



The Work Couch

NAVIGATING TODAY'S TRICKY PEOPLE CHALLENGES TO
CREATE TOMORROW'S SUSTAINABLE WORKPLACES

Episode 11 – Fertility issues (part 1): – a partner's perspective with Jonathan Crompton

Ellie: Before we jump into today's episode, we wanted to give our listeners a quick content warning. We'll be discussing fertility challenges, IVF and pregnancy loss, including the impact this can have on a person's physical and mental health, as well as their working lives, which some listeners might find triggering. With that in mind, we would advise listener discretion as to whether you feel comfortable listening to this episode.

Hi, and welcome to the Work Couch podcast, your fortnightly deep dive into all things employment. Brought to you by the award-winning employment team at law firm RPC, we discuss the whole spectrum of employment law with the emphasis firmly on people. My name is Ellie Gelder. I'm a senior editor in the Employment Equality and Engagement team here at RPC, and I'll be your host as we explore the constantly evolving and consistently challenging world of employment law and all the curve balls that it brings to businesses today. We hope by the end of the podcast, you'll feel better prepared to respond to these people challenges in a practical, commercial and inclusive way. Please do join the conversation and hit the subscribe button to make sure you don't miss any of our fortnightly episodes.

Last month we spoke about pregnancy loss and we explored whether the current law reflects expected work cultures, for example when it comes to the right to time off for people who have suffered a miscarriage. We know that unfortunately the journey to pregnancy is often not a smooth one, with research from the World Health Organisation reporting that around 17.5% of the adult population, that's roughly one in six worldwide, experience infertility. So today we wanted to shine a light on those challenges and in particular, how fertility issues can affect someone at work and what businesses can do to support people. Now, previously we touched on the fact that the experiences of non-childbearing partners are often overlooked by employers. So we wanted to explore that perspective further. And I'm delighted to say that Jonathan Crompton, partner in our Hong Kong office, has bravely offered to share his personal experiences, as well as how RPC as a firm is taking positive steps to support those who find themselves dealing with fertility challenges. Hi Jonathan, thank you so much for joining me on the Work Couch today from Hong Kong.

Jonathan: Hi, Ellie, thanks for having me.

Ellie: Before we start, I just want to pick out some key statistics because I think they really resonate and frame why we're talking about this today. So first of all, according to a survey on workplace infertility stigma, which was carried out earlier this year by Fertility Family, one in five employees surveyed feared that they would miss out on future opportunities if their employer knew about the fertility struggles. They also found that more men than women would rather call in sick than tell their employer they're going to a fertility appointment. And it also found that only 2% of line managers, so that's one in 50, have been trained on fertility issues and how to address those conversations. While research by Pregnant Then Screwed and Women in Data, that was also published in April, 2023, that found that 6% of partners faced unfair treatment following pregnancy loss. And just finally, research by the CIPD earlier this year found that 19% of people experiencing fertility issues have considered leaving their job. So some pretty concerning findings there, which we'll pick up on later in the podcast. For now though Jonathan, can you tell us about the fertility journey you've been on so far?

Jonathan: Yes, Ellie, and I think they are concerning findings, but to me, they're not at all surprising. And I think it comes down to the question of really what we as a profession are doing to support our people. One of the reasons why I'm trying to talk more about my own experience is that I think my own fertility journey brings out some of those issues. So I'm going back a bit beyond that. I trained in London and moved to Hong Kong years after qualifying and then a year and a bit later I moved to Thailand to work at about the same time as I started dating my now wife. We stayed together and I moved back to Hong Kong after about a year and got married in 2014. Now at that point we agreed that we would not have a family to start with because my wife wanted to spend time progressing her career, and she wanted to qualify as a lawyer. So we agreed that we would hold off having children. Fast forward a few years and I joined RPC about five and a half years ago. About six months later, my wife had the first of two operations to remove some growths related to endometriosis and aside from how endo affects my wife generally, it also just generally makes it harder to conceive. After the second operation, my wife became pregnant naturally. And this was during the COVID pandemic. And we were obviously very happy about that. And went through all the same emotions that people normally do. Including thinking about what we were going to do and how we're going to hide this from people for the first 12 weeks or so. But then at about six weeks, we lost the pregnancy. And we lost it over a weekend, which may sound like just, just a detail, but it is actually relevant because on the Monday I went to work and it was, it was very hard for me to go to work, but I still went. My wife was at home. She didn't go into work that day, but I thought that it was my, duty, my obligation to still go into work and to, to be strong and to, to show that I could still carry on, which we can talk about later in terms of vulnerability and leadership. But, I think the key point is that I went into work and at that time I didn't realise that the firm actually has, a pregnancy loss policy, which is, uh, pretty progressive actually amongst more traditional organisations but I didn't know that we had it so I went to work and struggled through over the next probably week or two and then things became a bit more normal for me. About a year later we succeeded in becoming pregnant again naturally but then miscarried again. This time we were a bit more prepared for the loss because it had happened the first time but it still wasn't easy. And again, I didn't take time off that time either. I still didn't know that we had a pregnancy loss policy because I hadn't looked for it by that point. So I suppose the challenges that I experienced in work were that I was trying to maintain the image of a strong and confident young partner in the law firm whilst going through all these difficulties and emotions at home, but also carrying those into work with me. Just to top off where we are now and why I can talk about other aspects of fertility policies and fertility journeys, we are about two years later and we're going through fertility treatment. So having experienced the relevance of pregnancy loss policies, we're now experiencing the relevance of IVF and fertility treatment policies.

Ellie: That's really helpful to just get an idea of exactly what you're going through behind the scenes. And I can appreciate it's very difficult to talk about that, given how personal it is, especially in the work environment. I've just mentioned that more men than women would prefer to call in sick than tell their employer that they need to attend a fertility appointment. So I just wanted to know why do you think that is?

Jonathan: I think there's a few causal factors here. Speaking from the male perspective, I think it's partly because we are not encouraged to be vulnerable. We are taught from a young age that our job is to be strong, that we have to man up, suck it up, be the rock, and be there to support whoever it is that needs supporting. I think the narrative around that is changing now, but that was certainly the narrative when I was growing up and I think until quite recently, actually. And what it misses out is that there is real strength that comes from being openly vulnerable. People talk about bringing your whole self to work, but actually, it's, it's more a question about bringing your actual self to work. Be prepared to be vulnerable at work and talk about things that you might not really want to talk about because if, if you do somebody else might, and I think that's accentuated if you are in a leadership role or a management role. The second issue, I think, with people not wanting to talk about attending fertility appointments is that, and this applies for everyone, not just for the male experience, but there's still stigma about what it means to have fertility treatment. And I almost stumbled over my words then because I almost said to need fertility treatment. And this is largely because of a lack of knowledge about how many people suffer fertility challenges. You've already talked about the statistics about how many people suffer pregnancy loss and how many people go through IVF. Well the chances of pregnancy loss double if you are trying to have a child in your late thirties than if you're trying in your twenties. And we as a profession are pretty bad at encouraging people to have children when it would be better for them and more efficient and instead we encourage people to think that they should be putting their lives on hold. So we put people in a situation where I think it is more likely that they may suffer fertility challenges but without creating an environment where we're talking about it and making people understand that it's very commonplace. And so I think there's still a stigma about what it means to have fertility treatment, to need IVF.

Actually, the way I like to see it is that IVF is using science to try to mathematically improve your chances of having a successful pregnancy. And that’s a shift in mindset, but I think it’s helping me rather than thinking, we need to go through IVF because we can’t have children. That’s not necessarily the story for everybody and we need to change narrative around that. I think the third aspect of why I think that it is common for people to rather call in sick is that there’s a misunderstanding about what it is to have fertility treatment and this isn’t helped by I think some healthcare policies which consider fertility treatment to be elective procedures. And certainly as somebody who has been going through a fertility journey that requires fertility treatment, it’s not elective. We certainly wouldn’t choose to do this if it weren’t necessary for us to maximise our chances. It’s medical. And therefore, if we were to shift the conversation from... people calling in sick to having medical leave, would people be more prepared to use that for attending fertility appointments? So instead of saying, I’m calling sick today, or I’m not coming in because I’m sick, instead could you say, well, we have a medical leave policy and that covers time off for fertility treatment? Well, people could just say, well, I’m having medical leave. That may then lead to conversations about why, and we can come on to talk about the administration of the policies, but I think if we changed our conversation around fertility treatment and how we view it, I think that would encourage people to be a lot more open and honest about it.

Ellie: Absolutely. So, what gave you personally that courage to talk about it?

Jonathan: I’ve already talked a bit about the strength coming from vulnerability. And that’s something that I’ve been learning, as I educate myself on what it is to be a proper leader in the workplace and how to manage people and lead them and encourage them rather than acting as, I suppose the, if you think of a Roman rowing galley, like the guy with the whip who’s cracking people on, that’s not what our role is as a leader. Our role is to help people and lead them to be the best they can. So I suppose the indirect cause is that I’ve been working quite hard on my role as being a leader and part of that is opening up and being more vulnerable. The more direct cause is really that I was listening to the stories of others. I started listening to an actually very, very good podcast called “Infertility in the City” and that specifically covers fertility challenges for people working in the city and in the legal environment. I listened to the first episode and heard the stories of a lady that had been through some quite harrowing fertility challenges and felt compelled to write to the hosts and tell them that I thought this was an excellent initiative. But I then found myself opening up to a complete stranger about what I had been through and this was the first time. I’d really opened up about the full picture. I had told a couple of people in person, but this was the first time that I’d really explained what we had gone through and how it impacted me. And that was to a complete stranger. And that to me then triggered in my mind that it’s ridiculous that I can feel more prepared to talk to a complete stranger than I can those who are around me and should be supporting me. But that then led me to going on the podcast and talking about my challenges and my journey. And I following that gained some strength in knowing what it meant to talk about fertility challenges. I started talking more to people at events in Hong Kong. And what I saw was that the fact that I started the conversation felt like I was opening a door for people to rush through. Almost everybody that I started talking to responded with the challenges that they had been through, as if they were just waiting for somebody to talk about it. So I then decided that I should use my position and my voice and the fact that I’m not shy in coming forth in trying to help people and try to break down the stigma and the taboo about talking about fertility challenges and pregnancy loss. how it impacts people in the workplace and what we should be doing as employers to support people through that.

Ellie: And I quoted this research in our last podcast on pregnancy loss, but I think it’s worth mentioning again. So there is a lack of research on this, but a study by UCL in 2014 found as many as 85% of partners had suffered grief, sadness and shock with nearly half of them saying it caused sleep problems and it had affected their work. So I just wondered if you could tell us about the impact that your experience had on your own physical and mental well-being.

Jonathan: I can and with due respect to the researchers at UCL I think that number is probably low. I think it’s probably a hundred percent. It’s just that the other 15% weren’t actually prepared to admit it or didn’t really understand what it means to be suffering grief, sadness and shock as a result.

Going through pregnancy loss is very hard. And you can probably tell that it actually still is when I think about it and I talk about it. Pregnancy loss is very hard to explain unless you’ve been through it because it the policies that we see in the bills that are going through the UK parliament focus on kind of a trigger date, but actually the, I think the grief, the sadness, the shock around pregnancy loss and around fertility challenges generally is it’s really more about one, it’s about physical impact, both on the, the child bearer and also on the partner and others around them. But it’s not just about the physicality. It’s about how it affects you emotionally and physically and how, the sense of your sense of hope and your sense of who you are as a person gets affected by, something that is completely beyond your control. So going through pregnancy loss is incredibly difficult and will continue to be difficult probably forever for anyone that has experienced it. So that

and other fertility challenges they suck up a lot of time and energy even for the non carrying partner. I haven’t tracked my sleep, but I know that I have had more issues sleeping recently, even though our, our pregnancy losses were a couple of years ago, going through fertility treatment. I am doing more of the dog walking to give my wife chance to rest. And so I am more tired. My own routine is out of sync. I am leaving the house later in the morning, especially when we’re going through the stimulation injections, to make sure that she was okay. So it throws your routine and that is physically and emotionally draining. But also there’s the other aspect of just needing to be a patient and supportive partner when my wife is coping with all the hormones that have been pumped into her. And, I suppose the worry that despite all of this, it still might not work.

One of the other issues, Ellie, that I think causes tension is there is no grading of grief and I mean that in the sense that the impact of a pregnancy loss or a fertility treatment or fertility challenges are personal and even between the two people within the relationship. And non-carrying partners are affected physically, emotionally and mentally as well. It’s very easy to say that they are affected less. But the point I’m trying to bring out here is that the impact on someone should not be graded on a scale of who is affected more than the other. It’s not appropriate to say that one person’s grief, stress, or physical impacts are less relevant than another person’s. And what we really need to do is recognise that fertility journeys are hard. They become harder as we get older and we should be doing all we can to make it easier for people to support them, whilst recognising that it’s not our job to tell people how to succeed through this challenge. It’s our job to recognise their personal difficulties and support them through it.

Ellie: I just wanted to ask you about your role as a male partner in a law firm. So you have long working hours, full on workload. Do you think that sort of compounded the difficulties that you were having?

Jonathan: I can’t say that it helped. And I’ve already alluded to the fact that as a profession, I don’t think we’re doing everything we need to be doing. And I’m not necessarily talking about RPC. I think RPC is actually doing a pretty good job, but we could all do better here. I think my role and career as a lawyer, particularly as an international lawyer, has certainly compounded the difficulties that we have had. I’ve said that as a profession, we encourage our young professionals to set aside their lives whilst they focus on their career. We should be doing more to allow people to to achieve and become everything they want to be as a person, alongside as a lawyer, I think that would help enormously. Instead of asking people or encouraging people to focus on their career for 10 years and then be ready to start a family, I think we should be doing everything we can to encourage people just to be the best people and lawyers alongside each other. Add to that travel, whether it’s from one side of the UK to the other or from one town to another, or whether it’s jumping around Asia on an aeroplane and doing two flights to the same country in a week because you have three events to go to. That all results in a physical and mental toll. There’s also the obvious issue of not actually being in the same place as your partner when you need to be, but there’s the impact that travel, that being wanting to attend or thinking you need to attend client events late in the evening have on you as a person and your energy levels and your ability to deal with the challenges that you’re going through. I think all of these issues are issues that face the whole profession. Not just male partners in a law firm, but the profession as a whole. And I think the profession really needs to face up to this and start having some mature conversations about the impact that we’re having on the lives of our people and how we can support them better if we’re then carrying that over into our clients who may be listening to this podcast. It’s not just the legal profession. I think it’s employers as a whole really need to be looking at how they’re supporting people.

Ellie: Absolutely. And just picking up on how we deal with the stresses and grief arising from fertility issues and pregnancy loss later in life, is there more that we need to be doing earlier, perhaps at school, to help break down those taboos around pregnancy loss and fertility issues?

Jonathan: Personally, I think there is. My education on the pregnancy journey at school was probably non-existent or if it was, I wasn’t there for that day. So I have learned an awful lot about fertility through the fertility journey that we’ve been going through and that doesn’t set people up particularly well. I talked about the Infertility in the City podcast earlier. There’s a conversation on one of the episodes there about how we are educating women about what it is to have periods and become, uh, try to prevent themselves from becoming pregnant. And we fail to educate people about how difficult it may be later on. So I think definitely we are not doing all we can be doing to educate people about fertility challenges, fertility journeys, and what they should be doing at earlier stages to help themselves later on, if that’s what they want to do. If they want to postpone trying to have children until later, then we should be educating people about what that means. So I think we definitely should be doing more to educate people. But we can’t control the education system. But what we can control is the conversations and we can control how we’re treating people and encouraging people to talk about this. So effectively we can change, try to change stigmas and taboos in the same way that I think a lot of work has been done over recent years to change the stigma of mental health difficulties.

We should really be doing the same to create an environment where people can talk about fertility issues and the challenges that they’re going through if they want to. It’s not about forcing people to talk. It’s about creating an environment in which they feel more comfortable talking if they want to.

Ellie: Absolutely and I guess going back to that awareness raising, thinking about the fact that this is an issue that affects people from different communities in different ways, so heterosexual couples, same-sex couples, single people, those from the LGBTQ+ community, so it’s really, there’s a lot more conversations to be having aren’t there, really, about hearing others’ stories. And thank you for speaking about yours so openly and honestly.

Jonathan: Thank you very much Ellie.

Ellie Next week, in part 2 of our episode on fertility challenges and work, Jonathan explains his perspective as a manager and how to encourage people to open up and ask for support. We will also explore practical ways for employers to support people, including implementing a fertility treatment policy, introducing fertility coaches to raise awareness and appointing fertility officers as a first point of contact for employees who may not want to approach their manager. So don’t miss that one for some invaluable tips on how to embed effective fertility support in your business.

If you’d like to revisit anything we discussed today, you can access transcripts of every episode of the Work Couch podcast by going to our website www.rpc.co.uk/theworkcouch. And if you have any questions for me or Jonathan or perhaps suggestions of topics you’d like us to cover in the future, please get in touch by emailing us at theworkcouch@rpc.co.uk, we’d really love to hear from you. And finally, if you enjoyed this episode we’d be so grateful if you could spare a moment to rate, review and subscribe, and please spread the word by telling a colleague about us. Thank you all for listening and we hope you’ll join us again next week.



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