MSLC Good Practice

Leeds MSLC – positive changes in bereavement support for parents

Achieved by MSLC members Shazma Waqas (user rep), Megan Waugh (Women’s Health Matters) and Sheryl McMahon (SANDS)

Leeds MSLC is administered by Women’s Health Matters (http://www.womenshealthmatters.org.uk/about-us/) an independent charity run by women for women.

What has been achieved?

Huge improvements in the support available to parents after a pregnancy loss, including a dedicated Bereavement Midwife and the TLC Clinic providing emotional support during antenatal care. In addition, the Snowdrop Suite for bereaved parents was refurbished and gained its own entrance (rather than parents and their families having to access it via labour ward).

How did the issue come to the MSLC’s attention?

Bereavement was an issue which kept coming up on the agenda but never seemed to achieve the impetus to action, despite one couple coming in to share their story and a SANDS (Stillbirth and Neonatal Death Society) rep attending the MSLC. We were asking for a dedicated bereavement midwife (which Leeds used to have) but kept getting rebuffed.

What made the change happen?

We drew up an online survey about bereavement support both in hospital and the community. Megan, who works for Women’s Health Matters, looked around for other relevant activities in the area and met up with Shazma, who had suffered a pregnancy loss, at a research meeting at the University of Leeds. The survey results, and Shazma speaking to the MSLC about her experience, resulted in a subgroup being set up. This met every two months to look at bereavement issues, was attended by both users and health professionals, and reported back to the full MSLC. As a result of this group’s work we now have:

- A full time bereavement midwife who has a very flexible remit and is able to provide support following miscarriage from 13-14 weeks of pregnancy.
- All midwives caring for women who have suffered a pregnancy loss are able to make follow up phone calls, talking through the situation and offering support, when families go home.
- Handover procedures following a shift change have been updated to ensure families receive sensitive care.
- The TLC Clinic was set up. It runs every fortnight, alongside the normal antenatal clinic, and offers extra emotional support in pregnancy following loss.
• Midwives going to main reception to meet women who are coming in to hospital as a result of a miscarriage or stillbirth.
• A parent-to-parent statement, written by Shazma, is added to the front page of the notes of every woman who has suffered pregnancy loss, as a reminder to midwives of the emotional care required.

We also wrote a supporting statement which helped get funding to refurbish the Snowdrop Suite (which is kept for the use of bereaved parents). The suite now has its own entrance, so parents and their family members don’t have to go through delivery suite to reach it.

**What else did you feel was necessary to embed the changes?**

Building relationships was really key to this project – once you have developed that bond between staff and service users everyone makes the time to go to meetings.

We were both keen to keep up momentum on the project, especially after a senior staff member who had been very supportive moved on to another job, so we worked on non-clinical issues such as getting signs put up directing people to the Snowdrop Suite, and talking to all the general reception staff to make sure they knew about it and that it has a separate entrance.

*We’re really pleased with how the subgroup worked to get progress on this issue. We’re using the same model to do some work around homebirth, and are going to use it with young dads.*