[Template ‘When parents cannot be reached letter’– please read through again once adapted for use]

*Insert hospital logo*

*Insert parent/s’ address*

*Insert date*

Dear [*insert parent or parents’ name*]

I am/We are [*delete as appropriate*] sorry for the death of your [*insert son/daughter, or name if known*]. I/We [*delete as appropriate*] realise this letter comes at a very difficult time for you and your family. We have tried to reach you by phone/email [*delete as appropriate*] but have not been successful.

I want/We wanted [*delete as appropriate*] to be in touch to reassure you that we take the death of a baby at [*insert name of Trust/Health Board*] seriously. It is important to find out as much as we can about what happened and why your baby/babies [*delete as appropriate*] has/have [*delete as appropriate*] died. In the coming weeks, a hospital team will hold a meeting to review your care.

**Reviewing your care**

The hospital team discussing your care may include doctors who care for women in pregnancy (obstetricians), doctors who look after newborn babies (neonatologists), midwives and nurses. If there are any other health professionals specific to your care we will also invite them. The aim of the review is to try to understand as much as possible about what happened and why your baby/babies [*delete as appropriate*] died. The team will:

* look at medical records, tests and results, including post mortem results if you have consented to one
* answer any questions you may have and address any concerns
* talk to staff involved
* look at guidance and policies to ensure the care you received was appropriate

The team will do this using a national review process developed by a group including the parent charity Sands. The review may tell us that we need to change the way we do things or that good and appropriate care was given to your family.

**Involving you**

As [*insert the name/s of the baby/babies*] parent/s [if addressing only one parent keep singular], your thoughts and questions are important and it would be extremely helpful if you felt able to share your experience or any questions you have about your care with us before we carry out the review. You can do this through your key contact:

*Insert name and contact details of the key contact*

I/We [*delete as appropriate*] enclose a feedback form with this letter to help you think about any aspects of your care you may want to share. These may be about:

* Your care during pregnancy
* Your care during the birth of your baby/babies [*delete as appropriate*]
* The care of you, your family and your baby/babies [*delete as appropriate*] after birth

You could post the feedback form back to us, using the self-addressed envelope, or call us to discuss your views, using the details of your key contact above.

**Keeping you informed**

It may take up to [*insert number of weeks*] weeks for the review meeting to take place. This is to ensure that all the information is available and that the right professionals can attend. You will notbe asked to attend the meeting in person.

We will write a report to summarise the review findings and try to address any questions and comments you have made to the best of our ability. You will then have a meeting with a consultant to discuss the findings of the review, or alternatively we can telephone, email or write to you.

If you have any questions about this letter please do not hesitate to call your key contact on the number or email [*adapt as appropriate*] in the box above. If you would like to know more about the national review process we use you can go to: <https://www.npeu.ox.ac.uk/pmrt/information-for-bereaved-parents>

I/We [*delete as appropriate*] have included with this letter information about both local and national support organisations should you like any further support.

If we do not hear back from you in the next few weeks, we will keep the review report with your medical notes. You can receive a copy whenever you wish by contacting us on [*provide admin contact telephone/email*]

Yours sincerely,

[*Name*]

PMRT team/Clinical Director/Head of Midwifery [*indicate as appropriate*]