



Stillbirth -
how professionals
can make a difference

The facts

The death of a baby before, during or shortly after birth is a major bereavement with life-long consequences for the whole family. Many of these deaths could be avoided, potentially sparing thousands of families the heartbreak of losing their baby.

In the UK:

- ▶ Every year around 4,000 babies are stillborn and a further 2,500 die in the early weeks of life: that's 17 babies every day.
- ▶ One baby in every 200 births is stillborn.
- ▶ Stillbirth is 15 times more common than cot death.
- ▶ The stillbirth rate has changed little in two decades, while in other European countries stillbirth rates are falling. *The Lancet Stillbirth Series* (2011) found that the UK's stillbirth rate ranks 33rd out of the 35 high-income countries.
- ▶ Only 10% of stillborn babies have a lethal congenital abnormality.
- ▶ Every year over 1,000 babies are stillborn perfectly formed and at a time when they might have been safely delivered.

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t: 020 7436 7940

e: info@uk-sands.org

Improving bereavement care

The quality of care that bereaved families receive when their baby dies has long-lasting effects. Good care cannot remove parents' pain and grief, but poor care can and does make things much worse.

Sands recommends 5 key ways in which maternity units can improve the care for parents whose baby dies before, during or shortly after birth:

1. Bereavement care training

All staff responsible for the care of parents whose baby has died should have training to enable them to give supportive, empathetic and sensitive care.

2. Bereavement care midwives

All maternity unit staff should have access to a specially trained bereavement midwife who is responsible for staff training and support, and for monitoring policies and procedures to ensure that bereaved parents receive good quality care.

3. Dedicated bereavement room

There should be at least one dedicated bereavement room or suite, away from celebrating families and the sound of live babies, where a woman whose baby has died can labour and/or be cared for afterwards.

4. Bereavement care literature

Sands support booklets for parents and the Sands Guidelines (*Pregnancy Loss and the Death of a Baby: Guidelines for professionals*) should be available on every maternity unit.

5. Post mortem consent package and training

All parents should be offered the opportunity to discuss a post mortem examination of their baby with a senior doctor or midwife. The consent form should be based on the HTA-approved form developed by Sands, with, if necessary, minimal changes to fit the local situation. All staff who seek consent should have had training based on the *Sands Post Mortem Consent Package* and the *Sands Learning Outcomes for Consent Taker Training*.

Preventing babies' deaths

► Public awareness of stillbirth

Without awareness of the risks of their baby dying how can prospective parents make informed choices about their health and pregnancy care? Awareness by itself can help prevent deaths. Sands is working with the Department of Health to decide how best to help prospective parents make informed choices regarding stillbirth risks and to give health professionals the confidence to discuss those risks.

► Research and new antenatal interventions

Most stillbirths happen in so-called low-risk pregnancies. Routine antenatal care is failing to detect the high-risk baby in the low-risk mum. Research is needed to find new reliable tests to save these babies. The Sands-funded Stillbirth Clinical Studies Group welcomes research ideas. To find out more go to: www.bmfms.org.uk and click on Research.

► Learning lessons to improve care

In too many cases poor quality care plays a part in a baby's death. Every family deserves a thorough review of their baby's death to understand what happened. If mistakes have been made, the hospital needs to ensure they are not repeated. Sands is working with NHS England to develop a standardised audit tool for perinatal mortality review which we are hoping will be available for units to use in 2014.

► Resourcing for quality and safety

While choice in maternity care is important, every woman's first choice is for a healthy baby. Without adequate staffing, the right skills mix and good access to equipment, how can services be safe? Under-resourcing in maternity care has real and tragic consequences. Sands continues to campaign in this area to ensure that care is safe, delivered by the right people at the right time and co-ordinated across specialities.

Sands supports anyone affected by the death of a baby and promotes research to reduce the loss of babies' lives