

| | |
|------------------------------------|--|
| Title | Care following stillbirth |
| Author(s) | Fisher, Kiera; Murphy, Margaret |
| Publication date | 2013-11 |
| Original citation | Fisher, K. and Murphy, M. (2013) 'Care following stillbirth' World of Irish Nursing and Midwifery: Journal of the Irish Nurses and Midwives Organisation, 21(9), p. 20 |
| Type of publication | Article (non peer-reviewed) |
| Link to publisher's version | https://inmo.ie/7795 Access to the full text of the published version may require a subscription. |
| Rights | © 2013, MedMedia Ltd. |
| Item downloaded from | http://hdl.handle.net/10468/2556 |

Downloaded on 2018-12-15T02:28:59Z



UCC

University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

Care following stillbirth

Midwives should support the parents of a stillborn infant with compassionate care and effective communication

BREAKING bad news is something all midwives should consider. Adhering to evidence-based guidelines on disclosing bad news to families makes a difficult situation as bearable as possible for those receiving the news.

The National Best Practice Guidelines on Informing Families can be used when communicating with parents who have given birth to a stillborn infant.¹ The guidelines were initially developed by the Federation of Voluntary Bodies in consultation with parents on the best way to inform families of their child's disability.

Importance of privacy and respect

It is important to maintain confidentiality when discussing personal and sensitive issues with the family. Privacy for parents is important when enduring the loss of their infant and the midwife should facilitate this privacy when possible. This involves the midwife and healthcare team allowing parents time alone and limiting, or not allowing visitors, depending on what the parents want.

The midwife should ensure parents have a private room to spend ample time with their baby. Hospitals should have a symbol to indicate the sensitivity of the parents' case (eg. a sticker on the mother's notes or on the door of the room).

The bereaved parents

The midwife should approach any conversation with the parents of a stillborn baby in a sensitive, dignified way. This involves maintaining privacy, and talking to parents in an empathetic manner. Actively listening to the parents will help the midwife to foster communication and a trusting relationship with them.

The midwife should always show respect for the stillborn infant. This includes asking the parents what they

have named their baby, referring to the infant by this name and facilitating their willingness to speak about their baby.

Research has shown that enabling choice at this time is very important to parents. The midwife may suggest that the couple create memories with their infant should they wish to (eg. the parents may wish to hold their infant after birth; provide skin to skin contact; bathe and dress the infant; involve other family members; and take photographs of their baby).

It is also important to consider that not all parents will want to see their baby immediately after the birth. These individual decisions should be acknowledged and facilitated through effective communication between the midwife and the parents. If a trusting relationship has been established with the midwife, the parents may be empowered in their decision-making and benefit from this.

This communication will also allow the midwife to inform parents of the wider supports available to them including pastoral care, counselling and voluntary support groups. These support services may help parents with their loss and future emotional wellbeing.

The healthcare team

The midwife should ensure effective communication with the multidisciplinary team to avoid any unnecessary distress. Everybody deals with loss differently, so it is essential that the midwife informs other healthcare workers of the individual needs of the grieving parents.

Information should be shared between all multidisciplinary team members to ensure continuity of care. Communication between the acute and community-based services is paramount. GPs and public health nurses should be informed of the



Utilising the national best practice guidelines on disclosing a stillbirth to parents makes the situation as bearable as possible for those receiving the news

baby's death in order to provide appropriate support to the parents. These issues can be facilitated by the use of a checklist in the mothers' notes to ensure non-duplication of tasks and the provision of necessary services.

When deciding who is involved in the care of the parents and their stillborn infant while in hospital, the midwife should ascertain if staff members have spent time with the mother and father previously. Parents have said that continuity of care was valuable for them and their experience of pregnancy and childbirth as it creates a trusting relationship between them and the midwife. Fostering a trusting relationship is particularly important for grieving parents.

A key role of the midwife when caring for the parents of a stillborn infant is to support them with compassion and effective communication. It is impossible to undo tragic events but adhering to the guidelines allows the midwife to support the grieving family appropriately.

Kiera Fisher is a midwifery student and Margaret Murphy is midwifery lecturer at the School of Nursing and Midwifery, UCC

References

1. National Federation of Voluntary Bodies. National Best Practice Guidelines for Informing Families of their Child's Disability, 2004. Available at: www.informingfamilies.ie