

# Reducing pregnancy and baby loss and tackling inequalities – Priorities for the next government

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2024



**Sands &  
Tommy's**  
Policy Unit

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Working together  
to save babies' lives

**Tommy's**

Tackling pregnancy and baby loss must be a priority for the next government. This document sets out what we believe the next government must do to deliver safer maternity and neonatal services, so that fewer babies die and inequalities in loss are eliminated.

## Our priorities:

### 1. Renew the national maternity safety ambitions:

We are not on track to meet the current ambitions. The next government must commit to renew and enhance these ambitions, with a focus on making the UK the safest place in the world to have a baby.

Around  
**1,000 more lives**  
could have been saved each year if the ambition target was met<sup>1</sup>

### 2. Eliminate inequalities in pregnancy and baby loss:

There are stark and persistent inequalities in baby loss, particularly by ethnicity and deprivation. The next government must make a clear commitment to eliminating inequalities, underpinned by a comprehensive programme of research and improvement.

In 2021,  
**the difference in stillbirth rates**  
between babies of Black and White ethnicities were the **highest in 5 years**<sup>3</sup>

### 3. Deliver a fully funded workforce:

There are particularly acute staffing issues in maternity services which are impacting the delivery of safe care. The next government must ensure the commitments made in the Workforce Plan are backed by adequate funding and expand the wider maternity and neonatal workforce so that nobody is without the care they need.

In 2022,  
**63%**  
of midwives felt unwell in the last 12 months due to stress<sup>5</sup>

Nearly  
**1/3**  
of NICU shifts are **not sufficiently staffed**<sup>6</sup>

### 4. Put in place a system that supports safe care:

We are still not learning lessons when babies die. The next government must move from supporting individual services which are deemed to be outliers, towards a comprehensive national approach, which addresses the fundamental issues and puts in place the key elements of a safe system.

**50%**  
of services were rated **'inadequate'** or **'requires improvement'** by the CQC in 2022–23<sup>8</sup>

### 5. Provide the best possible support throughout pregnancy and following loss:

There are currently too many gaps in the support available throughout pregnancy and baby loss. Building on recent commitments, the next government must allocate funding to ensure services can provide the best possible support and care.

**Too many gaps**  
in the support available after baby loss

## 1. Renewing the national maternity safety ambitions

On average 13 babies a day are stillborn or die during the first 28 days of life across the UK. Comparisons with other European countries suggest the UK could do better.

There are current ambitions in England to halve the rate of stillbirth, neonatal and maternal deaths and brain injuries by 2025 (relative to 2010 levels) and an ambition to reduce preterm births from 8% to 6% by 2025.

These ambitions have helped focus attention on the issue and have challenged the notion that baby loss is inevitable. However, progress over the last few years has stalled and we are not on track to meet them. Compared to most recent data, around 1,000 more lives a year could have been saved if the ambition target was met<sup>1</sup>. Ambitions to reduce baby loss must recognise the impact of preterm birth, which is a significant contributor to neonatal deaths. Progress in reducing the preterm birth rate is vital for reducing rates of neonatal death.<sup>1</sup>

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It is important that there are renewed commitments beyond 2025, and that these are expanded to cover each of the four nations of the UK. Any future targets must have a clear and agreed baseline to measure progress against, with the resources, support and improvement to ensure they can be achieved.

**The next government must commit to renew and enhance the current maternity safety ambitions, with a focus on making the UK the safest place in the world to have a baby.**

## 2. Tackling inequalities in pregnancy and baby loss

There are stark and persistent inequalities in baby loss, particularly by ethnicity and deprivation. Babies born to women living in the most deprived areas are twice as likely to be stillborn and at increased risk of neonatal death compared with babies in the least deprived areas<sup>2</sup>. These differences in stillbirth rates have increased since 2013.

The stillbirth rate for Black babies is over twice those for White babies. The difference in stillbirth rates between babies of Black and White ethnicities in 2021 were the highest in 5 years<sup>3</sup>. Black women are at 40% increased risk of miscarriage compared with White women<sup>4</sup>. Rates of preterm birth vary by ethnicity and are consistently higher among babies of Black ethnicity.

There have been welcome commitments recently to fund research to tackle maternity disparities, this should include evaluation of interventions, and should form part of a wider strategy for addressing inequalities.

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**The next government must make a clear commitment to eliminating inequalities in pregnancy and baby loss. This must be underpinned by a comprehensive programme of research and improvement, alongside clear metrics to measure progress against.**

### 3. Delivering a fully funded workforce

While there are workforce pressures across the NHS, there are particularly acute staffing issues in maternity services which are impacting the delivery of safe care. In 2022, 63% of midwives felt unwell in the last 12 months due to stress<sup>5</sup>. Staffing levels in neonatal care are also consistently below national recommendations - nearly a third of NICU shifts are not sufficiently staffed<sup>6</sup>.

NHS England has recently published their Long Term Workforce plan, but this is not accompanied by adequate long-term recurrent funding or investment in retention, which is needed across the maternity and neonatal workforce. Without this we risk losing valuable skills and experience.

While the workforce plan models the future number of midwives required, it does not include other groups in the wider maternity and neonatal workforce, many of which are facing significant staffing issues. For example, the current shortage of perinatal pathologists is affecting the ability of services to learn from deaths, and impacts the care provided to bereaved families.

**The next government must ensure the commitments made in the Workforce Plan are backed by adequate funding and expand the wider maternity and neonatal workforce so that nobody is without the care they need during pregnancy and the neonatal period.**

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### 4. Putting in place a system that supports safe care

We are still not learning lessons when babies die. Too often, nationally-agreed standards of care are not being followed which is contributing to harm and avoidable deaths. At least 1 in 5 stillbirths and neonatal deaths may have been prevented with better care<sup>7</sup>, this equates to over 800 babies' lives that could have been saved in 2022–23.

Despite various policy initiatives over recent years, persistent issues remain around the safety of maternity services, highlighted in recent high-profile investigations. Half of services in 2022–23 were rated by the CQC as 'inadequate' or 'requires improvement'<sup>8</sup>. The CQC's 2022 maternity survey showed that people's experiences of care have deteriorated since 2017, with confidence in services getting worse and fewer people saying that if they raised a concern during labour and birth, they felt it was taken seriously.

**The next government must move from supporting individual services which are deemed to be outliers, towards a comprehensive national approach, which addresses the fundamental issues and puts in place the key elements of a safe system.**

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## 5. Provide the best possible support throughout pregnancy and following loss

There have been recent commitments from government to improve the provision of services, but there are currently too many gaps in the support available throughout pregnancy and baby loss.

- Best-practice care for miscarriage must be accessible 24 hours a day, 7 days a week. Tests and treatments should be standardised through a 'graded model'<sup>9</sup>, which sets out standards of care following one, two, or three or more miscarriages. Government commitments to learn from pilots of this model must be continued.
- In line with commitments made in Scotland, health services in all parts of the UK must take steps to improve the recording of miscarriage so we understand the scale of the problem.
- At present, not all bereaved parents can access the compassionate care they need, which can hugely impact their wellbeing in the short term and for the rest of their lives. The standards set out in the National Bereavement Care Pathway<sup>10</sup> should be mandatory for all NHS Trusts and Health Boards, with funding to support implementation.
- Timely mental health support must be available throughout pregnancy and postpartum, with access to specialist psychological support following baby loss.

**Building on recent commitments, the next government must allocate funding to ensure services can provide the best possible support and care throughout pregnancy and the neonatal period, and following baby loss.**

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If you would like to access support, please visit:

[sands.org.uk/support](https://sands.org.uk/support)

or

[tommys.org/baby-loss-support](https://tommys.org/baby-loss-support)

1. Using ONS data for England, we compared the actual rate of stillbirths and neonatal deaths between 2018 and 2021 with the target rates of 2.6 per 1,000 total births and 1.0 per 1,000 live births respectively. On average, we estimate 780 stillbirths and 220 neonatal deaths could have been prevented each year.
2. MBRRACE-UK. (2022). [MBRRACE-UK Perinatal Mortality Surveillance Report: UK Perinatal Deaths for Births from January to December 2020](#).
3. MBRRACE-UK. (2022). [MBRRACE-UK Perinatal Mortality Surveillance Report: UK Perinatal Deaths for Births from January to December 2020](#).
4. Quenby, S. et al. (2021) [Miscarriage matters: the epidemiological, physical, psychological, and economic costs of early pregnancy loss. The Lancet, 397 \(10285\)](#).
5. NHS Staff Survey. (2022) [Results | Working to improve NHS staff experiences | NHS Staff Survey nhsstaffsurveys.com](#)
6. NNAP (2022). [National Neonatal Audit Programme \(NNAP\) Summary Report on 2022 data](#).
7. PMRT (2023) [Learning from Standardised Reviews When Babies Die](#).
8. CQC (2023) [The state of health care and adult social care in England, 2022/23](#).
9. The graded model of care, published in The Lancet [Miscarriage Matters](#) series, proposes increasing levels of care following one, two, or three or more miscarriages.
10. [The National Bereavement Care Pathway](#) is an evidence-based pathway to improve the bereavement care parents in England receive after pregnancy or baby loss.