
A pathway to improve bereavement care for parents in Scotland after pregnancy or baby loss



national bereavement
c a r e p a t h w a y
for pregnancy and baby loss

Sudden, unexpected death in infancy (SUDI)

Bereavement Care Pathway

Our National Bereavement Care Pathway core partners



About the NBCP

The National Bereavement Care Pathway Scotland has been developed to improve the quality of bereavement care for all families, and reduce local and national inconsistencies, after

- miscarriage, ectopic and molar pregnancy
- termination of pregnancy for fetal anomaly (TOPFA)
- stillbirth
- neonatal death
- sudden and unexpected death in infancy up to 24 months (SUDI).

This pathway has been developed to assist all healthcare professionals and staff who are involved in the care of families of a baby who has died suddenly and unexpectedly in infancy up to 24 months of age. Bereavement care is a continuing process and should be provided by all staff caring for those who have experienced SUDI. It is integrated with clinical care and provided by everyone within the scope of their practice – not only those with a designated bereavement remit – and doesn't start at an appointed time.

For further guidance on this pathway see www.nbcpscotland.org.uk/SUDI.

'Healthcare professionals' and 'staff' mean any practitioner who has contact with a bereaved parent. 'Parent' refers to an expectant or bereaved mother, father or partner, and 'baby' or 'fetus' is used throughout. 'Family' refers to close relatives as defined by the parents. Not everyone will want these words to be used and some women and partners may want to use the word 'parent' but not feel entitled to do so. Healthcare professionals should use the words preferred by the individual.

This document will use the term 'women'/'woman' throughout. However, it is important to highlight that it is not only those who identify as women who require access to bereavement care. For example, some transgender men, non-binary people, and intersex people or people with variations in sex characteristics may also experience pregnancy loss and/or the death of a baby. Bereavement care must therefore be appropriate, inclusive and sensitive to individual needs. The term couple is used to describe two individuals of any sexuality or gender.

www.nbcpscotland.org.uk

Bereavement care standards

A Board that meets these standards is considered to be providing good bereavement care. Boards should audit provision against these standards and improve the bereavement care they offer where gaps are identified.

Parent-focused care



Parent-led bereavement care plan: A parent-led approach is taken, providing continuity of care and management of transitions between settings and into any subsequent pregnancies.



Memory opportunities: All bereaved parents are supported to mark their loss and offered opportunities to make memories.



Bereavement space: All units have access to a room where bereavement care can be provided in a suitable and sensitive environment.

Staffing



Access to training: Bereavement care training is provided to all staff who come into contact with bereaved parents, and staff are supported by their Board to access this training.



Leadership: There is a strategic bereavement lead in every Health Board in whose settings a pregnancy or baby loss may occur.



Staff care: Healthcare staff are provided with, and can access, support and resources to deliver high quality bereavement care.

Communication



Assessment and referral: All bereaved parents are informed about and, if requested, referred for emotional support and for specialist mental health support when needed.



Informed choice: All staff listen carefully to bereaved parents, offer them informed choices about their care and the care of their babies, and are guided by their wishes.



Robust signal system: A system is in place to rapidly signal to all healthcare professionals and staff that a parent has experienced a bereavement to enable continuity of care.

Initial response

Aim to ensure everyone, including first responders, understands the significance of their communication with the family and one another and acts with care and compassion. Be familiar with the processes and refer to the SUDI Scotland toolkit for guidance.

Families tell us the way staff speak and act at this initial stage has a lasting impact on their bereavement journey. It is a traumatic situation and one in which they feel vulnerable. They need staff to tell them sensitively what is happening, why it happens and what will happen next.

What do we need to do?

At all times

- Offer care and support to the whole family, including extended families.
- Keep an open mind about how families react. There is no right or wrong reaction to sudden death and grief, and anger is a common expression of emotion.
- Be aware that families often blame themselves, no matter what the circumstances – they will often already be aware of their specific risk factors.
- There are known risk factors for sudden infant death syndrome (SIDS), but these are not causes of death – take care to avoid suggesting guilt when discussing these. Use phrases such as ‘would you like to tell me what happened’ rather than ‘why didn’t you?’ Say you are sorry and acknowledge the distress.
- Keep the family informed and give realistic time scales and honest information keeping to known facts, however difficult this is.
- Understand that the presence of police, even when not in uniform, will have an impact on the family and the wider community, and avoid using terms such as ‘suspicious death’ and ‘crime scene’.

When talking with families

- Communicate sensitively and be aware of your language and non-verbal signals.
- Listen effectively – it is a very important skill that families will often remember.

- Introduce yourself, your name, your role and what you are going to do.
- Find out the baby’s and parents’ names and use them.
- Use simple direct language including the words ‘died’, avoid euphemisms and do not be overly apologetic.
- Give information plainly and invite questions as you go along.
- Don’t assume someone else has given any information to families.
- Establish and confirm what happens next.

Arrival of services

- Most unexpected infant deaths are found by their families, who will call an ambulance. The initial 999 call will request an ambulance and also notify Police Scotland, who will also attend. Be aware that this is an extremely distressing experience for families, who will often not be expecting the police. Reassure parents that police involvement is routine.
- In rare cases, a baby may die unexpectedly in other parts of the hospital. If being moved department, the family should be supported and kept informed throughout.
- The family should be supported to attend the hospital, either travelling with their baby in the ambulance, or separately. Consider the needs of other children or family members. Attending police may be able to assist with these arrangements.

“Our baby son died in the car travelling. Death was confirmed by the doctor at a local hospital, where we stopped and discovered he was dead. An ambulance was called and drove ahead of us to show us the way to the hospital. Apart from the doctor who was a GP who was called in, I don’t remember seeing any staff at all and we had to just drive back.”

On arrival at the hospital¹

The National Hub Child Death Review provides a timeline and support for staff www.healthcareimprovementscotland.scot/inspections-reviews-and-regulation/national-hub-for-reviewing-and-learning-from-the-deaths-of-children-and-young-people/sudden-unexpected-death-in-infancy-programme-sudi/sudi-process/

- At the hospital, allocate a lead healthcare professional to the family and keep them fully informed, in an appropriate quiet and private space.
- Where resuscitation is ongoing, it is good practice to allow the parents to remain present if they wish to and ensure they are supported.
- Reiterate that Police and Procurator Fiscal involvement is routine in all sudden and unexpected deaths as required by law in Scotland. Families should know that these professionals will be involved from the outset and that their role is not to investigate families but to help find out what happened to their child.
- Working collaboratively, ensure that police presence is as discreet as it can be, given their need to be present. For example, if there are two uniformed officers present, quietly discuss the possibility of one staying close to the family whilst the other could take on the role of communicating with colleagues and is not in the room.

When death is confirmed

- Give families as much opportunity to be with their baby at this stage as possible.
- Provide a quiet, private and comfortable space away from the main clinical area if possible.
- Explain someone will remain with them at all times to give support so they won’t be left on their own, but staff will be as discreet as possible and give them space.
- Give the family as much time as they need.
- Ensure the family hold their baby if that is possible.
- Wherever possible, assign two people to care for the family, as they are likely to be with them for up to 5-6 hours and staff will need to take drinking and toilet breaks.
- In early interviews, carefully balance the needs of the information gathering with the shock, trauma and grief of families. Wherever possible, work jointly with other professionals to save the family from needing to repeat the same information.
- If the baby who died was from a multiple birth, reassure the family as far as possible about their other baby or babies and explain they can be provided with an apnoea monitor by the Scottish Cot Death Trust. Where possible, the surviving baby or babies should be admitted for observation.

¹ In rare cases, a baby can die suddenly and unexpectedly in other parts of the hospital. Although families can go home immediately, the same bereavement care set should be used.

Initial response

Before the family leave hospital

- Support the family with practical arrangements, such as where they may stay because they may not be able to return home immediately due to the early police investigation. Reference your own NHS Board's policy on this.
- Explain paediatric post-mortems are highly specialised and the baby will be transferred to a paediatric pathology centre and, if known at that time, say which centre that will be.
- Reassure the family their baby will be travelling safely to the paediatric pathology centre and handled with respect.
- Provide contact details for a key healthcare professional who will answer the family's questions and provide updates. The National Hub Child Death Review provides a timeline and support for staff www.healthcareimprovementscotland.scot/inspections-reviews-and-regulation/national-hub-for-reviewing-and-learning-from-the-deaths-of-children-and-young-people/sudden-unexpected-death-in-infancy-programme-sudi/sudi-process/
- Give the family contact details of bereavement support organisations available locally and nationally. www.mygov.scot/child-baby-death
- Explain the emotional support available via your hospital and primary care colleagues.
- Offer contact with the chaplaincy team and explain how they can support families, noting they can liaise with religious and spiritual advisers of all local faiths and humanist celebrants.

- Identify the key healthcare contact for any questions the family have.
- Notify the GP (ideally by email or urgent fax) to inform the practice about the baby's death and to request no further appointments for immunisation or developmental checks are sent out.
- Inform the hospital medical records department to ensure no clinic appointments are sent.
- Inform the family that any future routine health check or immunisation appointments will be cancelled.

"We were told that our baby would have to go back to [another town] for post-mortem, and I was upset that he couldn't be moved to [a different town], which would have been closer to home. I never got to see my son again. We were interviewed quite quickly by two police - the much younger girl was very efficient, but the older man said nothing. I was told afterwards that he had found it one of the most upsetting experiences of his career."

How will we know we have achieved our aim?

- Families will tell us that they felt cared for and that they were kept informed of what was happening, why it happens and what they could expect next. They will tell us that no judgements on how their baby died were made at this early time by staff and that they felt that staff put their needs first.
- Staff will tell us they feel confident and competent providing information about the early actions and being clear that, at this stage, no one can say why baby died and so legal procedures must be followed. They say their training has provided them with a knowledge of the SUDI Scotland toolkit and local SUDI processes, and they are aware they should not be process driven.

Memories and mementos

Aim to explain sensitively to the family the opportunities for seeing and holding their baby after post-mortem and for any mementos appropriate to the age of the baby.

Families tell us that opportunities for memories and mementos can be missed and at times inappropriate suggestions were made given the age of the baby, which added to their distress.

The steps within this section may span several days and several different scenarios depending on the circumstances and location of baby's death and post-mortem.

What do we need to do?

- Let the family know mementos will be offered by mortuary staff who will ensure that a lock of hair, hand and footprints and photographs are offered.
- Discuss the opportunities to see and hold baby again after the post-mortem has taken place.
- If the pathology centre will be geographically quite far away, do not assume that families may or may not want to travel to see baby there but do say they can see and hold their baby again at their funeral directors.

"We were assured we would get a lock of his hair, footprints etc. but when we asked about these in the following week we were informed we had not signed the correct paperwork at the hospital and could not get these ... I am sure the hospital staff would have been devastated this had happened to us if they knew. Our Funeral Director ensured we had his hand and footprint to keep. I would be utterly devastated if I had not got these."

How will we know we have achieved our aim?

- Families will tell us they understood the opportunities to see and hold their baby after post-mortem and to have mementos. They will say their options and the legal limitations were sensitively explained in a way that increased comfort rather than causing added distress.
- Staff will tell us they feel confident and competent to explain the choices families have for seeing and holding the baby and mementos after they leave the Emergency Department.

After death is confirmed

Aim to openly and sensitively talk about what happens after a sudden and unexpected death and the legal processes that will need to take place. Provide information without giving misleading timescales and always offer to refer families to organisations providing long term support.

Families tell us that they can feel abandoned, afraid and often are left alone, not knowing what will happen next. A lot of different staff become involved very quickly from different agencies and this can be overwhelming..

What do we need to do?

Procurator Fiscal and post-mortem examination

- Sensitively explain to the family that they will not be able to register the death or arrange the funeral for some time as the death will be referred to the Procurator Fiscal.
- Explain that the Procurator Fiscal will order a post-mortem investigation, and that the family will not be able to choose whether this takes place. This may be very difficult for some families, and this should be acknowledged.
- Ensure families are aware they can choose to see, hold and spend time with their child again after the post-mortem examination is complete.
- Support the family to understand that their baby's body will not be released for funeral until certain investigations are complete.
- Explain a named support professional within the Procurator Fiscal service will have regular contact with the family and will update them on results awaited and likely timescales. Ensure that families understand Procurator Fiscal staff are not available during out of office hours.
- Bear in mind that the baby's body will often have to travel, sometimes long distances, to a specialist centre for the post-mortem examination and this can be very upsetting for families. Ensure the family is informed of all arrangements and where their baby will be. The pathologist only needs a copy of relevant information from the Red Book, the book itself does not need to go with the baby.
- Remind families their key healthcare professional will keep them up to date with where their baby has been moved to and when the post-mortem examination is going to take place. The paediatric pathologist should contact the key healthcare professional, and also parents if appropriate, to say who they are, where and when the post-mortem will take place and offer to meet with them to explain results.
- Take care to ensure the family receives timely, sensitive responses to any questions and are supported with any decisions they need to make.
- Ensure family have information on local and national third sector organisations who can offer emotional support (See Useful Contacts).

"The care from the hospital staff. There was none. No one spoke to me, I was left in a room on my own with no one with me. No idea where my other 2 kids (age 3&2) were and then a doctor came in and said "your daughter is dead" that exact phrase. And then I was approached by police and told they were taking her for a post-mortem. They gave me no time with her and I didn't see her again till in the funeral home."

"I tried to be as open as possible. Even 4 years later the words and lack of sympathy hurt more than I can describe in words. I was 20 years old, my baby was only 5 weeks, I was still recovering from her birth but the sheer coldness of so many 'professionals' was unbelievable."

Registration of death and funeral

- Explain to the family that:
 - a funeral can only take place once an initial death certificate is issued by the pathologist, pending further investigations. Ask the pathologist for likely timing.
 - once all post-mortem results are available, a final death certificate will be issued which may have an amended cause of death.
 - the Procurator Fiscal investigation and post-mortem tests can take many months.
- It is likely that a period will now have passed since baby's death and it is maybe a different healthcare professional working with families. These professionals should encourage families to consider the different options for a funeral. Funeral directors are experts in bereavement care and will support families to make the best decision for them in advance of the funeral.
- Funeral directors in Scotland offer a simple funeral free of charge. Ensure that families are aware of this and that they are also aware of any hidden costs such as order of service printing, coffin costs if the one on offer is not used, flowers and so on.

- Verbal and/or written information should include financial support payment available to families on low income via Social Security Scotland (see useful contacts).

How will we know we have achieved our aim?

- Families will tell us that they were treated with kindness and compassion, had time with their baby and knew what would be happening in the following days and weeks. They will say they were fully informed of lengthy time scales.
- Staff will tell us they feel confident and competent providing bereavement care within the constraints imposed by the early police investigation and legal investigation. They will say they are clear about processes and timescales and fully able to explain these sensitively.

Continuing care

Aim to arrange ongoing contact with the family to keep them informed of what is happening and what will happen next. Ensure families feel well supported in managing this period of waiting, understand what is involved in the review and are offered referral to support organisations.

Families tell us that when they leave the hospital there is sometimes no care offered and if their baby did not go to the emergency department, there can be no central point of contact in the hospital for them to meet with or contact to ask questions.

What do we need to do?

Follow up meetings and contact

- See Healthcare Improvement Scotland National Hub for Child Death Review www.healthcareimprovementscotland.scot/wp-content/uploads/2024/03/Reporting-a-SUDI-to-the-Procurator-Fiscal-March-2023.pdf
Inform the family as appropriate of other child death review processes e.g. Perinatal Mortality Review (PMR), and your local internal processes for example the Morbidity and Mortality [M&M] meeting, Significant Adverse Event (SAE) review and significant case review [SCR].
- Make sure the family know how they can give feedback on the care and support they have received to hospitals and other care services and advise they could share their stories via Care Opinion www.careopinion.org.uk

Support in the community

- Know the family's circumstances and the stage of the investigation before you make any contact.
- Offer the family a telephone call and/or an appointment when they are back in the community. GPs should consider writing a letter expressing sorrow.
- Provide details of support services, locally and nationally, at every available contact. There can often be long periods where there is no information, and families can find these quiet times the most difficult to get through (see Useful contacts).
- Encourage families to seek support from their health visitor or primary midwife (if they are still linked with one) if they are particularly struggling with issues such as sleep or re-living the time when their baby died.
- Be conscious of additional needs for the whole family and that the death may trigger other issues including housing, schooling, employment and financial problems. Be prepared to help families get appropriate advice.
- Depending on the previous involvement with the family, and especially if there are other pre-school children, tailor ongoing health visiting care.
- Do not assume multi-agency communication is happening (although it is an essential part of the process) or that everyone, including you, has the most up-to-date information.

"Our health visitor kept making visits which was very much welcome and the local doctor made a house visit as well which was appreciated. The one thing I will say though is that when you are been investigated and feel like you are the one to blame for the death of your child, any form of professional makes you worry that they are spying on you and are just waiting for you to slip up so they can take the rest of your life away as well. Everyone I came into contact with was lovely but they came loaded with questions and that made me feel very unsafe."

- Refer families to specialist counselling and bereavement support at any time. The process following the sudden death of a baby is often so traumatic that families may not seek specialist support for several weeks or months, once the contact from professionals has become less frequent. Be mindful that counselling therapy/ trauma therapy offered by support services may be more quickly available than NHS services.
- Offer referral for specialist psychological support if there are signs that might indicate PTSD or clinical depression and, if appropriate, for mental health assessment for parents/siblings.
- Consider NICE guidance on antenatal/postnatal mental health www.nice.org.uk/guidance/qs115 and SIGN guidance on perinatal mood disorders <http://www.sign.ac.uk/our-guidelines/management-of-perinatal-mood-disorders/>

How will we know we have achieved our aim?

- Families will tell us that they knew who to contact to ask questions or for guidance on what was happening, felt well supported in managing this period of waiting and were offered referral to support organisations at an appropriate time. They will say they understood what the review into their baby's death involved.
- Staff will tell us they feel confident and competent to identify and liaise with the key person supporting the family and when referring families to support organisations. They will say they feel fully able to explain the review meeting and sensitively invite families to contribute so that the families experience is fed into the meeting via a professional attending.

Follow on pregnancies

Labour and birth

- Be aware of the additional care and emotional support that may be needed during labour and after the baby is born and be prepared to offer this.
 - Be sensitive to the feelings the woman and partner may have after the birth. They may be thinking of the baby or babies lost in previous pregnancies or earlier in this pregnancy or after birth - previous multiple pregnancies may involve loss(es) and a surviving baby or babies. Let the woman and partner know mixed feelings are common and be ready to talk about the previous pregnancy loss/es or the baby or babies who died. Show understanding, compassion and empathy.
 - Be particularly sensitive to any specific family issues or circumstances such as additional needs, cultural or language considerations, and/or care arrangements to be followed after the birth.
 - Offer the woman and partner contact with the spiritual care/chaplaincy team.
 - Make sure the family feel confident using an apnoea monitor if they have one before they leave hospital.
- and partner may have after the birth, which may last for some time. They may be thinking of the baby or babies lost in previous pregnancies or earlier in this pregnancy or after birth. Show understanding, compassion and empathy.
- Be particularly sensitive to any specific family issues or circumstances such as additional needs, cultural or language considerations, and/or care arrangements to be followed after the birth.
 - Allow enough time to offer emotional support as well as to check the mother's physical health.
 - Discuss how or if to talk about the pregnancy loss or losses or the baby/babies who died and the new baby with existing and subsequent siblings.
 - Ensure ongoing care is available if needed. Offer to refer women and partners for additional care when necessary.
 - Give the woman and partner the contact details of a healthcare professional they can contact for information and support - a template contact card is available from www.nbcpscotland.org.uk/about-us/nbcp-templates
 - Aim to offer a referral to paediatric services for reassurance appointments.

Postnatal care in the community

- Be aware of the pregnancy history before postnatal visits or appointments.
- Be sensitive to the mixed feelings the woman

"I continued to ask for extra scans, Echo, tracing etc. and got great support from my new health visitor, who knew the whole story as did the midwife." (Neonatal death)

"I got pregnant again but I was not happy, anxious, crying yet relief at being pregnant. I was waiting for something bad to happen." (Miscarriage)

"I had a fear of bonding with my baby constantly, was feeling fine but advised to take time off work. I thought I was coping well but just fell apart later." (Miscarriage)

How will we know we have achieved our aim?

- Women and partners will tell us they felt understood and supported, their anxieties and distress and ongoing bereavement journey were acknowledged, and their wishes and preferences respected. If it was not possible to meet their wishes and preferences, they will tell us they were given clear reasons in a supportive way.
- Staff will say they feel able to recognise that a previous loss can cause high levels of anxiety in a new pregnancy and feel confident and competent when having open conversations about loss or losses and the impact on this pregnancy, and when providing additional care or explaining when wishes and preferences are not possible.

Staff care

Aim to provide an emotionally supportive environment for staff where challenges can be discussed openly, and individual needs are acknowledged and met.

Families tell us they recognise bereavement can be challenging for staff and want those caring for them to feel well supported.

What do we need to do?

Staff support

- Managers and senior staff have a duty to:
 - ensure staff are encouraged and have time to attend Bereavement Care Training
 - check how staff feel before they finish their shift
 - organise debriefs and provide reflective spaces
 - watch for signs of strain or difficulty in individuals and within teams
 - facilitate discussion between colleagues and teams.
 - ensure staff have opportunities for regular breaks while providing bereavement care

Self-care

- If, at any time, you don't feel sufficiently experienced in bereavement care and are worried, ask someone more experienced to help you.
- Recognise your own support needs and be open about them with your manager.
- Identify your training needs or seek advice from colleagues or peers.
- Communicate these needs with management and colleagues - other staff may have similar needs.

- Ensure you are aware of the support arrangements and services in place within your hospital or health Board, including the spiritual care/chaplaincy team.
- Be aware of the stresses and challenges faced by your colleagues and, where appropriate, talk about support arrangements and services with them.
- Look after yourself:
 - protect your time away from work during non-working days and annual leave
 - attend to your own emotional and spiritual needs.
- Talk to your manager or a colleague if you feel you are experiencing signs of stress, 'burn-out' or mental health difficulties for example:
 - feeling sensitive to triggers that would not normally upset you
 - becoming overcritical or defensive of yourself or others
 - questioning your own and others' values
 - sleeping poorly or much longer than usual
 - drinking more alcohol or eating more or less than usual.

Find out about wellbeing from the NES Support Around Death website www.sad.scot.nhs.uk/wellbeing/

"The staff themselves were amazing. I could tell they were also visibly upset by what we were going through. Their support was overwhelming - we were not rushed to do anything and were very well looked after. The hospital itself was a small country hospital. I would say they rarely dealt with this type of situation and were a little unsure of protocols etc."

"The SUDI pathway covers such a massive spectrum that acknowledging engagement from nurses, doctors, A&E, ICU and children's ward is crucial. Our son was involved in an accident and was put in the SUDI bracket. It is imperative that the pathway is used in all these areas. Our experience was that the staff were not used to handling such traumatic situations, in small children, and as parents we were very aware of this."

How will we know we have achieved our aim?

- Staff will tell us they feel confident they are working in a supportive environment and can openly express their own needs with colleagues and senior staff.

Outcome measures

Aim to ensure the Board, units and services regularly assess the quality and consistency of their bereavement care and act to improve all families' experience.

Families tell us consistent, high quality care matters throughout their bereavement journey and poor experiences undermine confidence in other staff.

Outcome 1 Leadership and listening are effective

What do we need to do?

- Identify who is responsible for the quality and consistency of bereavement care at a unit, service and Board level.
- Ensure multiple channels are available for families to give feedback on each stage of their bereavement care for example via conversations at discharge and follow up appointments, contact with the service's or Board's feedback service and external channels such as Care Opinion www.careopinion.org.uk.
- Check feedback is actively sought, for example by prompting families to think about points they want to raise before they attend follow up appointments and reviews. Ensure feedback is recorded, shared and responded to.
- Ensure all staff who come into contact with families who experience SUDI are aware of and understand their role in the National Bereavement Care Pathway.
- Enable and support staff to give feedback on providing bereavement care for example via team meetings and debriefs.
- Ensure key staff, in particular the SUDI paediatrician, Emergency Department staff, health visitor/midwife, have undertaken communication training.

Outcome 2 Improvement measures are in place

What do we need to do?

- Carry out a baseline assessment of quality and consistency at each stage of bereavement care in your unit, service or Board.
- Review evidence from all channels for listening to feedback from women, partners and families, on all stages of their bereavement care, at least once a year.
- Review recorded data to establish the quality and consistency of:
 - continuity of care
 - key contacts
 - bereavement discussions including offering mementos
 - services attending SUDI reviews.
- Review how effectively units, services and Boards are engaging with local support organisations.
- Review staff training offered, percentage completed and training evaluations at a unit, service and Board level.

- 
- Having established a baseline, set SMART targets for improvement:
 - Specific – a very clear statement of the changes you are trying to achieve
 - Measurable – has a numerical target that can be measured
 - Achievable – is realistic and attainable in the time allowed
 - Relevant – is linked to the strategic aims of bereavement care across Scotland
 - Time-bound – has a clearly defined timeframe within which the aim should be achieved

How will we know we have achieved our aim?

- 
- All units, services and Boards have named senior staff with responsibility for the quality and consistency of bereavement care following SUDI, are listening to all families and staff, and are implementing improvement plans.

Useful contacts

Key support organisations

Sands

Provides support and information for anyone affected by the death of a baby, through an accredited national helpline, a range of trained peer support services delivered face-to-face in local communities, online and printed resources including a bereavement support app and a moderated online forum.

www.sands.org.uk/support-you/support

Sands also provides guidance and an accredited training programme for professionals

www.sands.org.uk/professionals

Lullaby Trust

Resources for professionals (intended for England & Wales)

www.lullabytrust.org.uk/professionals

Held In Our Hearts (formerly Sands Lothians)

Held In Our Hearts provides baby loss counselling and support. Counselling is free and open ended and other services include one to one befriending, group, telephone and online support.

www.heldinourhearts.org.uk

Held In Our Hearts also offers education, training and support to professionals.

Twins Trust Bereavement Support Group (formerly TAMBA)

Offers support for families who have lost one or more children from a multiple birth during pregnancy, birth or at any time afterwards.

www.twustrust.org/bereavement

Twins Trust also works to improve care for multiple birth mums and babies.

www.twustrust.org.uk

Other organisations

Baby Mailing Preference Service (MPS) online

Free site where parents can register online to stop or help reduce baby-related mailings.

www.mpsonline.org.uk/bmpsr

Child Benefit Office

Parents can contact the Child Benefit Office at HM Revenues and Customs for information about eligibility, claiming and stopping Child Benefit.

www.gov.uk/government/organisations/hm-revenue-customs/contact/child-benefit

Child Bereavement UK (CBUK)

Provides support for families when a baby or child has died or is dying and offers support for children faced with bereavement. Offers training for professionals.

www.childbereavementuk.org

Fertility Network UK

Provides support for people dealing with infertility.

www.fertilitynetworkuk.org

www.fertilitynetworkuk.org/life-without-children

Funeral Assistance

Funeral support payment available to families on low income via Social Security Scotland

www.socialsecurity.gov.scot

Jobcentre Plus – Bereavement Services Helpline

Provides information about benefits claims. Telephone: 0345 608 8601

www.gov.uk/contact-jobcentre-plus

Milk Bank Scotland

Provides screened donor milk to babies who have no or limited access to their own mother's milk, often to babies born prematurely.

www.nhsggc.org.uk/your-health/health-services/milk-bank-scotland/

Money Advice Service

Provides free and impartial money advice, including information for bereaved parents about benefits and entitlements after the death of their baby.

www.moneyadvice.service.org.uk

Multiple Births Foundation (MBF)

Provides support and information for multiple birth families (including bereavement support) and information for professionals.

www.multiplebirths.org.uk

National Association of Funeral Directors

Provide support and guidance for funeral firms and bereaved families using their services.

www.nafd.org.uk

The Natural Death Centre

Offers support, advice and guidance for families and other individuals who are arranging a funeral, including information about environmentally-friendly funerals and woodland burial sites.

www.naturaldeath.org.uk

Our Missing Peace

Resources for bereaved families and a helpful repository of information under 'useful links' across the four home nations.

www.ourmissingpeace.org

Registry Office

National Records for Scotland

www.nrscotland.gov.uk/registration

Relationships Scotland

Provides relationship counselling to anyone over the age of 16.

www.relationships-scotland.org.uk/relationship-counselling

Remember My Baby

UK based charity who have professional photographers who voluntarily provide remembrance photography services to parents who lose a baby at 20 weeks or later gestation, and during or shortly after birth.

www.remembermybaby.org.uk

Samaritans

Offers confidential support that is available 24 hours a day to people who need to talk.

Telephone: 116 123 (UK) or 116 123 (ROI) for free.

www.samaritans.org

Society of Allied and Independent Funeral Directors (SAIF)

Independent funeral directors' national organisation.

www.saif.org.uk

SUDC

SUDC is a UK wide charity that support families who have experienced unexpected death in a child, including SUDI

www.sudc.org.uk/professionals

Working Families

Provides information about parents' rights at work and to benefits after they experience miscarriage, stillbirth and neonatal death.

www.workingfamilies.org.uk/articles/miscarriage-stillbirth-and-neonatal-death-your-rights-at-work/

Their Family Friendly Working Scotland website offers free help and advice for working parents and carers

www.familyfriendlyworkingscotland.org.uk/employees/

Training and support resources

Resource	Type	Link
Perinatal Mental Health Resources	downloads	www.inspiringscotland.org.uk/perinatal-mental-health-services/
Bereavement following Pregnancy Loss and the Death of a Baby	elearning	www.knowledge.scot.nhs.uk/mater-nalhealth/learning/bereavement-following-pregnancy.aspx
One chance to get it right: bereavement care	elearning	www.ilearn.rcm.org.uk/enrol/index.php?id=583
NES nursing & AHP clinical supervision 1 - includes supportive resilience	elearning	learn.nes.nhs.scot/3653/clinical-supervision/clinical-supervision-unit-1-fundamentals-of-supervision
NES Supporting Families around the Resuscitation of a Baby or Child	video	Supporting Families around the Resuscitation of a Baby or Child
NES Talking to children who are bereaved	video	Talking to children who are bereaved
NES Understanding the processes following a sudden or unexplained death	video	Understanding the processes following a sudden or unexplained death
Helping parents with mental health issues	webpage	www.bestbeginnings.org.uk/helping-parents-with-mental-health-issues
SUDI Professional Guidance	webpage	www.sudiscotland.org.uk/professional-guidance/
SUDI Review	webpage	www.sudiscotland.org.uk/sudi-review/
SUDI Timeline	webpage	www.sudiscotland.org.uk/process-overview/

SUDI staff support	webpage	www.sudiscotland.org.uk/staff-support/
Staff resilience	webpage	www.sad.scot.nhs.uk/resilience/
Teach Back Method	webpage	www.healthliteracyplace.org.uk/toolkit/techniques/teach-back/
Scottish Cot Death Trust advice for professionals	webpage	www.scottishcotdeathtrust.org/professionals
Held In our Hearts advice for professionals	webpage	www.heldinourhearts.org.uk/hospital-support
Lullaby Trust advice for professionals	webpage	www.lullabytrust.org.uk/professionals
Values based reflective practice	webpage	www.knowledge.scot.nhs.uk/vbrp.aspx
NICE guidance ante natal and postnatal mental health	webpage	www.nice.org.uk/guidance/qs115
SIGN guidance on perinatal mood disorders	webpage	www.sign.ac.uk/sign-127-management-of-perinatal-mood-disorders.html



For more information visit:
nbcpscotland.org.uk

Lead organisation and © copyright:

Sands
10-18 Union Street
London
SE1 1SZ.



Sands
Company Limited by Guarantee Number: 2212082
Charity Registration Number: 299679
Scottish Charity Registration Number: SC042789