



Perinatal Manual of Southwestern Ontario

A collaboration between the Regional Perinatal Outreach Program of Southwestern Ontario & the Southwestern Ontario Perinatal Partnership (SWOPP)

Chapter 30

PERINATAL LOSS

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Types of Perinatal Losses

1. Abortion (Spontaneous or Therapeutic)
2. Stillbirth
3. Intrauterine Death
4. Neonatal Death
5. Sudden Infant Death Syndrome
6. Loss of a Multiple(s) with or without survivor(s)

Other Perinatal Issues Involving Loss

1. Infertility
2. Relinquishing a Baby for Adoption
3. Infants with Anomalies
4. Premature Birth

Parents' Task in Mourning the Loss-

1. Accepting the reality of the loss.
2. Experiencing the pain of the loss.
3. Adjusting to life without baby.
4. Re-investing in new relationships.

During hospitalization staff typically begin to intervene with the first three tasks.

Manifestations of Normal Grief

FEELINGS: Sadness, anger, guilt/self-reproach, anxiety, loneliness, fatigue, helplessness, yearning, emancipation, relief and numbness.

PHYSICAL SENSATIONS: hollowness in the stomach, tightness in the chest/throat, oversensitivity to noise, sense of depersonalization, shortness of breath, weakness of the muscles, lack of energy and dry mouth

Disclaimer

The Regional Perinatal Outreach Program of Southwestern Ontario has used practical experience and relevant legislation to develop this manual chapter. We recommend that this chapter be used as a reference document at other facilities. We accept no responsibility for interpretation of the information or results of decisions made based on the information in the chapter(s).

COGNITION: disbelief, confusion, preoccupation, and a sense of presence

BEHAVIOURS: sleep and appetite disturbances, absent-minded behaviour, social withdrawal, dreams of the deceased, avoiding reminders of the deceased or visiting places/carrying objects that remind survivor of the deceased, searching, sighing, restless over activity and crying.

Strategies to Deal with the Loss

The following strategies are always respectful of the family's own wishes and take into account their religious and cultural norms.

1. Provide family with a private room so they can have privacy to grieve, time alone with their baby and to spare their potential room-mates the awkwardness of having a newborn in the same room at this difficult time. Devise a system to be able to flag the door so anyone entering the room knows that the family is bereaved. We use a crocheted butterfly attached to the door, which signifies bereavement to all staff.
2. Devise and complete a perinatal loss checklist, (an example is shown on pg 3) to be put on the front of the mother's chart and completed by the multidisciplinary team. The checklist insures consistent and complete care in these emotion-laden cases.
3. Encourage, with appropriate explanations, the family to view, hold, dress, and name the infant. Allow them as much time with the baby as they need.
4. Help the family to create memories of the baby by gathering mementos of the birth that they can take home with them. These might include an ID band, crib card, lock of hair, foot/hand prints, photographs, clothing etc.
5. Give the family written bereavement material and review it with them before they go home. A bereavement package might include: A letter from the hospital acknowledging the loss, a description of the feelings/emotions they may be or might experience, information on explaining death to children of different age groups, pamphlets supplied from Bereaved Families of Ontario and or other local bereavement supports, EI information indicating their eligibility for maternity leave if they delivered at 20 weeks gestation or greater and meet the usual EI criteria for eligibility.
6. If available, refer to Social Work and Pastoral Care-in hospital or family's own, to assist in supporting the family.

Discussions Which Need to Occur.

- Autopsy
- Performance of religious rites, i.e.: Baptism, Christening, Blessing/Naming ceremony, etc., if family desire.
- Necessity for and options around funeral/cremation.
- Determine who will provide follow-up with timeframes for
- Mother's postpartum check-up
- Genetic counseling if indicated
- Explanation of autopsy results
- Bereavement follow-up



**INTERDISCIPLINARY CHECKLIST FOR
 MANAGEMENT OF CARE FOR WOMEN/FAMILIES
 EXPERIENCING A PERINATAL LOSS
 (STILLBIRTH OR NEONATAL DEATH)**

Signature	Printed Name	Initials	Signature	Printed Name	Initials

					Initials
1. Notify Chaplain. Parent(s) wishes to see Yes <input type="checkbox"/> No <input type="checkbox"/> Name of Chaplain _____					
2. Notify Perinatal Social Worker. Parent(s) wishes to see Yes <input type="checkbox"/> No <input type="checkbox"/> Name of Social Worker _____					
3. Notify main Admitting Department after stillbirth/neonatal death. Date _____ Time _____					
4. Plan post-birth accommodation Support person staying Yes <input type="checkbox"/> No <input type="checkbox"/> Cot in room Yes <input type="checkbox"/> No <input type="checkbox"/>					
5. Autopsy requested Yes <input type="checkbox"/> No <input type="checkbox"/> Consent obtained Yes <input type="checkbox"/> No <input type="checkbox"/>					
6.a. Explain purpose of butterfly and place on door of mother's room/incubator					
b. Parent(s)/family would like to: see baby Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided <input type="checkbox"/>					
dress baby Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided <input type="checkbox"/>					
hold baby Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided <input type="checkbox"/>					
other _____					
c. Name of baby(s) _____					
d. Notify family clergy Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>					
Name _____ Date _____ Time _____					
e. Discuss/explore family's cultural and religious practices and document.					
Blessing/Baptism/Other Yes <input type="checkbox"/> Certificate <input type="checkbox"/> No <input type="checkbox"/> Undecided <input type="checkbox"/>					
Other _____					
f. Name of family physician notified _____					
Date _____ Time _____					
7. Viewing of baby completed Yes <input type="checkbox"/> Baby to Morgue Yes <input type="checkbox"/>					
When yes, document Date _____ Time _____					
8. Only after # 7, send all completed forms to Admitting with Attendant (do not send through mail)					
9.a. Provide family with remembrances:					
Addressograph <input type="checkbox"/> Bonnet <input type="checkbox"/> Butterfly <input type="checkbox"/> Clothing <input type="checkbox"/> Crib Card <input type="checkbox"/> Footprints <input type="checkbox"/>					
Identification Band <input type="checkbox"/> Lock of Hair <input type="checkbox"/> Other _____					
b. Give Polaroid pictures of baby to family. If parents do not wish to see pictures, place in envelope provided, seal, and give to parents. (Do not leave with chart after discharge.)					
c. Provide parent(s) with <i>Perinatal Loss Package</i> – NICU does not have a specific package.					
10. Burial Plans					
Discussed with Chaplain <input type="checkbox"/> Discussed with Social Worker <input type="checkbox"/>					
11. Perinatal Memorial Service <input type="checkbox"/> Yes – Send copy of embossed patient blue card to Spiritual Care (envelope provided)					
Permission to contact <input type="checkbox"/> No					

F:\wpfiles\perinatal\interdisciplinary checklist for perinatal loss.doc

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Reference

1. James William Worden, *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner*, 2nd ed., Springer Pub. Co., New York, 1991.