Aim:
To provide information for clinical care, and on key recommendations for providing quality psychosocial care to families experiencing perinatal death.

Objectives:
Following completion of this module you will be able to:

1. Understand some of the expected responses to death/grief.
2. Gain information on the key recommendations for providing quality psychosocial care to families experiencing perinatal death.
3. Give due consideration to clinical care plans.

Key Points

Research has suggested that the role of practitioners in the handling of death and their interaction with bereaved persons influences the intensity of grief. [1,2]

One study found that grief levels in bereaved persons were significantly reduced when the practitioners involved them in decisions relating to care. [3]

It is proposed that skilled, sensitive, caring and compassionate treatment positively impacts on the grief experience of bereaved parents. [1,3]

Disempowerment, an absence of acknowledgement and validation for their physical and emotional experience, lack of information [1,2,3,4] and insensitive and unsympathetic care may result in intense feelings of guilt, misunderstanding and rumination in the bereaved parent. [1,4]

These findings implicate the importance of validation and acknowledgement of the physical and emotional aspects of the experience; empowerment and safety; collaborative decision-making; the sharing of knowledge; creation of memories; and sensitive care.
It is important that clinicians accept the range of responses described by bereaved parents. These responses include:

- Shock
- Denial
- Surreality
- Anger
- Disbelief
- Hopelessness
- Anxiety
- Guilt
- Blame
- Physical illness
- Sadness
- Despair
- Confusion
- Helplessness
- Panic
- Resentment
- Lethargy
- Yearning

Clinicians should not project their own values or expectations upon those bereaved parents in their care. [5]

Grief is a life long and enduring emotion, often more acute at anniversaries, birthdays and special occasions.

Central Wheatbelt WA
The key recommendations for providing psychosocial aspects of care include:

- Respect
- Provision of information
- Birth options
- Time
- Hospital stay
- After care

- Creating memories
- Funeral arrangements
- Health care providers
- Grief response

Respect for:

- **Baby** - treated with the same respect as a live baby. This suggests that you recognise the baby’s individuality and helps validate the loss.
- **Parents** - need to feel supported and in control. Provision of care needs to be responsive to their individual needs and feelings.
- **Cultural/religious practices** - different cultures and religions may have traditional rituals to be performed following death. These rituals should be respected.

Use of the baby's name, and handling the baby with care promotes dignity and respect. [5]
Clinical Considerations and Psychosocial Aspects of Care

Information strategies include:

- **Timing**: Allow plenty of time to discuss issues at the most appropriate time.
- **Birth of Baby**: Clear, honest, and sensitive. Be sure both parents are present.
- **Mode of Induction/Labour/Birth**: Discussion supported with fact sheet/written information for frequent reference.
- **Neonatal Plan/Withdrawal of support**: Parents given prognostic information to enable decisions/plans to be made.
- **Terminology**: Verbal and written information to be given. Allow time for discussion.
- **Postmortem examination**: Ensure both parents are present when discussing the autopsy. The parent(s) may be further assisted by having a support person (family friend) present.

Provisions should be made for parent(s) who do not speak English by organising an interpreter.

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Written Information

Various pamphlets and information sheets are available to parent(s) which may assist to reinforce verbally delivered information.

Click the link to access the Postmortem pamphlet (WA).

Postmortem information

Click the link to access the 'After the death of your baby pamphlet' (KEMH [WA]).

After the death of your baby

Perth WA
Birth options include:

- **Timing**: Determine an appropriate time to discuss birth options following diagnosis of fetal death in utero or fetal anomalies.
- **Mode of labour/birth**: Benefits of birthing options given. Consideration for special circumstances (previous caesarean, complex obstetric history).
- **Place of birth**: Determine the most appropriate place for birth. Encourage care in local maternity unit, but transfer to tertiary unit if indicated.
- **Time**: Parents are given time to make decisions. Inform parents about how much time can be spent with the baby.

Consider the most appropriate timing and method of labour and birth. There is usually no clinical need to rush. It may be beneficial to delay the induction of labour to allow parents some time to adjust to the knowledge that their baby has died or will die. [11]

**It is important to:**

- Provide parents with information and involve them in the decision-making process.
- Provide continuity of carer where possible.
- Provide information in preparation for birth and how the baby may appear.

Vaginal birth is generally preferable to caesarean section regardless of previous births.
Clinical Considerations and Psychosocial Aspects of Care

**Suggested Induction Methods**

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<thead>
<tr>
<th>20 - 28 weeks gestation or equivalent uterine size</th>
<th>&gt; 28 weeks gestation</th>
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<tbody>
<tr>
<td><strong>Pre-Induction</strong></td>
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<tr>
<td>Planned</td>
<td>Prostaglandin E2 gel</td>
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<td></td>
<td>or Foley catheter</td>
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<td><strong>Induction</strong></td>
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<tr>
<td>Mifepristone 400 mcg IV</td>
<td>Aramine, Syntocinon</td>
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<td>6 hourly x 5 doses</td>
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<tr>
<td><strong>Previous c-section</strong></td>
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<tr>
<td>Mifepristone 200 mcg IV</td>
<td>Foley Catheter</td>
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<td>6 hourly x 5 doses</td>
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<tr>
<td><strong>Analgesia tips</strong></td>
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<tr>
<td>Narcotics as required, and</td>
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<tr>
<td>Oxytocin 50 mg tbl reduces narcotic requirements</td>
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<tr>
<td>As required</td>
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<tr>
<td><strong>Third Stage Oxytocic</strong></td>
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<tr>
<td>Syntocinon 10 IU</td>
<td>Syntocinon 10 IU or</td>
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<td></td>
<td>as per unit policy</td>
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Refer to local guidelines. It may be useful to liaise with Consultant Obstetrician/Perinatal Loss Service (KEMH [WA]) prior arranging transfer.

**Hospital Stay**

Referral to other health professionals may be necessary, such as:

- Social workers
- Clinical psychologists
- Chaplain, pastoral care
- Genetic counsellor

The use of a clinical management pathway to document and guide care is recommended to:

- Avoid conflicting advice
- Provide a guide to clinical management
- Allow multi-disciplinary communication
- Ensure required documentation is completed

Early communication with family GP is integral.

Prior to admission to hospital it is important to ask parents if they would prefer a room in the maternity or general section whilst in hospital.

Continuity of care is recommended.

Click the link to access an example of a Perinatal Loss Clinical Pathway (KEMH [WA]).

Clinical pathway
Clinical Considerations and Psychosocial Aspects of Care

Hospital Stay

1. Spending time with baby - There is no hurry or need to limit contact with baby. Option to take the baby home.
2. Parenting baby - Inform parents that they can hold, dress, bath, spend time with their baby.
3. Mementos - Validating the birth and death of the baby may assist in facilitating a healthy grieving response. The creation of memories is highly valued by parents. Suitable clothing, blankets, cots and baskets, teddies, hearts etc should be provided.

Placement of "Pregnancy Loss" stickers should be encouraged, eg on medical record, room door, etc.

Clinical Considerations and Psychosocial Aspects of Care

Care in Hospital

Click the following link to access KEMH [WA] Guidelines, O&G Clinical Guidelines Section A: Scroll down to 8.4 Perinatal Death.

Click the following link to access an example of a "Grief Pack" which should be provided to parents.

Grief pack contents

This pack can be ordered through the KEMH [WA], either as individual items or the entire pack. Costs are available on the order form.

Rockingham WA
Clinical Considerations and Psychosocial Aspects of Care

Although some parents may be reluctant to see their baby, there are a number of ‘components of care’ that should occur. These include creating mementoes, such as:

- Hand and footprints.
- ID bracelet/Cot card.
- Length/head circumference measuring tape.
- Photographs (consider supplying a CD with the photos).
- Lock of hair.
- Baby blankets.
- Clothing worn by the baby.
- Baptism, blessing, naming service notes.
- Special Care Nursery (NICU/SCBU) items.

The following are examples for creating memories.
**Perinatal Loss eLearning Clinical Section**

**Special Circumstances**

- **Multiple pregnancies** - Special care is required where one or more infants in a multiple pregnancy survive.
- **Maternal illness** - Alternative approaches may be required regarding offering/maintaining access to baby/memory creation for women with significant illness (eg women in ICU).
- **Previous perinatal/child death** - Consider the impact of previous death/s for women with a current perinatal death.

**Clinical Considerations and Psychosocial Aspects of Care**

**Aftercare**

- **Physical changes** - Advise on physical recovery and specifically lactation suppression.
- **Support services for parents** - Written information regarding available support services.
- **Support services for children** - Written information provided for children's support services.
- **Grief** - Inform parents of the expectations of grief responses over time. The Perinatal Grief Scale may be useful to determine grief response (and maladaptation to grief) and consider referral as appropriate.

Click the link to access the Perinatal Grief Scale.

Grief scale
Clinical Considerations and Psychosocial Aspects of Care

**Funeral Arrangements**

- Baptism/blessing arrangements can be made via Hospital Chaplaincy Service or local Pastoral carers.
- Emergency baptisms may be conducted by staff.
- Parents are offered a choice of funeral directors (dependent on local services).
- There is no urgency to organise the funeral.
- Continued access to the baby as desired is recommended.

![Infants Grave, Wheatbelt WA](image)

Click the link to access Pastoral Care Services (KEMH [WA]).

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**Health Care Professionals**

- **Education** - Specific training in support skills is given to staff.
- **Access to support** - Debriefing/support services are available to staff working with perinatal death.

![Health Care Professionals](image)

Staff working with bereaved parent/s should be provided with an opportunity to develop their knowledge and understanding of perinatal loss, together with development of skills in working in this area [1, 12]. Encouragement and support of medical and midwifery/nursing and allied staff in their professional development, specifically with regard to bereavement care, is vital to ensure provision of skilled assistance to families under their care.
Perinatal loss follow-up should include:

1. A general postnatal check at 6 weeks following birth.
2. A multidisciplinary perinatal loss follow-up at 6-8 weeks postnatal.

For rural/remote families this may include visiting the local doctor (e.g. RFDS), Community Health Nurse, Aboriginal Health Care workers, and others.

3. Opportunities to discuss postmortem results, health implications and subsequent pregnancy planning.
4. Assessment of grief response (consider Perinatal Grief Scale) should be continued.

A Multidisciplinary Perinatal Loss Service may include:

**Maternity Care Staff:**
- Obstetrician
- GP Obstetrician/GP
- Neonatal Paediatrician
- Perinatal Pathologist
- Midwifery/Nursing Staff
- Community/Child Health Nurse
- Other Specialists

**Allied Health:**
- Social Work
- Clinical Psychologist
- Chaplain/Pastoral Care
- Aboriginal Health Care Workers
- Other: eg Multicultural workers

Videoconference may be used to provide rural/remote follow-up to families experiencing perinatal death.
Clinical Considerations and Psychosocial Aspects of Care

It is important to consider:

- Whether your facility has the resources to provide expert care? e.g. anaesthetic services, operating theatres, transfusion facilities.
- If staffing levels are adequate to provide expert care.
- Induction of labour with vaginal birth is often preferable - obstetric review must be discussed and documented.
- The best induction of labour option? - consider misoprostol, prostaglandins gel, foley extra-arniotic catheter, artificial rupture of membranes, oxytocic infusion.
- Documented plan for the management of the third stage.
- Early determination of risks, and an obstetric management plan.

Liaise with Consultant Obstetrician/Perinatal Loss Service (KEMH [WA]) if considering transfer.

Further information is available via the Statewide Obstetric Support Unit website. www.wnhs/sosu

Clinical Considerations and Psychosocial Aspects of Care

In Summary:

- Skilled, sensitive and caring management can positively impact on the grief experience of bereaved parents.
- It is important to accept the wide range of grief responses experienced by parents.
- Consider the mode, timing and location of birth.
- The creation of memories is important for most families experiencing perinatal death.
- Perinatal loss care involves various multi-disciplinary services.
- Staff require ongoing education and support when caring for families experiencing perinatal loss.
You have now completed the **Clinical Considerations and Psychosocial Aspects of Care Module**

Click the link to view the references for this module.

Close this module by clicking the icon.

Perth WA