

Caring for Parents Experiencing a Miscarriage Sue Kehoe BS, RN, CNOR & Ann Coyle RNC-NIC, CPLC, BS-P Virtua Voorhees Hospital



Introduction

Miscarriage is generally defined as the loss of a pregnancy prior to viability outside the womb and is usually prior to 20 weeks gestation. A pregnancy loss after 20 weeks, but before the full gestational period, is referred to as a stillbirth. As the most common complication during pregnancy, miscarriage affects roughly 10-15% of pregnancies, with an estimated 23 million occurring every year worldwide. While many women and men have reported experiencing intense grief because of their pregnancy loss, this grief has not been discussed or researched in western society until recently. Studies have shown that women and men's emotional well-being is influenced by interactions with health professionals. In addition, parents' experiences in hospitals were characterized by a perceived lack of understanding among healthcare professionals of the significance of their loss and the emotional support required.

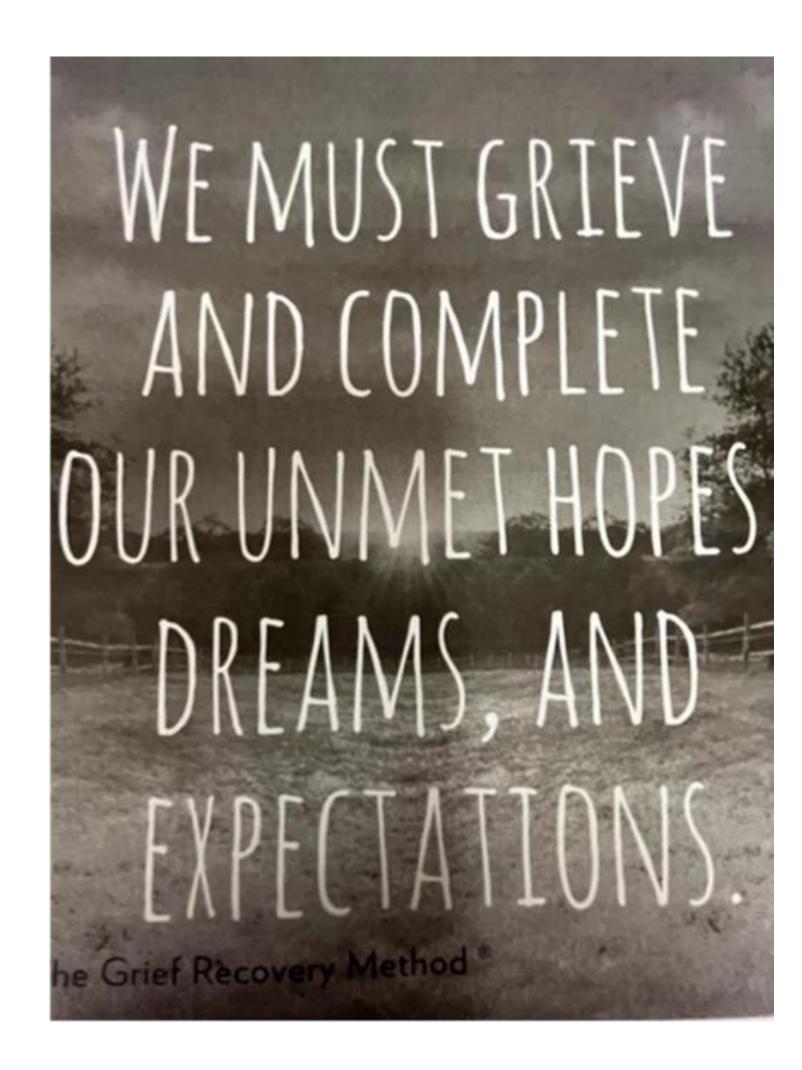


Background

Parents experiencing a miscarriage may have never had the opportunity to establish a face to face relationship, however, they still created an emotional bond with their unborn child. These parents had dreams and expectations for a future with this child that will never come to reality. As Operating Room nurses, we are the faces these parents see before their loss becomes inevitable. We are the last people that can take time to validate and empathize with their loss. As nurses, we need to recognize the emotional implications which can influence their emotional well-being.

Purpose

The purpose of our project was to provide support to parents experiencing a miscarriage who need to undergo a procedure. We hope that providing this small token of understanding, we can help parents through their grief.



Methods

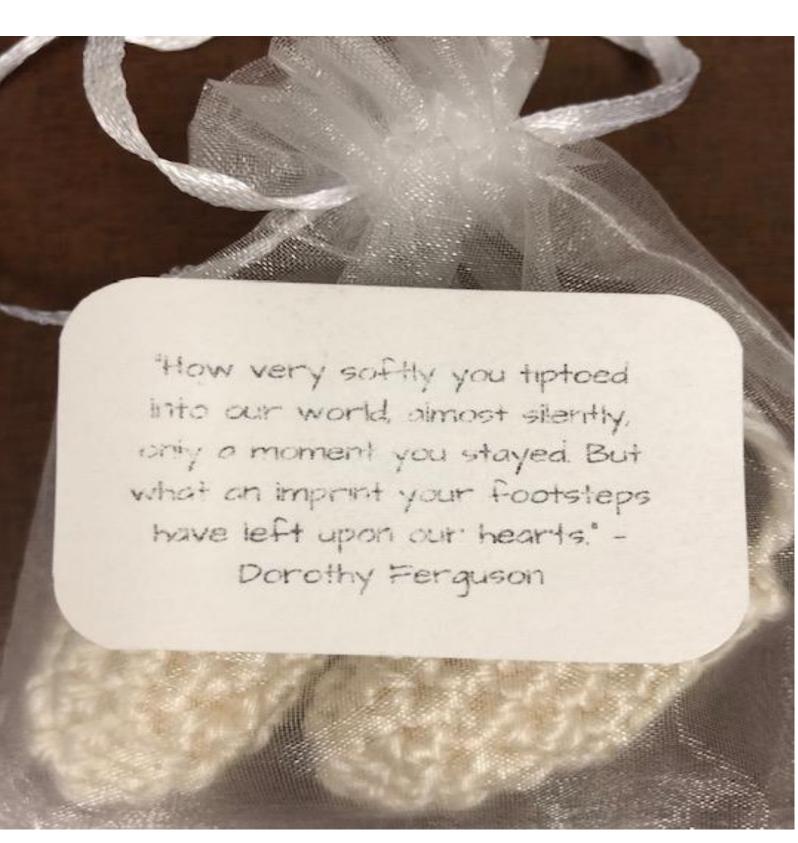
- Literature review
- Collaboration with Manager of Perinatal Bereavement Program and Family Health Services
- Education for perioperative staff regarding how and when to offer keepsake



Implementation

We located a woman who had offered to hand knit a baby bootie ornament or a heart ornament with a beautiful card. This woman had gone through a miscarriage herself and was honored to help these families in such a way. Every woman will be offered this keepsake regardless of gestational age or circumstances. If they do not want or feel the need for it, that is perfectly acceptable also. We discussed how we planned to distribute the booties or hearts and how to start the conversation with the parents. What you say to someone after a miscarriage can leave lasting impressions: "I'm sorry," "I'm listening," "I don't know why this happened," "You're not to blame," "I have something for you," are just a few phrases to use. It will take a little extra time in the pre-op area prior to our handoff but ignoring or pretending like it doesn't matter or exist is more painful than say the wrong thing.





Outcomes

The goal isn't to fit a specific mold, but to acknowledge and honor the grief the family is experiencing, support the women and men during this emotional time of loss, and to validate that their baby mattered and was here. We plan to follow responses via our hospital's surveys regarding this initiative which is still new on our unit.



Conclusions

Healthcare professionals find the care of parents following a miscarriage to be stressful and often feel unprepared to support the bereaved parents. They play a key role delivering miscarriage care. Support is needed, and nursing staff are those who accompany parents during their pregnancy loss. This initiative to give the parents a keepsake is a small yet powerful way to help show our support and help parents when they are most anxious, vulnerable, and scared. This keepsake allows healthcare professionals to show empathy, understanding and validation.

References

- Bellhouse, C., Temple-Smith, M., Watson, S., & Bilardi, J. (2019). "The loss was traumatic... some healthcare providers added to that":
 Women's experiences of miscarriage. Women & Birth, 32(2), 137–146
- 2. Ellis, A., Chebsey, C., Storey, C., Bradley, S., Jackson, S., Flenady, V., Heazell, A., & Siassakos, D. (2016). Systematic review to understand and improve care after stillbirth: a review of parents' and healthcare professionals' experiences. *BMC Pregnancy & Childbirth*, 16, 1–19
- 3. Ktisting, A., MD, Wagner B., PhD. (2012). Complicated Greif after Perinatal Loss. Dialogues in Clinical Neuroscience, 14(2), 189.
- 4. O'Leary J, & Thorwick C. (2006). Fathers' perspectives during pregnancy, postperinatal loss. JOGNN: Journal of Obstetric, Gynecologic & Neonatal Nursing, 35(1), 78–86
- 5. Prior M., Bagness C., Brevin J., Coomarasamy A., Erathope L., Hepworth-Jones B., et al. (2017). Priorities for Research in Miscarriage; A priority sitting partnership between people affected by miscarriage and professionals following the James Lind Alliance Methodology. BMJ Open, 7 eo16571.
- 6. Sejourne N, Callahan S, & Chabrol H. (2010). The utility of a psychological intervention for coping with spontaneous abortion. Journal of Reproductive & Infant Psychology, 28(3), 287–296.
- 7. Wanger, K.B. (2012). Clinical Research. Dialogues in Neuroscience, 14, 187-94