PURPOSE

The purpose of these guidelines is to provide direction for public health nurses in their work with families who have experienced perinatal deaths, pregnancy loss, stillbirths or neonatal deaths.

GOAL

- To offer continued support to the bereaved family
- To offer referrals to support resources and reinforce initial work from hospital staff
- To assess client’s postpartum recovery or neonatal health and provide appropriate public health nursing services
- To assess emotional health of the family
- To assess family’s support system/ resources and provide other public health nursing services as indicated

SCOPE

- The intended clients for this guideline are families who have been referred to WRHA public health nursing services following the death of a pregnant or postpartum woman, a neonatal stillbirth, a neonatal death, or a pregnancy loss resulting from any cause (including medical inductions).

RECOMMENDATIONS FOR SERVICES

1.0 Response to Referral
1.1 The PHN may contact the Perinatal Discharge Coordinator for St.Boniface General Hospital or Health Sciences Centre to gather further information about the social work followup and/or support that has been offered through hospital services.

1.2 The PHN initiates contact with the referred family the day after hospital discharge, similar to all postpartum client referrals as in accordance with Healthy Beginnings standards for Contact #1 i.e.: provide initial assessment using the relevant sections of the ‘red flags’ assessment tool.
1.2.1 If unable to reach by phone to speak with the client, PHNs are to leave a telephone message stating that the PHN will call back later that day or the next day. The timing of the second telephone call is dependent on the PHN’s assessment of the information on the postpartum referral – for a total of 2 telephone messages. It is not anticipated that bereaved families will return telephone calls. If unable to connect directly with
the client and the messages have not been returned, the PHN will send a letter (see Appendix B)

1.2.2 As with other postpartum families, if it is not possible to leave a telephone message, the PHN will provide a drop-by doorstep visit to attempt to connect with the family. The PHN will offer an initial assessment as per Healthy Beginnings standard Contact#1, utilizing the relevant sections of the ‘red flags’ assessment.

1.2.3 If there is no contact with the client at a door–step visit, the PHN leaves an ‘unable to reach you’ letter. (See Appendix B)

1.2.4 The following are possible words that can be used in initial telephone calls or drop-by visits. In addition, other wording can be drawn from the text of the ‘unable to reach you letter’ to assist in facilitating conversation with bereaved clients.

Hello my name is _______________________. I’m a public health nurse with the Winnipeg Regional Health Authority. You may recall that the hospital nurse mentioned that public health nursing services are available to all families who have experienced (state the loss ie death of your baby, pregnancy loss, etc).

I’m calling to talk about how I may be of assistance to you during this difficult time, and to (here phn can state what the nursing interventions would be offered ie answer some of your questions / listen to your questions/ensure that your physical recovery is alright and briefly describe the assessment usually provided, assist in connecting with services/resources, etc)

Is this a good time for us to begin to talk, or should I call back later?

1.2.5 Refer to the deceased by name with the family contact person. If this information is not on the referral form, inquire about the name or naming of the infant, or the name of the infant’s deceased mother.

1.2.6 Offer and arrange for a home visit as per the Healthy Beginnings Home Visiting standards if this is an initial referral with the family after the pregnancy.
1.2.7 When the PHN is notified of a death subsequent to responding to an initial postpartum referral/infant referral, the PHN offers a home visit to occur within the next week after receipt of the news/referral regarding a perinatal or neonatal death.

2.0 Home visit or telephone visit

2.1 The PHN follows the Healthy Beginnings standards and clinical practice guidelines as appropriate depending upon who is deceased.

2.2 Assess the health status of the postpartum woman or infant.

2.3 Refer to the deceased by name. If this information is not on the referral form, inquire about the name or naming of the infant, or the name of the infant’s deceased mother.

2.4 Assess support systems of all members of the family.

2.5 When there is an infant death, discuss normal physical changes that a postpartum woman will experience; include information about lactation issues.

2.6 Provide bereavement information and anticipatory guidance. Request to see the package of information that the hospital has provided the family and select the relevant handouts to review such as beginning with the booklet Empty Arms. Bereaved family members may have found it difficult to open the envelope or the books; and the PHN can assist in accessing information by taking the information out of the envelope or opening a booklet for the client.

2.7 Acknowledge with the family that it may be difficult for them to open the package of information or read the material. Pace the topics discussed with the family’s indicated readiness.

2.8 Information to share with bereaved clients may include:
   - assurance that the hospital social worker and the public health nurse are available to them as supports and as a resource. Provide the family with the respective contact numbers.
   - the information package which the family received from the hospital. Review and refer to selected handouts eg Empty Arms, the listing of community resources and recommended websites. Ask the family to retrieve the information package they received from the hospital, so that you can select the relevant handouts from the envelope for the family to review with you or at a later time.
- comments that they may notice they are grieving differently than others involved and reinforce that this is normal.
- encouragement that communication lines be kept open between partners in a couple
- remind the family that it is acceptable and helpful to ask for specific kinds of assistance from friends and family, as well as for general support

3.0 Referrals
3.1 Facilitate referrals as necessary.

4.0 Followup
4.1 Contract with the family for follow up.

4.1.1 Possible words to use: “if you need anything else or you just need to talk…”

4.1.2 Personalize the follow up by giving yourself as the contact in addition to the general office telephone number.

4.1.3 Reinforce identified community services as a resource for them and the family.

4.2 Contract for future contact as with other referred families, in accordance with implemented Healthy Beginnings Standards and clinical practice guidelines, as well as families’ needs and resources.
PRACTICE GUIDELINE

Bereavement: Public Health Nursing Services with Families who have experienced perinatal deaths, pregnancy loss, stillbirths or neonatal deaths

RECOMMENDED READING

Online:
   Powerpoint presentation “Providing Care to Women and Families Impacted by Perinatal Loss” and “Grief and Loss assessment and intervention handouts” by Lisa Lloyd-Scott, Manager of Social Work Child and Women’s Health, Health Sciences Centre; and Jacqueline Shortridge, Social Worker Maternal Child Health, St. Boniface General Hospital


Books and Journal Articles:


# REFERENCES


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## Appendix A

Discharge information following Pregnancy Loss handouts from HSC and St. Boniface - awaiting updates November 2009; will soon be added to practice guidelines document

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## Appendix B

Unable to reach you letter Monday to Friday & Weekends: French and English samples:

To be sent to clients on WRHA Letter Head

Sample letters to can be stored on community area shared drives so that the letter can be typed and printed off as a individualized letter rather than appearing as a ‘form letter’ and can be personalized to match the families’ circumstances.

The italicized font is to be deleted from the text in the letter being sent to a family. Spaces have been left within the text to insert the public health nurse’s name, the name of the deceased infant, and the public health nurse’s telephone number.
Dear ,

My name is and I’m a Public Health Nurse in Winnipeg. I was saddened to learn about the loss of your baby (add in baby’s name) and wanted to let you know that I’m available to offer support to you and your family during this difficult time. If you wish, I can meet with you in your home or we can just talk on the phone, whichever is most convenient and helpful for you.

I would also like to talk with you to share important information about your health during the weeks following pregnancy. I would like to meet in person with you and do a brief health assessment. This will give you the opportunity to ask questions and discuss any health concerns you might have.

I welcome your calls at . If I am away from my phone, please leave a message and let me know the best time to reach you.

(for weekends & stats) If you and I are unable to connect by telephone this weekend (or today), I will ask your community area public health nurse to call you next week (or tomorrow).

I look forward to your call.

Sincerely,

Name Community area office
Madame,

Je m’appelle et je suis infirmière de la santé publique à Winnipeg. J’étais triste d’apprendre le décès de votre bébé (ajouter le nom du bébé) et je tiens à vous faire savoir que je suis prête à vous offrir un soutien, à vous-même et à votre famille, pendant cette période difficile. Si vous le souhaitez, je peux vous rendre visite chez vous ou nous pouvons simplement parler au téléphone, selon ce qui est plus pratique et utile pour vous.

J’aimerais aussi vous communiquer des renseignements importants au sujet de votre santé pendant les semaines qui suivent la grossesse. J’aimerais vous rencontrer en personne et faire une brève évaluation de votre état de santé. Cela vous donnera l’occasion de poser des questions et de parler de toute préoccupation que vous pouvez avoir en matière de santé.

Vous pouvez me téléphoner au . Si je ne réponds pas, veuillez me laisser un message et m’indiquer à quel moment je peux vous rappeler.

(pour fins de semaine et jours fériés) Si nous ne pouvons pas nous joindre par téléphone cette fin de semaine (ou aujourd’hui), je demanderai à l’infirmière de la santé publique chez votre zone communautaire de vous appeler la semaine prochaine (ou demain).

J’attends votre coup de téléphone.

Sincèrement,

Nom, Bureau de la zone communautaire de