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The National Bereavement Care Pathway: striving to improve the standard of care

Everyone wants to see a reduction in the number of babies dying before, during or shortly after birth. For those parents who do experience a pregnancy loss or the death of a baby, it is vital that they receive the best possible care and support.

This is not a simple aspiration. There is enormous variation in the care bereaved parents receive, as these two quotes from parents highlight:

"I felt like a burden on staff; they made me feel they were there to help live babies." Mother A.

"The midwife was an angel." Mother B.

We must strive to reduce this variation to enable all parents to have the best bereavement care possible. The National Bereavement Care Pathway offers a very real opportunity to make this happen. The project, which has been envisaged for some time, is supported by the Department of Health and the All Party Parliamentary Group on Baby Loss, and its development is well underway.

Led by Sands on behalf of a multi-agency core group of baby-loss charities and professional bodies, the pathway has two clear aims for families suffering the loss of a baby through miscarriage, termination for fetal anomaly, stillbirth, neonatal death or sudden and unexpected infant death up to 12 months:

1. Improve bereavement care
2. Reduce the variability in bereavement care.

The project will provide a dedicated, evidence-

Wirral University Teaching Hospital
Liverpool Women's Hospital Trust
York Teaching Hospital NHS Trust
Hull and East Yorkshire NHS Trust
Heart of England NHS Foundation Trust
Walsall Healthcare NHS Trust
Northern Devon Healthcare NHS Trust
Medway Maritime Hospital, Medway NHS Foundation Trust
West Middlesex Hospital, Chelsea and Westminster Hospital NHS Foundation Trust
Queen's Hospital, Barking, Havering and Redbridge University Hospitals NHS Trust
Ipswich Hospital NHS Trust

TABLE 1 The 11 sites that will pilot the National Bereavement Care Pathway from October 2017.

based care pathway with guidance for professionals delivering bereavement care to parents and families. As its name infers, it is a national project although at this stage its scope is limited to England and not the devolved nations.

FIGURE 1 highlights the pathway's aims and objectives. The overriding principle is a parent-centred approach that strives to overcome inequity in the provision and experience of bereavement care to ensure that all bereaved parents are offered high quality, individualised, safe and sensitive care.

The core group of organisations involved in the project are:

- Sands
- Antenatal Results and Choices (ARC)
- Bliss
- Lullaby Trust
- Miscarriage Association
- Neonatal Nurses Association
- Royal College of Midwives
- Royal College of Nurses
- Royal College of Obstetricians and Gynaecologists
- Institute of Health Visiting
- NHS England
- A representative of the UK Research community.

Core to the project is its collaborative approach based on feedback from professionals and

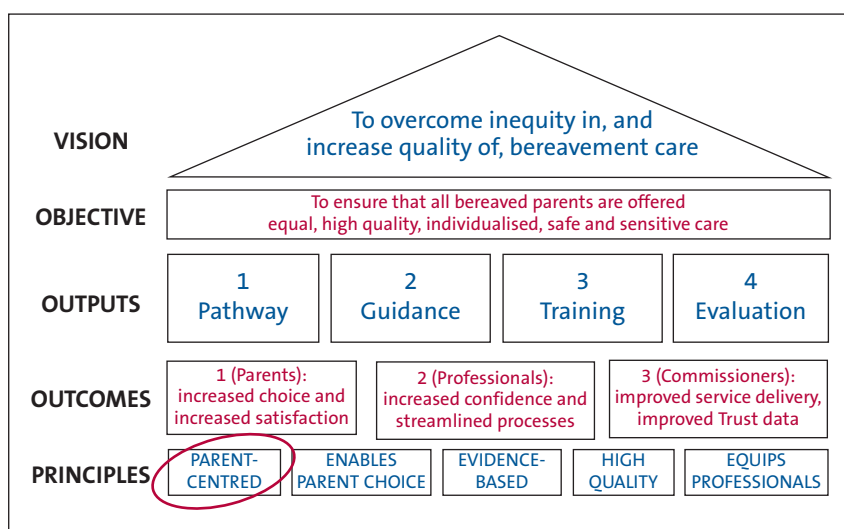


FIGURE 1 The National Bereavement Care Pathway's aims and objectives. A parent-centred approach is paramount.

bereaved parents, and therefore the input of healthcare professionals is crucial to its success. Many have contributed so far through the sharing of good practice following a call for evidence in February, by attending professional stakeholder workshops in May, or by offering to host the pathway as a pilot site. The project is always open to further advice and suggestions so please do get in touch with your ideas and experiences.

From October 2017, 11 sites – representative of geography, capacity and specialism – will pilot the use of the pathway and work with the project team based at Sands and an evaluation partner to understand the impact and the effectiveness of the

pathway on bereavement care. The 11 sites can be seen in **TABLE 1**.

A second wave of sites is planned for April 2018 ahead of a wider national roll out in October 2018. An announcement regarding these sites will be made early in 2018.

Parents have told us that compassion, communication and collaboration are the most important attributes when providing bereavement care. The National Bereavement Care Pathway gives us the opportunity to ensure that these are applied more consistently, reducing variation and the notion of a postcode lottery.

Sands will continue to report back on the progress of the pathway's development over coming months via the National Bereavement Care Pathway web page, blog pages and Twitter. We would very much welcome your contribution to the discussion; if you would like to get involved please do get in touch.

Sands' NBCP web page www.uk-sands.org/professionals/projects-improve-bereavement-care/national-bereavement-care-pathway

Marc Harder's blog www.uk-sands.org/about-sands/media-centre/blog

Twitter @sandsUK

Further information is also available via the core group organisations.

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