Saying Goodbye

Nurses at Brattleboro Memorial Hospital, Brattleboro, VT, help families cope with fetal loss

BY SANDY KEEFE, MSN, RN

"Fetal loss is a very sad event, one that's difficult not just for the parents and other family members, but for the nursing staff as well," said Debbie Partrick, BSN, RN, nurse manager of The Birthing Center at Brattleboro Memorial Hospital, Brattleboro, VT.

"While some nurses are more comfortable than others when caring for moms who have lost their babies, it's a stressful situation nevertheless."

When the opportunity arose to attend a professional course on bereavement training, Partrick and Marie Gill, RN,C, a staff nurse in the birthing center, attended sessions.

"We learned a lot during the programs, and came back with information about how other centers managed this sensitive topic," Partrick said. "I was really thrilled when [Gill] came to me and said she'd like to develop a comprehensive care plan for nurses to follow when caring for families who have lost their babies."

A Pressing Need

For her part, Gill was acutely aware of the impact of fetal loss on families. In addition to her role in the birthing center, she works part-time providing SIDS counseling and other services through the Visiting Nurse Association of Vermont.

"I interact with moms who are trying to deal with losses from SIDS or other causes, and know how overwhelming that experience is," she said. "When I had the chance to attend the bereavement training, I gained more insight into the issues around fetal loss and gathered recommendations of how nurses could help families at this very difficult time."

The birthing center is generally a joyous place, celebrating new life. When a baby dies in utero or is stillborn, many perinatal nurses struggle to come up with the right approach.

"Everyone has their own issues about taking care of moms after fetal loss," Gill said. "When I started exploring how different nurses were managing the care of women following fetal loss, I realized we needed to establish an evidence-based standard of care for our birthing center."

When Gill began soliciting input from her colleagues about fetal loss, they were eager to share their concerns, questions and suggestions.

"They let me know they wanted a comprehensive care plan, as well as all of the appropriate documents in one packet," she said. "When there is fetal loss, there's paperwork for the nurses to complete, as well as forms and information the parents need in the hospital setting, and materials for the family to take home when mom is discharged."

Two Care Plans

As Gill reviewed the literature and gathered input from physicians and nurses at the birthing center, it became clear she needed to develop two care plans.
based on the gestational age of the fetus.

"Prior to 20 weeks gestation, you technically don't have to have a burial for the fetus, so parents can choose to have the hospital dispose of what's known as the products of conception," she said. "After 20 weeks, we have to issue a death certificate. All of the funeral homes here in town do provide a free burial in situations where there's a miscarriage or stillbirth after 20 weeks."

Gill ended up producing two bereavement packets, each containing the appropriate care plan and associated paperwork. The care plans themselves also became part of the electronic medical record.

"When you go into the computer, you can click on the appropriate fetal-loss care plan, depending on the baby's gestational age," Gill said. "Knowing it's online has been very helpful for the nurses."

Well-Received by Colleagues

Gill's colleagues in the birthing center have welcomed the project. "Marie's bereavement packets are complete, guiding the nurse step-by-step through what needs to be done for babies of a given gestational age," Partrick said. "Rather than trying to recall all the steps in a stressful situation, the nurse can just grab the packet and have everything at her fingertips."

Gill is passionate about establishing a consistent approach and standard of care throughout the hospital.

"Once the care plans were introduced within the birthing center and we saw how useful they were, we realized there were other clinical areas that could benefit," she said. "ED nurses provide care for women with first-trimester fetal loss, the OR and PACU nurses are responsible for the care of women following an incomplete abortion or ectopic pregnancy, ambulatory care nurses see patients who are scheduled for a [dilation and curettage] following an incomplete abortion, and nurses on med/surg units often provide the post-op care following surgery for an ectopic pregnancy."

Gill wants nurses to be aware of the resources available to them.

"Right now we're in the process of educating nurses in all clinical areas about the care plans," she said. "I'm attending staff meetings to let them know the care plans are available online. We tell them the packets are available in OB, so all they have to do is call us."

A Special Place

Never one to be satisfied with the status quo, Gill has a new wish for families who experience early fetal loss.

"When babies are born before 20 weeks gestation, parents may choose to have the hospital dispose of the products of conception, but many of them regret that decision later on," she explained. "They're so stressed by the traumatic loss of their baby that they don't always think things through. When I interact with them later on during home-health visits, I hear statements like, 'I wish I knew where my baby's remains are.'"

Gill is now pursuing a project that will provide a final resting place for the babies' remains, collaborating with lab personnel and Mary Urquhart, RN, vice president of patient care services.

"We hope to make arrangements for cremation of these products of conception, and a local funeral home has identified a place where we can spread the cremated remains," Gill explained. "We are currently raising money for a bench that will provide parents with a place to sit and reflect as they visit the site. While not every parent will want to visit immediately, we plan to provide them with an information sheet they can review later when they are ready."

"Currently, we send those products of conception to the lab for disposal, and parents often call to ask, 'Do you know what happened to my baby?'" said Gill. "Once we have a final resting place for the cremated remains, we can say, 'This is where your baby is, and you can visit.' That's a much more positive and reassuring answer than, 'The lab disposed of the remains.'"

Clinical Ladder

Partrick is understandably proud of Gill's initiatives on behalf of families who have experienced fetal loss.

"Marie's work on fetal loss began as a performance improvement project for the clinical ladder we have in place at the hospital," she said. "She presented the care plans in the form of a poster presentation at a professional conference sponsored by the Northern New England Perinatal Quality Improvement Network in November 2007, and she was highly acclaimed for what she did. She plans to share her care plans with other interested hospitals."

Gill is passionate about her specialty of NICU nursing, and appreciates the clinical ladder in place at Brattleboro Memorial Hospital.

"I earned and maintain three national certifications — fetal monitoring, maternal child health and neonatal nursing — to demonstrate competence in those areas," she said. "The fetal-loss care plan project also was part of my work to advance from clinical nurse I to clinical nurse II. It's important for nurses to actively seek out learning opportunities, and then to share that learning with others, so all of us can be the best possible nurses for our patients and their families."

Honors for Efforts

Gill was honored as the hospital's 2007 Employee of the Year. Among her many accolades, her colleagues nominated her for her work as a preceptor, demonstrating compassionate and non-judgmental care, and dedicating herself to her patients, the community and the facility.

Furthermore, new moms have been heard to say Gill makes them feel like they are her only patient. And, it's reported her trunk is always full of baby clothing and supplies for babies in need in her role as home-health nurse.

Sandy Keefe is a frequent contributor to ADVANCE.