

Briefing from Sands on Maternal Mental Health Westminster Hall Debate, 5th February 2025

Introduction

Thousands of people experience pregnancy and baby loss every year in the UK. This can be very isolating without the right support. Whilst grief is a natural response many bereaved parents will go on to experience psychiatric illnesses that require specialist support, triggered by the intense grief and the trauma of their experience.

The Baby Loss Awareness Week Alliance's 2019 *Out of Sight, Out of Mind* report¹ found that 'the negative impact individuals experience if they do not get the right support is vast. It affects all aspects of people's lives including future pregnancies, personal relationships, physical health and employment. The repercussions are felt across wider society, costing the NHS more in the long run.'

Whilst new Maternal Mental Health Services (MMHSs) have improved specialist psychological support for mothers and birthing people with moderate to severe mental health needs following pregnancy and baby loss, often no such specialist service exists for other family members. We also have concerns that these services are not always accessible to all bereaved mothers and birthing people.

Assessment and referral of bereaved parents

Out of Sight, Out of Mind found that the lack of a standard needs assessment for parents following pregnancy or baby loss meant that those requiring specialist psychological support were often not identified. Since then, we have been told by bereaved parents that they are still frequently not assessed for mental health needs in hospital at the time of loss, nor are they followed up with later. This puts the burden of referral back onto the parent or their GP.

Although MMHSs have been rolling out across England since 2020, many GPs are unaware of them, and they often only support the birth parent. Any professional who is assessing and referring a bereaved parent to mental health services must be aware of the specialisms of, and the limitations of, each service locally. From hearing the experiences of bereaved parents, we know that this is currently not happening with incorrect referrals to services being made.

Questions to Raise:

- 1. Will the government ensure that relevant professionals across health services receive mandatory training in the identification of psychiatric illness in parents who have experienced pregnancy and baby loss?**
- 2. Will the government commit to ensuring that any parent who has suffered pregnancy or baby loss and needs high-quality specialist psychological support can access it free of charge, at a time and place that is right for them, wherever they live in the UK?**

Maternal Mental Health Services

The launch of MMHSs recognised that existing mental health services were not specialised enough to meet the needs of all families following negative experiences of pregnancy and childbirth. We were pleased to see the inclusion of bereaved parents within their remit and a specific pathway established for pregnancy and baby loss.

Recent answers to Parliamentary Questions indicate that these services are now commissioned in most parts of England.¹

However, we have concerns that there are local discrepancies in the services being delivered, with variations in wait times and referral criteria. The Maternal Mental Health Alliance (MMHA) found that waiting times to be assessed varied between 0 and 26 weeks, whilst waiting times to one-to-one therapy ranged from 0-52 weeks.² Furthermore, referral criteria varied with some services unable to accept referrals for women or birthing people where more than 12, 24 or 60 months had passed since the loss or trauma itself.

The MMHA also raised significant concerns that most teams delivering services reported that they have funding assured for the current service level but no expansion funding. Additionally, their survey found that Humber's MMHS service has already had to close due to a lack of local funding.³

Questions to Raise:

- 3. What steps will the government be taking to support Integrated Care Boards who have not yet implemented maternal mental health services?**

¹Please see response to question tabled by Liam Conlon MP and answered on 20th November 2024: [Written questions and answers - Written questions, answers and statements - UK Parliament](#)

² [mmha_progress_report_on_mmhs_final.pdf](#) page 11

³ [mmha_progress_report_on_mmhs_final.pdf](#) page 14.

4. **What assessment has the government made of the variations in waiting times and referral criteria for maternal mental health services across England and what steps will they be taking to ensure that access to services do not become a postcode lottery?**
5. **Will additional funding be provided to commissioners to enable the expansion of maternal mental health services and ensure no service closes due to a lack of funding?**

Fathers and partners

Although this debate is focused on maternal mental health, it is important to briefly mention the impact of pregnancy and baby loss on fathers and partners. There is often the assumption that the birth mother is the primary griever when a couple experiences the death of a baby. Partners are often expected to assume a supportive role without adequate recognition of their own loss.

The Maternal Mental Health Alliance's recent review of MMHSs found that only 17% of services provided the ability for fathers and partners to join some sessions.⁴ It is essential that all fathers and partners can also access specialist psychological support.

Questions to Raise:

6. **Will the government commit to evaluating the potential impact of extending maternal mental health services to include the provision of 1:1 support for bereaved fathers and partners, as well as the mother or birthing person.**

About Sands

At Sands, we work to save babies' lives and ensure that anyone affected by pregnancy or baby loss gets the care and support they need. We provide trauma informed bereavement support as well as providing a safe, understanding and caring community for anyone who needs us. We support and promote research to better understand the causes of baby deaths and save babies' lives. We equip healthcare professionals with the skills and knowledge they need to deliver compassionate care to parents in their time of need. We raise awareness of baby loss and work with governments, the NHS and healthcare professionals to make saving babies' lives and improving bereavement care a priority. We are the voice of bereaved parents at a national level.

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⁴ [mmha_progress_report_on_mmhs_final.pdf](#) page 14