



# The experience of parents who lose a baby of a multiple birth during the neonatal period – A literature review



Alice Cox, BSc (Hons) , Neonatal Staff Nurse<sup>a,\*</sup>,<sup>1</sup>  
Lynne Wainwright, RGN, RSCN, NNEB, DipHE, MSc,  
PgDip(Ed), Tutor Child Health<sup>b</sup>

<sup>a</sup> *Guy's and St Thomas' NHS Foundation Trust, London SE1 7EH, UK*

<sup>b</sup> *Department of Child and Adolescent Nursing, Florence Nightingale Faculty of Nursing and Midwifery, King's College London, UK*

Available online 16 December 2014

## KEYWORDS

Parent\*;  
Bereavement;  
Death;  
Loss;  
Grief;  
Twin\*;  
Triplet\*;  
Multiple births;  
Neonate\*;  
Neonatal intensive  
care unit (NICU)

**Abstract** This literature review investigates the experience of parents who return to the NICU, following the death of a twin or higher order multiple (HOM), in order to care for a surviving infant. Infants of multiple births are considered at greater risk of prematurity and therefore of death. Bereaved multiple birth parents were identified to grieve similarly to bereaved singleton parents; however, it was acknowledged that they may have difficulty coping with such grief in the presence of a surviving co-multiple and, potentially unacknowledged, disenfranchised grief. 'Hurtful' and 'helpful' interactions with Healthcare Professionals (HCP) as well as the general public were a frequently recorded theme. As multiple birth rates continue to increase, HCP will be greater exposed to the unique needs of bereaved multiple birth parents. As Nurses, we work closely with parents on a regular basis, and are therefore best positioned to provide compassionate, un-discriminative, holistic care, to bereaved parents in line with the [Nursing & Midwifery Council's \(NMC\) \(2008\) Code of Conduct](#). From reviewing the available literature it is evident that there is need for greater training, education and acknowledgement of multiple birth bereavement, within Neonatal End of Life (EoL) care.

© 2014 Neonatal Nurses Association. Published by Elsevier Ltd. All rights reserved.

\* Corresponding author.

<sup>1</sup> At time of writing- BSc Nursing with registration as a Children's Nurse, Florence Nightingale School of Nursing and Midwifery, King's College London.

## Introduction

### Multiple birth & neonatal death

Even with the greatest advancements in neonatal medicine, for some infants born prematurely, death is unavoidable. Prematurity is the leading cause of death in neonates, and is the second primary cause of death after pneumonia in children under five (World Health Organisation (WHO) 2013). Prematurity is recorded in approximately 50% of twin pregnancies, and consequently due to risks associated with preterm delivery, there is increased demand for infants to receive specialist care in a NICU following birth (National Institute for Health and Care Excellence (NICE) 2013). As a result of complications brought about by prematurity, twins are five times more likely, and HOM twelve times more likely, to die within their first year, when compared to singleton infants (Lee, 2012). A rise in the availability of assisted conception, such as In Vitro Fertilisation and the increased number of woman delaying pregnancy until later life, are largely attributed to the increase in multiple birth rates (Office for National Statistics, 2013).

### Bereavement

What is deemed 'normal' in terms of grief is difficult to define, as all individuals grieve differently, however it is generally suggested that grief encompasses feelings of sadness, anxiety, helplessness and physical fatigue (Worden, 2009). Disenfranchised grief, when grief fails to be acknowledged by society, by the healthcare culture or by individuals, often occurs following the loss of a child (Doka, 2002). The experience of death during the neonatal period has been shown to have a profound and far reaching effect on all family members (Evans et al. 2002). NICUs have continued to place great emphasis on supporting parents as well as the wider family after the death of a baby (Woodroffe, 2006). However, bereaved multiple birth parents with a surviving multiple often acknowledged an inconsistency in the level of support received from HCP, and attributed this factor to their grief not being accepted or seen as unequal to others. Parents often face a particularly difficult mourning experience following the loss of one or more infants from a set of multiples. Parents of a deceased multiple are said to have conflicting emotions of joy and sadness; they are glad and joyful for the presence of their surviving multiple, but are equally full of anguish and sorrow for the multiple(s) that they have lost (Anscombe, 2008). It is important to

recognise that grief is multifaceted and does not merely occur as a result of death; sorrow, despair and feelings of frustration are also noted within parents of premature singletons admitted to the NICU, and such feelings are often attributed to the loss of a 'normal' delivery or pregnancy (Callery, 2002; Cronin, 2003; Woodroffe, 2006). It is reasonable therefore to suggest that bereaved multiple birth parents not only grieve for the physical loss, following their infant's death, but also for the loss of a unique parenting experience that they had anticipated to have throughout their pregnancy.

This review seeks to examine how parents experience the loss of a multiple birth, during the neonatal period, in order to enable effective delivery and development of bereavement support within nursing practice. It is hoped that by exploring personal experiences of care received on the NICU following multiple loss that it will be possible to demonstrate to nurses and allied HCP, the attributes and qualities that are found to be supportive and those that may hinder the grieving process. Overall it aims to enhance HCP awareness of delivering compassionate care during the dying process, following death and within the subsequent care of the remaining multiple(s).

### Method

Three Electronic Databases were searched to find evidence to answer the research question: 'What is the experience of parents following the loss of a multiple during the neonatal period?'. Medline, the Cumulative Index to Nursing and Allied Health Literature (CINAHL), and the Maternity and Infant Care (MIC) database were used. A total of six articles were identified (see Table 2), three from the stated databases and three through further hand searching of appropriate reference lists (Fig. 1). All articles reflected different experiences that parents may encounter whilst caring for a surviving multiple on the NICU.

Selecting inclusion criteria ensures that chosen papers fit the aim of the review, whilst preventing relevant papers from being excluded. Exclusion criteria prevent the search results from becoming too broad which may lead to difficulty when comparing and analysing results (Bettant-Saltikov, 2012). Inclusion and exclusion criteria were applied electronically where possible within the databases; and manually by reading the title and abstract of each paper. Table 1 illustrates the inclusion and exclusion criteria applied during the selection of papers, along with the justification for each criteria.

Download English Version:

<https://daneshyari.com/en/article/2631441>

Download Persian Version:

<https://daneshyari.com/article/2631441>

[Daneshyari.com](https://daneshyari.com)