



WE Party Conference

15 – 18 October 2020

Title: Improved care after pregnancy loss

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Type of motion: Policy motion

Motion text:

1 The Women's Equality Party calls on all 4 UK governments to adopt the following changes into
2 law:

- 3 • Statutory bereavement leave of 2 weeks for any parent experiencing pregnancy loss over 5
4 weeks;
- 5 • Option to take statutory maternity pay/leave for parents whose baby is still-born after 13 weeks;
- 6 • All pregnancy-loss absence to remain a protected characteristic under pregnancy-related
7 absence until all pregnancy-loss medical complications have been treated or 2 months
8 following loss;
- 9 • Option to register the birth and death of any still-born from 16 weeks;
- 10 • Information on types of pregnancy loss to be included in PSHE lessons in schools;

11 and calls on the NHS or regulators to adopt the following changes:



- All hospitals (via Early Pregnancy Assessment Unit and Maternity Unit) to offer counselling and signpost women who have experienced a pregnancy/baby loss to charities who can help, as well as a possible funeral/memorial service.
- Weekend opening for at least one EPAU in a hospital trust/city.
- All hospitals to provide/print a 'remembrance certificate' for parents of pregnancy losses in EPAU/Maternity.
- All staff in EPAU and maternity to undergo training in language use and bereavement with a pregnancy loss charity.
- Screened off waiting area/room (away from maternity and crying babies) for women awaiting news or surgery of a pregnancy loss.
- All hospitals to offer a scan and surgical miscarriage to women experiencing a miscarriage within a week of their confirmatory scan.
- Blood tests for thyroid/progesterone/APS (sticky blood) after 1 miscarriage (or family history) and medication offered.
- Investigations after 2 miscarriages (non-consecutive) starting with the simple blood tests .
- Progesterone offered to women experiencing early bleeding and miscarriage.
- Sensitivity and training for professionals over the life-course regarding women who experience pregnancy loss in terms of screenings and interventions.

Motion rationale:

I was not expecting to be one of the 'lucky' ones after our missed miscarriage last August. Our compassionate experience should have been the rule not the exception. But having attended many pregnancy loss support groups in the last 6 months I know that is not the case. Any of the above changes to legislation would prevent the vast majority of the anguish and trauma below.

Many of these changes as well as having psychological benefits to the parents involved also have economic benefits. As an example: you only get investigations after 3 consecutive miscarriages, whereas some of the common causes (like sticky blood/Hughes syndrome) require 1 blood test and a simple drug like aspirin to remedy. This could prevent the cost of surgical management of those miscarriages, counselling, in some cases anti-depressants and fertility treatment.

****TRIGGER WARNING****

You only currently get parental bereavement leave after the death of a child, not during pregnancy. You can only take maternity leave after a stillbirth after 24 weeks (before this it is considered a 'late miscarriage' and not a baby) which is also when you are able to get a birth and death certificate. No one talks about miscarriage so most people are unaware 1 in 4 pregnancies end in a loss.



44 A mother has to listen to her baby being referred to by healthcare professionals as a 'blighted
45 ovum', 'retained products of conception', and 'passed tissue'. Many women have been accused of
46 not being pregnant by healthcare professionals because their embryo hasn't developed. Grieving
47 women are awaiting their surgery in a room with mothers and newborns. At subsequent
48 screenings and treatments, the woman is often judged for the number of pregnancies, with
49 terminations assumed instead of loss. The lack of care and understanding in some hospitals is
50 truly shocking.

51 Some women have 'chosen' medical management (medication that brings on labour) of their
52 miscarriage because there have been insufficient resources in their hospital to have surgery.
53 Women have bled for the following 6 weeks and then still required surgery. Women whose bodies
54 have still refused to give up the pregnancy and have acquired life-threatening infections. Mothers
55 sent away from A&E and EPAU because they are already bleeding, offered no pain relief or help,
56 and have to deliver their baby in the toilet at home. Women bleeding so much they pass out and
57 are then taken by ambulance to A&E. Mothers made to feel guilty for choosing surgery when their
58 baby was threatening their own life.

59 Include some of the mental health problems most women experience after pregnancy loss: PTSD,
60 anxiety and depression, and you can see why it also affects your career. Once you suffer
61 pregnancy loss you are no longer protected under employment law as any further leave will just be
62 'sick leave'. You can therefore be dismissed with no repercussions for the employer. Pregnancy
63 loss can affect every aspect of your life.

64 This all needs to change to make healthcare truly equal.

Supporting Research:

65 Progesterone study: <https://www.rcog.org.uk/en/news/progesterone-could-prevent-8450-miscarriages-a-year-finds-new-research/>

66 PTSD study: <https://www.newscientist.com/article/2230073-miscarriage-and-ectopic-pregnancy-may-trigger-ptsd-and-depression/>

67 Useful terms: <https://www.tommys.org/pregnancy-information/pregnancy-complications/baby-loss/miscarriage/miscarriage-terminology-explained>

68 Miscarriage association support groups: <https://www.miscarriageassociation.org.uk/how-we-help/support-groups/>