



Notes of the All-Party Parliamentary Group on Baby Loss and All-Party Parliamentary Group on Maternity Joint Meeting

Tuesday 12th July, 17.00 – 19.00, Wilson Room, Portcullis House

Members and representatives in attendance:

- Cherilyn Mackrory MP (Co-Chair, APPG on Baby Loss)
- Jill Mortimer MP (Chair, APPG on Maternity)
- Helen Morgan MP
- Feryal Clark MP
- Lillian Greenwood MP

Speakers:

- Donna Ockenden, Chair of the Independent Enquiry into Maternity services at the Shrewsbury & Telford Hospitals NHS Trust
- Jane Scott, Bereavement Midwives Forum
- Maria Viner, CEO Mothers for Mothers Bristol and member of RCOG Women's Network
- Professor Basky Thilaganathan, Tommy's National Centre for Maternity Improvement and St George's Fetal Medicine Unit
- Dr Sri Annavarapu, Royal College of Pathologists

Other guests:

Clo Abe	Prosperitys
Abbie Aplin	RCM
Colin Beesley	RCM
Stuart Bonar	RCM
Molly Boydon	BPAS
Caroline Brogan	Irwin Mitchell Solicitors
Sharon Darke	Twins Trust
Sarah Dewar	CMV Action
Jane Fisher	Antenatal Results and Choices
Diane Gaston	Royal College of Pathologists
Shaista Gohir	RCOG

Fiona Gosden	Time Norfolk
Julia Hartley	Sands
Jennifer Holly	NCT
Nafisma Ismail	Muslim Bereavement Support Service
Amy Jackson	Lily Mae Foundation
Ryan Jackson	Lily Mae Foundation
Kate Mulley	Sands
Colette Murphy	Advocacy for All
Sian Ness	East Suffolk & North East Essex NHS Foundation Trust
Monika Niziol	Donna Ockenden Ltd
Kerriane O'Rourke	RCOG
Sean O'Sullivan	RCM
Lauren Petrie	Imperial NHS Trust
Nick Price-Thompson	Bereaved parent
Jess Read	NHSE
Jess Reeves	Sands
Angie Rice	Midwife, EPAU Nurse
Zoe Russell	RCOG
Francesca Treadaway	Birthrights
Suzanne Tyler	RCM
Gillian Weaver	Human Milk Foundation
Rob Wilson	Sands & Tommy's

Welcome and introductions (Cherilyn Mackrory MP, Co-Chair of the APPG on Baby Loss and Jill Mortimer MP, Chair of the APPG on Maternity)

Cherilyn and Jill explained that this was a joint meeting of the Baby Loss and Maternity APPGs and that there were two parts to the meeting:

- Donna Ockenden was presenting on the findings from the independent review of maternity services at Shrewsbury and Telford Hospitals NHS Trust.
- The other guest speakers would then be giving oral evidence as part of the joint APPG call for evidence on safe staffing. Copies of the survey questionnaire were available to take away and members of the Secretariats for the APPGs were on hand to answer questions on how to submit evidence.

Donna Ockenden

Cherilyn introduced Donna Ockenden, Chair of the Independent Enquiry into Maternity services at the Shrewsbury & Telford Hospitals NHS Trust.

Donna outlined some of the challenges facing maternity services:

- Short staffing and burnout
- Increased complexity and acuity among pregnant women
- Growing inequalities and deprivation
- Underfunding of services
- Impact of Covid-19

Donna has been delighted with the response from Government, the Secretary of State and NHSE to the Ockenden Review and the Immediate and Essential Actions (IEAs) outlined in it. The report sets out a blueprint for maternity services, with the key asks being:

- An NHS workforce plan
- A multi-year fully funded settlement for maternity services
- Essential actions on training
- The key role of Trust Boards in overseeing implementation.

On bereavement care, Donna said that poor, insensitive care not only makes things worse but has a long-term negative impact on grieving parents. All staff need to communicate with care and compassion, but staff also need to have the time to care.

Donna stressed that it was vital that trained clinicians undertake the sensitive discussions about consent for post-mortem examinations and provide individualised care that is culturally sensitive. When things go wrong units must be candid and honest.

Donna noted that the national spotlight on maternity services now is a great moment of opportunity to make improvements.

Cherilyn then invited comments and questions to Donna:

- Francesca Treadaway (Birthrights) raised the issue of the rolling back of continuity of carer targets. In response Donna said it must be about local trust leaders making the right decisions for their populations and based on the availability of staff.
- In response to a question from Ryan Jackson (Lily Mae Foundation) about advice for bereaved parents seeking the answers that they need, Donna said that now was the time for the voices of service users to be heard and that the doors of directors of midwifery should be open to parents. If parents do not receive answers, they should escalate their concerns to the trust board.
- Angie, a midwife, and bereaved grandmother, talked about the marginalised service for women experiencing miscarriage and that this was due to both staffing issues and a mindset of “a miscarriage is just a miscarriage”. Cherilyn noted that her understanding was that the issue of miscarriage would be included in the forthcoming Women’s Health Strategy.

Call for evidence on staffing shortages

Cherilyn then introduced the speakers for the section of the meeting on evidence of staffing shortages:

Jane Scott, Bereavement Midwives Forum

Jane Scott, a bereavement midwife at Imperial NHS Trust. Jane established the Bereavement Midwives Forum (BMF), which now has 250 members and meets every three months.

Jane thanked Donna for the report but was concerned that not all trusts are implementing the IEAs and that there needed to be more focus on bereavement. Staffing shortages were

leading to bereavement midwives being pulled in to cover regular shifts, to a reduction in training and to untrained staff having to deal with complicated bereavement situations.

Jane went on to say that seven-day bereavement cover is not happening, instead managers are using regular midwives to cover bereavement duties. More specialist support and supervision are needed, and money needs to be earmarked for bereavement.

The BMF have developed 10 standards for bereavement care and are calling for the appointment of band 8 regional midwives to oversee implementation of the standards and a national lead.

In response to questions and comments:

- **ACTION: Cherilyn and Jill agreed to write a joint letter to the health minister to ask for a progress report on the implementation of the Ockenden IEAs.**
- It was noted that the Health Committee is liking to begin scrutiny of implementation this autumn.
- Jane said that more needed to be done to train students, who will only have one 3-hour session on bereavement during their degree. This is being pushed forward with Lead Midwives for Education (LMEs) but there also needs to be a discussion with the NMC.

Maria Viner, CEO Mothers for Mothers Bristol, and member of RCOG Women's Network

Maria spoke movingly from her personal experience of being a bereaved parent, and of how bereavement can be compounded by a lack of mental health services and an absence of compassion and humanity. Maria said that what was needed was for women to be heard and listened to, for there to be safe and sufficient staffing, supported by compassionate leaders and a safe culture in which staff could call out bullying. There needs to be a culture change as well as funding and action is needed now.

As an example of what needs to change, Maria said that the checklist that midwives use during the booking appointment is largely unchanged since when her mother was pregnant. This underlined the importance of improving risk assessment.

Professor Basky Thilaganathan, Tommy's National Centre for Maternity Improvement and St George's Fetal Medicine Unit

Professor Thilaganathan talked about the Tommy's App, which was developed in response to suboptimal risk assessment processes. The aim of the App is to improve risk assessment and provide decision support. The App produces context specific information, which is particularly helpful given the multiplicity of guidelines that doctors, and midwives must adhere to.

Initial results indicate that the App can halve the number of women defined as high risk, thereby alleviating the burden on midwives, and reducing the stigmatisation of women as well as reducing rates of pre-eclampsia by 25%.

The plan is to use the App in thirty centres in the next three years and to develop a miscarriage aspect of the tool and a perinatal mental health application.

Dr Sri Annavarapu, Royal College of Pathologists

Dr Annavarapu described the perinatal pathology service, provided for the investigation of miscarriages, as being in existential crisis. The service has never been given its due and staff are undervalued. As a result, there is significant understaffing - only 55 out of 80 positions are filled – with Northern Ireland having no perinatal pathologists and Wales only having one. Staff are tired and stressed, succession planning is difficult, and trainees are now largely part-time.

Dr Annavarapu outlined a three-step, concurrent approach to tackling this crisis:

- Recruit more staff, including from overseas
- Improving training uptake
- Create a junior workforce

There was also a need to address regional disparities in the location of the perinatal pathology workforce, with almost half of pathologists in London and north west England.

The meeting was then opened to further questions and comments:

- Jane Fisher (ARC) described perinatal pathology as a Cinderella service that has gone backwards.
- In response to some comments about managers, Donna made the point that it is tough to lead in the NHS at the moment and that more work is needed to support NHS managers.
- Jennifer Holly (NCT) made the point that staffing shortages are a long-standing issue, as highlighted by the NCT's Hidden Half report in 2017.
- In response to a question from Helen Morgan MP about availability of mental health support for bereavement midwives, Jane Scott said that this was variable.

Closing remarks

Cherilyn and Jill closed the meeting with thanks to everyone who had contributed to the discussions. They said how important individual stories were when they were lobbying ministers and reaffirmed that they will be sending a joint letter to the health minister.