

Caring for Families Coping With Perinatal Loss

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ABSTRACT

Objective: To describe support needs and comfort level of labor nurses caring for families experiencing perinatal loss.

Design: Qualitative descriptive study.

Setting: A western hospital birthing unit.

Participants: Ten labor nurses.

Method: Participants completed online surveys and follow-up interviews; data saturation was reached. Content analysis produced themes and recommendations related to providing perinatal bereavement care. Participants reviewed and confirmed accuracy of the results.

Results: Nurses are generally comfortable but find it difficult to provide perinatal bereavement care. Strategies for coping include focusing on needed care, talking to nursing peers, and spending time with their own family members. Nurses take turns providing care depending on "who is best able to handle it that day" and prefer not to be assigned a laboring patient in addition to the grieving parents. Developing clinical expertise is necessary to gain the comfort level and the skills necessary to care for these vulnerable families. Orientation experiences and nursing staff debriefing would help. Needed education includes grief training, communication techniques, and guidelines for the extensive paperwork.

Conclusions: Initial and ongoing education of nurses about perinatal bereavement care is needed. Effective strategies for coping during and after providing care would support nurses in meeting the emotional challenge of providing high quality perinatal bereavement care.

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One of the most difficult practice situations for nurses is caring for a woman and her family when pregnancy has spontaneously resulted in the death of the baby. Parents grieve in complex, individual, and powerful ways and require significant emotional support (Hutti, 2005), and the events surrounding the birth and death may call up unresolved grief issues for the nurses themselves (Begley, 2003). Nurses must provide sensitive and supportive care for vulnerable families while coping with their own emotional responses to the situation.

Despite the fact that dealing with miscarried or still-born babies may cause nurses a great deal of distress, the situation also brings the "greatest potential for job satisfaction" (Bolton, 2000, p. 584). Some nurses have developed expertise in the care of bereaved families in the perinatal setting. Other nurses, however, find bereavement care so overwhelming that they are barely able to provide quality care.

Background Information on Perinatal Loss

The Centers for Disease Control and Prevention (2008) report the latest available fetal death rates from 2003: 6.4 per 1,000 (over 20 weeks), 3.2 per 1,000 (over 28 weeks), and 6.9 per 1,000 for perinatal (over 28 weeks and up to 7 days old). Because many early fetal losses (miscarriages) are handled on an outpatient basis, the birthing unit nurses confront these three aspects of perinatal loss most often.

The existing literature on perinatal bereavement focuses primarily on the experiences of the mother (Read, Stewart, Cartwright, & Meigh, 2003; Sanchez, 2001; Wheeler & Austin, 2001) and on suggestions for interventions and care that may help bereaved women (Wallerstedt, Lilley, & Baldwin, 2003). There has been some attention to the father, other family members, and cultural

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variables (Chan, Wu, Day, & Chan, 2005; deMontigny, Beaudet, & Dumas, 1999; Kavanaugh, 2002; Murphy, 1998), and multiple articles address the negative consequences of perinatal loss over time (Cote-Arsenault, 2002; Engler & Lasker, 2000; Peterson, 1994; Radestad, 2001).

There is a paucity of articles about the actual experiences of labor nurses in providing bereavement care. McCreight (2003) studied nurses on gynecology wards in Northern Ireland to validate the emotional work that nurses must do and to bring attention to this work through educational programs and agency support systems. In southern Ireland, Begley (2003) studied the responses of student midwives to caring for women with perinatal losses. Three themes were evident: "You don't know what to say" focused on the students' feelings of being unprepared and wanting not to cause further distress to the parents; "They wrapped him in a blanket" referred to positive physical care and supportive approaches of the experienced midwives; and "Crying like a fool" depicted the intense emotional responses of the students. Begley suggested that structured support during clinical experiences and more education about bereavement and communication are important to include in midwifery programs.

Two other studies focus on nurses and perinatal bereavement care. Rock (2004) completed a correlational study to describe the comfort levels of nurses who care for families experiencing perinatal loss. Feeling prepared and having learned about such care in their academic programs was significantly correlated with increased comfort. A similar study was carried out in Hong Kong (Chan et al., 2005). Both studies concluded that there is a need for more education on bereavement care for improved communication skills and for greater support from the hospital and team members.

Other articles have focused on approaches to help nurses prepare to provide effective bereavement care. Kavanaugh and Paton (2001) reviewed the extensive literature on communication with bereaved parents and focused on the problems that result in inadequate communication. They suggested that novice clinicians from all disciplines should be mentored by experts, develop experience, and guide the communication of other professionals

who must interact with the family. They also suggest ongoing education on death and grief that includes how staff can cope. DiMarco, Renker, Medas, Bertosa, and Goranitis (2002) studied the effects of an educational intervention on nurses' perceptions about perinatal losses (content was taught but not skills). There was a significant increase in posttest scores in response to four vignettes about perinatal loss ($p < .0000$ for all four).

Background Information on the Hospital and Current Bereavement Practices

The location for this study was a western hospital with a birth rate of about 200 per month. Although nurses whose primary practice is with newborns or postpartum women also interact with bereaved families present in this birth center, this study focused on nurses whose practice focuses on women during labor and birth. There are 35 nurses on the labor staff. A perinatal loss program called "Helping Understand Grief Through Support" has been in place for about 20 years. The goal of the program is to provide sensitive and supportive care to bereaved families. It includes orientation and continuing education sessions for nurses and other staff and personal support and assistance for nurses who are caring for bereaved families. Unit policies, procedures, referral information, and chart forms related to fetal and newborn loss are located in a dedicated cart along with supplies such as film for photos and materials to make plaster models of the baby's feet for parents to have as keepsakes. There is a Serenity Room available for bereaved families, which was added to the unit when it was recently expanded. Also available is an assortment of baby clothes and wicker bassinets of various sizes so that nurses can provide a more home-like environment for the bereaved family.

The Study

Purpose and Research Questions

The need to learn about nurses' experience of providing perinatal bereavement care was identified by the coordinator of the perinatal loss program, who noted that some nurses seem more comfortable and more effective in providing such care than other nurses, potentially leading to differences in quality of care for families. She wanted to know what factors might influence this variation in comfort among the nurses and what might be done to facilitate the development of nurses' skills. She brought these questions to the unit clinical nurse specialist,

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