

PROTOCOL FOR: Grieving: Care of the Patient who has Suffered an Infant Loss

PURPOSE: To assess, on a continuing basis, the patient/family's grieving status and to facilitate, provide space and support for grieving.

DESIRED
PATIENT
OUTCOMES:

1. Patient will verbalize an understanding of the grieving process.
2. The patient and her family suffering a loss will be supported appropriately.

CLINICAL
ASSESSMENT
AND CARE:

1. Assess patient's understanding and awareness of feelings regarding fetus/baby.
2. Assess patient's available support systems.
3. Explore with patient and significant other(s) past and present coping mechanisms. Identify those that have been successful.
4. Explore with patient her feelings about the pregnancy.
5. Assess family reaction to the loss.
6. Identify those factors that might increase stress during this time, i.e., finances, child care of siblings, etc.
7. Assess patient's knowledge base regarding grief, grieving, effects on relationships, sibling reaction, etc.
8. Assess mental status: symptoms of depression, psychosis.
9. Provide emotional support as parents are informed of their baby's death in a quiet, private atmosphere.
10. Provide opportunity for parents to see, hold, baptize/bless baby, etc. if parents desire, in private environment.
11. Encourage naming the baby.
12. Give "When Hello Means Goodbye" booklet.
13. Provide memento packet (to be kept indefinitely on unit if parents don't wish to take by time of discharge).
14. Reinforce MD's explanations concerning baby's death.
15. Encourage open communication among family members and health care providers.
16. If desired, offer to contact Chaplain for family.

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17. Reinforce Chaplain or funeral directors explanations of available options if required/desired.
18. Tell parents how their loss might affect them and their relationships in the weeks and months to come, i.e., due date, anniversary of death.
19. Listen to the patient, "hear what she says", and respond appropriately. Avoid creations of false hopes.
20. Do not use platitudes, i.e., "you can have other children".
21. Encourage patient to talk about her experience. Encourage verbalization of fears and feelings.
22. Provide the patient with reassurance. Allow her to cry, be patient with her anger. Give factual information regarding the nature of the problem/loss.
23. In cases of multiples, 1 or more loss, explain that part of their grieving process involves separating their babies and coming to terms with them as individuals.
24. Offer multidisciplinary service prn: social work, psychiatry, genetic counseling and others as appropriate.
25. Complete the perinatal loss checklist, H.E.A.L. referral and/or H.O.P.E. referral.

- PATIENT TEACHING:
1. Instruct patient in the grieving process.

Stages: shock, disorganization, volatile emotions, guilt, loss/loneliness, relief, re-establishment.
 2. Provide Bibliography on Grief, Grieving.
 3. Provide information on available/appropriate support group, i.e., H.O.P.E., H.E.A.L.

APPROVAL: Nursing Standards Committee

CREDENTIALS: RN

EFFECTIVE DATE: 3/91

REVISION DATES: 10/91, 9/93, 3/97, 3/00