



House of Commons

London SW1A 0AA

All-Party Parliamentary Group on Baby Loss and All-Party Parliamentary Group on Maternity

Wednesday 23rd February, 10.30 – 12.00, via Zoom

NOTES

Members and representatives in attendance:

- Rt Hon Jeremy Hunt MP (Co-Chair, APPG on Baby Loss)
- Cheryl Mackrory MP (Co-Chair, APPG on Baby Loss)
- Jill Mortimer MP (Chair, APPG on Maternity)
- Patricia Gibson MP
- Lord Boswell of Aynho
- Baroness Cumberlege
- Representative of Lilian Greenwood MP
- Representative of Sarah Olney MP
- Representative of Victoria Prentis MP

Speakers:

- Eddie Morris, Royal College of Obstetricians and Gynaecologists
- Gill Walton, Royal College of Midwives
- Clea Harmer, Sands and BLAW Alliance

Other guests:

Clotilde	Abe	Prosperitys
Dr Sri	Annavarapu	Royal College of Pathologists
Laura	Atherton	Memory Milk Gift Initiative
Christina	Axton	Kings College Hospital NHS Foundation Trust
Megan	Ball	Sands
Emily	Barnes	Department for Health & Social Care
Debbie	Barnett	UK Association of Milk Banks
Colin	Beesley	Royal College of Midwives
Ruth	Bender-Atik	Miscarriage Association
Jo	Bennett	South West Neonatal Network
Chris	Binnie	MAMA Academy
Stuart	Bonar	Royal College of Midwives
Richard	Boyd	Twins Trust
Molly	Boydon	British Pregnancy Advisory Service

Ann	Chalmers	Child Bereavement UK
Jenny	Chambers	ICP Support
Rachel	Corry	
Sarah	de Malplaquet	Kit Tarka Foundation
Jane	Denton	Multiple Births Foundation
Sian	Drinkwater	Maternal Mental Health Alliance
Elizabeth	Duff	NCT
Julia	French	Somerset NHS Foundation Trust
Emma	Gilgunn-Jones	Royal College of Obstetrics and Gynaecologists
Marcus	Green	Action on Pre-Eclampsia
Marc	Harder	Sands
Charlotte	Hill	Office for National Statistics
Myra	Kinnaird	NHS Grampian
Jenny	Kurinczuk	National Perinatal Epidemiology Unit
Hannah	Lloyd-Thomas	NHS England and NHS Improvement
Nicky	Lyon	Campaign for Safer Births
Alex	Mancini	Chelsea and Westminster NHS Foundation Trust
Ruth	Matthews	University of Leicester
Georgina	Mayes	Institute of Health Visiting
Beth	McCleverty	Bliss
Erin	McCloskey	University of Canterbury
Hannah	McConnell	Office for National Statistics
Natalie	McKie	Lullaby Trust
Lis	Meates	Forget Me Not Child
Kate	Mulley	Sands
Gwyneth	Munjoma	Tees Law
Mary	Newburn	Kings College London
Dawn	Newman-Cooper	East London Local Maternity System (NEL ICS)
Sean	O'Sullivan	Royal College of Midwives
Mehali	Patel	Sands
Lauren	Petrie	Imperial College Healthcare NHS Trust
Jane	Plumb	Group B Strep Support
Oliver	Plumb	Group B Strep Support
Gemma	Quayle	Office for National Statistics
Jess	Reeves	Sands
Angie	Rice	Early Pregnancy Assessment Unit
Vicki	Robinson	Miscarriage Association
Zoe	Russell	Royal College of Obstetrics and Gynaecologists
Emma	Savage	Somerset Clinical Commissioning Group
Jane	Scott	Queen Charlotte's and Chelsea Hospital
Seyi	Suberu Bakare	
Annemarie	Sworak	Kings College Hospital NHS Foundation Trust
Lara	Thorne	Sands
Leanne	Turner	Aching Arms
Robert	Wilson	Sands

10.30: Welcome & introductions (Cherilyn Mackrory MP, Co-Chair of the APPG on Baby Loss)

Cherilyn opened the meeting and welcomed everyone.

10.35: APPG on Baby Loss updates (Cherilyn Mackrory MP, Co-Chair of the APPG on Baby Loss)

Cherilyn outlined that a response has been received from the letter that was sent to the Minister, Maria Caulfield MP, after the APPG on Baby Loss meeting on 15th December. The group would work with the Minister's office to secure attendance at a future meeting.

10.35: APPG on Maternity updates (Jill Mortimer MP, Chair of the APPG on Maternity)

Jill introduced herself as the Chair of the APPG on Maternity and paid tribute to the hard work of Sir David Amess.

10.50: Presentations on workforce issues currently impacting maternity services

Cherilyn introduced Gill Walton, Chief Executive of the Royal College of Midwives (RCM).

Gill outlined that the data on staffing in maternity – in 2021 the Government estimated a shortage of 2,000 midwives, and between November 2020 and November 2021, the net fall in the number of midwives was 330. The RCM has long been working on issues related to staffing, noting that a sustained under-investment will impact on quality and safety of maternity care, which the pandemic has exacerbated.

Gill highlighted the Government's investment and Health Education England drive to recruit more midwives but noted the importance of addressing retention issues and the wellbeing of staff.

Gill supported the to the Health Care Bill, led Jeremy Hunt MP and Baroness Cumberlege, and praised the amendments to publish an independently verified assessment of workforce numbers and an action plan to tackle identified shortages.

Cherilyn introduced Eddie Morris, President of the Royal College of Obstetrics and Gynaecologists (RCOG).

Eddie thanked Gill and noted the importance of obstetricians, gynaecologists and midwives working together on this issue. Attrition and training are a crucial issue for RCOG as well, ensuring highly trained staff are not lost from the profession.

Research by the RCOG has shown that there are gaps in middle grade rotas in 90% of Obstetric Units in the UK. A third of obstetric and gynae doctors have been in a position where they felt patient safety was compromised. Eddie highlighted that 50% of NHS litigation costs, billions every year, relate to maternity, and that it is RCOG's view that this should be invested back into Trusts to improve safety & care. The ABC collaboration (Avoiding Brain Injury in Childbirth) is a vital DHSC funded project.

RCOG have recently published their Workforce Report (viewable [here](#)), noting the importance of a learning culture in obstetrics and gynaecology to support new trainees into the profession.

Eddie also praised the amendments to the Health Care Bill. The RCOG have been commissioned by the Department for Health & Social Care to create an Obstetric and Anaesthetic staffing tool which will help predict staffing levels – there is good progress in this.

Cherilyn introduced Clea Harmer, Chief Executive of Sands.

Clea outlined the negative impact of staffing levels on maternity safety. Sands conducted a survey of 1,640 people whose baby had died – a third felt unable to raise concerns, often feeling staff were too busy; there was a lack of continuity in carer and information given to parents; and only 35% of women whose baby died were considered high risk from the start of pregnancy.

Clea explained the impact of staffing on lesson learning after death. For 92% of bereaved parents, the Perinatal Mortality Review Tool (PMRT) is the only review they will have into their baby's death – most are not covered by HSIB or other reviews – yet there are inadequate staffing levels to properly implement the PMRT.

Clea finally explained the impact of staffing on bereaved parents and families. The National Bereavement Care Pathway outlines 9 standards for bereavement care, three of which are underpinned on staffing levels. Sands regularly hears from staff who do not have proper time and resources to attend training on bereavement care.

11.05: Input on workforce issues from Co-Chairs

Jill spoke about the importance of retention, care, and a no-blame culture to keep staff in roles and ensure they feel supported. Jill also highlighted the criticality of continuity of carer.

Jeremy stated that we are in a good place to begin making change to staffing and thanked all in the room for coming together. There needs to be a push for a no-blame culture in the NHS; everyone is capable of human error and it is the only way we will learn from mistakes.

Jeremy outlined that the duration of training for medical professionals (3-5 years) can halt progress from the Government, when considering they often work within a 4-year Governmental term. Jeremy highlighted the importance of independent staffing reviews, and how these should be happening every couple of years, to challenge the Government and the medical sector to do more.

The NHS spends £6 billion per year on locum doctors and agency nurses. Proper training amendments in the Health & Care Bill will prevent this, but amendments have been voted down. Jeremy referenced colleagues in the Lords who have continued pushing on this, and asked all involved in the APPG to maintain pressure.

Cherilyn spoke on a rural perspective, noting her experience in Cornwall of staff retention and access. Cherilyn also spoke of the importance of simple gestures that make a difference to staff morale and experience, such as housing and provision of appropriate food and meals.

11.20: Comments & questions from the floor

Elizabeth Duff from the NCT spoke about provision of post-natal care for new parents, including those that lose a baby. Pre-pandemic levels were not enough, and it is important that the whole system of postnatal care is improved beyond that level.

Nicky Lyon from Campaign for Safer Births highlighted the current campaign on social media and in Parliament (link to Early Day Motion [here](#)) for 24/7 availability of hot food in the NHS. Nicky also asked how the group can support the amendment to the Health & Care Bill and help push it through.

Sian Drinkwater from the Maternal Mental Health Alliance (MMHA) shared their new research in collaboration with LSE, [*'The economic case for increasing access to treatment for women with common mental health problems during the perinatal period'*](#). This report covers the benefits of integrating maternity and perinatal mental health care.

Georgina Mayes from the Institute of Health Visiting noted the shortage of approximately 5,000 health visitors and asked how we can ensure new parents get the correct antenatal and postnatal support.

Angie Rice from the Early Pregnancy Assessment Unit noted her personal experience of loss and the process of post-mortem. Angie outlined that in the South East of England, there are only two specialist pathologists, and that parents are waiting 2-3 weeks for their babies to be returned to them. Angie has been in touch with Helen Whately MP's office about this and asked if there could be an investigation into how post-mortem wait times can be reduced to lessen the emotional impact on families.

ACTION: APPG Secretariat to follow up with Angie and Helen Whately's office and speak to Chair's about raising the issue externally to the APPG.

Dr Sri Annavarapu from Alder Hey Children's Hospital and the Royal College of Pathologists spoke about the shortage of pediatric and perinatal pathologists - in the UK there are only 62, with 50 of those being full time and 15 current vacancies. Sri outlined that in Northern Ireland there are not any pediatric and perinatal pathologist, with babies being transported to Alder Hey in Liverpool. This is a highly trained workforce where trainees cannot fill the gaps. Something must be done to fix the root cause of pathology understaffing which starts with those entering the profession.

ACTION: APPG Secretariat to follow up with Dr Annavarapu and the Royal College of Pathologists about attendance/presentations at future meetings and involvement in the joint campaign.

Chris Binnie from the MAMA Academy asked what can be done to safeguard bereavement midwives time, and ensure they are getting proper emotional support. He also asked if Maternity Continuity of Carer (MCoC) has a compounding impact on existing challenges to midwives.

Alex Mancini from Chelsea and Westminster NHS Foundation Trust highlighted the importance of not just focusing on maternity and including neonatal services, as they share care of babies and there is a continuum of care.

Cherilyn asked the panellists to input on questions raised.

Gill agreed with the need to focus across the workforce, not just on maternity. She spoke about the RCM's view on continuity of carer, giving their support but outlining that the current lack of midwives would mean that MCoC would improve care for some women, but worsen it for others.

Eddie outlined his support for MCoC, but also highlighted the need to proper resourcing before implementation. He offered his support to the work of the Institute of Health Visiting and the MMHA, and the need to extend mental health support from antenatal to post-natal care. Collaborative work being modelled from healthcare managers is essential.

Clea thanked this forum for working on this issue. Clea focused on the need for more neonatologists and pathologists and outlined that this would prevent additional emotional impacts on parents and offer more learning after deaths. Implementing MCoC properly should be an impetus for fixing workforce issues.

Jeremy shared his, and Cherilyn's, support for better bereavement and perinatal mental health care.

11.35: Overview of campaign activity planned for APPGs during the year on the workforce issue

Jeremy shared the outline for the joint campaign between the two APPGs. The three Chairs will continue parliamentary work on workforce issues, as well as Jeremy leading on work within the Health & Social Care Select Committee. Maria Caulfield MP will be invited to a future meeting.

The Ockendon Report is due in March, and the Kirkup Report on East Kent in June. The RCOG's Obstetric staffing tool is also due to release in the summer and there is Baby Loss Awareness Week in October. These are critical points for this campaign, and opportunities for the government to implement wider lessons from these reports, and amendments to solve rota gaps. The Health & Social Care Select Committee is also leading an inquiry into workforce levels.

Jeremy shared the likely positive impact that all the voices, campaigners & reports will have on maternity workforce gaps, in the coming months.

10.40: Any other business

Laura Atherton from the Countess of Chester Hospital, who is the Bereavement Lead for the Memory Milk Gift, shared information on the initiative. Laura works with the Neonatal Palliative Care Network, with demand increasing greatly for the service over the previous 6 months. Laura asked anyone interested in supporting milk donation after loss at their Trust to reach out via [email](#) or their [website](#).

ACTION: APPG Secretariat to retain Laura's details for future meetings and/or other attendees to contact.

Cherilyn thanked all for attending. The next meetings for both APPGs will be confirmed in due course.