House of Commons
London SW1A OAA
All-Party Parliamentary Group on Baby Loss

Tuesday 20th July 2021, 15:00 - 17:00, Via Zoom

MINUTES

Members and representatives in attendance:

- Cherilyn Mackrory MP (Co-Chair)
- Rt Hon Jeremy Hunt MP (Co-Chair)
- Laura Trott MP
- Representative of Sharon Hodgson MP
- Representative of Caroline Ansell MP
- Representative of Peter Gibson MP

Guest:

- Nadine Dorries MP, Minister for Patient Safety, Suicide Prevention and Mental Health

Speakers:

- James Titcombe
- Professor Dame Jane Dacre
- Clea Harmer

Other guests:

Paula	Abramson	Bereavement Training International
Sara	Balmforth	Forget me not children's hospice
Emily	Barnes	DHSC
Ruth	Bender Atik	The Miscarriage Association
Molly	Boydon	BPAS
Dawn	Brown	CRADLE Charity
Karen	Burgess	Petals
Celia	Burrell	BHRUT
Ann	Chalmers	Child Bereavement UK
Alyson	Chorley	Twins Trust
Sophie	Daniels	Liberty's Mother
Sarah	de Malplaquet	Kit Tarka Foundation
Jane	Denton	Multiple BIrths Foundation
Elizabeth	Draper	MBRRACE-UK / University of Leicester
Sian	Drinkwater	Maternal Mental Health Alliance
Joe	Dunne	NHS England
Gemma	Dyer	CRADLE Charity

Alyx	Elliott	Petals
Carmen	Elliott	DHSC
Jane	Fisher	Antenatal results and Choices (ARC)
Sara	Fitzsimmons	SiMBA
Marcus	Green	Action On Pre-Eclampsia
Marc	Harder	Sands
Geoff	Heaps	The Lily Mae Foundation
Charlotte	Hill	ONS
Zofia	Kropiwnicka	Barking, Havering and Redbridge NHS
Sara	Ledger	Baby Lifeline
Emily	Lewis	RCOG
Alex	Mancini	Chelsea & Westminster NHS Foundation Trust
Beth	McCleverty	Bliss
Erin	McCloskey	Canterbury Christ Church University
Natalie	McKie	The Lullaby Trust
Aimee	Middlemiss	LSE
Kate	Mulley	Sands
Gwyneth	Munjoma	Tees Law
Munira	Oza	The Ectopic Pregnancy Trust
Nikesh	Parekh	Public Health Greenwich
Jane	Plumb	Group B Strep Support
Oliver	Plumb	Group B Strep Support
Gemma	Quayle	Office for National Statistics
Beverley	Radcliffe	The Coroners' Courts Support Service
Jessica	Reeves	Sands
Angela	Rice	EKHUFT
Luanne	Rimmer	Angel Parents UK
Vicki	Robinson	Miscarriage Association
Jane	Sandall	NHS England and Improvement
Roopal	Shah	Babyloss Support LLR
Lucy	Smith	University of Leicester
Sylvia	Stoianova	University of Bristol
Karen	Todd	Department of Health and Social Care
Leanne	Turner	Aching Arms
Jenny	Ward	The Lullaby Trust
Gillian	Weaver	Human Milk Foundation
Jamie	Fallick Wicks	Hand Made With Love & Making Memoires CIC

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

Cherilyn Mackrory MP, Co-Chair of the APPG, opened the meeting and welcomed everyone. Cherilyn explained that the meeting would include a discussion of the Pregnancy Loss Review, but that first the meeting would be joined by the Minister, Nadine Dorries MP.

2: Address from the Minister (Nadine Dorries MP, Minister for Patient Safety, Suicide Prevention and Mental Health)

Cherilyn introduced the Minister, Nadine Dorries MP. She explained that Nadine Dorries was appointed Minister of State at the Department of Health and Social Care in May 2020, having first joined the department in July 2019. It was noted that the Minister has been a longstanding supporter of this APPG, she attended our January 2020 meeting and has responded to many debates on the topic in Parliament – including a debate earlier on the same day as this meeting, on progress towards the Government's National Ambition.

The Minister, Nadine Dorries MP began by thanking members and attendees for all their work in supporting those who face the grief and loss of a baby. She noted that this work raises awareness of baby loss and helps to break the taboo of talking about baby loss. She further noted that this is vital in helping people to access the support they need.

The Minister updated attendees on the Government's work relating to the Health and Social Care Committee's Report into maternity safety, and their wider programme of work relating to baby loss. She welcomed the report, and reiterated the Government's commitment to work on improving maternity safety and making the NHS the best place in the world to give birth. The Minister noted that the Government would respond to the report after recess, in September.

The Minister highlighted action that the Government is taking. Additional funding is being invested in maternity safety to recruit additional midwives and obstetricians. Funding will also support training for those involved in maternity care. The RCOG is further being funded to develop a workforce planning tool.

In relation to learning from safety incidents, she noted programmes such as Each Baby Counts and the work of the Healthcare Safety Improvement Branch. She noted there was a focus on deterioration during labour particularly, and action to reduce avoidable brain injuries.

Relating to personalised care, the Minister discussed continuity of carer and equity of care. Next, she further noted recent evidence relating to public health interventions and the role they can play.

She thanked the APPG's members and supporters for everyone's work in moving towards meeting the targets of the Government's National Ambition.

Jeremy Hunt MP, thanked the Minister for all her work in the areas of patient safety and maternity safety. Jeremy asked the Minister for her views on two recommendations from the Health and Social Care Committee's report – in relation to further increasing the numbers of midwives, and in relation to proposals on litigation reform to make this easier to access and less adversarial. The Minister noted the importance of investing in workforce, and highlighted commitments that have been made in this area. She noted that workforce is one aspect, but it is important to take a holistic approach to improving the health of women in order to address inequalities. Relating to clinical negligence reform, she noted the importance of establishing a firm evidence base for how to move forward. Jeremy followed up and noted the different rates of baby loss in different countries, which have also taken different approaches to litigation.

Laura Trott MP raised a question on pain relief during labour, and the link to safety, noting that there was sometimes a lack of advice and awareness for women of what is available. The Minister agreed that the issue of women receiving pain relief during medical interventions is important – both in labour and in many other instances. She noted inequalities in the provision of pain relief for women, and highlighted that this would be reflected within the forthcoming Women's Health Strategy.

James Titcombe asked the Minister if there is a role for medical examiners to have a remit relating to stillbirths. The Minister noted that this is a complex situation. She agreed to follow up on this question with a further written answer.

Jane Plumb (Group B Strep Support) asked what can be done to encourage adherence to clinical guidelines. The Minister reiterated her support for work on Group B Strep, and the current clinical trial. She noted that RCOG guidance already exists in this area, but accepted that this was not always followed The Minister encourage the APPG to highlight to women that guidelines are available, and that the GBSS website has further information. She further encouraged the APPG's members to keep up pressure on this key issue.

Jeremy thanked the Minister for joining the meeting and for taking part in the discussion, and noted the APPG looked forward to seeing the Government's response to the report.

3: Panel discussion: Health and Social Care Committee report on maternity safety (led by Jeremy Hunt MP)

Jeremy then moved the meeting on to a panel discussion with expert speakers to discuss the Health and Social Care Committee's report on maternity safety. Each speaker was invited to make a five minute address on the report.

First, Jeremy introduced Professor Dame Jane Dacre, noting she was chair of the expert panel who conducted an evaluation of the Government's progress against its policy commitments in the area of maternity services, which was published alongside the Committee's report. Jane began by explaining how the panel was commissioned to develop a CQC-style rating on Government work in this area. She noted the panel included experts in evaluation, midwives and obstetricians. The panel collected evidence across the areas of maternity safety, continuity of carer, personalised care, and staffing levels. Evidence was then collated from a range of sources, including from roundtable discussions with women and healthcare professionals. This evidence was then analysed, and used to formulate a judgement on each area within the national ambition. The overall judgement across all areas was 'requires improvement'. She noted two key drivers – first, that staffing levels is a challenge across services, which impacts on the delivery of other initiatives such as personalised care and continuity of carer. Second, that there are inequalities in outcomes for women from different socioeconomic groups, and women of different ethnicities. She noted that there has been much good progress made but that it is important to continue to build on this.

Jeremy then introduced James Titcombe, who explained that he is an Ambassador for the Baby Lifeline charity. James has been a leading campaigner for maternity safety since his son Joshua sadly died nine days after being born at Furness General Hospital in 2008. James reflected that since the Morecombe Bay report there have been improvements, but equally there are some areas where issues persist – both areas highlighted by the Select

Committee report and in other inquiry reports. James agreed the importance of safe staffing in delivering safe maternity services, as well as the need for high quality training for staff and the role that culture plays. He noted that the litigation system is linked to this, and that the litigation system and process has a significant impact on families.

Jeremy finally introduced Clea Harmer, CEO of Sands and Chair of the Pregnancy and Baby Charities Network. Clea also welcomed the report and noted three key areas that need to be taken forward. First, that progress towards the National Ambition has not been equitable and that some women and babies are more at risk based on their postcode, ethnicity and income. She agreed that there is a need for a target to tackle this inequality. She highlighted the role of MBRRACE-UK confidential inquiries in helping to increase understanding of what is needed in order to tackle this issue and enable such a target to be achieved. She noted there is a confidential inquiry being undertaken in relation to Black/Black British babies, but that a second inquiry into Asian/Asian British babies has been delayed – and flagged that this means the second inquiry will not be delivered until we are much closer to the Ambition's deadline. Second, she highlighted the key role that data plays in identifying Trusts that need support at an early stage. Clea noted that the Perinatal Mortality Review Tool plays a key role in learning which deaths which might have been avoidable. This tool and approach requires support and funding to ensure parental input is collected and should feed into data systems. Third, that a learning culture should be in place rather than a blame culture. She noted the importance of hearing the word 'sorry' for parents whose baby has died.

Jeremy thanked the three speakers for their contributions. Cherilyn then asked Jeremy and the panel what the Committee would like to happen next, and how the APPG could support the next steps. As Chair of the Committee, Jeremy noted that recommendations relating to staffing, culture and inequalities are key. He further noted that it will be impactful if the sector come together behind the important next steps to help drive progress, and provide a direction of travel for action.

Jane noted that staffing levels are a key enabler to other actions happening – for example, training can be harder if staffing is short.

Clea noted that it is important to now focus on the initiatives and interventions that have the greatest impact. She further noted that parents' voices must be at the centre.

Jeremy echoed the importance of increasing staffing levels, and highlighted this as a key area to focus on.

Laura Trott MP added that looking at data and acknowledging where change is needed is going to be key to ensure past patterns are not repeated.

Jeremy closed the panel discussion and thanked the panel speakers for their contributions and support for the Committee's work.

4: Updates (Cherilyn Mackrory MP)

Cherilyn updated attendees on activity since the previous meeting. She noted that in April, the Co-Chairs wrote to the Minister to raise the issue of prevention, and to set out the Co-Chairs' wish for all available interventions to be deployed in order to prevent baby loss wherever possible. In June, the APPG submitted a response to the call for evidence for

the Women's Health Strategy. This set out the group's calls to action relating to both prevention of baby loss and bereavement support following pregnancy and baby loss. Lastly, earlier on the day of the meeting, the Co-Chairs led a backbench debate on progress against the National Ambition to reduce rates of stillbirth and neonatal death.

Cherilyn further noted that the APPG would soon be submitting an application for a backbench debate during Baby Loss Awareness Debate 2021.

5: Pregnancy Loss Review (Karen Todd, Department of Health and Social Care)

Cherilyn introduced Karen Todd, Head of Maternity and Neonatal Services at the Department of Health and Social Care, who provided an update on the Pregnancy Loss Review. The Review has been set up to look into how best to provide support to women whose baby dies before 24 weeks.

Karen noted that she was attending in place of the Review's Leads, Zoe Clarke-Coates and Sam Collinge, who were unable to attend. She reminded attendees that the work of the Review began in 2018 when the review group and scope were agreed. The Review has three objectives: to review the impact of current processes on families whose baby dies before 24 weeks, to consider if it would be beneficial to amend processes to allow parents to register the death of a baby who dies prior to 24 weeks, and to consider improvements to care pathways for parents who experience miscarriage.

Karen went on to note that a lot of activity has happened in relation to the Review since 2018, including consultation events with parents, healthcare professionals and charities. Karen reflected that resources were reassigned due to Brexit and the COVID-19 pandemic, meaning that progress on the review has since slowed. She went on to explain that work is ongoing, and the findings of the Review are being refreshed to take into account recent developments such as the Women's Health Strategy, with a view to publishing the Review report later in 2021.

Cherilyn then led a discussion with Karen, noting the importance of mental health support, and support for partners.

Ruth Bender Atik (Director, Miscarriage Association) noted that it is important to deliver the Review's recommendations as soon as possible.

6: Any other business

Alex Mancini (Chelsea and Westminster NHS Trust) raised a point relating the role of collaboration across maternity and neonatal services. She noted that there is sector-wide support for joint training, greater close working, and equal weighting – and the introduction of the role of Neonatal Safety Champions in the health service, highlighted in an open letter recently published. Cherilyn agreed to take this up with the Department.
Action: The APPG to raise the letter with the Department.

Clea Harmer from Sands reiterated her earlier point regarding the MBBRACE-UK Confidential Enquiry into perinatal deaths of Asian/Asian British babies. This is a concern given the known inequalities in outcomes.

Dr Nikesh Parekh from the Royal Borough of Greenwich raised a point regarding charging for antenatal services. He set out the current processes for where charges apply for maternity services for women not “ordinarily resident” in England, noting that there is variability in how these are implemented and that the communications around this can cause stress and anxiety. He set out some action that is taking place in Greenwich to mitigate this, relating to ensuring exemptions are identified, communications address any language barriers, and signposting is put in place for support services. He went on to note that the National Child Mortality Database is collecting data in this area.
Action: The Secretariat to link Dr Parekh with Clea Harmer of Sands and Professor Jane Sandall from NHS England. The APPG to consider placing a written question to raise the issue.

7: Close of meeting

Cherilyn concluded the meeting by updating attendees on the coordination of the APPG moving forward. Caroline Stickland, who has provided Secretariat services for the past two years, is moving on after this meeting, and APPG coordination will transfer to the Sands charity. Updated contact details for the Secretariat are as follows:
Email: appg.babyloss@sands.org.uk
Group's Website: https://www.sands.org.uk/appg/
External supporters are encouraged to opt-in to ensure they continue to receive updates on the work of the group: https://act.sands.org.uk/appg-baby-loss

Cherilyn then closed the meeting. The next meeting of the APPG is planned for September 2021, date and location to be confirmed.