

Seeing and holding the baby after a stillbirth or neonatal death

Sands position statement

Being able to make informed choices is a fundamental principle of health care in the UK. Sands believes that after a late miscarriage, stillbirth or neonatal death, parents should always be offered opportunities to see, hold and spend time with their baby if they want to.

Up till the 1970s, parents were prevented from seeing their baby after death by staff who believed that by doing so, they were protecting the parents. However, in the late 1970s a group of bereaved parents formed the Stillbirth and Perinatal Death Association (SPDA), which later became Sands, began to demand that parents should be given a choice about seeing and holding their baby after death. Over the next 30 years, bereaved families were increasingly encouraged to do so.

In 2007, NICE (National Institute for Clinical Excellence) published *Clinical Guideline 45 – Antenatal and Postnatal Mental Health*. This consisted of four documents, each with a slightly different statement, which in varying degrees discouraged parents from seeing and holding their stillborn baby. As a result many midwives and others were concerned that parents might no longer be offered a choice about seeing and holding their baby.

In 2009, Sands launched a campaign asking NICE to review these statements, and make it clear that parental choice was the overriding principle. In June 2010, after several months of careful negotiation between Sands and NICE, NICE issued a clarification statement:

“This recommendation is not intended to suggest that women should not be given the choice of seeing and holding their baby but rather that they should not be routinely encouraged to take up this choice if they do not wish to. In line with patient-centred care it is expected that treatment and care should take into account the woman’s individual needs and preferences. Sensitive support will be required in offering this choice or other choices such as seeing or holding the baby with other family members present. Current evidence suggests that seeing and holding the baby is not beneficial for everyone and if women do not wish to see or hold their baby they should not be encouraged to do so.”

Implications for practice

It is now clear that choice should be the overriding principle. At Sands we hear of many thousands of parents who cherish the memories of the time they spent with their baby. But seeing their baby may not be right for everyone. It is a very individual decision and parents must be given time to think about what would be best for them. Staff need to offer sensitive support and help parents to reach their own decisions about seeing and holding their baby.