

MBRRACE-UK Conference 12th December 2024
PMRT Related Questions from Delegates with Responses

Question text	Responses
<p>Which deaths should be reviewed In line with PMRT guidance, are we not already required to fully investigate all perinatal deaths from 22 weeks onwards? Excluding Congenital Abnormalities from full PMRT would be useful, as often there is little learning to be gained if plan was palliative/comfort care.</p>	<p>Yes, guidance is to complete a PMRT supported review for all deaths from 22 weeks onward. Mothers whose babies have congenital anomalies require the same standard of care as every woman and baby. Care that can be reviewed in this situation includes the process of the diagnosis of the congenital anomaly, the plan for the birth and how the comfort/palliative care and bereavement care were managed. One of the quality improvement examples arising from PMRT in the survey (list available on the PMRT website: www.npeu.ox.ac.uk/pmrt/resources/quality-improvement-ideas) was the identification of the fact that a birth plan for women with babies with a congenital anomaly was not being completed and the trust/health board developed a specific plan for mothers in this situation.</p>
<p>Parent engagement 96% of parents were asked but only 55% had questions/comments, are we reaching these families correctly?</p>	<p>Therefore, we agree that the difference between the proportion of mothers/parents who, according to the information in the PMRT, were told a review would take place (96%) and the proportion who responded with questions, comments or feedback (55%) suggests that there is an issue with reaching some mothers/parents. Although it may be that, some mothers/parents require more time to deal with their immediate shock and grief before they can think of questions they may have. This speaks to the need to provide them with multiple opportunities to respond and never to close the door.</p>
<p>Parent engagement We have found that where parents have had multiple questions, the PMRT is too clunky for that, so we offer the parents a PSII, which fits better. This gives more in-depth information for a follow up consultation</p>	<p>It is still possible to include a precis of their questions in the PMRT. If you are using another tool to gather, their questions/comments you need to make sure that their questions are available when the review is conducted.</p>
<p>Ensuring transparency How do we ensure transparency is 'felt' to be adequate - some parents who disagree with the outcome may read this as a lack of transparency?</p>	<p>In our reply here we are assuming that this refers to the process of transparency in explaining what is a review is and the findings from the review. We suggest the following: ensure that parents know about the review and its purpose prior to the conduct of the review; keep in touch with parents as the review progresses so they are not left hanging before the outcome; make sure you address any/all the questions they have; involve an external member as part of the review panel; and fully explaining the findings and responses to their questions at the follow-up meeting. Many parents find reassurance from understanding the process, having full and frank responses to their questions and the presence of an external member.</p>
<p>Parent engagement: key contact Whom do you recommend is best placed to be the PMRT point of contact for families?</p>	<p>We would recommend the bereavement midwife</p>
<p>Parent engagement When do you advise this are given we have usually emailed them once families have gone home. I been advised but my line manager to give them before discharge</p>	<p>We think this refers to the parent engagement materials. Full advice on how to use these is available on the PMRT website: www.npeu.ox.ac.uk/pmrt/resources/parent-engagement-materials</p>

<p>Parent engagement: engagement materials Great to see this level of coproduction. Is there a continuous feedback loop for this to continue with the QI?</p>	<p>The co-production referred to here refers to the PMRT engagement parent materials, which we have produced. Trusts/health boards are responsible for the QI, which follows a PMRT review, and we agree it would be great to see co-production of these activities carried out where relevant in trusts/health boards.</p>
<p>Parent engagement: engagement materials This patient form is so well thought through and sensitively worded</p>	<p>Parent engagement materials: thank you for your helpful comment</p>
<p>Parent engagement: engagement materials Re: engagement materials, were these tested with people who have low levels of English or lower educational levels? I know they've been revised but they seem very dense</p>	<p>We interviewed a range of people for our materials. Two had a different language other than English as their first language and they had a range of educational backgrounds.</p>
<p>Parent engagement: engagement materials These new resources are a huge improvement-so helpful! It's reassuring to know they were created with parent feedback-ensuring they provide clear, accurate, and consistent information for parents, with thoughtful and appropriate language. They will make a real difference to parents & HCPs. Thankyou!</p>	<p>Parent engagement materials: thank you for your helpful comment</p>
<p>Parent engagement: engagement materials Were the parents interviewed after neonatal deaths or stillbirths as neonatal losses possibly have different support especially when aligned with children's services due to mapping child death review process and support</p>	<p>We interviewed people who had experienced stillbirth and neonatal death so that we could ensure the materials are acceptable to as many people as possible and sensitively phrased.</p>
<p>Documenting participants at the review meeting To clarify, should I be entering every member of staff's names involved in any multidisciplinary local review of care discussions pertaining to the case PMRT review, rather than only the Lead Reviewer completing the tool?</p>	<p>Yes every individual present for a review should be listed, not just the lead person.</p>
<p>Role of bereavement midwives Sadly trusts still expecting bereavement midwives to be responsible for PMRT when it is a conflict or care. As Jenny has already said governance/safety team should be responsible for taking the actions forward not bereavement midwives</p>	<p>Unless the bereavement midwife has been specifically employed to be, the lead for the PMRT bereavement midwives should not be doing so as it does indeed have the potential for conflict. Their role is to be present at the PMRT review meeting to advocate for the specific parents who care is being reviewed. They should not chair the meetings and should most certainly not be responsible for taking forward actions, unless they specifically relate to bereavement care.</p>
<p>External member of the review panel With regards to the external member - should this be someone different at each meeting or could it be the same person? Also, does this need to be an obstetrician / neonatologist (if applicable) or could this be a midwife?</p>	<p>No, it does not have to be a different person at every meeting. If you make an arrangement with another organisation then it could be the same person. An external panel member should be a relevant senior clinician who works in a hospital external to the trust/health board undertaking the review and external to any trust/health board involved in the care at any stage. Their role is to be present at the review panel and actively participate in the review to provide a 'fresh eyes', independent and robust view of the care provided. This may involve challenging the care that was provided. The external should be from a relevant speciality and be senior enough to provide challenge where appropriate and should actively participate in the discussions about the care. If more than one trust/health board is involved in the review, because more than one trust/health board was involved in the care, none of these staff members is 'external' panel members because</p>

	<p>they do not provide an independent view of the care. They should not be listed as 'external' members in the participant list.</p> <p>For England: Although the MNVP member may not be employed directly by the trust, they should not be regarded as, nor documented as, an 'external' member. They are present to represent the wider parent voice.</p> <p>To ensure that external members of the review panel are identified as such the 'participant' feature in the PMRT system has been modified so that this is clear.</p>
<p>External member of the review panel Good afternoon, I am PMRT midwife and I am having issues with the external panel member. I have reach out to MBBRACE and the advice was to reach out to LMNS and RCN for support. I am not an RCN member and I have reach out to LMNS and still waiting their response. Is there any other solution? Thanks</p>	<p>There are several things you can do: go back to the LMNS, contact your regional midwife/obstetrician, and contact a trust in your area. You don't have to be a member of the RCM to contact them and obtain support.</p>
<p>Role of the external member of the review panel I feel the role of the external, critical friend requires more structure, as not all trusts/LMNS share an agreement on the role they hold in the grading of care</p>	<p>Thank you for this suggestion. We will look at extending the advice that we provide.</p>
<p>MNVP leads on review panels (England) Please can you advise about MNVP reps on PMRT panels - MNVP leads are often women who have recently used services. I worry about the level of detail (e.g drug use) and lack of anonymisation data. It is possible that children of the MNVP rep go to the same school as the bereaved families children</p>	<p>MNVP leads should now be a professional appointment with an employment contract, remuneration and training. NHSE guidance is available: www.england.nhs.uk/publication/maternity-and-neonatal-voices-partnership-guidance/</p>
<p>MNVP leads on review panels (England) Was the attendance of MNVP leads/chairs also captured? Do we know what % managed this?</p>	<p>We have just recently added MNVP leads to the list of participants as a specific group of individuals. For reviews in 2026, we will be able to quantify this specifically.</p>
<p>Grading of care We have responses from the majority of our parents but sometimes struggle to grade care if we have followed our guidelines but the parents aren't happy</p>	<p>Grading should follow the review findings in terms of the assessment against standards. Additional considerations should be whether your local guidelines are following national guidelines and need to be reviewed. Secondly, you need to consider the reasons why parents feel a different grading would be more appropriate and make sure you have addressed all their questions in the review.</p>
<p>Joint reviews with other Trusts/Health Boards Having joint PMRTs with other Trusts where more than one Trust involved in the care remains a challenge - trying to get the right people in the meeting is difficult to achieve. Any thoughts?</p>	<p>Yes, we know that this is challenging, using Zoom/Teams meetings has certainly helped some Trusts/Health Board achieve this.</p>
<p>Issues with care identified: booking Some of not late bookers but late transfer of care which the tool does not have a drop down box for</p>	<p>Thank you for this very helpful point. We will look at extending this question to ensure it appropriately captures this important group of mothers who transfer in.</p>
<p>Issues with care identified: interpretation Language line is an approved method of interpreting services, so why when completing PMRT's regarding labour care using it, does it throw up an issue for the Trust to complete.</p>	<p>We will look at this further and discuss this with the collaborators group. Therefore, whilst Language Line might be an appropriate means of communication for antenatal care, the question is whether this is appropriate when a woman is in labour. Raising it as an issue enables this to be quantified and thus can be used to provide evidence for a business case to improve care.</p>
<p>Review of pre-hospital care</p>	<p>Yes, we have plans to work with the ambulance service during 2025 to introduce appropriate questions into the tool to support the</p>

<p>Is there a plan to involve pre hospital care into the tool? Where a baby has been born out of hospital with care and resuscitation carried out by ambulance clinicians? At the moment, ambulance trusts are involved on just an adhoc basis.</p>	<p>review of this care. We know that some organisations have already engaged with their local ambulance service and someone from the service comes along for relevant reviews.</p>
<p>The PMRT report from the review The PMRT does not allow for families where the biological mother does not want to use the pronouns she/her and/or the other parent does not associate with the terms he/him or any other combination of pronoun use. Whilst these situations are rare, we are unable to personalise</p>	<p>The PMRT report is a generic report, which is produced by the PMRT tool. It is not possible at this stage to make changes to the personal pronouns used.</p>
<p>Data transfer from surveillance to the PMRT There are still questions that you have to answer on the PMRT tool, as they do not transfer over from the surveillance. Therefore you are answering them more than once</p>	<p>Yes, we are looking at reducing this duplication by transferring over the remaining shared responses. It is high on the priority list for action.</p>
<p>Suggested exclusions from PMRT review Should there be an exclusion box for parents to be involved in cases such as SUDI and coroner cases with police involvement. It may not be possible to obtain feedback at the time or within the PMRT process?</p>	<p>We will look at this further and discuss this with the collaborators group.</p>
<p>PMRT technical clinical report Can I ask if there is going to be a more parent friendly version of PMRT report to share with families? thank you</p>	<p>It is not possible for us to produce a parent friendly version of the report from the PMRT. After the review, a follow-up meeting should be held with parents when the findings from the review (and PMRT report) are discussed and explained. Following this meeting, a parent friendly letter explaining the findings should be written which documents what was discussed at the meeting, which will obviously include the review findings. This should be sent to parents and cc to the GP. A copy of the PMRT report (which is a technical clinical document) can be included if parents wish to receive a copy.</p>
<p>PMRT technical clinical report Please can you advise if it is mandatory to give parents a copy of the PMRT report? I still find it a little bit generic so instead write a very personal letter to parents, which includes details of the PMRT outcome. Is this acceptable?</p>	<p>No, it is not mandatory to give them a copy unless they request it. We agree a personal, sensitively written letter for the parents is what is required.</p>
<p>Single reporting portal and Cascade Can you explain a little more about, or signpost to information on the single reporting tool (SPEN) being developed by NHS England by Jenny, please? (Apologies if I missed it earlier as I had to dip out briefly).</p>	<p>For England only: SPEN is the single notification portal that NSHE are developing to provide a single place to report eligible maternal/perinatal deaths/brain injury cases to MBRRACE-UK, MNSI (formerly HSIB) and NHS Resolution. The ideal being that instead of making several notification the SPEN will provide a one-stop mechanism for reporting. It will be necessary then to login to MBRRACE-UK to complete the surveillance information. The SPEN is planned for release sometime in 2025. In the meantime, on the 8th January MBRRACE-UK will be releasing Cascade, which will enable neonatal death notification to be notified to CDOPs via a single notification to MBRRACE-UK, rather than then having to do a separate notification to the eCDOP system or hub as well. Both of these systems are intended to reduce duplication of work.</p>
<p>MATREP project Are there midwives involved in the research team of MATREP?</p>	<p>Yes on the research team. Staff in trusts will be interviewed as part of the programme and this is likely to involve Midwives. MATREP The University of Manchester</p>