

## **Sands position statement Bereavement midwives**

The death of a baby around the time of birth can be devastating for parents and their families. The care that parents receive cannot reduce their grief. However, poor care can add to parents' grief. It is essential that all staff who come into contact with parents are supportive and understanding of parents' individual needs. It is also important that all policies and arrangements are designed to ensure parents receive the best possible care.

It is essential for maternity units to have access to at least one member of staff who has specialist knowledge and training in bereavement care. This specialist staff member should have an overview of all the departments that may be involved from the time a baby's death is suspected to the time the parents leave the hospital, the baby's body is buried, cremated or released to the family and/ or post mortem results have been discussed with the parents. This staff member should also be key to ensuring after-care is available to parents once they have been discharged from hospital. A bereavement midwife is best placed to fill this role on a maternity unit.

Currently, there is no nationally recognised job specification for bereavement midwives. The hours allocated to this work vary and the role is interpreted in different ways. Some staff are expected to fulfil this role in very few hours per week or month, sometimes without the appropriate title or pay grade. Some bereavement midwives may also be solely responsible for caring for bereaved parents. This can be problematic as these midwives may not always be available and other staff may become de-skilled or not feel that they are able to offer support to bereaved parents.

Bereavement midwives are essential and their role should include:

- Being an information and support resource for staff, bereaved parents and their families
- Being familiar with all the policies and protocols relevant to caring for parents whose baby dies before, during or shortly after birth
- Ensuring that all protocols are regularly reviewed and up-to date
- Ensuring the relevant paperwork and equipment (such as cameras and equipment to take hand and footprints) are always available and ensuring that staff are familiar with how to complete paperwork and use equipment
- Supporting staff who come into contact with bereaved parents at any stage of their care in hospital. This helps to ensure that parents receive sensitive and confident care when the bereavement midwife is not present and empowers other members of staff
- Organising and evaluating multidisciplinary training sessions to include midwives, obstetricians, trainee medical staff, sonographers, gynaecology and neonatal nurses, receptionists and all other staff that see bereaved parents
- Helping to ensure high standards of bereavement care in every relevant department
- Liaising with other staff such as chaplains, neonatal staff, fetal medicine, pathologists and mortuary staff
- Promoting good communication between all relevant hospital departments and primary care staff
- Build working relationships with external bodies such as the registrar of births and deaths, the coroner, local GP practices, funeral directors, crematorium and cemetery managers and local support groups such as Sands

- Ensuring that parents are offered support literature such as the Sands booklets for parents
- Monitoring contracts with funeral directors, the cemetery and the crematorium and the services they provide where hospitals offer to arrange and pay for funerals.

From this list, it is clear that a significant amount of time should be allocated to this demanding, complex and important work.

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Improving Bereavement Care Team.