Where we started vs Where we are

2015
- Vision Planning Meeting... with hospital administration and Deena Filer, WOC Director
- Approval for Perinatal Bereavement Coordinator position (Fulltime)
- Interdisciplinary Team includes:
  - Bereavement Social Worker
  - Certified Bereavement Counselor
  - Community Liaison
  - Chaplain
  - Child-Life Specialist
- 400 Certified Staff to provide care
- Integration in the Neonatal ICU, Emergency Department, and Same Day Surgery Center

2017
- Designated bereavement rooms for privacy and confidentiality

Present
- Vision Planning Meeting with hospital administration and Deena Filer, WOC Director
- Approval for Perinatal Bereavement Coordinator position (Fulltime)
- Interdisciplinary Team includes:
  - Bereavement Social Worker
  - Certified Bereavement Counselor
  - Community Liaison
  - Chaplain
  - Child-Life Specialist
- 400 Certified Staff to provide care
- Integration in the Neonatal ICU, Emergency Department, and Same Day Surgery Center
- Designated bereavement rooms for privacy and confidentiality

Types of Consults
- OB Clinic- Clinic visit with no FHT detected
- MFM- Clinic visit with no FHT detected
- MFM- Perinatal Hospice patient
- Neonatal ICU- Neonatal Death
- ED patient admitted to floor (>16 weeks)
- ED patient (<16 weeks)
- Outpatient & Same-Day Surgery (D&C’s)
- SIDS death

Integrated Model of Curing & Healing

Figure 1. Integrative model of curing and healing. Copyright 2010, Jay Milstein. Modified by Rana Limbo and Kathie Kobler. Used with permission.
COMMUNICATION
Communication tool for all hospital staff
Used in Women’s & Children’s
Used in Emergency Department
Identifying an “Emotional Emergency”

MEMORY MAKING

FUNERAL PLANNING
- Home Burial
- Respectful Hospital Cremation
- Cremation by a local funeral home
- Traditional Burial Service

LEAVING THE HOSPITAL
- Parents verbalizing, “How will I leave without my baby?”
- Separating from the baby’s body
- Offering choices on how to leave hospital
- Saying goodbye to health care team members

BEREAVEMENT CARE
- Monthly Mail-outs
- Topics related to grief
- Putting words to emotions
- Integrating grief into everyday life
- Bereavement Risk Assessment (Psychosocial & EPDS)
  - Mental Health Issues
  - Coping Skills (Positive & Negative)
  - Concurrent Stressors
  - Previous Bereavement Issues
  - Support options
BEREAVEMENT CARE

• Understanding Grief
• Strong Emotions
• Going Back to Work After a Loss
• Coping
• Is There a Right Time?
• When Friends Aren’t There
• Sleep
• Your Rights As You Grieve
• Four Tasks for Grief
• Four Things About Grief
• Special Days
• Grief: Where Do I Go From Here?

BEREAVEMENT CARE IN 4TH TRIMESTER

• Closer monitoring in postpartum phase
• Creating a “postpartum plan”
• Assessment of risk-factors
• Addressing Perinatal Mental Health needs
• Utilizing Mental Health providers in after-care

BEREAVEMENT CARE IN 4TH TRIMESTER

• 1 in 5 women will experience some form of Perinatal Mood and Anxiety Disorder (PMAD)
• Lower income women have an increased chance of postpartum depression by 60%
• Up to 11% of first-time moms experience some form of PMAD
• Most common complication of pregnancy, yet often misdiagnosed or underdiagnosed.
• Appx. 10% of new dads experience some form of PMAD, as well

Risk factors for mental health complications

• having a prior history of loss
• having a prior history of trauma
• having a prior history of mental health issues
• having a family history of mental health issues
• lacking a network of support

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What People Think Causes Depression:

• Weakness
• Laziness
• An inability to “suck it up”

What Actually Causes Depression:

• Trauma
• Abuse
• Neglect
• Bullying
• Chemical Imbalance
• Grief & Loss
• Overworking
• Excess Stress
• Being “the caregiver”
• Genetic factors
• Loss of fulfillment
• Lifestyle factors
• Body image issues
• Perfectionism
• Lack of social support
• Low self-esteem