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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.

Caring for own stillbirth

- Parents and other family members, such as siblings and grandparents, may be affected by the stillbirth experience for many years and appreciate healthcare professionals acknowledging this, particularly with regard to providing ongoing care and referrals to other supportive services and groups such as local support groups.
- Parents and family members' unique, individual experiences of grief, loss and other emotions such as anger can be acknowledged as valid and natural by healthcare professionals.
- Parents appreciate being consulted on their preferences on how to manage their emotions, and their

Emotional support

Both parents need emotional support. Parents prefer not to be alone in their journey. They want to be able to talk to someone who understands their experience. They want to be able to talk to someone who can help them to understand their own feelings and those of their partner. They want to be able to talk to someone who can help them to understand their own feelings and those of their partner. They want to be able to talk to someone who can help them to understand their own feelings and those of their partner.

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- Parents may appreciate being given the option to make follow-up contact with the attending healthcare professionals for further questions and talks about their experience.
- Parents may appreciate clear and respectfully worded verbal, electronic and written information that is specially tailored for parents who have experienced stillbirth regarding any physical issues they may encounter following stillbirth, for example, physical changes, lactation, sex and contraception.
- Parents may appreciate information and guidance regarding recommencing physical activity which may improve self-management of grief following stillbirth.

Support and subsequent pregnancies

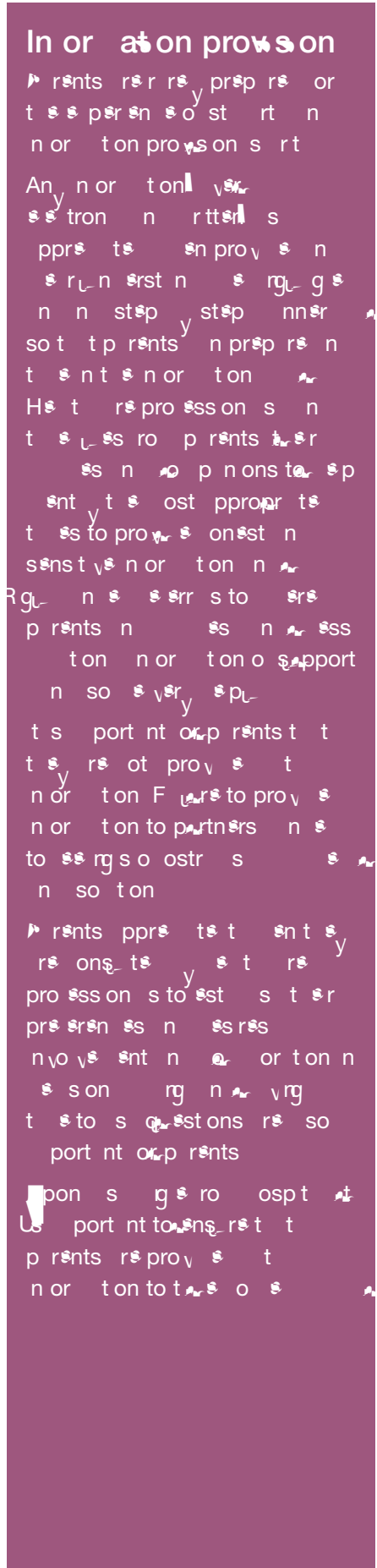
- Leading up to and during subsequent pregnancies, parents may appreciate the choice to receive care from familiar healthcare professionals who cared for them during the stillbirth experience and know their history.
- During subsequent pregnancy, parents may appreciate care and additional support especially around the time of the stillbirth.

Implications for practice relevant throughout stillbirth experience

The implications for practice listed below relate to each phase of the stillbirth experience including beyond the birth and often for many years after the experience of stillbirth.

Non-verbally non-paternal

- 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.
- 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.



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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

These implications for practice around culturally appropriate care were derived from the perspectives of a limited number of cultural groups only. With consultation with the expert advisory group,[†] these implications however may be appropriate and relevant for people from diverse cultural backgrounds as well as Aboriginal and Torres Strait Islander people. Healthcare professionals must be aware that there is no 'one size fits all' approach to providing culturally appropriate care.

- Parents appreciate healthcare professionals who acknowledge, are aware and inclusive of spiritual, religious and cultural beliefs that may be different from their own. For example, parents may have particular needs such as speaking to their baby in their own language or performing important cultural, spiritual or religious rituals while in the healthcare setting.
- Some cultural groups have particular beliefs and practices around death which may impact on their preferences for care. Parents appreciate healthcare professionals being aware of and considering these when providing care.
- Parents may have individual preferences for care that do not necessarily match more general preferences of their cultural, spiritual or religious group. Healthcare professionals must ensure that parents' individual preferences are heard and acknowledged rather than assuming they will want the same care as other parents with a similar background.
- 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.

Environment

Parents who experience a stillbirth may find the hospital environment stressful and overwhelming. The hospital environment may be a source of stress for parents, particularly if they are not familiar with the hospital setting. The hospital environment may be a source of stress for parents, particularly if they are not familiar with the hospital setting. The hospital environment may be a source of stress for parents, particularly if they are not familiar with the hospital setting.

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- 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.

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Beyond the immediate experience of stillbirth, the affected parents require ongoing supportive and sensitive care from healthcare professionals. Parents are often unprepared for the experience of stillbirth and may benefit from

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In or at/on sour

For the purposes of the review stillbirth was defined as the death of a baby *n. ro* at any time from 20 weeks until immediately before birth. Studies that considered neonatal death, perinatal death (before or after birth), miscarriage, termination of pregnancy for non-medical reasons or pregnancy loss prior to 20 weeks were excluded. It is important to note that any medical definition of stillbirth is unlikely to be meaningful to parents'. As such, parents whose loss of a baby before birth does not align specifically with this period should be treated with the same sensitivity and care.

Twenty-two qualitative studies included in the systematic review examined descriptions of the experiences and accounts of parents with the care they received aimed at improving their psychological wellbeing following stillbirth.¹ This phenomenon was investigated from the time of diagnosis and forwards until many years after the tragic event.

The majority of included studies reported both upon experiences of care from healthcare professionals who were felt to be positive and supportive as well those that were perceived to be negative and distressing.

Development o w n ,bas b an

A series of three documents has been developed to assist healthcare professionals to provide supportive and meaningful care for the parents of stillborn babies. The first document pertains to the time preceding birth from just prior to diagnosis on until induction. The second document relates to the period immediately following birth and the third document contains implications for practice relating to ongoing care and follow-up beyond the immediate experience of stillbirth.

The implications for practice contained within these documents have been developed from the evidence presented in the systematic review and directly based upon its synthesised findings (Level 1 evidence – Meaningfulness,² as

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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 arising in contract, negligence or otherwise) is, to the extent permitted by law, excluded."

± Joanna Briggs Levels of Evidence - Meaningfulness

Level 1	Qualitative or mixed-methods systematic review
Level 2	Qualitative or mixed-methods synthesis
Level 3	Single qualitative study
Level 4	Systematic review of expert opinion
Level 5	Expert opinion

These levels are intended to be used alongside the supporting document outlining their use.² Using Levels of Evidence does not preclude the need for careful reading, critical appraisal and clinical reasoning when applying evidence.

References

- 1 Peters M, Riitano D, Lisy K, Jordan Z, Aromataris E. Providing care for families who have experienced stillbirth: a comprehensive systematic review. The Stillbirth Foundation Australia [Internet]. 2014. Available from: <http://www.stillbirthfoundation.org.au/provision-of-effective-and-appropriate-care-for-families-who-have-experienced-stillbirth/>
- 2 The Joanna Briggs Institute Levels of Evidence and Grades of Recommendation Working Party*. Supporting Document for the Joanna Briggs Institute Levels of Evidence and Grades of Recommendation. The Joanna Briggs Institute [Internet]. 2014. Available from: www.joannabriggs.org
- 3 Pearson A, Wiechula R, Court A, Lockwood C. The JBI Model of evidence-based healthcare. *Int J of Evid Based Healthc* 2005; 3(8):207-215.

† The expert advisory group was assembled to provide guidance and input for the development of these implications for best practice and to ensure that the information meets the specific needs of parents and families who have experienced stillbirth. For the full details of the expert advisory group please refer to the systematic review.¹

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