

PERINATAL LOSS

- PURPOSE:** To outline the management for the psychosocial care of patients/families experiencing the loss of a baby through miscarriage, ectopic pregnancy, still birth or neonatal death.
- SUPPORTIVE DATA:** Families, who experience the loss of a baby through miscarriage, ectopic pregnancy, stillbirth or newborn death, grieve for their baby and the loss of an entire lifetime with that child. Grief and loss take time to resolve. Caring supportive nurses can help these families move through the initial crisis toward re-establishing their lives without their baby.
- ASSESSMENT:**
1. Assess parent(s) meaning of current loss.
 2. Assess and identify parents' support system. Ask for name of a friend or relative to call if parent is alone.
 3. Assess patient for pain and obtain order for pain medication as needed.
- THERAPEUTIC INTERVENTIONS**
4. Offer pastoral care. Contact Spiritual Care Services at ext-94715. In an emergency, page the emergency interfaith chaplain at (213)-919-4383.
 5. Contact Social Worker as needed.
 6. Complete VNA referral as needed.
 7. Assign patient to private room whenever possible.
 8. Do not leave patient alone for extended periods of time.
 9. Encourage patient/family to verbalize feelings of grief.
 10. Respect and accept patients/family's feelings and expressions of grief. Affirm and validate their feelings.
 11. Provide patient/family with the following options and give them time and privacy to discuss them:
 - Know the baby's gender
 - Viewing and holding the baby
 - Naming the baby
 - Autopsy (if applicable)
 - Disposition of the baby
 - Dressing the baby (if applicable)
 - Spending time with family members, if possible
 12. Prepare baby for parental viewing:
 - Describe baby's appearance prior to viewing
 - Encourage parent(s) to view and hold their baby.
 - Wrap baby in receiving blanket (depending on size, dress in diaper and shirt or gown)
 - Handle baby in same manner as you would a live newborn
 13. Obtain mementos and give to parents (one photo is to be placed in chart).
 - Photograph of baby Memento sheet / "Remembrance of Birth" certificate with baby's weight and length
 - Measuring tape with baby's length indicated
 - Foot/handprints
 - Lock of hair from nape of neck
 - Infant identification
- PATIENT/ FAMILY TEACHING:**
14. Instruct patient/family regarding phases of bereavement and behaviors that accompany them:
 - Shock and numbness
 - Searching and yearning
 - Disorientation
 - Reorganization/resolution
 15. Explain how grief responses between mothers and fathers may differ.
 16. Discuss types of hurtful comments well-meaning family and friends might make.

17. Discuss possible effects of loss on surviving siblings.
 18. Discuss with mother possibility of lactation and what to do if this occurs.
 19. Instruct parent(s) to notify Decedent Affairs Office regarding final plans for baby when sent to Morgue or if they desire burial of a baby sent to Pathology.
 20. Give patient appropriate Bereavement literature.
 21. Encourage them to call for questions or concerns regarding loss.
- SPECIAL CONSIDERATIONS FOR NON-REGISTRABLE BIRTHS:
22. Inform parent(s) of hospital policy regarding disposition of an abortus or ectopic pregnancy specimen sent to Pathology. If parents desire private burial arrangements, instruct them to call Decedent Affairs Office within one week of delivery or surgical removal of an ectopic pregnancy. Any baby regardless of age or size can be buried.
- DOCUMENTATION:
23. Document in accordance with documentation standards.

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