Personal reflections on returning to work after pregnancy loss

and Melissa Keller, Campus Health and Wellness
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October is National Pregnancy and Infant Loss Awareness Month, and it may come as a surprise to learn that more than 20% of pregnancies end in loss. While miscarriage is, unfortunately, a common pregnancy outcome, pervasive societal stigma and shame prevent many of us from talking about it.

In an effort to break this silence, we are honored to share our stories with you in order to raise awareness about the recently expanded University parental leave policy, which now includes two weeks of paid leave following a miscarriage.

Alex's Story

I am convinced that I have one of the best jobs on campus. As a senior project director in the Office of University Initiatives, I get to manage and implement a wide variety of special projects, all with one common goal: make the University a great place to work and learn.

In spring 2021, my husband and I started planning for a family. So you can imagine my delight when University Initiatives and Human Resources began collaborating on an effort to double parental leave for employees. A few short months later, I was pregnant and due in spring 2022.

After hearing the incredible sound of a booming heartbeat at our first ultrasound, I shared the news of my pregnancy with the team. We revealed in the excitement that if the expanded leave policy were approved, I would be one of the first employees eligible to take up to 24 weeks of leave. I felt so lucky, I had to pinch myself to make sure I wasn't dreaming.

And then, on an ordinary Tuesday morning in November, at the beginning of my second trimester, there was no more booming heartbeat. Our son had passed away. What had begun as a healthy, uncomplicated pregnancy quickly escalated into a very complicated miscarriage. I underwent surgery on Friday morning and by the following Tuesday, just three days later, I returned to work.

The truth is, I had no business being at work so soon after my pregnancy loss. Even though my incredibly supportive supervisor encouraged me to take as much time off as I needed, I struggled to accept help and rushed back to the office, thinking it would be a welcome distraction.

On most days, I found myself quickly closing my office door when unexpected waves of grief would sneak up on me during inopportune times. I joined Zoom meetings with my camera off in an attempt to hide from my colleagues the mess of tears and smeared mascara that stained my face. Sure, I was physically present at work, but I was terribly unproductive. I learned that the healing process following pregnancy loss is equal parts emotional and physical, and it was quite clear I had a long way to go in both areas.

During our weekly team meeting, we followed the usual format of round-robin project updates. My colleagues shared that the expansion of parental leave was progressing nicely – President Robbins would sign the policy before winter closure and it would take effect Jan. 1, 2022. Immediately, I felt a familiar lump in my throat and tears welling up in my eyes. The policy was moving full speed ahead, and I was stuck in time, drowning in an ocean of grief with no idea how I would ever make it back to shore.

I took a deep breath and summoned the courage to share how I was feeling, "This is really hard for me," I remember saying, "I'm back to work and I haven't even stopped bleeding. Have we considered adding miscarriage to the policy?"

As soon as the words left my mouth, I wondered if I should take them back. Had I just offended my teammates who had spent months tirelessly working to improve this policy? But they held my vulnerability with so much grace. I was not questioned, or second-guessed, or dismissed. Instead, I was believed, supported and validated. My colleagues immediately jumped into action. Danielle Oxnam, executive associate and ethics and compliance coordinator, and Lori Van Buggenum, project director, benchmarked other higher ed institutions and quickly learned that we would be one of the first to include paid leave for miscarriage. Amy Glicken, senior project director, drafted new miscarriage language for the policy. And Celina Ramirez, vice president for university initiatives, sought swift approval from leadership for the last-minute addition.

The following month, President Robbins signed the expanded parental leave policy, which:

- Doubles paid parental leave from six weeks to 12 weeks.
- Offers 12 additional weeks of unpaid parental leave, during which time sick, vacation or comp time can be used.
- Expands eligibility to include foster placement, guardianship placement, surrogacy and stillbirth.
- Allows for parental leave to be taken at any time in the first 12 months after a child joins a family, starting up to two weeks before it is anticipated that a child will join a family.
- Adds two weeks of paid parental leave for miscarriage.

When we received email confirmation that the policy had officially been signed, once again, I closed my office door and began to cry. But this time, they were not tears of grief. Of course, there was a small part of me that mourned the fact that I would not be taking parental leave later that spring when my son had been due to arrive, but a much bigger part of me felt tremendously validated that the University was formally acknowledging that pregnancy loss is a life-altering event worthy of paid leave.

In the months since the policy passed, we have heard from employees who have previously experienced pregnancy loss about how much of a difference this leave would have made for them. Some even shared heartbreaking stories of miscarrying in University restrooms and returning to work immediately after. I sincerely hope no one has to experience that trauma again in the future.

We have also heard firsthand accounts of the difference this leave has already made and I am honored Melissa has offered to share her story.

Melissa's Story

I work as a supervisor in Counseling & Psych Services, and I was at work when I found out I was pregnant. My doctor's office called, and I cried in joy and disbelief. My spouse and I had been trying to conceive by sperm donor for over two years. Even though a part of me knew that I was pregnant within days of my embryo transfer, to have it confirmed and to finally hear my doctor's office say "we have good news for you" was a dream come true and many prayers answered.

In my early 30s, I had bithlly and excitedly entered into the fertility process with no idea what was in store. I had friends who had easily gotten pregnant via embryo transfer, to have it confirmed and to finally hear my doctor's office say "we have good news for you" was a dream come true and many prayers answered. I take a deep breath and summoned the courage to share how I was feeling, "This is really hard for me," I remember saying, "I'm back to work and I haven't even stopped bleeding. Have we considered adding miscarriage to the policy?"

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In my early 30s, I had bithlly and excitedly entered into the fertility process with no idea what was in store. I had friends who had easily gotten pregnant via embryo donor, and I never had any indication that I would have difficulty conceiving. Yet, it quickly began to take a toll on my mental, physical and emotional health. As my partner and I negotiated the many questions of queer fertility – known versus anonymous donor, home insemination or fertility specialist, levels of medical intervention, hormone pills and shots, dietary changes, financial and relationship stress – I gradually began losing connection with my own body and my sense of agency. I began planning everything around "if I'm pregnant, then ....." I reentered therapy to work through complex PTSD triggered by the whole process. Fertility became a parallel life that I lived alongside my professional life.

During the weeks that I was pregnant, my spouse and I often turned to each other and exclaimed and exclaimed, "This is the happiest I have ever been in my life!" We opened our hearts fully to the little one growing inside me. We told close friends and family early, those who had been with us on this path for the last few years.
Everyone was ecstatic. My time had finally come.

The day before the start of the fall 2022 semester, midway through my first trimester, I began to bleed. Within an hour, I was hemorrhaging and we went to the emergency room. By the time I got home in the middle of the night, I had lost my baby. The emotional collapse that I experienced after losing the baby that I had spent two years trying to conceive engulfed me.

Somehow in this distress, I had the presence of mind to remember a previous conversation with a friend in the Office of University Initiatives, Lori Van Buggenum. She had let me know that expanded parental leave now included two weeks of paid miscarriage leave. My supervisor quickly approved the time off, and I felt a small window of light open up.

The miscarriage leave allowed me time to not only attend to the physical process of the loss, which lasted over two weeks, but also allowed space for the emotional process. At times, I experienced the most intense physical pain of my life. I had multiple blood draws to track my hormones. I could scarcely get out of bed, and all of my healthy prenatal routines vanished. The grief came in powerful waves that took my breath away. In moments when the sadness abated, intense anxiety or numbness took hold. The clinical social worker part of me knew that this pain would not last forever, and that the only way out was through. The two weeks off work gave me the space I needed to just get through.

Since returning to work, I still cry in my office on occasion. Mostly, though, I am able to focus on the necessary demands of showing up for students in their moments of pain and confusion. I am able to be fully present with them as they navigate the stressors and transitions of college life. I do not believe this focus or presence would have been possible without the miscarriage leave. I am grateful to my supervisor and my unit for their unwavering support, for Alex’s bravery in using her painful experience to advocate for others, and for the University for institutionalizing this protection for birthing individuals and families.

A few words for supervisors

Your awareness and support of this policy is paramount to ensuring employees can take advantage of this leave. We also want to acknowledge that conversations about pregnancy loss can be difficult to navigate. As a supervisor, you may learn that your employee was expecting and that their pregnancy has been lost in a single conversation. That’s a lot to hold, and it can be hard to know what to say. We’d like to offer you some helpful suggestions.

4 simple and supportive statements

- "I am so sorry this happened."
- "What you’re going through is really hard."
- "What happened is not your fault."
- "I am here to listen and support you."

3 examples of what not to say

- "At least it happened early." Pregnancy loss is loss no matter when it occurs.
- "It wasn’t meant to be." Personal beliefs about why loss occurred are just that – personal.
- "At least you know you can get pregnant." Getting pregnant isn’t easy for everyone, which can intensify feelings of anxiety and depression following a loss.

4 helpful questions to ask

- "Are there any work priorities that we can take off your plate?"
- "Have you thought about whether or not you’d like to share this with the team? I support whatever you decide, and I will follow your lead."
- "What grief anniversaries can I be aware of in case you need extra support during those times?" (e.g. a due date, the anniversary of the loss, Mother’s Day, Father’s Day).
- "How can I best support you?"

A few words for employees experiencing pregnancy loss

We are so deeply sorry you have experienced a pregnancy loss. What you’re going through is so hard and what happened is not your fault. Know that you are not alone, even though the experience can feel incredibly isolating.

As we have shared our stories, others continue to open up about their own pregnancy losses. This shows just how common miscarriage is, and the powerful potential for connection and healing that can come from sharing your story.

Everyone’s journey is different. Whether you were the pregnant person or the spouse/partner, we encourage you both to take the parental leave that is now available to you. Work isn’t going anywhere and you deserve time to heal – physically and emotionally. Taking time to do so helps your body and mind begin to integrate what happened. The healing that will unfold is not linear but allowing yourself space early in your process will help you move through it in the long run. There can be a normal desire to push through in order to distract ourselves from the pain. However, when we turn toward it and face the next steps, we allow ourselves to grow in unexpected ways.

We also want to offer you a gentle reminder that when you return to work, your grief is coming with you. It will creep up on you in big and small ways. Be kind and compassionate with yourself – and your partner – when this inevitably happens. After all, this simply means you are human.

We hope this policy creates more space to speak openly about miscarriage and, as a result, that you feel seen, supported and valued. We want this to be the standard for all birthing people and partners: to have community acknowledgment and support not only during the happy moments of a healthy pregnancy and birth, but also during the heartbreaking moments – the times when we feel most alone and need others to walk alongside us.

Pregnancy loss books

- "I Had a Miscarriage,"[4] by Jessica Zucker
- "Unexpected,"[5] by Rachel Lewis
- "Queer Conception,"[6] by Kristin L. Kali

Pregnancy loss resources

- The Miscarriage Doula[7] – Private and group support for those who have experienced pregnancy loss
- Return to Zero: HOPE[8] – A national nonprofit organization that provides holistic support, resources and community for people who have experienced loss during the journey to parenthood
- Bettina Rae[9] – Yoga and meditation for all stages of fertility, including pregnancy loss
- Miss Foundation[10] – Counseling resources, advocacy information and support services for those grieving the death, or impending death, of a child

University resources

- Employee Assistance Counseling[11]
- Parental leave information[12]

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