

Briefing from Sands on Maternity Services Westminster Hall Debate, 25th February 2025

Introduction

Maternity services urgently need transformational change to save babies' lives. In his Independent investigation of the NHS in England, Lord Darzi found that whilst most patients receive high quality care from the NHS, 'there are some important areas of concerns, such as maternity care, where there have been a succession of scandals and inquiries'.¹

Maternity safety must be given the attention required to bring about transformational change. This includes implementation and oversight of recommendations from national maternity reports, evaluating the effectiveness of current policy interventions and ensuring care is always delivered in line with nationally agreed standards.

Maternity Safety

The Sands and Tommy's Joint Policy Unit found that in the UK, at least 1 in 5 stillbirths and neonatal deaths may have been prevented with better care, according to current estimates. This equates to over 800 babies' a year in 2022-23 - over 25 classrooms full of children whose lives could have been saved. If their care had been delivered in line with nationally agreed standards, these babies could be here today.²

Sands' 2023 bereaved parents' experiences of care survey found that 34% of more recently bereaved parents did not have confidence in the staff caring for them when their baby died; almost half felt more could have been done for them and their baby.³

NHS England must review what the current barriers are to care not being delivered in line with nationally agreed standards and ensure these are overcome to avoid preventable baby deaths. This includes all NHS Trusts in England implementing the saving babies' lives care bundle V3.

Furthermore, in their 2022-2024 review into maternity services, the CQC found that only 35% of maternity units were rated as 'Good' for safety. No units were found to be 'Outstanding' and 65% of units were rated as 'Inadequate' or 'Requires Improvement' for safety.⁴ A basic standard in this country must be that all maternity units are safe.

¹ [Independent Investigation of the National Health Service in England](#) page 5

² [Saving babies' lives 2024 - Sands And Tommys Joint Policy Unit](#)

³ [Bereaved Parents Experience of Care Report 2023 digital.pdf](#)

⁴ <https://www.cqc.org.uk/publications/maternity-services-2022-2024>

The government and NHS England must move away from focusing on individual units which are found to be failing and set out a comprehensive national approach that improves safety in all maternity units across England.

Questions to Raise:

- 1. In their 2022-2024 review into maternity services, the CQC found that only 35% of maternity units were rated as 'Good' for safety, with no units rated 'Outstanding'. Will the government set out a comprehensive national approach to improve safety in all maternity units across England?**
- 2. The Sands and Tommy's Joint Policy have calculated at least 1 in 5 stillbirths and neonatal deaths may have been prevented with better care, equating to over 800 babies' lives in 2022-23. Will the government commit to working with NHS England to review what the current barriers are to care being delivered in line with nationally agreed standards of care?**
- 3. Following reviews and investigations into maternity services in Morecambe Bay, Shrewsbury & Telford and East Kent can the government give an update on implementation of recurring recommendations?**

End inequality in baby loss

No baby should have an increased risk of dying because of their race or ethnicity.

In the UK, there are persistent inequalities in baby loss by ethnicity. These are particularly striking when you compare rates of baby loss for Black and Asian families with those of white families.

In 2022, Black babies were over twice as likely to be stillborn compared with white babies – and Asian babies were almost 50% more likely to be stillborn. Black and Asian babies are over 50% more likely to die shortly after birth compared with white babies.⁵

Sands have calculated that if, in the period 2017-2021, stillbirth and neonatal death rates for Black and Asian babies had been the same as for white babies, 1,704 babies would have survived.⁶

The government's commitment to close the Black and Asian maternal mortality gap must explicitly include closing the Black and Asian stillbirth and neonatal mortality gaps.

⁵ [State of the nation report | MBRRACE-UK](#)

⁶ [Sands Listening Project Report Publication of Findings 2023.pdf](#)

Questions to Raise:

4. Sands, baby loss charity, has calculated that if between 2017-2021, stillbirth and neonatal death rates for Black and Asian babies had been the same as for white babies, 1,704 babies would have survived. Will the government commit to ending inequality in baby loss by closing the Black and Asian stillbirth and neonatal mortality gaps and set out a long-term, funded plan to save more babies' lives?

Measuring maternity outcomes at a national level

Current maternity safety ambitions to halve the rates of stillbirth, neonatal deaths, maternal deaths and brain injuries and to reduce the rate of preterm birth end in 2025.

Outcome based targets help to ensure that progress is made. By 2022, the stillbirth rate was 23.5% lower than the 2010 rate and the neonatal mortality rate was 25.0% lower.

Despite this progress, the rates of decline have stagnated more recently and are not on track to meet the 2025 targets. The Sands and Tommy's Joint Policy Unit has calculated that 1000 babies' lives may have been saved each year since 2018 if they had been met.

The Unit is proposing the following outcomes to replace the existing national maternity safety ambitions, with a deadline of 2035 to align with the 10 Year Plan for the NHS in England, focussed on matching the best-performing countries in Europe:

- A stillbirth rate of 2.0 stillbirths per 1,000 total births.
- A neonatal mortality rate of 0.5 neonatal deaths per 1,000 live births for babies born at 24 weeks' gestation and over.
- A preterm birth rate of 6.0% by 2035, with disaggregated data for iatrogenic and spontaneous preterm births.
- Eliminate inequalities in these outcomes based on ethnicity and deprivation.
- Establishing routine data collection on miscarriages should be prioritised. Once established, an ambition to reduce the miscarriage rate should be added.

Questions to Raise:

5. The national maternity safety ambitions are due to end in 2025. Will the government commit to renewing outcome-based targets for maternity services and extend these to include a specific target to end inequality in baby loss?

Bereavement care

Thousands of parents experience pregnancy loss or the death of a baby every year. It is estimated in the UK that fifteen percent of pregnancies end in miscarriage, 5,000 wanted pregnancies are terminated for medical reasons every year, and 13 babies are stillborn or

die shortly after birth every day. Nothing can remove parents' pain and grief following pregnancy loss or the death of a baby, but high-quality care from professionals can have a huge impact on their wellbeing in the short-term and for the rest of their lives.

Bereavement care for families following pregnancy or baby loss has improved significantly over recent years with the introduction of the National Bereavement Care Pathway (NBCP) in 2018. But further progress is needed to ensure that everyone who needs it receives high-quality bereavement care.

All trusts in England have agreed to adopt the NBCP standards but support is needed from NHS England and NHS trust leadership to fully implement all of them, including funding for specialist bereavement staff, training and bereavement spaces. Making the NBCP and its standards mandatory in all trusts (as it is in Scotland) would speed up implementation across all areas and ensure the time, funding and resources are available to healthcare professionals to deliver them.

Questions to Raise:

- 6. What plans does the government have to ensure that all NHS trusts in England have the support and resources required so that anyone affected by pregnancy or baby loss gets the bereavement care they need?**

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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