

A pathway to improve bereavement care for parents in England after pregnancy or the death of a baby



**national bereavement  
care pathway**  
for pregnancy and baby loss

# Neonatal Death

Bereavement Care Pathway

Led by



In partnership with:

**Antenatal  
Results &  
Choices**

**Bliss**  
for babies born  
premature or sick

**ihv** Institute of  
Health Visiting  
Excellence in Practice



**MISCARRIAGE  
ASSOCIATION**  
The knowledge to help

**NEONATAL  
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**UCL EGA**  
Institute for  
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**Royal College  
of Midwives**

**RC  
GP** Royal College of  
General Practitioners

**Royal College  
of Nursing**

**Royal College of  
Obstetricians &  
Gynaecologists**

**NHS  
England**

The  
Ectopic  
Pregnancy  
Trust



[nbcpathway.org.uk](http://nbcpathway.org.uk)

NBCP for use in England from September 2025



# About the NBCP

The National Bereavement Care Pathway, led by a multi-agency Core Group of baby loss charities and professional bodies, has been developed in order to improve bereavement care and reduce the variability in provision for families experiencing miscarriage, ectopic pregnancy and molar pregnancy, termination for fetal anomaly, stillbirth, neonatal death or sudden and unexpected death in infancy up to 12 months.

This quick reference guidance has been prepared to assist all healthcare professionals and staff who are involved in the care of parents of babies who have died neonatally. Other documents are available that describe the pathway for the other childbearing losses

The Core Group gratefully acknowledges the support and contribution of the Department of Health and Social Care (DHSC) and Teddy's Wish to the early development of the NBCP.

**For further information, please see [nbcpathway.org.uk](http://nbcpathway.org.uk).**

“Parents don’t need protecting; they need the chance to be parents, provide their child dignity and create memories.”

**Bereaved parent**



# Bereavement care standards

**These nine standards for bereavement care underpin the NBCP guidance. A Trust that meets these standards is considered to be providing good bereavement care.**

Trusts should audit their service provision against these standards to identify gaps in the care they provide, and develop plans for improvement. A self-assessment tool is available for all Trusts in England to conduct this audit, see [nbcpathway.org.uk](http://nbcpathway.org.uk).

Implementation of these standards via the pathway will help Trusts to meet the elements of the [Care Quality Commission's assessment framework for maternity](#).

## Parent-focused standards

1. All bereaved parents and families are provided with **personalised care**.
2. All bereaved parents and families have the opportunity to use an appropriate, available and accessible **bereavement room**.
3. All bereaved parents and families are offered opportunities to **make memories**.

## Communication and learning standards

4. All bereaved parents and families are informed about and, where needed, referred for **emotional support** and for specialist **mental health support**.
5. A **system** is in place to clearly **signal** to all health care professionals and staff that a parent has experienced a bereavement.
6. Bereaved parents and families are confident that **learning** from their baby's death will take place and are fully informed throughout.

## Staffing standards

7. Bereaved parents and families receive their care from an **appropriately staffed** team.
8. All staff involved in the care of bereaved parents and families receive the **training and resources** they need to provide high-quality bereavement care.
9. Healthcare staff are effectively **supported** to care for bereaved parents and families.

The NBCP bereavement care standards are cited extensively in national reviews, policy and clinical guidance. A full list of citations is available on the [website](#).

A self-assessment form is available to help you assess the quality of care in your Trust against the nine bereavement care standards. Your bereavement lead should have one of these, otherwise contact us via [bereavementcare@sands.org.uk](mailto:bereavementcare@sands.org.uk).

# Terminology

## The NBCP editorial panel acknowledges that language matters, and that it is complex and continually changing.

We encourage all staff to follow the principle of asking the person they care for how they would like to be referred to and to mirror the language used by families when speaking to them about their experiences. The guidance below outlines important points on language use throughout the pathways:

- The terms 'healthcare professionals' and 'staff' are used throughout to denote all of those professionals working with bereaved parents.
- Throughout the pathways we use the additive language 'women and birthing people' to include individuals who do not identify as women.
- The term 'baby' (or 'babies' in the case of multiple pregnancies) is used throughout the pathways to refer to the first trimester of a pregnancy through to the neonatal period. In earlier losses many people will prefer to conceptualise their baby and will develop strong attachments to them from the moment they discover that they are, or were, pregnant. However, some people will be more comfortable with terminology such as 'fetus' or 'pregnancy' and will not find the term 'baby' to be appropriate in their situation. While we have used the term 'baby' throughout the guidance, it is important to recognise that not everyone who experiences a perinatal bereavement will want to refer to their loss using this language. The language preferences of those people experiencing a loss should always be mirrored when communicating with them.
- The term 'parents' is used to refer to expectant and bereaved people and partners. Many people will consider themselves parents from the time they discover they are, or were, pregnant. However, not everyone who experiences pregnancy loss or the death of a baby will want to be referred to as a parent. Therefore, when using this guidance staff should be sensitive to the individual preferences of those they are caring for.
- We recognise that who a 'family' is may involve different structures and diverse experiences. Where 'family' or 'families' are referred to in this document, we advise healthcare professionals to consider that there is not one type of bereaved family but to ensure that the individual is given opportunity to explain who they consider their family or support structure to be.
- The term 'partner' is used to refer to whoever is there as a close support to the person being cared for. Not everyone will have a partner and/or may not have them with them in the clinical setting, while others may be with a friend or family member, or may have more than one partner. As such, ask rather than assume who is in the room and what their relationship to the woman or birthing person is.
- We have used the phrase 'Trusts' because the rapid changes in the way that health services are structured and managed across the country make it impossible to use a phrase that covers all the bodies involved. In the devolved nations the term 'Board' is used. However, the pathway will also be applicable to independent healthcare establishments and to all other bodies that may be set up in the future to organise and provide care for women, birthing people and families experiencing a childbearing loss.

Finally, because this is a pathway focused on improving outcomes for women, birthing people and families, by its very nature it is quite directive and as such in a number of sections we have also used the term 'should' (for example 'staff should be trained'). Essentially this is shorthand for 'good practice suggests that'.

# Recommendations: when a baby dies neonatally

## A. Delivering difficult news

### Delivering difficult news

- Prepare parents for difficult news and inform parents something may be wrong as soon as it is suspected.
- Prepare yourself for giving difficult news by gathering information and consulting with colleagues, if possible.
- Find an appropriate place or, if in the delivery room/neonatal unit, offer a separate private space once the news has been given.
- Ask the parent(s) whether they would like a support person present.
- Use clear, straightforward language, no euphemisms or jargon.
- Give parents time to absorb news and answer any questions you are able to, within your scope of practice.
- Give parents information about what happens next, provide written information and named contact with contact details.
- Consider onward transport needs.
- If there is one or more surviving sibling from a multiple birth, do not focus solely on them. Acknowledge the baby who has died.
- Staff should also ensure that if an interpreter is needed, this is arranged prior to the discussion.
- Following delivery of difficult news, staff should let the parents know what options are available to them in case they would like to access psychosocial support, both on the neonatal unit or in the community.

### Place of care

- If being cared for on an open-plan unit, be aware of the possible interactions between different families in the unit.
- If a single family room is being used, ensure that parents do not feel alone or abandoned, while ensuring that they are given space if this is what the family request.
- Be aware that some parents may need to make special arrangements to enable them to stay at the hospital for any length of time – provide information and support if necessary.
- Let parents know about the financial support available to them through benefits, the health service or local charities.

### If the woman or birthing person is ill

- If the woman or birthing person is in the same hospital but is unable to walk to the neonatal unit, and her physical condition allows, bring her to the unit in a wheelchair or hospital bed.
- If the baby has to be transferred to a regional unit and the woman or birthing person cannot be moved with them, ask staff at the referring hospital to phone the regional unit regularly to check the baby's progress and pass on the information.
- Provide digital pictures or videos of the baby to help ensure the family has updates on the baby's progress (though always give difficult news face-to-face).

## A. Delivering difficult news continued

### Talking to parents about their baby's condition

- Give parents clear, understandable, consistent and honest information about all tests, developments and interventions.
- At the end of formal discussions, give parents a time when they can meet with staff again.
- Give parents designated members of staff (including a named nurse) who take the main responsibility for checking that they feel informed and listened to, and who are present when sensitive and difficult issues and decisions are discussed with them.

### Withholding or withdrawing life sustaining treatment

- Fully explain the baby's condition and options for care, including parents' options for symptom control and taking the baby home or to a hospice.
- Offer information about local resources available to support parents.
- Decision making is a process – another appointment should be arranged for parents to discuss their baby's care further with a senior member of their care team.

### Making decisions about critical care



- Offer parents the opportunity to participate in all important decisions about the care of their baby, including critical care decisions.
- Communicate openly and honestly with parents about their baby's condition from the time of diagnosis.
- Parallel or anticipatory planning may be helpful – care plans can be discussed by staff and parents for active treatment while also planning for palliative or end-of-life care should it become necessary.
- During discussions about critical care, treat parents as full partners and always with respect and dignity.




- Further guidance is also available from [NHSE](#), [BAPM](#) and [Bliss](#).

## A. Delivering difficult news continued

### Palliative care

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- Before life-sustaining treatment is withdrawn, have a private, face-to-face discussion with parents to discuss the options for their baby's care and give adequate time for parents to ask questions and talk about their views and feelings.
  - Explain in detail the process of moving to palliative care and reassure parents that this does not mean that care is being withdrawn from their baby.
  - Before their baby starts to receive palliative care, discuss with parents:
    - The time and place for the withdrawal of life-sustaining treatment; offer information about the options for taking the baby home or to a hospice to receive palliative care (even if the baby is not expected to live for long)
    - Transfer to a neonatal unit or hospital closer to the parents if the baby has been transferred to a unit that provides specialist neonatal care
- 
- The possibility of the baby receiving palliative care on the postnatal ward if the woman or birthing person is ill and still in hospital
  - Whether or not they want to be present when life-sustaining treatment is withdrawn or their baby dies, and that they can change their mind
  - Whether or not they want to have a dedicated member of staff available to be with them or nearby when life-sustaining treatment is removed
  - The possibility of them inviting family members or close friends for support
  - The baby's possible physical reactions to the change in care; explain that the baby may gasp or change colour when the ventilator is removed
  - Any spiritual or religious needs or requirements

### Care for parents around the time of their baby's death

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- If parents want to hold their baby before the death and while they are dying, gently suggest how they could comfort their baby by holding them.
  - Offer to take photographs of family members spending time with or holding the baby.
  - Let parents be alone with their baby in quiet and privacy for as long as they want after their baby's death.
  - Staff should be trained to identify parental wellbeing needs and help parents to access psychosocial support, when needed.

## B. After the death

### Memory making

- Let parents know that memory making can begin before the baby dies, and sometimes before the baby is born.
- Discuss with parents:
  - Seeing and holding the baby
  - Washing and dressing the baby
  - Providing care for their baby (for example, changing nappies)
  - Kangaroo care
  - Photographs
  - Hand and foot prints
  - Introducing baby to friends and family
  - Taking the baby out of the hospital environment (a template form for taking a baby out of hospital is available from [www.nbcpathway.org.uk](http://www.nbcpathway.org.uk)).
  - Creating a memory book or box
  - Other memorials
- Consider the condition of the baby when offering memory making options.
- Give parents time to reflect and decide what they want.
- Complete the informed choice form to ensure parents are provided with options but do not feel pressured (a template form, 'Creating memories – offering choices', is available from [nbcpathway.org.uk](http://nbcpathway.org.uk)).
- Where there is a death from a multiple pregnancy, discuss the options around memory making with surviving siblings.
- Enable parents to have additional people there to support them if requested.
- Be sensitive about religious/cultural needs and offer to arrange chaplaincy/spiritual care. All parents should be asked their preference and given information about what can be arranged.

- Where appropriate, parents should be given the option to take their baby home or out of the hospital environment. If the parents do choose to take their baby home, it is important for a member of the bereavement team to follow up to provide support and advice.

### Post-mortem examination

- Ensure staff discussing post-mortem examination consent with parents are trained to do so.
- Allow a minimum of one hour for this discussion.
- Ensure discussion takes place in a quiet, private place.
- Inform the parent if the post-mortem examination will take place at a different hospital, and explain where and why.
- All transport arrangements and handling of the baby must be respectful; label and track the baby's body.
- During the consent process, tell parents the likely time scales for the return of the baby's body and the results.
- Identify a named contact within pathology and within the neonatal unit who will be responsible for following up on results.
- If parents decline a full post-mortem examination, discuss other tests, such as an examination of the placenta and blood tests, as appropriate.
- Ensure that you are aware of relevant statutory death review processes (for example, Child Death Overview Panel [CDOP]) and that these link with your Trust's internal processes (for example, morbidity and mortality [M&M] meetings, patient serious incident [PSI]) and inform the family as appropriate.



## B. After the death continued

### Post-mortem examination

- When a baby's death is reported to the coroner, the parents must always be informed and the reasons for reporting the death should be explained. Staff should acknowledge that this may be difficult for parents and they should be offered support.
- The [Perinatal Mortality Review Tool \(PMRT\)](#) is available in England, Scotland and Wales and is free to use. Reviewing the death of a baby is part of standard NHS care.
- [PMRT resources](#) are available to share with parents.
- Staff should be aware and ready to make any necessary adaptations for parents with an identified learning disability to ensure that parents fully understand. Staff should also ensure that if an interpreter is needed, this is arranged prior to the discussion.

### Medical examiner

- If a baby dies neonatally at any gestation, on the maternity or neonatal unit, including any baby showing signs of life following a medical termination, the medical examiner will need to be informed.
- The medical examiner will consider the cause of death given by the doctor, review the medical notes and speak to the family before deciding whether to issue a MCCD or if a referral to the coroner is needed.
- This can be an extremely distressing time for parents, and it is important that parents are given clear written and verbal information about the process so they can manage expectations.
- Parents should be updated about where their baby is at all times and given opportunity to ask questions or raise any concerns with the medical examiner.
- Staff should offer parents information about what emotional and psychological support is available.

### Organ donation

- Neonatal organ donation may be an option in certain circumstances; while it is still quite rare, there have been positive outcomes for transplants from neonatal donors, and some parents may take comfort from knowing that their baby's organs will help another child.
- Ensure that you have links with the Clinical Lead for Organ Donation (CLOD) and/ or Specialist Nurse for Organ Donation (SNOD) in your Trust, to understand more about how this may be communicated with, and consent sought from, parents of eligible babies.

## B. After the death continued

### Registration and certification

- Provide parents with the medical certificate of cause of death of their baby.
- If the death has been referred to the coroner, inform parents that the death cannot be medically certified until this referral has happened. Acknowledge the difficulty of any delays and sensitively discuss the process and realistic time frames.
- Provide information about, and all necessary documentation for the registration process.
- Provide parents with clear, written information.
- Ensure parents have any other information the registrar/funeral director/cemetery/crematorium will need.

### Funerals

- Provide parents with information around the legal requirements and options.
- Discuss what is available through the Trust and other local options.
- Provide parents with written information, including:
  - The choices they have if they want the hospital to make arrangements
  - The choices they have and what they need to do if they want to manage the arrangements
  - The costs involved (if any)
- Bear in mind, and facilitate where possible, different personal, religious and cultural needs. Assumptions must not be made.
- Discuss options for urgent burial and cremation where appropriate.
- Offer to refer parents to the chaplaincy team.
- Record all decisions made by the woman or birthing person in her medical records, including where information is declined or no decision is made.
- Further information on the cost of child funerals can be found at [gov.uk/child-funeral-costs](https://gov.uk/child-funeral-costs). For further information on arranging a funeral, parents can access the [Child Funeral Charity](#).

## C. Ongoing care for families

### Ongoing emotional support

- With consent, refer parents for neonatal bereavement support.
- With consent from the parents, ensure all hospital and community healthcare staff have been informed of the baby's death.
- With consent from the woman or birthing person, ensure the woman or birthing person's notes have a baby loss summary sheet attached (a template form for previous neonatal death is available from [nbcpathway.org.uk](https://nbcpathway.org.uk)).
- Ask the father or partner if they would like their GP to be informed about the loss so it can be added to their notes, and record their consent if they did.
- Discuss the difficult emotions parents may experience with them to let them know their feelings are normal.
- Provide parents with information about the emotional support available to them via your Trust, primary care colleagues and via local and national support organisations (see Useful contacts).
- Offer parents contact with the chaplaincy team, which should have contacts with religious and spiritual advisers of all local faiths and spiritual organisations.
- Allow sufficient time for all follow up appointments (refer to local policies, where they exist).
- Make sure you know who can offer a mental health assessment and treatment to bereaved parents and the wider family.
- Ensure follow up care by the GP or health visitor is arranged for the partner as well as the woman or birthing person.
- See also [NICE guidance](#) on antenatal/postnatal mental health.

### Review

- The [Perinatal Mortality Review Tool \(PMRT\)](#) is available in England, Scotland and Wales and is free to use. Reviewing the death of a baby is part of standard NHS care.
- Inform parents about the process of perinatal death review and invite them to become involved in the review process.
- Offer parents flexibility on the timing of when and how they contribute to the review process.
- Ensure the review looks at parents' clinical and emotional care, and covers the whole pathway of care, both antenatal and postnatal, with input from community healthcare professionals.
- Ask parents if they want to be informed of the outcomes of the review of their baby's death, and if they have any questions for the review to address.

### Feedback

- Discuss with parents the opportunity to give feedback about the bereavement care they receive.
- If parents consent to be contacted for feedback, let them know how and when they will be contacted.
- Be clear with parents that this feedback mechanism is not a review of the baby's death, nor a complaints process.
- Be clear with parents about whether they will receive any follow up contact about this after submitting their feedback.

## C. Ongoing care for families continued

### Feedback

- Discuss lactation, milk donation and milk suppression.
- With the woman or birthing person's consent, promptly inform primary care staff that the woman or birthing person has experienced the death of her baby.
- Inform primary care staff where the woman or birthing person will be staying when they leave the hospital.
- Before discharging the woman or birthing person, give her the contact details for primary care staff, secondary care staff and also local and national support organisations (see Useful contacts).
- Offer all parents a follow-up appointment.
- Ensure parents know what to expect from this appointment.
- Discuss location of the follow-up appointment and who can attend.

### Care in the community

- Offer parents a telephone call and/or home visit when they are back in the community.
- Allow enough time to offer emotional support as well as check the woman or birthing person's physical health.
- Discuss with parents how to talk about the baby who died with existing and subsequent siblings.
- Ensure ongoing care is available where it is needed. Offer referrals where necessary.
- Give parents the contact details of a healthcare professional they can contact for information and support (a contact card template is available from [nbcpathway.org.uk](https://nbcpathway.org.uk)).
- Offer parents contact with the chaplaincy team.

- Give parents the contact details of local and national support organisations (see Useful contacts).
- For any future appointments, staff should be aware and ready to make any necessary adaptations for parents with an identified learning disability. Staff should also ensure that if an interpreter is needed, this is arranged prior to the discussion.
- Staff should also provide information on when the woman or birthing person can return to physical activities and exercise. As appropriate, staff should provide information on pelvic floor muscle exercises.
- Ensure that physical postpartum recovery needs are being met, including asking the GP to initiate a 6-8 week GP check for the woman or birthing person's physical wellbeing and recovery as well as their emotional health. Resources on physical recovery that are sensitive to loss are available from [The PABL Project](https://www.pablproject.org).
- Signpost to information on gov.uk regarding statutory maternity and bereavement leave.

## D. Subsequent pregnancy

### Pre conception


- Familiarise yourself with the woman or birthing person's notes.
- With consent, ensure the woman or birthing person's notes are marked with a previous neonatal death form (a template is available from [nbcpathway.org.uk](https://nbcpathway.org.uk)).
- Support parents to make informed choices around if/when to try for another baby.
- Discuss what, if anything, parents can do to reduce the risk of another loss.
- Listen to and acknowledge parents' fears and concerns.
- Do not offer false reassurance and be aware that statistical probabilities may not be comforting.
- Be clear about the available support from staff and other organisations.
- Ensure that fathers and partners are offered support.

### Antenatal care

- Offer regular contact with staff and emotional support and screening for mental health difficulties.
- Reassure parents that there will be continuity of care. This is of the utmost importance to those who have experienced a loss, to avoid having to repeat their story.
- Refer parents to another unit or another consultant if requested.
- Outline any additional antenatal support offered. Allocate extra time for these appointments.
- Remind the woman or birthing person or the woman or birthing person that she they can bring a support person to attend these appointments.
- Discuss and acknowledge with parents (where appropriate) certain stages, events or dates during the pregnancy that may be particularly difficult for them (for example, discuss the birth plan and offer ward tour); consider a clinical alert to inform staff of the woman or birthing person's previous history before admission.


## D. Subsequent pregnancy continued

### Labour and birth


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- Be prepared for parents' emotional reactions during labour, at the birth and in the time that follows.
  - Be available to offer support if needed.
  - Offer support to any partners or birth supporters who are with the woman or birthing person.
  - Offer sensitive support to parents after their baby is born.
  - Let parents know mixed feelings are normal and be ready to talk about the baby who died.

## E. Staff support

### Staff support

- 
- Recognise your own support needs
  - Communicate these needs with management and colleagues; other staff may have similar needs.
  - Ensure you are aware of the wellbeing services and support structures in place within your Trust.
  - Be aware of the stresses and challenges faced by your colleagues.
  - Where appropriate flag support systems with them.

### Trusts should provide:

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- A safe, compassionate workplace culture that normalises seeking support.
  - Bereavement care training to all staff.
  - A trauma-informed approach to staff support.
  - Access to wellbeing services and opportunities for staff to debrief.
  - Monitoring of staff wellbeing.
  - Access to appropriate support for managers and senior staff.

# Useful contacts

Not all of these contacts will be appropriate for all pathways

## National contacts:

### Action on Pre-Eclampsia (APEC)

Helps and supports women and birthing people and their families who are affected by or worried about pre-eclampsia and aims to raise public and professional awareness of pre-eclampsia.

**[action-on-pre-eclampsia.org.uk](http://action-on-pre-eclampsia.org.uk)**

### Antenatal Results and Choices (ARC)

Offers non-directive individualised information and support for parents making decisions around antenatal testing, including when a baby has a significant anomaly.

**[arc-uk.org](http://arc-uk.org)**

### Baby Mailing Preference Service (MPS) online

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

**[mpsonline.org.uk/bmps](http://mpsonline.org.uk/bmps)**

### Bereavement Advice Centre

Offers information and advice for people with practical concerns after the death of someone close to them.

**[bereavementadvice.org](http://bereavementadvice.org)**

### Bliss

Offers support for families of premature or sick babies, including bereaved families. Bliss Champions volunteers are also available to provide online support.

**[bliss.org.uk](http://bliss.org.uk)**

### British Pregnancy Advisory Service (BPAS)

Offers advice and treatment for termination of pregnancy in the UK.

**[bpas.org](http://bpas.org)**

### Child Benefit Office

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

**[gov.uk/government/organisations/hm-revenue-customs/contact/child-benefit](http://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.

**[childbereavementuk.org](http://childbereavementuk.org)**

### The Compassionate Friends

An organisation of bereaved parents, siblings and grandparents that offer support to others after the death of a child or children.

**[tcf.org.uk](http://tcf.org.uk)**

### Contact

Provides support, information and advice for families with disabled children.

**[contact.org.uk](http://contact.org.uk)**

### Cruse Bereavement Care

Offers support to bereaved people and training for professionals.

**[cruse.org.uk](http://cruse.org.uk)**

### Each Baby Counts

The Royal College of Obstetricians and Gynaecologists' programme to reduce the number of babies who die or are severely disabled as a result of incidents occurring during term labour in the UK.

**[rcog.org.uk/eachbabycounts](http://rcog.org.uk/eachbabycounts)**

### Ectopic Pregnancy Trust

Provides support and information for people who have had or been affected by an ectopic pregnancy, including health professionals.

**[ectopic.org.uk](http://ectopic.org.uk)**

### Federation of British Cremation Authorities (FBCA)

Professional organisation of burial and cremation authorities in the UK.

**[fbca.org.uk](http://fbca.org.uk)**

### Footprints Baby Loss

Provides vital support to parents and families who experience the death of one or more of their twins or triplets before, during or after birth.

**[footprintsbabyloss.org](http://footprintsbabyloss.org)**

### Funeral Payments – NI Direct

Financial help that is available for individuals on low-incomes in Northern Ireland who need help to pay for a funeral that they are arranging.

**[nidirect.gov.uk/articles/funeral-expenses-payments](http://nidirect.gov.uk/articles/funeral-expenses-payments)**



# Useful contacts

## Funeral Payments – UK Government

Financial help that is available for individuals on low-incomes in England, Wales and Scotland who need help to pay for a funeral that they are arranging.

**gov.uk/funeral-payments**

## Gifts of Remembrance

Provides photography training for hospital staff and volunteers who support parents after a stillbirth or neonatal death.

**giftsofremembrance.co.uk**

## Human Fertilisation and Embryology Authority (HFEA)

Independent regulator overseeing the use of gametes and embryos in fertility treatment and research that provides information for parents about the fertility process and fertility clinic.

**hfea.gov.uk**

## Human Tissue Authority (HTA)

Regulator for human tissue and organs and organisations that remove, store and use tissue.

**hta.gov.uk**

## Infertility Network UK

Provides support for people dealing with infertility and/or who are facing involuntary childlessness.

**infertilitynetworkuk.com**

## Institute of Cemetery and Crematorium Management (ICCM)

Professional organisation of burial and cremation authorities in the UK that promotes the improvement of cemeteries, crematoria and public services.

**iccm-uk.com**

## International Stillbirth Alliance (ISA)

International alliance of organisations and individuals working to prevent stillbirth and improve bereavement care worldwide.

**stillbirthalliance.org**

## Jobcentre Plus – Bereavement Services Helpline

Provides information about benefits claims.

**Telephone: 0345 608 8601**

**gov.uk/contact-jobcentre-plus**

## Lullaby Trust

Offers support and advice for parents whose baby dies suddenly and advice on safer sleep.

**lullabytrust.org.uk**

## Miscarriage Association

Offers support and information for individuals affected by pregnancy loss and for health care professionals.

**miscarriageassociation.org.uk**

## MSI Reproductive choices

Independent provider of sexual and reproductive health services in the UK.

**mschoices.org.uk**

## Woman or birthing persons and Babies: Reducing Risk through

## Audits and Confidential Enquiries across the UK (MBRRACE-UK)

Provides surveillance of maternal, perinatal and infant deaths in the UK.

**npeu.ox.ac.uk/mbrrace-uk**

Also provides an online reporting system for healthcare units to report maternal, perinatal and infant deaths.

**mbrrace.ox.ac.uk**

## Money Helper (formerly Money Advice Service)

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

**moneyhelper.org.uk**

## Multiple Births Foundation (MBF)

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

**moneyhelper.org.uk**

## National Association of Funeral Directors

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

**nafd.org.uk**

## National Association of Memorial Masons (NAMM)

Sets standards for memorial stones and provides information for individuals who are choosing a memorial

**namm.org.uk**

# Useful contacts

## National Perinatal Epidemiology Unit (NPEU)

Multidisciplinary research unit at the University of Oxford who provide evidence to improve care for women and birthing people and their families in the perinatal period and promote the effective use of resources by perinatal health services.

**npeu.ox.ac.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.

**naturaldeath.org.uk**

## Now I lay me down to sleep

An American website that puts bereaved parents in touch with professional photographers who will take photographs of their babies at no cost. Site shows examples of photographs of babies of all gestations. Photographers in the UK can also be found through the Find a Photographer page.

**nowilaymedowntosleep.org**

## Our Missing Peace

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

**ourmissingpeace.org**

## Parental Bereavement Leave

Government scheme enabling parents who lose a baby or child to be entitled to parental leave.

**gov.uk/parental-bereavement-pay-leave**

## Perinatal Institute for Maternal and Child Health

National non-profit organisation that aims to enhance the safety and quality of maternity care and provides resources for healthcare professionals.

**perinatal.org.uk**

## Rainbow Trust Children's Charity

Offers support to families in England with life-limiting and life-threatening conditions.

**rainbowtrust.org.uk**

## Registry Offices for England and Wales, Scotland, and Northern Ireland

England and Wales: General Register Office  
**gov.uk/general-register-office**

Scotland: National Records for Scotland  
**nrscotland.gov.uk/registration**

Northern Ireland: General Register Office Northern Ireland (GRONI)

**nidirect.gov.uk/gro**

## Relate

Offers relationship support to help people strengthen their relationships.

**relate.org.uk**

## Remember My Baby Remembrance Photography

UK-based charity who have professional photographers who voluntarily provide their photography services to parents whose baby dies before, during or shortly after birth.

**remembermybaby.org.uk**

## Sands (Stillbirth & Neonatal Death Charity)

Provides support and information for anyone affected by the death of a baby, before or after birth. National helpline, local parent-led support, literature and online support. Works to improve care when a baby dies and promotes research to reduce the loss of babies' lives

**sands.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. samaritans.org**

## The PABL Project

Provides resources on physical recovery that are sensitive to loss.

**thepablproject.com**

## Twins Trust Bereavement Support Group

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

**twinstrust.org/bereavement**

## Together for Short Lives

Offers support for families with children who have life-threatening or life-limiting conditions and professionals and services (including children's hospices).

**togetherforshortlives.org.uk**

# Useful contacts

## United Kingdom Association for Milk Banking (UKAMB)

Supports human milk banking and aims to provide safe and screened donor breastmilk for premature and sick babies.

**ukamb.org**

## Winston's Wish

Offers support to bereaved children, their families and professionals.

**winstonswish.org.uk**

## Working Families

Helps working parents, carers and their employers balance home and work responsibilities. They also provide information about parents' rights at work and to benefits after they experience miscarriage, stillbirth and neonatal death.

**workingfamilies.org.uk/articles/miscarriagestillbirth-and-neonatal-death-your-rights-at-work**

## Other

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# Supporting documents

The following supporting documents are available from [nbcpathway.org.uk](http://nbcpathway.org.uk)

➤ Best practice in bereavement

➤ Contact card

➤ Creating memories – offering choices

➤ Form for parents who take their baby's body home

➤ Funeral consent form for parents

➤ Previous neonatal death form for notes

➤ Terminology



For more information visit:  
**[nbcpathway.org.uk](http://nbcpathway.org.uk)**

**[sands.org.uk](http://sands.org.uk)**

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