Parental Support Experience Following Late Miscarriage, Stillbirth or Neonatal Loss at a Regional Hospital

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Dear Editor,

The loss of a baby during pregnancy or shortly after delivery can have profound effects on parents and families.¹ In August 2016 the National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death were published. After the introduction of the guidelines we sought to examine parents’ experience of the care delivered within our acute maternity and community services when they had experienced stillbirth, late miscarriage or neonatal loss. We wanted to establish which standards were being met and to identify which areas needed improvement.

A semi structured questionnaire was sent to parents who experienced late miscarriage/stillbirth and those who had experienced neonatal loss between the years 2012 and 2014. The questionnaire met local ethical approval and was subject to review by both a peer advisory group and a parent advisory group prior to distribution. Sixteen parents returned the questionnaire providing a 50% response rate. The responses were themed.

Our study showed grieving parents have different experiences after the death of their baby. The trajectory of parents’ grief may be influenced by experiences they have at the time of their baby’s death.² When bad news is delivered without appropriate care parents may suffer long term effects. All parents from the surveyed demographic reported being treated with kindness and compassion. Many were very complimentary of the care provided; however the sentiments expressed by those who had a bad experience were very clear and unambiguous. Previous research in this area shows that staff often find the ability to break bad news difficult and feel that they do not have adequate training for these emotional interactions.³ This highlights the importance of staff training in communication and breaking bad news.

The accommodation and facilities for bereaved parents was not satisfactory for 25% of parents surveyed. These parents reported the heartbreak of being on a ward where they could hear the cry of
new born babies while grieving for their own. After the presentation of these findings the hospital-initiated plans to allocate alternative and improved accommodation with sound-insulation for bereaved parents.

Follow up care is a multi-disciplinary approach which involves hospital and community care. Within the hospital setting 75% of parents met with the (part-time) bereavement nurse specialist and 88% of those rated the service as fair to excellent. A bereavement nurse specialist has since been appointed on a full-time basis. Continuity of care is important for parents who have been bereaved. They appreciate the human touch from their consultants. Follow-up care is a multi-disciplinary approach which involves hospital and community care. Overall our study highlights a clear majority of instances where patients have benefited from compassionate and caring interaction with staff. Although the number of surveyed parents is small; the information which they have provided to us is invaluable. The areas of potential improvement identified ranged from communication and follow-up for bereaved parents, to accommodation and facilities for these parents on the maternity ward. The HSE Standards should provide a framework for all hospitals with maternity services in Ireland to aspire to.

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