

COVID-19 and its Impact on Pregnancy and Baby Loss

A briefing from the All-Party Parliamentary Group on Baby Loss

In August 2020 the APPG on Baby Loss held a virtual meeting focused on the impact of COVID-19 on pregnancy and baby loss. We heard evidence from organisations who support women and partners who experience loss at any stage: from miscarriage, ectopic pregnancy and molar pregnancy, to termination of pregnancy due to fetal anomaly, to stillbirth, to neonatal death, through to sudden unexpected death in infancy up to 12 months.

The evidence was stark; COVID-19 has exacerbated existing challenges, and has had a negative impact on the experience of women, partners and their families at the worst possible time of their lives.

While we recognise the increased pressure that health services have faced during the pandemic, this report seeks to highlight key challenges and make suggestions for how healthcare professionals can continue to deliver the best possible care.

Our key findings

1. Involvement of partners

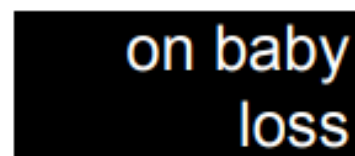
Partners have been excluded from appointments and scans, often not even able to join the consultation by video or speakerphone. This has led to women receiving bad news or making decisions alone. In a neonatal setting, both mothers and partners have had visiting rights severely restricted. These factors all increase the sense of isolation experienced by bereaved women and their families.

2. Lack of choice

Women have reported restrictions in the way they can access health services relating to their pregnancy, often finding A and E is the only route available. Scans have been cancelled, and mothers with concerns about their baby's movements have reported being sent away from hospital. Some key staff, such as health visitors, have been redeployed during the pandemic, meaning women cannot access the services they need.

After receiving bad news, information on options and choices has not been forthcoming. For example, after experiencing a miscarriage, women report a lack of information in relation to pain, bleeding and what to do with pregnancy remains. In maternity and neonatal settings a lack of time and available space has impacted on whether staff can provide opportunities for memory making after a stillbirth or neonatal death.

In some cases, women have chosen not to access health services, taking the 'stay at home' message of the Government's campaign to heart.



Founded in February 2016, the All-Party Parliamentary Group (APPG) on Baby Loss brings together MPs and Peers from across parties to work on this vital issue.

The APPG's overall aims are to develop policy that supports families dealing with the grief and loss of a baby, and to raise awareness of what more can be done by the government, Parliament or other agencies to help those affected.

The group is Co-Chaired by Jeremy Hunt MP and Cherilyn Mackrory MP, with Patricia Gibson MP and Sharon Hodgson MP as Vice-Chairs.

For more information please contact appg@lullabytrust.org.uk

3. Communication challenges

In hospital settings, PPE has been a barrier to the delivery of compassionate bereavement care, with staff struggling to communicate in the way they would prefer. Hospitals have reported shortages of face-to-face interpreters to help communicate with women who do not speak English. After a stillbirth, neonatal death or sudden infant death, some families whose baby has had a post-mortem have had the results communicated by post or email, which is not appropriate.

While some new ways of communicating have begun during lockdown, such as virtual antenatal appointments, these are not accessible to all and do not always provide the same reassurance as an in-person scan or consultation.

4. The impact of lockdown

Lockdown has exacerbated risk factors for some types of baby loss, such as SUDI, which can be linked to deprivation. After a loss, the isolation of lockdown has contributed to negative impacts on women and partners' mental health, and their ability to access support from friends and family, psychological professionals, and community outreach services.

Calls to action

The APPG is calling upon NHS England and the Department of Health and Social Care (DHSC) to take swift action to address these four areas of concern. It is vital that lessons are learnt now, in case of future local or national lockdowns.

We are calling for:

1. **NHS England to initiate a minimum acceptable standard for involving partners** when pregnancy or baby loss is anticipated or occurs, whether in relation to attendance at scans or appointments, or parental access to neonatal units. There is too much variation between hospitals at present which must be addressed with national guidance.
2. Swift **reinstatement of the provision of choices for women** facing pregnancy or baby loss in all Trusts, including treatment options and interventions, and options after a bereavement to make memories or spend time with their baby. To support this, health services must be advised not to redeploy key professionals such as health visitors in case of future lockdowns, so that the most vulnerable families are not put at further risk.
3. **Dissemination of best practice** relating to communication to all NHS staff, such as sharing Sands' guidelines on delivering compassionate care while wearing PPE, and ensuring key information relating to COVID-19 is provided in as many languages as possible.
4. Action across the NHS and DHSC to **capture the impact of lockdown** across all settings in order to counteract negative impacts and plan for any future lockdowns. This includes gathering swift data on stillbirth rates during the pandemic, which are currently not regularly reported on, and analysing data for any trends in the impact on women from BME communities. There is also a need for a survey of the mental health impacts of COVID-19 on those bereaved through pregnancy and baby loss in order to plan services for this group into the future.

The APPG supports the National Bereavement Care Pathway for Pregnancy and Baby Loss which is a key conduit for delivering excellent bereavement care to women and families. All Trusts in England must be encouraged and supported to join up to the Pathway, which will further help to counter some of the negative impacts of COVID-19 that have been highlighted here.

For more information please contact the All-Party Parliamentary Group on Baby Loss:

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