Model Fertility Leave Policy for Teachers

1. Purpose

This policy is designed to support teachers undergoing fertility treatment, including in-vitro fertilisation (IVF), recognising the emotional, physical, and logistical challenges involved. It applies to all teachers, regardless of gender, marital status, or sexual orientation, and acknowledges the unique difficulties faced by individuals and couples pursuing assisted reproductive technologies.

2. Eligibility

This policy applies to:

- Teachers undergoing fertility treatment, including those in heterosexual relationships, single women, and LGBTQ+ individuals.
- Teachers who are the partners of individuals undergoing fertility treatment and wish to support them through the process.

Proof of treatment may be requested in the form of a letter from a fertility clinic, but no medical details beyond confirmation of treatment will be required.

3. Entitlement

Teachers undergoing IVF treatment are entitled to paid **leave covering one full round of IVF per academic year**, which will include:

- Reasonable time off for all necessary **tracking scans, blood tests, and medical consultations** leading up to egg retrieval – including travel, appointment and wait time.
- Leave for **the egg retrieval procedure and subsequent recovery**.
- Reasonable time off for **the embryo transfer procedure** and immediate recovery period – including travel, appointment and wait time.
- Leave for **emergency or unplanned cancellations** of treatment due to poor response to medication or other medical complications.

By Teachers, we mean:

- Teachers undergoing fertility treatment, either with a partner or individually.
- Individuals using surrogacy or donor conception to start a family.
- Partners of individuals undergoing fertility treatment.

This entitlement **renews annually**, allowing staff to undergo further treatment cycles if needed.

If a treatment cycle is unsuccessful or cancelled before treatment can reach the embryo transfer stage, the teacher undergoing fertility treatment has the option to take unpaid leave for the unsuccessful cycle, with the aim to complete another 'full round' of paid leave within the same academic year.

This should be at the discretion of HR and the headteacher of the school.

4. Appointment and Notice Procedures

- Given that fertility appointments are often scheduled with very little notice, staff should inform their line manager or HR as soon as possible about the need for leave.
- No specific notice period is required, but staff are encouraged to provide as much notice as reasonably possible.
- Schools should accommodate appointment scheduling flexibly, recognising that timing is dictated by medical necessity rather than personal choice.

5. Confidentiality and Support

- All requests for fertility leave will be handled with strict confidentiality.
- The school will provide access to a designated HR or wellbeing officer for support and signposting to counselling services if needed.
- Teachers will not be required to disclose personal medical details beyond the fact that they are undergoing fertility treatment.

6. Managing Treatment Outcomes

- After the embryo transfer the PUPO principle applies where teachers are covered by maternity provisions – any discrimination is unlawful and any sickness relating to fertility treatment should be logged accordingly.
- During the two week wait – the period between embryo transfer and pregnancy testing – reasonable adjustments should be considered to reduce stress where possible. Since each case is unique, the individual teacher should be consulted on any reasonable adjustments needed.
- If the IVF cycle is successful, teachers may still need support during pregnancy and maternity. Teachers who have conceived through IVF or fertility treatment have increased risk of perinatal mental health issues - they may be conditioned to expect loss, or have increased anxiety.
- If an IVF cycle is unsuccessful, teachers may require additional support and signposting to psychological support services should be encouraged. Schools should allow for compassionate leave or reasonable adjustments as needed.
- In line with new bereavement leave legislation that will extend to employees who experience pre-24 week pregnancy loss (including miscarriage, ectopic

pregnancy, molar pregnancy, termination for medical reasons and unsuccessful in vitro fertilization embryo transfer) employees should be entitled to a minimum of one week bereavement leave.
- In cases of pregnancy loss following treatment, additional leave entitlements under maternity and compassionate leave policies should apply.
- One Full Round recommends a risk assessment for teachers during and after treatment. Optional risk assessments are attached within the appendices.

7. Implementation and Review

- This policy will be reviewed annually to ensure it remains responsive to the needs of staff and aligns with best practices in workplace fertility support.
- Staff are encouraged to provide feedback on their experiences to help improve policy implementation.

By implementing this policy as part of the **One Full Round for Schools** campaign, schools acknowledge the significant challenges of fertility treatment and affirm their commitment to supporting staff undergoing IVF while maintaining a fair and compassionate working environment.