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Workers' Perceptions of Hazardous Work Environments After Miscarriage or Stillbirth and Policy Challenges

Abstract

◎ Although many female workers experience miscarriage or stillbirth in the workplace, only a very small number of cases are recognized as industrial accidents. Despite the laws and systems designed to prevent miscarriage and stillbirth and to provide protection and support, they often fail to function effectively in labor settings, and discrimination and inequality persist depending on worker characteristics.

◎ International conventions, such as those of the United Nations (UN) and the Occupational Safety and Health Convention by the International Labour Organization (ILO) emphasize the need for measures to ensure that pregnant workers do not suffer pregnancy loss due to hazardous and dangerous workplace conditions and to protect reproductive health.

◎ To date, there has been a lack of research that examines the actual experiences of female workers who have suffered miscarriage or stillbirth in the workplace and derives necessary improvements. Therefore, this study proposes labor health policies to help female workers maintain safe and healthy pregnancies in the workplace and to protect and support those who have experienced miscarriage or stillbirth.

KWDI Issue Paper

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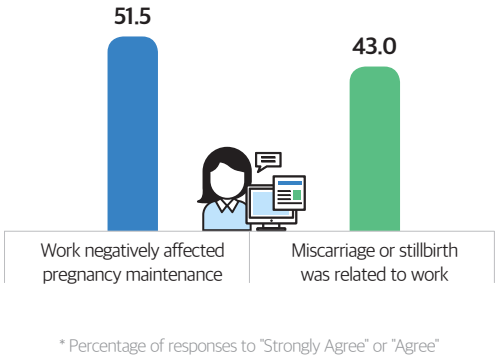
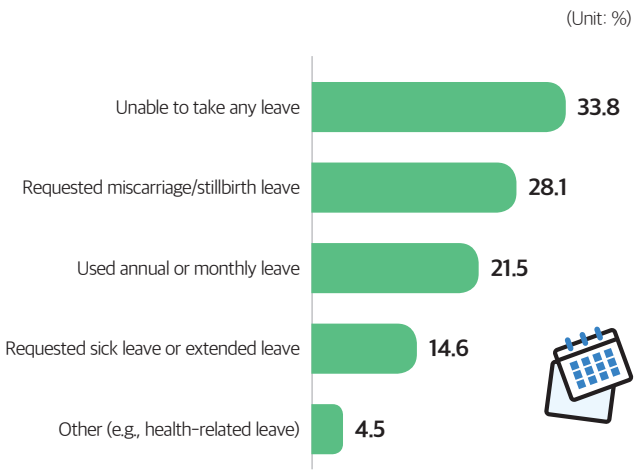
Perceived Negative Impact of Work on Pregnancy Maintenance and Perception of Its Association with Miscarriage and Stillbirth



Types of Leave Requested at the Time of Miscarriage or Stillbirth*



Note: Responses are based on female workers who experienced spontaneous miscarriage or stillbirth.
* : Multiple responses included.

Research Findings

Necessity and Purpose of the Study

According to recent data from the National Health Insurance Service, over the past decade, the proportion of natural miscarriages and stillbirths (hereafter referred to as miscarriage and stillbirth) relative to the number of births has exceeded 30%. The absolute number of miscarriages and stillbirths has decreased due to declining birth rates and a reduction in the number of marriages and births, and the proportion occurring in the workplace follows the same trend. However, the proportion of wage workers among all miscarriage and stillbirth cases has continuously increased, reaching nearly 60% in recent years. Despite this, only ten cases have been officially recognized as industrial accidents, an extremely low number. This suggests that miscarriages and stillbirths experienced by female workers are perceived as personal issues rather than workplace-related incidents.

The Occupational Safety and Health Convention by the International Labour Organization (ILO) establishes a fundamental principle that workplace risk factors should be minimized to prevent workplace-related accidents and health damages. The Maternity Protection Convention further emphasizes that pregnant workers should not be assigned tasks deemed harmful or significantly risky to their health. Current laws such as the 『Labor Standards Act』, 『Equal Employment Opportunity and Work-Family Balance Assistance

Act』, 『Employment Insurance Act』, and 『Occupational Safety and Health Act』 include provisions to protect pregnant workers from hazardous conditions in the workplace, support female workers' physical and mental recovery after experiencing miscarriage or stillbirth, and provide economic stability. However, in practice, various issues arise in the process of applying for and utilizing these support systems in the workplace, as well as after returning to work, including discrimination, inequality, and disadvantages.

- Employers must ensure that female workers who have experienced miscarriage or stillbirth can access medical services promptly while safeguarding their privacy. They must also recognize that recovery and return-to-work timelines vary among individuals and provide necessary accommodations and support. Failure to do so may lead female workers to resign. Furthermore, due to social stigma and prejudice surrounding miscarriage and stillbirth, many workers are unable to receive understanding and support from colleagues, making it difficult to take leave after miscarriage or stillbirth. As a result, they remain exposed to hazardous and dangerous environments, exacerbating their physical and mental health conditions.

- To date, there has been no research specifically examining the workplace conditions faced by female workers who have experienced miscarriage or stillbirth. This study, therefore, conducted a survey among affected workers to propose labor health policies that support female workers in maintaining a safe and healthy pregnancy at work and provide protection and assistance to those who have experienced miscarriage or stillbirth.

Key Survey Findings on Perceptions of Hazardous and Dangerous Work Environments Among Workers with Experiences of Miscarriage or Stillbirth

Survey Participants and Methodology

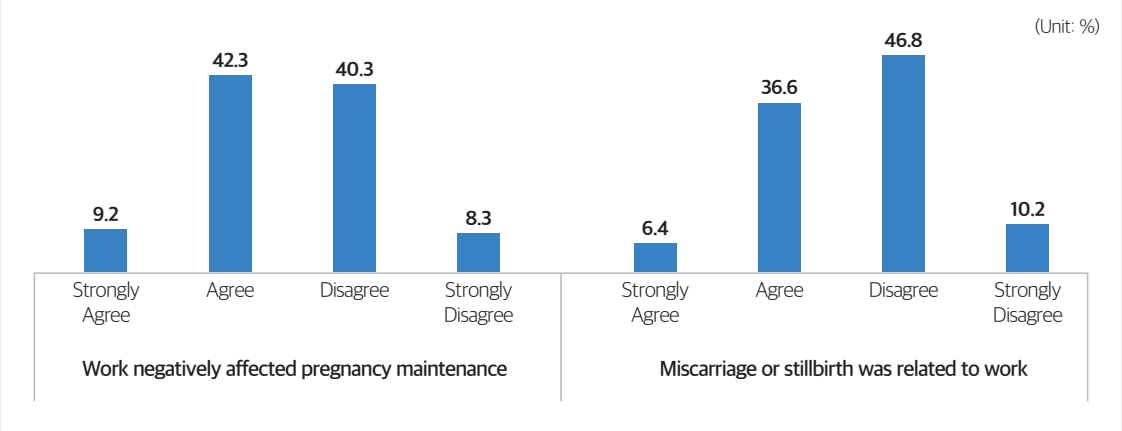
- (Survey Participants) Women who experienced miscarriage or stillbirth while working as wage workers since 2015.
- (Sample Selection) To reflect diverse labor environment characteristics, workforce size was used as the criterion for sample allocation (based on recent National Health Insurance Service statistics on miscarriage and stillbirth cases among wage workers).
- (Research Methodology) The survey was conducted online from July 14 to July 31, 2023, after selecting eligible participants through a professional research agency's Master Sample. A total of 859 respondents participated.

The major results regarding the perception on the negative impact of working hours and employment conditions on pregnancy maintenance, and its association with miscarriage and stillbirth, are as follows.

Perception of the Negative Impact of Work on Pregnancy Maintenance and Its Association with Miscarriage and Stillbirth

- (Perception of negative impact of work on pregnancy maintenance) 51.5% of respondents acknowledged a negative impact, while 48.5% did not.
- (Perception of association between miscarriage or stillbirth and work) 43.0% of respondents perceived a connection, while 57.0% did not.

<Figure 1> Perception of the Negative Impact of Work on Pregnancy Maintenance and Its Association with Miscarriage and Stillbirth



Note: Due to rounding, totals may not sum to 100%.

Labor Characteristics of Respondents Who Perceived the Negative Impact of Work on Pregnancy Maintenance and Its Association with Miscarriage and Stillbirth

- (Employment type) The highest proportion of respondents were in permanent positions, followed by non-regular positions and open-ended contract positions.
- (Occupation) Respondents were most commonly engaged in service/sales jobs, skilled and technical jobs/manual labor, and managerial/professional roles.
- (Industry) Over 65% of respondents were employed in the accommodation and food service industry, followed by the arts, sports, and related services industry, the information and communications industry, the healthcare and social welfare services industry, and the wholesale and retail industry.
- (Institution type) The highest proportion of respondents who reported that work negatively affected pregnancy maintenance were employed in domestic private companies and individual businesses, followed by government agencies and similar institutions.

- (Workforce size) Respondents in workplaces with over 1,000 employees had the lowest perception of a connection between work and miscarriage/stillbirth. Differences in perception were not significant across other workforce sizes.
- (Working hours) Respondents who strongly agreed that work negatively affected pregnancy maintenance or was associated with miscarriage/stillbirth reported the longest working hours.
- (Overtime, night, weekend, and shift work) Respondents who perceived work as negatively impacting pregnancy maintenance or linked to their miscarriage/stillbirth were significantly more likely to report that they 'always' or 'frequently' worked overtime, night shifts, weekends, or rotating shifts at the time of their miscarriage/stillbirth.
- (Flexible work arrangements) The stronger the perception that work negatively impacted pregnancy maintenance or was linked to miscarriage or stillbirth, the lower the proportion of respondents who reported being able to adjust their working hours through flexible work arrangements.
- (Break time) Respondents who strongly perceived that work negatively affected pregnancy maintenance or was linked to their miscarriage/stillbirth were more likely to report having less than one hour of break time at the time of their miscarriage/stillbirth.

Exposure to Hazardous and Dangerous Workplace Factors During Miscarriage or Stillbirth: Perceived Negative Impact on Pregnancy Maintenance and Association with Pregnancy Loss

Extent of Exposure to Hazardous Factors

- (Proportion of respondents exposed for most or more than half of their working hours) Among 'ergonomic factors,' 'sitting posture' was the most frequently reported exposure at 63.0%. The second most reported factor was 'repetitive hand or arm movements' at 51.3%. Other major exposures included 'direct interaction with customers, passengers, or patients' (a 'psychosocial factor') at 48.3%, 'fatiguing or painful postures' (ergonomic) at 30.8%, 'prolonged standing' (ergonomic) at 27.1%, and 'high noise levels requiring raised voices when speaking' (a 'physical factor') at 19.2%.

Impact of Exposure to Hazardous Factors on Pregnancy Maintenance and Its Association with Miscarriage and Stillbirth

- Among 16 specific factors across five hazardous categories, respondents exposed to 15 factors (excluding 'sitting posture') showed a higher perception that their work had a negative impact on pregnancy maintenance and was associated with their miscarriage or stillbirth.

Provision of Workplace Safety Training Related to Hazardous Factors

- (Rate of safety training experience) Among respondents who experienced exposure to at least one hazardous factor during work hours, only 57.7% reported receiving workplace safety (prevention) training related to hazardous factors.

- (Safety training experience by worker characteristics) Respondents who were more likely to have received workplace safety training included permanent employees, those with longer work experience, and mid-level managers or executives. Additionally, managers, professionals, skilled/manual laborers, and employees in industries such as manufacturing, professional/scientific and technical services, healthcare, and social welfare services were more likely to receive such training. Workers in public institutions, state-owned enterprises, and larger organizations also had higher rates of workplace safety training.
- (Association with pregnancy maintenance and miscarriage/stillbirth) Respondents who strongly perceived that work negatively affected pregnancy maintenance or was linked to their miscarriage or stillbirth were less likely to report having received workplace safety training related to hazardous factors.

Workload Management, Emotional Labor, and Experience of Working Despite Health Issues During Pregnancy: Perception of Their Negative Impact on Pregnancy Maintenance and Association with Miscarriage and Stillbirth

Workload Management and Emotional Labor

- (Workload management) Over 60% of respondents reported that, at the time of their miscarriage or stillbirth, they were unable to take breaks when needed, could not adjust their workload, and 41.4% stated they could not complete their tasks within regular working hours. The ability to manage workload was particularly low among non-regular workers, as well as service, sales, technical, and manual laborers. This challenge was especially evident in industries such as healthcare, social welfare services, and accommodation and food services.
- (Emotional labor) Among respondents who experienced miscarriage or stillbirth, 76.8% reported 'having to suppress their emotions while working', and 70.4% 'experienced significant work-related stress'. Additionally, 32.9% felt 'their job was not suitable for a pregnant worker', while 27.8% believed 'their work exceeded their physical capacity'. Emotional labor was particularly high among open-ended contract and non-regular workers, as well as managers, professionals, skilled/technical/manual laborers, and public servants. This was especially evident in industries such as education services, healthcare and social welfare services, wholesale and retail trade, and accommodation and food services, as well as in government agencies.

Perception of the Association Between Workload Management, Emotional Labor, and Miscarriage/Stillbirth

- (Perceiving that work negatively affected pregnancy maintenance) Respondents who disagreed with this statement (Strongly disagree) showed significantly lower ability in all three workload management factors compared to those who strongly agreed (Strongly agree).
- (Perceiving that miscarriage or stillbirth was related to work) Respondents who strongly agreed (Strongly agree) reported experiencing four emotional labor-related factors at significantly higher rates than those who strongly disagreed (Strongly disagree).

Experience of Working Despite Health Issues During Pregnancy and Its Association with Miscarriage/Stillbirth

- (Experience of working despite health issues and reasons) 80.8% of respondents reported that they had continued working despite feeling unwell or experiencing health issues during pregnancy. The primary reasons included: 'I was the only one who could do the job, or there was no replacement staff available.' (64.4%) and 'I felt pressured not to take leave or feared negative consequences for doing so.' (24.8%), and 'Due to my personal characteristics.' (10.8%).
- (Employment characteristics of those who worked despite health issues) The highest proportion of respondents who reported continuing to work despite health issues during pregnancy were in the healthcare/social welfare services industry (87.2%), followed by those in finance/insurance, information/communications, and accommodation/food service industries.
- (Association with pregnancy maintenance and miscarriage/stillbirth) The stronger the perception that work negatively affected pregnancy maintenance and was linked to miscarriage/stillbirth, the higher the proportion of respondents who reported continuing to work despite feeling unwell during pregnancy.

Awareness and Utilization of Miscarriage and Stillbirth Leave Policies at the Time of Pregnancy Loss

Gestational Age at the Time of Miscarriage or Stillbirth

- 72.3% of respondents experienced miscarriage or stillbirth at 11 weeks or earlier, followed by 18.6% at 12–15 weeks, 6.9% at 16–21 weeks, 1.7% at 22–27, weeks, 0.5% at 28 weeks or later.

Timing of Awareness of Miscarriage and Stillbirth Leave System

- 40.7% of respondents stated they were completely unaware of miscarriage/stillbirth leave system even after their loss. Another 34.5% learned about the system only after experiencing miscarriage or stillbirth, while 24.8% were aware of the system beforehand.
- The proportion of respondents who were completely unaware of miscarriage and stillbirth leave system was higher among non-regular workers, employees with shorter job tenure, and service, sales, and skilled/manual laborers. Lack of awareness was also more common among workers in the accommodation and food service industry, construction industry, and non-governmental organizations or corporations.

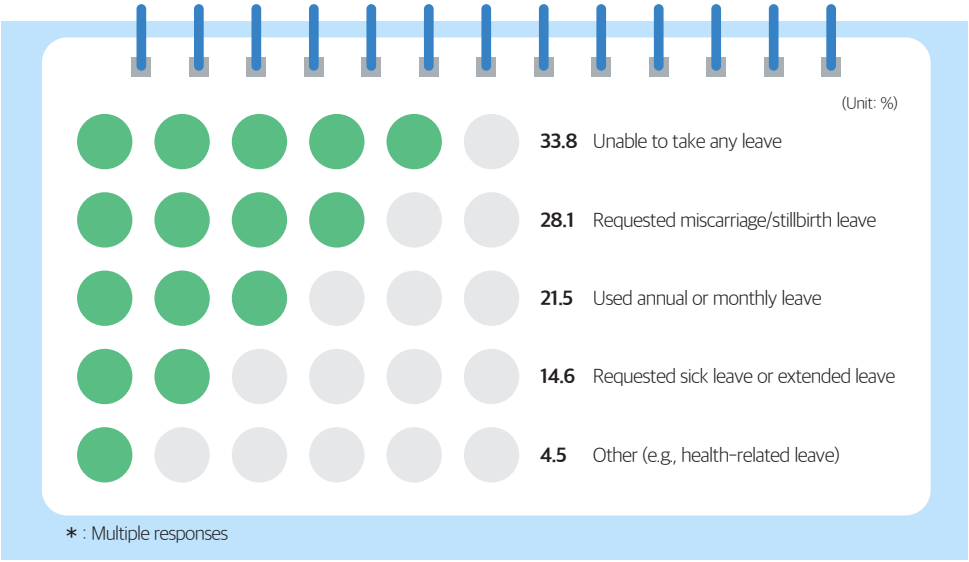
Application for Miscarriage and Stillbirth Leave

- (Application for leave) Only 28.1% of respondents applied for miscarriage or stillbirth leave. Among the remaining respondents, 21.5% used annual or monthly leave instead, while 14.6% applied for sick leave or extended leave. Additionally, 4.5% used other types of leave, such as health-related leave, and 33.8% did not take any leave at all (multiple responses allowed). The application rate for miscarriage and stillbirth leave was higher among permanent employees, workers with longer job tenure, higher-ranking employees, and those in larger organizations.

▶ (Application for the full legally mandated leave period) Among the 241 respondents who applied for miscarriage or stillbirth leave, 51.0% took leave for the full duration prescribed by law based on their gestational week at the time of loss. Meanwhile, 22.0% took leave for a period longer than legally prescribed, while 27.0% took leave for a shorter period than legally allowed.

▶ (Reasons for taking shorter leave than legally entitled) Among respondents who took less leave than legally entitled, 67.7% cited concerns about burdening colleagues and supervisors, including fear of being judged by superiors and coworkers. Additionally, 64.6% stated that finding a replacement worker was difficult, while 9.2% reported that their company predetermined the leave period and restricted them to that duration.

<Figure 2> Types of Leave Applied for at the Time of Miscarriage or Stillbirth*



Physical and Mental Recovery Among Those Who Used or Did Not Use Miscarriage and Stillbirth Leave

▶ (Respondents who were unable to take any form of leave after miscarriage or stillbirth) 78.6% of these respondents reported experiencing difficulties in physical and mental recovery due to their inability to take leave. The longer the gestational period at the time of miscarriage or stillbirth, the higher the proportion of respondents who reported difficulties in recovery.

▶ (Respondents who took miscarriage and stillbirth leave) Only 29.5% of these respondents felt that their leave period was sufficient for physical and mental recovery. The remaining 70.5% stated that their leave was insufficient, with 17.0% reporting that it was completely inadequate. The highest proportion of respondents who found their leave insufficient was among those who experienced miscarriage or stillbirth at 12–15 weeks of pregnancy (entitled to up to 10 days of leave), with 78.6% stating that the leave period was inadequate.

Awareness and Utilization of Workplace Maternity Protection Policies for Miscarriage and Stillbirth, and Reasons for Filing or Not Filing for Industrial Accident Compensation

- (Experience of using maternity protection system for miscarriage or stillbirth) The most commonly utilized maternity protection measures included prenatal check-up leave (55.6%), restrictions on night and holiday work during pregnancy (48.0%), prohibition of work in hazardous or harmful occupations during pregnancy (40.7%), prohibition of overtime work during pregnancy (39.0%), reduction of working hours during pregnancy (37.9%), transition to lighter work duties during pregnancy (29.3%) (multiple responses allowed).
- Reasons for not using maternity protection system) The primary reasons cited for not using maternity protection policies included 'All workers have designated tasks, or it was difficult to find a replacement'(40.9%), 'Increased workload for colleagues'(37.5%), 'The workplace culture did not support the use of maternity protection policies' (31.1%), 'I did not want to inform my supervisor or employer about my need to use these policies'(25.7%), 'I was unaware that these policies existed'(23.4%), 'The company had too few employees to allow for their use'(11.4%).

Filing for Industrial Accident Compensation and Reasons for Not Applying

- (Experience of filing for industrial accident compensation) Among 369 respondents who perceived their miscarriage or stillbirth as related to work, only 3.0% filed for industrial accident compensation.
- (Reasons for not filing for industrial accident compensation) The reasons for not filing for industrial accident compensation included the following: 57.8% were uncertain about the causal relationship between their miscarriage and work, while 38.3% did not consider it an industrial accident. Additionally, 26.3% avoided filing because it would require informing their colleagues about the miscarriage, which they wanted to avoid. Another 24.6% were physically and mentally exhausted and lacked the capacity to file. Furthermore, 14.2% knew of a colleague who had a similar experience, but it was not recognized as an industrial accident, and 14.0% were discouraged from filing by colleagues or were told there was little chance of success.

Mental Health Issues and Psychological Support After Miscarriage or Stillbirth

Frequency of Mental Health Issues Experienced After Miscarriage or Stillbirth

- (Percentage of respondents who reported experiencing symptoms 'frequently' or 'occasionally') The percentage of respondents who reported experiencing symptoms 'frequently' or 'occasionally' were as follows: 61.8% reported sadness, 59.5% felt helpless, empty, or hopeless, and 58.7% experienced guilt or remorse. Additionally, 56.2% reported depression, 53.1% experienced anxiety, and 46.7% had insomnia. Anger was reported by 39.0%, while 15.7% had suicidal thoughts. Multiple responses were allowed.

Experience and Willingness to Seek Psychiatric Counseling or Psychological Therapy

- (Experience of psychiatric counseling or psychological therapy) Only 10.7% of respondents reported having received psychiatric counseling or psychological therapy after experiencing miscarriage or stillbirth. The likelihood of seeking therapy was higher among those who experienced miscarriage/stillbirth at later stages of pregnancy, strongly perceived that their miscarriage/stillbirth was work-related, filed for industrial accident compensation, or had experienced multiple miscarriages/stillbirths.
- (Willingness to seek psychiatric counseling or psychological therapy) Among 767 respondents who had not sought psychiatric counseling or psychological therapy, common reasons included fear of being perceived as overreacting, financial constraints, lack of information about available services, and the requirement to use personal leave to attend sessions. 26.5% of respondents expressed willingness to seek therapy in the future. The proportion of those willing to seek therapy was higher among respondents who experienced miscarriage or stillbirth at later stages of pregnancy, strongly perceived that their miscarriage or stillbirth was work-related, filed for industrial accident compensation, or had experienced multiple miscarriages or stillbirths.

Risk of Post-Traumatic Stress Disorder(PTSD) Among Individuals Who Experienced Miscarriage or Stillbirth

- Respondents who strongly perceived that their work had a negative impact on pregnancy maintenance and who strongly perceived their miscarriage or stillbirth as work-related were more likely to exhibit PTSD symptoms classified as either ‘warning’ or ‘severe’ levels.
- Among those who either formally applied for industrial accident compensation or considered applying but ultimately did not, PTSD levels were predominantly classified as ‘severe.’

Policy Recommendations

Policy Measures for Preventing Miscarriage and Stillbirth in the Workplace

Amendment of the 『Occupational Safety and Health Act』 to Include Specific Provisions on Women Workers’ Safety and Health, and Strengthening Its Link to the 『Labor Standards Act』

- The absence of explicit provisions in the 『Occupational Safety and Health Act』 regarding the safety and health of pregnant workers and women workers more broadly exposes them to hazardous and high-risk workplaces, potentially compromising their ability to maintain a healthy pregnancy. Moreover, it could have long-term implications on the reproductive health of all women workers, including both married and unmarried individuals planning future pregnancies. Therefore, it is essential to establish specific regulations within the 『Occupational Safety and Health Act』 addressing maternal protection and the health and safety of women workers.

▶ Additionally, to ensure that workplaces clearly recognize and implement maternity protection measures, the linkage with the 『Occupational Safety and Health Act』 and the 『Labor Standards Act』 — particularly regarding pregnancy, childbirth, and maternity protection — should be more explicitly defined and reinforced.

Inclusion of Miscarriage and Stillbirth in the Criteria for Occupational Diseases Under the 『Industrial Accident Compensation Insurance Act』

▶ Article 34 of the 『Enforcement Decree of the Industrial Accident Compensation Insurance Act』 defines 'the criteria for occupational diseases', which currently includes miscarriage and stillbirth among pregnant workers. However, Article 37, Paragraph 1, Subparagraph 2(a) of the 『Industrial Accident Compensation Insurance Act』 stipulates that three specific conditions must be met for a disease to be recognized as occupationally induced.

▶ A major challenge in proving occupational causality lies in the third condition, which requires medical evidence demonstrating when and why a miscarriage or stillbirth occurred, as well as its causal relationship with hazardous workplace factors. In reality, it is extremely difficult for medical professionals to establish definitive causal links between pregnancy loss and various occupational hazards in a workplace setting.

▶ To ensure workplace-related miscarriages and stillbirths can be properly investigated and acknowledged, it is imperative to establish clear and accessible criteria for occupational diseases related to pregnancy loss.

Incorporating Ergonomic and Psychosocial Factors, as well as Extended, Night, and Shift Work Exposure, into the Criteria for Occupational Diseases Related to Miscarriage and Stillbirth

▶ When establishing criteria for occupational diseases related to miscarriage and stillbirth, it is critical to go beyond traditional workplace hazards such as physical, chemical, and biological factors. Additional labor environment characteristics that should be taken into account include: Ergonomic factors, such as prolonged standing during work; psychosocial factors, including emotional labor caused by interactions with supervisors, colleagues, and customers; and workload and responsibility burdens, particularly cases where workers lack autonomy and control over their tasks, leading to excessive physical and mental strain. Given that a wide range of labor conditions may contribute to pregnancy loss, the criteria must reflect the full scope of workplace-related risk factors to ensure proper acknowledgment and protection for affected workers.

Active Promotion of Maternity Protection Policies and Strengthened Workplace Inspections to Prevent Potential Cases of Miscarriage and Stillbirth

▶ The risk of miscarriage and stillbirth during pregnancy can be mitigated through the use of various maternity protection policies, such as prenatal and postnatal leave. However, awareness and actual utilization of these policies in the workplace remain low.

▶ It is essential to actively promote information on the legal protections that guarantee maternity protection policies and ensure that they are effectively implemented in workplaces. This requires not only raising awareness but also fostering a workplace culture that encourages the use of such policies. Additionally, labor inspectors should be tasked with continuous oversight and monitoring to ensure proper enforcement in all workplaces.

Ensuring Rest Breaks and Monitoring the Work Conditions of Pregnant Workers

▶ The risk of miscarriage and stillbirth in the workplace is directly and indirectly influenced by factors such as insufficient or non-existent rest breaks and the lack of proper job management and workplace support for pregnant workers, particularly those who are expected to continue working despite feeling unwell. To prevent workplace-related risks, employers must be required to guarantee adequate rest breaks and implement continuous monitoring of pregnant workers' job conditions and overall workplace circumstances. Systematic safety measures must be put in place to ensure that these protections are enforced.

Strengthening Workplace Safety and Health Training on the Prevention and Protection of Pregnant Workers from Hazardous and Dangerous Factors

▶ According to legal provisions, occupational safety and health training must be provided to all workers, regardless of industry, rank, job type, or employment status, and the responsibility for planning, managing, and implementing this training falls entirely on the employer.

▶ To enhance workplace protections for pregnant workers, it is crucial that all employees, at a minimum, pregnant workers, are able to identify potential workplace hazards and understand their levels of exposure to such risks. Additionally, they must receive occupational safety and health training on prevention and hazard management. Employers and businesses must be subject to enhanced workplace-centered oversight and enforcement.

Policy Measures for the Protection and Support of Women Workers and Their Partners Following Miscarriage or Stillbirth

Promotion of Miscarriage and Stillbirth Leave Policies and Provision of Information on Utilization

▶ Workers are entitled to miscarriage and stillbirth leave, as well as associated compensation schemes, yet awareness and utilization remain low in workplaces. It is crucial to strengthen publicity efforts and provide systematic education and information on the application process, eligibility criteria, leave duration, and financial compensation for affected workers. Such efforts should include training programs and awareness campaigns to ensure that workers are well-informed. Additionally, to enhance the effectiveness of such initiatives, legislative amendments, as proposed by Kim Min-seok and others (July 12, 2023), should be considered.

- From a practical perspective, pregnant individuals in Korea currently receive the National Happiness Card and the Standard Maternal and Child Health Handbook as part of universal welfare benefits. A direct and proactive approach to raise awareness could involve integrating information on miscarriage and stillbirth leave and related financial benefits into these materials. Including such details on application forms and health booklets would ensure that pregnant workers are immediately informed about their rights and available support systems.

Establishing a Workplace Culture that Facilitates the Use of Miscarriage and Stillbirth Leave and Strengthening Personal Data Protection Measures

- Miscarriage and stillbirth remain highly sensitive issues, and many workers feel uncomfortable disclosing such experiences. Consequently, applying for miscarriage and stillbirth leave may be burdensome for affected workers. Additionally, if workplace culture discourages leave requests or managers refuse to approve leave applications, the policy's effectiveness is significantly diminished in practice.
- A robust personal data protection system plays a crucial role in ensuring that workers can access leave without fear of disclosure. Strengthening confidentiality measures would not only facilitate greater utilization of miscarriage and stillbirth leave but also contribute to creating a more inclusive and supportive workplace culture for workers in need of maternity protection.

Improvements to the Miscarriage and Stillbirth Leave System: Replacement Workforce Mobilization and Enhancing the Replacement Workforce Subsidy System

- The replacement workforce subsidy system allows employers to hire replacement workers while an employee is on miscarriage or stillbirth leave. However, the current policy requires a minimum employment period of 30 days, limiting its flexibility.
- It is necessary to revise the current subsidy system so that it can be applied during work absences caused by miscarriage and stillbirth, ensuring that short-term replacements can also be financially supported.

Adjusting the Duration of Miscarriage and Stillbirth Leave to Reflect Practical Needs

- Under current law, if a miscarriage or stillbirth occurs at 11 weeks of pregnancy or earlier, only five days of leave are granted. Given the physical and psychological recovery period required, this should be extended by at least five additional days, ensuring a minimum of 10 days of leave. For pregnancies between 12 and 15 weeks, current law provides up to 10 days of leave. This, too, should be extended by an additional 10 days, bringing the total to a maximum of 20 days to better support affected workers.

Allowing Flexibility in the Start Date of Miscarriage and Stillbirth Leave

- Currently, miscarriage and stillbirth leave must begin immediately on the day of pregnancy loss. However, affected workers may need time to manage personal circumstances and emotional recovery. While maintaining the current system for those who wish to begin leave immediately, an exception clause should be introduced to allow for a grace period, giving workers the option to defer their leave start date based on their needs.

Granting Miscarriage and Stillbirth Leave and Paid Benefits to Partners

- The emotional toll of miscarriage and stillbirth, including grief, anxiety, and post-traumatic stress, affects partners as well as the pregnant individual.
- At a minimum, if the partner of a pregnant worker is also employed, they should be entitled to miscarriage and stillbirth leave, along with paid benefits. The appropriate leave duration must be carefully considered, including whether to grant 3 to 5 days, align the leave with the shortest leave duration for pregnant workers, or provide equal leave duration for both partners.

Providing Psychiatric Counseling and Psychological Support for Women Workers and Their Partners

- Women workers who experience miscarriage or stillbirth, as well as their partners, may require physical and psychological support. There is a need to establish mental health counseling and therapy services to assist affected individuals.
- Currently, infertility and depression counseling centers are concentrated in specific regions, creating accessibility issues. Therefore, a gradual expansion of these centers is needed, along with increased promotion of remote counseling services to improve accessibility. For individuals who may face geographical or psychosocial barriers to visiting dedicated centers, an alternative support plan should be established. This could involve allowing individuals to seek mental health care at local psychiatric and mental health facilities, with costs covered through national health insurance or government support.

Enhancing Gender Representation and Gender Sensitivity in the Occupational Disease Review Process for Pregnancy Loss

- Given the unique nature of miscarriage, stillbirth, and preterm birth as occupational health conditions, it is essential that the review committee includes experts with direct or indirect experience in pregnancy and childbirth. At a minimum, the review panel should include at least one obstetrician-gynecologist and ensure that at least 40% of committee members are women. This would enhance the fairness and accuracy of occupational disease assessments related to women's sexual and reproductive health conditions.
- Additionally, all committee members — regardless of gender — should be required to complete gender sensitivity training, ensuring that occupational disease assessments for pregnancy-related conditions are conducted with an informed and unbiased perspective.

Reviewing the Inclusion of Induced Abortion Under Miscarriage and Stillbirth Leave and Paid Benefits

- Induced abortion requires medical intervention and recovery, similar to miscarriage and stillbirth, and can have physical and psychological aftereffects. Given these factors, legislative amendments must be prioritized to establish a comprehensive legal framework for pregnancy termination. This should include provisions for medical leave and paid benefits, ensuring that workers undergoing induced abortion receive adequate support for their physical and mental recovery.

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Relevant Ministry	: Ministry of Employment and Labor (Gender Equality Policy Division, Women's Employment Policy Division, Industrial Accident Prevention Support Division, Occupational Safety and Health Policy Division)
Supervising Ministries	: Ministry of Health and Welfare (Division of Gender Equality Policy), (Division of Childbirth Policy), Ministry of Gender Equality and Family (Women's Policy Division), (Women's Resources Development Division)