

**‘Potential parenthood’ and identity threats:  
navigating complex fertility journeys alongside work and employment**

Dr Clare Mumford<sup>1</sup>

Department of Organisation, Work and Technology, Lancaster University Management  
School, Lancaster University, Bailrigg, LA1 4YX

Dr Krystal Wilkinson

Centre for Decent Work and Productivity, Manchester Metropolitan University, All Saints  
Building, All Saints, Manchester, M15 6BH, UK

and

Dr Michael Carroll

Department of Life Sciences, Manchester Metropolitan University, All Saints Building, All  
Saints, Manchester, M15 6BH, UK

While many scholars have noted the workplace inequalities generated by the presence of pregnancy and parenthood, this paper shifts the focus to explore the question: how do childless subjects negotiate between work identities and *desired* identities of parenthood? Drawing from empirical research interviews about navigating complex fertility journeys alongside work and employment, we show how themes of pregnancy and parenthood play out in the form of (non-)potential rather than actual achievement, and where identity threats arise paradoxically from both too close and too distant an association with the maternal body (Gatrell, 2013).

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<sup>1</sup> Corresponding author (claremumford@phoncoop.coop).

## Introduction

In the literature on gender inequalities, work and employment, we have become accustomed to considering pregnancy, childbirth and child-rearing as an impediment to women's work and careers. It is (a disembodied) childlessness that instead conveys 'ideal worker' (Acker, 1990) status. Yet for workers who are struggling to have a baby, childlessness is problematic. There are some noteworthy statistics in regard to this struggle. Tommy's, a UK charity dedicated to preventing and understanding baby loss, estimates that one in four pregnancies end in miscarriage; and one in 100 women experience recurrent miscarriages (that is, three or more in a row).<sup>1</sup> According to the World Health Organization, 15% of reproductive-age couples experience some form of infertility at least once in their lives.<sup>2</sup> Meanwhile, new medical technologies of assisted human reproduction and a flourishing fertility industry are creating alternative routes to, and new subjectivities of, biological parenthood (see Cervi and Brewis 2021; Cervi and Knights, 2022). In the UK in 2019, almost 53,000 patients underwent more than 74,700 fertility treatment cycles (HFEA, 2021): this figure includes heterosexual couples, women seeking assisted reproduction with their female partner, as well as women pursuing solo parenthood. How childless subjects negotiate the 'private worlds of reproduction and public worlds of organization' (Gatrell, 2013, p.621) at pre-conception and early stages of fertility journeys is a relatively new though fast emerging topic in studies of work and organising, with *Gender, Work and Organization* providing an important arena for this scholarship (e.g. Cervi and Brewis, 2021; Cervi and Knights, 2022; Griffiths, 2021; Porschitz and Siler, 2017). Our paper contributes to the scholarship by shifting the focus away from the workplace inequalities generated by successful embodied pregnancy and parenthood in order to address the question: how do childless subjects negotiate between work identities and *desired* identities of parenthood?

The paper applies the discourse analytic lens of identity threat and the notion of ‘preferred selves’ (Brown and Coupland, 2015) to explore how subjects navigate themes of childlessness, parenthood, work and careers at different stages in their attempts to have a baby. The empirical data is drawn from an exploratory research study on the negotiation of ‘complex fertility journeys’ alongside work and employment. The definition of a complex fertility journey is a broad one that was self-defined by research participants, but it centres around aspects of uncertainty in attempts to have a baby and encompasses phenomena such as infertility, miscarriage and fertility treatment. While these are separate and distinct phenomena, there are often entanglements between them. They may all trigger medical investigations and interventions; and all are implicitly framed in relation to the desire for a successful outcome of childbirth. However, complex fertility journeys may end in childlessness as much as successful family-formation.

Our theoretical contribution is to offer the concept of ‘potential parenthood’ as a sensitising device in the work and employment-related literature on pregnancy and parenthood. It highlights the importance of attending to constructs of pregnancy and parenthood in the form of absence. Through the concept, we extend theory on the ‘potential for maternity’ (Gatrell, 2011b) in two ways. Firstly, it contextualises the potential for maternity, and thus pregnancy and childbirth, as a work and employment-related topic in a longer, life-course perspective where both anticipation and fulfilment become relevant. While fertility journeys generate threats to work identities, we find that work and employment also generate various threats to desired identities of parenthood. This expands upon a recent reframing of motherhood as positive and desirable (see Huopainen and Satama, 2019; Katila, 2019). Secondly, it moves the debate away from focusing only upon the ‘employed maternal body’ (Gatrell, 2011a, 2013) as the successful outcome of the potential for maternity. We show identity threats arising not simply from too *close* an association with

maternal embodiment but also from too *weak* an association. Our findings undermine the association between childlessness and ‘ideal worker’ identities. We offer some thoughts on implications for organisational policy and practice.

The paper is structured in the following way. The next section, drawing on scholarship from organisation and management studies as well as wider social science, briefly sets out contextual literature around pregnancy, maternity and parenthood: as problematic in relation to work and employment but also as valorised (Gatrell, 2014) socially and culturally. After this, we introduce our empirical research study and methodology and the analytic framework for this paper. We then illustrate with empirical data how interview participants discursively construct identity threats and responses to threats at different stages of fertility journeys: in terms of future (anticipated) potential, present (limited, uncertain) potential, and past (lost) potential. Following this, we discuss the implications of the analysis in more detail and offer some final concluding comments.

### **Workplace discourses around childlessness, pregnancy and parenthood**

Maternity has long been identified as an important driver of work- and employment-related inequalities (see for instance Adams et al., 2016; Chung and van der Horst, 2018; Gatrell, 2011a, 2011b, 2011c, 2013; Gatrell and Cooper, 2008; Grimshaw and Rubery, 2015), where the conflict between domestic and workplace spheres is played out in relation to women’s association with pregnancy, childbirth and child-rearing. The embodied transition from worker to mother is problematic for women’s work identity, ongoing employment and career progress (see Buzzanell et al., 2017; Gatrell, 2011c; Haynes, 2008a, 2008b; Hennekam et al., 2019; King and Botsford, 2009; Ollilainen, 2019). The ‘employed maternal’ (that is, pregnant and post-birth) ‘body’ (Gatrell, 2011a, 2011c) brings with it issues of being ‘leaky’, mutable, unpredictable, and prone to disrupting workplace routines (Gatrell, 2011b). It

requires ‘maternal body work’ (Gatrell, 2013) to comply not only with embodied masculine norms of organisations but also with public discourses surrounding ‘good mothering’ (Gatrell, 2011c, 2014; see also Pas et al., 2014). Furthermore, employer perceptions of expectant women and new mothers - that they have a reduced commitment to work, reduced physical and mental competence, increased emotionality, and less reliability due to absence (Adams et al., 2016, Gatrell, 2011a, 2011b) - create difficulties of even being associated with the ‘potential for maternity’ (Gatrell, 2011b) for female workers of childbearing age. The archetype of the ‘ideal worker’ (Acker, 1990) hence remains one that is masculine, disembodied, unencumbered by pregnancy and parenthood, and without the potential for maternity.

Nevertheless, while the potential for maternity and the employed maternal body generate difficulties for female worker identities, identities associated with pregnancy and parenthood are also valorised and taken for granted in wider cultural discourses of motherhood (Gatrell, 2014). In the face of gender inequalities, legislation such as the Equality Act 2010 in the UK has sought to protect workers from discrimination based on protected characteristics of pregnancy and maternity (among others). This makes it a discriminatory practice, for instance, to ask female candidates at job interview about future plans for family. In addition to seeking simply to avoid discriminatory practices, human resource management (HRM) and equality, diversity and inclusion (EDI) policies and initiatives, particularly in some sectors (e.g. see Hennekam et al., 2019), have sought to reinforce work and employment as ‘family friendly’, for example through flexible working and the establishment of ‘parent and carer’ networks. Pregnancy and parenthood thus become constructs that inform, underpin and help to structure organisational policy and practice in ‘pronatalist’ discourse (Gillespie, 2003). While childbirth and child-rearing create difficulties for women workers, they are also phenomena that validate certain workplace

compensations. As a consequence, although growing numbers of women are remaining childless (ONS, 2022) and the choice to remain ‘childfree’ is increasingly considered valid, positive and fulfilling (see Gillespie, 2003), authors such as Utoft (2020) and Wilkinson et al. (2018) have identified workplace injustices that are now being felt by those who are single and solo-living: they are positioned as ideal workers but resent being seen as having a greater attachment to work identities, an easier work-life balance, and greater ability to cover for colleagues dealing with family duties.

Meanwhile, the choice itself - to have children or not - has tended to remain unproblematised in work and employment-related studies of pregnancy, with little query until recently about whether the choice is one that can be enacted. Pregnancy has been described as a form of organising ‘project’ (Brewis and Warren, 2001), and more generally social science scholarship has focused on the ‘right’ subjective identities and the ‘right time’ to start a family (e.g. Saunders, 2020; Zeno, 2020). However, demographic trends are increasingly raising questions around the choice and its implications. Amid apparently decreasing global fertility rates (e.g. Skakkebaek et al., 2022) and a fast-expanding fertility industry (Carroll, 2019), more people are engaging with fertility treatment (HFEA, 2021) to overcome ‘social’ as well as medical infertility. The uncertain and highly emotional aspects of infertility and fertility treatment (e.g. Griffiths, 2021; Payne and van den Akker O, 2016, 2019; van den Akker and Payne, 2016), miscarriage (Boncori and Smith, 2019; Porschitz and Siler, 2017), and their difficult intersection with work and employment are starting to be recognised. The employment protections for those undergoing fertility treatment are less clear than those for pregnant women: the pre-conception stage of a fertility journey, before a definition of pregnancy applies, does not fall under the UK’s Equality Act 2010 protection.<sup>3</sup> Moreover, there are still some long-standing debates about the morality and ethics of fertility treatment, such as whether treatment counts as a legitimate health need rather than a ‘lifestyle choice’

(e.g. Lord et al. 2011) and whether people in ‘non-standard situations and relationships’ (ESHRE, 2014) - namely, same-sex couples, solo women and transgender men and women - should be considered to have a ‘right’ to a baby.<sup>4</sup> Thus, workers who are facing difficulties in realising the potential for maternity face a specific set of competing discourses around pregnancy and parenthood as well as uncertain organisational support.

In the next section, we summarise our research study, methodology and data analysis.

### **The research study & theoretical framework for the paper**

Our paper is based upon a research study funded by the Leverhulme Trust that explores complex fertility journeys and their intersection with work and employment. While the project has several strands, this paper is developed from the strand dedicated to interviewing workers with lived experience of complex fertility journeys. Participants were recruited through calls circulated via social media and fertility-related networks and via snowballing from other participants asking to interview people about combining work and employment with their complex fertility journey. The definition of a ‘complex fertility journey’ was left open for participants to self-identify. We specified a range of job characteristics in order to encourage a diverse sample in relation to pay, organisational hierarchy, job autonomy and flexibility, work environment, sector, contract type, and the type of work being carried out. Our intention had been to conduct face to face interviews focusing upon the experiences of workers in the UK. However, due to Covid-19 lockdown restrictions, interviews took place online via Microsoft Teams, Zoom software or, in a few instances, telephone according to participant preference. This opened up the potential to include participants who responded from outside the UK (see below).

Eighty research participants were interviewed based on theoretical sampling. The demographics in this number includes 67 women, 13 men; 69 people in heterosexual

partnerships, six in same-sex partnerships, and five women (one bisexual, one lesbian, three straight) pursuing solo motherhood. Thirty seven participants (46%) were still travelling along their journey with different degrees of hope and uncertainty at the time of interview. Forty three participants (54% of the sample) had completed their fertility journey, 21 successfully with children (just over 26% of all participants) and 22 unsuccessfully, remaining childless (just over 27% of participants). Our sample includes 73 participants living and working in the UK and seven in other countries: two from the USA (unrelated to each other), two from Australia (a heterosexual married couple), and three women from other European countries (Cyprus, Luxemburg, and Netherlands). These interviews were useful for comparison and contrast in the sample, though because of the limited international coverage we position this paper within the UK context.

The interviews were based on a biographical narrative method (Wengraf, 2011), beginning by inviting the participant to tell their story of combining fertility and employment as they wish without interruption. Depth and detail to the story is then generated via subsequent questioning by the researcher. The method therefore provides a set of participant-led narratives in which discursive resources are used to build up particular desired identities and to ward off and manage unwanted identities.

#### *Theoretical framework & data analysis*

The analytic concept of identity as a subjective construal of who subjects think ‘they were, are, and desire to become’ (Brown, 2015: 20) has been applied frequently in studies of work and employment, including as a means to analyse embodied gender inequalities (Trethewey, 1999), pregnancy (Hennekam, 2016) and motherhood (Haynes 2008b). The concept of identity threat sits within the wider scholarship on identity and has been used in a number of ways (see summaries in Brown and Coupland, 2015, and Petriglieri, 2011), particularly in theoretical accounts of identities as mutable, multiple, insecure, and conflicting

(see Collinson, 2003). Petriglieri (2011) writes about identity threats as experiences that a subject appraises as potentially harming the value, meanings or enactment of an identity, including future identities. She suggests that the more important an identity is to a subject, the more self-defining it is, and hence the greater psychological distress when it is threatened (p.648). Her theoretical paper outlines a range of sources of threat and different subjective responses to threat that subsequently shape the positive or negative consequences of it. Meanwhile, Brown and Coupland's (2015) paper also explores identity threat and response, but in the form of discursive resources. They show how threats are construed and responded to in order to author 'preferred selves' in relations of power. They show how the sportsmen in their study utilise threats to their sporting careers to construct their 'tough, self-reliant professionalism and aspirations for success' and to author narratives of desired occupational and masculine subjectivity' (Brown and Coupland, p.1316) that highlight their subjective agency.

We apply Brown and Coupland's (2015) framework of identity threat construal and response here to examine the discursive authorship of preferred selves that have not (yet) been achieved. While Brown and Coupland's paper addresses identities that have been accomplished and that might be in jeopardy, the participants in our study were employing threat construal and response in narratives where their agency was limited. The narratives were showing the contingent difficulties in the struggle for authorship of preferred selves and the implications of this struggle as they navigated between different sets of threats and across threats that were changing over time. Our analytic process was abductive and iterative. While in our initial round of coding we began by identifying text in which threats to *work* identities were being constructed, we quickly recognised that identity threats were not one-directional. That is, threats were not solely impacting upon work identities but arising also *from* the domain of work and impacting upon identities associated with parenthood. Via

iterative rounds of coding in NVivo software we identified these two types of threats and patterns in how responses were constructed to them: that is, extracts of text where one of the identities was being prioritised over the other; where both identities were being supported and consolidated; and where both were being undermined or destabilised. Analysing this coding and the discursive construction of preferred selves that emerged highlighted the importance of both comparisons and contrasts to the maternal body: from being too closely, but also too loosely, associated with embodied pregnancy and maternity and its outcomes. Our second order coding developed this analysis and brought out the impacts of pregnancy and parenthood upon work and employment based on their *absence* – as different forms of unrealised potential - rather than their presence.

In the next section we present examples of our empirical data to illustrate how identity threat construal and response were employed in relation to potential parenthood. We order the section according to a life-stage journeyed approach, firstly, around interpretations of the right time to start a family (situating the future potential for maternity), then beginning to try for a family, encountering difficulties, and turning to reproductive support (trying to realise present potential); and finally acknowledging failure and trying to move on (losing potential). Through this ordering, we bring out the dynamic nature of the identity threats and the different processes by which preferred self-identities are sought.

### **Negotiating work and ‘potential parent’ identities**

#### *Anticipating (& delaying) future potential: sequential work/parent identities*

A significant number of narratives provided by heterosexual female interviewees begin along the lines of ‘I grew up expecting’ or ‘always wanting’ ‘to be a mum’ with an identify of parenthood as central and self-defining (Petriglieri, 2011). They then defer attempts to realise a parental identity in order to first prioritise and consolidate work

identities. In this sense, family-formation is used as a discursive device that structures working lives and careers. Indeed, the middle-class (see Saunders, 2020) notion of establishing steady employment or a career as part of the resource-gathering before having a family runs strongly through the data. Iris, a local authority officer working in social care, notes how an assumption about the right time for a baby led her to have an abortion when she was 27 so that she could concentrate on a career move. Now at the age of 48 she has remained childless and looks back on that decision:

‘I think as I’ve grown older, I realise that, I’m thinking, well, why didn’t I have that baby at 27? Well, I didn’t have that baby at 27 because actually I’d just left social work and I was trying to get myself back on my feet in terms of a different career again, do you know what I mean? It was always, I’ll have enough time, I’ll have enough time, I’ll have enough time.’

She justifies her abortion through the prioritisation of career at that early stage of her working life, with her anticipated identity as a mother safeguarded by an assumption that there will be ‘enough time’ to have a family later. The threat to work identities from the potential for maternity is discursively managed by sequentially arranging and deferring parental identities at early career stage.

In this sense, the new social landscape of the fertility industry is one that works alongside, and indeed supports, a choice to defer parenthood and prioritise work identities since it invites an insurance policy approach by which subjects can have children later in life even though fertility levels decrease with age. Courtney, a married heterosexual woman who was diagnosed with polycystic ovary syndrome (PCOS), shows how this reasoning works against her request for fertility treatment in her 20s:

‘I found being 25 very difficult because people, especially medical professionals, didn’t see the rush. They’d be like, you’ve got a long time before you need to worry, so why don’t you just [...] see how you get on. [...] I don’t understand why because I’m young it’s kind of going against me having the help I obviously need.’

Despite desperately wanting children and suffering from a medical condition that means her fertility journey is likely to be difficult and lengthy, her pursuit of fertility treatment is problematised as premature via the claim that her future potential identity as a mother is not yet threatened at the age of 25.

*Trying to realise present potential: combining / separating work and potential parent identities*

How participants talk about starting actively to try for a family confirms that an association with the potential for maternity still poses a threat to women’s work identities. Fertility investigations and treatments are described frequently by interviewees as ‘personal’ and unsuitable topics for discussing at work. Disclosure to managers about plans to start a family have consequences for their employment and career. For instance, Anastasia, a commercial bank manager, talks about having lost job promotions:

‘I’ve lost promotions because, you know, “Yes, she’s very good, but if we have two equal employees, why take her instead of someone else that is not going through this period of his [sic] life?” I get it. Maybe I would have made the same decision myself but it was heart breaking because I couldn’t choose the promotion over my kids. I couldn’t.’

She frames this as a ‘heart-breaking’ choice between a promotion and ‘her kids’ – between her identity as a professional woman interested in career and promotion and her identity as a future mother. Her strategy to manage the identity threats from the association

with the potential for maternity is to separate her work and potential parent identities: she keeps future fertility treatment secret from colleagues. Yet, as she continues to fail in her attempts to become pregnant, she suggests that her childlessness might be interpreted as an agential choice to pursue a career:

‘I also got to a point where people thought of me as, I don’t know, as a snob career woman. At the same time I was going through this very, very hard time and I couldn’t share it with anyone.’

Anastasia constructs an identity threat of being considered a ‘snob career woman’ who has actively chosen a career instead of children and who cannot talk with anyone at work about the ‘hard time’ she is experiencing.

Some participants talk about giving up their work identity entirely in order to concentrate fully on pregnancy as a project of realising their preferred self as parent. Felicity, who was working as a nutritionist on a hospital ward, talks about leaving her job in order to pursue in vitro fertilisation (IVF) fertility treatment primarily because of the inconvenience she would cause to her colleagues:

‘if I was going to be off for scans and stuff, my colleagues would have had to pick up my workload on my behalf when I was off. [...] And with IVF, the scans can be, it’s not, they’re not the same time every week. They can be as and when, and I just thought, there’s no way.’

Felicity cites that there was ‘no way’ she could stay in her job and impose on colleagues, who would have to ‘pick up her workload’ in ways that she could not plan for and manage. However, she talks about being exposed to humiliation in leaving as her line manager requested that she tell colleagues the reason for her departure:

‘during a group meeting, she told me to announce to everybody in the department why I was leaving [...] and I thought that was... God, I’d forgotten about that [*very emotional*] ... I said, “Look, I’m leaving permanently because I’m going to do some fertility treatment.” [...] I was quite tearful and probably a bit humiliated and exposed.’

Her identity construction is caught between an inadequate work performance, impacting upon her colleagues’ workload if she stays, and an inadequate parental identity as she leaves permanently without having already secured pregnancy.

Threats to work identities from fertility treatment arise also from the physical and mental impacts of fertility treatment. These play out upon physical bodies as well as work performance and productivity. Somewhat ironically, the same ‘leaky’ physical and emotional impacts that expectant and new mothers seek to manage are also managed by women at pre-conception stage. Participants talk, for instance, about the bloated physical appearance and mental ‘brain fog’ created by various drugs prior to egg harvesting and implantation, and discharges that arise from the use of pessaries to treat certain medical conditions of infertility. Courtney, who was working as a teacher, describes the impact of taking the drug Metformin that was prescribed to treat her symptoms of PCOS:

‘I constantly felt sick, I had stomach issues and all sorts. So the first real impact on my work was the fact that that was, I was trying to take that medication at the same time as working and feeling just really, really rough from it. And then also not wanting to really explain why it was that that happened.’

While Anastasia and Felicity arguably are too far removed from an association with the maternal body, Courtney’s embodied performance aligns her with the maternal body too closely. She is struggling to become pregnant and realise her potential for maternity but also to hide the effects of treatment so that colleagues do not assume she may be already pregnant.

Participants talk about taking annual leave or sick leave in order to juggle the tricky combining-but-separating of fertility treatment and work, and to avoid giving precise reasons for absence when they need to attend fertility-related appointments that clash with work schedules. However, fertility treatment requires scheduling according to bodies that are unpredictable and uncontrollable, and so workers become vulnerable to being perceived by managers and colleagues as ‘unreliable’, ‘uncooperative’ or ‘not a team player’ when they have to suddenly rearrange plans for annual leave or when they become absent at inappropriate times. In seeking to avoid being associated with the unreliability and lack of work commitment associated with pregnancy and maternity, they encounter these very threats. For instance, Stella talks about her line manager did not accept her reason for absence, and afterwards cut her work hours, when the clinical procedure for her egg transfer, timed according to her body’s menstrual cycle, fell on a day when she was due to teach during her employment on a teaching contract at a university:

‘He actually sent me an email saying as far as I’m concerned, this isn’t sickness, you’re choosing to do something other than teach.’

Helen, a critical care ward sister in a hospital, talks of facing performance measures from her employer due to taking five days of sick leave over the cycles of her fertility treatment. To defend herself from these measures, Helen discloses her reasons for absence and argues that it is pregnancy-related and thus ‘protected’. Yet the disclosure does not successfully ward off the threat to her work identity. Her employer renders as invalid her reasons for absence since they deem her desire for a future pregnancy as a ‘personal choice’ on a par with ‘cosmetic surgery’ for which time off would not be granted in their sick leave policy. Even though she has tried to sustain her work performance by swapping shifts around and taking annual leave to absorb the majority of the impacts of treatment, she constructs her employer as still criticising her ‘unacceptable level of attendance’ and asking her “‘how did I

think that impacted on my colleagues?’” She contrasts her employer’s response with the treatment of those who become pregnant ‘naturally’:

‘It’s a choice. That’s the way they look at it: you’re choosing to do this. Everybody else in the general population - whatever it is, 75% of people - can choose to have children, and nobody's going to bat an eyelid, nobody's going to question whether you're vomiting through your entire pregnancy. Yeah, just take the day off, it's pregnancy-related sickness, that's absolutely fine. But if you can't do that naturally, they just don't address it, they will not entertain it.’

Conflicts such as those highlighted by Helen and Stella point out the contested nature of fertility treatment, that the status of time off work is classed neither indisputably as pregnancy-related nor as sickness. Framed as an elective ‘lifestyle choice’ to pursue pregnancy, subjects who have not yet achieved the maternal body are positioned, and disciplined, as personally accountable and blameworthy for the disruptions and inconveniences to work tasks, schedules and colleagues.

Yet one of the most common identity threats in the data emerges as a liminal (Hennekam, 2016) and ambiguous one: of feeling out of place in respect to HRM policies, work practices and social relations with colleagues due to feeling different from those who are able to have a baby ‘naturally’. This identity threat reflects back the preferred selves that are constituted in wider pronatalist social discourses and picked up in the specifics of organisational processes and policies. For instance, Linda, a married primary school teacher, talks about lacking any clear policy context to structure her discussion with her manager prior to starting IVF. Linda constructs the conversation as being difficult:

‘I remember hanging around outside the [head teacher’s] office thinking, I just don’t want to go in and tell them what I’m going through [but] I needed to be honest with

them. But we didn't have a policy at work and there was nothing I could draw on, or nothing I could sort of ask, I didn't know what I was asking them basically because there's no policy. Nobody talks about this kind of thing at work, or really in the world outside of work either. So there's just nothing to follow, there's no guidance out there, so I found that really difficult.'

Her preferred self-identity as a parent, to be achieved via IVF, is not captured in her organisation's suite of human resource policies. She does not fit the template for organisational support. There is 'nothing she could draw on' and her situation and experiences lie outside of organisational definition. She then talks about how some of the school's workplace practices that celebrate pregnancy and parenthood feel 'upsetting', and how the workplace becomes ever more alienating and exclusionary as she continues to fail in her identity transition to being pregnant:

'work is very geared towards supporting people with children [...] even little things like on the staff room noticeboard [...] when somebody goes off on maternity leave, we always put the picture up of their baby when they have the baby [...] it's like always a reminder about having children at work. It's really emotional sometimes and very upsetting.'

Explicit organisational support for 'working parents and carers' acts like a reminder of her own personal failure. Linda talks about 'losing confidence' in herself as a woman, where she notes women's bodies are 'supposed to be able to have a child', as well as in her decision-making as a worker.

Even when organisational and/or managerial support has been initially forthcoming, threats to work identities are also generated by the uncertain duration of complex fertility journeys in contrast to 'natural' conceptions and pregnancies. Queenie, a manager in the

education sector, worries about whether she can keep asking for favours and time off from her line manager:

‘the problem with treatment is that I don’t know how long this is going to be going on for, and how long can they make these adjustments for. This could be going on years. I don’t know when the end point is, so I sort of feel like I can’t ask for too many favours. [...] is there going to be a day when they turn round and go, “Come on, this is getting a bit silly now”?’

Queenie’s fertility journey is not following the usual temporalities of pregnancy. A nine-month duration is a standard and well-known organising structure for considering and managing the employed maternal body. In contrast, fertility treatment may last for many years and incur ongoing rounds of disappointments, frustration and grief. She fears that her managers will lose patience and stop being willing to make any adjustments for her. It is not a parental identity per se but the insecurity and uncertainty involved in achieving this identity that is problematic.

At this point, it is worth noting that the interplay between work and potential parent identities is sometimes supportive rather than threatening in our data. There are three ways in which this operates, although all three are contingent and unstable. Firstly, to the extent that the identities can be maintained as separate before a successful pregnancy is achieved, a worker identity can be utilised as a temporary resource to defend against an identity association with the failing ‘natural woman’. Olga, a freelancer working in the advertising sector, talks about the benefits of working during rounds of IVF:

‘I’m good at my job and I was like, oh, I can feel like I’m good at something. Because I’m really crap at trying to be a mother, at this fertility thing, I’m really crap at this [...]

never have I tried so hard to get precisely nowhere. Whereas at work, for me, effort in equals results out.’

Her positive ‘ideal worker’ identity offers some means by which to construct a self-identity that is agentic, productive and in control as subjects attempt to accomplish the transition to a maternal body.

Secondly, work identities can be bolstered by the successful navigation of a complex fertility journey as a means of showing resilience and determination. For example, Tracy talks about how, as a solo woman undergoing cycles of IVF treatment, it was only when she was successfully confirmed as pregnant that she felt ready to disclose her journey to her manager, as she reached the time in her pregnancy when she needed to talk about future maternity leave. At this point, rather than operating as a threat to her work identity, she constructs her active choice of solo motherhood - rather than passively waiting to meet a male partner – as leading to admiration from her manager:

‘[the manager] said, “I love that! [...] oh, you’ve gone up in my estimation even more now, but dammit, now I’m going to have to find out what to do about your job”.’

While pregnancy is still positioned as cumbersome for her employer, who needs to arrange maternity leave and ‘find out what to do about her job’, Tracy’s successful identity transition becomes a means to secure her reputation further as a woman who can proverbially ‘have it all’ (see Pas et al., 2014).

Thirdly, pursuing parenthood may help to normalise and ‘feminise’ lesbian identities at work. One participant Emily talks about how her colleagues embraced her, as the carrying partner aiming to become pregnant, and her wife when they start planning for a baby via intrauterine insemination (IUI).<sup>5</sup> Emily’s potential motherhood and her subsequent successful pregnancy and childbirth on first attempt brings her in line with a heteronormative

template of family relations as she now joins in the everyday talk with other colleagues about families and children.

However, some lesbian participants talk about encountering moral evaluations from colleagues that ‘two women shouldn’t be mums’. The positioning of the female body in a male ‘paternal’ role becomes particularly problematic for HRM practices. For instance, Heather was in a same-sex marriage in which it was her wife who was seeking to become pregnant through fertility treatment. Heather talks about wanting to be a close part of the process of becoming parents and trying to take advantage of her employer’s ‘fertility allowance days’. However, her employer does not know which policy to apply when she requests time off to accompany her wife to the fertility clinic:

‘They had fertility allowance days, five days you’re allowed for fertility reasons, but they only ever had heterosexual couples, so it was only ever a male can go to IVF or something with a woman. [...] Once we were ready to go ahead and start inseminating, that’s when I spoke to my manager and said, “I need time off, and this is why”, and he was like, “It’s fine, but you’re not allowed because you’re not a man basically.”

Heather constructs her employer’s organisational policy on IVF as acknowledging the male partner but only via a limited inseminating role. Heather’s identity as a potential parent is rejected since it does not fit the heteronormative, biological terms of organisational policy designed for women’s male partners.

While it is rarer in our data for male participants to construct themselves as being the principal subject concerned about having children, there are nevertheless some instances. Moreover, these are significant in the way they highlight how men’s association with pregnancy and the maternal body is usually hidden and inconsequential at work. For example, Dan, who works on the production floor of an engineering company and whose

wife had suffered a number of miscarriages, does not take time off work to comfort his wife after the miscarriages. Commonly in our data men's own distress and their concerns for their partners' welfare are constructed as invalid reasons for taking time off work: they cannot remove their bodies from the workplace for such reasons. Dan talks about an incident at work when a colleague, after assuming in casual conversation that Dan had children, then tried to correct his mistake by suggesting that 'some people weren't meant to have children': Dan describes himself as experiencing 'temporary insanity' as he 'lost it', swore at the man, and became physically threatening. The incident is noteworthy for being an unusual encounter when a man's unrealised yearning for children becomes salient, revealed and problematic as an identity at work.

*Past potential: rejecting parental but also work identities*

While the transition from being childless to being a parent is well-delineated, the transition is less clear between the points of trying for a family to giving up hope for one. Participants talk about the desire for a family and the salience of identities of parenthood even when the biological likelihood of achieving pregnancy becomes slim. Subjects who have achieved a stable, positive work identity talk about how facing up to childlessness undermines this identity. Zena, for example, talks about herself as a 'control freak' who is losing control:

'I'm that kind of person who goes and gets what she wants. This is... I can't. This is something which you can't control and you cannot get. And it's so hard to come to terms with.'

While subjects who do not become parents might be expected to return to a prior work identity as a source of self-definition, this is not borne out in our data. Instead, participants talk more often about fleeing the frequent exposure to pregnancy, babies or

young children from work policies, practices and colleagues that in contrast reflect the loss of their preferred self and their own childless identities back at them.

When parental identities are abandoned, work identities also become reimagined and transformed. As their potential for a family expires, and as they stop putting their life ‘on hold’, participants talk about abandoning jobs and organisations to seek out other activities that now become more meaningful. Nola, who works in the civil service, provides an example of such a revision to her self-identity:

‘after stopping [fertility] treatment, I had a deep dive about what I wanted from life. A lot was around work. I’d had this vision of how life would pan out, and it didn’t. So [husband] and I want to not work forever, we have good pensions, so retire, teach yoga or whatever.’

Work and employment now become instrumental, to allow subjects to retire early, or to take up part-time or mobile work with other creative activities such as book-writing, pottery, or counselling carried out alongside. Subjects no longer need to pursue permanent, full-time work in order to afford a mortgage for a house large enough to accommodate children. New sources of income and ways of living become possible. For instance, Bhavna describes her plans to pursue short-term employment contracts alongside ‘putting her house on Airbnb’ and ‘just going travelling’ with her partner:

‘where everybody else is starting to think about, you know, university fees and school runs and so forth, we’re hopefully going to be island-hopping somewhere, picking up short-term contracts, and, you know, if we’re, if we’re opting out of the kid thing then it opens up a whole new world that probably we didn’t consider before.’

Far from being tied more tightly to work environments, childlessness releases subjects from the constraints of everyday employment. The childless worker here is not more

but less committed to and available for work tasks than those with children and care duties. The constructs of children and family that had provided a rationale for continuing in employment and for sustaining a work identity now as absence undermine this identity. In the next section, we summarise and discuss the implications of our analysis.

## **Discussion**

Our analysis highlights how subjects discursively construe and respond to identity threats that shift over time in the ongoing interplay between work identities and desired identities of parenthood. The discursive negotiations in this interplay point to the significance of parenthood in some subjects' lives and to how preferred selves and identity threats are drawn from competing discourses around pregnancy and parenthood. Our analysis suggests the theorising around the potential for maternity should be extended in two ways: firstly by contextualising it within a longer life-course timeframe, and secondly by showing its significance as embodied absence. We elaborate on these points in turn.

### *Potential parenthood: a pronatalist, chrononormative context for work-life*

The discursive strategies for managing identity threats in our study highlight how fertility journeys intersect with work-life over time: as future potential, deferring parental identities in favour of securing a work identity at early career stage; as present potential, in complex struggles to combine but separate a parental identity alongside work and employment; and as past potential, rejecting work identities alongside parental identities, after hopes for parenthood have been unfulfilled. The potential for maternity should not be interpreted simply in the light of the negative workplace impacts that employers must seek to manage during women's childbearing years. It should be additionally interpreted as contextualising those workplace impacts in a longer life-course time-frame: for women for whom parenthood is desired, an agentic anticipation that shapes plans for future work-life

and career, and then as a fulfillment or unfulfillment that subsequently shapes the significance and subjective meanings of work and employment in relation to family-formation and support.

Our study shows not only how women face penalties for their association with the potential for maternity, but also how women who achieve pregnancy can be praised within a pronatalist, heteronormative and *chrononormative* (Riach et al, 2014) discourse that valorises parenthood, takes for granted its importance and desirability, and prioritises family rather than work. It offers identity resources whereby female work identities can be consolidated and strengthened by emphasising agency, resilience, capability, naturalness and normality set against traditional family narratives where women bear children at a particular reproductive life-stage, and where women's careers are still optional and a matter of 'choice'. Here the potential for maternity should not be theorised as the source of identity threats at work but as a point of resistance to work, where the source of identity threats is reversed. Work identities push women in their most fertile years of life to delay pursuing plans for a family. Employment interferes with their practical abilities to engage with fertility investigations and treatment. From this perspective, women who desire motherhood but who struggle to bear children expose themselves to blame if they appear to have prioritised work and career over the pursuit of family. Career thus becomes a construct to reject.

In our study the potential for maternity becomes unfolding and uncertain over time, and is negotiated between competing discourses where on the one hand pregnancy and parenthood pose identity threats to work identities, and on the other hand they are assumed as natural, biological, gendered constructs that organisations must accommodate. Those struggling with complex fertility journeys do not neatly fit the identity of the childless 'ideal worker' unencumbered by concerns about parenthood; but neither do they fit the parental

identities associated with the clear, linear rites of passage of pregnancy, childbirth and childcare.

*Potential parenthood: too close and too far from the maternal body*

Secondly, the potential for maternity should be theorised as significant in terms of an embodied absence, as *non*-potential. This moves the debate around identity threats away from the employed maternal body as the (anticipated or achieved) outcome of the potential for maternity and brings into closer focus the employed childless body as it is negotiated between the two competing discourses.

Identity threats for female childless bodies may be generated paradoxically by being too closely associated with the maternal body and by being too distantly associated with it. On the one hand, women trying to realise their potential for maternity in complex fertility journeys face identity threats from having too close an association. They face similar insecurities to those faced by women in their first invisible trimester of ‘natural’ pregnancy. They may struggle to keep their mind focused and body performing on the work tasks in hand in ways that are associated with the employed maternal body. They may possibly be even more closely aligned to the mythical (Gatrell, 2011a) perceptions and fears of employers about reduced productivity, commitment and availability to work than those expectant or new mothers who have achieved their potential and are coping well with their maternal bodies. Yet they are not unambiguously protected by equality legislation nor necessarily supported by organisational policy on pregnancy and maternity. In this sense, they are too far removed from the maternal body. In order to seek support from employers, they must disclose their desire for parenthood before securing pregnancy. They then risk the stigma of the potential for maternity, may find that only limited support is forthcoming, and may still fail in their identity transition to expectant mother.

The emphasis on absence also helps to highlight issues for male (heterosexual) and female (same-sex) ‘non-carrying’ partners who are even further removed from the maternal body. As Lucas and Buzzanell (2006) point out, how ‘family’ is defined creates assumptions about who counts in organisational policy terms and in what ways. The positioning of non-carrying partners in both of the competing discourses is arguably that of breadwinner, putting work before family. Within pronatalist discourse, HR policy may recognise a limited role for men associated with reproductive biology at pre-conception stage. Once parenthood is successfully accomplished, it may still be difficult for fathers to account for workplace impacts - for example, the need to take leave to tend to young sick children – yet organisation policy is now starting to move to make it easier (e.g. see House of Commons Women and Equalities Committee, 2018). Meanwhile, where there is an absence of family, where there is no embodied connection to the maternal body, non-carrying partners’ supportive social role to partners is discounted and their own preferred self-identity as parent is rendered irrelevant (see Hadley, 2011). In this context, childless workers may not be closely aligned with an identity of committed and available ‘ideal worker’; they may just find it harder to claim pregnancy and parenthood as a reason that validates any impact upon their work-life.

### *Research and policy implications*

The competing discourses around pregnancy and parenthood - as problematic for work and employment, but also as valorised and natural – raise many research questions in relation to the intersections between work and complex fertility journeys. For instance, they prompt questions around future employment protections for carrying women at pre-conception stages of fertility journeys; the work and employment-related impacts of ‘unnatural’ identity transitions to parenthood outside of chrononormative narratives, for single women, same-sex couples, and including trans men and women who are not covered in our study; possible alternative versions of preferred selves and identity threats set outside of

the largely middle-class context of professional career; and lastly, as workers fail to become parents, how narratives of identity growth (Petriglieri, 2011) and/or restructuring operate to discard and transform previous meanings of parenthood, work and employment.

Moreover, HR and EDI managers may wish to explore the extent to which organisational policy and practice to support pregnancy and parenthood at work are underpinned and triggered by taken-for-granted ‘natural’ assumptions concerning the successfully accomplished maternal body and reproductive biology. There may be assumptions about relevant bodies, timelines, and support needs that are insensitive to workers struggling to achieve parenthood, and that generate unintended effects and inequalities.

### **Concluding comments**

In closing, we note that parental identities are acquired rather than ascribed (Petriglieri, 2011). The *unsuccessful* acquisition of parental identities has only recently started to be explored in scholarship on gender, work and employment. Our analysis contributes to this body of scholarship. We do not seek to undermine or diminish the significant challenges that still arise from the successful accomplishment of pregnancy and parenthood. Instead, we highlight additional challenges for those who desire pregnancy and parenthood but who are failing or have failed in this identity transition.

Our specific theoretical contribution is to extend theory on the potential for maternity by pointing out the significance of pregnancy and parenthood as an absence that shapes working lives across a longer life-course timeframe and across a wider range of subjectivities. The concept of potential parenthood points to preferred self-identities that are not achieved but that nevertheless have impacts upon, and implications for, work and employment. The concept picks up the conflicts between one discourse that treats the

potential for maternity as problematic at work and another that positions it as socially and culturally desirable and normative, where the maternal body is celebrated and accommodated. It points out how identity threats arise also for and from the employed 'non-reproductive body' (Cervi and Brewis, 2021) in comparative proximity and contrasting distance to the 'natural' employed maternal body.

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<sup>1</sup> [www.tommys.org/baby-loss-support/miscarriage-information-and-support/miscarriage-statistics](http://www.tommys.org/baby-loss-support/miscarriage-information-and-support/miscarriage-statistics), accessed 10 Dec 2021.

<sup>2</sup> See [www.who.int/health-topics/infertility#tab=tab\\_1](http://www.who.int/health-topics/infertility#tab=tab_1) (accessed 10 December 2021) where the WHO defines infertility as a ‘disease of the male or female reproductive system defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse.’ The organisation also acknowledges multiple definitions of infertility that include the social infertility of same-sex couples and single people.

<sup>3</sup> Guidance from the UK Equality and Human Rights Commission (EHRC) advises that, unlike for antenatal appointments and care, there is no specific protection for time off for fertility treatment on the grounds of equality legislation, and it should be treated as any other medical appointment. The same EHRC guidance recommends that a woman undergoing IVF should be treated as being pregnant after fertilised eggs have been implanted (commonly referred to as ‘pregnant until proven otherwise’, PUPPO); and if the implantation fails, the protected period during which a woman must not be treated unfavourably ends two weeks later (the same as for miscarriage). However, fertility organisations such as Fertifa (see [www.fertifa.com](http://www.fertifa.com)) advocate that a woman undergoing fertility treatment should also be protected during the period of egg collection based on potential sex discrimination relating to handling of sickness absence: grounds for discrimination would require comparison to a male employee. See [www.equalityhumanrights.com/en/managing-pregnancy-and-maternity-workplace/faqs-employers/employers-obligations-during-pregnancy-ivf](http://www.equalityhumanrights.com/en/managing-pregnancy-and-maternity-workplace/faqs-employers/employers-obligations-during-pregnancy-ivf), last updated in 2016 (accessed 10 December 2021).

<sup>4</sup> See the 1984 UK Department of Health & Social Security Report of the Committee of Inquiry into Human Fertilisation and Embryology, chaired by Dame Mary Warnock and commonly known as the Warnock report. For example, the report shows clearly the way in which IVF was initially framed around heterosexual married couples (1984: 10-11).

<sup>5</sup> Donor IUI is a clinical procedure where sperm from a donor is placed into the uterus using a syringe and catheter.