



**Procedure for Engagement of families with the Perinatal Mortality Review Tool (PMRT) process**

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## Section Headings



**1.0 Introduction**

Parents whose baby has died have the greatest stake in understanding what happened and why their baby died. Engaging bereaved parents in the review process and including their views and any concerns and questions they have about their care will enhance the process and ensure that from the outset the review addresses their questions. Parents, particularly mothers, are the only individuals who were present for the whole of the pregnancy and therefore have a unique perspective on everything that happened to them and their baby.

**2.0 Objective**

Parental engagement is mandatory in the PMRT programme. This operating procedure outlines the process to ensure that the views of parents form part of the review of the death of their baby and that they are provided with information following the review in a meaningful way that meets their emotional and information needs.

**3.0 Scope**

This Standard Operating Procedure relates to the engagement of families with the Perinatal Mortality Review Tool (PMRT) process.

This guideline applies to all medical and midwifery staff working on the maternity unit.

**4.0 Main body of the document**

Engaging bereaved parents in the review process, does not mean having the parents present at the review, it means talking to them and asking them for their views and any questions so that these can be considered in the review.

Task	Person responsible
Engaging families with the review process	Consultants, bereavement team, Governance Midwives, Key contacts and Perinatal Mortality Review Lead

Task to be completed	Timescale	Authorised Staff	Risks	Controls
<p>Key contact:</p> <ul style="list-style-type: none"> <li>• Should have appropriate skills and training</li> <li>• Will give parents information letter and feedback form regarding care</li> <li>• Will provide face-to-face explanation of the perinatal mortality review process and parent engagement</li> <li>• Will provide contact details and make parents aware of working days and availability.</li> </ul> <p>If there are likely to be other investigations on-going such as a report to the coroner, or an HSIB investigation the key contact will ensure parents are made aware of the difference between these and the PMRT hospital review and how these will be co-ordinated.</p>	<p><b>Week 1: Early hours and days before hospital discharge</b></p>	<p>Consultant or member of bereavement team</p>	<p>Staff availability before discharge</p>	<p>If parents discharge early prior to face-to face discussion then telephone contact to be made</p>

Task to be completed	Timescale	Authorised Staff	Risks	Controls
<p>Key contact to call parents:</p> <ul style="list-style-type: none"> <li>• Inform parents of the review process and offer opportunity for engagement</li> <li>• Establish parents' preferred method of engagement: by post, email, phone or, if possible, in a face-to-face meeting at parents' home</li> <li>• Encourage parents to consider their questions and perspectives before the following contact is made</li> <li>• Send parents follow up letter about review and feedback form. Some families may prefer to access documents via email or online links - make these available if possible</li> <li>• Offer home meeting to go through feedback forms if possible</li> <li>• If parents cannot be reached after three phone/email attempts, send letter informing parents of the review process and inviting them to be in touch with key contact, if they wish.</li> <li>• If causes for concern for the mother were raised during her pregnancy, consider</li> </ul>	<p><b>Week</b></p> <p><b>2 – 3</b></p>	Key Contact	Lack of engagement from parents	Letter to parents

Task to be completed	Timescale	Authorised Staff	Risks	Controls
<p>contacting her GP/primary carer to reach her.</p> <ul style="list-style-type: none"> <li>If communication challenges are anticipated such as in cases of domestic violence; where there are cultural sensitivities; or where there may be information gatekeepers, try to speak to the woman directly</li> <li>If parents do not wish to input into the review process ask how they would like the findings of the perinatal mortality review report communicated to them: by post, email, telephone call or in a face-to-face meeting. Parents may want more than one form of communication</li> </ul>				
<p>Key contact to gain questions and perspectives of care etc. from parents via their preferred method</p> <ul style="list-style-type: none"> <li>Perinatal mortality review takes place with parents' questions/perspectives etc. addressed by team</li> <li>Perinatal Mortality Review Lead responsible for ensuring any delays, such as the post-mortem report, are communicated to parents by email or letter. Key contact may also want to telephone parents directly</li> <li>Perinatal Mortality Review team to be aware</li> </ul>	<b>Week 3 – 12</b>	<p>Key Contact</p> <p>Perinatal Mortality Review Lead</p>	<p>Lack of engagement from parents</p> <p>Delays in review process</p>	<p>Letter to parents</p> <p>Monitored via maternity governance group meeting</p>

Task to be completed	Timescale	Authorised Staff	Risks	Controls
<p>of what other concurrent investigations are taking place, such as HSIB, or coroner involvement, which may cause delays to the PMRT report. Ensure parents are made aware of any delays</p> <ul style="list-style-type: none"> <li>Ensure any delay in finalising the review report does not delay the postnatal debrief consultation with the obstetric consultant and neonatal consultant (if applicable).</li> </ul>				
<p>Parents offered date for face-to-face meeting to explain review findings.</p> <ul style="list-style-type: none"> <li>PMRT team to co-ordinate writing of plain English summary of review findings. PMRT team should aim to complete report by 16 weeks. Parents should be offered opportunity to see consultant earlier but should be informed that results of review may not be ready.</li> <li>Send review summary/letter ahead of meeting to communicate review findings should parents wish.</li> </ul>	<p><b>Week</b> <b>4-16</b></p>	<p>Key Contact</p> <p>Perinatal Mortality Review Lead</p>	<p>Lack of engagement from parents</p> <p>Delays in report writing</p>	<p>Letter to parents</p> <p>Monitored via maternity governance group meeting</p>
<p>Face-to-face review meeting takes place, ensuring parents' questions/perspectives etc. are addressed</p> <ul style="list-style-type: none"> <li>Key contact should be invited to attend</li> </ul>	<p><b>Week</b> <b>4-16</b></p>	<p>This meeting should be conducted by a senior member of the team, a</p>	<p>Lack of engagement from parents</p>	<p>Letter to parents</p> <p>Monitored via maternity governance</p>

Task to be completed	Timescale	Authorised Staff	Risks	Controls
<p>meeting to support parents.</p> <ul style="list-style-type: none"><li>• Ensure statutory guidance around being open and honest is adhered to</li></ul>		consultant if relevant, and representatives of the neonatal and obstetric team if applicable.	Delays in review meeting	group meeting





## **5.0 Roles and responsibilities**

### **5.1 Midwives/Nurses**

Bereavement and governance midwives to work together with the neonatal lead nurse to facilitate parental engagement as per the SOP.

### **5.2 Obstetricians**

To work together with the neonatal lead nurse to facilitate parental engagement as per the SOP.

### **5.3 Paediatricians**

To work together with the neonatal lead nurse to facilitate parental engagement as per the SOP.

## **6.0 Associated documents and references**

National Perinatal Epidemiology Unit (2021), *Parent Engagement Materials | NPEU*. [online] Npeu.ox.ac.uk. Available at: <https://www.npeu.ox.ac.uk/pmrt/parent-engagement-materials> [Accessed 23 June 2021].

## **7.0 Training and resources**

Not applicable

## **8.0 Monitoring and audit**

Any adverse incidents relating to the PMRT process will be monitored via the incident reporting system. Any problems will be actioned via the case review and root cause analysis action plans. The action plans are monitored by the risk midwife to ensure that improvements in care are made. The trends and any root cause analysis are discussed at the monthly risk meetings to ensure that appropriate action has been taken to maintain safety.



## **9.0 Equality and Diversity**

This section is mandatory for all Trust Approved Documents and must include the statement below:

The Trust is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality, diversity and inclusion principles through its policies, procedures and processes. This procedure should be implemented with due regard to this commitment.

To ensure that the implementation of this procedure does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact assessment is conducted where necessary prior to consultation. The Trust will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

This procedure can be made available in alternative formats on request including large print, Braille, moon, audio, and different languages. To arrange this please refer to the Trust translation and interpretation policy in the first instance.

The Trust will endeavor to make reasonable adjustments to accommodate any employee/patient with particular equality, diversity and inclusion requirements in implementing this procedure. This may include accessibility of meeting/appointment venues, providing translation, arranging an interpreter to attend appointments/meetings, extending policy timeframes to enable translation to be undertaken, or assistance with formulating any written statements.

### **9.1 Recording and Monitoring of Equality & Diversity**

This section is mandatory for all Trust Approved Documents and must include the statement below:

The Trust understands the business case for equality, diversity and inclusion and will make sure that this is translated into practice. Accordingly, all procedure will be monitored to ensure their effectiveness.

Monitoring information will be collated, analysed and published on an annual basis as part of Equality Delivery System. The monitoring will cover the nine protected characteristics and will meet statutory employment duties under the Equality Act 2010. Where adverse impact is identified through the monitoring process the Trust will investigate and take corrective action to mitigate and prevent any negative impact.



**Appendix 1**

**Glossary of terms**

None .

**Appendix 2 (must always be the last appendix)**

Maintain a record of the document history, reviews and key changes made (including versions and dates)

Version	Date	Comments	Author

**Review Process Prior to Ratification:**

Name of Group/Department/Committee	Date
Reviewed by Maternity Guideline Group	17/06/2021
Reviewed at Women’s Business and Governance meeting	22/04/2022
Approved by CBU 3 Overarching Governance Meeting	27/04/2022
Approved at Medicines Management Committee (if document relates to medicines)	N/A



**Trust Approved Documents (policies, clinical guidelines and procedures)**

**Approval Form**

Please complete the following information and attach to your document when submitting a policy, clinical guideline or procedure for approval.

<b>Document type (policy, clinical guideline or procedure)</b>	Procedure	
<b>Document title</b>	Procedure for Engagement of families with the Perinatal Mortality Review Tool (PMRT) process	
<b>Document author</b> (Job title and team)	Specialist Bereavement Midwife and Quality, safety and governance lead Midwife	
<b>New or reviewed document</b>	New	
<b>List staff groups/departments consulted with during document development</b>	Specialist midwives, consultant obstetricians	
<b>Approval recommended by (meeting and dates):</b>	Maternity guideline group	Date: 17/06/2021
	Women's Business and Governance Meeting	Date: 22/04/2022
	CBU 3 Overarching Governance Meeting	Date: 27/04/2022
<b>Date of next review (maximum 3 years)</b>	27/04/2025	
<b>Key words for search criteria on intranet (max 10 words)</b>	PMRT, Perinatal mortality review tool	
<b>Key messages for staff (consider changes from previous versions and any impact on patient safety)</b>		
<b>I confirm that this is the <u>FINAL</u> version of this document</b>	<b>Name: Charlotte Cole</b>  <b>Designation: Practice Educator Midwife</b>	

**FOR COMPLETION BY THE CLINICAL GOVERNANCE TEAM**

<b>Approved by (group/committee): CBU3 Overarching governance</b>  <b>Date approved: 27/04/2022</b>  <b>Date Clinical Governance Administrator informed of approval: 04/05/2022</b>  <b>Date uploaded to Trust Approved Documents page: 10/05/2022</b>
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