Implications for practice

The implications for practice listed below are based on the best available evidence. They are derived directly from the synthesised information contained in the systematic review of evidence as well as from expert and consumer representative advice. The implications for practice are intended as a guide to inform healthcare professionals' clinical decision-making in conjunction with their unique context, the preference of their patient and their own expert clinical judgement.

Diagnosis

Emotional impact upon parents

- Parents may have a potentially compromised ability to take in and process information due to the emotional impact of stillbirth.
- Cues from parents regarding their emotional state may be valuable for healthcare professionals when deciding how best to time the delivery of information.

Information provision and communication

- Prior to the confirmation of death, parents may appreciate honest and transparent news about their baby's status. Negating the parents' instincts that something is wrong can cause distress for the parents.
- Parents may experience potentially avoidable or unexplained delays in receiving information about the death of their baby in a negative way.
- Parents appreciate clear and understandable language and communication when learning that their baby has died. Medical terms and ambiguous descriptions may not be understood and can be distressing.
- After learning that their baby has died, parents may appreciate healthcare professionals asking them whether they would like them to stay to provide support and information, answer questions, or be left alone.
- Parents may appreciate being provided with verbal, electronic and written information, and may require information and details to be repeated. Having a supportive companion present can help.
- Parents may appreciate time to discuss their situation with healthcare professionals. Not allowing time for this, for instance, by leaving a room immediately after telling parents their baby has died or will be stillborn, may be distressing.

Continuity of care

- Where possible, parents may appreciate receiving care from the same healthcare professionals beyond the initial diagnosis of stillbirth.

Preparation for induction and birth

Informed preparation for birth

- Parents appreciate clear, step-by-step information of the induction and birthing process so as to know how to prepare themselves and what to expect.
- Verbal, electronic and written information may be appreciated by parents. Specific information around how to prepare for birth can be useful, such as informing parents that they can bring a camera and clothes for the baby back to the hospital if they wish if they are going home before the birth.

- Parents may be distressed by medical terminology or language used by healthcare professionals, for example, 'product of conception' and 'termination'.
- The timing of particular hospital processes may distress parents and cues provided by the parents can be valuable for healthcare professionals in determining when it might be most appropriate to provide parents with paperwork.

Timing between diagnosis and birth

- Involving parents in collaborative discussion and informed decision making regarding the timing of the induction of birth may be appreciated by parents.
- Parents may have differing needs and individual preferences for the length of time between learning that their baby has died and induction of birth.
- Where possible, both parents may appreciate being included in information provision and discussion. Exclusion of a partner may cause feelings of ostracism and blame.

Communication

- Parents may feel neglected or blamed by healthcare professionals who seem insensitive or judgemental regarding their emotions or actions.

The hospital environment

- Parents may be distressed when the birthing suite or delivery ward is not set up or equipped to support parents during a stillbirth.
- In the time between learning that their baby has died and birth, exposure to the cries of newborn babies and other parents can be highly distressing to parents.
- Ideally, a designated private area away from newborn babies and parents within the delivery ward and access to staff who are prepared to support parents of stillborn babies may better support parents.

Implications for practice relevant throughout the stillbirth experience

The implications for practice listed below relate to each phase of the stillbirth experience, including from the time of diagnosis up until birth.

Sensitive, genuine and empathetic care

- Parents who experience stillbirth are often emotionally fragile and appreciate healthcare professionals' empathy and support from the time when they suspect that something is wrong with their pregnancy to thenceforth, even for many years after the immediate experience.
- If possible, parents may appreciate when healthcare professionals give them the option to have friends or family members present to provide support.
- Parents may appreciate it when healthcare professionals engage with them genuinely and provide individualised and personal care.
- Parents may appreciate it when healthcare professionals show emotion and empathy towards their experience.

Information provision

Parents ⊠xposur⊠⊠n optolc⊠Te pr d

- Parents experience stillbirth as the death of their baby rather than as a medical event. Over-medicalisation of the event by healthcare professionals may cause unnecessary distress.
- Parents appreciate it when healthcare professionals respect and validate their emotional experience and reactions of being parents of baby that has died shortly before or during birth.

Information provision and communication

- Parents may be distressed by healthcare professionals who appear disengaged or do not take time to provide information, support and empathetic care.
- Parents should be provided with honest, forthcoming and step-by-step information in advance of each event and procedure.
- Dismissive, blunt, cold or inconsiderately worded communication will distress parents.
- Even small comforting gestures and simple words of sympathy and reassurance can help parents feel supported.
- Parents may wish to understand the cause of their baby's death. Verbal, electronic and written information may be helpful for parents to help them decide whether they would like investigations performed or post-mortem examinations conducted.

Support and training for healthcare professionals

- Healthcare professionals who attend to parents of stillborn babies may be better able to provide meaningful and appropriate care if they are provided with training and support to develop their knowledge and skills to perform their role as well as to cope with their own emotional reactions.

Culturally appropriate care

- Parents appreciate healthcare professionals' assistance to contact their preferred spiritual, religious and/or cultural support and services while in hospital.
- Lack of respect and acknowledgement of parents' cultural heritage and beliefs can result in parents losing trust in the healthcare service.
- Healthcare professionals attending to parents of stillborn babies may be better able to provide culturally appropriate care if they are provided with training and support to develop their knowledge and skills to acknowledge and understand different cultural groups' needs and preferences for care.
- Aboriginal and Torres Strait Islander people may wish to have family members, elders and/or community leaders there to support them through their experience.
- Healthcare professionals may be able to contact specialist services such as Aboriginal healthcare workers and Aboriginal and Maternal Infant Care (AMIC) workers from outside their local healthcare service and area for information and advice when caring for Aboriginal and Torres Strait Islander people.
- Healthcare professionals attending to Aboriginal and Torres Strait Islander people should be aware of and acknowledge that kinship and family structure is of particular cultural significance. Parents may want family members and/or elders to be there for them to provide support.
- For many Aboriginal and Torres Strait Islander people, mothers assign the 'birth order' to their children. Understanding that a stillborn baby may have a particular place in this birth order and for example may be the mothers' 'firstborn' is important.

Background

Parents experiencing stillbirth require supportive and sensitive care during the period prior to confirmation of the diagnosis and during the birth. Parents are often unprepared for the experience of stillbirth and may benefit from information provided about stillbirth in the antenatal period. Parents who experience stillbirth are at risk of detrimental psychosocial effects including grief, depression and self-blame. Parents may also experience culture-related impact following stillbirth, for example in relation to their system of kinship and how they relate to their immediate family.

These negative effects may be mitigated and relieved by healthcare professionals who are trained and prepared to help parents cope with this tragic experience. Conversely, these negative feelings may be compounded or in some cases inadvertently caused by healthcare professionals with whom parents may interact prior to birth. In some cases, healthcare professionals who provide care for these parents may not be adequately prepared or trained to provide the appropriate supportive and sensitive care required. Furthermore, healthcare professionals may themselves be emotionally affected by stillbirth and this can influence their interaction with parents.

Disclaimer

"The procedures described in this document must only be used by people who have appropriate expertise in the field to which the procedure relates. The applicability of any information must be established before relying on it. While care has been taken to ensure that this document summarises available research and expert consensus, any loss, damage, cost, expense or liability suffered or incurred as a result of reliance on these procedures (whether