Pregnancy and baby loss at Lewisham Hospital

A survey report on the experiences of bereaved parents accessing bereavement care

"We wished we took more pictures, held her more, wished they had supported us more, they just left us." – Bereaved parent

Published: July 2026 by Sands Lewisham Campaign Group, with thanks to the bereaved families who took the time to share their stories.

Content warning

This report contains content relating to pregnancy loss, baby loss, and bereavement care, including quotes from bereaved parents and descriptions of failures in care. 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 or use Sands support chat via our website sands.org.uk.

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Summary and recommendations

This report sets out the findings of a survey conducted by the Sands Lewisham Campaign Group among bereaved parents who were cared for at Lewisham Hospital around the time of their loss, based on 19 responses to a survey collected between September 2025 and February 2026. The data highlights clear gaps in bereavement care, leading to inconsistent and insufficient support for bereaved families: despite the best efforts of individual staff, care is being compromised by a lack of resources and inadequate processes. The report recommends urgent, system-wide improvements to bring care into line with the standards of the National Bereavement Care Pathway and ensure that bereaved families receive consistently high-quality, compassionate care when they need it most.

A **bereavement midwife** is a specialist midwife trained to support families who are bereaved before, during, or shortly after their baby's birth. Our survey has clearly shown that the current capacity of the bereavement team is insufficient to ensure the consistent delivery of a high-quality 7-day-a-week bereavement service at Lewisham Hospital.

A **bereavement suite** is a room set aside solely for the use of bereaved parents to deliver and spend time with their babies when they die before, during, or shortly after birth. Families are not consistently being offered the use of the bereavement suite at Lewisham Hospital, and the facilities themselves are not fit for purpose. The hospital was given funding in 2022 from the charity 4Louis specifically to improve the bereavement facilities, which has not yet been spent.

Every member of staff who comes into contact with bereaved parents – not just in the maternity department but also in gynaecology and A&E – must have **sufficient training and support** to provide high-quality, personalised bereavement care. The stories we are hearing from bereaved parents show that this is not currently the case at Lewisham Hospital.

The **opportunity to make memories** in the scant few hours bereaved parents have with their babies is absolutely fundamental to compassionate care. That 11 of our 19 respondents were denied that opportunity is heartbreaking. Bereaved parents are navigating life-changing decisions that they never expected to have to make, and need compassionate guidance in preserving what they can of their time with their babies because these are moments we can never get back.

Even when families had contact from a bereavement midwife, our survey shows that **information on their, and their babies', care** is not consistently being given to bereaved parents in a format that they are understanding, and that they are not

consistently being signposted to relevant organisations. These are examples of fairly straightforward elements of care being provided on only a patchy, inconsistent basis, indicating the need for better support around the bereavement midwife role, for example in an increase in bereavement midwife hours and the introduction of administrative support.

All the bereaved parents involved in this campaign, and many other families whose voices we have not captured here, deserve to see their calls for change heard and acted upon. While some of our recommendations will result in tangible improvements to facilities or quantifiable changes to staffing, there are other outcomes which are less easily measured, and it is essential that progress in these areas is made and evidenced.

The campaign group therefore calls for the following action on the part of Lewisham and Greenwich NHS Trust to make the following changes:

1) Increase Bereavement Midwife capacity at Lewisham to reach the equivalent of 2.7 WTE Band 7 Bereavement Midwives across the Trust.
2) Create and staff a Bereavement Maternity Support Worker post at Lewisham to relieve administrative pressure on the Bereavement Midwives.
3) Improve the current bereavement suite on the labour ward as a matter of urgency, including:
    a) improving soundproofing to prevent parents from hearing activity from surrounding clinical areas;
    b) ensuring the door is fully insulated to reduce noise and improve privacy; and
    c) improving decoration and furnishings to create a more comforting, less clinical environment for bereaved parents.
4) Identify viable options for an additional bereavement suite in the hospital, in a private, quiet location, for use by bereaved parents; and design this suite in consultation with the bereavement midwives and the Sands Lewisham Campaign Group.
5) Review clinical pathways and staff training to ensure that bereaved parents, at whatever gestation they experience loss and wherever they arrive in the hospital, are offered appropriate facilities in which to deliver and spend time with their babies.
6) Ensure that every bereaved parent has access to compassionate, individualised and high-quality bereavement care 24/7, 7 days a week:
    a) inclusive of weekends and bank holidays, and when staff are on annual leave or off sick.
    b) across all settings – including A&E, gynaecology, and the labour unit.

7) Ensure a parent-led bereavement care plan is in place for all bereaved parents and families.
8) Ensure all staff that come into contact with bereaved parents are equipped to provide personalised, compassionate, consistent bereavement care, including that:
    a) all staff receive mandatory bereavement training, so that care is consistent even in the absence of the bereavement midwife;
    b) all staff receive refresher training and are able to access this training in working hours, and specialist bereavement care service delivery training is provided for all bereavement leads; and
    c) staff have access to up to date and relevant bereavement care resources such as information for parents, memory boxes, and guidance checklists.
9) Ensure all families are offered memory-making opportunities by:
    a) offering all bereaved parents the opportunity to make memories with their baby in the hospital;
    b) ensuring memory boxes and guidance on memory making are available to all relevant staff in all relevant departments, including those caring for parents experiencing very early losses; and
    c) training all relevant staff in what is meant by memory making, how to discuss this with parents with losses at all gestations, and the importance of supporting families to make decisions about the kind of keepsakes they want.
10) Ensure that all bereaved families have the time and space they need to make memories with their baby by:
    a) offering all families who could use a cold cot the opportunity to do so; and
    b) clearly explaining how to use the cold cot and what changes families should expect to see in their baby, and supporting parents in the cot's use.
11) Ensure that every bereaved parent receives a parent-led bereavement care plan which extends beyond their discharge from hospital. These should include:
    a) providing information on local and national support organisations, available both physically and digitally, including up to date information on local Sands groups, and talking this through with parents;
    b) informing bereaved parents and families about emotional and specialist mental health support, and referring them as needed; and
    c) bereavement teams providing follow-up communications and check-ins through communication channels that work for individual bereaved parents (e.g texts, emails, phone calls, or in-person appointments) for as long as those parents need them.
12) Commit to making improvements to bereavement care at Lewisham Hospital on the basis of these findings by:

a) sharing this report with the Trust Board and incorporating these recommendations into the Trust's service improvement plans;
b) making use of the Trust's governance and project management structures to measure progress against the recommendations that are accepted by the Board; and
c) completing the NBCP self-assessment tool annually in order to evaluate and plan for the provision of bereavement care at the Trust against the bereavement care standards on an ongoing basis. The self-assessment should be shared with Sands and the Lewisham Campaign Group.

Introduction

Project background

The Sands Lewisham Campaign Group was formed in response to concerns raised by numerous bereaved parents about the quality of bereavement care at Lewisham Hospital. Families have described experiences shaped by:

- a lack of consistent, empathetic, personalised care;
- limited staffing capacity and failures in communication;
- missed opportunities to make memories with their babies; and
- unwelcoming or unsuitable facilities.

Many of these failings appeared to be rooted not in a lack of compassion or effort from staff but in resource issues at the hospital, including an overstretched bereavement midwife role, facilities that are not fit for purpose, and the unavailability of equipment and materials.

Losing a baby, at any stage of pregnancy or after birth, is devastating. High-quality care cannot change that fact but it has a huge impact on the extent to which bereaved parents are traumatised by their experiences. That so many families' suffering is apparently being compounded by a failure to meet the standards set out in the National Bereavement Care Pathway is unacceptable.

This campaign group was formed with the aim of understanding the lived experiences of bereaved parents accessing care at Lewisham Hospital, making recommendations on the basis of that understanding, and campaigning for those improvements.

The National Bereavement Care Pathway

The National Bereavement Care Pathway (NBCP) seeks to improve the quality and consistency of bereavement care received by parents from the NHS after pregnancy or baby loss. The NBCP includes standards that address both the emotional needs of families and the professional requirements of staff, ensuring that care is consistent across settings.

The NBCP is, as of December 2025, embedded in NHS England guidance.[1] Prior to this, the pathway was available to all NHS Trusts, and Lewisham and Greenwich NHS Trust had signed up to its standards in 2021.

1 https://www.rcog.org.uk/news/rcog-welcomes-inclusion-of-the-sands-national-bereavement-care-pathway-in-nhs-medium-term-planning-framework/

The best practice guidance in the NBCP is referred to throughout this report as a framework for analysing the survey results, contextualising the experiences shared by bereaved parents, and defining the recommendations we have drawn from them.

Survey methodology

The survey on which this report is based was developed by the campaign group with support from the Sands staff team. It was distributed to bereaved parents local to Lewisham Hospital via the Sands database, as well as being shared through community outreach, local press, and social media.

The survey report is intended to highlight key themes and experiences and to set out the case for change at Lewisham Hospital. Findings are not, and nor are they intended to be, statistically representative of the experiences of all bereaved parents; neither the sample size nor the methodology allow for that kind of analysis. They do, however, highlight themes and experiences common to those bereaved parents who shared their stories through the survey and the campaign, and give a human face to the issues at play.

Survey findings

This report analyses and makes recommendations on the basis of the stories shared by parents between September 2025 and February 2026. The Sands Lewisham Campaign Group has been in contact with Lewisham Hospital throughout this process and we are aware that a programme of improvements has started at the hospital in response to our early conversations. We welcome all such progress towards the campaign goals, and provide this report to set out the strong case for change and to formalise our recommendations for improvements in bereavement care.

The 19 respondents to the online survey included parents bereaved at all stages of pregnancy and after birth, with the large majority bereaved between 12 and 40 weeks' gestation (second and third trimester of pregnancy). All respondents identified as women, although not all were birthing parents. Anonymous quotes from free text responses and from the campaign group's personal experiences are used with permission. Where babies' names are used, parents have explicitly consented to this.

Responses to the survey came from parents bereaved between August 2002 and April 2025, and systems and provision at Lewisham Hospital have, of course, changed over that time period. One key change was the appointment of a Bereavement Midwife in early 2021, and where this is relevant the responses dated before and after this change are analysed separately. Nonetheless, responses from across this whole time period show a pattern of failures in bereavement care and patchy or inadequate support for bereaved families; we have not sought to determine to what extent these experiences have already been communicated to the hospital directly by bereaved families, for example via the complaints process.

The survey questions are appended in Appendix 1. Findings of the survey are grouped by theme below, and recommendations for change are made at the end of each section.

Bereavement midwife capacity

A bereavement midwife is a specialist midwife trained to support families who are bereaved before, during, or shortly after their baby's birth. They provide practical and emotional support to bereaved parents as well as providing training and support to hospital staff, ensuring that all bereaved parents and their babies are cared for compassionately, consistently, and safely.

"I had a bereavement midwife who was temporary at the time of my loss... she was extremely helpful and followed up with me weekly"

Parent bereaved in 2024

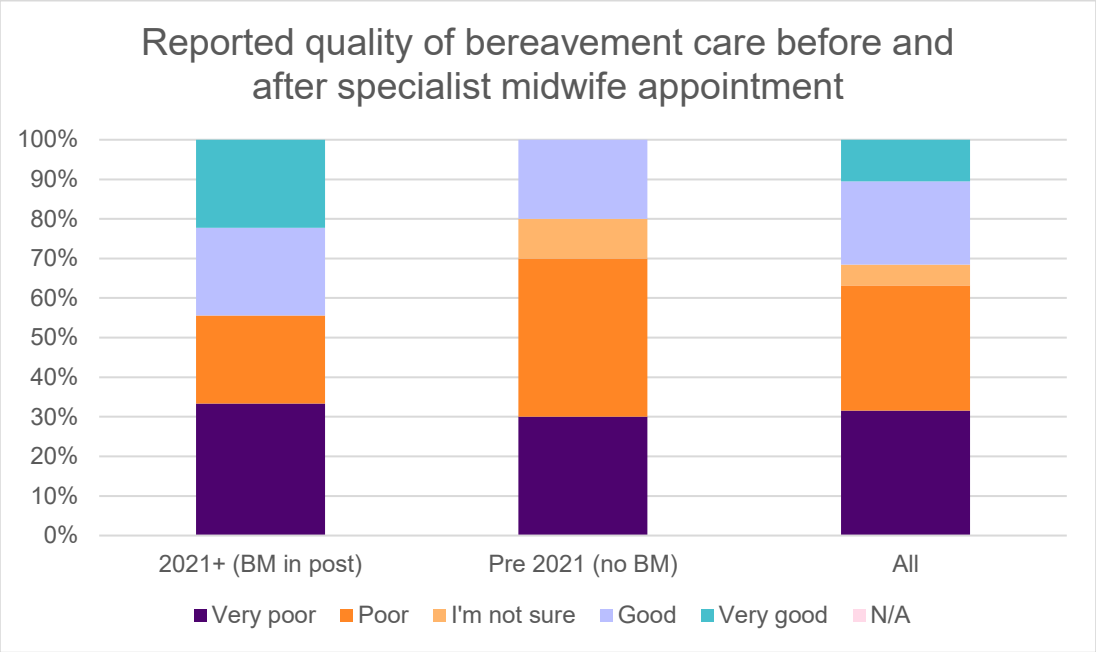
The part time bereavement midwife role at Lewisham Hospital was introduced in early 2021. It is evident in the survey findings that parents who had contact with a bereavement midwife at Lewisham had more support and were better informed about their and their baby's care than those who did not; these findings are explored more fully in later sections.

It is clear that individualised care from a bereavement midwife can have a significant positive impact on the experiences of bereaved parents during and for a long time after their loss.

"[The bereavement midwife] made sure we could give Charlie a teddy and letters. She was
with us at the funeral and that meant a lot."
Parent bereaved in 2021

"[O]ur bereavement midwives... were [and] have continued to be very good and caring. We are currently pregnant again and now under the care of the new Rainbow Clinic which has been brilliant. Lots of extra scans and specialist appointments for reassurance."
Parent bereaved in 2025

While data from the survey does seem to indicate an improvement in bereavement care following the introduction of the bereavement midwife role, more than half of respondents still rated their bereavement care as poor or very poor and the survey responses indicate that bereavement midwife cover is overstretched, patchy, and inconsistent.



"The bereavement midwife was nice, but the support wasn't that helpful. Luckily I have private health insurance and was able to see a therapist who specialised in baby loss."
Parent bereaved in 2024

"There was no bereavement midwife at the hospital. We had one call with one person but that person then left, [the permanent bereavement midwife] took over weeks after our loss."
Parent bereaved in 2021

"...communication was so poor, [the bereavement midwife] sent links to support for me to contact the support... [She] went on holiday with no handover. I felt so alone, dismissed, isolated and I have lost all trust in the hospital and the staff."
Parent bereaved in 2022

"Lewisham's bereavement midwife was on long-term sick when I gave birth. The [Greenwich] bereavement midwife did get in touch with me and I had a few useful calls with her, but it was clear she was covering a large workload and after a couple of calls, didn't call again."
Parent bereaved in 2022

The British Association of Perinatal Medicine recommends that each Trust should have one whole time equivalent bereavement midwife (i.e. one full-time person, or job shares that make up the same hours) for every 2,500 deliveries.[2]

Lewisham and Greenwich NHS Trust saw 6,680 births in 2024, with slightly higher rates in earlier years and 7,451 births as recently as 2021.[3]

On the basis of the 2024 data Lewisham and Greenwich should employ the equivalent of 2.7 WTE Band 7 Bereavement Midwives.

However, staffing at the time of the survey is 1 WTE at Queen Elizabeth Hospital (Greenwich) and 0.8 WTE at Lewisham.

The bereavement midwife post is vital but also challenging; proper support and supervision for these post holders is essential, and staffing levels below national recommendations do not set these staff up for success.

"I used to be a midwife and I went through a phase of covering for the bereavement midwife a lot. It's a really hard job. Very rarely are there enough staff that you can just look after a bereaved family so you end up having to switch between joy/loss which is really hard thing to do."
Parent bereaved in 2014

"I had many positive experiences with midwives while at Lewisham (3 were excellent) but unfortunately all it takes is 1 very poor experience to create trauma and anguish."
Parent bereaved in 2022

Standard 7 of the NBCP requires that bereaved parents and families receive their care from an appropriately staffed team and states that, to meet this standard, Trusts should ensure that:

- a Bereavement Lead is in place in every Trust and has sufficient time to support the service to meet the nine bereavement care standards;
- a multidisciplinary team is in place to provide parent-centred bereavement care in every setting across the Trust, including specialist Bereavement Midwives; and
- an appropriately staffed team is in place to ensure the provision of a 7 days a week bereavement care service.

2 https://hubble-live-assets.s3.eu-west-1.amazonaws.com/bapm/file_asset/file/4060/BAPM_Neonatal_Mortality_Governance_FEB_26.pdf
3 https://timms.le.ac.uk/mbrrace-uk-perinatal-mortality/data-viewer/

Our survey has clearly shown that the current capacity of the bereavement team is insufficient to ensure the consistent delivery of a high-quality 7-day-a-week bereavement service at Lewisham Hospital.

We are calling on Lewisham and Greenwich NHS Trust to:

1) **Increase Bereavement Midwife capacity at Lewisham to reach the equivalent of 2.7 WTE Band 7 Bereavement Midwives across the Trust.**

2) **Create and staff a Bereavement Maternity Support Worker post at Lewisham to relieve administrative pressure on the Bereavement Midwives.**

Bereavement facilities

A bereavement suite is a room set aside solely for the use of bereaved parents to deliver and spend time with their babies when they die before, during, or shortly after birth. Babies who die before or during labour still have to be born, and parents should then have the opportunity to spend time with their babies in a safe space where they are sheltered from the rest of the activity on a labour ward, the cries of living babies and the joy of their families, and the sight of new parents leaving hospital with their babies in their arms.

"When you leave you walk the same steps as the other parents, but with empty arms. I felt so much shame carrying my memory box."
Parent bereaved in 2021

Only seven of the 19 respondents in our survey were offered the use of a bereavement suite (two were unsure). Bereaved parents were being offered the use of the suite as far back as 2014, but of the eight respondents who lost babies after 12 weeks gestation from 2021 onwards, only five were offered access to the bereavement suite.

"I wasn't told about a bereavement suite but it may not have been there when I had my son in 2015."
Parent bereaved in 2015

"I mean it's just a room on delivery suite but yeah"
Parent bereaved in 2014

"[The bereavement room] felt very sinister, also at the end of the corridor where everyone else welcomes their babies."
Parent bereaved in 2021

Even when parents were able to use the suite, it is clear that the facilities fall well below the NBCP benchmark of "appropriate, available and accessible". Specifically, standard 2 of the NBCP requires that:

- 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; and
- parents and families do not have to go past or hear families with live babies to access the room.[4]

"It was freezing, being cold and catching a cold while you are grieving is not what we needed… the window was broken, the portable heater had 1 leg."
Parent bereaved in 2022

"You have to walk past all the rooms where couples welcome their living babies. We were scared to look around, we were terrified of what we might hear… How could we be living the worst day of our lives and just feet away people were meeting their babies? I was filled with guilt to feel so much resentment."
Parent bereaved in 2021

Families are not consistently being offered the use of the bereavement suite at Lewisham Hospital, and the facilities themselves are not fit for purpose. The hospital was given funding in 2022 from the charity 4Louis specifically to improve the bereavement facilities, which has not yet been spent.

We are calling on Lewisham and Greenwich NHS Trust to:

3) **Use the 4Louis funding to improve the current bereavement suite on the labour ward as a matter of urgency, including:**
   a) **improving soundproofing to prevent parents from hearing activity from surrounding clinical areas;**
   b) **ensuring the door is fully insulated to reduce noise and improve privacy; and**
   c) **improving decoration and furnishings to create a more comforting, less clinical environment for bereaved parents.**

4) **Identify viable options for an additional bereavement suite in the hospital, in a private, quiet location, for use by bereaved parents; and design this suite**

4 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.

in consultation with the bereavement midwives and the Sands Lewisham Campaign Group.

5) **Review clinical pathways and staff training to ensure that bereaved parents, at whatever gestation they experience loss and wherever they arrive in the hospital, are offered appropriate facilities in which to deliver and spend time with their babies.**

Quality and consistency of care

Baby loss is a term that covers a huge range of experiences. It includes parents who miscarry at a couple of weeks' gestation and parents whose baby is stillborn at full term or beyond. It includes those whose babies could not survive outside the womb and those whose babies live for hours or days after birth. Some parents come into hospital knowing that their baby has already died, others find out that news during a routine scan or part way through labour or in the dark hours of the night when something just feels *wrong*.

Every single one of these parents, whether they come to A&E or the Early Pregnancy Unit (EPU) or the labour ward, whether their baby has been growing for weeks or months, deserves consistently excellent, compassionate care.

"I was taken into A&E having lost a lot of blood with a miscarriage at home. The ambulance crew were fantastic and got me there quickly. However the care in A&E was terrible. I was seen by multiple different people who kept trying to take blood from me to test but I had lost so much and was freezing; I had to repeat several times that I'd had a miscarriage."
Parent bereaved in 2019

Standard 1 of the NBCP requires that "a parent-led bereavement care plan is in place for all parents and families, providing continuity between settings and ensuring high-quality bereavement care in any subsequent pregnancies". It is not clear that clinical pathways at Lewisham are sufficiently robust to ensure high-quality care across departments.

"After we found out our baby had no heartbeat we were sent around the hospital wandering on our own, we had to sit and wait with pregnant women. Nobody was aware we were coming... I was losing it completely, someone told me I would be ok and not to worry and I screamed at about 10-15 pregnant women that my baby was dead. A lady waiting to be induced asked the nurses to please take me in... eventually we were taken to a place on our own to wait."
Parent bereaved in 2021

"I was told I was pregnant with twins but there was only one heartbeat. No support offered and as I left the midwife called across the waiting room in Lewisham Hospital 'come back I need to book for you to attend twin clinic.' I found this utterly bewildering and upsetting and had to ask why I had to attend if one of the babies was dead."
Parent bereaved in 2020

"[I] went down to theatre as a category 1, as the communication was so poor the consultant decided to put me back to a category 2... I lost a lot of blood, had to have transfusion. Baby dies of severe meconium aspiration!"
Parent bereaved in 2022

Standard 8 of the NBCP requires that "all staff involved in the care of bereaved parents and families receive the training and resources they need to provide high-quality bereavement care". This refers not only to the emotional support of bereaved families but also to the differences in the clinical options available to parents who are not giving birth to a living baby. It is not the sole responsibility of the bereavement midwife to provide compassionate, high-quality bereavement care.

"I was not offered intravenous pain relief despite my baby being already dead. I was induced and had a bad reaction to the medication, the midwife had no experience with bereaved parents and followed the protocol for a live baby."
Parent bereaved in 2021

"The first midwife who started my induction was excellent. The midwife assigned to me after was predominantly absent, uninterested, slow to respond to requests for pain relief (I ended up giving birth with just paracetamol). I almost gave birth alone on a toilet but a different midwife came in responding to a call bell and was there for the birth. She was excellent."
Parent bereaved in 2022

"Not only was I not given any information or leaflets on loss, the midwife who discharged me initially gave me the pack that is given to women who leave the hospital with their living babies. I was instantly triggered when seeing it because I recognised the front page from when I was discharged with my living children."
Parent bereaved in 2024

Standard 1 of the NBCP specifically requires that bereaved parents and families are offered informed choices about decisions relating to their care and the care of their babies. The experiences that parents have shared with us show that this is not happening consistently at Lewisham.

"I had a TFMR[5] and Lewisham only offered me a medical termination, I really wanted a surgical one and had to self refer to BPAS[6]. I found this deeply upsetting, and I was sad for all the other women who might have been forced into a medical termination without realising there was another, less traumatic option."
Parent bereaved in 2024

"The doctor told me that the tablet to induce labour would take over 24hrs, I was sent home and 6 hours later I gave birth to my son at home. It was very scary, I was so thankful I had my dad with me."
Parent bereaved in 2015

"I was told there was no embryo and that it was a miscarriage. I insisted and asked more questions eventually someone else came and found an embryo, they could not see it because of a sub chorionic hematoma. They were about to give me pills to terminate the pregnancy."
Parent bereaved in 2021

Every member of staff who comes into contact with bereaved parents – not just in the maternity department but also in gynaecology and A&E – must have sufficient training and support to provide high-quality, personalised bereavement care. The stories we are hearing from bereaved parents show that this is not currently the case at Lewisham Hospital.

We are calling on Lewisham and Greenwich NHS Trust to:

6) **Ensure that every bereaved parent has access to compassionate, individualised and high-quality bereavement care 24/7, 7 days a week:**
   a) **inclusive of weekends and bank holidays, and when staff are on annual leave or off sick.**
   b) **across all settings – including A&E, gynaecology, and the labour unit.**

7) **Ensure a parent-led bereavement care plan is in place for all bereaved parents and families.**

8) **Ensure all staff that come into contact with bereaved parents are equipped to provide personalised, compassionate, consistent bereavement care, including that:**
   a) **all staff receive mandatory bereavement training, so that care is consistent even in the absence of the bereavement midwife;**

5 Termination for medical reasons: ending a pregnancy because of a medical condition relating to the baby or because of maternal health.
6 The British Pregnancy Advisory Service: an independent healthcare charity caring for those who decide to end a pregnancy.

b) all staff receive refresher training and are able to access this training in working hours, and specialist bereavement care service delivery training is provided for all bereavement leads; and
c) staff have access to up to date and relevant bereavement care resources such as information for parents, memory boxes, and guidance checklists.[7]

Memory making and emotional support

From first words and first steps to school plays and sleepovers, there are any number of things we imagine experiencing with our children when we first discover we are pregnant. Bereaved parents are robbed of so many of these experiences, which means that the few memories we are able to make with our babies are beyond precious.

"We received a memory box, and the nurses helped with taking some photos, and changing our baby's clothes when required so that she was clean and comfortable. The cold cot was invaluable. We were also allowed to visit [our baby] at Lewisham mortuary as much as much as we wanted in the weeks that followed before her funeral."
Parent bereaved in 2025

For many parents, the use of a cold cot (or Cuddle Cot) is crucial in extending the time they can spend with their baby. These special cots keep the baby's body cool so that parents can spend time with them outside the mortuary.

The majority of recently bereaved parents in our survey said they were offered the use of a cold cot, although this was less consistent for families experiencing second trimester losses.

"Yes, and we had it for two days as we spent time with [our baby] in hospital before she was taken to the mortuary. We didn't feel any pressure from anyone at the hospital about how long we could stay, it was entirely up to us which was very much appreciated."
Parent bereaved in 2025

"It was not offered to us, I was really freaked out to see my baby. I didn't know what to expect, nobody talked to us about the options. We didn't even know this was a thing."
Parent bereaved in 2021

[7]For an up to date list of available bereavement care resources, see https://www.nbcpathway.org.uk/best-practice/

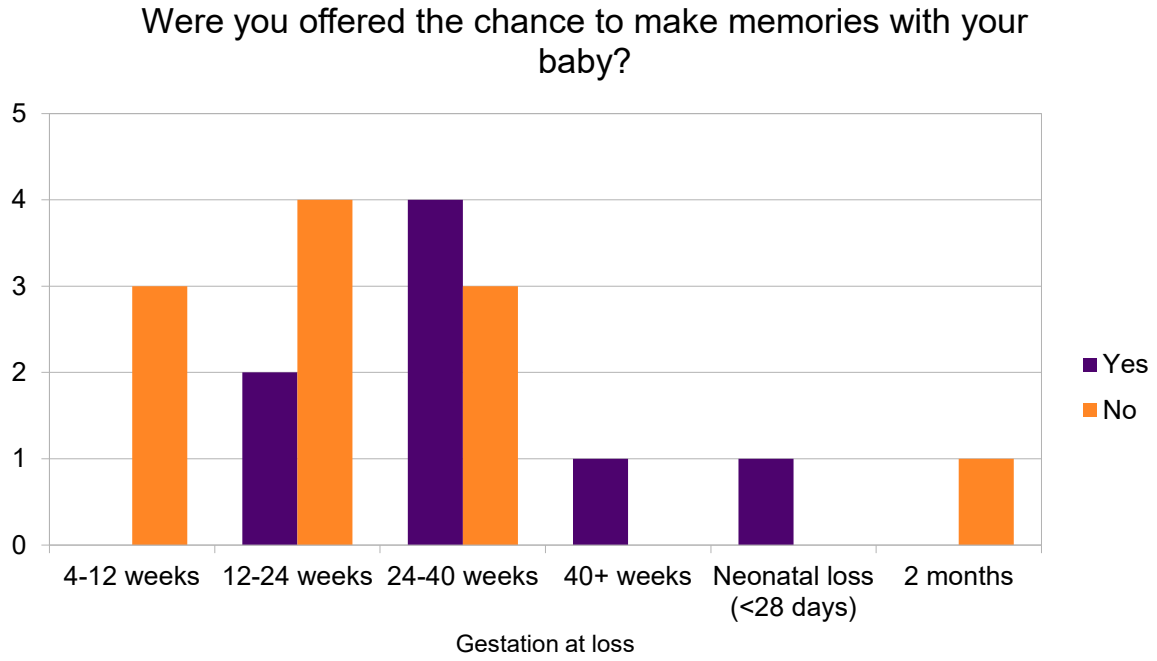
Several families felt that they were not well-supported in using the cots, though, and were left to work things out for themselves.

"...our baby was wheeled in with the lid on! And we wasn't supported, no one warned us about the change of colour Khalia will have or [that she] will eventually freeze. At the time you don't think that and we was not warned."
Parent bereaved in 2022
"Some extra support on how to best use the cuddle cot and to help the baby's body would have been helpful. We were troubleshooting somewhat to have the right layers on the baby to stop the cuddle cot freezing parts of their body"
Parent bereaved in 2022

The NBCP emphasises the importance of offering the opportunity to make memories to all bereaved parents, even while it acknowledges that options may be limited in the circumstances of a first trimester loss. For example, parents might be offered the opportunity to mark the loss with a certificate or similar, following a complete miscarriage.

With this in mind, we have still examined the results of the survey by gestation at loss, and the overall point remains that only half of respondents with losses after 12 weeks' gestation, and no respondents with first trimester losses, were offered the opportunity to make memories with their baby.

"We was given the opportunity to have Khalia as long as we wanted but we wasn't supported. We wished we took more pictures, held her more, wished they had supported us more, they just left us."
Parent bereaved in 2022



Only 8 of the 19 respondents to our survey said they were offered the opportunity to make memories with their baby and of those one was offered the opportunity by mortuary staff, who took her baby's hand and footprints, rather than by midwives.

As well as an overall failure to provide opportunities for memory making, especially for families with early losses, these responses raise questions about the division of responsibility for memory making between hospital and mortuary staff, and concerns that mortuary staff are stepping – albeit competently – into a role that should be performed by midwives while parents are with their baby.

"Only option was to see him in the chapel of rest at the mortuary."
Parent bereaved in 2011

Respondents with a first trimester loss are likely to have been seen by staff in gynaecology, early pregnancy, or emergency departments rather than maternity. Taking photos, taking hand and footprints, and other ways of making memories, are all things that need to happen shortly after the baby's birth. It is essential that opportunities for memory making are provided in all relevant hospital departments, to all bereaved parents, and that all staff know how to offer this support.

"The midwife forgot to give us the [memory] box, it was given to us after they took Charlie away."
Parent bereaved in 2021

The opportunity to make memories in the scant few hours bereaved parents have with their babies is absolutely fundamental to compassionate care. That 11 of our 19 respondents were denied that opportunity is heartbreaking. Bereaved parents are navigating life-changing decisions that they never expected to have to make, and need compassionate guidance in preserving what they can of their time with their babies. These are moments we can never get back.

We are calling for Lewisham and Greenwich NHS Trust to:

9) Ensure all families are offered memory-making opportunities by:
- **a) offering all bereaved parents the opportunity to make memories with their baby in the hospital;**
- **b) ensuring memory boxes and guidance on memory making are available to all relevant staff in all relevant departments, including those caring for parents experiencing very early losses; and**
- **c) training all relevant staff in what is meant by memory making, how to discuss this with parents with losses at all gestations, and the importance of supporting families to make decisions about the kind of keepsakes they want.**

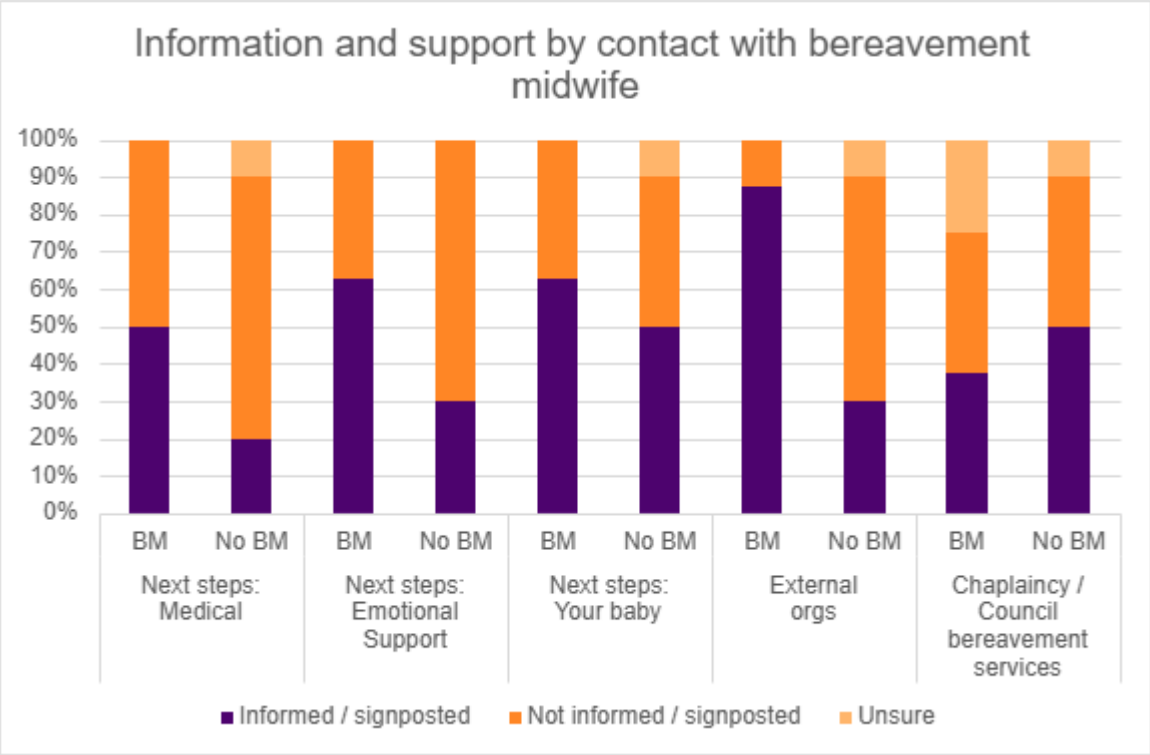
10) Ensure that all bereaved families have the time and space they need to make memories with their baby by:
- **a) offering all families who could use a cold cot the opportunity to do so; and**
- **b) clearly explaining how to use the cold cot and what changes families should expect to see in their baby, and supporting parents in the cot's use.**

Follow-up care, emotional support, and signposting

Bereaved parents will spend anything from hours to days or even weeks in the hospital before, during, and after their baby's birth, but the need for support continues well beyond the point at which they step out of the hospital with empty arms.

We asked whether respondents felt informed about the next steps in their, and their baby's care, and whether they were signposted to specific external organisations. Survey respondents who had contact with a bereavement midwife were much more likely to have received this information in most cases.

However, many bereaved parents are still leaving hospital without understanding what happens next, and with no clarity about where to turn.



The marked increase in bereaved parents receiving this important information when they did receive care from a bereavement midwife underlines the importance of increasing bereavement midwife capacity at the hospital. It also indicates a training need in bereavement care for other staff.

Standard 4 of the NBCP requires that "all bereaved parents and families are informed about and, where needed, referred for emotional support and for specialist mental health support." Too many parents in our survey told us that they didn't get the emotional support they needed after leaving the hospital.

"I was given leaflets but all she said was 'the leaflets are in the memory box if you need to talk to someone'"
Parent bereaved in 2015

"They were terrible. One woman told me that the connection between me and my baby wasn't strong enough and maybe that's why I lost her"
Parent bereaved in 2014

"I was offered six counselling sessions, but the woman running them didn't seem an expert in baby loss."
Parent bereaved in 2024

"I felt the follow up care was non-existent, they gave me 2 sessions with a therapist but I felt it was very clinical, like she was reading from a script and after my 2nd session, I never heard from them again."
Parent bereaved in 2015

Not only will the emotional impact of their loss affect these families for years, if not the rest of their lives, the birthing parent also needs ongoing clinical care just as if they had given birth to a live baby. While some parents received this support, it was again provided inconsistently. Parent-led bereavement care plans must include follow-up care following discharge from hospital.

"This part of my care was strong – I saw a consultant who talked through the implications of the loss on future pregnancies, and who ensured we got special care when I got pregnant again."
Parent bereaved in 2024

"The labour ward refused to see me two weeks after my loss... I was bounced around by the GP, 111[8] and eventually forced my way back to the labour ward. They had to accept me and it turned out I had an infection."
Parent bereaved in 2021

In many cases bereaved families now find themselves faced with decisions about caskets and funeral flowers, which is a horrifying whiplash from the worries about nappy changes and feeding schedules that have occupied our minds for months. This isn't something any person can be expected to navigate alone, and ongoing support from bereavement midwives as well as signposting to appropriate support services is vital in protecting these families from further trauma. Fewer than half of the families in our survey were signposted to council bereavement services, for example.

"[The bereavement midwife] told us she would help sort the funeral then turned around and said we need to do it ourselves as there are other babies before us."
Parent bereaved in 2022

Even when families had contact from a bereavement midwife, our survey shows that information on their and their babies' care is not consistently being given to bereaved parents in a format that they are understanding, and that they are not consistently being signposted to relevant organisations.

These are examples of fairly straightforward elements of care being provided on only a patchy, inconsistent basis, indicating the need for better support around the bereavement midwife role. For example, an increase in bereavement midwife hours and the introduction of administrative support.

8 NHS 111 is the non-emergency NHS service, previously NHS Direct.

We are calling for Lewisham and Greenwich NHS Trust to:

11) **Ensure that every bereaved parent receives a parent-led bereavement care plan which extends beyond their discharge from hospital. These should include:**
   a) **providing information on local and national support organisations, available both physically and digitally, including up to date information on local Sands groups, and talking this through with parents;**
   b) **informing bereaved parents and families about emotional and specialist mental health support, and referring them as needed; and**
   c) **bereavement teams providing follow-up communications and check-ins through communication channels that work for individual bereaved parents (e.g texts, emails, phone calls, or in-person appointments) for as long as those parents need them.**

Embedding change

We are enormously grateful to the bereaved parents who have taken the time to share their stories with us. Reliving these experiences takes a huge emotional toll, and the trauma of baby loss in and of itself affects our ability to recall events accurately and advocate for improvements in care. What stays with us, in so many cases, is how we were made to feel on the worst days of our lives, and that is something that every member of staff we encounter has a hand in.

"Nothing was terrible as far as I remember. The whole situation was just so awful and traumatic that it's hard to separate. I felt it was my fault that she died for years afterwards so any poor treatment I received I felt I deserved."
Parent bereaved in 2014

All of the bereaved parents involved in this campaign, and many other families whose voices we have not captured here, deserve to see their calls for change heard and acted upon. While some of our recommendations will result in tangible improvements to facilities or quantifiable changes to staffing, there are other outcomes which are less easily measured, and it is essential that progress in these areas is made and evidenced.

We are calling on Lewisham and Greenwich NHS Trust to:

12) Commit to making improvements to bereavement care at Lewisham Hospital on the basis of these findings by:
- **a) sharing this report with the Trust Board and incorporating these recommendations into the Trust's service improvement plans;**
- **b) making use of the Trust's governance and project management structures to measure progress against the recommendations that are accepted by the Board; and**
- **c) completing the NBCP self-assessment tool annually in order to evaluate and plan for the provision of bereavement care at the Trust against the bereavement care standards on an ongoing basis. The self-assessment should be shared with Sands and the Lewisham Campaign Group.[9]**

[9] https://www.nbcpathway.org.uk/self-assessment/

Conclusion

There are staff at Lewisham who are providing high-quality, compassionate care to bereaved parents and, where this is delivered, the impact it makes is undeniable.

"The hospital was great, and we felt very supported during the 7 days we had to spend in hospital whilst we waited to meet our sleeping baby post birth. We met countless midwives, doctors and consultants. Whilst it was the worst week of our lives, in some weird way, we felt in a safe bubble being in hospital because of the care and support we had received from the team."
Parent bereaved in 2025

Every bereaved family deserves care like this, but our survey results show all too clearly that this standard of care is not embedded throughout the system at Lewisham, that it is not consistently delivered, and that communication between the departments involved in bereaved families' care is insufficient. We see reports of staff working under significant pressure, with poor resources and gaps in training; we see parents discharged without sufficient information and with inadequate emotional support; and we see far too many families denied the opportunity to make memories with their babies.

This report highlights clear and urgent gaps in bereavement care at Lewisham Hospital, leaving parents and families with insufficient support on the worst days of their lives. This report calls for urgent, system-wide improvements to bereavement care at Lewisham Hospital so that every bereaved parent receives the care they need and deserve.

Appendix - survey questions

This Appendix lists the questions we asked bereaved parents and families in our survey.

- How long ago did your baby die?
- Please enter the month and the year of the loss e.g. October 2025.
- When did your loss occur?
- What is your ethnic group?
- Which of the following best describes your gender?
- When did your care at Lewisham Hospital take place in relation to your loss? (You can select more than one option)
    - During pregnancy (before my loss)
    - At the time of my loss
    - Immediately after my loss
    - During follow-up/after care appointments
- How would you rate the quality of the clinical care (antenatal) you received before your loss?
    - Please feel free to tell us anything else you'd like to share. (Optional)
- How would you rate the quality of the care you received during labour and birth?
    - Please feel free to tell us anything else you'd like to share. (Optional)
- How would you rate the quality of the bereavement care you received after your loss (follow-up and support)?
    - Please feel free to tell us anything else you'd like to share. (Optional)
- Did you have any contact or support from a bereavement midwife during or after your loss?
    - Please feel free to tell us anything else you'd like to share. (Optional)

- Did you have any contact or support from clinical staff after your loss?
    - Please feel free to tell us anything else you'd like to share. (Optional)
- Were you offered the use of the bereavement suite during or after your loss?
    - Please feel free to tell us anything else you'd like to share. (Optional)
- If your loss was post-16 weeks, were you offered the use of a cuddle cot during or after your loss?
    - Please feel free to tell us anything else you'd like to share. (Optional)
- Were you offered the opportunity make memories of and with your baby?
    - Please feel free to tell us anything else you'd like to share. (Optional)
- Did you leave the hospital with clear information regarding:
    - ...your medical care?
    - ...emotional support that would be available, or put in place?
    - ...next steps for your baby, including where your baby will be kept, and arrangement for any investigations after loss?
    - Please feel free to tell us anything else you'd like to share. (Optional)
- Were you offered access to specialist bereavement support or signposted to external organisations?
    - Please feel free to tell us anything else you'd like to share. (Optional)
- Were you offered the use of chaplaincy, and/or Lewisham Council Bereavement Services?
    - Please feel free to tell us anything else you'd like to share. (Optional)
- Please feel free to share any additional comments about your care and support at Lewisham Hospital. (Optional)