

# Updates to the Sands Audit Tool for maternity services: caring for parents when a baby has died – May and December 2014

The first edition of the *Sands Audit Tool for maternity services* was published in 2012. The updated and additional standards listed below reflect issues that have emerged since then, mainly from our work on the *Sands Post mortem consent package* (Sands 2013) and *Listening to Parents* (Redshaw et al. 2014). Following feedback from healthcare professionals, section 2.3b of this insert was updated in December 2014 to reflect their suggestions.

A PDF of the Audit Tool (first edition) plus this update can be downloaded from the Resources for professionals section of the Sands website: [www.uk-sands.org](http://www.uk-sands.org).

Sands is currently producing a second edition of the Audit Tool, integrating the additions and updates below into the Audit Tool in the correct order. This will not be available from the Sands shop but will be downloadable from the Sands website.

Item	Updated standard	Answer	Action required	By whom / By when / Review date	Refer- ence
<i>2: Ultrasound scans and care in the antenatal clinic when a lethal abnormality or an IUD has been diagnosed</i>					
2.3b (updated)	When an IUD is suspected, or a serious or lethal abnormality, it is essential to have this assessed as soon as possible by a professional trained in obstetric ultrasound who, where necessary, is able to confirm the diagnosis of an absent fetal heart beat or abnormality.				Sands 2007, p. 81
<i>6: Care on the labour ward</i>					
6.2 (updated)	Once she is in established labour, every woman has an experienced midwife who looks after her throughout her labour and the birth. A woman (and her partner) are never left alone during labour unless the mother or couple want time to themselves.				Redshaw et al 2014, p.25

Item	New or updated standard	Answer	Action required	By whom / By when / Review date	Refer- ence
<i>9: Post mortems</i>					
9.1 (updated)	All parents whose baby dies are offered a post mortem. When consent/authorisation for PM is discussed with parents, they are given clear and honest information about when their baby will be returned for the funeral, and when they will get the results.				Sands 2013, p. 11
9.5 (updated)	Arrangements for transferring babies' bodies to and from another unit for post mortem take into account the possible effect of delays on the quality of the findings, as well as the distress caused to bereaved parents. The maximum time the baby's body is away from the sending hospital is one week, except in special cases.				Sands 2013, p. 11
9.6 (updated)	<p>Post mortem results are always received by the referrer within a maximum of six weeks (60% of results) or eight weeks (90% of results) from the time when the pathologist received the baby's body, unless a specialist referral opinion (eg, neuropathology) or very complex metabolic or genetic testing are required.</p> <p>To reduce delays, post mortem results are emailed to a named person in the relevant department at the sending hospital who has an NHS.net email account. A paper copy is also sent.</p>				(NHS Eng-land 2013 P. 7)

Item	New or updated standard	Answer	Action required	By whom / By when / Review date	Refer- ence
9.7 (updated)	All parents who have agreed to a post mortem are able to discuss the results within two (or at most three) weeks of the results being received by the referrer. This discussion is with a senior doctor who is well-informed about the case.				Sands 2013
9. 7b (updated)	If a specialist referral opinion or very complex metabolic or genetic testing is required and it will take more than eight weeks for the results to reach the referrer, an interim report, summarising the information that is currently available and indicating the outstanding information, is sent to the referrer as soon as possible so that he/she can discuss these results with the parents.				(NHS Eng-land 2013 P. 7)

## 11: Funerals

11.13 (new)	All the unit's contracts with crematoria and/or funeral directors specify that every effort must be made to produce ashes, and that everything that is left following the cremation of a single baby or fetus must be offered to the baby's parents. If this is not possible, the unit does its best to find another crematorium that will try to offer ashes. If none of this is possible, parents are always told in advance that there will be no ashes so that they can decide whether they want to make other arrangements.				
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Item	New or updated standard	Answer	Action required	By whom / By when / Review date	Refer- ence
11.14 (new)	All the unit's contracts with crematoria and/or funeral directors specify that they will inform a designated member of the hospital staff when ashes are available for collection by the parents. This staff member is then responsible for informing the parents, and also for letting the crematoria and/or funeral directors know if the parents do not want the ashes.				
11.15 (new)	All parents who have agreed to a hospital funeral are offered sensitively worded written confirmation of the arrangements, including, as relevant: <i>if the baby will be buried</i> , whether this will be in a shared or individual grave, and any restrictions about what can be placed on the grave; <i>if the baby will be cremated</i> , whether this will be a shared or individual cremation, and whether or not the parents will be offered ashes. Both the parents(s) and the health professional who discusses arrangements with them sign and date this document.				

## References

NHS England (2013) 2013/14 *NHS standard contract for perinatal pathology particulars, Schedule 2 – the services, a – service specification* <http://www.england.nhs.uk/wp-content/uploads/2013/06/e12-perinatal-path.pdf>

Redshaw M, Rowe R and Henderson J (2014) *Listening to parents: the experience of women and their partners after stillbirth or the death of their baby after birth* National Perinatal Epidemiology Unit, Oxford [www.npeu.ox.ac.uk/downloads/files/listeningtoparents/report/Listening%20to%20Parents%20Report%20-%20March%202014%20-%20FINAL%20-%20PROTECTED.pdf](http://www.npeu.ox.ac.uk/downloads/files/listeningtoparents/report/Listening%20to%20Parents%20Report%20-%20March%202014%20-%20FINAL%20-%20PROTECTED.pdf)

Sands (2013) *Guide for consent takers: seeking consent/authorisation for the post mortem examination of a baby*. This is part of the Sands Post mortem consent package. Hard copies of the *Guide* can be ordered from the Sands shop <http://shop-sands.org/shop/> or downloaded from the Human Tissue Authority website [www.hta.gov.uk/licensingandinspections/sectorspecificinformation/postmortem/perinatalpostmortem/thesandsperinatalpostmortemconsentpackage.cfm](http://www.hta.gov.uk/licensingandinspections/sectorspecificinformation/postmortem/perinatalpostmortem/thesandsperinatalpostmortemconsentpackage.cfm)

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