**What is the National Bereavement Care Pathway?**

* The National Bereavement Care Pathway (NBCP) helps healthcare professionals to provide bereavement support after any pregnancy or baby loss.
* It is comprised of five pathways:
	+ Miscarriage
	+ Termination of Pregnancy for Fetal Anomaly (ToPFA)
	+ Stillbirth
	+ Neonatal Death
	+ Sudden Unexpected Death in Infancy (SUDI)

**Why was the NBCP created?**

**“*The death of a baby is one of the most devastating experiences any parent will face, and many families will struggle*”**

 **APPG on Baby Loss, Tackling Baby Loss in the UK, 2016**

* It was recognised that care received following a miscarriage or the death of a baby in or out of hospital can vary significantly regionally, locally and even within the same trust.
* Follow-up care in the community for patients who have suffered from the loss of a baby is not always adequate, and in some instances does not take place at all.

**What does the NBCP aim to do?**

* The objective of the project is to ensure that all bereaved parents are offered high quality, individualised, safe and sensitive care wherever they access it.
* The pathway aims to provide the knowledge and skills that healthcare professionals require to confidently deliver bereavement care.

**What role does General Practice have to play?**

* This tool kit has been developed to enable healthcare professionals (GPs, Practice nurses, HCAs, Receptionists/Secretaries) to use and deliver the pathway effectively in the primary care setting.
* Continuing care in the community for this cohort of patients is vital, as the psychological effects such as depression or PTSD may not present until weeks, months or even years after their loss.

**Bereavement care in the community following pregnancy and baby loss – Top Tips**

* Acknowledge the parent’s grief and try not to make assumptions about the intensity and duration of this - everyone is different.
* A partner’s grief can be as profound as a mothers - their need for support should be recognised and met.
* It is a natural reaction to want to ease the person's pain. However, well-meaning words that encourage the bereaved to 'look on the bright side' can be hurtful.
	+ ‘At least you have your other children.'
	+ ‘You can always try for another baby.'

**Compassion**

*“*Bereaved parents never forget the understanding, respect, and genuine warmth they received from caregivers”

* Worry less about what to say to grieving parents and focus on just listening to what they have to say.
* Express sadness for the parents but avoid telling them you know how they feel.
* Use the name of the child who has died. If the parents have not named the child, be led by how they address the child and mirror their language.
* Avoid phrases like ‘moving on’; ‘moving forward’ is a better alternative.

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**Communication**

*Most bereaved parents assert that their grief continues throughout their lives, often saying ‘It gets different it doesn’t get better’*

* When the practice is made aware that a patient has lost a child, they should be contacted, inviting them to arrange follow up care with their GP as per NICE guidelines. (Letter templates are available later in this toolkit).
* If possible, allow parents and wider family to bypass the usual appointment system for a set period of time, allowing them easy access to support as and when needed.
* Consider offering double appointments to allow adequate time to be spent with the parents
* Review the relevance of pre-booked appointments and cancel where appropriate e.g. baby immunisations

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**Continuity**

**Bereavement care in the community following pregnancy and baby loss - Advice for GPs**

The RCGP have a fantastic e-learning module on ‘Pregnancy Loss and Child Bereavement’ which we would encourage all GPs to access. This will provide you with the skills and tools needed to support patients who have experienced pregnancy loss or the death of an infant.

**What do the NICE/Green Top (RCOG) guidelines advise?**

* **Ensure that arrangements for routine antenatal care/future appointments for the mother or child are cancelled where relevant.**
* **Arrange a follow up appointment**
	+ This Toolkit provides a letter for each of the NBCP pathways. The letters acknowledge the loss of the child and invite parents to make an appointment with their GP for continued support and aftercare. These can be used or adapted by your practice as you see fit.
	+ Offering an appointment has a beneficial effect, even for those women who choose not to accept it.
* **All women who have given birth after 24 weeks should be offered a 6-8 week post natal check regardless of the outcome of the pregnancy.**
* **Assess the parents’ psychological well-being, offer counselling if appropriate.**
	+ Signpost parents to the relevant support services. We suggest using the letters enclosed in this pack as a point of reference for support services.
* **Discuss any questions the parents have about what has happened and, where possible, explore their fears surrounding any possible future pregnancies.**

**Bereavement care in the community following pregnancy and baby loss – Advice for administrative staff**

Definitions:

1. **Miscarriage** is any pregnancy loss occuring less than 24 weeks of pregnancy
2. **Termination of pregnancy for foetal anomaly**
3. **Stillbirth** is any baby born with no signs of life known to have died after 24 weeks of completed pregnancy
4. **Neonatal death** is any baby that has died less than 4 weeks old
5. **Infant death** is any baby that has died between 4 weeks old and 12 months

**NB: Please note the flow chart will vary according to individual practice protocols**