Perinatal Loss: Providing Care for Grieving Families

Michele Kulhanek, BSN, RNC

Objectives

- Develop awareness of grief practices, phases of bereavement and identify own method of grieving and ideas about death
- Identify patient/family wishes to help guide nursing interventions and to aid family in making decisions
- Provide information to the patient/family about perinatal loss and bereavement support through compassionate communication, online and community resources, as well as through literature and brochures
- Gather mementos and care for the IUFD/stillborn
- Provide discharge instructions for the patient regarding normal physiological changes during the postpartum period, with emphasis on milk suppression/donation and postpartum depression

History & Background

One in Four

Advances in Technology
A Willingness
To Be
Present &
Available

Where to Begin?

- What are your own ideas about death?
- What is your method of grieving?
- Your own personal experiences with death
- Your own cultural or religious beliefs
- Do you fear not knowing what to say?
- Do you fear being alone with the patient when they deliver?

The Bereavement Process:

- Shock and numbness
- Searching and yearning
- Disorientation
- Reorganization

Like a fingerprint, grief is a one-of-a-kind experience, unique to each person

The only way to the other side is through
~Helen Keller

The only way is the other side is through~Helen Keller

Be Prepared

- Alterations to the environment?
- What supplies do you need?
- Is everyone on the same page?
- Is there a MORE nurse available?
Compassionate Communication

The SEVEN MOST IMPORTANT WORDS…
I am so sorry for your loss

Identify the Patient’s Wishes…

- **Assess:** What is the patient’s baseline mental health? Their marital relationship? Support systems? Cultural, religious or secular beliefs that influence care?
- **Diagnose:** Anticipatory or actual grief
- **Plan:** Holy plan, plan of care
- **Intervention:** How will you put the plan into action?
- **Evaluate:** Are your interventions working? Do you need to change the plan? (RTS, Gunderson Lutheran Medical Foundation, 2004)

The Birth Plan: A Flexible Guide

- Type of delivery
- Atmosphere
- Fetal monitoring
- Visitors/support
- Husband/baby
- Cultural or religious rituals
- Testing
- Burial/cremation
- Baby in room

Offer One Concept at a Time

“I want to talk to you about your choices for _________. I know this is an overwhelming time and your brain probably feels a little foggy, so we’ll talk for awhile, then I’ll come back later and we’ll go over it again.”

Scripts…

- What did this pregnancy mean to you?
- I wish things were different...
- No words can express how sorry I am
- I’m sure you are both exhausted. It must have been a long night.
- Is there anyone I can call for you?
- What is the one thing you are most fearful of?
- Do you have any questions?
- Many families in your situation tell us…is it that way for you?
- Other families who have been in this similar situation...
- Why did this happen?

Sample Conversations

- **Why did this happen?**
  - “We don’t always know why this happened to your baby. Many parents worry that they did something to cause it; for some this is the hardest part. We will try to find answers if we can. We can do tests on your baby that might give some answers. For some babies, we may never know why they died.”

- **Do I have to…?**
  - “There are some things that can’t be changed, like when a baby has to be buried, or how you deliver your baby, but we’ll try to adapt things as much as we can. Remember to ask questions and tell us how you feel about things so we can provide the best experience possible. We promise we will let you know which things can’t be changed.”
More Sample Conversations

When do I have to...?

• “Most things can be done on your time. When you are ready, we’ll be here to help you. If there is something that needs to be done at a certain time, I’ll let you know as far ahead as possible. Otherwise, it’s about whatever feels right to you.”

Why can’t you...?

• “If we could change what is happening, we would. Unfortunately there are some things we can’t make better.”

What Not to Say

• “How are you?”
• “There must have been something wrong with the baby”
• “At least you have other children”
• “Dispose of the remains”
• “Try to forget about it”
• “You’re young, you can always have another child”
• “I know how you feel”
• “You should...”
• “Everything happens for a reason”
• “This baby just wasn’t meant to be”
• “At least you didn’t have time to really get to know her”

Use Words They can understand

Bereavement  →  Grief, sorrow, pain of your loss
IUFD, Fetal death → Died before birth
Morgue, cooler → Special waiting place
Pathology, autopsy → Tests after death

Hospital Procedure & Paperwork

• Checklist used as a guide for nurses
• Electronic Documentation/Medical, Bereavement Doc, Flow Sheet
• Record of Death: This form is used to record Cremation/In Community contact & final disposition of body
• Death Certificate Worksheet, which is used to generate the Death Certificate from the Coroner/County
• Birth Certificate Worksheet: This worksheet is used to generate a Washington State Birth Certificate
• Pathology/Lab Requisition: Needed for any “tests”
• Autopsy Forms
• Bereavement Follow-up Form (Used for one month follow-up call)

Mementos

Include Family Members
Photograph used with permission from the Erickson family in memory of baby Gabriel

Caring for Baby

Presentation
Focus on the perfect
Bathe
Diaper/Dress

Patient & Family Resources

To stop receiving baby-related mail, send a written request to the following address:
Mailing Preference
PO Box 9008
Farmingdale, NY 11735

• Nurse
• RTS packet/brochures
• Printed discharge instructions

Patient & Family Resources

Websites
www.childdrift.org
www.rent.org
www.nationalshareoffice.com

Keepsakes
www.myforeverchild.com
www.thingsremembered.com
www.aplacetoremember.com

Discharge Instructions

• Recovery after a stillbirth can be more difficult than early miscarriages
• MDs may discharge prior to 24 hours
• Any pregnancy lasting beyond 12 weeks can cause milk to come in
• Lactation: Suppression/donation
• Bleeding: clots should not be larger than a small plum – as this could be a sign of complication, retained placenta
• Cramping
• Signs of PPD: changes in eating/sleeping habits, loss of interest in normal activities, uncontrollable crying, confusion, anxiety, feelings of isolation –
• Ask for help if feel like hurting oneself

Points to Consider

• Pain is a part of the journey
• It isn’t mine to fix
• Let go of the old stuff; start new with each family
• It is an awesome responsibility when our care impacts the quality of parent’s healing
Resources


