

# A guide for managers: Understanding fertility challenges in the workplace



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A note about language

At Fertifa, we use terms like ‘man’ and woman’ that refer to an individual’s sex that was assigned at birth, but we understand that not everyone identifies with their biological sex. We're here to support anyone who identifies as a man, woman, gender non-binary, gender non-specific or anyone who defines themselves, their gender, or their sexuality in any way we've not mentioned. We want to make our content as inclusive as possible, but we're learning all of the time. Please don't hesitate to reach out if you feel that we should can make Fertifa more inclusive and representative of you.



# Understanding fertility challenges in the workplace



# Understanding fertility challenges in the workplace

Fertility can be a complex topic to broach in the workplace. Often people hold back from talking about fertility issues because they fear that doing so may have a detrimental effect on their careers. Almost three quarters of those going through fertility treatment felt fertility was not recognized and valued as a topic in their organization.

You're using this guide so are clearly thinking about how to support your team when they are experiencing fertility challenges, which is a great first step. We've seen firsthand how necessary it is for managers and team leads to recognise the difficulties that come with fertility issues and to provide support for their team members if they need it.

If you're not sure exactly where to start in providing your team with support – that's okay! It's difficult to know what the right thing to say is and to navigate these topics, especially if you've never been through fertility challenges yourself.

This guide aims to help managers better understand fertility challenges, the impact these challenges can have on our work lives and how to support someone through it.





# Some key fertility facts and figures

3.5 million people across the UK will experience fertility challenges this year. Fertility challenges are far more common than you might think; anyone of any age, gender, background or relationship status can be affected by fertility.



'Healthy' heterosexual couples aged between 29-33 with a normal functioning reproductive system have a 20-25% chance of conceiving in any given month



Almost all LGBTQ+ employees will need access to donor banks, adoption or surrogacy services in order to build their families



For 1 in 4 heterosexual couples in the UK, the cause of infertility cannot be identified, often placing even more stress on individuals



Only 3% of transgender people have preserved their fertility



Of all fertility cases, 40% are due to male factors alone, and 50% are due to a combination male and female factors



25% of pregnancies end in pregnancy loss, quite often before anyone knows the person is pregnant



Currently, same-sex couples make up 6.4% of all patients having fertility treatment in the UK



1 in 6 couples face fertility issues globally

# Understanding fertility treatment terminology and what it all means



15% of couples experience infertility and 1 in 4 pregnancies end in miscarriage. 1 in 100 women suffer from recurrent miscarriage.

Recurrent miscarriage is when someone suffers from more than two consecutive miscarriages. Some people can get pregnant quickly, while others may find it will take longer. From surrogacy to IVF to egg sharing, trying to conceive can be an emotional process, so it's important that you provide your team with as much support as possible if they need it.





One of the most important things you can do as a manager is to understand the different kinds of fertility treatments and what may be involved for each one in terms of time and treatment. Here’s a breakdown of some of the most common fertility treatments that your team may be going through.



**In vitro fertilisation (IVF)**

With IVF, a menstrual cycle is controlled to ensure that numerous ovarian follicles develop and mature to release multiple eggs (as opposed to one egg that is normally released during each menstrual cycle).

The eggs are retrieved from the individual’s ovaries and fertilised with sperm in a laboratory. The fertilised egg, called an embryo, is then returned to the womb to grow and develop. There are different forms of IVF.

For most people, one cycle of IVF will take between four and six weeks



**Medicated or controlled IVF**

Medication is prescribed to suppress the natural menstrual cycle. Once this has been done, additional medication and hormones are given.

The aim of this is to completely control the cycle and to produce as many eggs as possible, to increase the chances of a successful pregnancy.

Medicated cycles typically require less monitoring than natural cycles. For most people, one cycle of IVF will take between four and six weeks



**Mild or natural cycle IVF**

This is an alternative to standard IVF, focusing on fewer drugs. Treatment is carried out within your natural menstrual cycle.

However this is modified by introducing additional medication aimed at blocking your spontaneous ovulation and supporting the growth of the naturally selected follicle. The single egg that has been naturally selected and matured by your body is collected and fertilised.

Mild IVF treatment usually takes around 2 weeks including 5-9 days of medication.



**We've seen firsthand how people can feel more supported at work if those around them understand more about what they're actually going through. From FET to IUI to ICSI, it's important to know what each one involves; this can open up important conversations and help people feel supported.**



### Frozen Embryo Transfer / Replacement (FET/FER)

After a cycle of IVF, you may have some embryos left over that have been vitrified (frozen) and stored.

These embryos can be transferred as part of a frozen embryo transfer cycle, whereby the embryos are thawed and transferred back into the uterus.

This usually take about 6 to 8 weeks in total. A frozen embryo transfer by itself requires about three weeks.



### Intrauterine insemination (IUI)

IUI can also be know as artificial insemination. This is when sperm is directly inserted into an individual's womb to try and fertilise an egg.

The main difference between an IUI and IVF treatments are: IVF is a process involving egg stimulation, retrieval, fertilization, and transfer; whereas, an IUI injects sperm into a uterus to decrease the sperm's travel time to the egg.

From initial testing and consultations to the IUI procedure, this process usually takes around two months.



### Intracytoplasmic sperm injection (ICSI)

ICSI is used when there is a male cause of infertility.

It involves injecting a single sperm into an egg to achieve fertilisation rather than leaving multiple eggs and sperm in a petri-dish for self fertilisation.

Although one cycle of ICSI treatment takes around four to six weeks, the egg and sperm collection process itself only usually takes half a day to complete.

**There is no one route to parenthood and all families are formed in different ways. Whichever pathway an individual or couple decide to take, it's a major life decision, and prospective parents will always benefit from support and understanding from their manager and team.**



### Surrogacy

When a person carries and gives birth to a baby for another person or couple.

Surrogacy may be appropriate for people with a medical condition that makes it impossible or dangerous to get pregnant and give birth.

It is also an option for some LGBTQ+ couples who want to start or build their family.

The surrogacy process can take several months to complete.



### Shared motherhood

Shared motherhood is used as an option for female same-sex couples.

One individual will be the biological mother (this is usually the egg donor) who donates her eggs to her partner. The partner will be the birth mother (the egg recipient). This can also be called reciprocal IVF.

A cycle of Reciprocal IVF usually takes around 6 weeks, although this is dependent on each individual and often governed by menstrual cycles.



### Adoption

This is where a person assumes the parenting or 'legal guardianship' of a child from their genetically related, non-genetically related or current legal parent(s) or guardian(s).

The adoption process will be very different for every person going through it

Some people will go through an agency, others will go through the foster system.

The timeline for adoption is unpredictable and it can be a very emotionally draining process to go through.



**Some fertility treatments or pathways to parenthood can take a couple of months, whilst others can take years. There is no one-size-fits-all approach and it's important to remember that going through fertility treatment (like IVF) does not always guarantee a pregnancy at the end of the day.**



### Donor eggs

Egg donation is most commonly used when the patient is unable to produce their own eggs of sufficient quality.

This type of infertility is often associated with older maternal age, when the ovaries' store of follicles is beginning to run out.

Some LGBTQ+ couples may also use an egg donor.

The time from the beginning of the donor's stimulation to egg collection can vary but is usually between 10 and 14 days.



### Egg sharing

Egg sharing takes place when an individual who is already having IVF, donates some of their eggs to the clinic where the treatment is taking place.

This can sometimes be in return for some free or discounted treatment.

Donating your eggs takes three to four weeks. It's not possible to donate anonymously.

You'll be offered counselling to help you think through all the issues.



### Donor sperm

Using donor sperm is becoming an increasingly popular option, especially for same-sex couples and single people.

This is also an option for heterosexual couples affected by male infertility.

This process can take several months to complete.

If you're looking to become a sperm donor, it takes on average about 6 months: a donation once (or twice) a week over the course of six months.

**If someone in your team asks you for support or opens up about their fertility struggles or family forming journey, you'll now hopefully have a better and more informed understanding of what they may be going through and how long each one will take to go through.**



### Egg freezing

Egg freezing allows an individual to store their eggs, to be used at a later stage. The eggs can be stored by a maximum of 55 years before use.

This may be for medical reasons or if they need to delay conception.

Egg freezing typically takes about 14 days and requires 8–11 days of hormone injections to stimulate the ovaries to produce multiple eggs in one menstrual cycle.

During this time you may need several scans and blood tests to monitor progress in the ovaries and adjust medication if needed.



### Embryo freezing

With embryo freezing, the eggs are fertilised (either by the sperm of a partner or donor) for future use. Embryos, along with eggs and sperm, can be stored for a maximum of 55 years before use.

It takes approximately 3 weeks to complete the egg freezing cycle and is consistent with the initial stages of the IVF process including: 1-2 weeks of birth control pills to temporarily turn off natural hormones (this step can be skipped if there is urgency, such as prior to cancer therapy).



### Sperm freezing

This allows people to store their sperm to be used later. This may be for medical reasons or if they need to delay conception.. Sperm preservation can be done from home through at-home testing kits, or at a fertility clinic. If sperm testing is done at a clinic, it usually takes one or two visits (consultation and collection).



# The impact fertility challenges can have on someone's wellbeing

# The emotional impact of fertility challenges

Going through fertility treatment can be physically demanding too, especially whilst working. Each person's fertility journey is unique to them, and so the physical impact will depend on every individual.

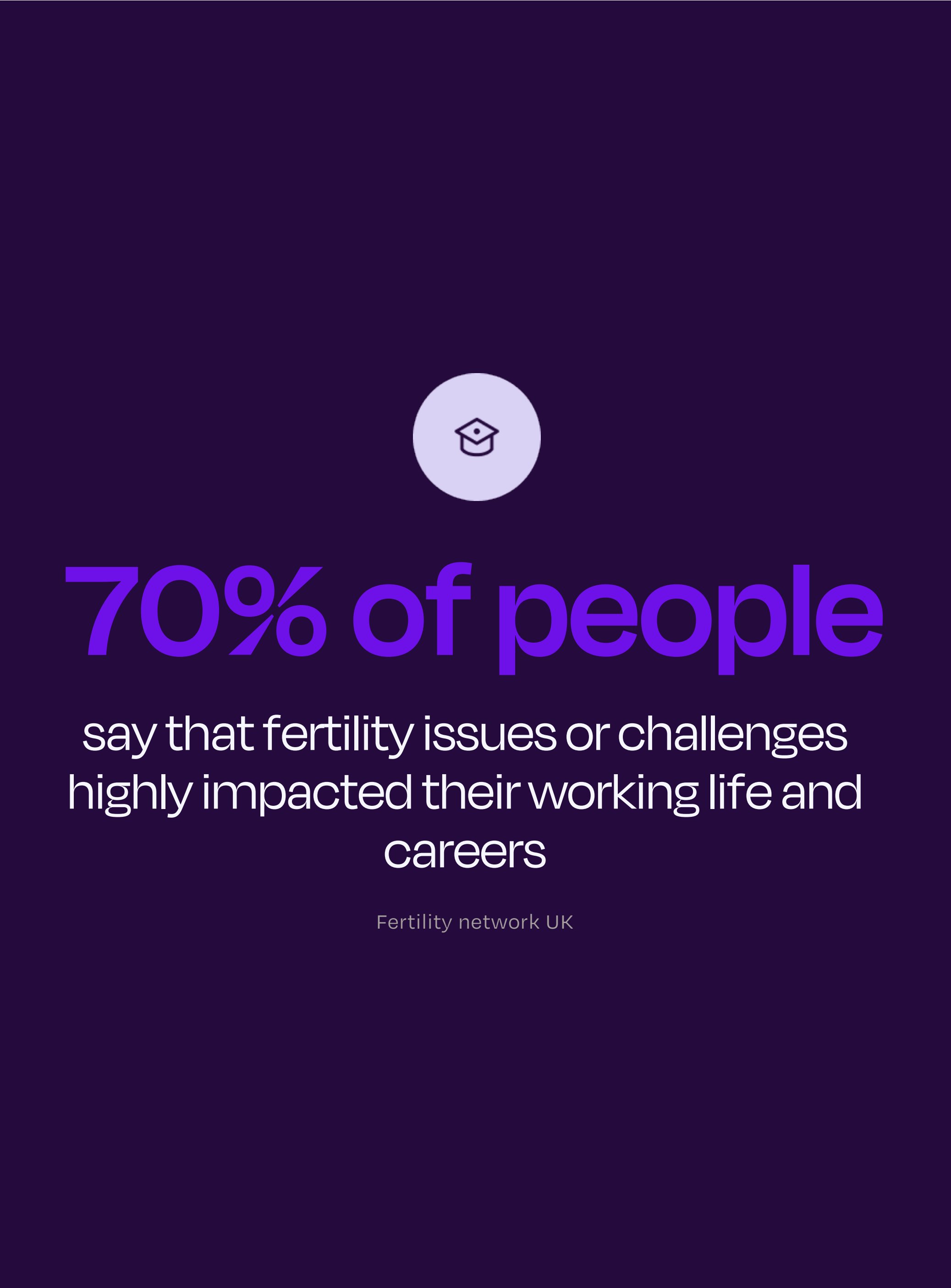
Some people may have medical conditions which impact their reproductive health (for example polycystic ovary syndrome or endometriosis, which 1 in 10 women worldwide suffer from). Often these conditions can be painful and may require appointments during the workday or time off when feeling unwell due to the condition or treatment.

Many LGBTQ+ employees don't feel comfortable talking to their doctors about fertility due to fear of misgendering or heteronormative forms and a lack of medical knowledge of unique LGBTQ+ needs.

Currently, same-sex couples make up 6.4% of all patients having fertility treatment in the UK.

Those from the LGBTQ+ community may find that parenting, adopting and foster care options vary across parts of the country. Anyone going through a gender transition and having medical treatment (including hormone therapy or surgery) may wish to store eggs, sperm or embryos to preserve fertility for the future. Additionally, some transgender parents may be at risk of discrimination as they may not be recognised as biological parents.

For many people, fertility challenges can feel personal and very painful. Discussing with coworkers and managers can feel impossible and this is something to be aware of as a manager or team lead.





# The social and financial impact of fertility challenges

Going through fertility challenges can impact people in very different ways. There's no one-size-fits-all way to experience these kinds of challenges (in the same way each fertility journey is unique in itself) and people will cope with them in their own way.

Experiencing infertility can be deeply traumatic for some people, but if you haven't been through it yourself it can be difficult to understand exactly what this can look like. It can often trigger feelings like isolation, guilt, inadequacy and failure.

Some people end up reducing their hours or leaving employment entirely as a result of their fertility challenges. Here are a few statistics from a study we ran with Fertility Network in 2021 to show how fertility treatment can impact you emotionally, and especially at work.

- 1 in 5 people (20%) did not inform their employer about having fertility treatment
- Over one-third (38%) of employees undergoing fertility treatment considered leaving their jobs. Some people end up reducing their hours or leaving employment entirely as a result of their fertility problems
- Nearly two-thirds (60%) of people felt the need to hide the real reason for time taken off for appointments and fertility-related illness
- 48% of people going through fertility treatment report significant financial worries. With the average cost of a cycle of IVF standing at £3,500 and the chances of success just one in three, the costs can really mount up, leading to debt and worries about future security



**50% of people**  
did not disclose their treatment to their employer out of fear they wouldn't be taken seriously

Fertility network UK

**77% of people** going through fertility treatment feel depressed and **43% had suicidal feelings** as a result of these fertility struggles.

Fertility Network UK



# The physical impact of fertility challenges

Going through fertility treatment can be physically demanding too, especially whilst working. Each person's fertility journey is unique to them, and so the physical impact will depend on every individual, so we've put together an overview of what the physical impact of fertility can look like.

Some people may have medical conditions which impact their reproductive health (for example polycystic ovary syndrome or endometriosis, which 1 in 10 women worldwide suffer from).

Often these conditions can be painful and may require appointments during the workday or time off when feeling unwell due to the condition or treatment.

Fertility treatment can be time-consuming, involving multiple (sometimes daily) visits to fertility clinics for treatment, blood tests and scans. People may require time off to attend appointments, sometimes unavoidably at short notice.

According to a study run by Fertility Network UK, the average number of days taken off work during a fertility treatment cycle was 8.74 working days, with people using up their annual leave to go to the doctor.

People going through fertility treatment may have to inject themselves with hormones (some requiring refrigeration) at various times throughout the day and may require a safe, clean and private space to do this.

Some people may be advised to rest and lie down after administering medication too, which can be tricky when you're in an office.

The medications involved in some fertility treatments can also cause various side effects, including abdominal pain, cramps, bloating, nausea, vomiting or diarrhea, hot flushes or increased sweating, muscle pain or stiffness, oily skin or acne, skin reactions, mood swings, feeling down or irritable, headache or dizziness, drowsiness or tiredness



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## 31% of women

experience severe reproductive health issues, which can complicate fertility and fertility treatment



# How to support someone you manage through fertility treatment or challenges

# How to support someone in your team through fertility challenges

If someone in your team opens up about their fertility journey, have a conversation with them, but try to not be intrusive and instead be empathetic and supportive. Here are some important things to consider:



## Validate their feelings

Research has found that most people with infertility keep their experiences to themselves; this can make them feel isolated, leading to mental health issues. If you can validate their feelings by keeping an open dialogue, they are more likely to feel supported



## Respect their privacy

It's very important to keep any information someone shares with you private. It's up to the individual if they want to share what they're going through with other people, or if they'd like you to let others know. But until you explicitly have been told that, it's crucial to keep all details confidential



## Know your company policy

So you can give someone direct and clear advice if they come to you asking for support. Make sure you know what they are entitled to in terms of time off, and where to go if they need further support





## Don't make social decisions for them

You may feel like they wouldn't want to attend pregnancy showers or children's birthday parties. Still, extending an invitation means you are giving them a choice to participate in social events on their terms



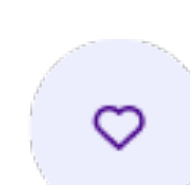
## Don't make assumptions

Allow the person to share their story on their terms. Don't assume that they need to tell you about what they're experiencing or details around it. It's also important you don't assume that everyone will need the same kind of support. Some people will want to take time off, others will want to keep working as a distraction. It's best to ask the individual what support they need from you



## Be inclusive

every person's fertility journey will look very different, whether it's surrogacy or IVF. Be inclusive in the language you use and don't make assumptions on the circumstances (for example, assuming they have a partner)



## Be sensitive when discussing other pregnancies

Don't do anything that may be a jarring reminder of other people's successful fertility stories. Instead, approach conversations with sensitivity. If there is a new pregnancy announcement or baby coming into the office, take the person aside before the big announcement just to let them know what's going to happen so they can prepare themselves or step away if they need.

You don't need to be a fertility expert in order to be a **supportive manager**. Make sure you educate yourself so you understand what your team member is going through and listen to them and their situation so you can be as **supportive whilst still respecting boundaries**.



# What to say (and what not to say)

If you've not experienced fertility challenges yourself, it can be difficult to know what to say. If someone in your team comes to you asking to take time off for appointments or treatment procedures, here are a few starting points.



**Don't forget, the best way to find out what people need in terms of your support, is to ask.**

- "What can I do to support you through this?"
- "This sounds like a difficult time. I'm here if you need anything."
- "Is there anything I can do to help with work while you're at appointments?"
- "Would you like me to follow up after a treatment or procedure?"



**Use inclusive language to make people feel supported, no matter what they're going through**

- Instead of 'maternity' or 'paternity' leave, use 'parental leave'
- Instead of assuming there's a mother and father, use 'primary caregiver' and 'secondary caregiver'
- Instead of husband, wife, boyfriend, girlfriend, use partner or spouse
- Instead of sexual preference, use sexual orientation
- Instead of saying 'what pronouns do you prefer', say 'what pronouns do you use'
- Instead of 'biological' man or woman, use 'cisgender' man or woman

# What to say (and what not to say)



## Don't make assumptions about someone's situation

It's important not to assume how someone feels about going through fertility challenges or to compare their experience to another person's.

Try to avoid telling people what to do or what to feel grateful for. Here are a few examples of what that can look like:

- "Maybe it's just not meant to be"
- "Have you tried to just relax?"
- "Maybe you're stressed out and need a holiday"
- "At least you already have children so it's not that bad"
- "My cousin's friend's wife got pregnant from doing x"



## Educate yourself and signpost resources

The more you know about fertility and family forming, the better understanding you'll have about what you team and colleagues might be experiencing. Here are some useful resources you can use to learn more about fertility and family forming:

### Fertility

- [HFEA](#) (Human Fertilisation & Embryology Authority)
- [Fertility Network UK](#)

### Pregnancy loss

- [Tommy's](#)
- [The Miscarriage Association](#)
- [SANDS](#) (Stillbirth & Neonatal Death)



Get in touch with us  
at [enquires@fertifa.com](mailto:enquires@fertifa.com) if you have  
any questions or you're looking to  
support your people with reproductive  
health benefits using Fertifa.

