

## **APPG on Baby Loss - Change NHS Submission**

**Question One:** If the 10 Year Health Plan is a success what three words will describe how using NHS maternity, neonatal and bereavement services will feel in the future?

In order for the 10-year plan to be a success, it is essential that NHS maternity, neonatal and bereavement care services are safe, supportive and equitable. At present, mothers and birthing partners are not always being listened to, which as a result leads to care not being patient centred. It is essential that care is personalised, and mothers and birthing partners concerns are heard and acted upon to help save babies' lives.

**Question Two:** One of the Government's three shifts is moving care from hospitals into the community. With this in mind, what do you think this will mean for maternity, neonatal and bereavement care?

There must be a recognition here of the aspects of maternity, neonatal and bereavement care that can not be delivered safely in the community. Moving care from hospitals into the community must be focused on delivering better, not cheaper, care. Robust systems must be in place to ensure effective communication between hospital and community services. This includes ensuring that internet access allows systems to update in a timely and safe manner allowing safe, consistent, continuity of care to be delivered. Healthcare professionals delivering care in the community need the experience, training and support to do this effectively.

There is an opportunity with community care to provide more personalised care and better work with pregnant women in some groups and communities who may be reluctant to engage with NHS services, such as antenatal services, in a hospital or clinical setting. For example, for those from more marginalised communities where trust in services is low and where risks in the perinatal period are higher. However, this would require considerable investment in staff and training to be delivered effectively.

It was also felt that bereavement care delivered in the community would be welcome for some families affected by baby loss, especially if it meant not having to return to the hospital where a loss occurred.

**Question Three:** With this in mind, what actions should the Government prioritise to make maternity and neonatal services safer and ensure bereaved parents can access the support they need?

The Government should prioritise maternity and neonatal care, so it has the skilled staff, facilities and resources needed to ensure it is as safe as possible so that:

- National guidelines are always followed and there is a continuity from trust to trust in relation to triage and treatment. In addition to there being an improvement and review of guidelines for those with twin and multiple pregnancies.
- NHS hospital boards and senior decision makers are held accountable for the implementation of recommendations and able to provide consistent evidence of such changes.
- Personalised care for pregnant women including those from Black and ethnic minorities, neurodiverse women, and other marginalised groups is available.
- Bereaved parents can access the support they need, including suitable bereavement rooms, facilities and resources and information on how to access local and national bereavement support. This is alongside an improved recognition of the role of bereavement specialists in ensuring bereaved families receive consistent, high quality and compassionate care.

To achieve all this, the workforce must be invested in, to address the recruitment crises in midwifery and perinatal pathology. In addition to ensuring highly skilled experienced staff are retained.

**Question Four:** To ensure the 10-year plan drives improvements in maternity and neonatal services it needs to be implemented. What needs to happen to make this a reality?

Funding is crucial to ensure that the 10-year plan is implemented sufficiently and drives improvement in maternity and neonatal services. Not only is it vital to fund clinical and medical staff, but also to invest in equipment and training for healthcare professionals and appropriate supervision to enable them to safely reflect on cases and to be supported. This will reduce compassion fatigue, secondary trauma and burnout, which all affect team morale and safety too.

One national database is needed so that patient data is accessible for all healthcare professionals and medical notes are shared appropriately. This would also allow for an in-depth reporting system to enable analysis of all medical and neonatal incident to take place. Again, it is essential that when devices such as iPads are used offsite, they have Wi-Fi access so that they can update in a timely manner.

Reports and reviews into the safety of maternity and neonatal services consistently identify similar themes. We now need to focus on ensuring that there is accountability for implementing safety recommendations. Progress also needs to be made in these areas with long-term funded and properly monitored and evaluated projects, aimed at tackling inequalities in perinatal outcomes. For instance, ensuring translation services are accessible on all maternity services.