House of Commons

London SW1A OAA

All-Party Parliamentary Group on Baby Loss

Tuesday 19th March, 10.00am – 12.00pm

Chairs: Cherilyn Mackrory MP
Online

MINUTES

Members in attendance:

- Cherilyn Mackrory (Chair)

Speakers:

- Marc Harder, Head of Bereavement Care & Hospital Liaison
- Sarah-Jane Pedler, Consultant Midwife for Vulnerable Women, People and Families, Cornwall Maternity Services
- Karen Stoyles and Claire Parker-Billinge, Bereavement Midwives, Cornwall Maternity Services
- Hannah Putley, Maternity and Neonatal Policy Manager, Department of Health and Social Care
- Jane Scott, Divisional Bereavement Project Lead Midwife
- Alex Mancini, National Lead Nurse for Neonatal Palliative Care

Guests attending online:

Carly		
MK		
Colette		
Paula	Abrahamson	
Jenny	Angliss	
Abbie	Aplin	
Laura	Atherton	Countess of Chester Hospital NHS Foundation
Lydia	Baker	Epsom and St Helier University Hospitals NHS Trust
Laura	Bennett	
Laura	Bridle	King's College Hospital NHS Foundation

Karen	Burgess	
Jessica	Burley	
Jenni	Calcraft	The PABL Project
Owen	Cartney	Cherilyn Mackrory MP
Lauren	Caulfield	
Ann	Chalmers	
Julia	Clark	Sands
Sharon	Darke	Footprints
Kate	Davies	Tommy's
Jo R.W.	Dickens	
Mia	Edwards	
Jane	Fisher	
Ellie	Graham	
Clea	Harmer	Sands
Ceilidh	Harris Al Amoodi	Sands and Tommy's Joint Policy Unit
Maninder	Hayre	
Ryan	Jackson	LMF
Sarah Jane	Lake	UHNM
Ken-Dror	Liat	
Dr Chantal	Lockey	
Abigail	McKee	
Melanie	Mears (QNC)	SSOT
Aimee	Middlemiss	
Kate	Mulley	Sands
Holly	Osman	Sands
Munira	Oza	
Sarah	Paxman	NHS Mid and South Essex
Louise	Peacock	NHS LANCASHIRE AND SOUTH CUMBRIA ICB
Iwona	Przylecka	C&W Partnership Trust
Jessica	Reeves	Sands
Mollie	Ricketts	Sands
Suze	Ridley	Imperial College Healthcare NHS Trust
Carolyn	Rowbotham	Ketteringham General Hospital NHS Foundation
Zoe	Russell	
Suzie	Scofield	Footprints Baby Loss
Jan	Sibbet	
Prof. Lucy K	Smith	
Aidan	Smith	Sands
Susan	Smith	NHS Devon
Anna	Stewart	Torbay and South Devon NHS Foundation Trust
Jenny	Tata	
Michelle	Tomkinson	
Alex	Twemlow	Helen Morgan MP
Liz	Ware	

Sasha	Webb	NHS Bath and North East Somerset

1. **Welcome & introductions** (Cherilyn Mackrory MP)

Cherilyn welcomed everyone attending the meeting which is being held fully online. Cherilyn informed those attending the meeting that there will be a chance for questions after each agenda item.

2. **APPG on Baby Loss updates** (Cherilyn Mackrory MP)

Birth Trauma Inquiry

Cherilyn informed the group that the Birth Trauma APPG, chaired by Theo Clarke MP, has recently published a call for evidence for an inquiry into traumatic births in the UK. The information gathered will be used to inform a policy report which is due to be published in Spring 2024 and include practical policy recommendations for the UK Government.

Perinatal Pathology Update

Cherilyn updated the group on Perinatal Pathology Services stating that NHS England and the Royal College of Pathologists (RCPath) are currently finalising a specific parent pathway, accompanied by guidance on communicating with families. **Cherilyn** added NHSE are actively seeking to recruit perinatal pathologists from overseas. Financial incentives are in place for UK trainees to take up posts in England and RCPath is revising the training requirements for pathologists arriving from overseas, to align with UK requirements.

Cherilyn noted these measures will not have a quick impact on the current crisis. In the meantime, NHSE has implemented a system for managing mutual aid between pathology centres and for gathering more detailed data about the state of services in the regional centres.

Introduction of the Baby Loss Certificate

Cherilyn informed the group that the Department of Health and Social Care have introduced a voluntary certificate for parents to recognise the loss of a baby before 24 weeks of pregnancy. This is an official, but not legal, document and has been announced as part of the response to the Pregnancy Loss Review.

£50 million for research to tackle maternity disparities – Women's Health Strategy 2024

Cherilyn voiced that the APPG were delighted that the Government has announced £50 million dedicated for research to tackle maternity disparities. This is the first ever National Institute for Health and Care Research (NIHR) 'Challenge', backed by researchers, policymakers, and women who will be tasked with finding new ways to tackle maternity disparities.

Spring Budget

Cherilyn updated the group that within the Spring Budget, the Government announced that almost £35 million will be invested to fund specialist training for staff and recruit additional midwives to improve maternity services. In addition to £9 million which will be dedicated to preventing avoidable brain injuries in childbirth. Women's voices and experiences will also be prioritised with funding allocated to improve care.

National pregnancy and baby loss people policy framework' for anyone working in the NHS in England

Cherilyn stated that NHS England announced on 13th March that NHS staff who suffer a miscarriage will now receive up to 10 days additional paid leave, under new guidance issued to local hospitals. Women who experience a miscarriage in the first 24 weeks of pregnancy will be offered up to 10 days paid leave and their partners will be offered up to 5.

APPG on Baby Loss EGM

Cherilyn updated the group that the APPG on Baby Loss held an EGM on 12th March and re-elected herself and Helen Morgan MP Co-Chairs of the group, alongside Sarah Owen MP and Sir John Hayes MP as officers.

3. National Bereavement Care Pathway Update

Marc Harder - Head of Bereavement Care & Hospital Liaison, Sands

Marc started his presentation by stating collaboration is key and began when the APPG called for the development of a National Bereavement Care Pathway (NBCP). **Marc** outlined in 2017, NBCP ran listening events with both parents and Hospital Care Practitioners (HCPs) and started with 11 pilot sites running. Wave 1 of the NBCP pilot programme commenced in October 2017 during Baby Loss Awareness Week with Will Quince MP and Antoinette Sandbach MP.

In 2018, there was an external evaluation of NBCP. This concluded the initial was effective, and the Pathway was extended to a further 20 hospital trusts. By mid-2018 the NBCP was being implemented in over 30 sites.

A Parliamentary reception was held in 2019, alongside the launch of e-learning for health care tools on the ELFH platform. Over 10,000 of these modules have now been completed. There are two short modules in that tool kit for healthcare professionals (HCPs) and an introductory module available to anyone. The NBCP continued to be rolled out in England and the Scottish Government picked up the pathway.

Marc explained that Covid-19 meant they had to adapt support and send out guidance based on feedback from parents and HCPs. In 2023 toolkit modules were released to help implement the pathway. These included four modules helping front line HCPs to work more closely with families, as well as engage parents throughout their bereavement journey, not just the review process. In 2024 99% of trusts have signed up to the NBCP. There are only two trusts left.

Marc noted that signing up to the NBCP does not mean that the pathway is always implemented and adhered to every time a baby has died. He outlined the five experiences of loss which are part of NBCP:

1. Miscarriage, ectopic pregnancy and molar pregnancies
2. Termination for medical reasons
3. Stillbirth
4. Neonatal death
5. Sudden Unexpected Death in Infancy (SUDI) up to 12 months

High quality bereavement care consists of nine standards, but discussions have recently

taken place with HCPs to ensure these are still the right standards based on what HCPs and families feedback. The nine standards currently consist of:

1. Informed choice
2. Opportunities to make memories
3. Bereavement rooms
4. Bereavement Lead
5. Bereavement Care Training
6. Emotional and mental health – assessment and referral
7. System to signal where there has been a bereavement
8. Parent-Led Bereavement Plan
9. Support and resources for healthcare staff

Marc noted that the NBCP Scotland is fully funded directly form the Scottish Government and embedded into the Best Start Programme. All 14 NHS Boards are implementing the pathway. **Marc** noted the pathway is mandated in Scotland, but voluntary in England. A Project Evaluation is due in April 2024with all pathways currently under review and due to be updated later in 2024.

In Wales, **Marc** informed that a scoping project has been undertaken with a small Welsh Government grant. There have been 9 listening events with parents and professionals throughout February and March. The discussions from these events will be reported back to the Welsh Government by the end of March. Lots of Health Boards are already using the NBCP but **Marc** emphasised the importance of basing the Welsh pathway on the views of Welsh families and HCPs to ensure it is centred around local need.

Similarly, in Northern Ireland, multiple Health Trusts are already using NBCP resources. In addition, a proposal for 2-year project which has been accepted verbally by the Public Health Agency and will be finalised from April 2024.

In terms of equipping the workforce in England, **Marc** outlined that there are annual best practice workshops for HCPs. He noted this is also an opportunity to share Sands Listening Project and information about disparities in pregnancy outcomes, as well as, what it means for bereavement care. Memory making outside the bereavement box is also an aspect which is covered in the workshops. **Marc** added there will be a website relaunch which will help the workforce. In addition, 2 toolkits which be delivered later in the Spring and will focus on diversity and equality within the bereavement care setting. Bereavement care outside of the hospital is another focus, most notably for paramedics and GPs who help inform that work. **Marc** stressed he is acutely aware that bereavement care isn't limited to a hospital setting and others need to be trained to help support families.

In terms of the impact of the NBCP, **Marc** emphasised there are only two more sites to sign up to the NBCP. **Marc** noted NBCP has been added into the Royal College of GPs Training. The impact of the NBCP can be seen through the experience of bereaved parents - 88% of parents were able to make memories of their babies in hospital. This has been made possible through pushing bereavement care standards at a local and national level. There is an increasing understanding of the importance of acknowledging loss and the baby. **Marc** highlighted that there are inequalities for babies born to someone under the age of 20. This is an inequality which has begun to be monitored.

Marc emphasised parents are the heart of the pathway and there is a focus to continue to push for engagement of parents in review and investigations. 78% of parents bereaved in the past 3 years were told about a review into their baby's death, compared to 44% of parents bereaved more than 4 years ago.

Similarly, **Marc** added there have been improvements in bereavement in the workplace, with 48% of parents bereaved in the past years stating they felt supported by their workplace to return. **Marc** stated it was great to see NHSE lead the way with bereavement leave.

Marc concluded by stating a consultation on the 9 standards is being carried out and will be published later this year. There will also be a focus on continuing to equip the workforce with new resources including on translation and interpretation, inequalities in younger parents and postmortem. New toolkit modules will also be published in the next few months. **Marc** added that pushing for policy measures and resources to ensure compliance is another priority. **Marc** summarised by stating equity across the UK is key to ensuring the highest quality bereavement care is available for every bereaved person and family regardless of their location, ethnicity or postcode.

Cherilyn thanked Marc and noted there had been a comment in the chat about having more translated documents for families.

4. **Sharing good practice from Cornwall Maternity Services**

   Sarah-Jane Pedler - Consultant Midwife for Vulnerable Women, People and Families

   Karen Stoyles and Claire Parker-Billinge, Bereavement Midwives

Cherilyn introduced SJ, Karen and Claire and noted how particularly proud she was that they are presenting at the APPG meeting, especially considering the team looked after her when she lost her daughter 5 years ago.

SJ began by explaining Royal Cornwall Hospital Maternity Unit is a medium size general hospital, which has 3750 births annually. The hospital has a Level 2 Neonatal Unit and provides care for women who are over 14 weeks gestation following pregnancy or baby loss. **SJ** noted the NBCP underpins the bereavement care provided.

Karen stated enthusiasm for bereavement care has been long standing in Cornwall which is reflected through the opening of a Bereavement Suite in 1996 and its refurbishment in 2011. The refurbishment was funded by a local charity, Ella's Memory, which allowed for the suite to have a separate entrance and its own garden. An onsite Remembrance Garden was also created in 2008 and in 2016, Ella's Memory installed a Baby Memorial Tree to enhance the garden. **Karen** added the garden has become a huge focus for parents to able to come and spend time there following the loss of their babies. Ella's Memory have also funded a nearby off-site counselling room and counsellor in 2019, which means parents no longer need to return to maternity unit to meet with consultant for results or feedback. Parents get 6 paid for counselling sessions. **Karen** added Cornwall Maternity Services were part of the second wave pilot of the NBCP and as of 2020, Rainbow Pregnancy support is provided on an ad hoc basis. **Karen** noted one challenge is to get this support formulised and have a proper rainbow clinic.

Claire explained that bereavement midwives are available Monday to Friday, as well as, on call Saturday and Sunday. The Obstetric Bereavement Lead Consultant is allocated one

hour a week, but **Claire** added the Consultant spends a lot more time than one hour in her personal time. In addition, a new Maternity Bereavement Support Worker is due to start this new post in March 2024. She noted the Chaplaincy Team are available for 24-hour support for parents and are very helpful in the Annual Baby Remembrance Service. **Claire** stated there is a Clinical Supervision for Bereavement Midwives and Maternity Support Worker, in addition to monthly drop-in sessions.

In terms of wider support, **SJ** stated there is a Consultant Midwife and a Perinatal Loss and Trauma Team and Enhanced Midwifery team. The team consists of a full-time clinical psychologist, perinatal mental health nurses and a perinatal loss and trauma midwife who has recently been appointed. **SJ** also noted there is enhanced community midwifery which is a new role and will ensure the most vulnerable families are supported, especially those from ethnic minorities.

SJ emphasised that the Bereavement team work with four pillars of guidance centred around emotional support, governance, legal process and practical support. **SJ** highlighted that staff are consistently looking at how and what can be done to improve.

Karen highlighted that there has been consistently good feedback from parents and levels of complaints have significantly dropped. There have been many positives including a high level of parental engagement with PMRT process, individualised parent-led bereavement support, environmental changes to increase privacy when delivering bad news and a new full day training including NBCP for preceptee midwives & annual updates increased to 1.45 hours for all midwives. A Facebook Bereavement Peer Support Group has also been launched which helps to maintain contact if needed.

In terms of challenges the maternity service faces, **Claire** stated there are delays in transfer of PMRT lead responsibility to Patient Safety Team will be worked on. In addition to, the implementation of the NBCP across all settings and ensuing equity of service to all parents so that there is a standard of care for everyone.

SJ outlined a structured Rainbow Pregnancy service is on the wish list of improvements in the future, which will require a business case as the first stage. In addition to this a scanning clinic and an implementation of the under 24-week Pregnancy Loss Independent Review recommendations. There will also be a focus on introducing NBCP training for all staff at Trust induction and extend the NBCP training to doctors, gynae and ED staff.

Cherilyn thanked Cornwall Maternity Services for the care they provided her five years go and expressed that she hopes their presentation will help other HCPs with ideas and ways to secure funding.

5. **Insights from the Pregnancy Loss Review from Department of Health and Social care**

   Hannah Putley - Maternity and Neonatal Manager, DHSC

Hannah began by thanking Zoe and Sam for the work they did on such a detailed and important report. She went on to explain she leads the baby loss work within the Maternity and Neonatal team at DHSC. The Pregnancy Loss Review and the Government's response

to it were both published in July 2023. The Government's response set out recommendations to implement in year one.

Hannah stated the Baby Loss Certificates were launched on 22nd February and are an important of recognition for parents and helping with grief. 40,000 applications have been received so far. Both parents are entitled to a certificate if they have experienced a loss under 24 weeks gestation since 1st September 2018, over the age of 16 and living in England. **Hannah** noted the biggest feedback is around extending the date for more historic losses. Minister Caulfield is currently working on this.

Hannah informed the APPG that the DHSC are working on the sensitive storing of baby loss tissue. Sam and Zoe created a bespoke receptacle throughout the review and the department have continued to work to make sure that foetal remains can be collected and stored with dignity. In January 2024, a workshop took place with stakeholders and representatives of NHSE to feed in their views for a draft product specification. **Hannah** added that work is being undertaken with NHSE to get the clinical sign off that's necessary to be able to supply the product. NHSE also have undertaken scoping work to understand the provision of cold storage facilities to ensure parents are able to take that product into clinical settings, rather than storing remains at home too.

Hannah added another key theme is around information and awareness. The DHSC have begun work to ensure information is available through posters and leaflets online and in trusts on what to do if someone experiences pain or bleeding during pregnancy. The posters will include local contact details so that women know who and where to contact.

The model of care is also an area the DHSC are also focussing on. Tommy's miscarriage centre completed a pilot to assess the effectiveness of the graded model of care. The pilot was a huge success.

Hannah highlighted that NHSE's publication of the National Pregnancy and Baby Loss People Policy Framework last week included the improvement of bereavement leave. This includes bereavement leave no longer will be part of sickness or parental leave and more mental health support will be available.

Hannah added NHSE have been investigating how commissioners of 111 can work with services to ensure patients with complications can be sent, where appropriate, directly to Early Pregnancy Assessment Unit (EPAU). In addition, NHSE have started to review the directory of service to make sure that each EPAU within a local area is up to date. This will allow women who experience loss to be able to go to the closest service. In March 2023, NHSE published the 3-year Delivery Plan which included a commitment to undertake a compliance survey of the states, including early pregnancy and bereavement services. A review of the building of maternity care facilities was also commissioned to make sure that best practice guidance on design and planning of new healthcare buildings is available. The plan also included bereavement services to be available 7 days a week in all trusts. Hannah emphasised NHSE are doing really important work.

Hannah concluded by adding the Maternity Safety Package of £35 million over three years was announced in the budget two weeks ago. She outlined the package includes a particular focus on training staff and additional midwives, funding over 160 new midwives and training around 6000 staff in neonatal resuscitation. In addition to £9 million for a Brain Injury Reduction Programme across maternity units in England. This will provide maternity staff and services with the tools and resources to make sure they can prevent brain injuries.

Cherilyn thanked Hannah for her informative update on the DHSC's work.

6. **National Bereavement Midwives Forum and Neonatal Palliative and Bereavement Care Nurses Network Update**

   Jane Scott MBE - Divisional Bereavement Project Lead Midwife
   Alex Mancini - National Lead Nurse for Neonatal Palliative Care

Cherilyn introduced Jane Scott MBE and Alex Mancini.

Alex began by stressing the importance of neonatal and maternity care coming together to ensure a continuum of care.

Jane outlined there are 338 midwives on the Bereavement Midwives' Forum which covers several trusts across the UK. The forum meets in person twice a year, was found in 2013 and is partially funded by 4Louis. **Jane** added she joined forces with Alex a couple of years ago and they are now a team of 500 frontline clinicians who care for bereaved parents and families. The clinicians come together to share best practice tips, standard operation procedure and most importantly provide psychological support to each other.

Jane stated the NHS 3-year delivery plan outlines their vision. She noted work is being done with the Race and Health Observatory to understand the needs of bereaved parents from every different nationality. The gaps identified in the Kirkup and Ockenden Report, the disparities in the roles of neonatal nurses dealing with palliative care babies and deaths and bereavement midwives is vast. **Jane** added funding and support from upper management are also problematic. Bereavement midwives and neonatal nurses have expressed struggling with burn out and lack of support.

Alex expanded on this stating whilst there are significant investments in employing more midwives and neonatal nurses, it is essential to think about the expertise in the workforce we have. **Alex** asserted that opportunities need to be created for expertise to be shared with the new workforce coming through. This is challenging without having adequately funded dedicated roles and it is essential that roles are not diluted. **Alex** added she and Jane have begun conversations with NHSE regarding this.

Jane stated the forum is constantly building relationships with key stakeholders. This has involved being heavily involved with the new RCPath pathology guidelines by providing a clinical element for new mandated guidelines and postmortem consent. **Jane** noted the forum also pushed for bereavement midwives not to be responsible for submitting PRMT findings, which served as a conflict of interest when looking after families. **Jane** added more study sessions will be available to help bereavement midwives understand what is needed by families when they lose babies. In addition to understanding different cultural and religious needs in order to tailor care accordingly.

Jane stated 4 gold standards were submitted to Parliament in December 2021 for bereavement midwives.

1. Band 8d WTE National Lead, Senior Bereavement Midwife to be able to oversee services
2. 1x Band 8b WTE Regional Bereavement Midwife to oversee services, assist failing trusts and lead on upping standards. Bereavement midwives need advanced training.

3. 1x Band 7 WTE Bereavement Midwife for every 2,500 deliveries in every trust across the UK, including losses under 20 weeks and the availability of support during weekends, Bank Holidays, Annual Leave and sickness.
4. Mandatory Monthly supervision and advanced clinical training for all specialist Bereavement Midwives & Neonatal Palliative & Bereavement Care Nurses. Support is essential for bereavement midwives and neonatal nurses is essential.

Alex emphasised the same gold standards are needed in the neonatal work, but highlighted there are specific differences. On neonatal units, there is huge uncertainty on when babies could die – it could be weeks or months. There are only 10 neonatal units which have a dedicated and funded Neonatal Palliative & Bereavement Care Nurse role.

Alex outlined requirements for care to be equitable and consistently high quality for babies and their families. In addition to stressing, the number of births needs to be looked at, not the number of deaths.

1. 10 x Band 8 WTE Regional Neonatal Nurse for each Region (there are 10 regions)
2. 43 x Band 7 WTE for each Level 3 NICU as a minimum
3. 50 x band 7 WTE across the remaining 112 Level 2 and Level 1units

Alex identified immediate and decisive action must be taken to implement change to ensure that psychological support for the workforce and investment in training is in place. She added it is essential to know where the £35 million invested to fund specialist training for staff and recruit additional midwives is going and that each trust needs to be made accountable.

Alex continued that it is essential that the National Maternity & Neonatal Palliative & Bereavement Care agenda has a clear context within the NHS, professional bodies and service management with relevant expertise. Funding needs to be available and traceable to deliver advanced training and psychological support for specialist midwives and neonatal nurses.

Jane emphasised that parents are the pinnacle of everything, but staff also need to be properly supported to be able to do their job properly. Jane mentioned there are discussions around a regional and possibly a national lead in maternity to work alongside Alex, which will set precedent in maternity.

Cherilyn thanked Jane and Alex for their insightful presentation.

7. Q&A with Panel except Marc Harder

Cherilyn expressed that she struggles to find how NHS funding is spent and the outcome of it. She asked whether that is a frustration Jane and Alex shared or whether they could advise on how to build a picture of what is happening.

Jane agreed with Cherilyn that it is a huge frustration she shared as she cannot source where the money is going either. **Jane** stated she conducted a comparison of remits across the National Bereavement Midwives' Forum to find out where the Ockenden money went. There were very mixed findings - some trusts were unaware of the funding and others increased the bereavement midwives a 0.4 FTE. **Jane** reassured the money is there but there is a need for someone to oversee where the money is going.

Cherilyn asked on a national level if the DHSC could pick up or should be expected to pick up this issue. She added she is often informed that the department should not interfere at a

local level and queried whether this is the wrong balance.

Jane confirmed this is the wrong balance. Some trusts have done an amazing job with the money but that is not across the UK. It is essential to know where the money is going in order for things to improve.

The next question centred around how third sector organisations can help Jane and Alex most effectively in their work.

Alex stated the key is to keep a consistent message. This involves collectively supporting the workforce in the right place, sharing parents' stories, emphasising the need for a properly trained workforce and to signpost families appropriately to support at the right time

Cherilyn echoed this question regarding being an advocate for Jane and Alex from the APPG on Baby Loss group. She stressed that Government like clear messaging and clear asks.

ACTION: Jane and Alex to communicate offline with Cherilyn about clear messaging and asks.

Lauren Caulfield asked whether one face to face appointment is sufficient for bereavement families' postnatal care**.**

Alex stated in some areas there is gold standard practice with fantastic follow up support, but this only possible when the team is funded properly and has the time to do that without having to attend to clinical needs. **Jane** added every family is different which makes it difficult to put a number on how many visits should be available.

Michelle Tomkinson queried about the accessibility of longer term after-care, especially as many bereaved parents do not feel the loss until months after and they have then been 'cut loose'.

Cherilyn stated she received brilliant care the weekend she experienced loss but afterwards she had to ring multiple times to have a follow up. She noted the support was there but there were difficulties in who to contact to re-engage with care.

Jane replied by emphasising the importance of having one dedicated person and the right number of bereavement midwives to cover a 7-day service. Some services have bereavement champions, but other trusts are struggling. There needs to be standardised guidelines for bereavement midwives. **Alex** added that one dedicated person has the continuum of oversight and care for that family.

Kate Mulley asked whether the Government will be following the NHS lead on paid leave following a miscarriage, as major employers themselves.

Cherilyn stated she spoke to Ministers on whether the Government should be legislating this as part of the employment act a couple of years ago. At the time, the view from the Government was that big employers need to voluntarily do this and lead the way for smaller businesses.

Hannah added in October, the DHSC signed the Miscarriage Association Pledge and asked all other Government Departments to sign the pledge too. She recognised this does not go as far as NHS policy, so it is now being looked at following its publication.

ACTION: Cherilyn to write to Cabinet Office regarding paid leave following on from a miscarriage

The next question revolved around bereavement specific roles working alongside other roles such as the new maternity and neonatal senior independent advocates.

Jane stated these need to be standalone roles as there is so much work to do for bereavement midwives and neonatal nurse following the death of a baby. Parents and families need to be able access to follow up when they want them and need that flexibility.

Aimee Middlemass asked whether the NHS plan to include abortion and Termination of Pregnancy due to Fetal Anomaly in their leave entitlements.

Cherilyn flagged that nobody on the meeting was able to answer this question.

ACTION: Write to DHSC regarding abortion, TOPFA and fertility care leave entitlements

8. **Close**

Cherilyn thanked all who attended and spoke. The Secretariat will be in touch about the next meeting in June.