Aim of Project
To improve the quality of care that bereaved parents receive from the Maternity service.

Primary Drivers
• Recommendations of SANDS: “Guidelines for health professionals” “Bereavement Care Report and “Preventing babies’ deaths: what needs to be done”
• Refreshed framework for Maternity Care – “Reducing inequalities in maternal and infant health outcomes at birth and across the life course” “Using women’s experiences to drive service improvement”

Secondary Drivers
• No bereavement midwifery post since 2007 and no dedicated administrative support since 2011.
• Anecdotal evidence that midwifery and medical staff find the documentation and information for the various aspects of pregnancy loss confusing.
• The maternity service has strong links with the local SANDS group who provide us with their guidelines, equipment for creating memories and training but full implementation of guidelines still required as is training in the creation of good memories.
• SANDS have funds to pay for the refurbishment of our dedicated “family” room to make it less clinical and more comforting, but this work is experiencing long delays.
• SANDS Audit tool was used on case records to capture a current snapshot and identify gaps in service provision
• All documentation was sorted into 7 packs for each type of pregnancy loss.

Project Actions/Processes
Funding was secured to allow a key team leader to assist in the project.
Questionnaire was sent to all midwives and doctors and revealed a need for:
• clear, straightforward, logical documentation
• easily accessible equipment and information on post mortems, funerals, cremations, disposal of non viable tissue
• staff training
The SANDS Audit tool was used on case records to capture a current snapshot and identify gaps in service provision

All documentation was sorted into 7 packs for each type of pregnancy loss. A dedicated space has been created to ensure the equipment needed for pregnancy loss is within quick and easy access to all staff.
A box of equipment and documentation packs is now in Birthing Centre in Stranraer. Administrative support has been secured to ensure packs, boxes and equipment corner are kept fully stocked on an ongoing basis.
Patient feedback forms have been developed to inform service improvement.
A comprehensive pregnancy loss information folder is being developed.

Results/Evaluation
• As the packs are being used, the need for some further small changes has been highlighted. Some checklists and patient information leaflets have still to be reviewed and updated. The information folder will be completed following a visit to the local crematorium and NHS board renewal of contract with funeral director and finalisation of the process for sensitive disposal of non viable foetal tissue. Action plans are in place to complete this work.
• SANDS workshops have been held for all midwifery, nursing and medical staff. These have evaluated well and the medical staff have requested further training sessions that focus on improving their communication skills. Training to be arranged for the staff in Stranraer.
• The workshops have encouraged valuable reflections on current practice.
• Key people have been galvanised into action to commence and complete the refurbishment of the family room with no further delays.
• There is anecdotal evidence that the changes to the documentation packs and the storage of the equipment are facilitating the whole process and are therefore releasing time to care.
• The staff questionnaire will be reissued for a formal evaluation once the update of all documentation and the information folder is complete. The patient feedback forms will be issued to all women suffering a loss in pregnancy, once the family room is ready to be offered to parents again. The SANDS audit tool will be used to audit care on an ongoing basis to inform practice development.