


Institute of
Reproductive Grief Care

Reproductive Grief Care Education

Presented by:
Sara West, MSHS-Ph,
Director of Hospital Programs

©2023 Institute of Reproductive Grief Care

Course Objectives/ Learning Outcomes

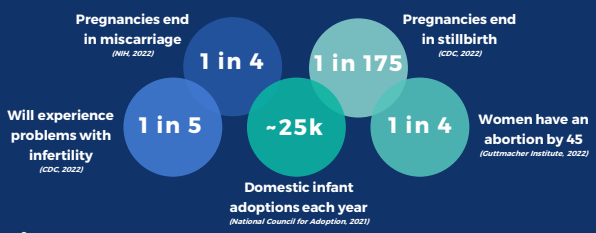


Institute of
Reproductive Grief Care

- Analyze the emotional meaning and impact of reproductive loss.
- Identify cultural barriers to grieving that occur in the care environment.
- Evaluate the impact of reproductive loss on the patient and the healthcare system.
- Develop an understanding of client-centered communication approaches to facilitate emotional healing after reproductive loss.

©2023 Institute of Reproductive Grief Care

Reproductive Loss in the US




Pregnancies end in miscarriage
(NIH, 2022) 1 in 4

Pregnancies end in stillbirth
(CDC, 2022) 1 in 175

Will experience problems with infertility
(CDC, 2022) 1 in 5

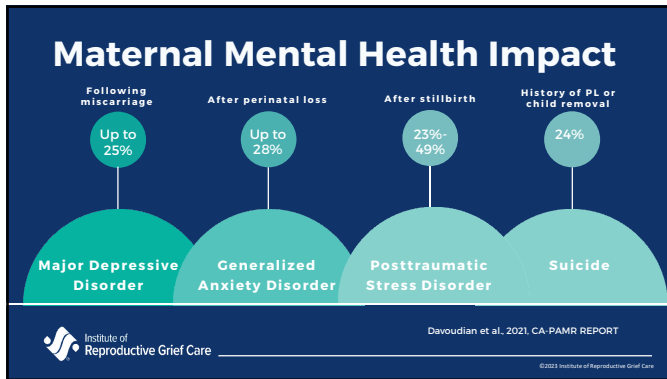
Domestic infant adoptions each year
(National Council for Adoption, 2021) ~25k

Women have an abortion by 45
(Guttmacher Institute, 2022) 1 in 4

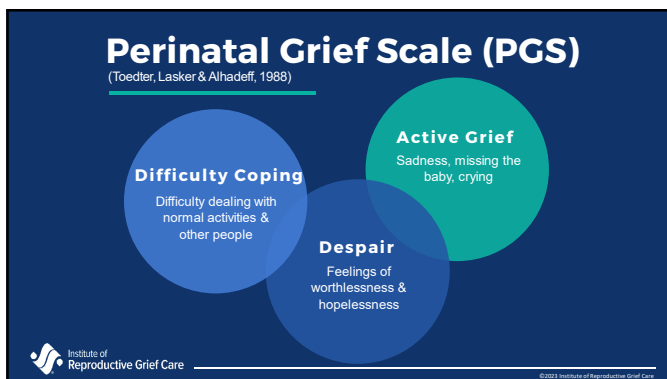


Institute of
Reproductive Grief Care

©2023 Institute of Reproductive Grief Care







Disenfranchised Grief

(Doka, 1989)



- Grief that is not culturally acknowledged
- Loss that is treated as a non-event
- Individuals are not entitled to grieve

Bereaved parents often find it hard to reconcile their intense feelings with society's lack of validation.
(Lang et al., 2011)

Potential Impact on Mental Health

(Grauerholz et al., 2021)

ANXIETY

DEPRESSION

SUBSTANCE
ABUSE

EATING
DISORDER

COMPLICATED
GRIEF



©2021 Institute of Reproductive Grief Care


Reproductive Story




How can I grieve someone I've never met or have barely known?

©2021 Institute of Reproductive Grief Care


Reproductive Story (Jaffe & Diamond, 2011)




Begin writing story during childhood



Bonding begins before conception



Intensity/length of grief is not tied to length of pregnancy

 Institute of Reproductive Grief Care

©2021 Institute of Reproductive Grief Care

Reproductive Loss (Jaffe & Diamond, 2011)

Part of self has died

Loss of hopes & dreams

A sense of failure

 Institute of Reproductive Grief Care

©2021 Institute of Reproductive Grief Care


Reproductive Story: Case Study

- What factors might be contributing to her reproductive story?
- Based on her life experiences, how might her expectations (her reproductive story thus far) differ from her reproductive reality?
- How might this influence her response to her reproductive losses?

A 30-year-old female presents for support one month following a miscarriage. During intake, she discloses she has struggled with infertility since marrying.

She says her dream since marrying young was to be a stay-at-home mom, have a large family, and to be close to extended family so her children and their cousins could grow up together. She reports she has been struggling with a desire to be involved in any activities she used to love.

As the conversation continues, she reveals that they also experienced a previous miscarriage 5 years ago. She says that she feels completely disillusioned and devastated by this last miscarriage and is beginning to feel depressed.

 Institute of Reproductive Grief Care



Tasks of Grieving & Healing Pathways

 Institute of Reproductive Grief Care

© 2023 Institute of Reproductive Grief Care

Tasks of Grieving

(Worden, 2018)

ACCEPT The reality of the loss	PROCESS The pain of grief
ADJUST To a world without	FIND An enduring connection

 Institute of Reproductive Grief Care

© 2023 Institute of Reproductive Grief Care

Healing Pathways

 Tell Your Story	 Build Support	 Explore Emotions
 Identify Losses	 Recognize Unhealthy Behaviors	 Begin Healing

 Institute of Reproductive Grief Care

© 2023 Institute of Reproductive Grief Care

Utilizing the Tasks of Grieving in Caregiving

SUGGESTED APPROACHES TO PATIENT CARE FOR PATIENTS/FAMILIES ENDURING A MISCARRIAGE					
TASKS OF GRIEVING	COMMUNICATION	RESOURCE ALLOCATION	PRIORITY MAKING	DISORDERED HANDLING OF BODILY REMAINS	FOLLOW-UP CARE
ACCEPTING THE REALITY OF THE LOSS	Empathetically acknowledge the loss Provide open-line handouts Encourage journaling	Provide grief education Involve supportive persons Offer chaplain	Discuss intentional memory making Provide language items Inquire about cherished aspects of pregnancy or child	Assess understanding of loss Review physical expectations per gestational development Assess cultural & spiritual preferences	Provide a grief care packet at discharge Cancel prenatal appointments Schedule a perinatal loss postpartum appointment
PROCESSING THE PAIN OF GRIEF	Encourage sharing of emotions Affirm uniqueness & normalcy of reactions Allow ample time to process information	Acknowledge partner's grief reaction Provide grief education & support for modalities	Discuss symbolism in healing (creative association) Consider referrals for creative therapies	Inquire desired cultural mourning practices or expressions of grief	Follow-up phone calls Reassess grief intensity (PGIS/PDS)
ADJUSTING TO THE WORLD WITHOUT THE DECEASED	Offer visit for in-depth diagnosis discussion Consider follow-up interdisciplinary support	Suggest support groups Referrals to perinatal loss organizations Strategies how to communicate loss to others	Encourage journaling of journey through loss and moving forward without deceased child	Foster memorialization & permanent disposition of remains	Send out sympathy card(s) Assess and mitigate unhealthy behaviors
CREATING AN ENDURING CONNECTION	Minor language (e.g. gender/name) of lost child Inquire about strengths & challenges coping	Offer supportive bereavement care options	Propose tokens of remembrance (jewelry) Suggest keepsakes (pronouncements, dedications)	Offer sonography photos or 3D printed images Review organ donation, funeral home, and memorial park arrangements	Milestone cards/calls (birthdays, holidays, etc.) Offer/list community bereavement ceremonies

Institute of
Reproductive Grief Care

©2021 Institute of Reproductive Grief Care

Benefits of Web-based Healing Resources

Reduce
social
isolation

Provide
round-
the-clock
access

Create
sense of
empowerment

Institute of
Reproductive Grief Care

©2021 Institute of Reproductive Grief Care

Culture and the Grief Experience

Institute of
Reproductive Grief Care

©2021 Institute of Reproductive Grief Care

66

“There are no sensitive issues in reproductive health, but there are insensitive approaches to reproductive health issues.”

Mona Khalifa, UNFPA Egypt Office



© 2023 Institute of Reproductive Grief Care

Ethnocentrism

Beliefs that certain Western grieving & mourning practices are universal



© 2023 Institute of Reproductive Grief Care

Poses detrimental implications to:

- Care providers
- Patients
- Patients' families

Cultural & Spiritual Care

Inquire about cultural preferences or family or community traditions

Access desired ritual – utilize the help of patient's family or community

Don't assume – *always* ask and assist



© 2023 Institute of Reproductive Grief Care

66

Cultural Competency (Jaffe & Diamond, 2011)

"What is crucial is that the [care provider] is aware of the cultural expectations and interpretations of loss...to help couples [individuals, and families] through the grief process. Sensitivity to the similarities and differences of the patient's values to one's own values is essential."

Institute of
Reproductive Grief Care

© 2023 Institute of Reproductive Grief Care

Cultural Care in Practice

**Always
communicate
in patient's
preferred
language**

**No
assumptions
based on
race/ethnicity
or language**

**Assess for
desired
memorialization
rituals &
disposition of
body**

Institute of
Reproductive Grief Care

© 2023 Institute of Reproductive Grief Care

Reproductive Grief Care in PracticeInstitute of
Reproductive Grief Care

© 2023 Institute of Reproductive Grief Care

Patient-Centered Approach to Grief Care

RESPECT & INCLUDE

- patient's cultural aspects toward grief
- patient's loved one's cultural aspects toward grief

MIRROR LANGUAGE

- used by patient, i.e., use "baby" or child's name if patient does
- treat patient and patient's loved ones with dignity

Your Role as a First Responder



**Acknowledge &
Listen**



**Support &
Encourage**



Refer

Your Role in Compassionate Care

**No set
timelines**

Normalize

**No
"shoulds"**


**No right
or wrong
way**

**Give
permission**

Start the Conversation at Intake

Screen for Reproductive Loss

How many children do you have?	Can you tell me what happened?	Is there anything about your culture/religion I should know in regards to your care?
Have you had any additional pregnancies?	Have you struggled with fertility?	How are you doing now?

 Institute of Reproductive Grief Care

©2023 Institute of Reproductive Grief Care

Responding With Compassionate Care

What to Say	What to Do
<ul style="list-style-type: none"> • I'm so sorry • You are not alone • How are you doing? • It's ok to... (cry, be numb, etc.) • Everyone grieves differently • May I offer some resources? 	<ul style="list-style-type: none"> • Treat couple with dignity • Always include partner/family <ul style="list-style-type: none"> • Brief loved ones • Offer referrals • Give printed resources • Discuss memorialization

 Institute of Reproductive Grief Care

©2023 Institute of Reproductive Grief Care

Facilitating Memorialization

- Inquire about naming and photography
- Be creative in collecting any memories
- Provide community bereavement care services & resources – include patient's cultural community

 Institute of Reproductive Grief Care

©2023 Institute of Reproductive Grief Care

Discharge & Follow Up



Discharge Instructions:

- Notify patient's OB & cancel future prenatal appointments
- Review written instructions in gentle language
- Prepare patient for conversation about loss; provide resources

Follow Up:

- Arrange PP appointment; include agreed-upon support team or family member with home arrangements

©2023 Institute of Reproductive Grief Care

Giving Permission to Grieve



Patients leave feeling:

- Relief because grief is normalized
- Empowered to seek support
- Hopeful

©2023 Institute of Reproductive Grief Care

Case Studies: Practical Application



©2023 Institute of Reproductive Grief Care

Case Study #1

- What might you do in response?
- How would you comfort this client?



A woman who had initially contemplated terminating her pregnancy decides to carry the pregnancy to term.

A few weeks later, she miscarries at 9 weeks. She is stunned and confused.

Case Study #2

- How would you approach this situation?
- What might you say to promote healing?



A couple comes in for an anatomy scan at 20 weeks, and the ultrasound reveals no heartbeat.

Case Study #2

- What are some things you can say?
- What are some things you can do?



A new patient comes in for a pregnancy intake. She appears nervous. When you ask if she has had any additional pregnancies, she begins to cry.

After much difficulty, she tells you that she has had two previous termination experiences due to life-limiting fetal diagnoses.

Care Provider Fatigue & Burnout



©2023 Institute of Reproductive Grief Care

Benefits of Self Care:

- Enhanced emotional & physical health
- Enhanced empathy & care-giving
- Enhanced work performance
- Enhanced sense of well-being for self & others
- Enhanced relationships (personal & professional)
- Enhanced vicarious resilience for loss

©2023 Institute of Reproductive Grief Care

Self Care



©2023 Institute of Reproductive Grief Care

- Do whatever it is you feel your mind & body need in that moment
- Should not involve doing anything for anyone else
- Get lost in the experience

©2023 Institute of Reproductive Grief Care

Use the Institute as a Resource



Various Courses



Research Reveals



Continuing Education



Certification Tracks



Online Store



Free Resource Library



©2023 Institute of Reproductive Grief Care

