



Perinatal Bereavement Program

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CONFLICT OF INTEREST

Speakers and planners have an employment relationship with West Tennessee Healthcare. We are a provider of the program, but we do not endorse any commercial products in conjunction with this program. Off-label use of any products will not be discussed.

*There is no commercial support for this program.*

## **Planning Committee**

LeighAnn Sutton, LBSW, CPLC

Mary Beth Dunagan, MBA, CPLC





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**Mary Beth Dunagan, MBA, CPLC**



**Scott Bloodworth, M. Div**



**Tammy Hardee, RN**



**Addy Grisham, RN**



**Where we  
started  
vs  
Where we  
are**

**2015**

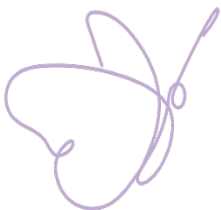
- Vision Planning Meeting... with hospital administration and Deena Kail, WCC Director
- Approval for Perinatal Bereavement Coordinator position (fulltime)

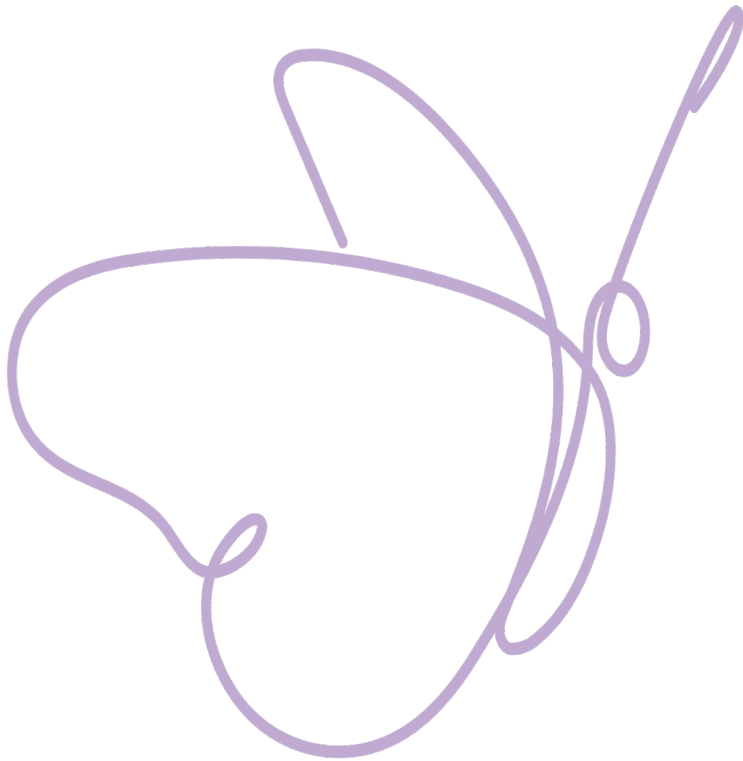
**2017**

- Interdisciplinary Team includes:  
Bereavement Social Worker  
Certified Bereavement Counselor  
Community Liaison  
Chaplain  
Child-Life Specialist

**Present**

- 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





## Bereavement Training Certification

- Over 400 certified staff
- Includes ancillary hospital staff (i.e. dietary, transport, EVS)

## Focus on: Relationship, memory making, and grief support

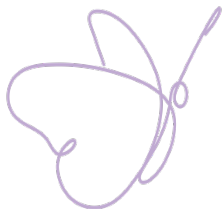
- Validation of every loss, no matter the gestational age of baby
- Logo used throughout hospital to reduce re-traumatization

## 13-month Bereavement Program

- Depression screening
- Periodic Phone Calls & Home Visits
- In-person Support Groups

# 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

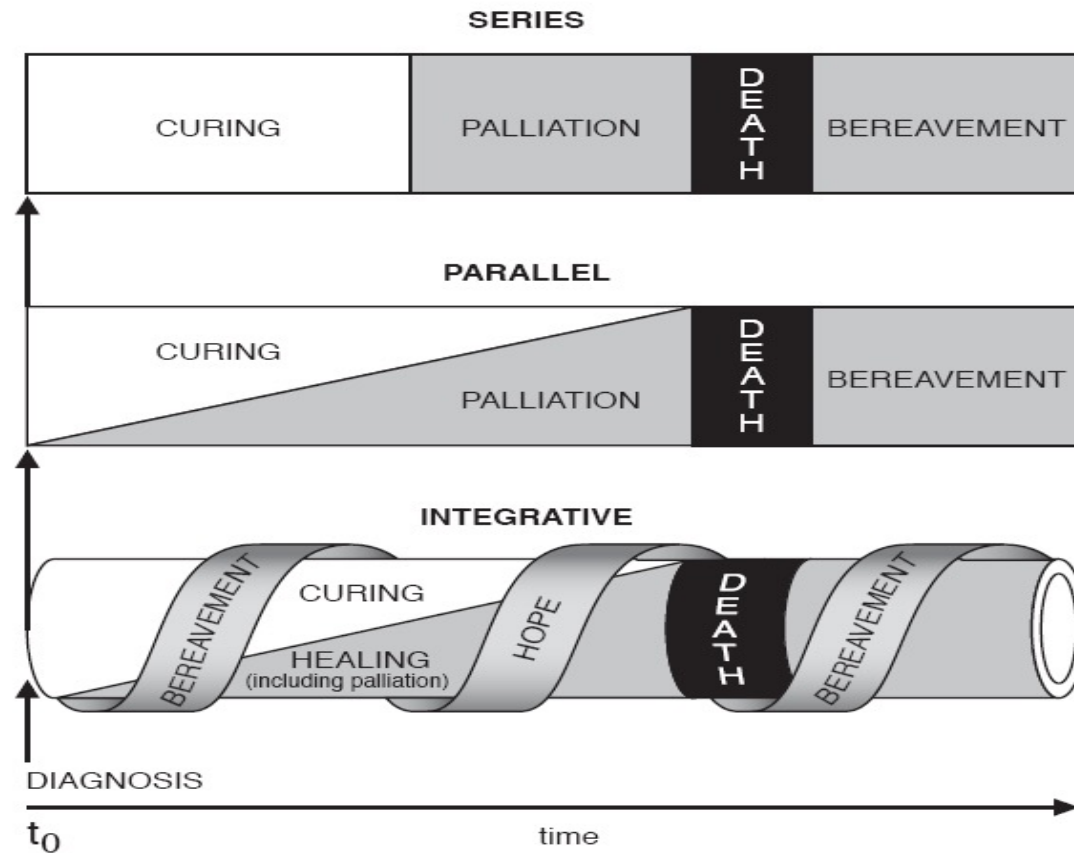


Figure 1. Integrative model of curing and healing. Copyright 2010, Jay Milstein. Modified by Rana Limbo and Kathie Kobler. Used with permission.



# 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



# FUNERAL PLANNING



# 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

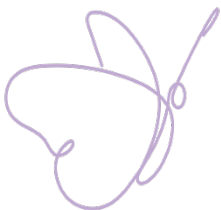


# BEREAVEMENT CARE

- Monthly Mail-outs
- Topics related to grief
- Putting words to emotions
- Integrating grief into everyday life
- Bereavement Risk Assessment (Psychosocial & EPDS)

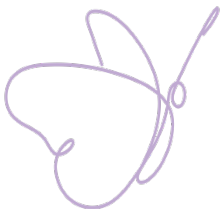
*(These evidence-based tools were designed to assist- not replace- clinical judgment)*

- 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 4<sup>TH</sup> TRIMESTER

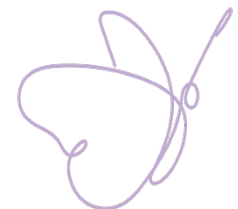
- Closer monitoring in postpartum phase
- Creating a “postpartum plan”
- Assessment of risk-factors
- Addressing Perinatal Mental Health needs
- Utilizing Mental Health providers in after-care



# BEREAVEMENT CARE IN 4<sup>TH</sup> 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

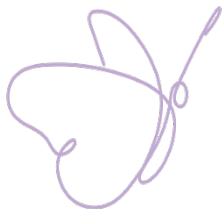
*Journal of Advanced Nursing. 2004;45(1):26-35. doi: j10.1046/j.1365-2648.2003.02857x*





# 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

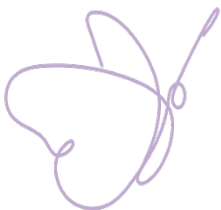


## What People Think Causes Depression:

- 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
- Lack of fulfillment
- Lifestyle factors
- Body image issues
  - Perfectionism
- Lack of social support
- Low self-esteem



# Contact Info

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