The NHS can lead the way for staff receiving fertility treatment

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Society and the National Health Service have been failing patients requiring fertility treatment. I know this all too well as both a doctor and patient with infertility. These failures manifest in unfair access to treatment and misinformed attitudes, which see people refuse to accept infertility as a treatable disease.

Infertility is an invisible disease affecting one in seven couples and affecting 3.5 million people in the United Kingdom, with women carrying the burden of treatment.1 Not only cis-heterosexual couples require fertility treatment. Thankfully, we live in a society where we can build our families in varied ways, including solo parents, same sex couples, and those wishing to “preserve” their fertility by egg or embryo freezing. Whatever the circumstances, people having fertility treatments will require multiple, unpredictable, and sometimes relentless trips to a fertility clinic. Without support, this can increase people’s stress and anxiety during a difficult time, and negatively affect their performance at work.

Aside from the logistical nightmare of balancing fertility treatment with work, the crippling financial and psychosocial impact must not be underestimated. Sobering results from a Fertility Network UK survey completed by 780 people showed that 90% of respondents with fertility struggles reported feeling depressed, 42% felt suicidal, and 38% considered leaving or had left work.1,2

Although long overdue, several top-down initiatives are occurring that are likely to positively impact patients requiring fertility treatment including healthcare professionals. The UK Government’s Women’s Health Strategy for England includes a commitment to health conditions no longer being “a barrier to women’s participation or a positive experience in the workplace.”4 It positions the NHS as an organisation to “lead the way in tackling taboos and supporting women’s health in the workplace.”5

Indeed, where better to start than in the healthcare profession, where care, compassion, and empathy are our modus operandi? The NHS People Plan (2022) prioritised the health and wellbeing of its workforce, recognising that a healthy workforce is crucial to delivering care for the nation.6

The Fertility Treatment (Employment Rights) Bill, which underwent its second reading in Parliament in November 2022, will “require employers to allow employees to take time off from work for appointments for fertility treatment and for connected purposes.”7 This offers people having fertility treatments the same rights as those attending antenatal appointments. As the country’s largest employer (1.4 million people) and with 77% of healthcare professionals being women, the NHS should take the lead in supporting its employees who require fertility treatment.

The issue is especially pertinent for healthcare professionals. Research suggests that women working night shifts in a hospital setting are at greater risk of miscarriage.8 A study from the United States of 850 surgeons found that female surgeons required fertility treatment in greater numbers compared with the female non-surgeon partners of male surgeons (24% compared with 17.1%) and experienced a greater likelihood of pregnancy complications (48.3% versus 27.2%).9 The Royal College of Surgeons of England published their pledge to fertility issues as part of wider work in the Parents in Surgery report.10 Areas to tackle include infertility of surgical rotas, a reluctance to disclose to colleagues, lack of storage facilities for fertility drugs, ensuring medications are taken on time, and inadequate support after miscarriage. Their strategy to collaborate with key influential stakeholders (NHS England, Wales and Northern Ireland, Health Education Boards, Heads of Schools, British Medical Association, and NHS Employers) will be vital for developing a consistent, comprehensive plan for all employees.

Laws, health strategy, and workplace fertility policy, mirrored by a change in culture and attitudes, are all required to support patients with infertility at work. I recommend the following: firstly, mandatory training in fertility and miscarriage to educate staff on how these experiences impact work and provide appropriate language to have sensitive conversions. Secondly, fertility policy must remain flexible since treatment plans change as do emotions and resilience. The individuals working in the NHS and the roles they perform are diverse, and policy should be adaptable to individual needs. Postgraduate health education boards must have their own policies to ensure rotating doctors do not fall through the cracks of local trust policies. Additionally, fertility champions in leadership positions with lived experience of treatment can be advocates for employees undergoing fertility treatment, helping to destigmatise and break taboos. Mental health support must be offered and must be accessible around inconsistent shift patterns. Introducing a fertility benefits scheme could be mutually beneficial to the employer and employee, accessing fertility treatment within their own NHS trust may offer overall savings from hours lost to sick leave. Importantly, the NHS employs a higher proportion of Black and Asian employees in the workforce compared with the general working age population.11 By positively supporting all employees to access healthcare the NHS could contribute to reducing intersectional health inequalities, which for Black women includes substantial delays in accessing fertility treatment compared with White women.12

Finally, since the NHS is facing a workforce crisis, investment in the reproductive health needs of its
employees will be essential to the recruitment, retention, and loyalty of staff.

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