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Australian men's experiences of leave provisions and workplace support following pregnancy loss or neonatal death

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Abstract

This research note reports survey responses of Australian men ($N=220$) gathered as part of a larger study exploring men's grief following pregnancy loss and neonatal death. We explore the types of workplace leave offered to men and how men perceived leave and support provided by their employers. Almost all men (91%) informed their workplace of their loss, and 74% were offered some form of leave. The most common types of leave offered were compassionate/bereavement leave, and sick/carers leave. Supports included Employee Assistance Programs, referral to counselling, and flexible working arrangements. Open-ended responses highlighted five themes: *Emotional toll of returning to work*, *Need to be with and support partner*, *Recognition and understanding*, *Helpful distraction*, and *Pressure to return*. Not all men wished to take extended (or any) paid leave following pregnancy loss or neonatal death, though they believed leave should be available. It is essential that employers recognise men's bereavement following pregnancy loss and neonatal death, and that healthcare professionals support men's decisions about work.

Introduction

The death of a baby before or soon after birth is devastating for expectant parents. In Australia, one in four pregnancies ends in miscarriage, approximately 2,200 babies are stillborn, and up to 1000 babies die in neonatal intensive care each year (1,2). The impact of parents' grief is well recognised (3). However historically, pregnancy loss has been considered an issue concerning women, with men's roles considered primarily a 'supporter' to their female partner (4–8).

Men are increasingly involved in pregnancy and childbirth: attending antenatal screening, and participating in labour and parenting groups (9,10). These developments are positive for child and family outcomes, but are also key predictors of grief intensity following pregnancy loss and neonatal death (11–13). Although quantitative studies have typically found lower grief scores among men compared to women, grief levels are still high (14–16) and men interviewed in qualitative research have reported deep and enduring grief (4,8,17,18).

While parenting norms are changing, gendered differences in paid employment and childcare responsibilities remain prevalent (19). Men report difficulties in balancing family and work, with barriers including financial considerations, gendered expectations and workplace/employer resistance (20–23). While some research has explored the social and emotional impacts of pregnancy loss or neonatal death for men, the intersect of grief and working life has received less attention. Men typically report returning to work promptly following pregnancy loss (17,18). While some men find returning to work a welcome distraction after loss (24–26), others have reported physical and emotional exhaustion, and difficulties with concentration and managing workload (7,27–29). Overall, many men report that they are not offered equal leave opportunities as their female partners (7,17,29). Workplace-related policies, including recognition of grief from employers and bereavement leave provisions for men, are therefore important (11).

In Australia, the 2018 Senate Inquiry into the Future of Stillbirth Research and Education in Australia highlighted the need for increased recognition of the economic and social impacts of stillbirth and infant loss (30). A lack of national standards concerning workplace leave following pregnancy loss was an important concern. Bereaved parents described inconsistent leave provisions which were often at employer discretion (30). The Inquiry found that in Australia, mothers and fathers of a stillborn baby (defined as over 400g

or ≥ 20 weeks' gestation), or a baby who dies in the first 28 days following birth (neonatal death) may be eligible for 18 (shared) weeks of Paid Parental Leave (PPL), provided by the Australian Government (31). Where the mother takes parental leave, fathers may receive two weeks of Dad and Partner Pay, and/or a Stillborn Baby Payment (32,33). However, eligibility is subject to income caps and tests which exclude many employees, and other forms of loss (e.g., late-term miscarriage) (32). Where PPL is unavailable, two days' compassionate/bereavement leave may be granted, and/or employers may provide other forms of carers, sick or annual leave at an individual's request. However, many parents (including fathers) who contributed to the Inquiry noted that these combinations of leave were insufficient and relied on employer discretion (30). The Inquiry recognised a need for equity in leave provisions for mothers and fathers, recommending a review and further research. Early in 2020, new laws were proposed to provide mothers and fathers with up to 12 months of unpaid leave following stillbirth and infant death (34). In September 2020, these policy changes were accepted by government. Following a stillbirth parents will now be entitled to up to 12 months of unpaid parental leave (35).

This research note provides a preliminary investigation of Australian men's experiences of returning to work following pregnancy loss and neonatal death. We explore the types of workplace leave offered to men, and how men perceived current leave and support provided by their employers.

Study data and methods

Setting and design

This data was part of a larger program of research investigating men's experiences of grief following pregnancy loss and neonatal death. Pregnancy loss included ectopic pregnancy, miscarriage (<20 weeks of gestation), termination of pregnancy for nonviable foetal anomaly (TOPFA; at any stage of gestation) and stillbirth. Neonatal death included the death of a baby within 28 days of birth. The University of [removed for blind review] granted ethics approval for the research. Participants were men aged 18 years of age or older and fluent in English, who experienced a pregnancy loss or neonatal death in Australia within the last 20 years. Recruitment occurred via advertisements posted on the social media pages and newsletters of pregnancy loss and neonatal death support organisations.

Of 277 men who participated, 220 were employed at the time of loss and completed the full survey, comprising the current sample (see Table 1). At the time of participation, men

were aged between 19 and 60 years ($M=36$, $SD=7.3$), and at the time of loss, between 18 and 58 years ($M=32$, $SD=5.4$). Where participants experienced multiple losses, they were asked to reflect on only one of these of their choosing.

[Insert Table 1 near here]

Data sources and analyses

Survey

Between June and August 2019, men completed a web-based survey via SurveyMonkey. As part of a larger pool of questions, men were asked about their employment status at the time of the pregnancy loss or neonatal death. If employed, they were presented with a series of questions relating to their experiences of returning (or not returning) to work, with categorical and open-ended response categories, including: “*How soon did you return to work following your loss?*”, “*Did you inform your workplace of your loss?*”, “*Were you offered any employment leave by your workplace?*”, and, if yes, “*What types of employment leave were you offered?*”. Finally, men were asked one of two optional open-ended questions, depending on responses to the previous questions. Men who had returned to work were asked: “*In your opinion, could your workplace have offered anything else to make your transition back to work easier?*” For men who did not return to work were asked: “*Can you tell us why you did not return to work?*”.

Quantitative data were analysed in SPSS (V24.0). Descriptive statistics were used to explore the research questions. Chi-square tests were used to determine differences between loss types, categorised according to Australian cut-offs differentiating between losses <20 weeks of gestation and ≥ 20 weeks of gestation. Responses to open-ended questions were analysed using conventional content analysis (36). This approach was chosen as it aligned with the aim to describe men’s experiences of returning to work following pregnancy loss/neonatal death, in the context of limited existing theory and previous research (36). Given limited literature in the area, an inductive approach was used whereby themes were identified from the text data itself, as opposed to being guided by theory or previous research findings. The first author manually generated the initial codes by highlighting words that appeared to reflect key concepts. Related codes were then grouped into themes, and reviewed by all of the researchers to ensure they remained reflective of the dataset. Author consensus was reached for the final themes.

Results

Quantitative data

Returning to work

Following their loss, men returned to work “within a couple of days” (18%, $N=40$), one week (13%, $N=29$), two weeks (23%, $N=50$), or one month (22%, $N=49$). Nineteen returned to work the next day (8%).

Men who lost a baby before 20 weeks’ gestation returned to work sooner than men who lost a baby to stillbirth or neonatal death (Fisher’s Exact test $p<.001$). Following losses before 20 weeks, most men returned to work “within a couple of days” (38%, $N=31$), whereas following stillbirth, most returned to work within two weeks (32%, $N=30$) to one month (34%, $N=32$), and following neonatal death, within one (29%, $N=13$) to three months (31%, $N=14$; see Figure 1).

Two men (who experienced miscarriage and stillbirth) did not return to work following their loss. Two men who experienced recent losses (TOPFA and stillbirth; one, and two months ago) had not yet returned to work, but planned to soon.

[Insert Figure 1 near here]

Workplace leave

Most men (91%, $N=198$) informed their workplace of their loss, and of these, 74% ($N=146$) were offered leave by their employer. There was a significant association between loss type and whether men informed their workplace (Fisher’s Exact test $p<.001$). Men who experienced a loss before 20 weeks’ gestation were the least likely to inform their employer.

Men who experienced loss before 20 weeks’ gestation were also the least likely to be offered workplace leave (67%, $N=42$), in comparison to 77% ($N=71$) and 75% ($N=33$) of men who experienced a stillbirth or neonatal death, respectively. However, the difference between loss type and leave offered was not statistically significant ($X^2(2, N=198) = 1.748, p=.44$).

The types of leave offered to men were compassionate/bereavement leave (62%, $N=91$), sick/carers leave (42%, $N=61$), annual leave (19%, $N=28$), parental leave (17%, $N=25$), and leave without pay (14%, $N=21$). In all cases but parental leave, the leave offered therefore reduced available leave for other reasons (e.g., reducing available future sick leave). Parental leave (as an additional leave category) was offered to one man who experienced a

loss before 20 weeks' gestation, 11 (14%) who experienced stillbirth, and 13 (29%) who experienced neonatal death.

Whether men were offered leave by their workplace did not differ significantly according to time since the loss occurred ($X^2(3, N=220) = 2.046, p=.56$). For men who experienced losses within the last five years, 66 (41%) returned to work within one week following the loss, 71 (44%) returned within two weeks to one month, and 21 (13%) returned within two-six months. For men whose losses occurred six-20 years ago, 21 (36%) returned to work within one week following the loss, 28 (48%) returned within two weeks to one month, and nine (15%) returned within two-six months. Men who experienced losses more than five years ago were also not significantly less likely to take leave (Fisher's Exact test $p>.05$) or to be offered parental leave ($X^2(1, N=146) = 0.175, p=.67$). In total, 19 men (18%) who experienced their loss within the last five years were offered parental leave, in comparison to six men (15%) who experienced their loss six to 20 years ago.

Additional workplace support

Beyond workplace leave, employers of 76 men offered additional support. This support included referral to an Employee Assistance Program (EAP) or counselling services ($N=47$), and flexibility in work hours/location ($N=32$). There was no significant difference between loss type and offer of additional supports ($X^2(2, N=198) = 5.208, p=.07$).

Qualitative data

154 men responded to the open-ended question regarding whether their employer could have done anything else to aid their return to work. Some simply replied "yes" ($N=12$), or "no" ($N=57$). Only two men did not return to work; one was made redundant on the day of his loss, and the other was fired after requesting an extended period of leave. From 85 men who provided more in-depth responses to the first open-ended question, five key themes were identified.

The emotional toll of returning to work

Across loss types, returning to work took an emotional toll on men. Seventeen men reported feeling as though they were not their "normal self" or emotionally burnt-out, which led to decreased productivity and difficulty coping with their usual tasks/workload. One man who experienced stillbirth described:

“I feel I was forced back into my normal duties way too soon [...] because of that I am struggling more to cope now”

Another man, who experienced TOPFA at 21 weeks, reported his choice to return to work early resulted in unresolved feelings of anger and “uncharacteristic outbursts at co-workers”. Because of such experiences, 17 men – who were and were not offered leave following their loss – reinforced a desire for some or more paid leave. Even where leave was offered, 15 men also desired flexible hours or reduced workload, and six expressed a need for counselling.

Need to be with and support partner

In addition to their grief, 17 men said supporting their partner was a central concern. Although most of these men had access to some form of workplace leave, they also desired flexibility in work hours to “be with” their partner. For example, a man who experienced TOPFA at 24 weeks said:

“I tried to come back [to work] after two weeks but only lasted one week as my wife wasn’t coping. I took a further four weeks.”

Six men, who experienced stillbirth or TOPFA, expressed gratitude for employers who “made allowances” for additional leave or ongoing flexibility to support their partner. Eleven men who also experienced stillbirth and TOPFA expressed a desire for flexibility. This flexibility was needed not only for the immediate aftermath, but also in the weeks/months following and in subsequent pregnancies.

Understanding and recognition

The level of support and understanding men received from their employers and co-workers impacted their grief and ability to return to work, regardless of loss type. Nineteen men described a lack of understanding from employers, while 21 described positive experiences with employers who recognised the significance of their loss. The nature of these experiences did not seem to vary substantially according to time since men’s losses occurred. Men expressed dissatisfaction when employers were “not understanding or forgiving for time off”, or made “little effort” to ask them how they were coping. Five men also experienced avoidance from co-workers or “awkward conversations” when their employers had not informed others of their loss. In contrast, men expressed appreciation for empathetic employers who provided leave, flexible work, or reduced workload (where desired). One man whose baby died in the neonatal period described:

“My workplace was extremely supportive, allowed me as much time as I needed before returning to work, and then tried their best to ensure my workload was not too overwhelming until I was ready to take on additional tasks.”

Work/routine as a helpful distraction

Five men, representing all loss types, commented positively on returning to work after leave. These men used work to provide routine or to distract themselves “from the pain” of the loss. “Keeping busy” was described as a useful coping mechanism. One man who experienced a miscarriage commented:

“It was my choice to get back to work the day after the curette and my partner said to go to work. It has been a great way for me to keep busy but also work through it mentally while working. I work outdoors in a semi-labour intensive job.”

For these men, offers to take workplace leave were appreciated, however they did not feel these were necessary to accept. For example, one man who experienced stillbirth and was offered both parental leave and the support of an EAP described:

“[My workplace was] very supportive. I just wanted to get back into routine at the time so didn't take up the full offer of leave and support.”

Pressure to return

Despite being offered leave, five men, who had all experienced their losses within the last five years, noted financial pressure as the primary reason for an early return to work, resulting in “burnout”, “breakdown”, and reduced productivity. For example, a man who experienced stillbirth noted:

“I needed the money so dragged myself back, however I felt I was not productive until weeks later.”

Another man, who also experienced stillbirth, described:

“I felt and still feel that work felt like I should have gotten over it sooner. And I felt the pressure every week that I should be back at work even though the counsellor strongly felt it would not be good for me or my family.”

Four men who were self-employed also reported pressure to return, as they had no access to leave or supports.

Discussion

This research note described findings from a national survey examining Australian men's experiences of returning to work following pregnancy loss or neonatal death. As with men's individual experiences of grief and support following pregnancy loss and neonatal death (11,18,25,26), experiences of returning to work varied. Quantitative data indicated that most men informed their employers of their loss and were offered some form of workplace leave. However, only 11% were offered parental leave, the remainder having to rely on various forms of existing bereavement, annual or sick/carers leave. Qualitative data echoed this; while some men reported receiving adequate workplace leave and understanding from their employers, others reported a lack of opportunity to take leave, and a lack of empathy from employers and colleagues.

Reported time taken to return to work following a loss also varied greatly, from the next day to six months. Although some men commented that they found returning to work to be a useful distraction from grief, others who did not have access to leave described that returning prematurely can take an emotional toll, leading to burnout and decreased productivity. In line with previous literature which has found that men often assume a 'supporter role' following pregnancy loss and neonatal death (4–6,11), qualitative data also indicated the importance of workplace leave and flexibility for men to be with and support their female partner. Although these themes were shared across loss types, quantitative data demonstrated that men who experienced losses before 20 weeks of gestation returned to work sooner, with less access to leave and support in comparison to men who experienced later-gestation losses. This is despite high levels of grief following miscarriage (8,17,25) as well as stillbirth and neonatal death, highlighting the need for specific leave regardless of loss type. Healthcare professionals could discuss returning to work with men to ensure they have adequate support.

While the results provide important insights into the role of workplace leave following pregnancy loss and neonatal death, the survey data were self-reported and retrospective. Although most losses occurred within the last five years, responses may be biased by recall error as well as policy variations in availability of workplace leave for fathers – particularly for losses which occurred up to 20 years ago. However, analyses did not indicate any significant differences between type and duration of workplace leave according to time since the loss. For this research, we did not collect information on employment

industry at the time of loss, as this was not the main focus of the overall survey. For men who experienced multiple losses, we also did not collect information to determine which loss men were reporting on (i.e., first loss or a subsequent loss). These details would be valuable in future research, given potential differences in availability of workplace leave between industries, as well as the impact of multiple losses on the type and duration of men's leave requests. Only a small percentage of the participants responded to the open-ended questions, and those who did often did so only briefly, leading to a lack of context in qualitative data. Although the sample is sizeable, convenience sampling is open to bias in that participants may have been unique from other men who chose not to participate.

It is important to note that this survey was conducted prior to the Australian Government's recent policy change allowing parents who experience stillbirth up to 12 months unpaid parental leave. Future research will be necessary to monitor trends in men's uptake of this new leave provision and explore any barriers or facilitators to utilisation of such leave. This is particularly important since analysis in this research showed no difference in uptake or offers of workplace leave by time since loss, suggesting little has changed in this area in Australia in the past 20 years at least.

Conclusions

Understanding men's preferences around returning to work can assist healthcare professionals and support organisations to best work with men in this area, as well as to advocate for workplace change relating to leave provisions. A national, standardised approach to leave provision and additional support is recommended, to ensure men's grief is recognised and adequate support is provided upon return to work. The Australian Government's recent policy changes in relation to providing parents with leave following stillbirth represent a substantial step toward achieving this. Employers may also benefit from training about providing empathy and additional support for men upon return to work. These approaches could not only ease the burden of grief for men and families, but also result in increased productivity and reduced periods of absenteeism.

Table 1. *Participant characteristics*

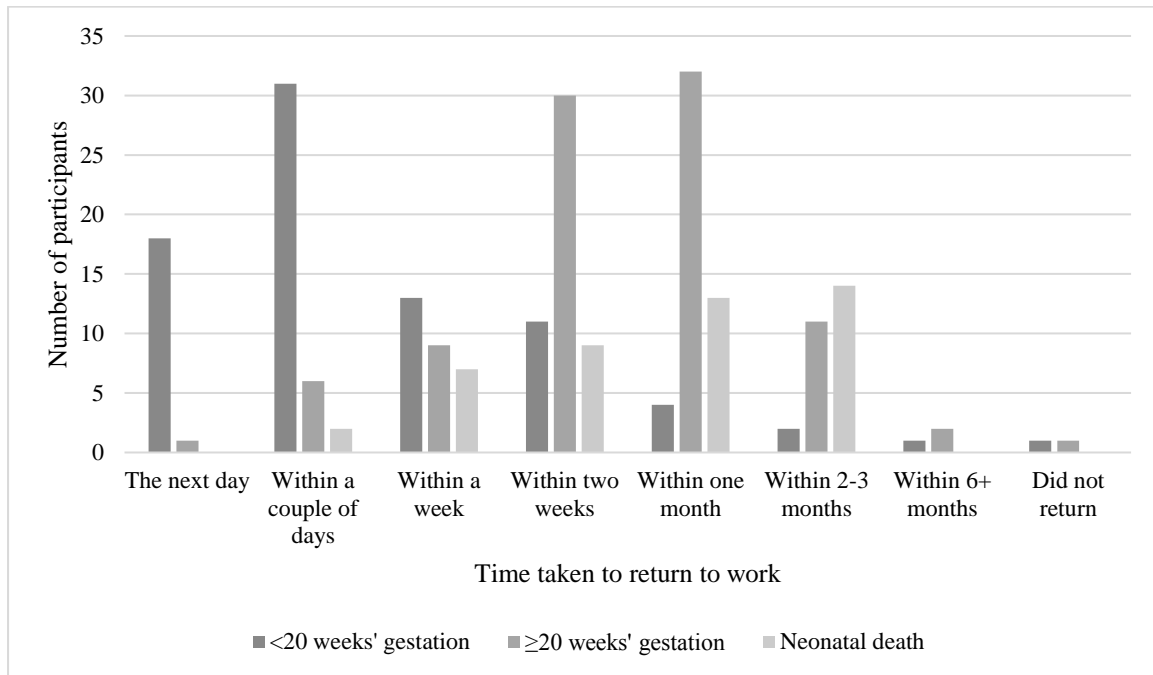
	Category	N (%)
Age at loss	18-29	68 (31)
	30-39	130 (58)
	40-49	18 (8)
	50-59	1 (0.5)
	Missing	3 (2)
Ethnicity [^]	Australian	187 (85)
	Other	33 (15)
Education level	High School	50 (23)
	TAFE/Trade	80 (36)
	Undergraduate Degree	57 (26)
	Postgraduate Degree	33 (15)
Marital status	Married	180 (82)
	In a relationship	33 (15)
	Divorced	1 (0.5)
	Separated	4 (2)
	Never married/single	2 (1)
Losses experienced	One	132 (60)
	Two	45 (20)
	Three	22 (10)
	Four-five	11 (5)
	Six or more	10 (5)
Loss type reflected on	<20 weeks' gestation [*]	81 (37)
	≥20 weeks' gestation [#]	94 (42)
	Neonatal death	45 (21)
Time since loss	Less than one year	50 (23)
	One-two years	52 (24)
	Three-five years	60 (27)
	Six-10 years	42 (19)
	11-15 years	7 (3)
	16-20 years	9 (4)

[^] Self-reported, in response to the question: to which ethnic background do you most identify?

^{*} Includes ectopic pregnancy, miscarriage and TOPFA <20 weeks' gestation.

[#] Includes stillbirth and TOPFA ≥20 weeks' gestation.

Figure 1. *Time taken to return to work by loss type*



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