PROTOCOL #26 - Maternal Fetal Medicine, University of New Mexico

MANAGEMENT OF PERINATAL GRIEF

I. Background

Most persons recognize the irrevocability of death. Mourning represents the process by which individuals adjust to this very real loss. A perinatal loss represents a situation where the parents are called upon to mourn the death of a person (a baby) who never lived outside the womb or who lived for such a short time that this tragic event has a non-real quality. Mourning then becomes an attempt to deal with and make real this non-real situation in such a way as to allow acceptance of this irrevocable loss.

The normal response to a perinatal loss involves a number of involuntary coping mechanisms and a variety of voluntary coping strategies utilized in an effort to resolve the parents' grief. The involuntary coping mechanisms, e.g., denial, anger, guilt, etc. usually operate on an unconscious level and therefore are not under the patient's voluntary control. On the other hand, when the patient is utilizing the voluntary coping strategies, although doing so on the conscious level, the patient may be unaware of their significance or their role in the grieving process. Voluntary coping strategies include verbalization, crying, seeing, touching, holding the baby, etc. The health provider's role in this process is to listen and be supportive, acknowledge the involuntary coping mechanisms, and support the voluntary coping strategies thereby assisting the parents in the resolution of their grief.

"Resolve Through Sharing" is the grief intervention model practiced at University Hospital.

II. PROCEDURES

A. General

1. In the event of a perinatal loss, a specific individual will be identified as a grief counselor. This grief counselor will consistently work with the patient during the period of acute mourning. An interaction and assessment will take place at each of the following times.
    a. The initial period following crisis or death.
    b. Follow up hospitalization for delivery or procedure.
    c. After one week.
    d. After three weeks.

PROTOCOL #26 - Maternal Fetal Medicine, University of New Mexico

   e. At the due date.
   f. To set up a perinatal grief conference (about 4 months).
   g. For up to one year as indicated.

2. The grief counselor will function in a liaison capacity between the patient and the medical management team (although they may be part of the medical team). The role of the grief counselor is to listen and facilitate the grieving process. Medical management remains the province of the attending physician and/or his designee.
3. The grief counselor will interact with the parents identifying and acknowledging involuntary mechanisms.
4. Resolve Through Sharing protocols will be followed. (See gray RTS manual).
5. Parents will be provided with opportunity for voluntary coping strategies, e.g., allowing them to hold and touch their dead baby, providing them with birth certificate, bracelet and/or mementos of the baby's birth. They may also be provided with grief-related reading materials such as, "The Bereaved Parents" packet and other RTS material.

B. Specifics

1. Once a diagnosis of perinatal loss is confirmed and the need for interruption of pregnancy or delivery established, a grief counselor will be identified. The grief counselor may be a staff physician, resident physician, nurse clinician, social worker, staff nurse, or other health provider. This person will work with the patient and her family throughout the initial grieving process and the periods of acute mourning.
2. Contact will be made with the patient for the first time after:
   a. The diagnosis of fetal death has been made.
   b. The diagnosis of a lethal abnormality has been made.
   c. It becomes apparent that a significant problem exists.
   d. A stillbirth is identified.
   e. A neonatal death occurs.

   The grief counselor's role will be one of listening, providing supportive care, and assisting in the interpretation of findings to the parents.
3. A second contact period will be during the hospitalization for delivery or the procedure. The grief counselor will provide supportive care, listen to the patient, and in addition, will help coordinate grief activities for the parents.
4. Approximately one week or three weeks postpartum or post procedure, the grief counselor will contact the patient by telephone in an attempt to

PROTOCOL #26 - Maternal Fetal Medicine, University of New Mexico

determine how she is handling her grief and to answer questions if possible.

5. Another contact will be made by the grief counselor at approximately six weeks postpartum or post procedure or around the due date. This contact may be by telephone or during the six-week check up visit in the clinic.
6. The grief counselor will participate in the four month Perinatal Loss Review Conference and assess the grief response while interacting with the patient and other members of the team.
7. Consultations from other disciplines relating to grief management will be obtained as deemed appropriate, e.g., Social Services or the Genetic Services.

CONSULTATION: Twenty-Four hour consultation is available by calling the Maternal Fetal Medicine service at the University of New Mexico Hospital, 1-888-866-7257.