

Miscarriage Leave and Pay Consultation Team
Department for the Economy
via email

13 December 2022

Miscarriage leave and pay consultation

To whom it may concern

The British Medical Association (BMA) is an apolitical independent trade union and professional association representing doctors and medical students from all branches of medicine across the UK. Our mission is we look after doctors so they can look after you.

We welcome the opportunity to respond to this consultation on miscarriage leave and pay and would like to thank the department for making progress on this important and highly sensitive issue. The BMA is supportive of the consultation's guiding principle of placing miscarriage bereavement entitlements on an equal statutory footing with stillbirth and child bereavement with regards to leave and pay. We believe this is the right thing to do and will be a relief to many during extremely difficult times.

Questions of whether the existing provisions for child bereavement are adequate are beyond the purview of this consultation. However, as a minimum, we strongly agree with parity between parents who experience such loss at any point. We are therefore strongly supportive of the proposals discussed in questions 1, 2, 3, 5a and 5b.

In particular, we are highly supportive of proposals in 5a and 5b to introduce bereavement pay and leave for miscarriage, stillbirth and child death from day 1 of employment for pregnant women and their partners. For doctors in training who still change employer during the course of their training, or other doctors who for whatever reason have been required to change employer, this will open up access to important and necessary benefits and lessen financial worries during an extremely difficult time.

However, we strongly disagree with the proposals in question 4 to require individuals to obtain medical confirmation of miscarriage in order to claim miscarriage leave and pay. Not only does this place additional burden on overstretched services with no direct medical justification, it is also unnecessarily invasive and bureaucratic for the individual claiming the leave and pay. Not all miscarriages can be

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medically confirmed. Given the relatively small scale of the benefit entitlement, we believe it is preferable to take claims of miscarriage at face value.

Once again, we thank you for making progress on this issue and for providing the opportunity for us to respond. Should you have any questions regarding the content of our submission, please don't hesitate to contact Merlin Gable, senior policy executive via mgable@bma.org.uk

Yours sincerely



Dr Tom Black

BMA Northern Ireland council chair