



# Perinatal Bereavement

# YOUR FACILITATORS TODAY!

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A vertical decorative image on the left side of the slide shows a stack of five smooth, dark grey stones balanced on top of each other. They are set against a background of water with a light blue gradient, and their reflection is visible in the water below.

# Continuing Education Requirements

## In order to receive continuing education:

You must attend the entire program. No partial credit can be awarded.

You must complete an evaluation (it will be emailed to you). It must be completed within 7 business days after the program date or you will receive an incomplete.

A link to access your certificate will be automatically generated and emailed to you within 24 hours of completing all requirements. Go to our website: [www.methodistcollege.edu/pd](http://www.methodistcollege.edu/pd), then click “Account Login” on the top right side of the page. Log in to your account, then click “Certificates.”

If you have any questions or need assistance, please email Nebraska Methodist College Learning Center at [lc@methodistcollege.edu](mailto:lc@methodistcollege.edu).



# Program Disclosures

**Provider Approval Statements:** Nebraska Methodist College Learning Center is approved with distinction as a provider of nursing continuing professional development by the VTL Center for Professional Development, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

**Successful Completion Requirements:** In order to obtain contact hours or continuing education credit for this educational activity, participants are required to complete stated requirements:

Attendance at the entire activity

Completion/submission of evaluation form within 7 days of the program

**Relevant Financial Relationships with an Ineligible Company:** No relevant financial relationships were identified for planners or presenters.

## Contacting Outreach

*Clinical Nurse Educators work part-time*

*Please use the email contact below :*

[MWHO outreach@nmhs.org](mailto:MWHO outreach@nmhs.org)



# DISCLAIMER



- ❑ “All content provided herein is for educational, informational and guidance purposes only. It is not intended to serve as a substitute for individualized professional medical advice, diagnosis, or treatment. Nothing contained herein establishes or shall be used to establish a standard of care.”
- ❑ Content presented through this educational program is intended to be used as a knowledge base only. Subject matter presented is not to be taken in isolation and outside the realm of patient’s clinical context. Any written and or verbal didactic is to be used in conjunction with the healthcare workers own knowledge base and clinical judgment. Clinicians are highly encouraged to consider the entire clinical picture in which the patient presents before and during their care of him and or her.



# Housekeeping


- Any questions on how to access CEUs?
- Bathroom locations and breastfeeding room and breaks
- Please turnoff cellphones or turn them to vibrate
- “Parking Lot”
- Lecture and Interactive
- Explanation of the handouts
- Guest speakers
  - \*Questions for the Parent Panel
- Lunch is on your own

# One Last Thing

The content of this program may be triggering for certain individuals.

At anytime if you think you may need to step out of the room to regroup, please feel free to do so without the added pressure of obtaining permission. However, please do not leave the facility and drive your vehicle without speaking to one of us.

Last, but not least, in discussing practices which may not be helpful for grieving families, you may recognize a behavior or interaction you have been part of. Please understand we are coming from a place of learning and not from a place of guilt or shame. In the wise words of Maya Angelou :



Do the best you can until  
you know better.  
Then when you know better,  
do better.

-Maya Angelou



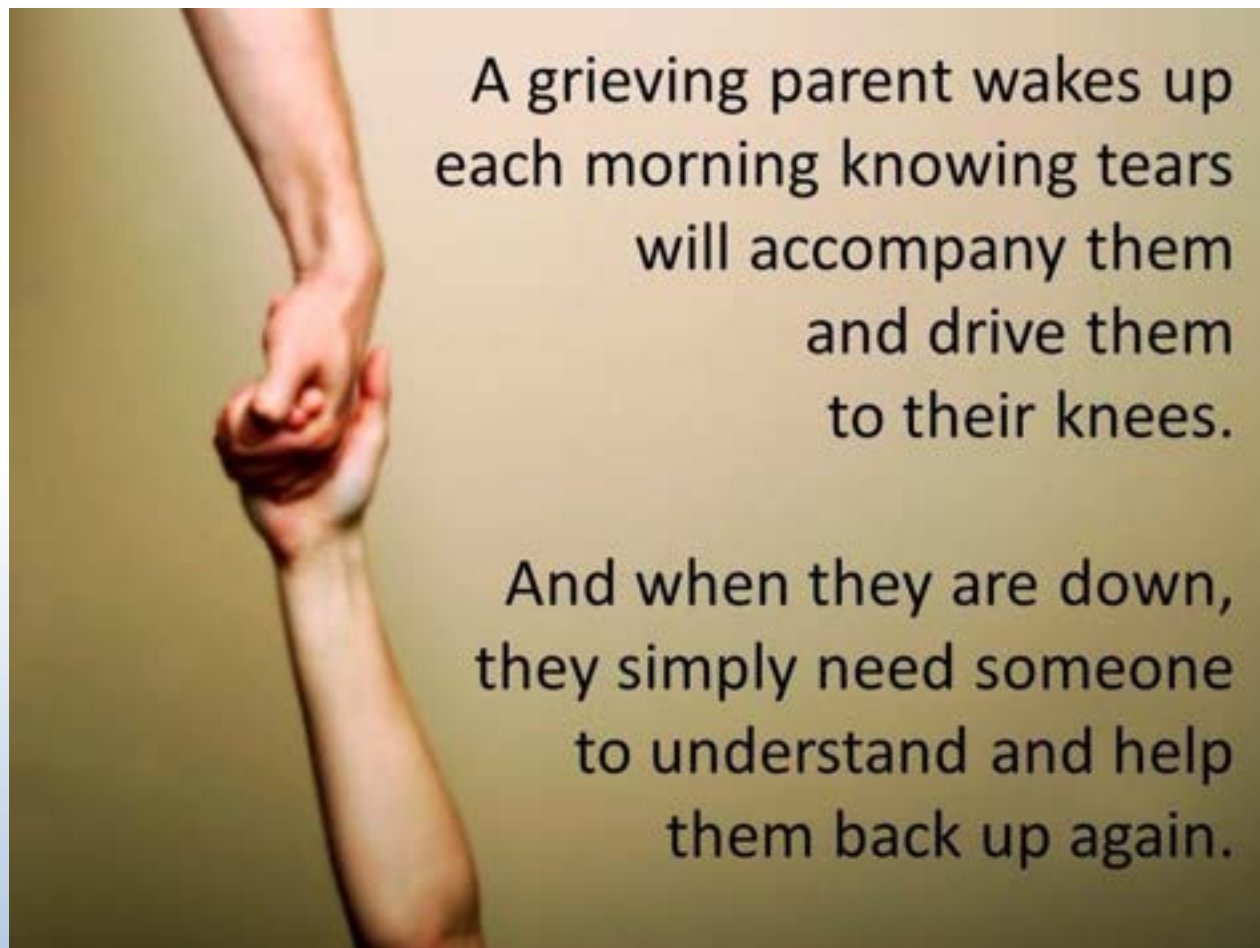
# Let's Get Started

1. Identify participants comfort level in caring for patients and or families experiencing perinatal loss or the loss of a newborn
2. Identify the classifications of perinatal loss



# Introductions

- Break into small group of 3- 5 people
    - Designate one person in the group to be the recorder
    - Designate one person in the group to be the spoke's person
- Within your small group answer the following questions and record:
- The cumulative number of years of experience
  - Various professions and places of employment
  - On a scale from 1 (very uncomfortable) to 10 (very comfortable) rate your group's comfort level in dealing with patients and families experiencing perinatal loss
  - What is one thing your group would like to learn or "get" from attending this program?



A grieving parent wakes up  
each morning knowing tears  
will accompany them  
and drive them  
to their knees.

And when they are down,  
they simply need someone  
to understand and help  
them back up again.

<http://www.pinterest.com/pin/291819250828138789/>



# Classifications of Perinatal Loss



# Perinatal Loss

*“Loss is defined as any experience in which a valued person or object can no longer be touched, heard, known or experienced.”*

*The value or expectation of the loss will coincide with the significance of how the loss is experienced*

*For many parents, a loss in pregnancy correlates with the loss of hope for a planned future with a child*

*However, meanings of pregnancies vary greatly and so may the response of the loss the patient or families experience.*



# Types of Perinatal Loss

*Please refer to the handout at  
your table*



# Sensitive Verbiage

- Recurrent pregnancy loss (RPL) – Formerly called habitual abortion
  - Early abortions that occur consecutively in two or three pregnancies with the same male partner/sperm donor
- Serious Fetal Diagnosis
  - Newer term in perinatology
  - A diagnosis by ultrasound of a fetal anomaly later in the pregnancy (18-20 weeks gestation).
- Termination of Pregnancy
  - Refers to the ending of a pregnancy. Termination of pregnancy remains controversial within the realm of women’s health. Patients who have experienced or are experiencing a termination of pregnancy require sensitive attention.



# Reporting

- Differs from state to state
  - Some states have weight requirement – 350 grams to 500 grams
  - Some states have gestational age requirements
  - Some states have both weight and gestational age requirements

# Iowa

## **IOWA**

### *Live birth defined:*

"Live birth" means the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. (Section 144.1.9)

### *Fetal death defined:*

"Fetal death" means death prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy. Death is indicated by the fact that after expulsion or extraction the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles. (Section 144.1.5)

### *When fetal death reporting is required:*

A fetal death certificate for each fetal death which occurs in this state after a gestation period of twenty (20) completed weeks or more shall be filed with the county registrar of the county in which the delivery of the dead fetus occurs, within three days after delivery and prior to final disposition of the fetus.

# Nebraska

## **NEBRASKA**

### *Live birth defined:*

Live birth is the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the pregnancy, which, after such separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached; each product of such a birth is considered live born.

### *Fetal death defined:*

Fetal death is death prior to the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy; the death is indicated by the fact that after such separation the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

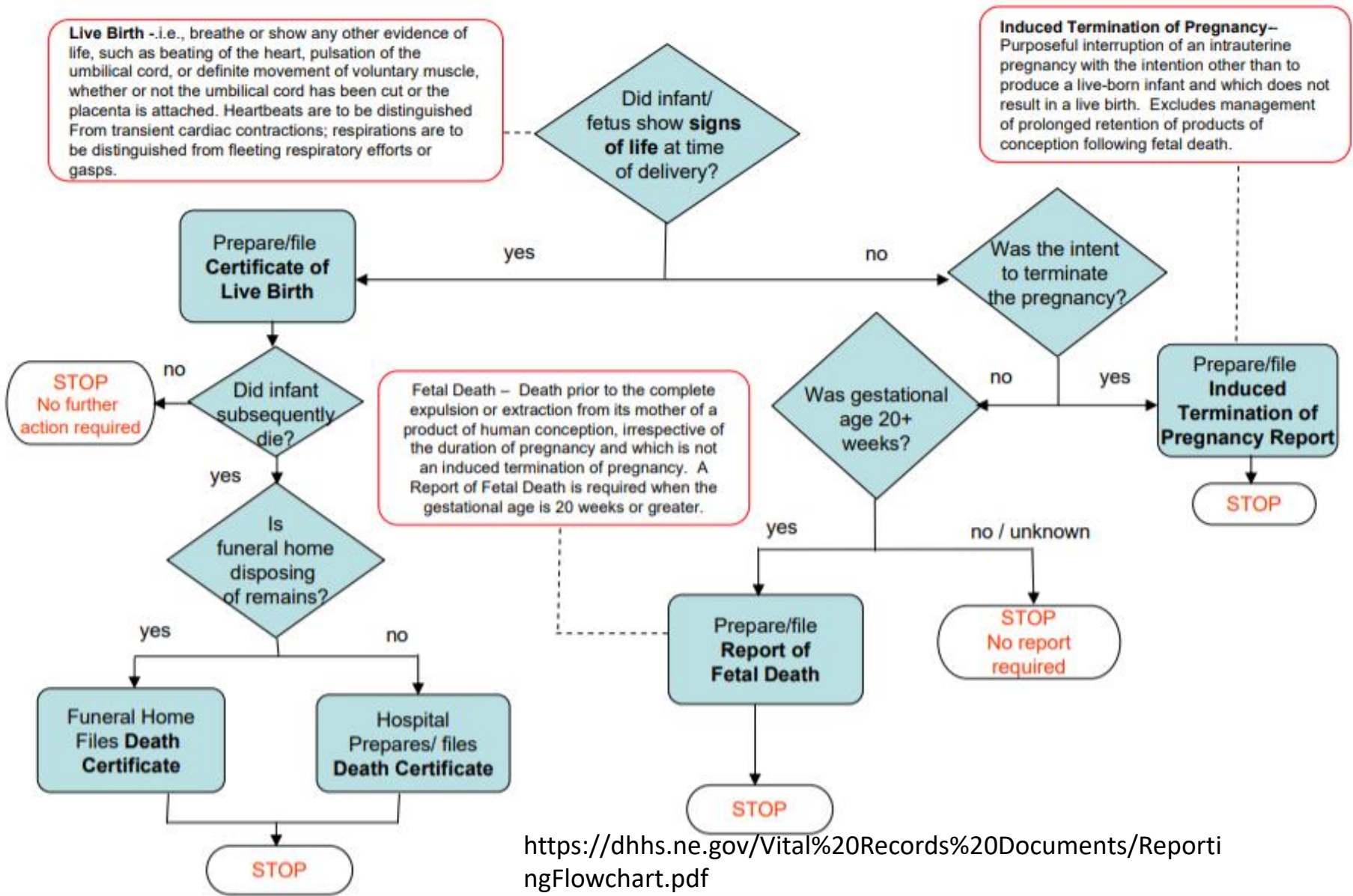
### *When fetal death reporting is required:*

Such certificate shall not be required for a child that has not advanced to the twentieth week of gestation. (Section 71-606, Law of 1965)

# Nebraska Hospital Guidelines for Reporting Live Births, Infant Deaths, Fetal Deaths and Induced Terminations of Pregnancy

**Live Birth** -i.e., breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscle, whether or not the umbilical cord has been cut or the placenta is attached. Heartbeats are to be distinguished from transient cardiac contractions; respirations are to be distinguished from fleeting respiratory efforts or gasps.

**Induced Termination of Pregnancy**— Purposeful interruption of an intrauterine pregnancy with the intention other than to produce a live-born infant and which does not result in a live birth. Excludes management of prolonged retention of products of conception following fetal death.





*“Grief is not about answers; but  
learning to live with the questions”.*

*Brooke Noel*



# EXPLORING GRIEF AND LOSS



*“To Live in the Hearts, we leave behind  
is not to Die”*


*Thomas Campbell*



# SPIRITUAL CARE



# SOCIAL WORK



*“Each new life, no matter how brief,  
forever changes the world.”*

*Anonymous*

*Faces of Loss Faces of Hope*

*Putting a Face on Miscarriage, Stillbirth and Infant Loss*




**“People don't care how much you  
know until they know how much  
you care”**

**John C. Maxwell**

**CAREGIVER PANEL**



- Lunch is on your own
- Please remember to take your purses and valuables with you
- Feel free to bring any snacks or drink items with you for the afternoon session
  - *Afternoon snacks will be provided*



*“It is so curious; One can resist tears and behave very well in the hardest hours of grief. But then someone makes you a friendly sign behind a window, or one notices that a flower that was in bud only yesterday has suddenly blossomed, or a letter slips from a drawer... and everything collapses”*

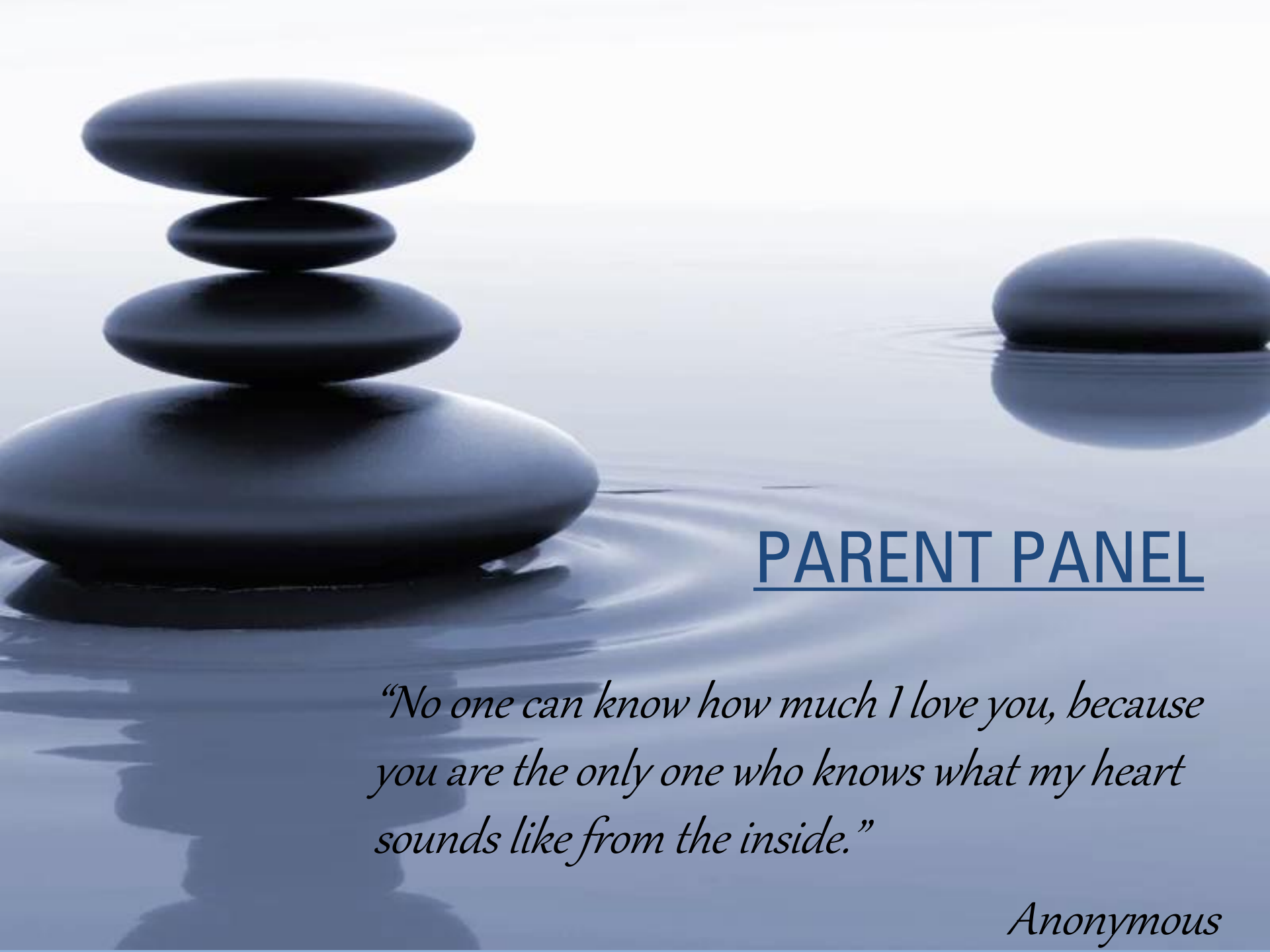
*Colette*



# Welcome Back!

## Hands on Activities

- Will break into 3 groups
- Each group will spend approximately 30 minutes at each station
  - Immersion Photography
  - Hand and Foot Molds
  - Clinical Process



## PARENT PANEL

*“No one can know how much I love you, because you are the only one who knows what my heart sounds like from the inside.”*

*Anonymous*



# Debriefing

- Questions or thoughts regarding the experience of listening to the parent panel?



# Debriefing

- After attending today's session, what is one idea you may incorporate into your clinical practice?

# Self Care

## Strategies for Coping

- What strategies will you use to cope with your experience today?

*Self Care Contract*

I, \_\_\_\_\_, commit to have as much fun as possible during my journey. I commit to honestly examining my life and to realize I am a powerful, spectacular and amazing human being.

\_\_\_\_\_

I, \_\_\_\_\_, commit to a [ monthly, weekly, daily ] self care activity listed here

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, will be open to asking for help if I find I am unable to achieve my self care activity.

\_\_\_\_\_

I, \_\_\_\_\_, commit to getting enough sleep, exercise, water, healthy food choices to stay in balance with life's demands and the demands I place upon myself.

Remember

**YOU ARE ALL MEMORY MAKERS**





## *Thank You*

- For Listening to ***Our*** Stories
- For Sharing ***Your*** Stories
- *Continuing to Care for the Parents and Families Experiencing Perinatal Loss*