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DEBATE PACK

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The effect of the Covid-19 outbreak on people experiencing baby loss

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Summary

This pack has been prepared ahead of the debate to be held in Westminster Hall on Thursday 5 November 2020 from 1.30pm on the effect of the Covid-19 outbreak on people experiencing baby loss. The debate will be opened by Cherilyn Mackrory MP.

Contents

1. Background

The term baby loss can describe several different types of bereavement including miscarriage, ectopic pregnancy, molar pregnancy, stillbirth, neonatal and infant death, and termination of pregnancy. Pregnancy and baby loss are defined differently around the world. In the UK, a baby who dies before 24 weeks of pregnancy is referred to as a miscarriage; a stillbirth is the death of a baby at or after 24 weeks. When a baby dies within the first 28 days of life it is called a 'neonatal death'.

An ectopic pregnancy occurs when a fertilised egg implants itself outside of the uterus, typically in one of the fallopian tubes, where it cannot develop. A molar pregnancy happens when something goes wrong during the initial fertilisation process which means the baby and a placenta do not develop as they should after conception.

While it is not possible to provide a comprehensive briefing on these in this debate pack, there are several Commons Library and POST briefings which may provide useful information in preparation for the debate on baby loss:

- Commons Library briefing paper, The investigation of stillbirth, March 2019
- Commons Library briefing paper, Registration of stillbirth, August 2019
- Commons Library briefing paper, Infant cremation, February 2020
- POSTnote, Infant Mortality and Stillbirth in the UK, May 2016
- POST Briefing, Bereavement Care after the Loss of a Baby in the UK, July 2016

Detailed background information about Government policy and programmes in this area, including the National Maternity Review, government targets to reduce stillbirths, neonatal and maternal deaths, and the National Care Bereavement Care Pathway, can be found in the earlier Commons Library debate pack on Baby Loss Awareness Week 2019 (October 2019).

This debate pack focuses on the Covid-19 pandemic and what impacts it has had on baby loss.

In response to a Parliamentary Question on those who have experienced baby loss, and what effect Covid-19 has had on access to support services, the Minister for Patient Safety, Suicide Prevention and Mental Health, Nadine Dorries MP, stated that additional funding had been made available:

> The Government announced £4.2 million of additional funding to mental health charities and charities providing bereavement support during the COVID-19 pandemic and is taking a cross-Government approach to assess what is needed to help ensure that families and friends of those deceased get the support they need.[1]

[1] PQ 104743 [on Perinatal Mortality: Health Services], 22 October 2020

2. Effects of Covid-19 on the fetus

In the UK, pregnant women were included on the list of people at moderate risk from Covid-19 (also defined as 'clinically vulnerable') as a precautionary measure. The NHS stated that this is because pregnant women:

> can sometimes be more at risk from viruses like flu. It's not clear if this happens with coronavirus. But because it's a new virus, it's safer to include pregnant women in the moderate-risk group.[2]

Guidance produced jointly by the Royal College of Midwives and the Royal College of Obstetricians & Gynaecologists (RCOG) on Coronavirus (COVID-19) Infection in Pregnancy stated that "there are currently no data suggesting an increased risk of miscarriage in relation to COVID-19".[3] Further information on Coronavirus infection and pregnancy is provided by RCOG in a set of FAQs:

> **Q. What effect will coronavirus have on my baby if I am diagnosed with the infection?**
>
> A. Current evidence suggests that if you do have the virus it is unlikely to cause problems with your baby's development, and there have been no reports of this so far.
>
> There is no evidence to suggest an increased risk of miscarriage if you become infected with coronavirus and are pregnant.
>
> Current evidence suggests that if transmission from a woman to her baby during pregnancy or birth (vertical transmission) does occur, it is uncommon. Whether or not a newborn baby gets COVID-19 is not affected by mode of birth, feeding choice or whether the woman and baby stay together. It is important to emphasise that in all reported cases of newborn babies developing coronavirus very soon after birth, the babies were well.
>
> Across the world, emerging reports suggest some babies have been born prematurely to women who were very unwell with coronavirus. It is unclear whether coronavirus caused these premature births, or whether it was recommended that their babies were born early for the benefit of the women's health and to enable them to recover.

An article published by UK Research and Innovation noted that there are "significant knowledge gaps" on the impact of Covid-19 on mothers' and babies' health at all stages of pregnancy.[4] The Medical Research Council has co-funded a collaborative study involving academics from Imperial College, London, Cardiff University, and the International Society of Ultrasound in Obstetrics and Gynaecology, to investigate the impact of Covid-19 on pregnancy outcomes (see the PAN-COVID – *Pregnancy And Neonatal outcomes for women with COVID-19* – website). One of the clinicians leading the study, Dr Ed Mullins, explained what it would examine:

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2 NHS, Pregnancy and coronavirus, 23 October 2020
3 Royal College of Midwives and the Royal College of Obstetricians & Gynaecologists, Coronavirus (COVID-19) Infection in Pregnancy, July 2020
4 UK Research and Innovation, The impact of COVID-19 in pregnancy, not dated

> Key questions about pregnancy during the pandemic are whether the SARS-CoV-2 virus is associated with miscarriage, stillbirth and pre-term labour. We are also unclear if the virus gets transmitted from mothers to babies. This study will rapidly collect information on women in pregnancy and their babies affected by the virus from around the world. Through regular online updates and collaboration with other studies, we will improve our collective understanding of the infection in pregnancy and learn how we can lessen its impact.[5]

Pregnancy outcomes during the pandemic

A limited amount of analysis on the impact of Covid-19 on pregnancy outcomes has already been published. A study which relied on data from the UK Obstetric Surveillance System (UKOSS) examined the outcomes in 427 pregnant women admitted to hospital with confirmed SARS-CoV-2 infection between 1 March 2020 and 14 April 2020. UKOSS is a research platform that collects national, population-based information about specific severe complications of pregnancy from all 194 hospitals in the UK with a consultant-led maternity unit.

The study found that most pregnant women had "good outcomes" and that the "transmission of SARS-CoV-2 to infants was uncommon". Of the 266 women who had completed their pregnancies at the time of the analysis, however, five babies had died; three were stillborn and two died in the neonatal period. The authors state the following about the possible role of SARS-CoV-2 infection in their deaths:

> Three deaths were unrelated to SARS-CoV-2 infection and were due to obstetric conditions unrelated to SARS-CoV-2 infection and/or pre-existing fetal conditions; for two stillbirths, whether SARS-CoV-2 contributed to the death was unclear.[6]

A separate study, undertaken at St George's University Hospital, London, compared pregnancy outcomes between 1 October 2019 and 31 January 2020 (pre-pandemic) to the period 1 February 2020 to 14 June 2020. The study reported a higher incidence of stillbirth during the pandemic period, though the authors questioned whether this was linked directly to the SARS-CoV-2 virus:

> none of the pregnant women who experienced stillbirth had symptoms suggestive of COVID-19, nor did the postmortem or placental examinations suggest SARS-CoV-2 infection.[7]

While they noted that stillbirth as "a direct consequence of SARS-CoV-2 infection is possible" the authors also highlighted how the increase in stillbirths may have resulted from "indirect effects" of the pandemic such as:

> reluctance to go to the hospital when needed (eg, with reduced fetal movements), fear of contracting infection, or not wanting to add to the National Health Service burden. Changes in obstetric

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5 Further government funding secured for Imperial coronavirus research, News – Imperial College, London, 17 April 2020

6 Marian Knight et al, Characteristics and outcomes of pregnant women admitted to hospital with confirmed SARS-CoV-2 infection in UK: national population based cohort study, *BMJ* 2020; 369, published 08 June 2020

7 Asma Khalil et al, Change in the Incidence of Stillbirth and Preterm Delivery During the COVID-19 Pandemic, *JAMA*, 2020;324(7):705-706 (10 July 2020)

> services may have played a role secondary to staff shortages or reduced antenatal visits, ultrasound scans, and/or screening.[8]

The indirect effects of the pandemic on baby loss are considered in further detail below.

Healthcare Safety Investigation Branch (HSIB): investigation into stillbirths

The Healthcare Safety Investigation Branch (HSIB) routinely investigates all intrapartum stillbirths (defined as a fetal death occurring after the onset of labour and prior to delivery) under NHS care, regardless of location of birth. The *Health Services Journal* (HSJ) reported on 2 November 2020 that the HSIB had launched a national review into stillbirths following a reported rise in England between April and June 2020. During that period, 40 intrapartum stillbirths occurred compared to 24 stillbirths that were reported to the HSIB over the same period in 2019.[9]

The review – which is due to be published in early 2021 – will "investigate stillbirths in all settings across England during that [April - June] time period". Speaking to the HSJ, HSIB's clinical director, Dr Louise Page, said that the review aimed to examine both individual behaviours as well as the provision of maternity care during the pandemic, and specifically:

> whether women were seeking healthcare in different ways during that time, the impact of lockdown, the impact of [early in the pandemic] the uncertainty over whether pregnant women were going to be more at risk in the same way that we know that they were in the H1N1 flu.[10]

The HSJ also reported that HSIB investigated "73 intrapartum stillbirths between 1 April 2020 and 30 September 2020 and 101 intrapartum stillbirths throughout 2019-20 – which was the first full year of England wide HSIB maternity investigations."[11]

2.1 Surveillance and official statistics on infant mortality

The most recent official data on child and infant mortality in England, including stillbirths, covers up to the end of 2018.[12] In 2018, stillbirths in England reached their lowest level on record, with 4.0 stillbirths per 1,000 births. This has decreased from 5.1 in 2010. Meanwhile the neonatal mortality rate was 2.8 per 1,000 live births, compared with 2.9 in 2010.

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8 ibid

9 Exclusive: Watchdog investigating national rise in stillbirths during covid first wave, *Health Service Journal*, 2 November 2020. See also Stillbirth rise during pandemic leads to safety review, *BBC News Online*, 2 November 2020

10 ibid

11 Exclusive: Watchdog investigating national rise in stillbirths during covid first wave, *Health Service Journal*, 2 November 2020.

12 ONS, Child and infant mortality in England and Wales: 2018, published 20 February 2020

The Government has expressed an ambition to halve stillbirth and neonatal mortality rates by 2025.[13] The Office for National Statistics (ONS) provides this assessment of the ambitions:

> Achieving the [stillbirth reduction] ambition would mean reducing the stillbirth rate to 2.6 stillbirths per 1,000 births by 2025. If the total number of births were to remain constant until 2025, this would require the number of stillbirths to fall from 2,520 in 2018 to 1,633 in 2025, a decrease of 887.
>
> Achieving the [neonatal mortality reduction] ambition would mean reducing the neonatal mortality rate to 1.5 deaths per 1,000 live births by 2025. If the number of live births were to remain constant until 2025, this would require the number of neonatal deaths to fall from 1,742 in 2018 to 938 in 2025, a decrease of 804.[14]

MBRRACE-UK annual perinatal mortality surveillance report

The MBRRACE-UK (*Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK*) team at the National Perinatal Epidemiology Unit (NPEU) conducts UK wide surveillance of perinatal mortality, which includes all stillbirth and neonatal deaths, and maternal deaths.

As part of this programme, MBRRACE-UK publishes an annual perinatal mortality surveillance report, which identifies risk factors, causes and trends, and makes recommendations on how stillbirth and neonatal mortality rates can be reduced.

The most recent report was published in October 2019 and provides information about rates of stillbirth and neonatal deaths in 2017, including comparing rates between different organisations delivering healthcare across the UK. Key findings from the report include:

1. There has been a reduction in the rate of extended perinatal mortality in the UK in 2017: 5.40 per 1,000 total births for babies born at 24+0 weeks gestational age or later compared with 5.64 in 2016. This represents a 12% reduction in extended perinatal mortality since 2013, equivalent to nearly 500 fewer deaths in 2017.
2. The stillbirth rate for the UK in 2017 has reduced to 3.74 per 1,000 total births from 4.20 in 2013, which represents 350 fewer stillbirths.
3. The rate of neonatal mortality for babies born at 24 weeks gestational age or later in the UK continues to show a steady decline over the period 2013 to 2017 from 1.84 to 1.67 deaths per 1,000 live births. This represents a 10% reduction in neonatal mortality over the last five years.[15]

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13 Department for Health and Social Care, New maternity strategy to reduce the number of stillbirths

14 Department for Health and Social Care, New maternity strategy to reduce the number of stillbirths

15 MBRRACE-UK Perinatal Mortality Surveillance Report UK Perinatal Deaths for Births from January to December 2017, published October 2019

3. Effects of Covid-19 on maternal and bereavement care

3.1 Access to services and the involvement of partners

Guidance on coronavirus infection and pregnancy has been published by the Royal College of Obstetricians and Gynaecologists (RCOG), Royal College of Midwives and Royal College of Paediatrics and Child Health, with input from the Royal College of Anaesthetists, the Obstetric Anaesthetists' Association, Public Health England and Health Protection Scotland (see: Coronavirus (COVID-19) infection and pregnancy – guidance for healthcare professionals). FAQs on the guidance are available from the RCOG's website, and were updated on 14 October 2020 (at the time of writing). Guidance produced by the RCOG is clear that women should be encouraged to have one birth partner, who has no symptoms of Covid-19, present with them during any type of labour and birth, unless the birth occurs under general anaesthetic.

The national suspension of hospital visiting in England was lifted on 5 June 2020, and decisions on birth partner attendance is subject to local discretion by trusts and other NHS bodies. The RCOG advise checking with individual maternity units for their policy on visitors to antenatal and postnatal wards. It is important that any visitors follow guidance in hospitals about social distancing, wearing a face covering and regular handwashing. The Public Health England infection control guidance on reducing the risk of transmission of COVID-19 in the hospital setting, also provides some general guidance on managing visitors to hospitals.

Restrictions around visiting inpatients and accompanying outpatients to appointments, including pregnancy scans, are now being eased but this happening differently in the four nations of the UK. The RCOG notes that advice published in Scotland, England, Wales and Northern Ireland is available to help services with reintroducing visitors to maternity services including antenatal and postnatal appointments, and pregnancy scans.

A PQ response dated 24 September 2020 links to some further guidance on reintroducing visitors within maternity services, which was issued by NHS England on 8 September:

> **Asked by:** Creasy, Stella
>
> To ask the Secretary of State for Health and Social Care, what plans he has to encourage NHS Trusts to implement as soon as possible the 8 September 2020 guidance on visitor restrictions.
>
> **Answering member:** Ms Nadine Dorries
>
> The Department expects trusts to use the Framework to assist National Health Service trusts to reintroduce access for partners, visitors and other supporters of pregnant women in English maternity services and consider as a priority how access for partners, visitors and other supporters of pregnant women can be reintroduced as soon as possible whilst maintaining the safety of

all service users, staff and visitors. This is available at the following link:

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/09/par001599-framework-for-the-reintroduction-of-visitors-throughout-maternity-services-sep-2020.pdf

The Chief Midwifery Officer, Chief Allied Health Professions Officer (England), and the National Clinical Director for Maternity and Women's Health wrote to all NHS Directors of Nursing and Heads of Midwifery in England on 19 September to thank the majority of services that have quickly implemented this guidance and relaxed visiting restrictions and to inform those that are still working through the guidance that this must happen now so that partners are able to attend maternity units for appointments and births. The letter is available at the following link:

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/09/letter-to-directors-of-nursing-and-heads-of-midwifery-19-september-2020.pdf[16]

Royal College of Obstetricians and Gynaecologists survey on the redeployment of maternity staff during COVID-19

On 30 September 2020, RCOG published a reported examining the impact of the redeployment of maternity staff during COVID-19. Its recommendations focus on how to ensure the safe delivery of maternity services during the second wave of the pandemic. The report also references an academic study, published in *BJOG: An International Journal of Obstetrics and Gynaecology*, which surveyed 81 obstetric units in the UK about service modifications during April 2020. The survey found both changes in care-seeking behaviours as well as changes to the delivery of maternity services during the initial peak of the pandemic, with an estimated:

- 70% of obstetric units reporting a reduction in antenatal appointments;
- 56% reporting a reduction in postnatal appointments;
- 60% of units temporarily removing the offer of births at home or in midwife-led unit.

Most units (86%) reported a reduction in emergency antenatal presentations, suggesting women may have delayed seeking care during the pandemic. This may have been due to confusion around whether these appointments are essential, fear of attending a hospital or not wanting to burden the NHS.[17]

Edward Morris, RCOG president, told the *Health Services Journal* that RCOG was also "working on a national investigation of perinatal outcomes during the pandemic".[18] This appears to be separate to the HSIB's investigation into stillbirths referred to above (see section 2).

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16 PQ 91636, Maternity Services: Coronavirus, 24 September 2020

17 Leading Royal Colleges urge the NHS to learn lessons and avoid redeploying maternity staff ahead of second wave, *RCOG News*, 30 September 2020; see also Jennifer Jardine et al, Maternity services in the UK during the COVID-19 pandemic: a national survey of modifications to standard care, *BJOG: An International Journal of Obstetrics and Gynaecology*, 29 September 2020

18 Exclusive: Watchdog investigating national rise in stillbirths during covid first wave, *Health Service Journal*, 2 November 2020.

3.2 Communication within the clinical environment

Guidance produced by the National Bereavement Care Pathway (a project developed by a number of baby loss charities and professional organisations) emphasises the importance of empathetic communication with parents experiencing baby loss:

> All communication with parents experiencing a pregnancy loss or the death of a baby must be empathic, sensitive, non-judgemental and parent-led. Use warm, open body language by sitting near parents, facing them, making eye contact and using touch if appropriate. Be mindful of your tone and background noise if communicating over the telephone. Be honest with parents while being as sensitive as possible. It is okay to show emotion, but the parents should not feel they need to look after your feelings.
>
> Parents may feel shocked and may find it difficult to understand information or think clearly. Staff should speak clearly and use simple language and parents should be encouraged to ask questions. Be aware cultural norms or personal circumstances may affect a parent's readiness to ask questions, request clarification or express their wishes.[19]

PPE as a barrier to communication

The stillbirth and neonatal death charity, Sands, has highlighted that, within a hospital environment, the need for staff to wear Personal Protective Equipment (PPE) during the pandemic can present a barrier to delivering compassionate bereavement care:

> Warm facial expressions and a clear gentle voice are both qualities of compassionate communication, so PPE and particularly facemasks are a barrier to building a trusting relationship with parents and families.[20]

Sands has produced a leaflet outlining the steps that health care professionals can take to maintain empathic communication when wearing PPE:

Staff and resource shortages

A joint publication by Sands and the Royal College of Midwives on Bereavement Care in Maternity Services During COVID-19 pandemic

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19 National Bereavement Care Pathway, Miscarriage, ectopic pregnancy and molar pregnancy Full Guidance Document, February 2020, p7

20 Sands, Communication while wearing PPE, August 2020

highlighted additional communications challenges that may arise during this period, several of which are linked to staff and resource shortages:

> **Potential impact of COVID-19:**
>
> - Families may receive care from someone inexperienced in bereavement care provision.
> - Access to peer support is limited or absent, for both health professionals and families.
> - The current impact of COVID-19 could mean that some staff may be unable to offer the level of bereavement care they usually would, due to time pressures and availability of usual resources.[21]

While guidance produced by the National Bereavement Care Pathway is clear that "staff should have easy access to trained and experienced interpreters (ideally face-to-face) when supporting parents" there are reports that the pandemic has led to a reduced availability of interpreters.[22] At a virtual meeting on the impact of Covid-19 on pregnancy and baby loss in August 2020, the APPG on Baby Loss heard that hospitals had "reported shortages of face-to-face interpreters to help communicate with women who do not speak English". The APPG's subsequent report noted that although:

> some new ways of communicating had begun during lockdown, such as virtual antenatal appointments, these are not accessible to all and do not always provide the same reassurance as an in-person scan or consultation.[23]

3.3 Bereavement, social distancing and accessing support networks

Charities supporting people experiencing baby loss have emphasised that measures put in place to curb the transmission of Covid-19 and protect the most vulnerable – such as social distancing and shielding – have had a "major impact" on access to care and support for bereaved parents and have also "complicated grief and responses to pregnancy and baby loss".[24]

Baby Loss Awareness Week 2020

Baby Loss Awareness week is held annually from 9-15 October. It is an opportunity for those affected by baby loss to remember and commemorate their babies' lives, and to raise awareness of this issue. This year Baby Loss Awareness Week focused on the theme of "isolation".[25] The Lullaby Trust explains how social distancing may exacerbate grief and leave those experiencing baby loss feeling alone:

> Having to socially isolate can add to feelings of grief and loneliness [...] We understand that bereaved families may have to

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21 Sands and the Royal College of Midwives, Bereavement Care in Maternity Services During COVID-19 pandemic, 16 June 2020
22 National Bereavement Care Pathway, Miscarriage, ectopic pregnancy and molar pregnancy Full Guidance Document, February 2020, p7
23 APPG on Baby Loss, COVID-19 and its Impact on Pregnancy and Baby Loss
24 Tommy's, Baby Loss Awareness Week 2020, October 2020
25 Miscarriage Association, Baby Loss Awareness Week 2020, not dated

> deal with increased trauma, and you are likely to be cut off from some of your usual support network [...] Experiencing the death of a baby or child can be one of the loneliest experiences you or someone you love will go through. Talking, and being with friends and family, is often one of the most helpful ways to cope after someone close to us dies. Our advice is usually to avoid isolating yourself, but we are in a situation where remaining physically isolated from others is sadly necessary.
>
> This period of isolation can make feelings of loneliness and grief much more intense [...] The impact of dealing with a bereavement, along with feelings of worry about what is happening in the outside world can mean that feelings of grief are more complex. It may be difficult to reach out to others during a time when everyone is caught up in a national crisis.[26]

The APPG on Baby Loss has also reported on the impact that "lockdown" has had on those experiencing baby loss and how it can isolate or distance people from their wider support networks:

> after a loss, the isolation of lockdown has contributed to negative impacts on women and partners' mental health, and their ability to access support from friends and family, psychological professionals, and community outreach services.[27]

As part of Baby Loss Awareness Week 2020 the charity Tommy's – which funds research into miscarriage, stillbirth and premature birth – has published a series of stories on Losing a baby in a global pandemic.

Funerals and cremation

Sands and the Royal College of Midwives note that during the pandemic, access to services such as "funerals and cremations may be prolonged due to restrictions, resource and demand", while "limited attendance and social distancing at funerals may add to [the] sense of isolation".[28] Similarly, the Lullaby Trust highlights how current guidelines may mean that families "may not be able to say goodbye in the way that they would have liked, and family and friends may not be able to attend the funeral in person".[29] Sands has produced a guide on COVID-19 and changes that impact on bereaved families which provides information on making arrangements following the death of a baby, while the Lullaby Trust has also produced information on Bereavement during the coronavirus pandemic.

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26 The Lullaby Trust, Bereavement during the coronavirus pandemic, not dated
27 APPG on Baby Loss, COVID-19 and its Impact on Pregnancy and Baby Loss
28 Sands and the Royal College of Midwives, Bereavement Care in Maternity Services During COVID-19 pandemic, 16 June 2020
29 The Lullaby Trust, Bereavement during the coronavirus pandemic, not dated

4. Press Articles

BBC News Online

Stillbirth rise during pandemic leads to safety review

2 November 2020

Nature

Stillbirth rate rises dramatically during pandemic

15 September 2020

New Scientist

What the latest research suggests about the coronavirus in pregnancy

13 May 2020

Tommy's

Coronavirus confusion putting pregnant women at risk, charity warns

5 May 2020

5. Parliamentary Question

Perinatal Mortality: Health Services

Asked by: Fletcher, Colleen

To ask the Secretary of State for Health and Social Care, what support is available for (a) women and (b) partners who have experienced pregnancy loss or baby loss; what steps his Department is taking to improve (i) funding for, (ii) provision of and (iii) access to support services for those who have experienced such losses; and what assessment he has made of the effect of the covid-19 outbreak on access to support services for pregnancy loss and baby loss for (A) women and (B) their partners.

Answering member: Ms Nadine Dorries |
Department: Department of Health and Social Care

The Government has funded the Stillbirths and Neonatal Death charity (Sands) to work with other baby loss charities and Royal Colleges to produce and support the roll-out of a National Bereavement Care Pathway. The pathway covers a range of circumstances of a baby loss including miscarriage, stillbirth, termination of pregnancy for medical reasons, neonatal death and Sudden Infant Death Syndrome.

The Government announced £4.2 million of additional funding to mental health charities and charities providing bereavement support during the COVID-19 pandemic and is taking a cross-Government approach to assess what is needed to help ensure that families and friends of those deceased get the support they need.

22 Oct 2020 | Written questions | Answered | House of Commons | 104743

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