The Psychological Society of Ireland's Written Submission to the Committee on Health on 'Pregnancy and Infant Loss within the Health Services'

Introduction

The Psychological Society of Ireland (PSI), Cumann Síceolaithe Éireann, is the professional and learned body for psychology and psychologists in the Republic of Ireland. Since its establishment in 1970, the Society has grown to represent over 5,300 members and plays a central role in advancing psychological practice, supporting ethical standards, and championing human rights-based, person-centred approaches to service delivery.

The PSI welcomes the opportunity to contribute to this important report and recognises the significance of ensuring that pregnancy and baby loss are fully integrated within Ireland's maternity services. The Society emphasises that perinatal loss must be recognised not as a peripheral issue, but as a core component of maternity care.

Pregnancy and infant loss is both a medical and psychological event. It carries a significant risk of trauma, complicated grief, depression, and anxiety, and has enduring impacts on the birthing person, their partners, and wider family systems. Services must therefore be designed within a biopsychosocial framework that gives equal priority to physical care and psychological support.

Context and Current Gaps in the Provision of Care

The PSI notes that while important progress has been made in bereavement care in Ireland, significant gaps remain in ensuring consistent, compassionate, and psychologically informed responses across maternity services. Bereaved parents frequently report variability in care, particularly in relation to communication, access to appropriate spaces, continuity of support, and follow-up care.

At present, bereaved parents are not consistently included within perinatal mental health service pathways. This creates a gap in service provision, whereby individuals experiencing acute grief, trauma, or psychological distress may not be seen in a timely or appropriate manner. Exclusion can exacerbate feelings of isolation, stigma, and invisibility at a time of profound vulnerability.

Pregnancy and Baby Loss: Core Principles for Care

The PSI emphasises that pregnancy and baby loss must be embedded as a core element of maternity services, underpinned by recognition of loss across the perinatal spectrum regardless of gestation or circumstance, and by the inclusion of partners and family members within care pathways. Care must be trauma-informed, human rights-based, and delivered in a consistent and continuous manner across services and settings.

Psychological support must be integrated as a standard component of maternity care rather than treated as an optional add-on. Care pathways should recognise that pregnancy and infant loss is not only an immediate clinical event but also a longer-term psychological process, often requiring ongoing intervention and support for parents, partners, and families.

Currently, there is a gap in care arising from the reluctance to include bereaved parents within perinatal mental health services. In practice, this means that individuals experiencing acute grief, trauma, or complicated bereavement are often excluded from services designed to support perinatal mental health, effectively layering trauma upon trauma.

Urgent Areas for Change

Development of Specific Trauma and Loss Services

The PSI strongly advocates for the development of dedicated trauma and loss services within maternity care, modelled on the approach taken in the United Kingdom under Maternal Mental Health Services (MMHS). Under the current model of care in Ireland, bereaved parents are frequently excluded from perinatal mental health services, meaning that those experiencing profound grief, trauma, or complicated bereavement may not be seen in a timely or appropriate manner. This gap in service provision not only compounds psychological distress but can also contribute to feelings of shame, stigma, and isolation, effectively layering trauma upon trauma.

To address this, a specialised MMHS team should be established within maternity hospitals, operating alongside and in close collaboration with existing perinatal mental health services, similar to the "Talking Therapies" model recently introduced in community mental health. Such a team should include clinical and counselling psychologists, perinatal psychiatrists, specialist midwives, and dedicated bereavement support staff, ensuring that care is multidisciplinary,

evidence-informed, and recovery-oriented. The team should provide direct psychological support to bereaved parents and offer guidance, signposting, and interventions for partners and immediate family members, recognising that grief impacts the family unit as a whole.

Care should be structured to provide clear pathways, timely access, and continuity, while respecting individual preferences and cultural practices. Embedding these services within maternity hospitals would not only improve access and quality of care for bereaved families but would also support staff wellbeing by reducing the moral distress that arises when clinicians are unable to offer appropriate care. Over time, this model has the potential to normalise psychological support as an integral part of maternity care, ensuring that pregnancy and infant loss is recognised as both a clinical and psychological event that warrants dedicated, specialist attention.

Development of a Bereavement Care Pathway

The PSI strongly recommends the development and national implementation of a standardised Bereavement Care Pathway within perinatal services, modelled on the UK National Bereavement Care Pathway (NBCP) for pregnancy and infant loss. Such a pathway should provide a clear, coordinated framework that bridges maternity care and specialist bereavement services, ensuring continuity of care from diagnosis through follow-up and ongoing support. It should guarantee timely access to appropriately trained professionals, including clinical and counselling psychologists, specialist midwives, and bereavement counsellors, capable of delivering evidence-informed interventions for complicated grief and trauma. The pathway should include defined referral routes, clear timelines, and mechanisms to identify individuals at risk of prolonged or complex bereavement, while ensuring that care is flexible, culturally sensitive, and responsive to the needs of partners and families.

Embedding psychological support as a core, routine component of maternity care would normalise grief support, reduce isolation, and mitigate the long-term mental health impacts of unaddressed perinatal loss. By establishing a nationally standardised pathway, Ireland can promote consistency, equity, and high-quality care across all maternity services, recognising pregnancy and infant loss as an integral aspect of perinatal care rather than a peripheral or optional service.

Trauma-Informed Care (TIC)

A trauma-informed care approach should underpin all maternity services. All staff, including midwives, obstetricians, sonographers, and support staff, should receive training in trauma-informed practice and compassionate communication. This is essential to ensure that difficult news is delivered sensitively, that grief is validated regardless of gestation or circumstance, and that care practices do not inadvertently retraumatise individuals. The development of national

standards for compassionate communication would support consistency across all maternity settings and ensure that bereaved parents are treated with dignity and respect.

Bereavement Spaces

The PSI strongly recommends the provision of dedicated bereavement spaces within all maternity hospitals. These spaces should be physically separate from general maternity wards and designed to provide privacy, dignity, and a calm environment. They should enable families to spend time with their baby where desired, to make memories, and to engage in cultural or spiritual practices that are meaningful to them. The absence of such spaces can significantly compound trauma and distress during an already devastating experience.

Appropriate Level of Care

Care during medical procedures, labour, birth, and death must be individualised and responsive to the needs and preferences of parents. Individuals should be supported to make informed decisions about their care and offered appropriate choices regarding the level of support they wish to receive. Cultural, spiritual, and personal practices should be respected and facilitated wherever possible. This approach supports autonomy and helps parents to engage with care in a way that is meaningful to them during a highly vulnerable time.

Universal Bereavement Alert

The PSI recommends the introduction of a universal bereavement alert system across all hospital and maternity information systems in Ireland, designed to ensure continuity, sensitivity, and dignity in care for bereaved parents. At present, bereavement alerts may be applied inconsistently and are not reliably shared across different hospitals or services, resulting in situations where parents are required to repeatedly disclose their loss or are inadvertently exposed to distressing interactions, such as routine pregnancy-related questions or communications that do not reflect their circumstances.

A standardised, interoperable alert system, implemented across all relevant healthcare settings, would allow healthcare professionals to be appropriately informed of a patient's bereavement history in advance of interactions, thereby supporting compassionate, trauma-informed care. Such a system should be underpinned by robust data governance and consent processes, ensuring that parents retain control over how and where this information is shared, including the option to opt out if they wish.

Bereavement alerts should not function as static labels but as prompts to guide sensitive engagement, tailored communication, and appropriate clinical responses. Their introduction would represent a practical and impactful step towards reducing avoidable distress, improving patient experience, and embedding psychological awareness within routine healthcare delivery.

Implementation in Practice

Meaningful implementation of these changes requires coordinated national leadership. The PSI recommends the establishment of a national implementation group comprising clinical experts, including psychologists, alongside midwifery and obstetric representatives, bereaved parent representatives, and policy and service leaders. This would ensure that reform is clinically informed, grounded in lived experience, and practically achievable.

Implementation should be supported by the development of clear national standards for bereavement care, accompanied by measurable key performance indicators and regular audit processes. This will ensure accountability and support continuous improvement in service delivery. Workforce development is also critical. All maternity staff should receive training in trauma-informed care, compassionate communication, and bereavement support, while investment is required to expand access to psychology and specialist perinatal mental health expertise.

The PSI emphasises that sustainable change will require dedicated, ring-fenced funding to support staffing, infrastructure, training, and service development. Without such investment, there is a risk that reforms will not be implemented consistently or effectively. In addition to healthcare reform, broader systemic supports are required. These include access to appropriate bereavement leave and financial protections, as well as addressing delays in coronial and legal processes which can prolong distress and impede the grieving process. There is also a need for wider societal change to support more open and informed conversations about pregnancy and baby loss, reducing stigma and enabling families to grieve and remember their loss in ways that are meaningful to them.

Conclusion

The PSI strongly urges that pregnancy and infant loss be recognised as a core, rather than peripheral, component of maternity care in Ireland. Bereavement during the perinatal period is both a clinical and psychological event, carrying significant risks of trauma, complicated grief, and long-term mental health impacts. Addressing this requires integrated, evidence-informed, and person-centred approaches that span physical, psychological, and relational care.

The Society calls for the establishment of dedicated trauma and loss services, embedded within maternity hospitals and aligned with existing perinatal mental health services, to provide timely, multidisciplinary support for bereaved parents, partners, and families. A nationally standardised Bereavement Care Pathway, modelled on the UK National Bereavement Care Pathway, should be developed to ensure continuity of care, timely access to psychological support, clear referral mechanisms, and culturally sensitive interventions. This pathway should be supported by trauma-informed care training, national standards for compassionate communication, dedicated

bereavement spaces, and a universal bereavement alert system to ensure that families receive consistent and dignified care across all settings.

Meaningful reform requires coordinated national leadership, measurable standards, workforce development, and ring-fenced funding to support staffing, infrastructure, and ongoing service development. Beyond healthcare systems, broader societal and legislative supports, such as bereavement leave, financial protections, and timely legal processes, are essential to enable families to grieve safely and meaningfully.

The PSI stands ready to contribute expertise, collaborate with policymakers, and support the implementation of these reforms. By embedding bereavement care as a central pillar of maternity services, Ireland can ensure that pregnancy and infant loss is met with compassion, continuity, and psychological support. Maternity care needs to uphold the dignity of families, reduce preventable distress, and foster a system that treats loss as an integral aspect of care rather than an afterthought.

Contact Information

The Psychological Society of Ireland
Digital Office Centre Camden
12 Camden Row, Saint Kevin's
Dublin 8, D08 R9CN

Kennedy Fiorella
Policy & Advocacy Manager

T +353 86 107 7686
E policy@psychologicalsociety.ie
W www.psychologicalsociety.ie