Enhancing Patient’s Experience with a Non-viable Pregnancy / Intra-Uterine Death (IUD) Outcome

KK Women’s and Children’s Hospital (KKH) is the largest hospital specialising in healthcare for woman and children in Singapore. On average per annum, over 11,000 babies were delivered in KKH. Most time we shared the joy of every new-born with their parents, however, there were times we encounter death of the new-borns either soon after delivery or IUD.

Our attention were draw to the needs of these special group of patient population when we received an emotional feedback from Madam T who experience the loss of her new-born during her stay in KKH. She delivered a baby who has acrania, a rare congenital disorder which affects the brain and its supporting structure. Her baby was sent to Special Care Nursery (SCN) for comfort care and needed tube-feeding. Baby was separated from mummy soon after birth and mum were admitted to a gynaecological ward. As baby had very limited life expectancy, mother yeaned to be with her baby and hold her baby till he passed-on. During her stay in the hospital, she expressed a lot of anxieties over her baby’s conditions and constantly seeking opportunities to visit her baby in SCN.

AIMS

❖ To meet the grieving needs of the couple/family and what matter most to them.
❖ To create and enhance a structured and customised bereavement support system for individual couple and family who are facing loss.

Previous Workflow

Delivery Suite/Operating Theater

<table>
<thead>
<tr>
<th>Gynaecology Ward</th>
<th>Mother</th>
<th>Baby</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Care Nursery</td>
<td></td>
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<tr>
<td>Deceased Baby</td>
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<tr>
<td>Mortuary after Viewing</td>
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METHODOLOGY

Based on Madam T’s feedback, in October 2018, a multi disciplinary workgroup was formed with dedicated members from the medical, nursing, allied health that is the medical social worker or mental wellness team and the support services to design a *customised enhanced bereavement support system*. The team adopted the Plan – Do – Check – Act (PDCA) cycle to relook into the current bereavement support system.

NEW WORKFLOW

<table>
<thead>
<tr>
<th>Delivery Suite/Operating Theater</th>
<th>Special Care Nursery</th>
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<tbody>
<tr>
<td>Mother</td>
<td>Neonatologist</td>
</tr>
<tr>
<td>Baby</td>
<td>Nurses</td>
</tr>
<tr>
<td>Single Room in Gynecology Ward</td>
<td>Baby</td>
</tr>
<tr>
<td>Deceased</td>
<td>Mortuary after Viewing</td>
</tr>
</tbody>
</table>

Benefits to patient and their family

1. Minimise disturbance and movement
2. Allow family spending quality time with baby
3. Family proud together as an unit
4. Receive support from multidisciplinary team

Initiatives

❖ Red “HEART” shape magnet to alert healthcare team the family’s bereavement needs.
❖ Nurses who cared for the patient should do follow-up phone call.

RESULTS

After a trial in a Gynaecology Ward 71, feedback from patients, their families and our healthcare providers were positive.

“The team had collectively left a lasting impression with the care they had provided during stay.”

“You cared and empathise with the loss of our little angel.”

“We would like to commend the staff on how professional and caring towards discharging their duties. My husband, son and myself were down due to the loss of our baby girl at that point of time, however, their actions and words of encouragements show their sincere empathy towards us.”

CONCLUSION

Dealing with grief after the loss of a baby is a very difficult process and experience not only for the patient and family but also the healthcare workers. In alignment with SingHealth tagline, “The patients at the Heart of all we do”; the team collaborates with different discipline to create a seamless system that covers every aspects of patients’ needs. Kenner, et al. (2015), shared that a mother who has given birth to a stillborn or a new-born who is expected to die, should be cared for with the utmost sensitivity. All staff that could potentially enter her room should be made aware of her loss. It is imperative that we are able to empathise and show dedicated care to this couple, the reality of death and have a good closure of their experience. (Raven, et al., 2014).

Future plan

❖ Standardise the practice to all areas attending to patients facing baby loss.
❖ Conduct research in the area of bereavement.

References