

Supporting Dentists Through Baby Loss: A Personal and Practical Guide

By Dr Jessica Burley | For Baby Loss Awareness Week 2025

Content warning: This article discusses pregnancy and baby loss, including stillbirth and neonatal death. It contains sensitive personal experiences and practical information for dentists and for dental professionals, both for those navigating a similar journey and for those supporting them.

My name is Jessica, and I'm a dentist. In 2021, my husband and I were excitedly expecting our first baby, Jacob. It had been a smooth, low-risk pregnancy. I was working in general practice throughout but felt increasingly uneasy about COVID exposure in my third trimester, especially as the year before, pregnant women were classified as vulnerable and removed from face-to-face clinical work.

I had hoped for similar protection, but the policy had changed. My only option was to begin maternity leave early if I wanted to step away from clinical work. So, I made the decision to finish work two months before my due date, to be safe.

Less than two weeks before I was due to leave, I tested positive for COVID during one of the routine lateral flow tests we were doing for work. My symptoms were mild, just fatigue at first, then loss of taste and smell, a mild cough, and a short-lived fever. I'll never know exactly where I caught it: work, the shops, church?

And then, the day after I finished isolating, I realised something wasn't right. Jacob wasn't moving as much. We went to the hospital, and they told us those devastating words that changed our lives forever, "There is no heartbeat".

Our son Jacob was stillborn at 31 weeks. I still had to go through labour, knowing there would be no crying baby at the end. He was perfect. We held him, named him, took photos, and said hello and goodbye all at once. I became a mother but went home without my baby.

We had a funeral for Jacob, and tending his grave is one way I continue to mother him. My love for him grows every day, he is still my son, and I'm proud to be his mummy. I include him when I talk about my children, and his mementos are all around our home and in the jewellery I wear. The grief never ends because the love never ends. Jacob will not be forgotten, which is why I talk about him, fundraise, and raise awareness, to help others feel less alone. Baby loss is deeply isolating, and in dentistry, even more so.

We later found out that Jacob died because of a rare complication of COVID-19. The virus had entered my placenta, triggering an immune response that ultimately blocked the blood flow to him.

Grief and Practical Challenges

What followed was deep grief, and on top of that, a web of confusion. As a self-employed dentist, I had no HR department to guide me, no handbook for what to do. My practice managers were kind but unsure. There was no policy. I had to figure it all out on my own. I spent hours on the phone to the NHSBSA, often speaking to different people and getting conflicting advice. I went into organisational overdrive as a way of coping, but not everyone can, and no one should have to.

This article is the guide I wish I'd had. It's for any dentist experiencing baby loss especially stillbirth or neonatal loss navigating not only heartbreak, but a complex system with very little tailored support. It's also for other dental care professionals and members of the team, so that we can all better support one another.

Returning to Work

Returning to work after baby loss can feel impossibly hard. Dentistry is such a high-pressure profession. There's little room to pause, let alone cry. For me, the thought of going back was terrifying. I had been off for nearly two years by the time I returned, and my confidence, in both clinical skills and social interactions, was at an all-time low. Looking back, I realise that a structured return-to-work course could have made a real difference in rebuilding my confidence and easing the transition after such a long break.

I found the Sands "[Returning to Work](#)" booklet incredibly helpful. I shared it with my managers before going back. It offers clear suggestions for colleagues, with examples of what to say, and what not to say. I also contacted my manager in advance and told them what I was and wasn't comfortable talking about. This helped set the tone for a gentler return.

Still, it wasn't easy. I asked my nurse not to ask patients about children in front of me, because I couldn't bear the conversation turning toward my own loss. Even with patients, it's hard to say, "I need a minute," and walk out, as my non-dentist husband once suggested. Dentistry moves so fast; there's little time to take a break, let alone cry. Eventually, I got better at speaking about Jacob and even managed to do so without crying (though there were times I had to turn away and pretend to type on the computer).

But on my first day at a new practice, a colleague asked me casually if I had kids, and I broke down sobbing in front of everyone. It was mortifying, but I guess human. There's so much pressure in dentistry to appear competent and always collected. I hope that starts to change. We need space to be real. Dentistry's "always composed, never flustered" culture is exactly what can make bereavement even harder. By showing a crack in that façade, you're giving others permission to be real too.

Phased returns are possible, especially if your team is understanding. Visiting the practice in advance can help calm some of the anticipatory anxiety. Having phrases prepared to answer difficult questions can also make a difference.

It's worth remembering that trauma and grief can shake your confidence in every aspect of life. I ended up having counselling, which helped me begin to rebuild. I still sometimes wonder whether dentistry is right for me long term. I say this not to criticise the profession, but to be honest: returning to dentistry after baby loss can be uniquely hard. There's no margin for error. No space to cry. Very little give. It's one of the hardest jobs to return to after something so devastating. I think that deserves more recognition and compassion in our profession.

Emotional Support and Peer Connection

What helped me most, beyond the practical, was connection. I still attend Sands (the stillbirth and neonatal death charity) support meetings, where I find comfort among other bereaved parents. I'm training to be a befriender so I can help others in the same position. I had counselling through the hospital, and there are many charities, like Petals, Teddy's Wish, and Tommy's, that offer support and therapy.

Pregnancy After Loss

When I became pregnant again, I was filled with fear. I couldn't imagine risking anything, so I went on sick leave.

If you are working for the NHS, or under an NHS contract, you may be entitled to sick pay. The exact amount depends on your length of service. For dentists with a contract, a maximum of 22 weeks can be claimed every 52 weeks, but you cannot apply for payments to cover the first 4 weeks of absence. Application forms are available through the [NHS Business Services Authority website](#).

GPs can issue fit notes for reasons such as anxiety or stress. These are often given in blocks of up to three months, and many practices now provide them through online systems.

It is also possible to move directly from sick leave into maternity leave, provided the NHS contract continues. In my case I was on maternity leave, then when I was pregnant again, I took sick leave before starting maternity leave once more. The system allowed for this, and it provided the continuity I needed at the time.

Workplace Compassion and Change

I would love to see every dental practice develop a clear baby loss policy. Many managers and owners don't know what to do or say, and that uncertainty can cause more harm than good. Charities like Sands offer workplace training and even helplines for employers. Awareness and compassion go a long way.

If someone experiences baby loss, offer them space, not platitudes. Don't say "at least you can try again" or "everything happens for a reason." Instead, just say: "I'm so sorry." Say their baby's name if they've shared it and allow time off for key dates like birthdays and anniversaries.

I also want to mention something that's specific to our profession: sometimes, if you lose your baby unexpectedly, you may still have patients in the middle of treatment. I went back to work just three weeks after Jacob died to check on a couple of clear aligner patients, because no one else could take them over. I wish I'd been able to just walk away and let the practice manage it.

Honouring Loss with Compassion

This is a deeply niche topic. I know baby loss is rare, but not impossible. Women now account for a growing share of the dental workforce. It's something we are statistically more likely to encounter, whether through our own experiences or those of colleagues. Around one in four pregnancies end in loss, most often early on. Those experiences, though different to stillbirth, can be devastating too and deserve the same compassion and understanding. When it happens, the silence can be deafening. That's why I'm speaking up. If you're a dentist or dental care professional who has experienced loss, I hope this helps you feel a little less alone. And if you're a colleague or employer, I hope this encourages you to approach baby loss with greater awareness and empathy.

I'm open to connecting, whether to talk, listen, or offer support. You can contact me via the BDA Benevolent Fund. [\[contact us link\]](#)

Jacob will always be my son. I mother him in different ways now. Writing this is one of them.

Further support

I wish I had known about the BDA Benevolent Fund. They can offer financial support and access to counselling. If you don't have the NHS safety net, they may be able to offer even more vital support.

You can also contact the Dentists' Health Support Trust or Confidential for help with emotional wellbeing and mental health. Further information and resources are available below including more specific information about maternity leave and pay.

Supporting Dental Professionals Through Baby Loss: Resources and practical information

We know that navigating leave and financial entitlements after baby loss can feel overwhelming. Below is a breakdown of the different types of maternity and parental pay and leave available, depending on whether you are employed by the NHS, working as an NHS dental performer, or self-employed/private.

Leave After Loss

Babies stillborn at or after 24 completed weeks (or those who die neonatally) give rise to full statutory maternity/paternity leave and pay entitlements as if the baby had lived. We have highlighted the information below relevant to the different roles.

Miscarriage

Babies dying before 24 weeks would be classified as miscarriage, and statutory maternity/paternity leave is not available.

Miscarriage bereavement leave is currently available for staff working within the NHS (in salaried services). This is 10 days paid leave for the person who miscarried, and 5 days for the partner.¹

Some employers/ organisations might offer a period of paid leave specifically for pregnancy loss. Otherwise, sick leave or compassionate leave might apply.²

Statutory Maternity Allowance (SMA)

Parents can take up to 52 weeks off under statutory maternity leave.

Statutory Maternity Pay (SMP) or Statutory Maternity Allowance (SMA) provide up to 39 weeks of paid leave. Statutory maternity pay/allowance is provided by the government. NHS maternity pay is in addition for eligible salaried dentists or dental performers. The final 13 weeks are typically unpaid.

Private dentists or other dental care professionals without NHS contracts aren't eligible for NHS maternity pay but can still apply for SMA. If a claim has already been submitted, the Department for Work and Pensions (DWP) will need to be updated about the stillbirth.

1. Statutory Entitlements

These apply across all professions and are provided by the government.

¹ <https://www.england.nhs.uk/2024/03/paid-leave-for-nhs-staff-experiencing-pregnancy-loss/#:~:text=NHS%20staff%20who%20suffer%20a,baby%20loss%20charities%20and%20organisations>

² <https://www.acas.org.uk/time-off-for-bereavement/stillbirth-or-miscarriage>

Type of Pay	Who It Applies To	How Long It Lasts	Payment Structure
Statutory Maternity Pay (SMP)	Employees with qualifying service	Up to 39 weeks	First 6 weeks at 90% of average weekly earnings; next 33 weeks at a government-set flat rate
Statutory Maternity Allowance (SMA)	Self-employed, or those not eligible for SMP	Up to 39 weeks	Flat rate for the full 39 weeks (same flat rate as SMP's later weeks)

2. NHS Maternity Pay for Salaried Dentists

Salaried NHS dentists are covered under NHS employment terms and conditions.

- **Eligibility:** 12 months continuous NHS service before the 11th week before your baby is due.
- **Duration & Pay:**
 - First 8 weeks: full pay (minus SMP/SMA if also claimed)
 - Next 18 weeks: half pay + SMP/SMA (if this does not exceed full pay)
 - Next 13 weeks: SMP/SMA only
 - Final 13 weeks: unpaid leave

This provides up to **52 weeks leave** in total.

3. NHS Maternity Pay for Dental Performers (Associates)

Dentists working under an NHS contract, but not salaried employees (performers/associates) have a different scheme.

- **Eligibility checklist:**
 - On an NHS performer list for at least 2 years (including foundation year) by the 15th week before your due date
 - 26 weeks continuous NHS service before that same point
 - Ceased clinical work by the 11th week before your due date
- **Payment details:**
 - Up to **26 weeks of NHS maternity pay**
 - Weekly amount based on *Net Pensionable Earnings Equivalent (NPEE)*
 - **Capped at £1,660 per week** (£3,630 if more than 50% of work is orthodontics)
 - Payments are taxable and pensionable
 - If you receive Statutory Maternity Allowance, this is deducted from NHS maternity pay
- **After 26 weeks:** Any remaining leave (up to 52 weeks in total) would be unpaid.

4. Worked Example for a dental performer with NHS income of £60,000 per year:

- Annual NHS income: £60,000 → weekly NPEE = ~£1,154
- NHS maternity pay: £1,154 per week (since this is below the cap)
- Payable for up to 26 weeks = ~£30,000 total
- Any SMA received would be deducted from this amount.

Applying for NHS Parental Leave Pay

Dentists working under an NHS contract can apply for NHS parental leave pay using the form available on the [NHSBSA website](#).³ This needs to be completed with the practice owner and emailed to the address on the form. They may ask to see a stillbirth certificate as evidence.

Links which may help

- **Abortion Talk** | <https://abortiontalk.com> | 0333 090 9266
- **ARC (Antenatal Results & Choices)** | <https://arc-uk.org>
- **BDA Benevolent Fund** | <https://bdabenevolentfund.org.uk> | 020 7486 4994
- **Bliss** | <https://bliss.org.uk>
- **Confidential (Peer Support Line)** | <https://confidential-helpline.org> | 0333 987 5158
- **Cradle** | <https://cradlecharity.org>
- **Department for Work and Pensions (DWP)** | 0800 169 0283
- **Dentists' Health Support Trust (DHST)** | <https://dentistshealthsupporttrust.org> | 020 7224 4671
- **Miscarriage Association** | <https://miscarriageassociation.org.uk>
- **National Bereavement Care Pathway** | <https://nbcpathway.org.uk>
- **NHS Parental & Sick Leave Forms (SFE)** | <https://nhsbsa.nhs.uk/activity-payment-and-pension-services/statement-financial-entitlement-sfe>
- **NHS Terms & Conditions of Service Handbook (Sections 15 & 23)** | <https://nhsemployers.org/publications/tchandbook>
- **Petals (Counselling)** | <https://petalscharity.org>
- **Sands (Stillbirth & Neonatal Death Charity)** | <https://sands.org.uk> | 0808 164 3332
- **Saying Goodbye** | <https://sayinggoodbye.org>
- **Teddy's Wish** | <https://teddyswish.org>
- **Tommy's: Pregnancy Loss & Support** | <https://tommys.org/baby-loss-support>

Information collated by Jessica Burley and the BDA Benevolent Fund

Correct as of October 2025 – check NHSBSA and NHS Employers for latest updates

³ chrome-extension://efaidnbnmnnibpcajpcglclefindmkaj/https://www.nhsbsa.nhs.uk/sites/default/files/2017-04/SFE%28PL%29_R1_20170201.pdf