



PRACTICE GUIDELINE

Bereavement: Public Health Nursing Services working with families experiencing perinatal death (maternal or neonatal), pregnancy loss, or stillbirth

Approved by: POPULATION AND PUBLIC HEALTH PROGRAM

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PURPOSE: To provide direction for public health nurses working with individuals or families who have experienced perinatal death (maternal or neonatal), pregnancy loss, or stillbirth.

SCOPE: For public health nurses in Population and Public Health in the Winnipeg Regional Health Authority (WRHA) following the death of a pregnant or postpartum person, a stillbirth, a neonatal death, or a pregnancy loss resulting from any cause, including medical inductions.

BACKGROUND: In 2014, the WRHA Public Health Nursing Practice Council identified that the previous November 2009 working draft for the Bereavement guideline needed updating. This was especially important in order to provide a comprehensive response to the issues highlighted in the Best Practice Issue Paper 11.13 which described how the Winnipeg hospitals without birthing services were not as prepared to provide the services as offered in the two birthing hospitals for parents and their families experiencing pregnancy loss or perinatal deaths.

Experiencing the loss of a pregnancy or a stillbirth can be one of the most devastating events in a person's life. Perinatal support provides emotional validation, empathy and understanding during this difficult time helping individuals and families navigate their grief. Many people feel isolated in their grief following a pregnancy loss or stillbirth. Perinatal support groups and counselling services offer a sense of community and connection with others who have experienced similar losses, reducing feelings of loneliness and alienation. PHNs are well positioned to provide support for families or individuals who have experienced this type of loss as well as connection to additional services and resources as needed (1).

DEFINITIONS:

PHN: Public Health Nurse

PROCEDURE:

1.0 Response to Referral

- 1.1 The PHN initiates contact with the referred family within 48 hours of discharge in accordance with the Public Health Nursing Standards [Provincial Public Health Nursing Standards | Health | Province of Manitoba \(gov.mb.ca\)](http://www.gov.mb.ca/health/publichealth/nursingstandards/) (2) for Contact #1 i.e.: provide initial assessment using the relevant sections



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of the 'red flags' assessment tool found in [WRHA Weekend Services](#); p.9.(see Appendix C).

1.1.1 If the initial call goes unanswered, the PHN should leave a voicemail indicating their intention to call again either later that day or the next day. The timing of the second call is flexible, based on the PHN's assessment of the urgency conveyed by the information provided in the referral. However, it should be noted that many bereaved families may not return these calls.

1.1.2 If there is still no response after two attempted calls and no returned messages, the PHN will send a letter, as detailed in Appendix A. This ensures that multiple avenues of communication are explored before concluding the outreach process. This approach reflects a thoughtful effort to engage with clients or families that respect their circumstances and preferences.

1.1.3 If leaving a voicemail message isn't feasible, PHNs may conduct a doorstep visit as an alternative approach. During these visits, PHNs will perform an initial assessment following the guidelines outlined in the Public Health Nursing Standards Contact #1, which involves utilizing pertinent sections of the 'red flags' assessment. This ensures that families who may not be reachable by phone are still offered a comprehensive assessment and support.

1.1.4 If there is no contact with the client or family at a door step visit, the PHN leaves an 'unable to reach you' letter. (See Appendix A)

1.1.5 The following are possible words that can be used in initial telephone calls or drop-by visits. In addition, other wording can be drawn from the text of the 'unable to reach you letter' to assist in facilitating conversation with bereaved clients.

"Hello. My name is [Your Name], and I am a Public Health Nurse with the Winnipeg Regional Health Authority. The hospital nurse may have mentioned that you would receive a call from public health. I am so sorry for your loss. Public health nursing services are available to offer support to all families who have experienced [mention the specific situation, like pregnancy loss, maternal death, etc. Use the deceased name if appropriate].

Is this a good time to talk? (If yes, carry on with the conversation. If no, offer to call back at a time that is convenient for the family).

How are you and your family coping with the loss? Do you have supports available or someone you can talk to?



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I am calling to talk about the services I can offer you during this difficult time.” (The PHN can suggest some interventions that are offered such as [list relevant services or interventions]).

- Answer some of your questions
- Provide a health assessment to ensure that your physical recovery is going smoothly
 - Provide a newborn assessment (in the case of parental demise or live infant of multiples)
 - Discuss any health concerns you may have and provide health information
 - Offer support in connecting with community resources or supports

1.1.5 Refer to the deceased by name when speaking with the family. If this information is not on the referral form, inquire about the name or naming of the infant, or the name of the infant's deceased mother/parent.

1.1.6 Offer and arrange for a home visit, as per the Public Health Nursing Standards for Contact #1, if this is an initial referral with the family after the pregnancy.

1.1.7 When the PHN is notified of a death, subsequent to responding to an initial postpartum referral/infant referral, the PHN offers a home visit to occur within the next week or a time chosen by the family.

1.1.8 Some infants are discharged home with a plan for pediatric palliative care. The PHN connects with the family and the palliative care nursing team to ensure coordinated PHN services.

1.2 The PHN may contact the respective hospital Social Work department for further information in order to coordinate follow-up support.

2.0 Home or telephone visit

2.1.1 Follow the Public Health Nursing Care Pathways (postpartum or newborn) [Public Health Nursing: Postpartum Nursing Care Pathway 2019 \(gov.mb.ca\)](#) (3); [Newborn Nursing Care Pathway.pdf \(gov.mb.ca\)](#) (4), and Public Health Nursing Standards as appropriate depending upon who is deceased.

2.1.2 Assess the health status of the family, postpartum client and/or infant(s), provide teaching and anticipatory guidance.

2.1.3 Assess family strengths and concerns. Where a parent/child dyad exists consider Families First as a resource. Refer to Families First guidelines for process. [Families First Program Standards](#) (5).



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2.3 Invite the parent(s) who have experienced pregnancy loss, stillbirth or neonatal death to speak about their birthing experience. Use active listening and empathetic communication skills during the conversations, including periods of silence where appropriate.

2.4 Assess support systems of the family and respect cultural practices regarding death and grieving.

2.5 When there is a stillbirth or neonatal death, conduct a postpartum assessment for the birth parent. Include anticipatory guidance regarding physical recovery, especially comfort measures for breasts. (May mention opportunity to provide donor milk to other babies in NICU if situation feels appropriate).

2.6 Provide bereavement information and anticipatory guidance. Ask to see the package of information provided by hospital. Select relevant handouts to review to match parent(s) comments. Bereaved family members may have found it difficult to open the envelope or the books. The PHN can assist by taking the information out of the envelope or opening a booklet for the client. Offer connection to Dragonfly program through Women's Health Clinic. <https://womenshealthclinic.org/services/family-community-programs/dragonfly-support-program> (6) (see Appendix B).

2.7 Acknowledge that it may be difficult for them to open the package of information or read the material. Pace the discussed topics with the family's indicated readiness.

2.8 Offer and/or accept opportunity to look at the deceased's keepsakes with the parent(s), to convey respect for the deceased and acknowledge the grief experienced by the family. This provides another opportunity for the bereaved family to talk and / or reflect.

2.9 Information to share with bereaved parent(s):

- Reassure that the hospital social worker and public health nurse are available as a resource and for supports. Provide the family with the respective contact numbers.
- Provide the listing of community resources and recommended websites related to perinatal loss and bereavement.
- Reinforce that everyone grieves differently. Review the stages of grief as defined by Elizabeth Kubler Ross (7), and that it is normal to move back and forth between stages of grief at different times.
- Encouragement open communication between partners, family members and supports.
- Remind the family that it is beneficial to accept help or general support from friends and family, and to specify for them what would be most helpful during their time of bereavement.



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2.10 It is important to ensure that other children in the family understand, at their unique developmental level, what has happened and that their questions be answered in a simple, age-appropriate manner. Offer some suggestions for the family to explain the situation to the children. It is important that they feel included and supported during this difficult time (8).

2.11 If barriers exist, facilitate or assist family to access information and/or resources.

3.0 Referrals

3.1 Facilitate referrals as necessary.

4.0 Follow-up

4.1 Offer to follow up with the family at a later date.

4.2 Possible words to use: "if you need anything else or if you just need to talk, I am here for you..."

4.3 Provide PHN work phone number as a contact as well as the general office number.

4.4 Review identified community resources and assist with connection to these resources as needed.

4.5 Document interventions and follow-up plan in nursing progress notes within 24 hours, including any variances.

5.0 PHNs Self-Care

5.1 Respect one's own awareness of readiness to work with families who have experienced a loss; review these practice guidelines; consult with PHN colleagues and/or CNS.

5.2 Acknowledging that for some, particularly if they are pregnant, have experienced complication or a recent loss, this may be a sensitive time for them to respond to a family who has experienced a perinatal loss. Provide team support and ensure optimum service delivery by reassigning the referral to another PHN who is able to fully engage with and provide support to a bereaved family.

5.2.1 In such cases, as a PHN team, it's essential to have open and honest communication. Speaking with the respective PHN about their current situation and challenges is the first step. By approaching the situation with empathy and understanding, we can ensure that the bereaved family receives the support they need and demonstrates our commitment to the well-being of both our team members. Depending on the circumstances and available staffing



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resources, offering the option to provide follow-up with another referral could be a viable solution.

5.3 Exploring one's own attitudes about death and grief is crucial for care providers to effectively support bereaved families. It's also essential to respect the family's values, beliefs, traditions, and attitudes about health, illness, and death. When communicating with bereaved families, regardless of cultural or religious background, it's important to be mindful of what to say and what to avoid saying to ensure sensitive and respectful interactions (9).

What to Say

- "I'm sorry" or "I'm sorry for your loss"
- "I wish things had turned out differently"
- "I feel sad" or "I am sad for you"
- "How are you doing with all of this?"
- "Can you tell me about what you are feeling?"
- "Can you tell me what happened today?"
- "What is going on right now?"
- "What is the hardest part for you right now?"
- "What can I do for you?" or "How can I help?"
- "I'm here and ready to listen"
- "Do you have any questions?"
- "Can I call someone for you?"
- "What do you need right now?"
- "We can talk again later"
- "Take all the time you need"
- "We are here to help"
- "Call us if you need us"
- "Tell me about your supports at home"
- "It's ok to cry"

What Not to Say

- "This happened for the best" or "Everything happens for a reason"
- "This is nature's way"
- "This is God's will" or "God knows best" or "God needed an angel"
- "It could be worse"
- "At least it all came out"
- "At least you didn't know the baby"
- "You're young, you can try again" or
- "You can have more children"
- "Time will heal"
- "You have an angel in heaven"
- "It's good your baby died before you got to know him/ her well"
- "It was not meant to be"
- "Over time you will forget your baby"
- "It's just your body's way of ending an unhealthy pregnancy"
- "This happens all the time"
- "Be grateful for the children you have"
- "You need to move on"

5.4 Offer debrief with colleagues, manager and/or CNS when PHN is working with bereaved families as there may be vicarious trauma.

5.5 Consider participation in additional opportunities for support, including EAP services, follow-up consultations with manager and/or CNS, focusing on work-life balance, and ensuring regular rest/meal breaks during the workday.



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VALIDATION

A literature review determined the evidence provides strong recommendations for the interventions set out in this clinical practice guideline.

The understanding, respect and genuine warmth shown by health care providers to bereaved families is appreciated and becomes part of their baby's story (11). Showing the family that you care in a nonjudgmental manner is important (12).

The loss of a child during or near birth represents one of the most profound and distressing events an individual can undergo. The initial grief responses following perinatal loss, which mirror those seen in other forms of bereavement such as the loss of a spouse, are well-documented and considered normal. There is no specific timeline for grief. Everyone grieves in their own way, with different symptoms and with varied intensity. Perinatal death can cause relationship breakdown. Having a supportive partner, or significant other however is a protective factor for lengthy grieving; going through such a distressing time together often brings partners closer together (13).

Evidence shows partners have similar and unique grief responses; shock, anger, emptiness, helplessness, and loneliness are shared. The parent who carried the baby may feel guilt, but the other parent may not. Support and interventions should be geared toward the individual's needs. More research is need in this area which may or may not be gender-based (14).

Often parents of a stillborn baby may feel as if they are grieving alone. One in five birth parents suffer long-term depression, anxiety, or post traumatic stress disorder; partners also experience negative psychosocial responses. Stillbirth ranks fifth in the leading global causes of death ahead of HIV/AIDS, tuberculosis, traffic accidents and any form of cancer (15).

A woman's role, in some circumstances, is to provide children for the husband/family. A stillbirth undermines her value; she may be seen as a failure, impure, taboo, expected to forget this child and have another, supported differently and grief is not accepted. She is often shamed and stigmatized. Health care providers only recently began to recognize the emotional and psychological pain of stillbirth. Prior to this their baby was deemed unequal to a deceased child and treated as a neonatal mortality (16).

Research shows the social environment and type of social support plays an important role in grief outcomes for the bereaved parent. Lower levels of anxiety and depression have been reported in relation to support from healthcare providers and especially



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family. The cultural perspective of loss and grief related to an adult can be found in the literature, but not much in the way of perinatal loss; it deserves further exploration. Respect the bereaved family's values, beliefs traditions and attitudes (17).

A referral to mental health services should be considered if a Healthcare provider identifies parents at risk for pathological grief (18).



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OTHER SUPPORTING RESOURCES

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APPENDIX A – Unable to Reach Letter (English)

The letter is to be sent to clients on WRHA Letter Head. Sample letters can be stored on shared drives so that the letter can be typed and printed off as an individualized letter rather than appearing as a ‘form letter’ and can be personalized to match the families’ circumstances. Any names and addresses should be removed before saving the document.

The italicized font is to be deleted from the text in the letter being sent to a family. Spaces have been left within the text to insert the Public Health Nurse’s name, the name of the deceased infant or mother, and the Public Health Nurse’s telephone number

Name
Address
Winnipeg, Manitoba Postal Code

Date

Dear _____,

My name is _____ and I’m a Public Health Nurse in Winnipeg. I was saddened to learn about the loss of your baby (add in baby’s name) and wanted to let you know that I’m available to offer support to you and your family during this difficult time. If you wish, I can meet with you in your home or we can just talk on the phone, whichever is most convenient and helpful for you.

I would also like to talk with you to share important information about your health during the weeks following pregnancy. I would like to meet in person with you and do a brief health assessment. This will give you the opportunity to ask questions and discuss any health concerns you might have. I welcome your calls at _____.

If I am away from my phone, please leave a message and let me know the best time to reach you. (for weekends & stats) If you and I are unable to connect by telephone this weekend (or today), I will ask your community area public health nurse to call you next week (or tomorrow). I look forward to your call.

Sincerely,

Name
Community Area Office



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APPENDIX A- Unable to Reach Letter (French)

Nom

Adresse

Winnipeg (Manitoba) Code postal

Date

Madame _____,

Je m'appelle _____ et je suis infirmière de santé publique à Winnipeg. La perte de votre bébé (**ajoutez le nom du bébé**) m'a profondément attristée et je tiens à vous dire que je suis à votre disposition pour vous offrir, à vous et à votre famille, du soutien pendant cette période éprouvante. Si vous le souhaitez, je peux vous rencontrer à votre domicile, ou nous pouvons simplement parler au téléphone, selon ce qui est le plus pratique et aidant pour vous.

J'aimerais également m'entretenir avec vous pour vous communiquer des renseignements importants sur votre santé au cours de ces semaines qui suivent la grossesse. Je souhaite vous rencontrer en personne pour procéder à une brève évaluation de votre état de santé. Cela sera pour vous l'occasion de me poser toutes les questions que vous pourriez avoir sur votre santé, et de discuter avec moi. Je vous invite à m'appeler au _____.

Si je ne peux pas prendre votre appel, veuillez laisser un message et m'indiquer le meilleur moment pour vous joindre. (pour les fins de semaine et les statistiques) Si nous n'arrivons pas à nous joindre par téléphone cette fin de semaine (ou aujourd'hui), je demanderai à l'infirmière de santé publique de votre zone communautaire de vous appeler la semaine prochaine (ou demain). Je me réjouis à l'avance de votre appel.

Bien à vous,

Nom

Bureau de zone communautaire



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APPENDIX B

Dragonfly Teachings

The dragonfly is born on the water as a bug (a nymph) and lives the first part of its life under water. As the nymph matures it begins to look up longingly through the water and the sky above. Somehow it knows that its time has come to give in to the urge to climb up the lily pad stalk. Once the nymph climbs up, emerges from the water and learns to breathe air, it can never return to live in the water. Almost immediately their body will release two beautiful pairs of wings which will allow it to fly. Dragonfly symbolizes change, transformation, adaptability, and self-realization."

- Elder Wa Wa Tel Ikwe



Like the dragonfly, when we experience change or grief, a transformation happens. We don't simply "get over" grief; we build around our grief. We build a bridge between who we were before and after by working through and acknowledging what has happened, building connections and support.

About WHC

Women's Health Clinic is a feminist, non-profit community health clinic located in Winnipeg, Manitoba. Since 1981, WHC has provided accessible education and services, created strategic partnerships and advocated for system change.

Every donation makes a difference

You can make a huge impact in someone's life.

\$20 makes a self-care bundle for a person affected by pregnancy loss, infant loss, or babies born to spirit

\$25 pays for an hour of child-minding while clients participate in the Grief Support Circle

\$250 buys supplies for a therapeutic art project for people affected by pregnancy loss, infant loss, or babies born to spirit

\$500 supports a community feast with Elders or Knowledge Keepers

Help us continue our work. Please donate today.

Donate online at
womenshealthclinic.org/donate

Dragonfly Support Program

Supporting those impacted by pregnancy loss, infant loss & babies born to spirit.



Artwork by Jackie Traverso

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www.womenshealthclinic.org



Winnipeg Regional Health Authority
Office régional de la santé de Winnipeg
Caring for Health À l'écoute de notre santé

PRACTICE GUIDELINE

Bereavement: Public Health Nursing Services working with families experiencing perinatal death (maternal or neonatal), pregnancy loss, or stillbirth

Approved by: POPULATION AND PUBLIC HEALTH PROGRAM

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APPENDIX B Cont'd

About Dragonfly Support Program

The Dragonfly Support Program at Women's Health Clinic supports people impacted by pregnancy loss, infant loss, and babies born to spirit. We offer counselling, peer support, group support, and resources for individuals and families affected by these experiences.

We also provide education and training for service providers, communities and organizations.

Get In Touch

You can get connected with our services online, by phone, or by email. Services are available for people living across Manitoba and free-of-cost regardless of health coverage. Our program welcomes people of all genders.

Email

dragonflyprogram@womenshealthclinic.org

Web

womenshealthclinic.org/dragonfly

Phone

204-947-2422 ext. 544



Client Services

Counselling

We offer counselling for individuals, couples, and families impacted by pregnancy loss, infant loss, and babies born to spirit. We also offer counselling to those wanting support with experiences of infertility and pregnancy after loss.

Group Therapy

Group therapy is offered once or twice per year and runs once per week for 6-8 weeks.

Peer Support

We can pair you up with a trained volunteer who has personal experience with pregnancy loss, infant loss, and / or babies born to spirit for one-on-one peer support and resources.

Grief Support Circle

This group meets once a month and is open to anyone who has been impacted by pregnancy loss, infant loss or babies born to spirit (partners and people of all genders are welcome). Child minding available.

Education

Service Provider Education

We offer service provider trainings multiple times a year focused on providing anti-oppressive and compassionate care for people who experience pregnancy loss, infant loss and babies born to spirit. We also provide educational workshops by request for communities and organizations.

Peer Support Volunteering

We offer guided conversations and teachings to prepare people with lived experience to become peer support volunteers in our program. Let us know if you'd like to be added to our list for the next training!

Provincial Community of Practice

We host meetings with a network of service providers, knowledge keepers, and peer supporters to share knowledge, wise practices, resources, and to collaborate in providing supports for people impacted by pregnancy loss, infant loss, and babies born to spirit.



women's health clinic

www.womenshealthclinic.org

"The freedom and safety of this space, with this group where I can share and learn, encourage and support both myself and others. I am so thankful for it."
- Dragonfly Client

"I'm feeling more comfortable in supporting people in these experiences. The language and wise practices discussed will be so helpful in my work."
- Service Provider Education Participant



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APPENDIX C- Red Flags Tool

WRHA Weekend Services

Public Health Nurse Procedure Manual

Red Flags Tool: Indicators Requiring PHN Assessment:

Infant Physical Assessment:

- Jaundice which impacts feeding (including high-intermediate risk zone upon discharge)
- Sleepy baby / not waking on own
- Not feeding adequately: no interest

Infant Hydration Indicators:

- See MB Newborn Care Pathway:
https://professionals.wrha.mb.ca/old/extranet/publichealth/files/Newborn_Nursing_Care_Pathway.pdf
- Evidence of dehydration / inadequate intake
- Insufficient urine & stool output / color change for age in days

Breastfeeding:

- Nipple trauma / breast pain / unable to latch effectively
- Inadequate feeds (shallow suck, few or no audible swallows, breast refusal, no interest)

- Post-Partum Physical: See MB Postpartum Care Pathway:
https://professionals.wrha.mb.ca/old/extranet/publichealth/files/Postpartum_Nursing_Care_Pathway.pdf
- Mental health concerns
- Physical red flags: symptoms of infection, PP hypertension, PPH, DVT / PE, increased pain or discomfort

Support Systems / Parental Emotional Well Being:

- Suspicion of child abuse or substance use
- Negative verbalizations regarding baby
- Multiple social issues / structural disadvantage
- Inadequate resources / supports / unstably housed

General Red Flags

- Language barrier
- Poor historian
- No phone
- <18 years at birth of first baby

**Note: These are potential red flags to consider in your PHN assessment. It is not intended to be directive or all inclusive, only to provide guidance.*



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APPENDIX D – Resources Provided from St. Boniface Hospital

Spiritual Care makes and hands out with patients, this is what is included

- Sympathy card
- Because WE Care information (outlining options for burial or cremation)
- Support resources after Pregnancy Loss
- Because We Care pamphlet on Still birth
- RTZ Information pamphlets (including Guiding you through grief, Navigating Trauma after Pregnancy and Infant loss, Fathers Grieve Too, Pregnancy After Loss, Siblings and Grief, Grieving Your Grandchild)
- Northern Star – mothers milk bank information
- Remembrance of Life – keepsake form for naming and weight/length
- Memories of baby – keepsake form for handprints.

The package that the nurses hand out includes

- Caring for Yourself After the Loss of a Baby
- Registration of Stillbirth form or Registration of Live birth and a registration of death.



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