

Miscarriage—why no one wants to talk about it in the workplace

February 20 2019, by Ilaria Boncori And Charlotte Smith



Credit: AI-generated image ([disclaimer](#))

For many expectant parents, experiencing a miscarriage – whether it occurs early or late in pregnancy – can be devastating. Statistical [evidence](#) suggests that one in three or four pregnancies results in a miscarriage. [The American College of Obstetricians and Gynaecologists](#), meanwhile, recognises miscarriage as the most common type of

pregnancy loss, with anywhere from 10-25% of all clinically recognised pregnancies ending in miscarriage.

Although this life event is fairly frequent, it is rarely openly spoken about. In some cases, bereaved parents are even reluctant to discuss it with families and friends. And in many countries, people choose not to share their pregnancy news until the end of the first trimester when miscarriages are less [frequent](#).

[Miscarriage](#) is the loss of a child during the first 23 weeks of a pregnancy – and it can be highly traumatic for expectant parents. Added to the complications of dealing with such a unique type of loss, many people feel uncomfortable talking about personal issues within their workplace.

Organisations often shy away from dealing with personal circumstances that are linked to the body and its "dirty" processes, such as miscarriage, [menopause](#) and [menstruation](#). People and organisations around the world regularly silence the physical experiences of workers out of shame, ignorance or discomfort. This is often down to the private nature of the topic and the lack of specific organisational support.

Part of the problem is that ideas of management and the workplace traditionally are deeply rooted in masculine norms that consider any personal experiences of loss, [the private world of reproduction](#) and intense emotional engagement as "weaknesses" or unprofessional.

One body

[Our recent research](#) challenges the outdated patriarchal style of management that dehumanises workers and separates personal and professional lives. We advocate a more humanistic style of managing and behaving in organisations that is inclusive and supportive of

employees, and which acknowledges that staff's well-being inside and outside of the workplace is inevitably linked.

The research draws upon the first author's (Ilaria) experience of miscarriage. We use personal narrative to show how difficult it can be to try and balance your personal life and work life when you are going through such a [traumatic experience](#): I find a quiet space at the top of a staircase and cry my tears of love and lost motherhood. "I open the gates of my loss and fragility. I am half aware of the possibility of being seen, half-unbothered about the experiential conflict between my personal and work lives, which are never separate, never manageable in organised compartments, never really balanced."

Notwithstanding the impact on people and their ability to perform in the workplace, organisations often have no specific policies to support bereaved parents. There may be maternity or paternity policies, there may be a few days entitlement for bereavement, there may be sick leave, but usually there are no specific and targeted processes and policies in support of miscarriage. "Maybe it shows on my face, as two colleagues I bump into ask me if I am okay. I am not feeling great. Headache? Something like that. Take care of yourself. I slide away. After all, a miscarriage is not really appropriate conference corridor chit-chat material."

This lack of acknowledgement and support for miscarriage leaves people feeling alone, isolated and [may also lead to depression](#). In the UK, mothers are assessed for this and supported by midwives or other healthcare professionals after giving birth. But following a miscarriage, women and their partners do not receive any post-miscarriage mental health or well-being support. Bereaved parents are left to their own devices or are expected to be proactive in seeking [external advice](#).

Shared stories

When we began talking about miscarriage, people started coming forward with their own stories and shared their experiences. Colleagues reported feeling less lonely knowing that it was alright to discuss this, and acknowledged how miscarriage affected their lives and work.

By sharing narratives of miscarriage, individuals became part of a more intimate community of colleagues who feel valued and listened to as people – and not just workers.

Our research shows why it's time for [personal issues](#) to be written and spoken about in a professional context. This needs to enter organisational discourses, policies and practices. Organisations must create places, networks and processes to legitimise miscarriage as a significant life event. This will enable people to discuss their experiences and feel more able to start talking about traumatic events with less shame and fear regarding other people's reactions.

Anyone in the U.K. affected by [miscarriage](#) can get help from the [Miscarriage Association](#) and [Sands](#).

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