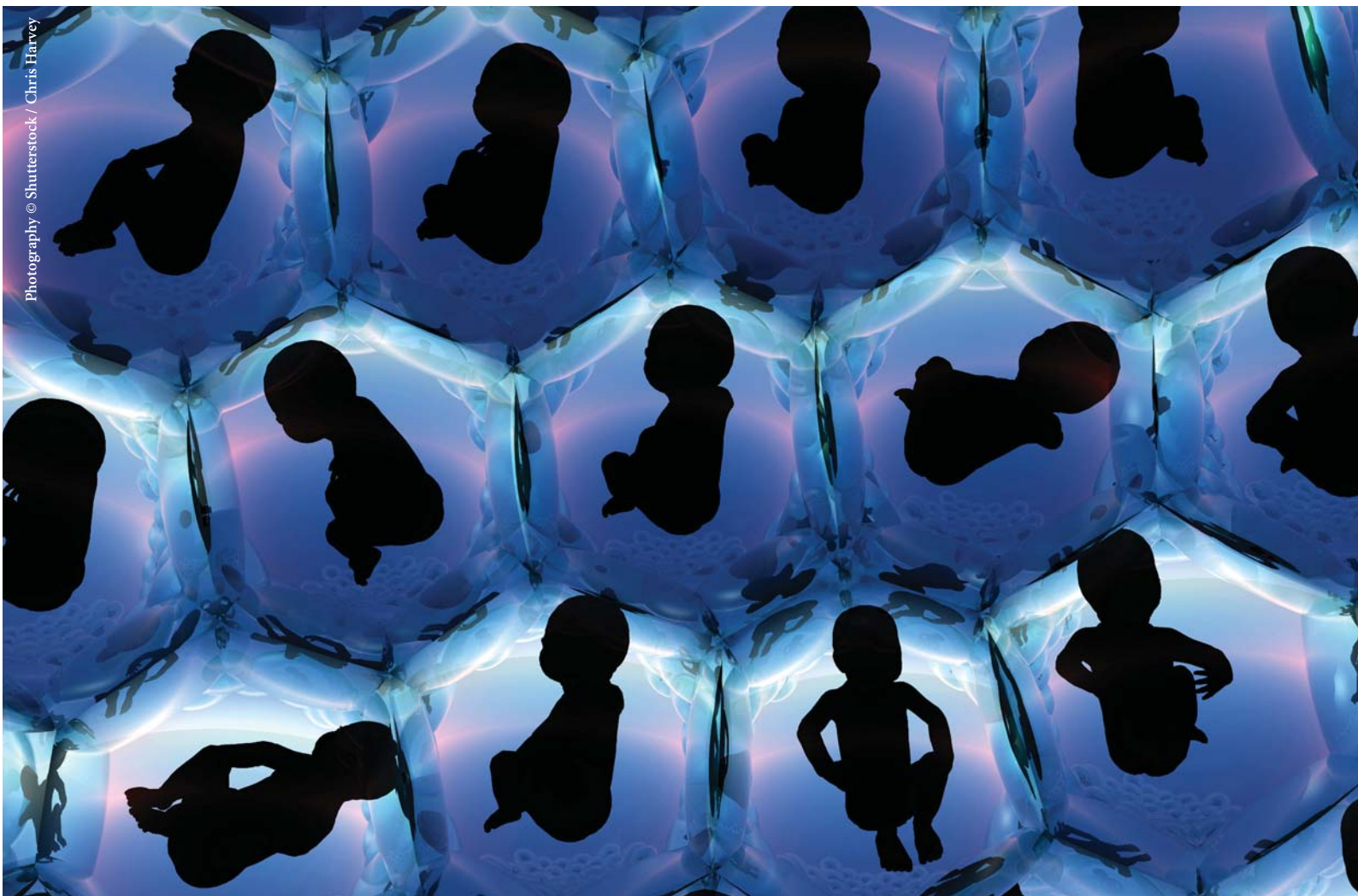


Time for life?

Undergoing IVF can be a lengthy, complicated and often stressful process, so how do employers – including the police service – respond to requests from prospective parents for time off for treatment? Tina Orr-Munro reports



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Every year around 25,000 couples undergo IVF in a bid to have children. The treatment is lengthy and involved, and frequently requires both women and men to take time off work to attend regular appointments.

But the law regarding time off for IVF treatment is by no means clear, especially for police officers. Emma Hawksworth works for solicitors Russell Jones and Walker, and has written on the subject. She says: “This [the law] is not at all straightforward unfortunately, not least because police officers’ rights are not always the same as employees’ rights.”

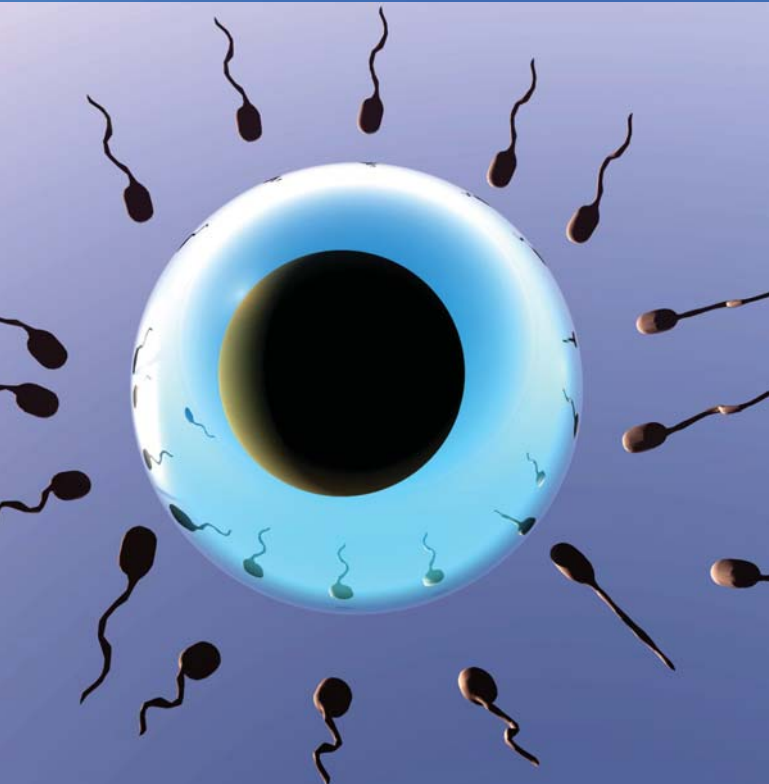
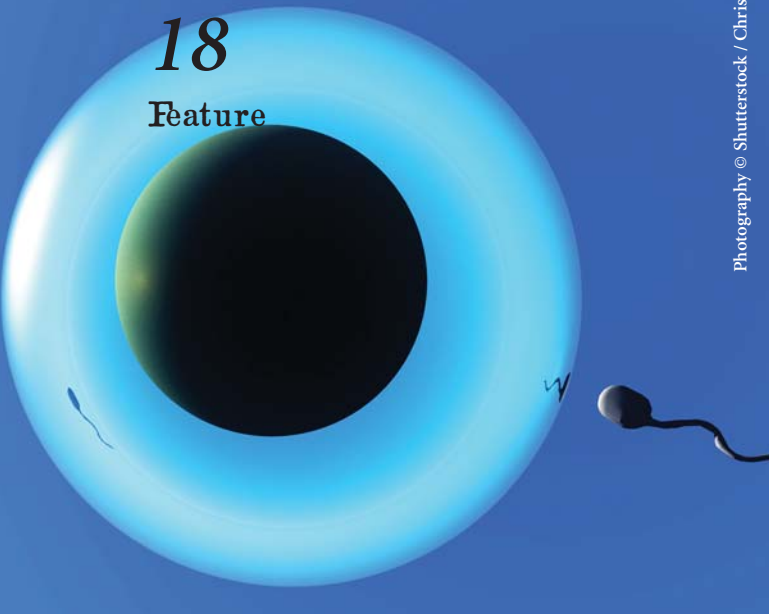
IVF is a time-consuming procedure which takes both a physical and psychological toll on those who undergo it, with no guarantee of success. There is no limit to the number of times a couple can undergo IVF treatment, but generally only three cycles are available under the NHS, although this varies between PCTs with some only offering one course and applying other restrictions such as age.

Sgt Wendy Barron from Northamptonshire police is only too familiar with implications of the treatment. Both her and her partner, Louise Fleckney, who is an

18

Feature

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inspector with the force, underwent IVF when they decided to start a family.

Wendy had two courses of IVF. During the first course she decided not to tell her line manager. She vividly recalls trying to balance a vial on her leg in the toilet at work as she injected herself daily with drugs designed to suppress her hormonal cycle over a two-week period.

“The treatment is gruelling, and time consuming,” says Wendy. “First you undergo counselling. Then they basically flat line your system which makes you quite tired. For my first treatment I decided not to tell anyone, so I would have to go into the toilets at certain times and self-administer the drugs. It wasn’t ideal. I also attended my appointments during a period of annual leave.”

The first course of IVF was unsuccessful and Wendy decided to undergo the process a second time. This time she opted to tell her line manager as well as her colleagues.

“My partner and I have always been quite open about our relationship, so when I told people the second time I felt very supported. It did make it easier. Mostly people were just curious about the process. But I am pleased I said something as you never know how IVF is going to affect you, and the second time round it affected my moods badly.”

Wendy’s force gave her paid leave to attend her appointments at the IVF clinic. Her second treatment proved successful and she gave birth to Carys, who is now two-and-a-half years old. Louise, Wendy’s partner, has also been successful and has since given birth to Theo, who is now 13 months old.

Wendy says that IVF treatment was different for her and Louise as they knew their chances of success were reasonably good. “We didn’t have infertility issues, we were very fortunate in that regard. People with severe fertility problems have the added stress of not knowing if

What is IVF?

To start the IVF process a woman takes fertility drugs to stimulate her ovaries, so that she develops more eggs than usual (women normally release one egg a month).

Regular ultrasound scans and blood tests check how the eggs are developing. When they are ready to be released, the doctor will operate to remove them using a fine hollow needle; this usually happens under general anaesthetic. Then the eggs are mixed with sperm and left to fertilise in the laboratory. About two days later, any fertilised eggs will have formed a ball of cells: an embryo.

Usually two or three embryos are placed into the womb. If any extra embryos have been created, these can be frozen and used in future cycles of IVF if this one doesn’t work. One cycle of IVF takes around four to six weeks to complete.

For information about IVF and support, contact Anya Sizer, fertility support co-ordinator at the London Women’s Clinic, on 07940 589848



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IVF can be a painful and stressful process, so support from forces as employers can make all the difference

they will ever conceive. Couples can go through the process and still end up making the decision not to continue and not to have children.”

She feels that she and Louise were well supported by both their colleagues and the force. Since their treatment the force has also introduced quiet rooms for people who need privacy during their working day.

Wendy says: “There’s always more that can be done. Our force is just about there and also covers situations where a woman wants to donate eggs and be an altruistic donor. I’ve also sent our policies to other forces. A lot depends on the individual and their relationship with their line manager, as well as the force’s own guidelines.”

Given the increasing number of couples going for IVF, and the implications this has for taking time off work, it is perhaps unsurprising that the Federation has been trying to get a national policy in place for some time to clarify the situation for police officers.

Julie Nesbit is the Constables’ National Police Women’s Representative. She says: “Some forces already have IVF policies and we are delighted about that and we want to encourage them to keep going with them. But others don’t have anything.

“We want greater clarity about the how much time people are entitled to. It’s a very sensitive issue. Officers shouldn’t have to negotiate time off for something that is already known to be a stressful process.”

Recently the Federation achieved a breakthrough. The result is PNB agreement 10/5, which says that time off

for police officers undergoing fertility treatment should be dealt with ‘fairly and reasonably’ by forces.

The agreement recognises that treatment can be ‘a difficult period both physically and psychologically’ for officers. It also encourages police authorities and forces to make supportive time off arrangements for police officers undergoing fertility treatment, and to provide them with reasonable time off outside of the force’s sickness absence policy.

Whether time off is paid or unpaid will depend on the force, although many forces do have policies with paid time off, usually five days. The agreement also states that in some cases absence during fertility treatment can be taken as sick leave – for example, if the doctor recommends time off prior to or after the invasive parts of the procedure for medical reasons. These should be paid in the usual way.

It is also quite common for doctors to recommend reduced hours for some parts of the process, and again, these should be fully paid in the same way as (or treated as) recuperative duties.

Wendy believes any guidance needs to be flexible enough for managers to use it alongside their own professional judgement and discretion. “There needs to be an understanding that if I need to inject myself as part of my treatment, I may not be able to respond to a grade one and I don’t want the control room pressurising me to attend.”