This many people have told us that this is what's impacting them. So we started off with a survey. We started off with a webinar and we started to see some organizations taking note, but we were also met at the same time with quite a lot of blank faces going, so why would you be talking about fertility at work? And it's over sort of the past six years, we've been really be able to build this up and create it into something that organisations are now approaching us about. But we didn't want it to be a put a policy in place, tick that box and done because having worked in HR myself, I know that it's so much more than that. You've got to be able to, particularly with a topic with such stigma, you've got to be able to change the conversation. You've got to be able to create a safe space for people who, as we were hearing through the research and through the contacts we had through our Instagram account, were also many of them too scared to even say that this is something they were going through. So we're hiding it. Our research last year showed that 64 % had taken time off sick and anecdotally from that 64%, many of them was taken sick leave to hide the fact that they were going through treatment because they just didn't feel able to tell their manager or their workplace. I was actually open about my treatment at work. I don't think I could have kept it secret because I'm just that type of person, I couldn't do that. But I just imagine the additional burden that people must be carrying whilst they're trying to be at work and go through this significant life event at the same time. so, yeah, for us when we started this work, it wasn't just about policy, it was about culture, and those two things need to work together when we launched Fertility Matters at Work, we started to develop an accreditation because we don't want organisations just doing this to tick a box. We want them doing it properly. And that accreditation is what has driven everything that we do. It's around the awareness raising, it's educating and equipping and empowering managers. It's about making sure

that people have safe peer support spaces to go to, credible information about fertility. And I think employers have a role to play in helping with the education. I know you're...

You're big around the education around fertility, Joyce, but it's so much more than just putting that policy in place. But at the same time, the policy is so important because that is often the very first place people will go. It's where they will look. They will think, I don't know if I can talk to my manager yet, but does my organization even recognize this? Do they even support this? And so getting that policy piece right will kind of open that door and almost signal to that employee whether or not their experience is recognised and will be supported. So, you know, that's kind of a very whistle stop tour of everything we do. We work with around 45 organisations now and the accreditation process, it's a quick one for some who have already doing things, for others it takes a bit longer, but we want to make sure that everything we do is done properly and with that employee in mind.

Joyce Harper (10:11)
I think it's such important work and we need more employers. know that our university has been discussing with you as well. So anyone listening, if you are working in a company, please encourage them because lots of these issues are not discussed with the employers. So when I've done talks at companies, I've used a Mentimeter, is an anonymous way of doing a live survey. And I've asked the people, how many of you experiencing fertility issues in the workplace?

Becky (10:20)
Yes.

Joyce Harper (10:41)
and how many of you have told your employer? And not everyone does. So I think it's highly unlikely that every employer of more than four, five, six people are going to have some employers who are struggling through this very difficult time, whether they're going through treatment or just even trying to get pregnant. Let's just have a look at the employer again. I had big fertility issues. I worked...

Becky (11:05)
Mmm.

Joyce Harper (11:09)
between my university and a fertility clinic. And in a way for me, I was very open about it, but it was really difficult. And it's those questions that people are asking you all the time. And I was in a position where I just knew way too much. And I had the professionals around me asking me all the time. So should people even tell their employer that they're trying to get pregnant, if even not even thinking just about going through IVF?

If they're trying to get pregnant because they may have a miscarriage, they'll have months where they don't get pregnant and the psychological problems that that. So if

they're just trying to get pregnant and if they're going through fertility treatment, should they tell their employer?

Becky (11:55)
So I think it's a very personal thing as to whether or not you tell your employer, but people should feel safe to do so if they choose to. So I think it's a very individual decision. And I think the way you frame that question really kind of brought to life the real thing that sits behind this. Would you tell someone you were trying to get pregnant if you weren't going through fertility treatment? Because effectively you're having to show your hand before you might be ready to share with anyone. It's such a personal experience that you're having there.

So for us, I always advocate for, look, if they don't know, how can they support you? But at the same time, the reality is we still live in a world where the motherhood penalty is real. There's still that stigma around pregnancy or they're going to be going on maternity leave. Maybe we won't consider them for that promotion. And these were all the stories we were hearing that are still so prevalent today. So I think this is why that cultural change is so important because if people don't feel safe, they won't share. if they don't, they may share and they may then face discrimination. Those people will leave if they don't feel supported. We know 38 % had either considered leaving or had left their employer. That's over a third. That's a huge amount. So I think the way we've started to talk to businesses about this isn't just about that human personal experience and the moral obligation to support those people, which is really important. But actually, from a business perspective as well, you need to be thinking about retaining good talent. You need to be thinking about attracting talent to your organisation. think we also found 86 % would be attracted to an organisation that had fertility support in place. So, and then also the engagement of people. And when you, when I spoke about the sickness absence where people are going off sick, usually for chunks of time to cover off a treatment period versus there being an open culture to say, I'm having this medical treatment, I need these elements of time off to attend appointments, but can I have some flexibility around that where somebody can do both without one taking away from the other? That must be much less disruptive for an employer. I know how destructive sickness absence can be. You can't plan, you can't do anything, but having those conversations and that flexible working where possible will help with engagement, help with retention. It will lower the cost from having somebody off sick and having to replace them for a period of time. There's so much in terms of benefit for employers as well as for employees in this as well. And I think what you said there around even smaller organizations, you will have somebody there who is going through some element of this and I mentioned loss. It's such a common topic, but I think we always describe it as being hidden in plain sight because it is there but until you kind of scrape the surface. And this is what we find when we do events with organizations. We do bring it to life, but we also invite employees where they're comfortable to share their lived experience. And this is where Natalie comes in with her brilliant facilitation skills to have a conversation about what that person went through, but what would have helped them or what did help them? What can we learn from that experience? And often having an employee share their story is it does open that door and it's like a domino effect. You then see other people coming forward and saying, me too, this has happened for me. I'd

be really happy to sit and have a coffee with someone who's been through it. And I effectively became that person in my own organisation because managers had kind of realised that I'd been through it. And if they had someone in their team, we'd say, look, go for a coffee with Becky and we can talk about it. And I think there's just so much power in being able to.

I always love the quote that shame dies when stories are told in safe spaces. And if organizations can create that safe space and help people feel safe, that you're not going to be impacted as a result of this. We are going to support you through what we hope is a temporary period of time is so important, and particularly in a landscape where there are no legal protections for anybody who is pre embryo transfer. So that's something that I also feel really passionately about that.

Joyce Harper (15:42)
Mm.

Becky (16:07)
government need to look at this and think about how can we protect people, particularly women in employment, that regardless of the diagnosis or the reason that you're going through fertility treatment, it's often the woman that has to go to more of the appointments. So we need to really think about this and I think when we speak to organisations as well, there's often targets around we want more female representation in leadership teams, we want more

Gender balance, we want to think about the gender pay gap. All of this feeds into this conversation around fertility and that culture that you create to enable people to go through this life event whilst also maintaining their career at the same time.

Joyce Harper (16:47)
Yeah, you brought up so much there. You mentioned menopause at the beginning and I think with menopause there are some similarities about the discrimination and issues about time off work, etc. But I feel that the government have gone a bit forward with the menopause and brought in the need for companies to have policies, etc. within the workplace, but we're not quite there yet with fertility and

Again, there's issues that you mentioned about not wanting to discuss with your employer. So some perimenopausal women don't want to discuss with their employer because then they, I think we worry, don't we, that we get labeled. So if you're trying to get pregnant or if you're perimenopausal, you're worried that you're to get labeled, discriminated and not supported, which is a terrible situation. And I hope more employers are aware, but you said 45, I think 45 companies have signed up.

I always feel they're the ones that are probably on it anyway. It's all the rest that we need to get to sign up to fertility matters at work, isn't it?

Becky (17:52)

Absolutely, yeah. mean, there are a lot of big employers and our forward thinking and wanting to trailblaze in this way. And one of the big things for us at the moment is how do we reach SMEs? How do we get more embedded in the public sector as well? I mean, some of the most heartbreaking stories we hear are from teachers and people in the NHS who are going through this experience, complications of shift work or of lack of flexibility and how do we make sure that this is something that's not just for those who work in the private sector in a law firm or in a high street bank or whatever industry you might be in, it's thinking about everybody. And I think this is also where the legislation comes into play here because it shouldn't be just voluntarily up to your employer as to whether or not something is taken up. It should be something that is standard across the board and that anybody who needs treatment should be able to do that and also work at the same time and the two should be able to work together.

Joyce Harper (18:52)
Yeah, absolutely. And I think that let's dig into the issues specifically around if you're going through fertility treatment. So we've had some, the previous podcasts to yours have been explaining what the ins and outs of fertility treatment. But as you've said, they take up a lot of time for both of the couple, but especially the woman. And then we've also got the issue if it didn't work about needing support. So

What are the main issues that are coming forward from your work for people actually embarking on fertility treatment?

Becky (19:28)
So we always talk about this in, we have like this typical IVF cycle we talk through with workplaces and bring it into the context of that working day. that start of fertility treatment. So you know, you're to be going through IVF, for example, and it's very much dependent on your own body. So we talk about how planning can be really difficult. You don't know when your menstrual cycle will start. It never starts when you want it to, when it's these things. And you can't then go to your manager and say,

In two weeks time, I'm going through IVF and I've got an appointment on all of these dates at these times. It's in the diary because it needs to be flexible. There's no way you can plan for that. the first thing is planning. Often these appointments are in the morning. So how can we work that around with flexibility for people? But also we need to think about travel time because there's not a fertility clinic on every corner. So I remember having like a two hour round trip and I would leave at 6am.

in the morning to be the first in the queue to be able to have my scans and blood tests and then race back to the office and I'd turn up about 9.15. This was obviously pre-COVID so working from home wasn't as big a thing. I turn up at 9.15 and I'd feel really guilty like I've let someone down. I look back now and I think why did I feel like that? But again, it's just being able to do this and I think with the rest of the team as well, you feel like you're letting people down. That can be a big issue for people. But there's also the injections. So

As you know, Joyce, they have to be taken at a particular time of day. They've got to be stored in the fridge. And we've heard of stories. I remember one in particular who came to me at the fertility show and she was a prison officer and was hiding the fact that she didn't feel like she could talk about it. Was having to hide injections in sandwich boxes and store them in the fridge at work. And this is another thing where women are sat there hoping that nobody picks up the wrong sandwich box and gets a surprise when they find some needles in there, but then they're going off to toilets and injecting in toilets, which isn't the most dignified place to go and administer medication. So there's that practical aspect as well. We also find that psychological impact is often not really understood. It's seen by some employers as an elective procedure, something that you choose to do.

And this is another big part of our education that I don't think anyone would choose to go through this. It's circumstance, not choice that brings you to fertility treatment. And we've seen that in policies. It's been there alongside Invisalign. And if you're having IVF or Invisalign, then you can take annual leave. So I think it's really important that the framing of this is right for people. It's not something they're necessarily choosing to do.

And then we're thinking about egg collection. You're going to need some time off for recovery afterwards. If you have a partner, that partner will likely want to support you at some of those earlier appointments. It's really important to think of partners in this as well, where somebody is on that journey. Someone might be going solo as well. And that also brings another layer of complexity and potential intrusive questions that people might face. And then also thinking about embryo transfer. Again, you don't quite know when that's going to happen.

You have to take phone calls in the middle of the working day. I actually hid in a stationary cupboard to take mine a lot of the time just for some privacy because, and sometimes those calls will be bad news. So I remember on the way into work, I'd have the call to say, really sorry, but your embryos haven't survived the night. And everything that I've been through up to that point was for nothing. And then had to go into work and just put this mask on and pretend like nothing had happened when my whole world had fallen apart. So that psychological element and we've got some amazing illustrations that we had with an illustrator called Fertiliati and we asked them to bring some of these scenarios to life and there's this image of this woman she stood there presenting and in the corner it says 10 minutes earlier and she's on the phone and they said I'm sorry this test was negative and it just really shows you those human experiences. I've heard of women who have been like rushing into the boardroom as they've started to miscarry. They've had to hide the fact that they've just had an embryo transfer and they're rushing to get a plane to go on the next trip abroad and all of these things, like maybe at a work event in the evening and they're not drinking and someone's making that assumption that they're pregnant, there's just so many elements that intersect with the working day, whatever role you do, I think particularly for those people as well who work with children directly or in a role where they have to scan pregnancy, we've heard from sonographers.

I can't imagine how difficult that must be when you're on a fertility journey. So yeah, that's kind of hopefully brought to life some of the things that people are facing.

Joyce Harper (24:08)
For me, Becky, I've just found that all incredibly triggering and those that can might be able to see a bit of the video, I am actually crying. Oh God, it just, you know, this journey never leaves you, does it, Becky? never ever leaves you. And hearing you reminding me, know, injecting in the toilets and me crying, there was one day when

Becky (24:19)
Joyce, I didn't want to make you cry.

Joyce Harper (24:40)
got a negative pregnancy test and I was in the clinic and I just burst out crying. And then I ran out of the clinic and my dear friend, Alpesh Doshi, some people will know ran after me. said, why are you crying? And I said, cause it's, it's just failed. And he says to me, but you're such a strong person. And I just said, this is my memory. Alpesh might correct me, might not be right, but I said, I'm just human. It's, and you talked a lot about the psychology.

It is such a psychological drain. we did research years ago with people who had wanted kids but didn't have them. And those that gone through IVF, the top reason, we asked them why they stopped the IVF. And the top reason was the psychological. It's just such an emotional. if you're trying, yeah, it's brutal. If you're trying to work and as you said, having to go into it, having to do a presentation, having to stand up in front of people, it's...

Becky (25:11)
So

Yeah, it's brutal.

Joyce Harper (25:36)
That is so hard, Becky, isn't it? They need your support.

Becky (25:39)
Yeah.

Yeah. And this is often in an environment, like I said, when I mentioned about how it's often seen as elective and someone thinks you're choosing to do this. Yeah, at the same time, you're feeling that way. You just can't imagine how difficult that must be. so employers, think they can't fix it for you. They can't help you have a baby, but they can make that whole experience so much easier giving you that space for those appointments and what might come afterwards. And this is where we always try and help join up the dots with existing support. So employee assistance programmes that might have counselling available through different insurance schemes, you might be able to access a specialist counsellor. Something like that might really, really help

somebody. And I do think as well, think clinics need to understand the additional stress and strain that are on people at the same time and think I mean, how can clinics help their patients who are also carrying this massive burden? And it was only just recently I was sat, I was waiting for a meeting at a fertility clinic and it was around sort of late morning and I was blown away by the, it was a packed waiting room and almost every woman in there was balancing a laptop or frantically tapping on their phone. And I just...

So I don't think you would see that in any other medical waiting room. I think it's quite unique to fertility treatment because of this whole perception. And there's definitely still a way to go in closing that gap. And I mean, there was a TV show just recently, it was on channel five, and they were debating about whether people should have time off for fertility appointments. And someone compared it to, it's just like you choose to it, like you go and track up the Himalayas, you take a sabbatical or you do this, this is not something you can just take a sabbatical for. And it just blows you, it still blows my mind all the time how misunderstood this experience is. And that's, think, where we're trying so hard to bring to life what is going on right in front of you every single day in the workplace.

Joyce Harper (27:54)
I, people have got to understand it is a really, really difficult journey. I knew what was involved and when I realised I had to go on that journey, I was, I was devastated. But, but I must admit you said about the clinics and I've told all of my friends who work in clinics, I didn't realise how difficult it was until I went through it. It's much harder than you think. So they're only seeing the patients come coming in, having their injection, having this scan, whatever, and then going.

And they, hope by listening to this, they understand that it is such a complex journey. And if you haven't got support from your employer or from your family and friends as well, and the whole conversation about who you tell, I was on women's hour. They did a podcast recently a few weeks, a months ago about who you tell and how you tell them, how you have those conversations. And it's really individual. I mean, you said how individual this is earlier. It is very, very individual about.

Becky (28:49)
Yeah.

Joyce Harper (28:51)
who we tell and how we go through that, isn't it?

Becky (28:55)
Yeah, completely. And some people will still choose to not tell anybody and that is their right. They don't have to, but it's we just need to make sure that this environment is more accepting of these journeys. And yeah, I think it's great that we've got employers who are leading the way, but there's still so much more that needs to be done. It's a topic that I feel is growing momentum wise, but

I still think there's so many people out there, the stories, I just did a recent call out for some stories to help me with a submission to the Department of Business and Trade to really try and bring on their agenda the fact that this is something that's happening within businesses. And so many people are under NDA. They've left their jobs and they've settled and can't talk about it publicly because they've left their jobs as a result of going through fertility treatment. So it's happening all around us and many of these people who have left and have settled can't even talk about it openly because of the way in which that journey has ended. So there's one lady who works with us behind the scenes when we're campaigning with Parliament and she can never show her face but she's been instrumental in bringing to life that real impact of someone who was in a job didn't tell their employer had some complications. So OHSS had to go into hospital, then had a sick note that said complications following IVF and was immediately brought into some kind of performance procedures that hadn't been mentioned beforehand, given an automaton and eventually she left the business. And that was all on the back of the fact that they realized that she was going through IVF. So intending to have a baby and yeah, I There's so many things we hear all the time that I'm almost not shocked anymore, but it blows my mind that so many people are having to go through this. Imagine when you're having to potentially fund treatment as well. And we know how dire the funding situation is in the UK at the moment, that your job is so much more than a job. It's your security. It's your income. It's your maternity leave. I hear so many stories from women who hate their jobs, they're stuck in their jobs, they're not supported, but if I leave and this actually works, I'm so desperate for it to work, I won't get that maternity pay that I've worked for years towards having. and I also think that work is such a big part of our identity as well, and you'll know Joyce from your own experience, and I know from mine that I really struggled with my sense of identity. If I can't be a mom, who am I? All of these are the things yet work was a bit of an anchor that this is who I am in my career and for many people that is. So if that feels uncertain at the same time, it's hugely destabilising. And we always speak with Julianne Butelev, who's a perinatal psychologist, and she sees so many people who are at breaking point and their employer has not helped at all. And we also hear many stories of people who

Maybe have had more positive experiences, but I can guarantee you that sentence will always start with, was lucky that my manager understood. I was lucky that my workplace had a policy and it shouldn't be the look of the draw. It should be the norm for people.

Joyce Harper (32:18)
Mm.

I mean, for me, it was the hardest thing of my life I've ever been through. And as I said, my work knew and they work in fertility, so they were really supportive. I cannot imagine for anybody going through this without the support of them. I just I just can't imagine. And I'm I am absolutely aware that you must have so many horrendous stories that it's it's it's just unbelievable. Can we can we touch on that?

You've got, mean, number one, you've got the time off that you need, but then for example, you mentioned getting that phone call that either your embryos haven't

developed, so there won't be a transfer or I was talking about all these hurdles, you know, are you going to have embryos? Then your pregnancy test, it, what about if it's negative? And then you've, you've shared about your really unfortunate miscarriage as well. So there's all these other hurdles that can happen.

Becky (32:57)
Mmm.

Mm.

Joyce Harper (33:28)
How can this be supported in the workplace?

Becky (33:33)
I think there needs to be an understanding that this isn't just a one-time event and we always try and encourage employers to think of IVF as a course of treatment. It's not if we think about the success rates, it often takes several goes before somebody might have success, but also the reality that it may not work. And there's a whole other conversation about how do you support those that are childless not by choice in the workplace. There's also the conversation around pregnancy and baby loss that intersects with this. I was really pleased to see as part of the new bereavement leave that's coming in next year that the loss of an embryo through, so having a transfer and a negative result was included. And I got really emotional about that because I thought actually someone there has recognized that that is a loss because it is. And I think obviously it's not paid leave, but it's a step forward. And hopefully that is the sort of thing that will start to change mindsets, but there's still this huge gap of anyone.

Joyce Harper (34:21)
Yeah.

Becky (34:33)
pre that stage in terms of the support that they have. So I think we need to keep sharing these stories. We need to keep talking about this. We need to keep explaining the impact that it's having because that is the only way, but also at the same time, sharing the data around this. I would say it's about winning over hearts and minds. So we always in everything that we do, it's kind of anchored by that lived experience and what this means, but also that data that we have. And we ran a survey last year in the UK where we reached over a thousand people who were employed. We had an employee survey. We also had an employer survey and what it showed was that 99 % of employees said that it was a significant life event for them. Yet only 36 % felt that their employer recognized it as such. And I thought that was such a powerful way of showing that gap between where employees are. And I don't know who the 1 % were that said it wasn't significant life event, but I think that was a really striking figure. Also 99 % said it impacted their mental wellbeing in some way. Again, in the context of work, there's a lot of talk about mental health in the workplace. How do we start to intersect these different conversations and start to realised that fertility and pregnancy and baby loss are also part of this conversation. So we also did that research in Japan, Australia,

Poland and France, and this year we're just about to start in the US as well. So hopefully we'll start to build up a bit more of a global picture. There's countries like Malta that do offer paid leave and they are doing great things, but it's few and far between. And I'd love to see the UK leading the way a little bit more in this, like say from that legislative perspective to really, really set the tone around this topic and show the importance, but also then for employers, not just to do it because it's a nice thing to do and to because it looks flashy and there's nothing I hate more than employer just wanting a badge. Just to say we've got the badge and this is why we make sure that there's all these steps. It's properly assessed. It's independently assessed as well because you can't just make this change by putting a piece of paper in place and having a fancy badge. You've got to be able to live and breathe it. And that's that's got to be felt by the employees within that organisation.

Joyce Harper (36:58)
I still can't stop crying. Vicki. I only cry. No, no, no, I'm fine. I'm fine. I only cry the ones about fertility and I have done it before. You know, it doesn't, it doesn't, it doesn't go away. really doesn't go away. I want to come back to the employers and about legislation and where we need to go with that. But I don't want to forget about the men. the men you mentioned, they don't need so much time off work, but they do need to be there.

Becky (37:04)
I wasn't sure whether to stop Joyce. so personal. Yes.

Joyce Harper (37:29)
to support their partners. But if there's a negative pregnancy test or no embryos or negative pregnancy test or a miscarriage, men really get affected by this as well. And they often get forgotten about. And how have you come across in your work about supporting men through this experience?

Becky (37:51)
Yeah, so really, really important part of the conversation. We always talk about this not just as a women's issue, but a people issue. It's something that affects everybody. whenever we look to do events within organizations, we always try and if we can get a man who's sharing his experience on the panel, it's so, so important. And actually some of the most powerful conversations we've had have been with men. And you don't realize, mean, I remember one conversation, one guy speaking about how he was working 250 miles away from his wife when she phoned to say she was going through a miscarriage and then having to tell his boss and drive that long journey all the way back to her feeling guilty for having left. then conversations where maybe there's been a loss or it hasn't worked and people just ask you, well, how's your partner? Feeling like they've got to be the strong one, not feeling like they can attend those appointments. We actually, there was a quote from one man that always stuck with me that was around struggling to get the time off to go to embryo transfer and saying, look, can I not be there at the conception of my own child? And the fact that an employer might stop someone from doing that. And all of these things, think men have to be in the room for these conversations and we have to make sure we're including them. And I also

remember speaking to an employer, actually, we're looking to do an event, but they said, we want it to be women only.

We're quite male dominated in terms of leadership, but we want people to feel safe. And I said, well, how are people ever going to feel safe if we can't invite the men in to come and listen to what's happening? And then they were like, yeah, maybe we do need to invite them along. And I think it's something that is often seen as like, I said, that women's issue and it's something that men can't contribute to, but actually I think some of the best work we've seen in organisations has had male allies, men who've been through it that have really driven that conversation. And so we've actually, we have an event every November. It's our third year now called the F Word at Work and it's a summit and we bring together different organisations sharing best practice, but we also bring the topic to life and we've got an all male panel this year talking about how can we make sure that

This isn't just seen as a women's issue. How can we make sure that men are supported as well? I would also mention here, I think I mentioned earlier around those on a solo path often policies will point to couples only. It's really important that they're included as well, but also the LGBTQ plus community because for anybody in that community who's looking to build their family, whether they go through fertility treatments, surrogacy or adoption.

They're all really complex processes that you can't go through without it impacting work. And again, that's another conversation that assumptions are made that just because someone's gay that they're not going to have children and more and more people within that community are having children. so it's not like I said, it's a people issue. It intersects across so many different areas within an organization and like organizations have now worked with us for a number of years and they're still finding new topics to talk about. They're still raising awareness with different groups and it's not just a niche topic that I think again it's often seen as well but it doesn't affect that many people so we'll invest in menopause that does. It's thinking about actually all of the different people within that group, it's one in six people worldwide but then you've got to think about all the other communities as well and like you say Joyce there'll be people in organisations and we have people approaches saying thank you that have been through this years ago and they come along to one of our events within their organisation and get very emotional because it does bring it back and you kind of forget all of those things and you look back and you think, God, I did go through a lot back then. Why did I feel so guilty? Why did I put that on myself? It's, is really powerful at whatever stage you are. You might not be there yet, but you've got to understand what this experience means.

Joyce Harper (41:54)
Yeah, you mentioned for the guys, you mentioned that obviously they they do struggle because these topics have always been taboo from them from school, even schools now, when they're talking about periods, they often still separate the boys from the girls. So the boys never had even they weren't even in the room to learn about periods

and they need to learn about periods. They're going to be employers, they're to be fathers, their brothers, husbands.

They're surrounded by women. They need to know. And we have not helped this situation by making these things to be from schools. I am absolutely on a mission in schools to get these conversations and get the boys up to... And the people say, but they'll start giggling. my God, they're going to giggle because we have made, society has made this crazy narrative around women's issues.

Becky (42:24)
Absolutely.

Joyce Harper (42:53)
And they're not women's issues, they're everyone's issues. And obviously menopause for sure, the men need to be in the room. So yeah, I love the work that you're doing with men. That's just so, so fantastic. Let's go back to employers. So you mentioned a lot at beginning about getting support. from the work I've done, I'm really aware that some people really don't want to speak to their line manager. And again, they, and it doesn't have to be a male line manager, it could be a female line manager as well.

Becky (43:02)
Thank

Joyce Harper (43:22)
But for the men, because they haven't had these words and this education in their life, chances are they are going to be less supportive. And it's not their fault at all. They just don't know. You don't know what you don't know, do you? And you can't support what you don't know. But I do think that it's a big ask to try and turn that around and educate everybody at this stage. But I do think that what we can do within any employer is have somebody allocated as maybe the reproductive or the fertility. think, because I think it should be everything. think it should be someone within that company that you can talk to about menstruation issues. Lots of women have endometriosis, PCOS, fertility issues, and also menopause. And if it's a big company, they need lots of people, men and women, who have this role.

But I always thought if we had someone like you said, lots of people in your company come and talk to you. If we had someone like a Becky in every company who people know, okay, don't need to go and speak to my line manager, but I can go and talk to this person in confidence and they can support me. Is that something that you're thinking of advocating?

Becky (44:37)
Mm.

Yeah, so that is part of the accreditation. the peer support element and we've got organisations that call them fertility champions, fertility allies, fertility friends, even some of the organisations that have really gone the extra mile. So Eon, who won fertility

friendly employer of the year at our awards last year, have a whole kind of internet page where you've got different people who represent different journeys as well. So if you're going through surrogacy, there's so and so over here who you can go and have a chat to. I mean, it is just unbelievable. This person's been through donor conception. Obviously, a large organisation makes that easier. But I think that peer support is really important. But you also mentioned there are managers like finding the words, how do I know what to say? And it's always one of those issues I don't really know what to talk about. So I'm not going to let's just not talk about it at all. What we try and enable organisations to do is not only have that employee support pathway, but also have that manager support pathway. And again, that's where policy is so important because a policy isn't just for the employee to look and go, what am I entitled to? And what, how do I go about getting support or time off? It's for the manager also, and to have that consistency across the organisation that look, we provide paid time off for appointments. Here's how you, you inform us, how you let us know, but also having in there that

Confidentiality is really key here, reinforcing that element. But also, if you don't feel comfortable talking to your manager, there is this dedicated person, whether it's someone in HR or whether it's through a peer support network that you've got an alternate route to go to. it's making sure that people don't feel, if that person with that one particular line manager, and we often call it the line manager lottery, hasn't got a supportive manager no matter how much you have in place in the organisation, they need to feel safe to be able to go elsewhere and we also have an e-learning programme that is there for managers of our member organisations and they don't, it's very rare that it's made as a mandatory learning because there's so much e-learning in organisations I think it almost sometimes can become, although we would like it to be, but it is there that and it's linked through policies, it's clearly there available. So if anybody comes to them in their teams, they can go and they can learn from this e-learning module what it means to go through this, how they can support, what to say, what not to say at the same time. But just the simplicity of, I'm here to help, let's open a conversation about what would help you through this temporary period of time.

It's about empowering managers as much as we're empowering employees on this because by doing both, that's where you'll create that safe environment where hopefully more people will feel comfortable to share. But at same time, some people may still not. But I think it's the most we can do at the moment.

Joyce Harper (47:36)
So, Becky, what would your ideal fertility friendly employer look like? sounds like as well as having the policies, as we know, we don't want it to just be a tick box. Hopefully people who they know are going to be supportive and the website, that sounded great to have a website people could go to. Is there anything else that would make the ideal fertility friendly employer?

Becky (47:57)
Yeah.

Yeah, so I think it's going back to, so I've mentioned policy, but policy needs to be more than just words. It's got the language has got to be right. It's got to be inclusive. It's got to have, it's got to recognise what people are going through. There's the policy, there's the manager training, the peer support, joining up dots to existing programmes like EAP schemes. And it's also about making sure that people education and awareness as well. So another thing that we offer our member employees, we bring in experts every month and we have a monthly employee session. we had Emma the embryologist come in this month to talk about egg freezing. So trying to show that organisations can signpost to credible information as well. So we've also run different events around fertility, understanding your fertility and brought in medical professionals to talk about those sorts of things, preparing for IVF.

So it's going beyond that day to day, but thinking actually, how can I actually help with fertility education as well as an employer and make that readily available for people? I think you go the extra mile and I always say this is like the cherry on the top. And I know not every employer can afford to do this, but having some sort of funding to help with the financial element of going through fertility treatment. And often when we talk about fertility support, I think that's where organizations go, oh my God, we're going to have to pay for everyone going through IVF.

Obviously in an ideal world, that would be amazing if there was an unlimited pot of money so people could have treatment and that accessibility. But you can pay all the money in the world for someone to go through their treatment. If the culture is not right, they still won't feel comfortable and they still won't feel safe to talk about it with those people around them on that day-to-day basis. So we always say that it's building up that foundation of support through all of those different levels that I've mentioned. And then if there's any help towards the financial element. And we've got some organisations that offer interest-free loans that they can take just to allow them to be able to get that in place. It doesn't have to be a lot but recognising that financial burden as well I think is also that cherry on the top to make it a real holistic support for employees.

Joyce Harper (50:21)
That would be amazing. mean, I've been very honest. I would never have my children if I'd have had to have paid full price for it. I mean, there's just no way. was just lucky that I worked there. But it's just the finance. I know so many people that didn't even start potential treatment because they just can't afford it. And it's just it's one of those things that I've always saying it's not got cheaper. It's just got more and more expensive. They always say, oh, things get cheaper. No, they don't. They don't get cheaper. Hasn't got cheaper. Yeah.

Becky (50:50)
Definitely not. No, it feels like it's a privilege now, sadly, that people are able to access and even just have a chance. And yeah, if employers can help in any of that, then that would be amazing.

Joyce Harper (50:53)
Yeah.

Wow, it's amazing. Becky, what would you like the law to look like? What would be your ideal situation for changes in the law?

Becky (51:11)
Yeah. So there's three things I would like to see change. So the first one is I would like it to be a statutory right to be able to take that time off for fertility treatment. That would relieve such a burden. Ideally, that would be paid. I think that's probably a stretch in the current climate at the moment. But just like you would go to an antenatal appointment, no questions would be asked because it's a statutory right to do so. I'd love to see that for fertility appointments as well. I'd also like to see

So currently pregnancy and maternity protections come into play at the point of embryo transfer where you are pregnant until proven otherwise. I would like to see that extended or new protections put in place for those who are preconception at that stage as well. And the final thing isn't necessarily a legislative change, but it's within the EHRC. Trying to find the words now. It's the guidance from the EHRC which basically talks about how employers should treat IVF. And the current example that is used compares a woman going through IVF to a man having cosmetic dental surgery. And this is something we're trying to get changed at the moment. and I think this is a big part of why employers have looked at this as a guidance document and gone, well, if you comparing it to cosmetic dental surgery, you basically saying it's something people choose to do, it's more elective. And we think there should be a better comparator. Because it's those sort of comparators that when people are discriminated against, they go to, if they try and take it to tribunal, and this again, from people I've spoken to, they've been told by lawyers, there's no gateway to, it's very hard to prove sex discrimination, because you've got to prove that a man would be treated differently in that same circumstance very, very difficult to actually even put forward a tribunal claim when you are either in the best case scenario, you're newly pregnant after going through fertility treatment, in which case do you want the stress of an employment tribunal? Or you may have been through a treatment that hasn't worked and have you got the time and energy to put into fighting something like that? So I think there's a recognition that so many people at this point, if they are being discriminated against, are really, really vulnerable.

And that's why we haven't seen much case law because there isn't much that people can fight with. And so many people end up settling and signing NDAs. yeah, the three things I'd love to see change. And we have had some positive responses from those in the government. And there's an MP in particular, MacDonald, who have been working closely with another MP, Matt Tumaine as well. And Alice has created something called the Fertility Support Pledge, which is a free voluntary pledge that organisations can take to put in place four of those things I mentioned earlier, so around policy, peer support, it's around training and awareness raising. And the hope is that that will build some more momentum and employers actually saying, yes, we're going to do this, we're going to put our name to this, but we're still a long way off, but things are starting to happen.

Joyce Harper (54:24)

I can't believe it's been compared to dental work. I that's just cosmetic dental work. That just really makes me angry. That's ridiculous.

Becky (54:33)
Yeah, just me as well. It's unbelievable.

Joyce Harper (54:35)
Yeah, okay, well, so anyone listening to this, check if your employer is already on board with fertility matters at work. And if they're not, please go to the fertility matters at work website and give them, send this information to your employer and get them on it because there is going to be somebody you work with at some point who is going to be trying to get pregnant, whether.

Becky (55:00)
Yeah.

Joyce Harper (55:02)
and having problems,

Becky (55:02)
Yeah.

Joyce Harper (55:03)
either having problems and not going through fertility treatment or going through fertility treatment. It is so common now. So please don't wait for somebody to have a difficult time. Get your employer ahead of the game and get them, please, to register. that's become part of this. So yeah.

Becky (55:17)
Yeah And I was just going to say Joyce as well, if somebody's listening to this who is going through or has been through their own experience and you might think, well, I don't sit in HR, how can I influence this? Actually, some of the best change we've seen has been driven by employees with lived experience. You can take that case to HR and work together with them. And I know Cadent Gas in particular was all of their support was borne out to women who had been through IVF and both had had very different experiences and they were given the freedom to write the policy, they were given the freedom to engage with us, they were given the freedom to look at what else could be done within the organisation. So I'd always say if you feel that passion and there's nothing more rewarding than being able to use your experience to help someone else who will be going through that in the future. So yeah, I'd encourage you, we can always help you build together a business case for this being something that needs looking at by all employers.

Joyce Harper (56:20)
Becky, I wanted to really thank you and your team for the great work that you're doing and really, so it's just so important to support people. so thank you so much for those years of work. And I hope that you just grow and grow because it's so important. And I

have stopped crying now, so I can cough out of it. But Becky, I always end my podcast if we've got a, especially if we've got a bit heavy, but I always end my podcast on some happy questions.

So my last few questions to you. Becky, just a little bit of fun. What makes you happy and where is your happy place?

Becky (56:50)
Yes gosh, I'd say my work makes me happy. know that might sound really, getting messages from people who say what difference it has made, whether it's that they've decided to go down the donor conception route and they've just had their baby or whether it's someone who has been able to see a change in their workplace, it does genuinely make me happy. I feel very lucky to be able to work in a job that brings me that. And I say my happy place.

Joyce Harper (57:03)
haha

Becky (57:29)
with my three girls, wherever it may be. I still feel so fortunate that after I think going through such a long journey and worrying about especially using donor eggs, whether I'd ever feel like a real mom and all of these things and now feeling as I do now and being able to hopefully sort of try and bottle some of that for people to let them see what's possible. just, I feel like I always say it's funny how kind of most difficult experiences that I've ever been through has led me to like the best thing that's ever happened to me and yes they are my happy place.

Joyce Harper (58:06)
that's beautiful. And yes, I feel the same. All the trauma I went through with my fertility journey, that's why I've become even more passionate. I was always wanting to do fertility education, but now it's become absolutely an obsession after we've been through it. and the very last question, Becky, what advice would you give your younger self?

Becky (58:34)
I think it would be, don't be too hard on yourself. I think we often think that we should be doing more. And I berated myself when I was going through my treatment and working that why can I not do this? And I didn't realise at the time that I was grieving. I didn't realise the magnitude of everything I was going through. So I think it would just be, be kind to yourself and you are doing so much more than you realise at the time.

And think often it's easy to say in hindsight, isn't it? You look back over these things, but I'm hoping nowadays that there's more awareness that people can find that validation whilst they're in the moment, rather than I found it years on when I started talking to other people and doing this work. But yeah, that would be my advice to my own self is just be kind to yourself.

Joyce Harper (59:21)
Becky, thank you so much. It's been a really important podcast. think there's so many people going through this and I really, really hope that more employers sign up with you and we give more people the support that they need when they're going through this, especially at work. So thank you so much and thank you to all your team. Thank you.

Becky (59:42)
Thank you for having me as well. Thank you for all the work that you're doing, Joyce.

Joyce Harper (59:46)
Thank you.