



Briefing on

Access to bereavement
care training for healthcare
professionals across the UK

Together, #WeAreSands

Contents

3	Introduction
4	Why is training important?
5	Key findings
7	Availability of training across all professions
9	Availability of training across different professional groups
11	Frequency and length of training across all professional groups
14	Methods used to deliver training
16	Conclusions
17	Recommendations

Introduction

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.

It is estimated that in the UK:

1 in 4

pregnancies end in miscarriage.

5000

wanted pregnancies are terminated for medical reasons every year.

13

babies are stillborn or die shortly after birth every day in the UK.

Thousands of parents experience pregnancy loss or the death of a baby every year. It is estimated in the UK that one in four 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.

In spring 2022, we conducted a survey to understand what is happening in bereavement care following pregnancy loss or the death of a baby in NHS trusts and boards across the UK.

The survey was open between 25 February and 4 April 2022. 117 NHS trusts and boards completed it, which we estimate to be 74% of trusts and boards delivering care to families who experience pregnancy loss or the death of a baby.

We asked questions about access to, frequency of and type of bereavement care training for a range of healthcare professionals (see Annex A for details) who come in to contact with families experiencing pregnancy loss or the death of a baby.

These are the first findings to be published from this audit. The questions asked can be found [on our website](#).



Why is training important?

"Bereaved parents have told us that sometimes it is evident that staff are under-equipped to provide good bereavement care." nbcpathway.org.uk

Sands believes that high quality bereavement care training must be prioritised within health trusts and boards across the UK.



Bereavement care can be challenging for professionals who may feel unprepared and daunted. Specialist training is vital to boost their confidence and skills, enabling them to provide excellent care for families whilst also looking after their own wellbeing.

*"Bereaved parents have told us that sometimes it is evident that staff are under-equipped to provide good bereavement care."*¹

Recent reports have highlighted the importance of training for staff in relation to maternity safety, and bereavement care training must sit

alongside this. Poor quality care when a baby dies can have a lasting negative impact on parents and the wider family. Donna Ockenden noted the devastating effect that lack of compassion had on a whole community in her report into failings in maternity care at Shrewsbury and Telford Hospitals NHS Trust. The Immediate and Essential Actions in the report highlight that staff "should have been trained in dealing with bereavement" and be able to deliver "Compassionate, individualised, high quality bereavement care... for all families who have experienced a perinatal loss".² Sands believes that high quality bereavement care training must be prioritised within health trusts and boards across the UK.

1. <https://nbcpathway.org.uk/>

2. https://www.ockendenmaternityreview.org.uk/wp-content/uploads/2022/03/FINAL_INDEPENDENT_MATERNITY_REVIEW_OF_MATERNITY_SERVICES_REPORT.pdf

Key findings



Lack of availability

On average, healthcare professionals too often do not have bereavement care training available to them, and when they do most of them have to attend it their own time. Less than half (49%) of trusts and boards told us that bereavement care training was available to staff across the range of healthcare professionals who come in to contact with families experiencing pregnancy loss or the death of a baby. Only 12% told us time is given in working hours to attend.



Short amount of time for training

In most trusts and boards that provide bereavement care training it is offered once a year and only for one hour, which is too short to cover the breadth and depth needed to equip healthcare professionals with the skills, knowledge and confidence they need to provide excellent care for families whilst also looking after their own wellbeing.



Virtual training popular but limits learning opportunities

During the pandemic the methods used to deliver training have expanded so that live virtual training is now the most popular option. Virtual training is an important first step, but should be backed up by face-to-face training so that multi-disciplinary teams can come together and practice essential practical and communication skills.

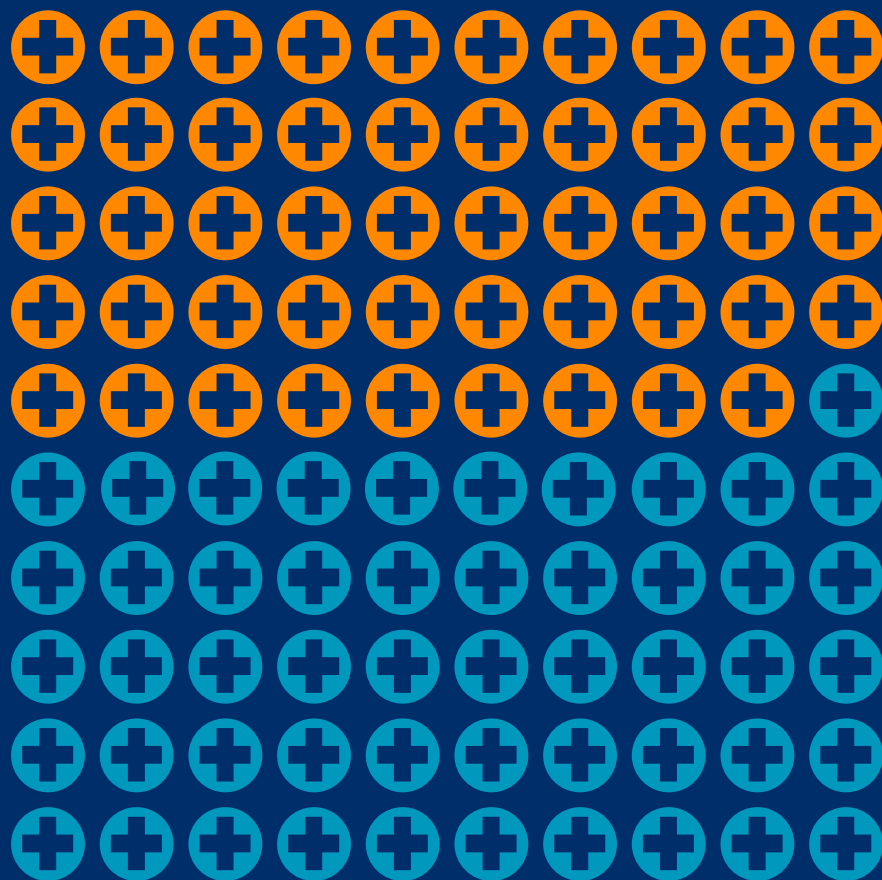
Variation in provision

Overall there is wide variation across the country and between different professional groups in the provision of bereavement care training.



Availability of training across all professions

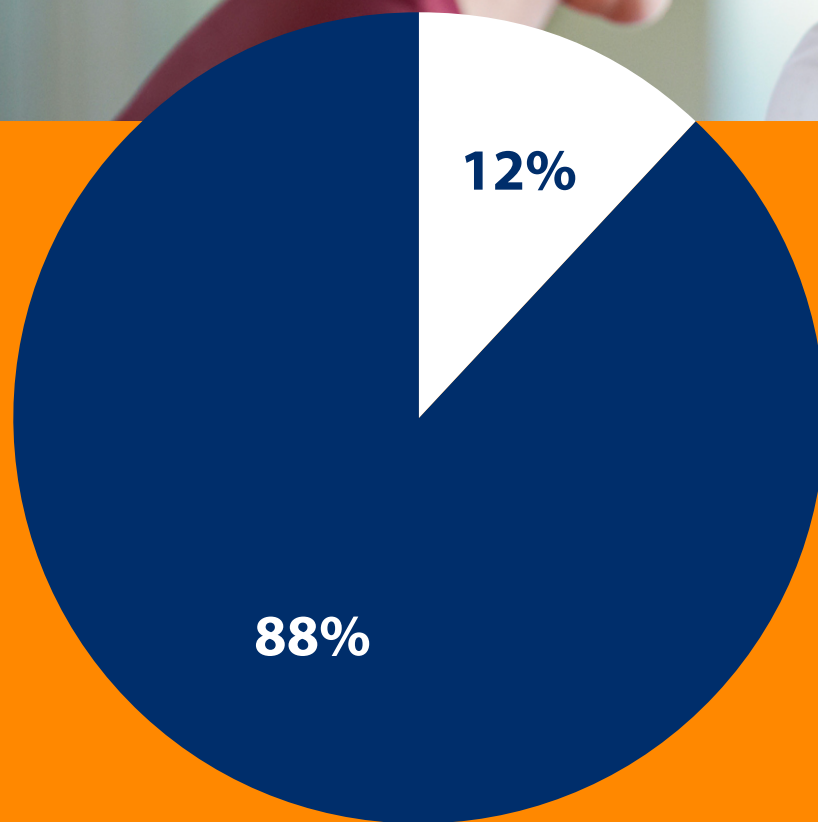
Across the UK, an average of 49% of trusts and boards told us that bereavement care training was available to staff across the range of healthcare professionals who come in to contact with families experiencing pregnancy loss or the death of a baby. 12% told us that time is given in working hours to attend this training.



+ **49%**
Training is available

+ **51%**
Training is not available

Figure 1
Chart showing average
percentage of trusts making
bereavement care training
available across all professions



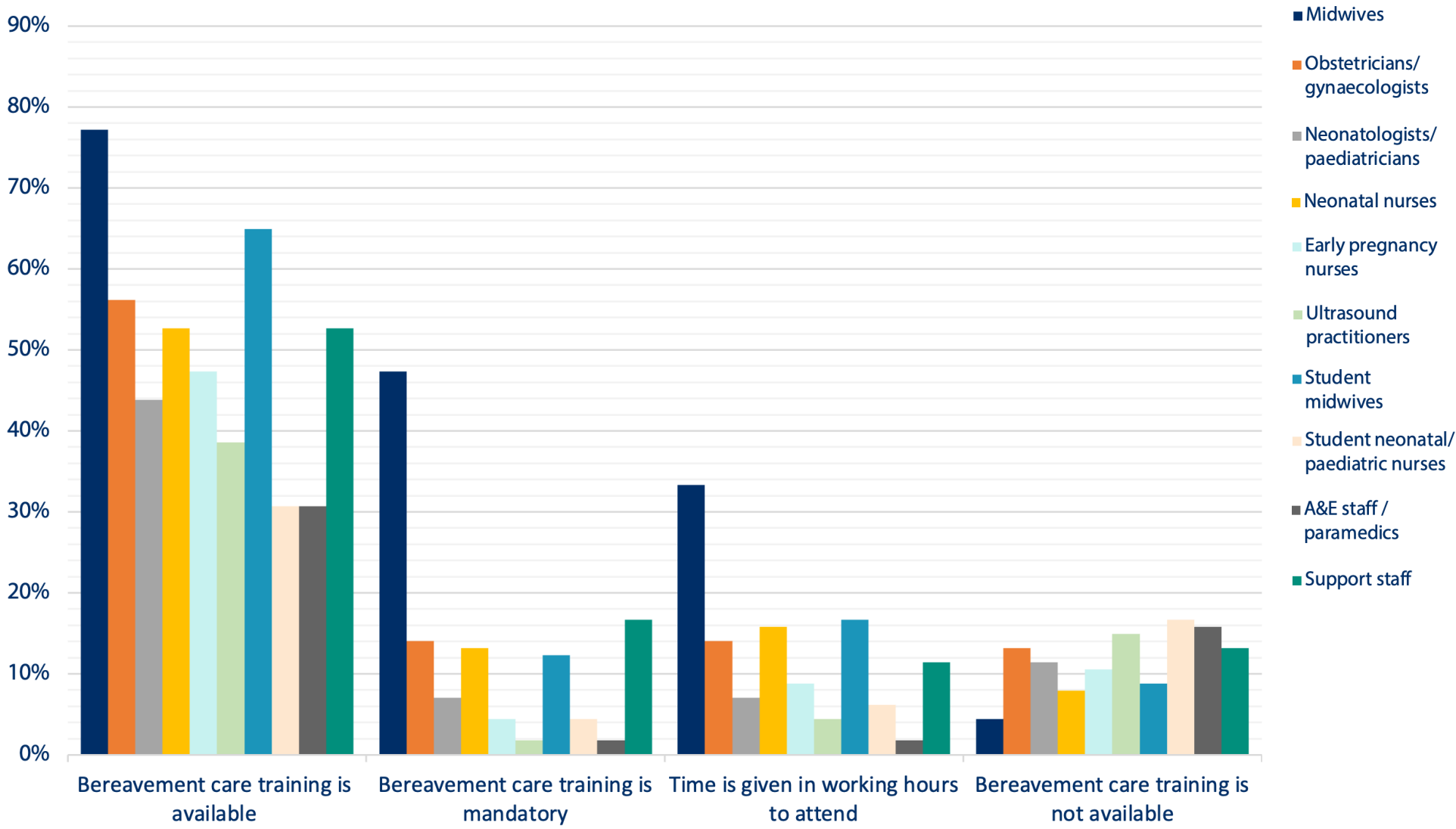
- Time given in working hours
- Time not given in working hours

Figure 2
Chart showing average percentage of trusts and boards giving time in working hours to attend training across all professions



Availability of training across different professional groups

Figure 3 – Chart showing availability of bereavement care training by profession





Midwives

Bereavement care training is most accessible to midwives, with just over three quarters (77%) of trusts and boards telling us it is available to this group. However, only 47% reported it was mandatory for this group, and only a third that time is given in working hours to attend it. This means in a majority of trusts and boards midwives must attend the training in their own time – some of them even when the training is mandatory.



Student midwives, obstetricians and gynaecologists, neonatal nurses and support staff



The availability of this training then declines to just under two-thirds for student midwives and just over half for obstetricians and gynaecologists, neonatal nurses and support staff. It is mandatory for less than 20% in all these groups, who all have much less opportunity (11-17%) to attend in work time.



Neonatologists, paediatricians and early pregnancy nurses

Less than half of trusts and boards reported that neonatologists, paediatricians and early pregnancy nurses have this training available to them. When it is, in over ninety percent of trusts and boards they have to attend it in their own time, and only ten percent reported that it was mandatory.



Ultrasound practitioners, student neonatal and paediatric nurses, and A&E staff and paramedics

Only two fifths of trusts and boards reported that ultrasound practitioners, student neonatal and paediatric nurses, and A&E staff and paramedics had this training available to them. Nearly all reporting that time was not given in working hours to attend.



No training available at all

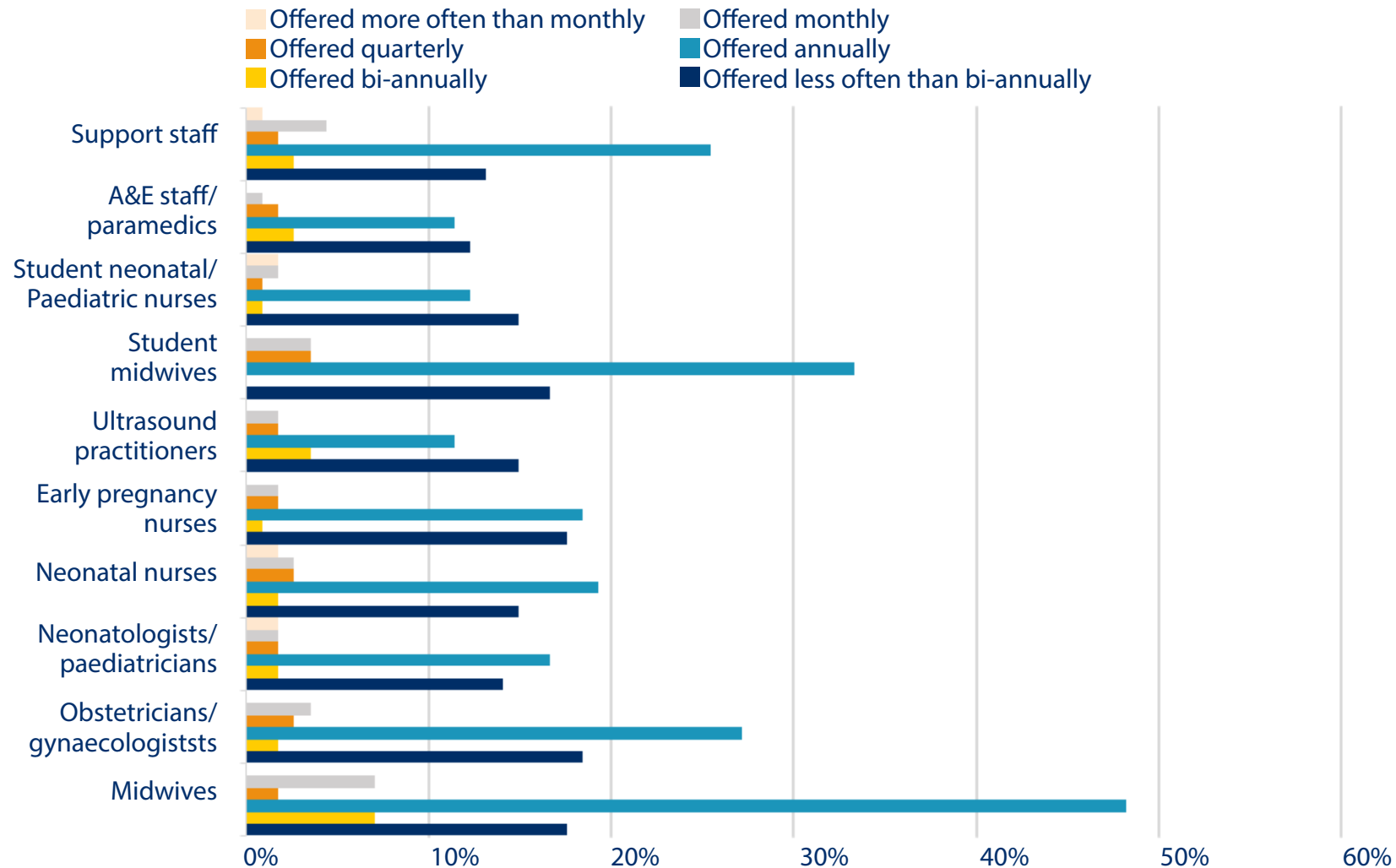
Some trusts and boards reported no bereavement care training is available at all, ranging from 4% for midwives to 17% for student neonatal and paediatric nurses.

See Annex A for table of all responses



Frequency and length of bereavement care training across all professional groups

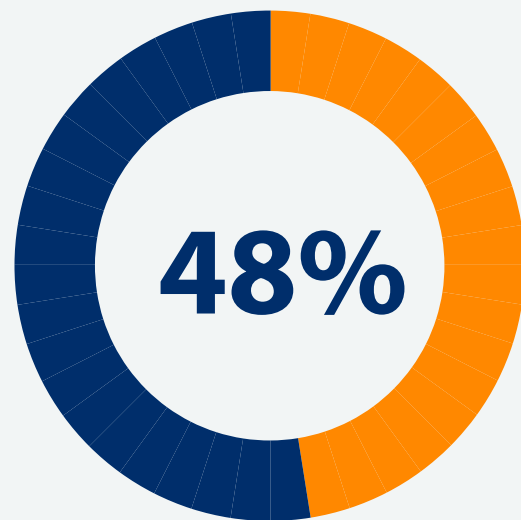
Figure 4 – Chart showing how often training is offered across different professional groups



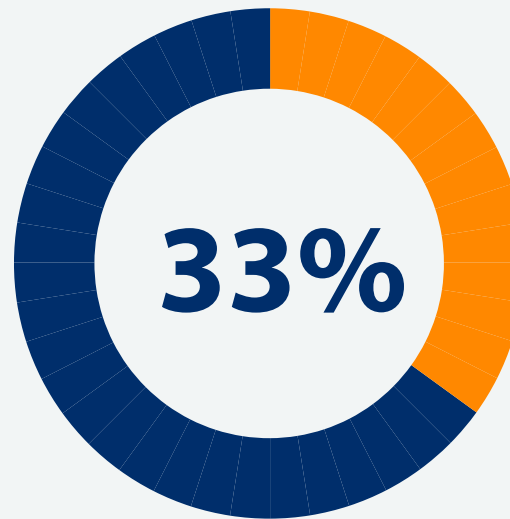


Frequency of training

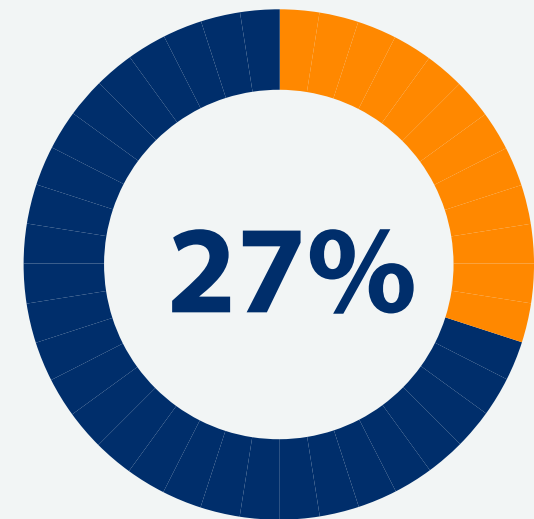
Annual training is the most popular frequency for bereavement care training with just under half (48%) of trusts and boards offering it once a year to midwives, a third to student midwives and just over a quarter to obstetricians and gynaecologists (27%).



Midwives



Student Midwives



Obstetricians and
Gynaecologists



Length of training

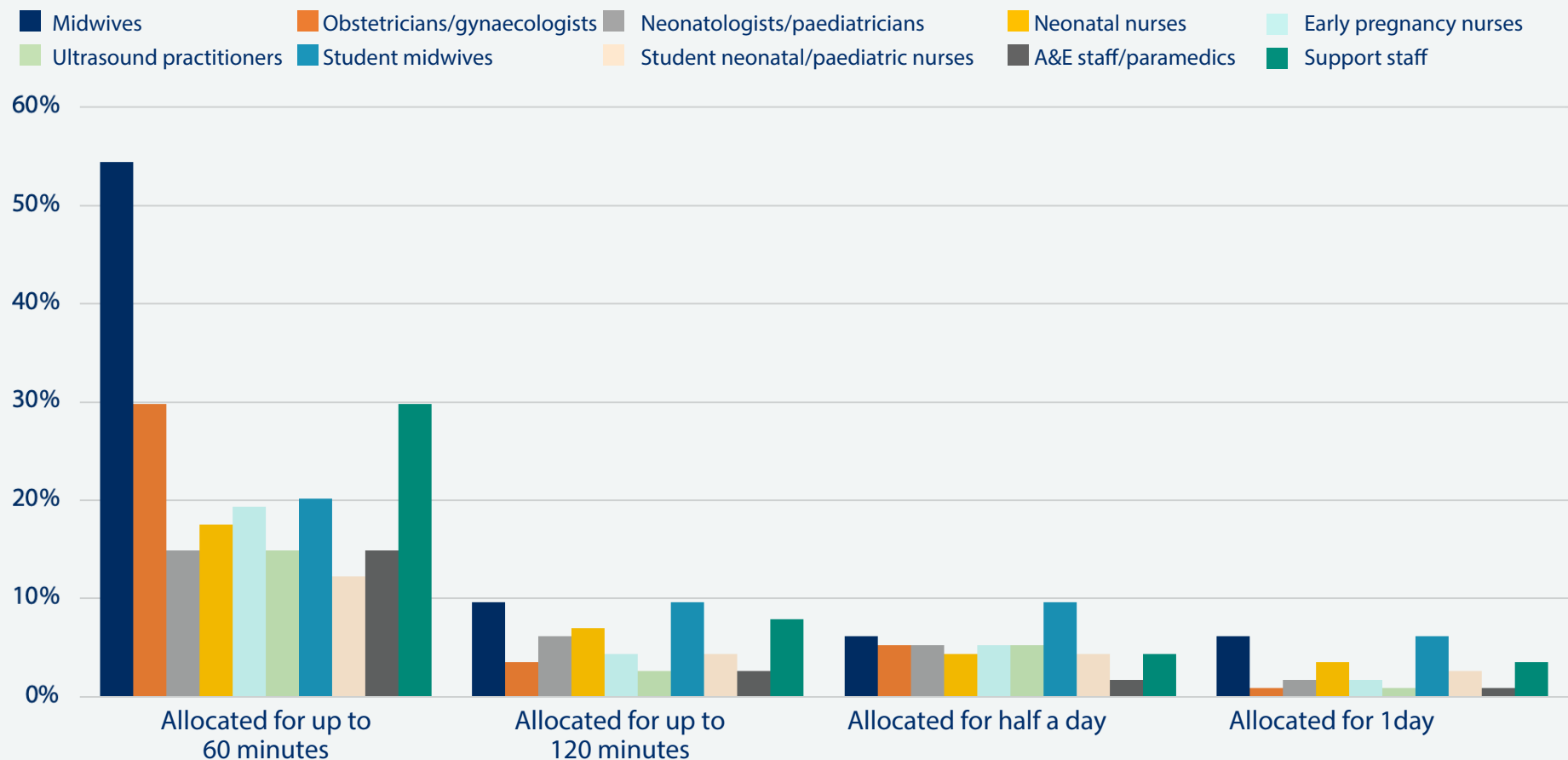


Training is usually allocated for up to 60 minutes. Over half of trusts allocate an hour for midwives and a fifth allocate an hour for student midwives. Just under a third allocate an hour for obstetricians, gynaecologists and support staff.



Only 6% of trusts and boards allocate midwives a whole or half day of training, and this is the professional group with the most access to the more in depth training needed to ensure staff have the skills and knowledge needed to deliver excellent bereavement care. Only 1% of trusts allocate obstetricians and gynaecologists a whole day of bereavement care training.

Figure 5 – Chart showing length of training sessions across different professional groups



Methods used to deliver training



Online

A mixture of options is used to deliver bereavement care training across the UK. Live virtual training is most popular for over half of midwives and between a quarter and a third of obstetricians and gynaecologists, student midwives and support staff.

Face-to-face training has undoubtedly been impacted by Covid, but delivering remote or virtual training can also make bereavement care training more accessible. Online training brings together professionals from all over the UK with varying levels of experience. This facilitates a rich network of interprofessional learning.

Introduction to bereavement care training works particularly well online for inexperienced staff because it allows participants to engage as much or as little as they feel comfortable with. The more anonymous nature of online training (i.e. cameras off) often means people feel more comfortable asking uncomfortable questions, which significantly helps learning and confidence. Online training is seen as the first step in developing the skills needed to provide effective care, but it's essential this first step is built on.



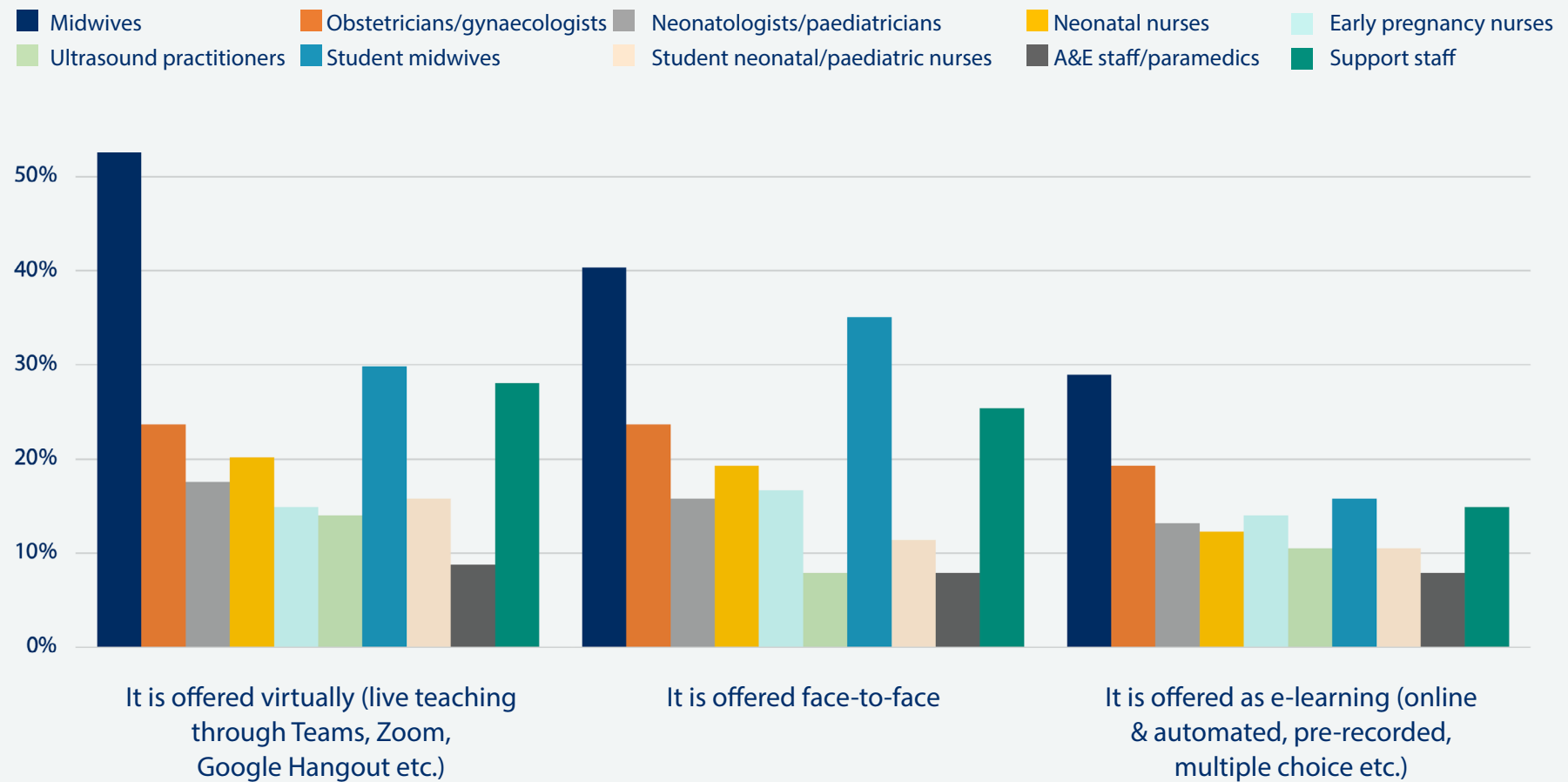
Face-to-face

Face-to-face training provides the opportunity for multi-disciplinary teams to practice essential practical and communication skills. Sands' face-to-face training usually includes a parent speaker. Listening to and learning from service users is essential to developing services. Face-to-face training gives multi-disciplinary teams time and space to debrief and reflect in a safe and structured manner, allowing them to develop individual skills and also consider, as a team, how to improve wider systems and processes.





Figure 6 – Chart showing how training is delivered across different professional groups





Conclusions

"Compassionate, individualised, high quality bereavement care must be delivered for all families who have experienced a perinatal loss, with reference to guidance such as the National Bereavement Care Pathway." The Ockenden Report

Healthcare professionals across the UK do not have sufficient access to bereavement care training. This means they are not adequately supported to gain the skills and confidence they need to provide excellent care for families, or to look after their own wellbeing.

There is wide variation in access to bereavement care training across different groups of professionals, with the best access for midwives, obstetricians and gynaecologists. However, even in this group, it is not mandatory in the majority of trusts and boards, time is not given to attend in working hours (in some cases even when it is mandatory) and sessions are not offered for longer than an hour.

It is very worrying that in the majority of trusts and boards the healthcare professionals who will come in to contact with those experiencing pregnancy loss and miscarriage (early pregnancy nurses, ultrasound practitioners, and A and E staff and paramedics) do not have this training more readily available to them and are nearly

always expected to attend it in their own time.

Covid has undoubtedly had an impact on how training is delivered, with virtual and e-learning as well as face-to-face options available.

If trusts and boards across the UK are to ensure that all bereaved families have access to appropriate bereavement care services, staff must be trained in dealing with bereavement and able to deliver "compassionate, individualised, high quality bereavement care". Action must be taken to ensure that bereavement care training is provided to all staff who come into contact with bereaved parents, and staff are supported by their trust or board to access this training.

The National Bereavement Care Pathway (NBCP), which is currently being rolled out in England and piloted in Scotland, clearly sets out what good bereavement care training for staff should look like.³ Bereavement care training is one of the nine NBCP standards central to high quality bereavement care. The Ockenden Report also states that "Compassionate, individualised, high quality bereavement care must be delivered for all families who have experienced a perinatal loss, with reference to guidance such as the National Bereavement Care Pathway."⁴

3. English pathway - <https://nbcpathway.org.uk/>, Scottish pathway - <https://www.nbcpscotland.org.uk/>

4. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1064302/Final-Ockenden-Report-web-accessible.pdf

Recommendations



Trust and board chief executives

To ensure the immediate and long-term wellbeing of families affected by pregnancy loss or the death of a baby, and for the wellbeing of staff themselves, all trusts and boards must ensure:



Bereavement care training* is provided to all staff who come into contact with bereaved parents, and staff are supported by their trust/board to access this training



Dedicated time is given in working hours to access training



Up to date records of staff attendance at training are kept

*Bereavement care training in this context is specific to pregnancy loss or the death of a baby, helping healthcare professionals improve their skills and knowledge and increasing their confidence to hold difficult conversations in a sensitive way.

Support for trusts and boards to deliver bereavement care training

Sands offers evidence based training from experienced trainers to build the confidence, knowledge and skills of staff to support families through pregnancy and baby loss. From free access webinars on bereavement care and engaging parents in a review of their care, to bespoke webinars and full and half day face-to-face bereavement care training tailored for a specific, unit, hospital or university.

There is more information on our website at training.sands.org.uk

The National Bereavement Care Pathway in England nbcpathway.org.uk

The National Bereavement Care Pathway in Scotland nbcpscotland.org.uk

The National Bereavement Care Pathway also offers two eLearning modules available to all NHS staff and are accessible via the eLearning for healthcare website e-lfh.org.uk/programmes/national-bereavement-care-pathway

Annex A – All training findings



	Training provision	Midwives	Obstetricians/ gynaecologists	Neonatologists/ paediatricians	Neonatal nurses	Early pregnancy nurses	Ultrasound Practitioners	Student Midwives	Student neonatal/ paediatric nurses	A&E staff / paramedics	Support Staff
Availability	Bereavement care training is available	77%	56%	44%	53%	47%	39%	65%	31%	31%	53%
	Bereavement care training is mandatory	47%	14%	7%	13%	4%	2%	12%	4%	2%	17%
	Time is given in working hours to attend	33%	14%	7%	16%	9%	4%	17%	6%	2%	11%
	Bereavement care training is not available	4%	13%	11%	8%	11%	15%	9%	17%	16%	13%
Frequency	Offered less often than bi-annually	18%	18%	14%	15%	18%	15%	17%	15%	12%	13%
	Offered bi-annually	7%	2%	2%	2%	1%	4%	0%	1%	3%	3%
	Offered annually	48%	27%	17%	19%	18%	11%	33%	12%	11%	25%
	Offered quarterly	2%	3%	2%	3%	2%	2%	4%	1%	2%	2%
	Offered monthly	7%	4%	2%	3%	2%	2%	4%	2%	1%	4%
	Offered more often than monthly	0%	0%	2%	2%	0%	0%	0%	2%	0%	1%



	Training provision	Midwives	Obstetricians/ gynaecologists	Neonatologists/ paediatricians	Neonatal nurses	Early pregnancy nurses	Ultrasound Practitioners	Student Midwives	Student neonatal/ paediatric nurses	A&E staff / paramedics	Support Staff
Length	Allocated for up to 60 minutes	54%	30%	15%	18%	19%	15%	20%	12%	15%	30%
	Allocated for 120 minutes	10%	4%	6%	7%	4%	3%	10%	4%	3%	8%
	Allocated for half a day	6%	5%	5%	4%	5%	5%	10%	4%	2%	4%
	Allocated for 1 day	6%	1%	2%	4%	2%	1%	6%	3%	1%	4%
Method	It is offered virtually (live teaching through Teams, Zoom, Google Hangout etc)	54%	24%	18%	20%	15%	14%	30%	16%	9%	28%
	It is offered face to face	40%	24%	16%	19%	17%	8%	35%	11%	8%	25%
	It is offered as e-learning (online, automated, pre-recorded, multiple choice etc)	29%	19%	13%	12%	14%	11%	16%	11%	8%	15%



Sands is here to save babies' lives and support anyone affected by pregnancy loss or the death of a baby.

For information on training please visit training.sands.org.uk

Together, #WeAreSands