

Theme	Sub-theme	Supporting quotes
Parental engagement	The recognition of parental engagement as a priority	<p><i>F1M1: I've just met a family not so long ago that had no bereavement care at all after the loss of their baby, and that worries me,... so they're not gonna get the same opportunity in a perinatal review as somebody at this hospital.</i></p> <p><i>F1B2: do we have to look at something a bit more simple, or do we, as part of this work, force the Government's hand into making sure that every hospital has a bereavement service and has this kind of support for families.</i></p>
	Benefits of parental engagement	<p><i>F1M1 It might be that, like you say, like reduced foetal movements, when the baby's not moved properly for two weeks, but...</i></p> <p><i>F1M1: ...they never rang...</i></p> <p><i>F2M1: There was rapid movement, yeah.</i></p> <p><i>F1M1: But they never rang, so that would never be noted anywhere, and then your notes, you would never get that from the notes.</i></p>
	Flexible yet specific process	<p><i>F1B1: you can't get rid of the personalised touch, because actually, that's the bit that is meaningful to families, but there needs to be some kind of something, so that the same sort of information is going to the same (families)...</i></p>
	Inclusive	<p><i>F1M3: I think I do notice is almost entirely absent is any mention of how a partner should be looked after and quite often it's at the postnatal review, quite often it feels like it's the partner that has the most unanswered questions...</i></p>
	Obtaining feedback from parents	<p><i>F1BS But I think the questions they ask of different professional groups are different, because I think there's always the expectation on seeing a doctor that you should have a question that's bigger, almost, you know, that you should come prepared with, you know, a bigger question, whereas actually, some of the questions that you get asked as a midwife are less big.</i></p>
	Challenges to parental engagement	<p><i>F1B2: you have to be mindful of the whole family that you're involved with before too much information is put on a letter that goes to both parents, without really understanding the dynamic of what you're dealing with.</i></p>
	Supporting parents through the process	<p><i>F1B2: I think, from the parents' perspective, they want to know the timeline, and if it's going to be an extended timeline to get the right answers for the future, then we should review at the beginning, because I think where we fall foul quite a lot is that we set these artificial, if you like, six-week review – 'We're gonna see you then and we're gonna have everything back,' and we don't always have everything back...</i></p>

Multi-faceted role of the review	<p><i>Facilitator: ...When we did interview a couple ... they were saying, 'Well, we get all of that. We know why we had that. That's not the problem.' But actually ... 'how we were treated, how we were made to feel, all of those things.'</i></p> <p><i>F1B2: That won't come from perinatal mortality discussions.</i></p> <p><i>F2B2: Well, if those parents have got those questions, those <u>should</u> be coming to the perinatal mortality reviews.</i></p>	
Importance of multi-disciplinary input	<p>Multi-disciplinary attendance</p>	<p><i>F1M1: Even if we don't get to the point where parents are involved in this process definitely, to try and move things forward so that midwives and other care givers are involved in the meetings because, to me, the meetings seem a little bit pointless as they are at the minute because it's just a group of doctors reading a load of notes...</i></p> <p><i>F1M1 'cause some of them might not be doctor related, they might be just about their general care that they've received and getting... which you guys can't answer because you...</i></p> <p><i>F2M1: Weren't there...</i></p> <p><i>F1M1: ...or you don't know the whole scope of it.</i></p>
	Barriers to attendance	<p><i>F1M2: Every month we have a meeting in here about the unit. I've been here five years and I've never been able to go to one.</i></p> <p><i>F1M3: I don't know that they're happening or when they're happening. A lot of things get circulated within little groups.</i></p> <p><i>F1B2: And the problem is, we get a half-hour break between morning and afternoon sessions now, by the way the Trust has stated things, but that half-hour break doesn't really exist, because by the time your clinic's overrun by 15 minutes ... you don't have a lunch break.</i></p> <p><i>F1B2: I think 99% of them would come anyway, irrespective of whether that was in their working day or not (participant discussing midwives and doctors).</i></p>
Critical structure of perinatal mortality review	Current and historical process	<p><i>F1B2: I think we're not getting feedback out of perinatal mortality in the way that we should. We don't capture it...</i></p> <p><i>F2B2: Not like we used to, no.</i></p>
	Need for terms of reference	<p><i>F1M2: Even if you've just had a small part in the care, to have a copy of the report that shows you why that might have happened...</i></p>

		<i>F1B2: I think what the report from the perinatal mortality review meeting is to supplement your conversation with the parents, so you've got some factual pieces of information to help you with the conversation.</i>
	Facilitating learning from the review	<i>F1M1 Yeah, so it's whether we learn from the families that have been through that process as to what were the common theme questions that were the most important for families to get out of, to be able to help the other families.</i>
Co-ordination and streamlining of care	Continuity and streamlining of care	<p><i>F1M3: It's nice for them to have somebody that knows like their background because otherwise you go into different appointments with different people and you have to keep repeating yourselves...</i></p> <p><i>M1B2: I've had a couple of people who've had very tricky cases who then ended up coming back to see me, and I've never, ever met them. And they... and then you're sitting there trying to go through the notes and understand their nuances, exactly what happened to... for them, and they also come to you going, 'Well, who are you?'</i></p> <p><i>F1B2: I think it's really important that whatever we come out... whatever output at the end, it's not too complex.</i></p> <p><i>F2B2: It's feasible, yes.</i></p>
	Personnel to co-ordinate care	<p><i>F1B2: I think what is missing in this unit, from my knowledge over those many years, is that it is that gatekeeper, it is that person who holds that process, that just doesn't really exist here and does exist in other units</i></p> <p><i>F2B2: It's got to be... be that other people... that there's... a number of people can get access to, so it doesn't become a not looked at thing because somebody's on holiday for two weeks (participant discussing an email inbox to obtain parental feedback).</i></p> <p><i>F1B2: They had a baby down in the Children's Hospital, very sick... there was an informal complaint and... you could just see the catalogue of lack of communication because of the movement from one unit to the other, and one Trust into another Trust...</i></p> <p><i>F2B2: ...They get their NICU follow-up, but nobody talks to them about the fact that, 'Actually, you should come to the pre-term labour clinic next time round, and you need swabs for this, and you need potentially progesterone'.</i></p>
Advocacy for parents - Role of the bereavement care lead (midwife / nurse)		<i>F2M1: I think they really trust us and I think they build very close bonds very quickly with somebody that is an absolute stranger. We are a stranger the first time we go into a room with a family – you</i>

		<p><i>know, you do take a breath – but I think, the information that they share with us very, very quickly is very powerful and very interesting information, that I think would help with a review like this.</i></p> <p><i>F1M1: Just the title of what you do. You're not a labour ward midwife, you're not a community midwife – you're there for that purpose of what they're going through at that time.</i></p>
<p>The requirement for formalised follow up</p>	<p>Timing of follow up</p>	<p><i>M1M1: I was like 'they're not going to process anything, you know to me it almost felt like they were being just pushed out of the – you know like 'well we've done it. We've done your postnatal, out you go, we've fulfilled our obligations... (Participant discussing postnatal appointment two weeks after discharge)</i></p>
	<p>Consultant follow up appointment</p>	<p><i>F1B2: I always find the opening of the conversation is really hard, because different sets of parents have different things that are really important to them that they want to know... So if there was something that could then personalise that conversation, so we knew before that meeting, from the parents...</i></p> <p><i>F2B2 I still always have a little bit of anxiety when I'm doing my counselling clinic as to what I'm gonna get thrown at me, and do I have all the information that those parents want from me. So, personally, I think it would help my own personal angst.</i></p>