

	Policy and Procedure
	Reproductive Health Support Policy - Inclusive of all gender identities with a reproductive or hormonal cycle
Owner: Human Resources Department Number of Policy	HR-034

Revision History and Schedule

Version	Date	Revision Author	Summary of Changes
1	15/03/2026	Jaspreet Kaur	Policy Statement and guidelines developed and launched.

Approval

Name	Position	Signature	Date

Reproductive Health Support Policy (Inclusive of all gender identities with a reproductive or hormonal cycle)

Policy statement

NIBRT's Reproductive Health Policy establishes a comprehensive framework to support employees across a range of reproductive health experiences, e.g. menstrual health, pregnancy loss, fertility, surrogacy, and male reproductive health. The policy outlines additional leave entitlements, NIBRT's confidentiality commitments, and practical supports aimed at promoting employee wellbeing, inclusion, and overall health.

The policy applies to all employees and aims to foster an inclusive, respectful and stigma-free workplace. Flexibility, confidentiality and equitable access to supports are core principles of this Policy. Employees are encouraged to use the supports available in NIBRT, where everyone is treated with care and respect.

1. Introduction

1.1 Purpose

NIBRT is committed to fostering a supportive and inclusive workplace that values equality, diversity, and inclusion. We recognise that employees bring their own backgrounds, perspectives, skills, and experiences to their work. By creating an environment where diversity is respected and employees are empowered to reach their full potential, we ensure that opportunities for development and career progression are accessible to all.

This policy reflects NIBRT's commitment to gender equality and to lead in having inclusive workplace practices in place, in advance of any statutory/legislative requirement.

1.2 Commitment

Reproductive health can influence a person's wellbeing, their participation at work and their career path.

This policy demonstrates NIBRT's commitment to supporting employees through a wide range of health experiences, ensuring equitable assistance and confidentiality.

1.3 Inclusivity

This commitment is inclusive of all gender identities with a reproductive or hormonal cycle including those who are transgender, non-binary, gender fluid, intersex individuals indeed any gender identity including whose identities may not fit into traditional or listed categories.

NIBRT's goal is to provide equitable access to our supports and to continue to build a workplace free from stigma, discrimination and gender or identity related barriers.

1.4 Line manager Guidance

Line Managers are encouraged to provide respectful support, recognising that reproductive health needs differ for each individual. The examples below are illustrative, not exhaustive, and other needs will be addressed on a case-by-case basis. Employees should seek and rely on professional medical guidance and support as needed.

1.5 Reproductive Health Conditions:

Category	Examples
Menstrual & Reproductive Health	• Menstrual health (e.g. dysmenorrhea, heavy bleeding) • Chronic reproductive conditions (e.g. endometriosis, polycystic ovary syndrome (PCOS), adenomyosis)
Pregnancy & Fertility	• Pregnancy loss (miscarriage, stillbirth, ectopic, molar pregnancy, termination for medical reasons) • Fertility challenges and assisted treatments (e.g. IVF, IUI, egg/sperm preservation) • Surrogacy
Reproductive Health (Male)	• Sperm health (quality, mobility & morphology) • Varicocele (enlarged veins in the scrotum), reproductive tract blockages

2. Scope

All employees of NIBRT needing reproductive health support are covered by this Policy; for example,

- Employees directly experiencing reproductive health issues, including those outlined above.
- Employees whose partner is dealing with reproductive health issues.
- Human Resources and Line Managers are often the first point of contact for disclosures or requests for support and are essential in creating a supportive workplace and responding appropriately to health-related disclosures.
- All colleagues, who share responsibility for fostering a culture of understanding, respect, and inclusion across NIBRT.

3. Confidentiality and privacy

NIBRT is committed to safeguarding employee privacy in all discussions relating to reproductive health needs. All personal information will be handled with strict confidentiality and in accordance with GDPR and NIBRT's **GDPR – 001 Policy**.

To support this commitment, the following principles apply:

- Employees are encouraged, where they feel comfortable, to speak with their Line Manager to access support and discuss any practical workplace accommodations. Alternatively, employees can speak directly with HR on a confidential basis to discuss support and accommodation available to them.
- Information will only be shared on a need-to-know basis and with the employee's consent. Health records will be managed exclusively by HR. Line Managers should not request or retain medical documentation. All health-related documentation must be submitted directly to HR by email or via the HR Sage system.
- Line Managers and colleagues are expected to handle all conversations with professionalism, respect, and discretion. Maintaining confidentiality is essential, and any breach may result in disciplinary action.

4. Menstrual and Reproductive Health

Menstruation is a natural and recurring biological process experienced by many people. Menstrual symptoms can vary significantly in severity and may impact physical comfort, concentration, and overall wellbeing. Some people may also experience diagnosed menstrual health conditions that require additional support.

Examples of menstrual health conditions include:

- Dysmenorrhea – menstrual cramps or painful periods.
- Menorrhagia - heavy menstrual bleeding.
- Premenstrual Dysphoric Disorder (PMDD) – a severe form of premenstrual syndrome (PMS) that can significantly affect mood and functioning.
- Polycystic Ovary Syndrome (PCOS) - a hormonal condition that can cause irregular or painful periods and is one of the leading causes of infertility.
- Anaemia – often linked to heavy bleeding, increasing the risk of iron deficiency and symptoms such as fatigue, weakness and dizziness.

Symptoms can be severe and may require medical attention. Employees with a diagnosis of these conditions may request workplace supports as outlined in this policy.

Available Supports

- Free menstrual products are provided in all NIBRT restrooms.
- NIBRT has male, female, accessible or inclusive restroom facilities to maintain privacy, comfort and dignity.
- Flexible working arrangements where feasible in individual teams, to support employee needs.
- Accommodations to help alleviate menstrual related discomfort, including environmental supports such as appropriate office temperature, desk fans and access to cold drinking water.

4.1 Chronic Reproductive Conditions

Chronic reproductive and pelvic health conditions often involve ongoing pain, fatigue, and varying symptoms, many of which may not be visible to others. These conditions can significantly impact physical, emotional and professional wellbeing.

Examples of chronic reproductive conditions include:

- Endometriosis – a condition where tissue like the lining of the womb grows outside the uterus, often causing severe pain and fatigue
- Polycystic Ovary Syndrome (PCOS) – a hormonal condition that can cause irregular periods, pain, metabolic complications, and fertility challenges
- Adenomyosis – where the inner lining of the uterus grows into the muscle wall, leading to heavy bleeding and pain
- Fibroids – non-cancerous growths in the uterus that can cause discomfort, pressure, or heavy periods
- Pelvic Inflammatory Disease (PID) – a chronic infection that can cause long-term pelvic pain and fertility issues.

Symptoms can be severe and may require medical attention. Employees with a diagnosis of these conditions may request workplace supports as outlined in this policy.

Available Supports

Employees managing chronic reproductive conditions may request temporary accommodations to support their health, wellbeing and ability to regularly and consistently attend for work. These may include:

- Flexible working hours or adjusted schedule.
- Remote or desk-based duties may be facilitated during periods of increased symptoms, where feasible in individual teams.
- Modified duties for physically demanding roles, such as:
 - Temporary reassignment to lighter tasks
 - Reduced walking or lifting requirements
 - Additional rest breaks during working hours
- Access to a rest area.
- All accommodations requested will be considered in collaboration with the employee, their Line Manager

4.2 Reproductive Health Challenges: Pregnancy Loss

Pregnancy loss - whether through miscarriage, stillbirth, ectopic pregnancy, molar pregnancy, or termination for medical reasons - is a deeply personal and often devastating experience. NIBRT is committed to supporting employees with empathy and flexibility during such a challenging time. Support is available to anyone affected by pregnancy loss.

We aim to foster a compassionate and inclusive workplace, acknowledging the physical and emotional impact of pregnancy loss regardless of gestational stage.

- Miscarriage: The loss of a pregnancy before 24 weeks
- Stillbirth: The loss of a pregnancy after 24 weeks
- Ectopic Pregnancy: A pregnancy that develops outside the womb
- Molar Pregnancy: A rare complication of pregnancy involving abnormal growth of trophoblasts (the cells that form the early placenta and help the embryo implant).

Available Supports

Line Managers will work with employees in all roles and personas to explore supports that may help during recovery. Depending on individual needs, this may include:

- Temporary reassignment to less physically demanding duties, if required
- Additional rest breaks, adjusted hours, or time off during the recovery period
- Paid Leave in the event of child loss.
- Employees may request flexible scheduling or extended leave¹ to support a safe and manageable return to work.

To protect employee privacy, medical documentation does not need to be provided to Line Managers, it should be submitted directly to HR.

Pregnancy Loss Before 24 Weeks

Employees who themselves experience pregnancy loss before 24 weeks are supported by compassionate paid leave up to five days.

Partners : Up to two days' compassionate paid leave is available to employees whose partner or their surrogate experiences pregnancy loss before 24 weeks.

Pregnancy Loss After 24 Weeks (Stillbirth)

Full statutory maternity leave (26 weeks) is available to the birth mother, including in cases where a NIBRT employee is acting as a surrogate. This means that if a NIBRT employee is carrying a child for

¹NIBRT recognises that employees may need medically certified time off from work due to the impact on them or ability to attend work due to **chronic reproductive health conditions and reproductive health challenges**. When this leave is certified and approved on Sage under this Policy, it may not be included in the thresholds impacting sick pay under NIBRT's HR002 Time, Attendance & Absence Management. HR002 remains the main governing policy guiding how absences are managed.

someone else and experiences a loss, the employee (as the birth mother) is entitled to the 26 weeks of paid maternity leave as per *NIBRT's Maternity Leave Policy HR – 018*.

If a NIBRT employee engages a surrogate and the surrogate experiences a loss, the employee may avail of NIBRT'S Compassionate and Bereavement Leave Policy.

Statutory Paternity Leave may also apply to eligible employees as per *NIBRT - 020 Paternity Leave (New Parents Leave) Policy*.

5. Fertility Treatments

Fertility challenges and assisted reproductive treatments, such as IVF (In Vitro Fertilisation), IUI (Intrauterine Insemination), and egg or sperm preservation, can be physically, emotionally, and financially demanding. These treatments often involve multiple medical appointments, hormonal treatments, and periods of uncertainty or stress.

Employees undergoing fertility treatment may request time off for:

- Medical consultations, scans, and procedures
- Recovery from treatment or side effects

Fertility Treatment Leave

Fertility treatment is a deeply personal journey. Employees may not wish to disclose their treatment plans, particularly due to emotional uncertainty involved or concerns about signalling a potential future maternity or paternity leave.

To support privacy and flexibility:

- Fertility Treatment Leave can be applied for retrospectively, within a reasonable timeframe (ideally within 3 months), if the employee prefers not to disclose treatment in advance. Leave taken at the time of treatment e.g. sick leave or unpaid leave (without disclosing a reason) can then be converted retrospectively to Fertility Treatment Leave.
- This option is available regardless of the outcome of the treatment - whether it is successful, not progressing, or ongoing.
- All requests will be managed confidentially by the HR department

This approach ensures that employees can access support on their own terms, without needing to disclose sensitive information prematurely.

Available Supports

- Up to ten days paid leave for fertility-related medical appointments for employees undergoing the treatment.
- As a NIBRT employee if your partner is undergoing treatment, you may use the 10 days paid leave to attend appointments with them.
- Access to rest facilities where practicable
- Flexible working arrangements, including adjusted hours or remote work where feasible
- Temporary reassignment to accommodate treatment schedules.

5.1 Surrogacy

Overview

Surrogacy is an increasingly common path to parenthood. NIBRT is committed to supporting employees who are intended parents through surrogacy arrangements with the same flexibility and care afforded to all family-building journeys.

Types of Surrogacy

- Gestational surrogacy, where the surrogate carries an embryo created using the intended parents' or donors' genetic material.
- Traditional surrogacy, where the surrogate's own egg is used

Entitlements

Intended parents (who engage a surrogate to carry a baby and who plan to become the child's parents after birth) through surrogacy are entitled to adoptive leave, in accordance with *NIBRT's Adoptive leave Policy HR -016*.

Available Supports

Line Managers will work with employees in all roles and personas to explore supports that may help them during key stages of the surrogacy process.

Up to ten days paid leave, applied for and approved in advance, will be provided to accommodate the unique coordination of surrogacy, for example: -

- Travel to meet the surrogate or attend medical appointments with them
- Time off to be at the birth and for postnatal bonding
- Legal processes such as parental orders or court hearings applying to either domestic surrogacy within Ireland or international surrogacy involving travel and legal coordination across borders.

Summary of Entitlements

Type of leave	Duration	Eligibility	Keynotes	Certification Requirements	Additional relevant NIBRT Policy
Leave for Pregnancy Loss (before 24 weeks)	Up to five days' paid leave	Employees experiencing pregnancy loss (including miscarriage, ectopic pregnancy, molar pregnancy, or termination for medical reasons).	Confidential. Recorded as Compassionate Leave. Applies only to the person who was pregnant.	Employees will also not be required to provide medical evidence; the only requirement is for eligible employees to make a self-declaration of entitlement.	Absence Policy – medically certified recovery leave.
Leave for Pregnancy Loss for Partner (before or after 24 weeks)	Up to two days' paid leave	Partner of the person experiencing the loss, or intended parent in surrogacy.	Confidential. Recorded as Compassionate Leave.	Employees will not be required to provide medical evidence; the only requirement is for eligible employees to make a self-	Absence Policy – medically certified leave

				declaration of entitlement.	
Fertility Treatment Leave	Up to ten days paid leave	Employees undergoing fertility treatment (e.g. IVF, IUI, egg/sperm preservation).	Full or half days allowed; Recorded as Special Leave. Confidential. Supports physical and logistical needs Refer to EAP.	For leave beyond two consecutive days, a letter from Fertility Clinic or Specialist is required.	
Fertility Treatment Leave for Partner	Up to ten days paid leave	Employees supporting their partner undergoing fertility treatment.	Full or half days allowed. Confidential. Recorded as Special Leave; Flexible for appointments & recovery.	For leave beyond two consecutive days Letter from Fertility Clinic or Specialist is required.	

Surrogacy Preparation Leave Entitlements				
Type of leave	Duration	Eligibility	Keynotes	Certification Requirements
Intended parents	Up to ten days' paid leave for preparatory arrangements.	Employees who are the primary intended parent(s) in a surrogacy arrangement.	Full or half days allowed. Confidential. Recorded as Special Leave.	Supporting documentation confirming the surrogacy arrangement and intended parent status (legal or medical), handled confidentially by HR.

Surrogacy Leave Entitlements (following placement of the child)				
Type of leave	Duration	Eligibility	Keynotes	Certification Requirements
Primary intended parent – Leave in line with Adoptive Leave (either taking Surrogacy Leave or Adoptive Leave, not both)	24 weeks' fully paid leave commencing on the date of birth of the child. Additional unpaid leave can be applied for, subject to approval.	Employee who is the primary intended parent in a surrogacy arrangement.	Recorded as Special Leave. Minimum four weeks written notice before the due date of birth of the child is required. Additional unpaid leave may be requested.	Supporting documentation confirming the surrogacy arrangement and intended parent status (legal or medical), handled confidentially by HR.

Supporting intended parent or partner – eligible for leave in line with Paternity (New Parents) Leave Policy	Two weeks' fully paid leave	Employee who is the supporting intended parent or partner in a surrogacy arrangement.	Recorded as Special Leave. Minimum four weeks' written notice before due date.	Same documentation as is required above.
--	-----------------------------	---	--	--

Leave Notification and Confidentiality

Employees are asked to notify their Line Managers or HR of their intention to take Fertility Treatment or Surrogacy Leave at the earliest opportunity. If taking sick leave (and applying for Fertility Treatment Leave retrospectively), the terms of the HR002 Attendance, Time Keeping & Absence Management Policy must be adhered to at the time.

As always, to support employee privacy, all health-related records will be managed confidentially by HR and not sent to line management/put on Sage or documentation can be suitably redacted before submission by the employee if preferred.

6. Reproductive Health (Male)

NIBRT recognises that reproductive health includes conditions and treatments affecting sperm health and male reproductive systems. Employees may experience challenges such as:

- **Sperm health** (quality, mobility, and morphology)
- **Low sperm count** (oligospermia)
- **Hormonal imbalances** affecting fertility
- **Varicocele** (enlarged veins in the scrotum)
- **Reproductive tract blockages**
- **Post-surgical recovery** (e.g., vasectomy reversal)

Employees with these challenges are entitled to the same level of support and confidentiality as all other reproductive health experiences. Leave entitlements for fertility-related appointments and procedures are outlined in the Fertility Treatment Leave section. Line Managers will provide flexibility for medical appointments, maintain strict confidentiality, and foster a workplace free from stigma or discrimination.

Leave at a Glance

Becoming a parent is a deeply personal journey, and each employee may choose to approach it differently. NIBRT is committed to supporting employees on their path to parenthood through a range of flexible arrangements and family leaves.

Leaves at a Glance				
Type of leave	Duration	Eligibility	Certification Requirements	Keynotes
Maternity Leave	26 weeks paid and 16 weeks unpaid Leave.	Please refer to <i>NIBRT – 018 Maternity Leave Policy</i>		Recorded as Maternity Leave
Adoptive Leave	24 weeks paid and 16 weeks unpaid Leave.	Please refer to <i>NIBRT – 016 Adoptive Leave Policy</i>		Recorded as Adoptive Leave

Surrogacy Leave (not in addition to Adoptive Leave)	24 weeks paid Leave. Additional unpaid leave may be available upon request	Employees who are the primary intended parent in a surrogacy arrangement.	Supporting documentation confirming the surrogacy arrangement and intended parent status handled confidentially by HR.	Recorded as Special Leave
---	--	---	--	---------------------------

Roles & Responsibilities

Management Responsibility

Line Managers can take a number of steps to make the workplace more supportive and help employees by creating an inclusive environment and to maintain satisfactory attendance.

- Promote an open and positive attitude towards Reproductive health conditions or challenges, be communicative and show understanding when the subject matter is raised and challenge stigma or negative attitudes; e.g. towards someone who may be on leave or being accommodated flexibly for reproductive health support reasons.
- Line Managers should take the lead in initiating conversations with employees about concerns they may have related to how an employee's health may be impacting their attendance and performance at work.
- Be understanding and flexible towards employees experiencing symptoms of menstrual health conditions, such as allowing for more frequent breaks, adjustments to working hours or conditions, discussing an emerging frequent absence pattern with HR
- During performance reviews, Line Managers can use this time to explore any accommodation that an employee may have requested that might assist where attendance or performance has been impacted by reproductive health conditions or challenges.
- Line Managers should be knowledgeable about the available resources and support for employees – particularly being able to direct the employee to NIBRT's Employee Assistance Programme (EAP).

Employee Responsibility

- Employees are expected to regularly and consistently attend work as per their contract of employment, If employee's ability to do this is being impacted by reproductive health related needs, employees are encouraged to communicate any reproductive health-related needs to their Line Manager or HR promptly and in line with standard absence and accommodation procedures. This allows the manager and staff member to work together to address the absence issues and restore regular attendance as far as is possible.
- Employees are expected to contribute to a respectful and inclusive workplace by treating colleagues affected by reproductive health issues with dignity, empathy, and understanding. Participation in relevant training or awareness initiatives is encouraged to help foster a more informed and supportive organizational culture.
- Take extra breaks when needed e.g. if you are experiencing discomfort or other symptoms. Advocate for yourself or others; this could mean requesting specific accommodation or talking to HR about what support is available to you or others.
- Employees experiencing chronic reproductive health conditions or challenges—such as pregnancy loss, fertility treatment, surrogacy—can access confidential counselling through NIBRT's Employee Assistance Programme (EAP).

NIBRT is committed to fostering a supportive and inclusive work environment where hormonal cyclical health can be managed and ensuring that employees – predominantly women – are able to participate equitably without experiencing any disadvantage. All employees should familiarise themselves with this Policy and seek guidance or support when needed.