

# Pregnancy and baby loss at the Rosie Hospital

**A survey report on the experience of bereaved  
parents accessing bereavement facilities and mental  
health care**

*“Being in a space where other women are having the happiest day  
of their lives whilst I was living the worst day of my life was  
absolutely horrific.” – Bereaved parent*

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## Content warning

This report covers areas that can be difficult to read about, including pregnancy loss and the death of babies.

If you need support, the Sands National Helpline provides a safe, confidential place for anyone who has been affected by the death of a baby. Whether your baby died long ago or recently, we are here for you. The telephone helpline is free to call from landlines and mobiles on 0808 164 3332. You can also email the team at [helpline@sands.org.uk](mailto:helpline@sands.org.uk) or use Sands support chat via our website [sands.org.uk](https://sands.org.uk).

If you feel you need specialist mental health services, please ask your bereavement midwife or your GP for a referral. If you are worried about your own or your baby's health, then please speak to your health professional.

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# Project background

## Context

In the past few years, we have heard concerning feedback about the bereavement rooms on the delivery unit at the Rosie Hospital. Bereaved parents who have experienced pregnancy or baby loss have anecdotally mentioned the rooms being poorly located and inadequately equipped to meet their needs.

We have also heard feedback about a lack of mental health services for bereaved parents in Cambridgeshire, and limited bereavement care on the Neonatal Intensive Care Unit (NICU) at the Rosie Hospital.

## What we wanted to learn

We wanted to hear directly from bereaved parents who received bereavement care at the Rosie Hospital. With this information, we aim to better understand the experiences of bereaved parents and make positive recommendations to improve services for both bereaved parents and frontline staff.

## Survey methodology

The survey ran between July and September 2025, obtaining 55 responses. We gathered responses from bereaved parents regardless of the gestation of their loss, or when it occurred.

This survey has been created, implemented, and analysed by local bereaved parents, with the support of staff from Sands. All quotes used in this report are from bereaved parents that took part in the survey and agreed to share their responses anonymously.

# Summary

## Key findings

### Bereavement facilities

**The current bereavement rooms on the delivery unit are not meeting the needs of bereaved parents. They are also not compliant with National Bereavement Care Pathway standards.**

- **Soundproofing** – Bereaved parents frequently reported hearing women and birthing people in labour, live babies crying, and families celebrating the birth of their live babies.
- **Location** – most bereaved parents reported having to walk past other pregnant women and people, or live babies, when accessing the rooms.
- **Moving the rooms** – most bereaved parents supported moving the bereavement rooms to a more private, quiet location.

### Neonatal care

**There is a lack of specialist bereavement care capacity on the Neonatal Intensive Care (NICU) unit.**

According to the National Bereavement Care Pathway standards, the Rosie Hospital should be employing a dedicated Neonatal Bereavement Nurse.

### Mental health care and follow-up contact

**Bereaved parents reported very limited access to specialist mental health services for people that experience pregnancy or baby loss.**

- **Access** – most people that needed mental health support on the NHS could not access it.
- **New service** – most people who took our survey experienced their loss before the launch of the new Perinatal Trauma and Loss mental health service in 2025. Therefore, it's unclear whether more recently bereaved parents are accessing this new service.

- **Follow-up contact** – many bereaved parents reported positive contact from bereavement professionals after their loss. However, other bereaved parents reported little to no contact after their discharge from hospital.

## Recommendations for change

### 1) Ensure every bereaved parent can access an appropriate bereavement room.

#### **We are calling on Cambridge University Hospitals NHS Foundation Trust to:**

- Take immediate action to ensure the current bereavement rooms on the delivery unit meet National Bereavement Care Pathway Standards in the short-term. This includes:
  - Soundproofing the rooms.
  - Redesigning the rooms, co-producing with local bereaved families.
  - Developing a policy for parents to have the choice of being compassionately accompanied through any shared spaces when accessing the room.
- Begin a process to move the bereavement rooms on the delivery unit to a more private, quiet location.
- Ensure bereaved parents in other units have access to a dedicated, appropriate, bereavement room – including on the early pregnancy unit.

**We are calling on the Cambridgeshire and Peterborough Integrated Care Board (ICB) to ensure the Rosie Hospital has the funding to provide a dedicated bereavement room to every bereaved parent.**

## 2) Invest in specific bereavement care capacity in the neonatal unit.

**We are calling on Cambridge University Hospitals NHS Foundation Trust to recruit a new, dedicated Neonatal Bereavement Nurse role to lead on bereavement care in the NICU.**

**We are calling on the Cambridgeshire and Peterborough ICB to ensure the Rosie Hospital has the funding to recruit a Neonatal Bereavement Nurse.**

## 3) Ensure every bereaved parent receives follow-up care and, if needed, mental health support.

**We are calling on Cambridge University Hospitals NHS Foundation Trust to ensure that every bereaved parent receives a parent-led bereavement care plan following their discharge from hospital.**

- This should include information about and, where needed, referrals to emotional support and specialist mental health support.

**We are calling on Cambridgeshire and Peterborough ICB to:**

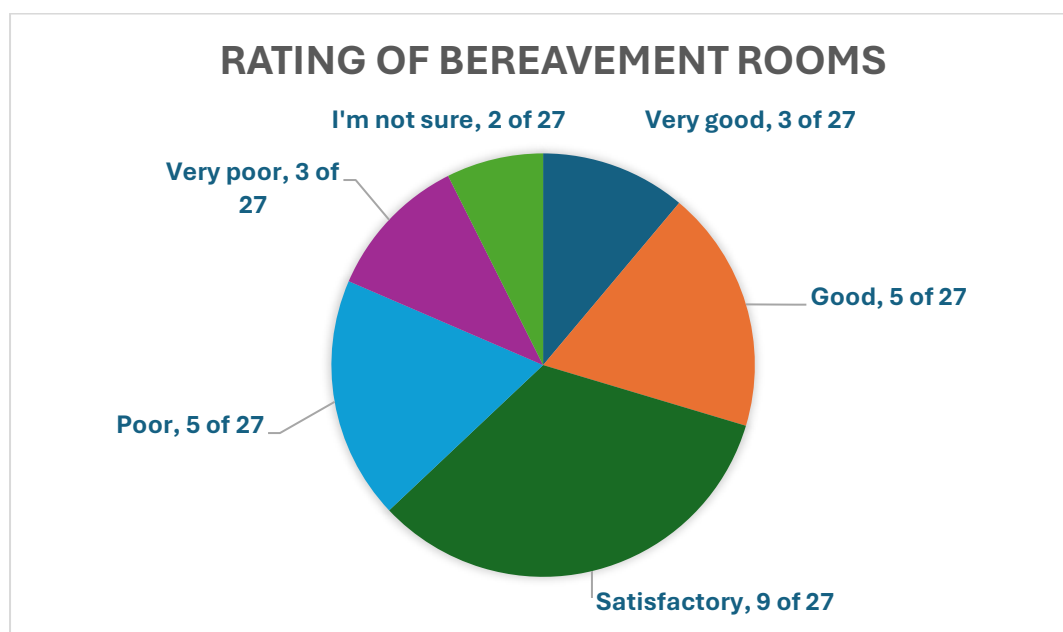
- Ensure that clear referral pathways for accessing specialist mental health support are available and are offered to parents and families.
- Expand the service criteria of the Perinatal Trauma and Loss Service to include specialist mental health support for fathers, partners and non-birthing parents.
- Expand the criteria of the Perinatal Trauma and Loss service to be available to every bereaved parent – regardless of when their loss occurred.
- Ensure that Primary Care providers are informed of new mental health services for bereaved parents in Cambridgeshire and Peterborough through the Primary Care Networks

# Bereavement rooms

Out of the 55 people that took our survey, 27 used one of the bereavement rooms on the delivery unit at the Rosie hospital. The below section explores their feedback on the rooms.

## Overall rating of the rooms

We asked bereaved parents to rate their overall experience of the bereavement rooms.



Unfortunately, most bereaved parents did not have an overall positive experience of the bereavement rooms. The key themes bereaved parents raised included the rooms being poorly soundproofed, badly located, and inadequately decorated and furnished.



## Soundproofing

As set out in the National Bereavement Care Pathway standards, parents should not have to hear families with live babies when accessing bereavement rooms.

**However, 15 of 27 bereaved parents who used the bereavement rooms could hear external noise when inside one of the rooms.**

Bereaved parents frequently reported hearing women and birthing people in labour, and live babies crying – creating a distressing experience.

*“Whilst my twin daughters took their last breath, I heard babies crying. I stayed with my daughters in the room and all day I heard babies crying (even with the door fully closed).”*

*“I could hear a mother also birthing a baby, but a live baby whilst I was birthing my daughter. I then heard the baby cry as it came into the world knowing mine would be followed by silence.”*

*“I could hear babies crying which was obviously very distressing having a dead baby in my tummy waiting to give birth.”*

It was also common for bereaved parents to overhear other families celebrating the birth of their live babies.

*“Other women were giving birth while I was birthing a known to be dead baby. It was hell. Especially afterwards, spending time with my dead son while hearing others celebrate the life of theirs.”*

*“Babies crying, new mothers being congratulated, staff laughing and joking.”*

The bereavement rooms at the Rosie Hospital are next to each other, sharing a wall. Unfortunately, parent testimonies also show that it is possible to hear people in the room next to you – highlighting a lack of sound proofing between the two rooms as well.

*“Could hear the people in the corridor/ rooms beside us the whole time we were there.”*

*“I could also hear the lady crying in the room next to me.”*

There were some limited examples of bereaved parents not hearing external noise from the bereavement rooms. However, these were in the minority.

The above testimonies clearly show that the bereavement rooms at the Rosie hospital are not properly soundproofed – falling short of National Bereavement Care Pathway standards and creating a traumatic experience for many parents who use the rooms.

## Location

According to the National Bereavement Care Pathway standards:

“Parents and families should not have to go past or hear families with live babies to access the room. Where this is not possible parents and families should be given the choice of using a different exit, or if that is not possible, they should, if they wish, be compassionately accompanied through the shared area rather than being left to walk alone.”<sup>1</sup>

**Sadly, 23 of the 27 bereaved parents that used the bereavement rooms at the Rosie Hospital reported having to walk past other pregnant women and people, or babies, when arriving, or leaving the rooms.**

*“Entering/ leaving the bereavement rooms is the problem as you have to walk past Clinic 23 (Urgent Care) which is full of pregnant people and also where I was told I was most likely losing the baby.”*

*“Leaving the room (and my daughter in the cot) was awful as I had to walk past pregnant people and then remember in the corridor following out a mother and father taking home their baby in its car seat. It was extremely painful having to watch this play out.”*

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<sup>1</sup> <https://www.nbcpathway.org.uk/nbcp-standards/>

*"I walked out the delivery unit empty handed and saw multiple pregnant women..."*

*"It was obviously very daunting having to enter delivery unit where other mothers were giving birth, and other pregnancy women were walking past, with our without babies."*

*"Was horrible walking past/using lift with pregnant people/new babies."*

*"It's good that there is 2 sets of doors to the room as this does stop most of the noise, and being near the entrance stops you walking past all the other delivery rooms. But you still have to walk past assessment and through the maternity hospital."*

Two bereaved parents reported not feeling able to leave the rooms due to the likelihood of seeing other pregnant women and people.

*"We tried to stay in the room for as long as we could and not leave because I couldn't face what was outside and seeing newborn babies or happy pregnant women."*

*"I didn't leave the room during our stay apart from one time, as I knew we were on the delivery unit and I was terrified of seeing newborn babies and new families."*

Other bereaved parents used the words unbearable, heartbreaking and daunting to describe the experience of being so close to pregnant women and people, and live babies.

**All these examples clearly illustrate that the location of the rooms on the delivery unit is creating a more traumatic and painful experience for many bereaved parents - as well as failing to adhere to National Bereavement Care Pathway standards.**

## Decoration and furnishings

According to the National Bereavement Care Pathway standards, bereavement rooms must be designed for the use of bereaved families, with their needs sought during design or refurbishment.

In our survey, we asked bereaved parents if they found the bereavement rooms comforting to stay in, based on how it was decorated and furnished.

**Sadly, 14 out of 27 bereaved parents said the rooms were not comforting to stay in – with a further 7 of 27 unsure.**

Multiple bereaved parents described the rooms as feeling clinical, with limited decorations and changes to make them more comfortable to stay in following pregnancy or baby loss.

*“...very clinical and limited space for a partner/ family member to sit with you.”*

*“It was like any other room in the hospital. There were no home comforts at all. It had a chair and an extra bed that my partner could sleep in. The window was very small and ran along the top of the wall, you couldn’t really see out of it. I remember there was one picture or painting on the wall.”*

*“On the wall was a poster about how to dress baby depending on the weather. I remember just staring at it for hours wondering why on earth it was there. The room also felt very stark and bare and not comforting at all.”*

*“It felt empty, cold.”*

Other parents reported that the rooms generally felt small and cramped.

*“The lights didn’t work in the bathroom, the sticker on the wall was faded, the spare chair/bed was not very comfy. The room felt a bit cramped. The new light on the ceiling was nice, but the lights were not adjustable enough.”*

*“The room we were in was pretty small and felt shabby. The birth centre felt much better maintained.”*

There was some good feedback for the rooms having en-suite bathrooms, and reclining chairs for other people to sleep in overnight – however, these positive comments were limited.

Bereaved parents did provide some suggestions to improve the rooms in the short-term. These included:

- A sunset or night mural.
- Shower gel and toiletries, a towel rail, and a shelf for the en-suite bathrooms.

- A poster on the outside of rooms stating what they will be used for to encourage compassion and respect from people outside the rooms.
- A video giving a tour of the rooms in a similar way to how videos are created for delivering live babies on the delivery unit.
- Books, blankets, and 'gentle' guidance for following a loss.
- Softer, and adjustable lighting.

## Moving the rooms

**Out of the 27 bereaved parents that used the bereavement rooms, 22 thought that bereaved parents and families would have a better experience if the bereavement rooms were in a more private part of the hospital.**

When asked about moving the bereavement rooms, several bereaved parents indicated their support. Again, many bereaved parents highlighted the impact of having to walk past other pregnant women and people, and live babies, when using the current rooms.

*"Absolutely 100%. It broke my heart all over again, every single time I went to bereavement support. People don't understand how triggering and heart breaking it is seeing a newborn baby after your baby has just died."*

*"Absolutely, being in a space where other women are having the happiest day of their lives whilst I was living the worst day of my life was absolutely horrific."*

*"How is it not separated - same as people having abortions, early miscarriages and early pregnancy are all together! It's horrific"*

*"I wouldn't want to feel like I was being led 'out the back entrance' like a dirty secret, but also don't want to see everyone else's joys as I leave with a box and not a baby."*

*"Leaving without your baby, seeing others leave with theirs, is horrific. Ideally being separate from that and being able to leave another way."*

Other bereaved parents supported moving the rooms to a quieter location to reduce noise.

*"Aside from not hearing any noise I think it would help parents in so many ways if the rooms were in a different location."*

*"Definitely, it added to the trauma of my son dying hearing babies crying and knowing that outside the door there were happy pregnant women when my world had just shattered."*

**Many bereaved parents felt that the bereavement rooms are not currently in the right location.**

*"I think being at the end of the delivery unit isn't the right place for them. You wouldn't be able to tell they were bereavement rooms other than the fact that they had the yellow feather/leaf hanging on the doors."*

*"I have also delivered healthy babies on the birth centre and it felt much more private there. Is there a need for such proximity to the delivery unit?"*

*"Ideally separate to the delivery ward."*

*"Moving to a more private part of the hospital may save you from some immediate heartache. You are going to be upset and hurt, so you might as well be closest to the best care and facilities."*

*"Grieving parents need to be treated with more compassion! The bereavement rooms are NOT suitable being in the Rosie. It's like placing terminally ill cancer patients in front of patients that get to "ring the bell" because their treatment worked and they're cancer free. That wouldn't happen. So why is it acceptable to rub salt in the wounds of grieving parents."*

*"You have to go past EPAU and urgent care to get to the rooms from the main entrance. It would be great if they could be somewhere closer to the entrance"*

## **Other settings**

Several bereaved parents reported distressing experiences when being told about their babies' death following a scan. One bereaved parent described having to wait in an inappropriate area:

*"I had to wait in a waiting area adjacent for my scan to confirm my second loss- the woman next to me was feeding her baby...the waiting space is inadequate"*

*and open, with people often looking for directions to the scan department for their 12- or 20-week scans."*

**One bereaved parent again highlighted being able to hear other parents with live babies following their scan, describing the impact this has had on their mental health.**

*"I was sent for an early scan where it was confirmed my baby had died at around 8 weeks when I was almost 12. I was lead to sit outside the room I had my scan and me and my partner had to I sit behind a paper thin wall listening to someone else get good news. Which we would never begrudge but should we have heard that?? Absolutely not. We had been through the unimaginable and to then have that was absolutely disgusting and unforgivable. I have trauma going to that hospital now."*

**One bereaved parent described a traumatic experience waiting in the early pregnancy clinic when they knew they were experiencing a miscarriage:**

*"I had to come into the early pregnancy clinic 2/3 times for scans to confirm I was miscarrying. The waiting room was outside the clinic on the other side of the corridor. The waiting area wasn't enclosed and you would have to sit there and watch heavily pregnant people walk past you on the way to their appointments while you was waiting to be seen. It was awful, knowing your baby was slipping away from you whilst having to watch lots of pregnant women walking past. It was very distressing and not appropriate at all. When I returned the following year with a successful pregnancy, everytime I walked past this waiting room I did my best to hide my belly as I didn't want anyone to feel the way I did the previous year, broken hearted and crying, with no privacy and seeing all these pregnant ladies."*

**Another bereaved parent echoed a very similar experience.**

*"I was in the early pregnancy unit which is an awful set up. We had to wait amongst others who were receiving good news whilst we knew we were likely to have lost the baby. Post scan taken into a room which was far too hot and so so clinical. Just awful."*



For bereaved parents that had a neonatal loss, several mentioned the bereavement room feeling basic and clinical.

*"Side room on nicu. Very basic, no refreshments, only 2 chairs, very clinical."*

*"Nicu rooms not great very plain and uncomfortable."*

According to National Bereavement Care Pathway guidance, all units need to provide a dedicated bereavement room where parents have privacy from other families and babies. A bereavement room should therefore be available for bereaved parents in every setting, regardless of their gestation.

## Bereavement facilities: conclusion

The bereavement rooms on the delivery unit at the Rosie Hospital are clearly not fit for purpose.

**Standard 2 of the National Bereavement Care Pathway states that: "All bereaved parents and families have access to an appropriate, available and accessible bereavement room."<sup>2</sup>**

To meet this standard, settings should ensure:

- Bereavement rooms are designed for bereaved parents and families, and their needs and wishes are sought and taken into account.
- Bereavement rooms are available for use by bereaved parents and families and are not used for other purposes.
- Parents and families do not have to go past or hear families with live babies to access the room. Where this is not possible parents and families should be given the choice of using a different exit, or if that is not possible, they should, if they wish, be compassionately accompanied through the shared area rather than being left to walk alone.

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<sup>2</sup> <https://www.nbcpathway.org.uk/>



**The bereavement rooms on the delivery unit at the Rosie Hospital are currently not compliant with the National Bereavement Care Pathway standards.**

The rooms are not soundproofed, often require bereaved parents to walk unaccompanied past families with live babies, and are poorly designed.

As a result, the current bereavement rooms are contributing to a traumatic and negative experience for many parents.

In the short-term, there is an opportunity to create a more compassionate, safe experience for parents using these facilities by redesigning and soundproofing the rooms, and creating a clear, parent-centred protocol for accompanying parents through any shared areas.

**However, the Rosie Hospital must also begin a process to move the bereavement rooms on the delivery unit to a more private, quiet location.**

The testimonies show that bereaved parents feel strongly that their experience would have been more positive, and less traumatic, if the bereavement rooms on the delivery unit were in a better location.

In addition, there is a concerning lack of access to bereavement rooms in other hospital settings – including the maternity assessment unit, and the early pregnancy clinic.

**Additional bereavement spaces must also be made available for use by bereaved parents in all other units.**

# Neonatal care

**6 people that took our survey experienced a neonatal loss and received care on the NICU. This section explores their experiences of bereavement care.**

We asked bereaved parents who received care on the NICU if they were cared for by a bereavement nurse. 4 out of 6 bereaved parents said no. 1 said yes, and 1 said they were not sure.

When asked to comment on the care they received from staff on the NICU, several bereaved parents highlighted that staff did not seem confident in providing bereavement care.

*"The nurses were very nice and accommodating however I feel they lacked sufficient skills to deal with bereavement."*

*"No bereavement staff made contact at any point."*

Bereaved parents that received care on the NICU also highlighted a lack of follow-up care.

*"No support at the time or afterwards. No contact with a bereavement team. No support with funeral arrangements/post mortem. Not signposted to any support."*

*"The psychology team amazing but other than that is a bereavement nurse/midwife made contact I have no recollection. If they did it was very brief."*

We also asked bereaved parents to overall rate the care they received on the NICU after their loss. Unfortunately, of the 6 bereaved parents that received care on NICU, 3 rated their care as very poor and 2 as poor.

One person did their care as very good, highlighting considerate and attentive care for staff:

*"I couldn't fault the care I received. The images of my daughter's last moments are forever in my mind and I remember the care the nurse took to detach all her leads, so she was in my arms for her final breath. 24 years ago, but I remember and feel as if it was yesterday. The care I received helped me to have the strength to continue and eventually I gave birth to two children that survived. The staff helped me be strong enough again to do that."*

Although it's encouraging to see this positive example, it unfortunately does not seem to reflect the other experiences of bereaved parents on the NICU.

## Neonatal care: conclusion

**Standard 7 of the National Bereavement Care Pathway states that "Bereaved parents and families receive their care from an appropriately staffed team."**

The standard details that a multidisciplinary team should be in place to provide parent-centred bereavement care in every setting, including specialist Neonatal Bereavement Care Nurses.

To the best of our knowledge, the Rosie Hospital does not currently employ a dedicated Neonatal Bereavement Care Nurse, even though it has a Level 3 Neonatal Unit.

**As a result, staff on the Neonatal Unit may not be receiving the leadership they need to provide consistent, personalised and high-quality bereavement care to every family.**

Although the examples are limited, this lack of specialist bereavement care capacity is reflected in most of the testimonies of bereaved parents who experienced a neonatal loss.

Bereavement care requires dedicated staff time to not only provide patient centred care to bereaved parents, but also to train other staff, create and maintain bereavement care processes, and provide follow-up care.

According to the National Bereavement Care Pathway, every NHS Trust should be providing a bereavement care service that every bereaved parent can

access regardless of their gestation, or the hospital setting their loss occurs in. As local families have fed back, the Neonatal Unit at the Rosie Hospital is not currently compliant with the NBCP standard on staffing.

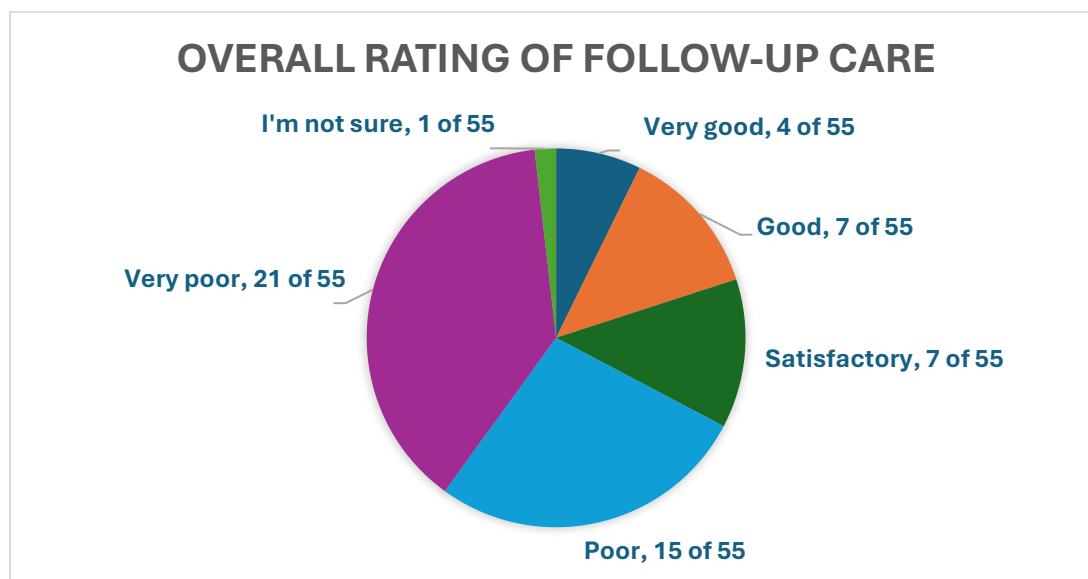
**We are calling for a new, dedicated Neonatal Bereavement Care Nurse role to lead on bereavement care in the Neonatal Unit at the Rosie Hospital.**

# Mental health care and follow-up contact

We asked all 55 people that took our survey about their experience of mental health care and follow-up contact. This section explores their experiences.

## Overall rating of follow-up care

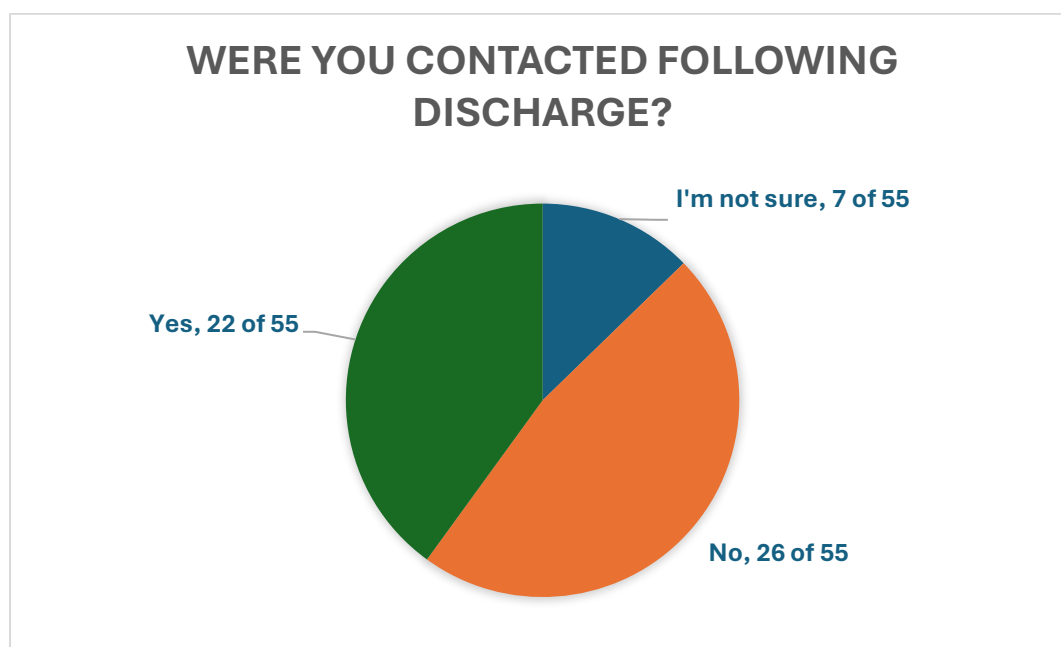
We asked bereaved parents to rate the follow-up care they received in the weeks and months after they were discharged from hospital.



Unfortunately, most bereaved parents had a negative experience of follow-up care after leaving hospital. Key themes included a lack of access to mental health service, and sometimes limited contact from health professionals after discharge from hospital.

## Contact after loss

We asked bereaved parents whether they were contacted by an NHS professional to discuss the different types of support that were available to them.



Unfortunately, 26 of 55 bereaved parents reported not being contacted and talked through support options following discharge from hospital.

The bereaved parents that were contacted reported generally positive care - appreciating the consistency of contact from the bereavement team and other professionals.

*"I had regular calls from one of the three bereavement midwives. I also had two home visits from the community midwives that had looked after me during my pregnancy. I did also attend a Sands meetup with my partner."*

*"The follow-up communication we had from the team at the rosie was excellent, they provided a lot of sign posting and carefully guided us through the process of registration and cremation."*

*"We met with the bereavement liaison.... She was wonderful. She came to our home. We had Molly named and blessed by the hospital Chaplin. We were offered hand and footprint, moulds and photos."*

*"...the bereavement midwife was great on support. Our clinical care and post mortem review were not."*

*"I met with a bereavement midwife for some time after who helped enormously."*

Other bereaved parents reported that they may have been contacted but received little detail in terms of information and options for support.

*"It was minimal!"*

*"There was very little to no contact. Petals was suggested to us by a close friend as they saw the pain we were dealing with."*

Sadly, several bereaved parents reported having no contact at all following their discharge from hospital

*"I was just sent home to "complete" my miscarriage (likely prebooked by a covid vaccine) there. No check-up afterwards, neither for my physical nor my mental health."*

*"No phone calls, no after care, had to ask for a follow up appointment. Doctors staff need better training for baby loss."*

*"There was very little to no contact. Petals was suggested to us by a close friend as they saw the pain we were dealing with."*

*"We had no follow up from the Rosie. They told us they didn't have the funding for counselling and no one rang to check in with us."*

## Contact after loss: conclusion

**Standard one of the National Bereavement Care Pathway states that "a parent-led bereavement care plan should be in place for all parents and families."**

Following discharge from hospital, these bereavement care plans should include:

- **Information on local and national support organisations**, available both physically and digitally. This should include up to date information on local Sands groups and be talked through with bereaved parents.
- Informing bereaved parents and families about, and where needed referring to, **emotional and specialist mental health support**.
- Bereavement teams providing **follow-up communications and check-ins** with bereaved parents through communication channels that work for them. This could be via a combination of texts, emails, phone calls, or in-person appointments, for as long as each bereaved parent needs them.

**The testimonies from bereaved parents in our survey show that many bereaved parents are receiving personalised, bereavement care following their discharge from hospital.**

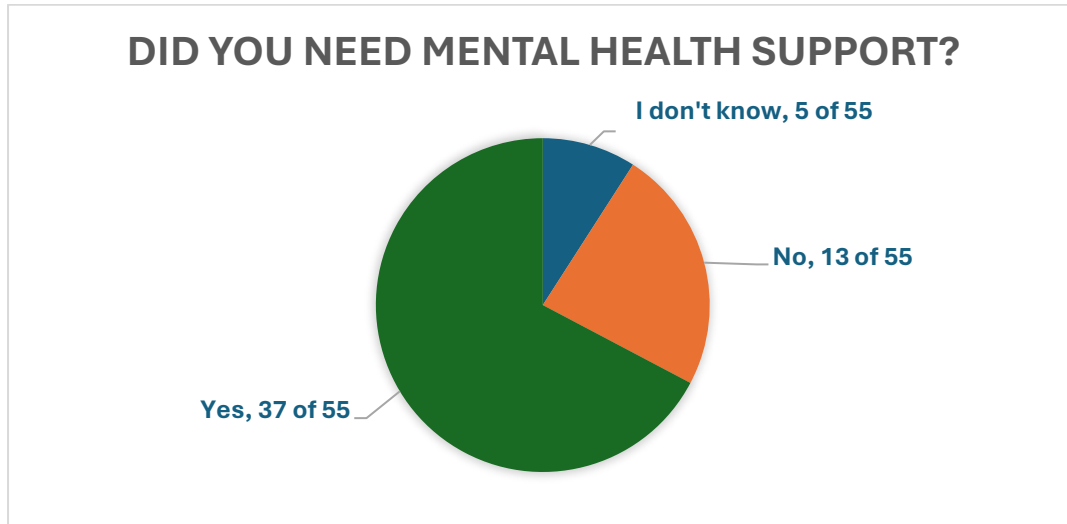
Although this is great to see, it's important that these experiences are consistent for all bereaved parents. Too many bereaved parents in our survey also reported not receiving any contact at all after discharge.

**We are calling for every bereaved parent and family to receive a parent-led bereavement care plan following discharge from hospital.**

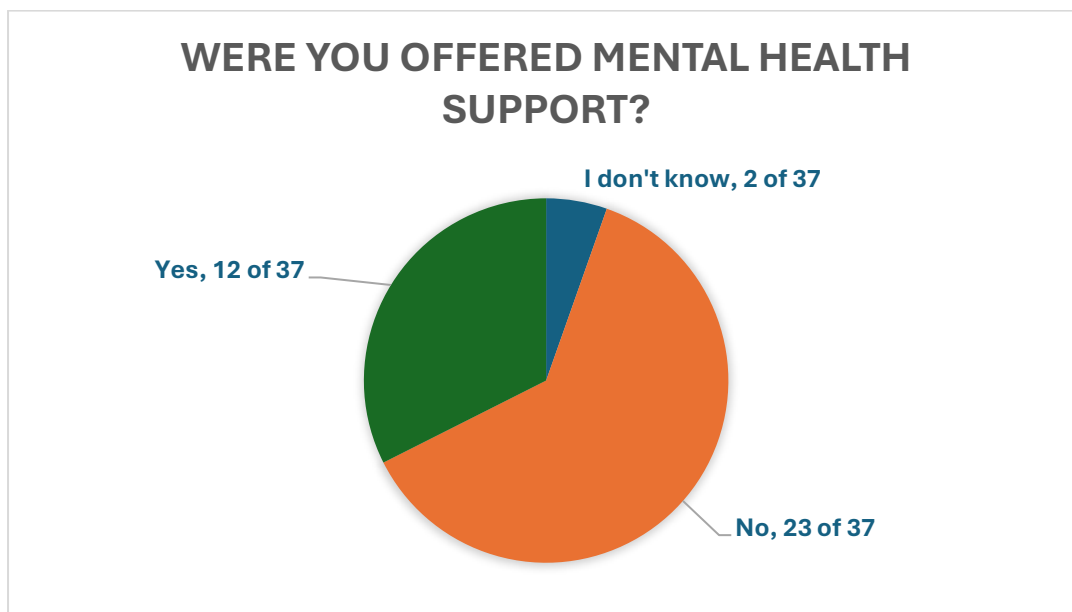
## **Lack of access to mental health services**

We asked bereaved parents if they felt like they needed specialist mental health support from the NHS following their loss – such as counselling or therapies.





We then asked the 37 bereaved parents who said they needed mental health support, whether they received it.



**Sadly, most bereaved parents who needed mental health support did not receive it.**

Some bereaved parents reported receiving no mental health support at all – forcing a few to seek help privately.

*“I am disgusted that NO support or follow up care was offered once I left the hospital.”*

*“Literally zero support, haven't been contacted at all.”*

*“Was told there was nothing available. Sought private help.”*

Sadly, one bereaved parent only had the option of receiving mental health support privately – which they couldn't afford.

*“I was only offered a paid service which during COVID we couldn't afford.”*

Some bereaved parents did manage to get access to some mental health support, but they found it was limited – and unable to fully meet their needs.

*“6 sessions or something. I didn't take this and paid privately – I'm still in therapy 8 years later!”*

*“But it wasn't much help. Lady was lovely but she didn't really help me whatsoever.”*

*“I was offered counselling at the Rosie, which I accepted. The bereavement counsellor stopped our sessions and she believed I was suffering with PTSD and referred me on for further help, which I waited for and never got.”*

*“Limited support offered.”*

Other bereaved parents mentioned only being able to access mental health support after they sourced it themselves.

*“I did eventually self-refer for talking therapies and because I was moving out of the area they fast-tracked me. But after a handful of sessions I was discharged and after I moved I wanted to pick it back up but re-entering this system was difficult to navigate and I gave up.”*

*"I went to my GP and sourced my own support."*

Several bereaved parents mentioned receiving support from the pregnancy and baby loss counselling charity Petals.

*"I didn't receive anything- thankfully I was able to receive counselling through Petals."*

*"I saw my GP a number of times over the months/years following my son's death. All she wanted to do was put me on anti depressants. Thankfully Petals helped me massively and I don't think I would be where I am now if it wasn't for them."*

*"My first loss I accessed petals, the second loss I didn't access anything."*

There was one example of a bereaved parent being able to access counselling through the hospital counsellor.

*"We met with the hospital counsellor. I believe he was based on NICU but offered support for parents who have lost a baby."*

Fathers, partners and non-birthing parents should also be able to access mental health support on the NHS - but are frequently unable to. One bereaved father commented:

*"Consider the partner. It's an experience that you both go through and the better it can be, the more helpful it will be for the healing process."*

## **Perinatal Trauma and Loss Service: freedom of information request**

As part of the national #LostInTheSystem mental health campaign, Sands sent freedom of information requests to every Integrated Care Board, asking them

about the mental health services they commission for bereaved parents.<sup>3</sup> This included the Cambridgeshire and Peterborough ICB.<sup>4</sup>

The freedom of information request found that the Cambridgeshire and Peterborough ICB does commission a maternal mental health service that includes therapy for bereaved parents – the Perinatal Trauma and Loss Service.<sup>5</sup>

According to the freedom of information request:

- Therapy is available for bereaved parents up to two years after their loss.
- Therapy can be provided for as long as it is needed.
- Support is available regardless of the gestation of the loss.
- Fathers and other non-birthing parents do not have access to the service.

**However, this service was only fully launched in the spring of 2025.**

It's therefore unclear how many bereaved parents who took our survey have been able to access this new mental health service.

8 people who took our survey reported that their loss was in the previous 12 months and therefore could have had access to this new service. Of these 8, only one person reported receiving counselling.

## Conclusion: mental health care

**Standard four of the National Bereavement Care Pathway states that all bereaved parents should be informed about and, where needed, referred for emotional support and for specialist psychological support.<sup>6</sup>**

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<sup>3</sup> <https://www.sands.org.uk/lost-in-the-system>

<sup>4</sup> To view the full freedom of information request, see here  
<https://www.sands.org.uk/sites/default/files/FOI%20response%20-%20Cambridgeshire%20and%20Peterborough.pdf>

<sup>5</sup> <https://www.cpft.nhs.uk/ptls/>

<sup>6</sup> <https://www.nbcpathway.org.uk/nbcpathway-standards/>

Many bereaved parents who took our survey were unable to access mental health support completely – forcing them to access services privately, or through the charity sector.

When bereaved parents could access services on the NHS, they often could not receive the level of support that they need.

**It's encouraging to see the recent development of a new mental health service for bereaved parents and families through the Perinatal Trauma and Loss Service.**

However, it's unclear how effectively the service is being advertised to bereaved parents. It's also unclear whether health care professionals across Cambridgeshire and Peterborough are aware of the service, and if they are actively making referrals to the new service.

All bereaved parents deserve access to mental health support if they need it. This should include bereaved fathers, partners and non-birthing parents. This support should also be available for as long as people need it following their loss.

**We are calling for bereaved parents to be made aware of this new service, and for the criteria to be expanded to include every bereaved parent - regardless of when their loss occurred, and including bereaved fathers, partners and non-birthing parents.**

# Appendix 1: Care from hospital staff

This survey focused on three areas where care for bereaved parents could be improved – bereavement facilities, neonatal bereavement care, and mental health support.

However, through the survey, bereaved parents frequently provided good feedback about the care of the bereavement team at the Rosie Hospital.

*"I genuinely couldn't fault the bereavement team at the rosie hospital."*

*"The Rosie team are amazing. They helped put our broken family back together after our daughter was born. It's the people that help you get better not the facilities. They are just a nice bonus."*

*"...the bereavement midwife was great on support"*

*"I was in contact with the bereavement team... who was brilliant."*

*"Our bereavement midwife was very supportive through the process of arranging the funeral etc"*

It's great to see personalised and empathetic care being appreciated by bereaved parents.

However, there were sadly some examples of bereaved parents reporting poor care from other members of hospital staff.

*"I am absolutely disgusted by the care I received from the Rosie during my miscarriage, I was not offered any after care."*

*"The consultant I saw said he was surprised I was so upset and said I was young and could have other children"*

*"The consultant who was overseeing my care was very abrupt and dismissive."*

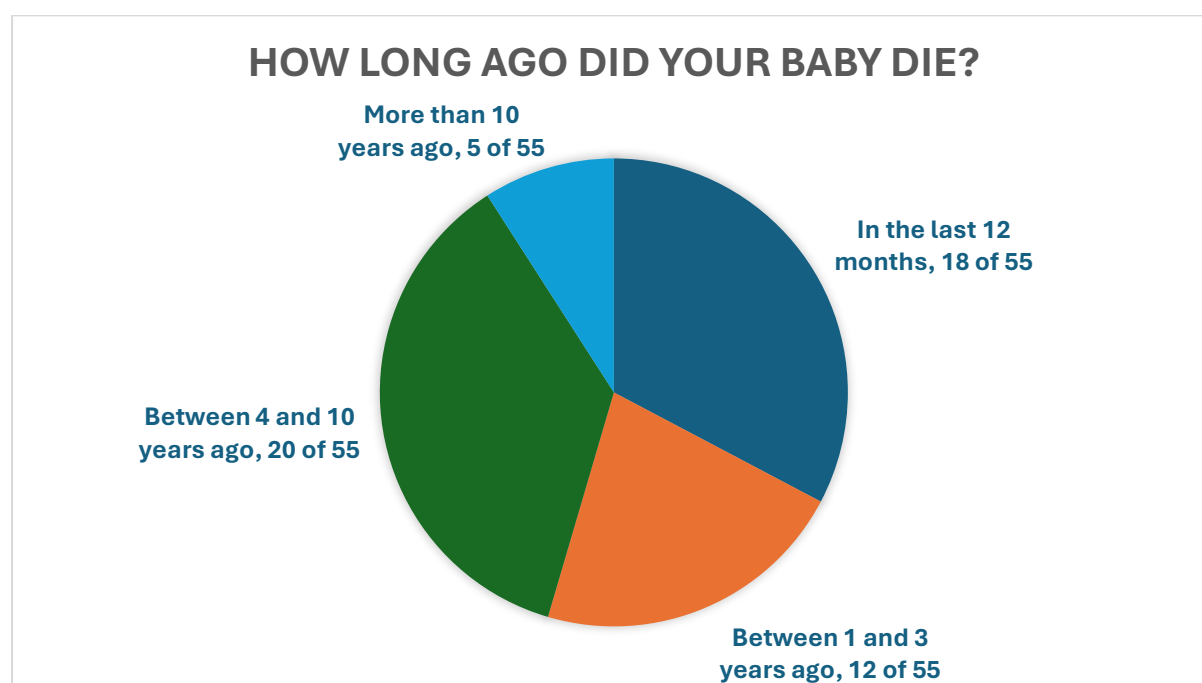
These experiences are concerning to see. According to Sands guidance on the National Bereavement Care Pathway, all staff providing care for bereaved parents and families receive mandatory training in bereavement care.

**Cambridge University Hospitals NHS Foundation Trust must ensure that all staff that provide care to bereaved parents receive mandatory bereavement care training.**

Where bereaved parents have consented, we have shared their feedback anonymously directly to the Rosie Hospital.

## Appendix 2: results by time of loss

We asked every respondent to our survey how long it had been since their baby died.



Most bereaved parents said that their baby died less than 3 years ago. 20 bereaved parents said that their baby died between 4 and 10 years ago, and 5 said more than 10 years ago.

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