



## Equality Talks Podcast - Transcript

### Episode 8: Pregnancy loss support with Samantha Payne

Equality Talks. Brought to you by Work 180. Where we discuss how to finally put an end to workplace discrimination. Let's talk about what it really takes to succeed, what people are doing to drive equality and what can still be done.

Samantha Payne has a vision to create a world where all pregnancy losses are met with empathy and understanding, and a pregnancy loss is validated as real grief. With the Pink Elephants Support Network, Sam and her team are aiming to become the leading, most trusted research based support service for those experiencing early pregnancy loss, through championing positive change for greatest social impact. Samantha's proudest moment personally are with her children who make her heart surge every day. Professionally her proudest achievement are the messages of thanks she gets from women who would otherwise have nowhere to turn for support. So Samantha, I'm so excited to be talking to you today, this is such an important topic and welcome to Equality Talks.

Samantha Payne:

Awesome. Thank you for having me, I'm really excited to be here.

Samantha Sutherland:

Yeah, I'm really excited to talk to you. So I was hoping that you could start with talking about your personal mission and the Pink Elephants Support Network and how that all fits together.

Samantha Payne:

Yeah, sure. So around four years ago, I experienced my second loss in less than six months and it was devastating. It knocked me for six. I experienced terrors throughout the day, I had huge anxiety, panic attacks. When I tried to sleep, couldn't fall asleep, and during sleep would have nightmares and I was absolutely broken. And I tried to reach out and find support and there really just wasn't anything. There was nothing there for me to go to. There were some charities that offer some later term loss support, and whilst that's amazing, it wasn't resonating with me. It wasn't the experience that I felt I was having. So I really struggled. And then thankfully I met Gabbi who's the co-founder of Pink Elephants via a mutual friend and via an anonymous post on Facebook. And we had a coffee and she was there for me. And it was the first person I sat down with who understood the fear that I was facing about trying to have another baby.

Samantha Payne:

We already had a two year old at this point and that I would have two losses in six months. And what did that mean for me? What was my future going to be like? I had this huge lack of control, which is really

difficult because we've spent all of our lives, if you think about you go through university, you get your degree, you go traveling, you get a great career, you settle down, you get married, you buy a house and then you're meant to just have babies. And sometimes it just doesn't work like that. So it's a first point in a lot of our lives where we have this real lack of control. And I was really struggling to come to terms with that. And I didn't understand it that way until I had a chance to meet with Gabbi. And through Gabbi being there for me, she was basically my peer support.

Samantha Payne:

We decided there and then that there needed to be a support network. When we started to look into this and we thought we'd create a Sydney support network up. And then as we researched, we found that this was a huge problem. That one in three women in Australia will experience an early pregnancy loss prior to 12 weeks. And that there really was no specific support network for them. So we set upon creating the Pink Elephants Support Network. And our mission is that no one walks the journey of early pregnancy loss alone. And we've come a huge way in the last four years. It's very different to probably how we imagined it, but we couldn't be prouder of how far we've grown and the different kinds of support that we're now able to offer. We're currently probably impacting around two and a half thousand women and their partners a month through utilizing different variants of our peer support model.

Samantha Sutherland:

Can you talk a little bit about what that peer support model looks like? How does it kind of actually practically operate?

Samantha Payne:

Yeah, sure, absolutely. So we offer different levels of peer support. So first and foremost, we have our emotional support literature. And this is really important in the early days because we identified that the majority of women like ourselves were leaving appointments where they'd been told they'd lost their baby, empty handed, with nowhere to turn. And it feels like nobody's there for you. It feels like nobody cares that this is happening to you. So we set about writing a whole host of resources, which are there for you when you need them to be there. And that's our sorry for your loss resource, our partner support resource, our supporting a friend. And these are all available for free to download via our website. But we also basically push them out to all early pregnancy assessment services nationally and to GP surgeries nationally as well, to again, offer a woman when she's leaving, at least a pack of resources, but when she's ready to, she can turn to them and then that gives a referral pathway back to the Pink Elephants Support Network.

Samantha Payne:

And then our support network has lots of different ways that you can access peer support. And we're all different. So we have our online community and these are really safe, nurturing, private group where you can connect with other women who've been through loss. And we have a miscarriage support group. We have a preconception group. So that's when you're thinking about trying to conceive again. But obviously that comes with a different level of fear because what if I go through this again? What does that look like? Am I strong enough? And so we have a really supportive community around that. And then we also have a pregnancy after loss community because as you can imagine, those of us that are fortunate enough to fall pregnant again, the pregnancy doesn't cure the anxiety, it actually heightens it because you're terrified that you're going to lose the baby that you now have.

Samantha Payne:

So that's again another supportive and nurturing community. And then in addition, just over two years ago, we also launched our personalized peer support and that's whereby we give women a connection to another woman who's a Pink Elephants peer support ambassador. That woman's been through loss many years ago, and now has the ability to give back and to support other women on their journey and basically just to offer them empathy and understanding and a meaningful connection with someone who totally gets it and can be there for you. And any woman's eligible for six free phone sessions with one of our ambassadors, and they get the same ambassador so there's continuity of care as well. And that program has been really popular and we're currently looking at ways that we can deepen that and scale that in different ways. So we've got quite a few different peer support angles.

Samantha Payne:

We also run a work place program. So we identified that a lot of our women were struggling with support in the workplace. And it's a really difficult conversation to have with a manager or with your HR to let them know that you're trying to conceive and that you're not sure how this impacts you and that you may have lost a pregnancy at that stage. And it's just so many different things to this. So what we decided to do was run education and awareness, basically training sessions with workplaces, and they've been really well received so far. So we're excited about growing that program this year as well.

Samantha Sutherland:

Amazing. One of the things that's really struck me through everything you've just said there is that there are, I think a number of things that happen to women during our lives that are things that happen to lots of women and therefore the impact of it is kind of discounted. So if you think about pregnancy itself is actually a huge burden on the body and it's exhausting. And because so many women go through pregnancy and often multiple pregnancies, it's kind of, you're just meant to go to work and carry on as if nothing's actually happening, even though it's a huge change to your body and your life, like everything about it.

Samantha Sutherland:

And then menopause is another example where every woman goes through it at some point, and it's just kind of invisible. It's not really a thing that's particularly well supported in our workplaces or socially and emotionally. And then this is such a great example another time when that happens, because early pregnancy loss is pretty common. And so I think it's common that doctors and medical professionals are like, "Oh yeah, that just happens. That's one in five that it will happen too, and so you're fine." And off you go. But actually you've really found a place where we know it impacts us and you're actually doing something to support that.

Samantha Payne:

Yeah, absolutely. You've hit the nail on the head. This is a women's health issue. Miscarriage has been silent for such a long time now that it's something that you just get on with and that you accept that it's an issue that as a woman you face and therefore don't moan about it, at least you got pregnant or at least you know you can get pregnant or at least it happened early. And we're told all of these awful things that minimize our grief and minimize the impact. And they make you feel like you're going crazy for feeling as bad and as awful as you do for going through a miscarriage. And that is so, so damaging and harmful. And these are the types of conversations we're often having as an advocacy organization

with our communities outside of those that have gone through loss and with workplaces and with health services.

Samantha Payne:

Because it's really important that we step up now and we recognize the direct link between pregnancy loss, fertility challenges, and trauma. These are issues of trauma for many women. So there's been some recent research published by professor Tom Bourne in the UK at UCL and that's all around the experience of women nine months after experiencing an early pregnancy loss will still have clinical symptoms of anxiety and trauma, so, PTSD. So it's no longer okay for us to be made to feel like we need to put up and shut up with a women's health issue. And I think part of the reason we've been really successful is that we are advocating for women's needs outside of the support that we offer. That we're advocating for legislative change to protect women who go through early pregnancy loss and to validate it as bereavement. And part of it is also the advocacy work we do around educating those around women who are experiencing this heartache. That it isn't as simple as just getting over it.

Samantha Payne:

And grief isn't linear. One week later, you don't feel okay. One week later you can potentially put a brave face on it and return to work, but that doesn't mean that I am not grieving the loss of a baby that I thought I would have in my arms in the next six to nine months. So I think many women's issues now on the back of the Me Too movement are coming forward. And I think great, absolutely. We need to have open and honest conversations. We need to create awareness into the true impact. We need to educate everybody around this. This is not just an issue for women. This also impacts their partners, impacts their parents as future grandparents. It impacts our workplaces because think of your team morale when somebody is going through something so difficult, what is the impact in the workplace with things like presenteeism? We know that this has huge and wide and a massive reach. So with us all coming together collectively to address this issue and to offer the right support, we can then help people, genuinely help people who are going through this.

Samantha Sutherland:

One of the things that contributes to it I think is that women also don't necessarily talk about their early pregnancy loss. Late pregnancy loss is a bit different because it's more visible that's something's happening before you lose the baby. But why do you think that is that we don't talk about it more?

Samantha Payne:

Again, it comes back to out of date values that still are in place culturally around the 12 week rule that you're not meant to share a pregnancy until you're at least 12 weeks because it's not safe. And all that does is it tells the woman that then if I have a miscarriage, I shouldn't share that news either. And that was the whole point in that 12 week rule.

Samantha Sutherland:

Yeah, I've always thought that too. So the 12 week rule is because it's risky in the first 12 weeks, you might lose it. And also because a lot of women do the genetic testing and they might decide to terminate the pregnancy at 12 weeks. But I've always thought, well, in either of those scenarios, I still am going to need support around me and so it would be better to tell my friends and then they can support if something happens in either scenario as well.

Samantha Payne:

And that's what we advocate for. So we advocate for personal choice. We are not saying that when you go through this, you need to announce your pregnancy at five weeks with the lines on a stick. That's your choice if you want to do that. But we also understand that not everyone wants to do that. So for example with my fourth pregnancy, before I was pregnant I was like, I'm going to tell everyone the day I'm pregnant. And then I fell pregnant and I was paralysed by fear and I couldn't tell anyone. And it took me a whole day to even tell my husband that we were pregnant again because I was in denial. I didn't want to be pregnant, but I wanted a baby. It was really, really difficult for me. And we know that many of our community feel that, particularly our pregnancy after loss community.

Samantha Payne:

But what we're also saying is actually the 12 week rule is out of date because it's completely this arbitrary number from around the day when we used to have scans at 12 weeks. A lot of women now have early dating scans. And there's also a lot of evidence now that say that miscarriage is greatly reduced, the rate of you having a miscarriage, to less than 2% if you have a scan at eight weeks to the heartbeat. So the 12 week rule doesn't even make sense anymore in the society that we live in. So we need to do away with this 12 week rule, we need to advocate that women should share with their immediate circle of support so that if something does go wrong, they've got a friend or a loved one, have their back through there.

Samantha Payne:

And if they want to share further than that, absolutely go for it. It's completely up to you what you do. But again, it comes down to personal choice and identifying that we're all different and we're all comfortable with different levels of that. And what does that look like? Not one person should feel that they have to be quiet and hold a pregnancy secret for 12 weeks, because of the 12 week rule. Because that really is so out of date.

Samantha Sutherland:

Yeah. Yeah. And in my own personal experience, which is related but different, is that I've had postnatal depression. And when I got it, I was like, well, I cannot manage anybody else's emotion around this right now. And so I found it easier to talk about it and say, "I have postnatal depression," so that people didn't make up some other story about why I was behaving the way I was behaving. And when I did, the number of people who said, "Oh my gosh, me too." "Oh, I have it too." Or, "I got it too when my baby was small." But I just never had any idea about until I started shouting it from the rooftop. And so it is helpful I think when you have some people who, for whatever reason, feel comfortable to talk about their experience of whatever they're going through, be it early pregnancy loss or postnatal depression or anything. And then I think many other women then even if they don't want to tell anyone else, can connect with that one person who feels comfortable talking about it.

Samantha Payne:

Yeah, absolutely right. You need to have that one person. And that's why I talk about this being any women's health issue, and postnatal depression is certainly one of them. And my own journey was similar. I ended it with postpartum anxiety after I had Johnny and I know directly the correlation to it for me was the suffering the losses and not having the support through those that then meant in my next pregnancy, I was so anxious, but I put a brave face on it and pretended I wasn't. And it's difficult, right? But it doesn't mean you don't need help.

Samantha Payne:

But I think that if you can find that one person you can have a conversation with, that one person can make a difference. That one person can truly help you to get through this. And then with that, then you can have the confidence. Once you've kind of let it out your head once and verbalized it, you get confident then to have another conversation with another person. And then you start to realize that actually people's reactions are really soft and nurturing and supportive. And very rarely do people say anything that's too much of a conflict that hurts you further. So by asking for support, you receive more support. But we know how difficult that is. We really do.

Samantha Sutherland:

Yeah. I was wondering if you could go back a bit to some of the stuff you talked about earlier, and I wanted to ask you more about the journey from meeting Gabbi and establishing that relationship with her and supporting each other, to actually founding Pink Elephant and some of the steps along the way, because I imagine it wasn't just a linear, "I know what we should do with this," and then you ended up with it.

Samantha Payne:

Yeah, no. It was really quick. I am a very fast person and I'm a doer. I'm not a talker. I mean, I can talk and I like to share what I do, but I'm very much just get things done. And I've always been that way in anything I've worked in. And we met for coffee and we said, "This will happen. We're going to create this support network." And then we literally just did one thing at a time. But I think the first steps were well, let go and ask some more women from our community. Let's find out what other people think about what support should be available to them. So we ran focus groups and we ran online surveys and we identified that so many women do feel alone through this and they were disappointed with the lack of support that they were offered. So we knew that was an issue. And we knew we were onto something.

Samantha Payne:

Then the research that we did when we read research papers was there's lots of research around why miscarriage happens, in the UK and it's incredible. There's not a lot happening here, and that's still the same now, four years later. So then we took that research and we said, "Well, what does this look like? What do our community want?" And we listened to all of the feedback and the comments that we had from our focus group and surveys. And we identified they wanted trusted and relevant information in one place. They didn't want to be searching via Google at three in the morning when they were experiencing heavy bleeding and cramping, losing their baby. They wanted that information to be evidence-based, but they wanted it delivered in a soft and a nurturing way.

Samantha Payne:

So they wanted it to feel like someone actually cared that they were going through this. They didn't want the language that you hear in hospital like ERPC, which is evacuation of remaining product of conception. Because if you just stop and think about that, to the woman who's just lost her baby, I'm not okay with you referring to it as a product of conception. So we took all of this information and we began just writing resources. I'm really good at just talking them out and then Gabbi's background is a copywriter, would craft them into amazing content, and it still to this day resonates beautifully. And then we had help from a graphic designer who helped to bring to life. And we were really, really, really adamant that we wanted our website to be beautiful, soft, and nurturing. And we wanted our branding to give women a virtual hug when they need it most.

Samantha Payne:

So we spent a lot of time on that, which is not something a lot of charities do spend a lot of time on, but we knew for us that that would be a key differentiator. And then once we had all of our content mapped out and planned and we were beginning to work on that, we then looked at, well, what's the structure of this? What are we? Are we a social enterprise? Are we a company or are we a charity? And we knew that we didn't want to profit from loss. We knew that that felt wrong and icky, and that just didn't sit well with us. So we decided that charity felt right. We felt like we were going to help a section of the public who are in need. And that by charity status is a PBI.

Samantha Payne:

So we began the long and hard road. It took us over a year to achieve charity status. We actually got it the same week that my son was born who's my little rainbow baby after loss. So it kind of felt like everything worked out exactly when it needed to and was meant to. And then we started to build the community. We started to push out via social media what we were trying to create, why it was so important, what our resources could help with. And then we started to look at how we attract health service professionals and engage with them and offer them because we identified that, yeah, this is an area that's overlooked and it's under supported, but it's not the GPs responsibility and it's not the nurse's responsibility to provide aftercare, to provide emotional support. There should have been a charity that existed. We shouldn't have had to do this, but it didn't, and so we were.

Samantha Payne:

But it meant that we needed to work with health services and ensure that they understood that we were a trusted evidence-based and clear referral pathway. That took years. That's still ongoing now. We supply all of New South Wales public hospitals at the moment. We supply around eleven in Queensland. I think about five in Victoria and lots of national, rural and regional hospitals as well. That took a lot of time. That's literally picking up the phone and speaking to every single nurse unit manager saying who we were, what we were trying to do and can we send you some resources, have a look at them, give us some feedback and then if you want, we will then print and distribute them to your hospital for you to pass to patients. We now have a clinical liaison officer and that's her part-time job. That's all she does for us because it's such an important part of the work that we do. Because if we can't find the women who are going through this, how are they meant to find us?

Samantha Payne:

Then we also looked at things like marketing. How could we reach people online via social media, by email campaigns, all of that kind of thing. And what we found at that point, we were actually having amazing organic growth. That everyone was tagging us and sharing with their friends and this organization exists. And it felt like women were finally being offered what they deserved and needed, so therefore they shared it with all of their friends and that was beautiful for us. And that's really helped us to grow and that's still today is one of the best ways that people can find us. So, yeah, we've been four years now, it's been such a steep learning curve. If you'd have told me that we'd be running a national charity that supports thousands of women each month, I don't know whether I would have embarked on it the same way, or you look back and just go, "Ahh." But no, we're really lucky to be where we are.

Samantha Sutherland:

And alongside the amazing word of mouth growth and the feedback you've received from the women that you support, you've also actually had some pretty impressive more formal awards that you've won as well. Can you talk about them a little bit?

Samantha Payne:

Yeah, sure. It still feels quite weird. So this all happened last year, which would have been year three of operation. We had what I like to refer to as the trifecta in one year and it's incredible, gave me goosebumps. So basically we started with a nomination for a Telstra women in business award. And I remember when it came through my email and I was like, who's nominated us for that? I was like, no chance. And kind of just ignored the email. Then I got another email saying, you need to fill in this application form. And I looked at it, I was like, I'm not doing that. That's 20 hours, I don't have 20 hours. And then I started to look again. I was like, maybe I should.

Samantha Payne:

So I had to look at it, I was like actually, this is actually really good because what it did, the application was evaluating where you are now. And we hadn't in two years at that point, two and a half years, hadn't actually stopped, reflected, and saw what we'd achieved. So I thought actually, no, at that point, I think it was like November time, so I was like, I'm going to do this. So I did the application and that was incredible because you realize then when you've come from nothing to something, but I submitted it thinking yep, we won't get anything, but it's been a win just learning all of that. And then we got through and we kept getting through and we won the New South Wales for purpose and social enterprise category of 2019. So that was incredible. Such heart-warming and validation that we're on the right track and we're doing the right thing. And then a little bit later, last year, we applied for a grant with AMP and we also were announced as an AMP tomorrow maker, meaning that I was someone changing the future for Australians.

Samantha Payne:

They gave us a significant grant, which has massively helped us to hire staff this year and turned some of our volunteers into paid roles, which is incredibly rewarding. And then at the end of last year, but we couldn't announce it publicly until February this year, I was really fortunate to also secure a Westpac Fellowship and that's a social change fellowship. So I've been connected with an amazing cohort of individuals running social enterprises, charities, not-for-profits, all making a difference within Australia. And each of us have received a grant for \$50,000 to travel the world and take part in amazing leadership courses and meet all the lead researchers in our field. I was meant to do that in the next couple of months, and that's now on pause thanks to COVID, but they have extended it and we can take the travel part of our fellowship next year. So just incredible acknowledgement at the hard work I think is where we feel all of those awards have come from. And we're really grateful for the opportunities that each of them are presenting for us as an organization.

Samantha Sutherland:

What an amazing testament to the work that you've done as well. Really impressive. So one of the other things I wanted to ask you about was the fertility in the workplace program that you're now offering. And I wanted to hear a bit more about that. And I also have a question related to that about something you said earlier, which will probably come up during this bit of what you plan to tell me.

Samantha Payne:



Sure. So our fertility in the workplace program came around again from listening to our community and we kept hearing the same threads come up in our online support group for miscarriage around, how do I have a conversation with my boss around this? How do I speak to HR about this? What leave am I entitled to? Am I going to have to go back to the same day as having a procedure because I've run out of sick leave? Or, I don't know whether I'm eligible for any other type of leave? So we started to do our own research and we identified that legislation doesn't support people who are going through early pregnancy loss. Again, surprise, surprise, it's another issue where miscarriage has just been completely swept under the carpet and ignored.

Samantha Payne:

So, women who go through an early pregnancy loss are not eligible for bereavement leave at this stage. So if you have a manager and they choose at their discretion to give you bereavement leave, that's amazing, and some organizations are leading the way and they're doing that. And they're also putting it in their policy. We advocate for it being in policy, because it's really important that it's in black and white and that it's not at a manager's discretion because this is a validation that my early pregnancy loss is bereavement and I've lost my baby. So we work with organizations on policy change to advocate for that need. We're also leading a campaign across Australia called leave for loss, at the moment. And we had that featured in SPS last year in October. And it's all around the fact that fair work Australia, national employee standards need to step up and this is a legislative change that's needed urgently and critically.

Samantha Payne:

We've met with Christian Porters advisors and we're working with the industry relations minister's office to basically see what this looks like and what change is need legislatively. And a number of organizations are also supporting that movement, which is really exciting. But then our workplace program moves past policy because policy is one part of this, but it's not the only part. I talked a little about it earlier, but we need education and awareness into the true impact of early pregnancy loss. So we also host panel discussions whereby we'll have someone from within the organization who's been through loss who's willing to sit on a panel and share a bit of their experience. The reason we call it fertility in the workplace is we don't just cover pregnancy loss, we also cover assisted conception, IVF, treating families in different ways such as surrogacy. All the different and unique ways to becoming a parent are discussed within these panels and what kind of support people need in the workplace.

Samantha Payne:

And it could be a really simple thing like we actually need a fridge for our medicine, because I'm not comfortable putting my IVF medicine in a fridge with everybody else's lunch. Or I need a private safe space to take phone calls that may or may not be good or bad news. I don't want to be walking in an open plan office where it's hot seating, having to take information that's extremely sensitive. And I can't control when that call's been made because the IVF clinic can't either, because it's to do with hormone levels and results. So we need a safe space to take those calls. That's some practical things that often come out of the panels, but it's also around educating others on how they can support a colleague through loss.

Samantha Payne:

What kind of conversation can you have with someone in your workplace who's just suffered a miscarriage? What kind of conversation can you have with someone who's going through round number three of IVF, and really struggling? How can you emotionally support them and offer them empathy and

understanding? So we have lots of conversations around those as well. And then in addition to the panels, we have created a client portal of resources, which is video and written content, and far more resources designed for workplaces.

Samantha Payne:

And one of the resources for example is supporting a colleague and another resource will be a video designed for a manager to watch. Someone in their team's come to them and said, "I've had a miscarriage." That manager's got no personal experience, has no idea how to manage the situation or what to say, but wants to do the right thing. So they can log on, they can watch a two to five minute video, we've got a whole suite of different videos on different topics. And then they can feel empowered to have a meaningful conversation with the person on their team that they value, and a better understanding of what it means.

Samantha Payne:

We hear the word miscarriage, but I would put money on the fact that most people don't know that there's so many different types of miscarriage. It's not like the movies where you just start to cramp and bleed heavily and rush off to A&E. There's things such as a missed miscarriage, where a woman can feel very pregnant and can attend the 12 week scan and all of a sudden be told, "I'm sorry, there is no heartbeat." And they're obviously devastated because it's not the outcome that they expected, but then they would probably need surgical procedure to remove their baby. And what does that look like? Are they public, are they private? What's that journey like? So what we try and do is educate workplaces through our portal, through panel discussions and we advocate for the policy change. And so far, Commonwealth Bank of Australia, MinterEllison and Tabcorp have basically ran this program last year, which we've used a little bit of a test and see approach. And now we're looking at expanding that and looking at different ways to deliver it such as webinars as well.

Samantha Sutherland:

Yeah. Interesting. So one of my questions which you answered just at the end was who were the companies that are really leading with this? And then a follow-on question to that is, do you find that the people who are most interested in engaging with you and championing your cause and bringing you into the workplace are people who have empathy because of their own lived experience, or is it actually people-

Samantha Payne:

Yes.

Samantha Sutherland:

It is that. Yeah.

Samantha Payne:

Yeah. So we definitely find that people with lived experience reach out to us and say, "My manager handled this awfully, I didn't get any support." Or, "My manager did an amazing job of supporting me, but someone on my team said this." We get so many different, right across the spectrum. So again, it's the same approach as what we took with the health services. We're not saying that all workplaces need to have the answers to this, but what we're saying is we can provide the emotional support pathway and we can provide an education program, therefore we can mitigate some risk for you.

Samantha Payne:

So we've definitely listened to each organization, so Commonwealth Bank is extremely different to Tabcorp, just in terms of size and location of staff. But what we identified were very similar issues within smaller teams. It's like, well, how do we broach this subject as a whole and where can we host this information so that everybody can access it when they need it? And it's those types of things that we've worked through over the last sort of nine months of having this program running. So far we've just had nothing but great feedback, but also it's been cathartic for those people that did introduce us into their workplace because they were going through this issue and they felt unsupported. And now all of a sudden they're like, okay, this is working. I've had this support.

Samantha Payne:

So there's a beautiful story from, it wasn't the person who introduced us, but at Tabcorp they put the policy in place and they put access to the resources in place. And a week later, the HR manager got an email from a lady who'd used all of us sick leave up because she'd been extremely sick during the beginning of her pregnancy to the point where she was hospitalized with HD as well. She'd gone through years of IVF to have this pregnancy, and then at 12 weeks lost the baby. So for her to have access to bereavement leave that meant she wasn't going into negative sick leave, or worse still, had no sick leave back in the office when she shouldn't have been, it was life-changing to have that week at home to be able to grieve the loss of her baby and to know that then her colleagues had had access to the support material and were educated in what types of conversations were appropriate with her when she returned. And we got a beautiful letter of support around how the programs having an impact. Which is I think that's why we do this, right?

Samantha Sutherland:

Yeah, yeah. What an amazing story. So this links as well to the question that I kind of wrote down earlier and given everything you've said, I think I know what your answer is going to be, but I want to ask it anyway, which is, you talked earlier about having the conversation with your boss about if you are trying to conceive for example, and I wrote down, well, why would you tell your boss if you're trying to conceive? But why might you tell your boss you're trying to conceive or IVF or wherever you're at?

Samantha Payne:

Again, we advocate for personal choice in this and not everyone's comfortable with, but we hear from a lot of women that once they have had a conversation with a boss around the fact that they're going through assisted conception IVF, or the fact that they've had a miscarriage, then their workplace becomes far more understanding to their need at that time. And therefore they might be offered more flexible working conditions. They might be offered remote working. Depending on everyone's jobs is totally different, it's not across the board, but at least there would be a level of compassion and understanding from the majority of bosses. We find that it's a scarier thought than in reality, most people react well.

Samantha Payne:

There is the sex and discrimination act from 1984, which protects people so that if you have a conversation with your boss around trying to conceive, around going through preconception issues, and you can't be discriminated against for further employment, or for further promotions. Most people don't know of that act and it's quite old, but it's there to protect you. So if you need it, it's there. So there really shouldn't be a fear around having these conversations. And we genuinely do see that most

people who have these conversations then are better supported. So what we want to try and do is help people to have those conversations in the right way.

Samantha Sutherland:

Yeah. Right. To get the best outcome and understand the best way to face things and stuff. Yeah. So one of my favourite kind of teachers is Brené Brown and she talks a lot about how we all make up stories to interpret things that are going on. And I think this is such a good example of that where, so if someone has had an early pregnancy loss and they're not telling anyone about it, but it's pretty likely that they're going to drop the ball a bit at work because of that, because they're grieving, and no one knows that they're grieving. Then they're like, well, why is that person not actually doing their job? Why is she going home so early? Why is she taking really long lunch breaks or whatever she's doing to try and manage herself. And they make up a story about it. It is very rarely going to be accurate. But once people know, then they stop putting that intention and stop creating a false story about what's going on. And as you said, I think it's easier to get appropriate support when people know what's happening.

Samantha Payne:

Absolutely. And I think that generally out there now in society, people are starting to talk about pregnancy loss more. We're starting to talk about different ways to building family and normalizing all of these experiences. And that's happening more and more. And therefore that means that the chances are when you express what's going on to your boss or your HR person, they are going to be supportive and they are going to be there for you. And then again it is very much the whole Brené Brown, what stories do we make up in our own head? I love that. And I know that we all do that. But then part of this, where we get to step in and help is, we can support HR and we can support managers, but we also support the women in our communities. When they ask a question around what type of conversation they can have, we can give them the tips around that. So everybody then is in the best place to have a conversation that will hopefully lead to better support.

Samantha Sutherland:

This has been a fascinating conversation about what you do at Pink Elephant. And also, I've really loved the conversation about the extension to the invisibility of women's medical issues. But one of the questions I like to end with, with these podcast conversations is if you could go back in time. So if you could go back in time 10 years to talk to younger Sam about everything that's on its way, what would you say to her?

Samantha Payne:

So difficult and powerful, right? 10 years ago, we'd just moved to Australia and I was living it up living in Bondi, doing whatever we wanted. So very different to right now.

Samantha Sutherland:

Life is about to change.

Samantha Payne:

Exactly. I think that would probably be it, right? I think it would be, you're stronger than you know you are, and that a lot of stuff will get thrown at you, but you are resilient and you can get through this and that change is a good thing. Because I've changed and grown so much since my losses. And it's not something that you want to hear when you're in the depths of grief. Absolutely not. But the gifts that

I've been given is that I no longer see things as black and white and that we're on a spectrum and that we're all working through whatever we're working through. And I love the term sonder and that we can all do better at this. We can sonder the understanding that every single person you connect with is dealing with their issues and that something is going on for them right now. So how can you give them the space, the connection and the empathy to be there for them as well? And I think that's, yeah, definitely a conversation that is needed more.

Samantha Sutherland:

I really hope you enjoyed today's chat. If you can help us spread the word by giving us a review on iTunes that helps even more people find Equality Talks. To find out more about our mission, check out current opportunities with Work180's endorsed employers. And to read and listen to more inspiring stories, please head over to [work180.co](http://work180.co). That's [work180.co](http://work180.co). See you next time.