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## Clinical briefing: Bereavement care in maternity services during COVID



### Potential impact of COVID in this topic area

The tragedy of pregnancy loss will sadly continue throughout the pandemic and women and families will need access to high quality care.

- Families may receive care from someone inexperienced in bereavement care provision
- Families may be isolated or distant from their wider networks of support such as family and friends and limited attendance and social distancing at funerals may add to their sense of isolation
- Access to services such as funerals and cremations may be prolonged due to restrictions, resources and demand
- Families may be anxious as to the cause of their loss
- Access to in person peer support is limited or absent, for both health professionals and families.

**Information on accessing help and resources are outlined below**





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#### Current key guidance for this topic

- Supporting parents and families can be stressful and demanding following a pregnancy loss or when a baby dies. The reasons will be individual and may include staff having to manage their own emotions following their own experience(s) of loss; a feeling of professional failure following a baby death or pregnancy loss and anxiety caused by wanting to 'get it right', knowing this is a difficult time for parents. The current impact of COVID-19 could mean that some staff may be unable to offer the level of bereavement care they usually would, due to time pressures and availability of usual resources.
- Pregnant women do not appear more likely to contract the infection than the general population. Pregnancy itself alters the body's immune system and response to viral infections in general, which can occasionally be related to more severe symptoms and this can be the same for COVID-19. Some women may be more anxious about the risks of stillbirth and access to monitoring, thus resulting in extra anxiety and distress, particularly for women who have had a previous loss. Further advice for pregnant women can be found and Guidance for Health Professionals can be found [here](#).
- Most maternity units have seen changes in the delivery of antenatal care services, with a reduction of in person visits. Additionally, the population have been discouraged from visiting GPs and non-essential hospital services which may have discouraged women from seeking advice, either because they were concerned about contracting the virus or of being an unnecessary burden on services. However these services should be returning to normal.





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### **Essential aspects of care**

The care needs of families experiencing a bereavement or a pregnancy following a previous loss, will differ from other families. Research and feedback from families has shown how important the care experience is within their bereavement and grief journey. Therefore, the following aspects of fundamental care are vital to continue to provide care that is responsive to their physical and emotional wellbeing, which should not be compromised, undermined, or undervalued.

### **Current Bereavement**

- Communication is an essential human need and body language is a key element of providing an emotional response and demonstrating empathy. Use of a face mask is inhibitive to doing this appropriately and effectively. Where possible, delivering sad news and care giving should be undertaken with the use of a visor which maintains an appropriate level of PPE, yet enables maintenance of this key aspect of care.
- Not being left alone for long periods and ability to access emotional support both in and out of hospital.
- Choice in relation to care plan following bad news, including option for admission.
- Bereavement suites maintained for access.





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- Option to give birth away from the main labour ward.
- Access to support and information both from health professionals and family in relation to funeral planning and post-mortem.
- Ensure there is discussion and handover of care between health professionals, especially when transferring to community care. Parents need to be part of these discussions.
- Prioritisation of test results and post-mortem findings, which are communicated timely and in the most appropriate way by an experienced practitioner.
- Funeral arrangements offer clear information about the available level of support and choice, taking account of individual circumstances, and attendance of family and friends.
- The ability to spend time with their baby and undertake memory making should not be compromised. Consideration should also be given to having additional family visiting or taking the baby home.
- The use of cold cots in hospital or at home can give parents more time with their baby, COVID-19 is not a contraindication for using cold cots or taking the baby home.

**Pregnancy care following previous Loss**





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- Provisions should be made to enable women to be accompanied at all appointments/attendances by their chosen partner for support.
- All indicated or planned care such as blood tests, scans, blood pressure, urine and growth assessment are maintained.
- Ability to access midwifery care or advice without delay and request this in their preferred approach.
- Early and easy access to appropriate assessment of fetal wellbeing if reporting either physical or emotional/ mental health concerns.
- Appointment times are of a sufficient length to enable additional care for emotional needs.

**Consider**

- Access to care from a consultant, bereavement lead midwife or a midwife offering continuity.
- Any virtual means of communication must be appropriate, agreed by the family and sufficient to not compromise the quality or standard of care.
- Consideration of postponing, cancelling, or altering a planned appointment is discussed with the family and a joint plan is agreed.





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- Postnatal community-based care is available according to need and clinical indications, with a jointly agreed approach and plan. Options should be available to have face to face contact, should the family consider this to best meet their needs.
- Clear information available on how to access bereavement care and support.

### **Current evidence base**

#### **Stage**

[Caring for women experiencing early loss](#)

[Miscarriage association](#)

[Miscarriage, Ectopic and Molar Pregnancy Resources](#)

[Marking loss, making memories](#)

[Pregnancy care following previous loss](#)

[After the loss: certificates, post- mortem, cremation](#)

[Parent to Parent Post Mortem Authorisation](#)

[Talking to parents about their decisions around burial or](#)

[cremation after the death of their baby](#)





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<https://www.miscarriageassociation.org.uk/information/for-health-professionals/certification/>

<http://www.healthliteracyplace.org.uk/tools-and-techniques/techniques/teach-back>

[Sands National Bereavement Care Pathway for Pregnancy and Baby Loss](#)

[Sands National Bereavement Care Pathway for Pregnancy and Baby Loss Scotland](#)

[NBCP](#)

#### **Feedback on Good Practice following access to referral to third trimester**

- A mum was expecting twins and had been in touch with third sector support before lockdown as one of the twins had sadly died. They communicated via email. Her babies were born during lockdown and the surviving twin was cared for in a Neonatal unit. The family were keen to bury the twin baby themselves and had spoken about this before the birth, they really didn't want a funeral director to be involved. Therefore, with consent the third Sector representative spoke to the maternity services clinical manager and bereavement co-ordinator to make them aware and they made mum aware they would do what they could to make her wishes possible. The third sector representative spoke to a funeral director for the family and they managed to





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collectively to support their decision and planned for their baby to be collected by funeral director who will then pick up the family and be there to assist with the burial should they need support. Previously they were going to do this themselves without the additional support.

- “My circumstance is unique in that I lost one of my twins at 24wks + 5. I’m now 33wks and carrying both twins. I appreciate being given extra scans for reassurance and that they have made an exception and allowed my husband to come with me. This has meant so much to me. A X nurse is involved to help us plan the birth and her help is complimented by X at X who has been nothing short of wonderful. X was able to explain to me about the birth, how I might feel, things to look out for. She has helped me to digest the information at my own pace. The X nurse has also been great and helped us make a plan. She was brought on board by the fetal medicine midwife as she felt it would be helpful. There is still a lot of anxiety around the birth itself and staff have been able to reassure me that my husband will be able to be there and stay afterwards. I have had to ask about this as no consultant etc has gone through this with us. Perhaps that’s the one area lacking a bit for me, that we had to prompt this. We appreciate the pandemic has caused these problems and that our case is not what is typically seen”
- A newly bereaved mum (in lockdown) joined a third Sector weekly zoom meeting and was physically reliving the loss explaining how isolated she felt and was having flashbacks, panic attacks, nightmares and not coping with looking after two young children while grieving and having no support. She had not heard from anyone in the hospital since leaving. She was presenting





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with PTSD/complex PTSD symptoms, so they arranged for a counsellor to speak to her the following week and she started this immediately and is now attending weekly zoom counselling. She also has a befriender who supports her.

#### **Links to online and virtual support and guidance**

[Ambulance crews](#)

[Antenatal and postnatal mental health](#)

[ARC advice for professionals](#)

[Bereavement following Pregnancy Loss and the Death of a Baby](#)

[Miscarriage Association advice for professionals](#)

[NICE guidance ante natal and postnatal mental health](#)

[One chance to get it right: bereavement care](#)

[Sands advice for Professionals](#)

[Sands bereavement care training workshops- open to all professionals](#)

[Sands professional bulletin](#)

[Tommy's](#)





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**Sands Webinar:  
Supporting Families through pregnancy loss  
and the death of a baby**

[www.sandswebinar.eventbrite.co.uk](http://www.sandswebinar.eventbrite.co.uk)

visit [www.sandswebinar.eventbrite.co.uk](http://www.sandswebinar.eventbrite.co.uk) for details and dates of webinars

**#SandsTraining**



*Free webinars accessible [here](#), focusing on how best to support parents and families when a baby dies with the voice of bereaved parents and needs of professionals at the centre. Suitable for anyone working in maternity services or neonatal care, including students at any level. Suitable for all professionals providing care for parents following a pregnancy loss and when a baby dies, including midwives and student midwives, neonatal teams, sonographers, obstetricians and gynaecology staff. Subjects covered include how to communicate sensitively, the challenges of working during a pandemic, grief theories, and how we take care of ourselves.*





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### **Online Learning**

#### **Bereavement Care: One chance to get it right**

This is an e-learning course for RCM members which aims to develop awareness, knowledge and understanding of the importance of providing parent-led, sensitive and empathic care for parents whose baby dies before, during or shortly after birth. It will focus specifically on losses from late miscarriage to 28 days of life. It is not intended to replace face- to-face training which facilitates the development of skills in this important area of care. [To access this online course visit here](#)

#### **National Bereavement Care Pathway**

The National Bereavement Care Pathway (NBCP) e-learning module has been developed by a collaboration of charities, professional organisations and people with first-hand experience to improve bereavement care after miscarriage, ectopic pregnancy, molar pregnancy, termination of pregnancy after prenatal diagnosis, stillbirth, neonatal death and sudden unexpected death in infancy. [Visit here to access the NBCP E-learning](#)

#### **Perinatal Post-Mortem Consent**

Health Education England e-Learning for Healthcare (HEE e-LfH) has worked with University Hospitals of North Midlands NHS Trust and Keele University to develop an e-learning resource to support health professionals who are required to discuss perinatal post-mortem consent with bereaved families. This e-learning programme aims to improve the knowledge and confidence of health professionals speaking to parents which will enable parents to make a well- informed decision. [Visit the e-Learning for Healthcare website here to access the module](#)

