

PERINATAL BEREAVEMENT EDUCATION STANDARDS (2019)



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Introduction

In 2016 the Health Service Executive (HSE) launched the National Standards for Bereavement Care for Pregnancy Loss and Perinatal Death (Health Service Executive 2016). Dr. Keelin O Donoghue was appointed as Lead Clinician for standards implementation. A multidisciplinary National Implementation Group was formed to roll out the standards, subdividing into four work-streams. Each work stream had specific aims and objectives. The Education and Staff Support Work-stream was asked to explore the current landscape of perinatal bereavement education programmes for all personnel involved in caring for women and their families (Appendix 1).

Background

Despite advances in maternity care, pregnancy loss remains the most common complication of pregnancy with an estimate one in four confirmed pregnancies ending in loss. Perinatal loss can occur at any point in pregnancy from conception to the neonatal period. It can encompass miscarriage, ectopic, late miscarriage, stillbirth, intrapartum death, neonatal death, termination of pregnancy, assisted fertility, diagnosis of disability, and the diagnosis of life limiting conditions. The impact of perinatal loss can be profound and far reaching for women, their families, healthcare services, and wider society (Al-Maharma, et al. 2016; Mulvihill and Walsh 2014; Cullen et al. 2017; 2018, Lisy et al. 2016).

The growing need for compassionate bereavement education for all involved in caring for women and their families has been highlighted in recent studies (Heazell et al. 2016, O'Connell et al. 2016, Burden et al. 2016). Staff have identified training and education as key priorities for them in caring for bereaved families (McNamara et al. 2017, O'Connell et al. 2016; Gandino et al. 2017; Agwu Kalu et al, 2018; Doherty et al, 2018a, b). The groundwork for this paper was based upon the Report of the Work-stream on Education and Staff Support under the Chair of Prof. Mary Higgins and presented at the Bereavement Forum, April 2018. This work-stream collated data on the current curriculum on perinatal bereavement education at five out of the six Higher Education Institutions offering bereavement education delivered to medical and midwifery students in Ireland.

There are two main design umbrellas under which numerous different curriculum models are situated, namely a 'Product Model' or a 'Process Model' (O' Neill, 2010:29). The challenge that presented itself when setting out to develop a bereavement care education programme for both clinical, non-clinical staff and students who support bereaved parents and their families, was the observation that no one curriculum model was fit for this purpose. A non-prescriptive approach was required given the range of needs within the diverse group of staff and students.

A literature search was conducted in October 2018 to discover guidelines or protocols for the delivery of bereavement education curriculum (Appendix 2). In addition to the existing Perinatal Palliative Care Framework (Palliative Care Competence Framework Steering Group 2014) three published papers were found. The suggested curriculum outlined here was developed by two experienced midwifery lecturers (MM/BC), adapted from existing bereavement programmes delivered throughout Ireland and from the current literature. A number of national health care initiatives and strategies developed within the Health Services Executive [(Values in Action (2016); Making Every Contact Count (2018); National Framework on Workplace Health and Wellbeing (2018); Strategy and Supporting staff following an adverse event: the assist me model (2013)] are also included as resources for gaining transferable skills and to enhance an integrated learning pathway for staff and students working within Maternity Care environments.

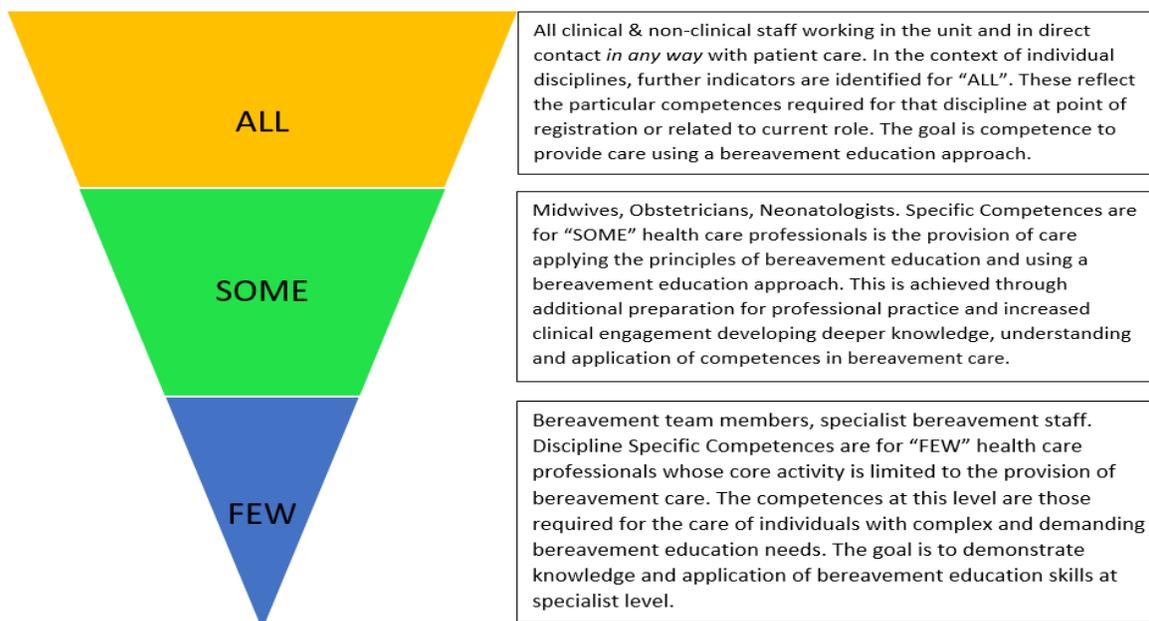
Definition of Perinatal Bereavement

Perinatal bereavement is defined as:

“The experience of parents that begins immediately following the loss of an infant through death by miscarriage, stillbirth, neonatal loss, or elective termination for fetal anomalies. It is characterized by a complex emotional response, most commonly manifested as grief in both the mother and father, but often expressed differently between males and females, both in intensity and duration” (Fenstermacher and Hupcey 2013 p. 2394).

Bereavement Education Standards were developed utilising the Health Service Executive/Irish Hospice Foundation Palliative Care Competence Framework concepts of ALL, SOME, FEW (Palliative Care Competence Framework Steering Group, 2014) as outlined in Figure 1.

Figure 1. ALL, SOME, FEW (Palliative Care Competence Framework Steering Group, 2014)



Definition of Terms

ALL includes all clinical & non-clinical staff working in the unit and in direct contact *in any way* with patient care. In the context of individual disciplines, further indicators are identified for "ALL". These reflect the particular competencies required for that discipline at point of registration or related to current role. The goal is competence to provide care using a bereavement education approach.

SOME includes Midwives, Obstetricians, Neonatologist, Ultrasonographers, General Practitioners (GP), Practice Nurses, Public Health Nurses. Specific Competences are for "SOME" health care professionals is the provision of care applying the principles of bereavement education and using a bereavement education approach. This is achieved through additional preparation for professional practice and increased clinical engagement developing deeper knowledge, understanding and application of competences in bereavement care.

FEW includes Bereavement team members, specialist bereavement staff. Discipline Specific Competencies are for “FEW” health care professionals whose core activity is limited to the provision of bereavement care. The competences at this level are those required for the care of individuals with complex and demanding bereavement education needs. The goal is to demonstrate knowledge and application of bereavement education skills at specialist level.

Principles of Perinatal Bereavement Education

Adapted from Palliative Care Competence Framework (Palliative Care Competence Framework Steering Group, 2014)

- 1 - Principles of perinatal bereavement care
- 2 - Communication
- 3 - Optimising comfort and quality for care
- 4 - Care planning and collaborative practice
- 5 - Loss, grief and bereavement
- 6 - Professional and ethical practice in the context of bereavement care

These principles could be applied to the ALL, SOME, FEW context to staff working with bereaved families as outlined in Figure 2. (Examples of learning for each subgroup) and embedded in suggested learning content as outline in Figure 3 (Suggested indicative content for perinatal bereavement care curriculum).

1 - Principles of perinatal bereavement care

Perinatal bereavement care aims to improve quality care for women and their families, not only by treating their physical issues but also by attending to their psychological, social and spiritual needs.

Aims

- To understand and be able to describe the meaning of the terms 'perinatal bereavement care' and 'life-limiting condition'
- To understand the significance of the physical, psychological, social and spiritual issues that affect women and their families throughout the continuum of care when they are experiencing perinatal bereavement.
- To be able to provide empathetic care to women and their families, with clear regard to the individuality of each person.
- Show a commitment to one's own continued professional development and learning and facilitate the learning and development of others, in order to improve care for women and their families.
- Show a commitment to developing self-care strategies and to attending to any impact that working bereaved women and their families may have on you.

2 - Communication

Effective communication is essential when caring for women and their families who are experiencing a perinatal bereavement. Communication is also important where circumstances are ambiguous or uncertain and when strong emotions and distress arise and enabling inter-professional teamwork.

Aims

- To understand the essential role communication plays in perinatal bereavement care
- To understand the different types of communication e.g. verbal, non-verbal, visual, written, and interpersonal interaction (either one-to-one or with a group or team)

- To demonstrate the ability to communicate effectively with women, their family and the interdisciplinary team in order to establish, maintain and conclude a therapeutic relationship
- To demonstrate the ability to communicate effectively with individuals and families from diverse cultures and different backgrounds, using professional interpreters where necessary and/or assistive communication technology where necessary
- To be able to modify your own communication style to facilitate communication with individuals with a range of communication impairments or seek facilitation in this area if required.
- To understand the importance of using strategies that empower effective communication e.g. active listening, plain language, appropriate tone, clarifying statements, inviting questions
- To demonstrate an ability to be attentive to the person through careful listening to help the person and their family feel they have been heard

3 - Optimising comfort and quality for care

Optimising comfort and quality of life for the infants with a life-limiting condition and their family is a dynamic process that involves anticipating, acknowledging, assessing and responding to a range of symptoms and needs in a proactive and timely manner in order to prevent and relieve suffering.

Aim

- To understand the significance of anticipating and responding to the needs of infants with life-limiting conditions and their families (e.g. physical, psychological, social and spiritual) in a proactive and timely manner
- To exhibit an ability to apply a range of assessment tools to gather information.
- To be able to evaluate non-complex interventions and propose alternative actions if deemed necessary

- To recognise the importance and benefit of multidisciplinary working in optimising comfort and enhancing the quality of life of the infant with a life-limiting condition and her/his family
- To be aware of the uniqueness of a good death and facilitate the achievement of this as much as possible

4 - Care planning and collaborative practice

Care planning in perinatal bereavement care is characterised by coordinating and integrating family-centred care. It involves assessing need, promoting and preserving choice, predicting likely problems and planning for the future in the context of a changing trajectory. Care planning ensures that multiple disciplines and agencies can be accessed and referred to as required in a timely manner. The concerns of families and carers should be taken into account as part of this process.

Aim

- To recognise the impact of bereavement and a life-limiting condition on women and their family and be able to provide support in order to help the individual to adapt to the changes
- To recognise the impact of bereavement and a life-limiting condition on women and their family's mental health and coping mechanisms and be able to provide support in order to help the individual to adapt to the bereavement and loss
- To appreciate the roles, responsibilities and professional boundaries of individual members of the interdisciplinary team
- To collaborate effectively with others as a member or leader of a multidisciplinary team
- To be able to identify priorities or concerns for women and their families, taking account of the individual's coping strategies
- To be able to critically evaluate outcomes of interventions against established standards and guidelines (in the context of professional scope of practice)
- To demonstrate an ability to communicate sensitively and clearly with women, their family and the range of professionals and agencies involved.

5 - Loss, grief and bereavement

Dealing with loss, grief and bereavement for women, their family and the professionals who care for them is intrinsic to perinatal bereavement care provision. Most people manage their loss by combining their own resources with support from family and friends. However, a minority of people are at risk of developing complications or difficulties in their grieving. Professionals have an important role to play in supporting bereaved people by providing information and support to all and by identifying those who require bereavement therapy or counselling.

Aims

- To understand that grief is a normal and appropriate response to loss which has physical, psychological, spiritual, emotional and social aspects that affect how it is experienced
- To recognise the range of individual physical, psychological, spiritual, emotional and social responses to loss and grief
- To recognise the factors which may put a person at risk of encountering difficulties in their grief, whilst also remaining aware of the resources and resiliencies that are particular to each person and family
- To demonstrate an ability to engage with a person who is experiencing loss in the context of professional scope of practice and/or role
- To assist the family to access bereavement information and support at a level that is appropriate to their needs
- To be cognisant of the psychological impact of death and dying on individuals with increased stress vulnerability
- To understand the personal impact of loss, grief and bereavement and recognise your own loss responses and engage in activities that maintain your resilience on an on-going basis
- To possess a level of self-awareness that prevents your own experiences of loss from negatively impacting women or their families' experiences.

Figure 2. Examples of learning for each subgroup

| ALL | WHO | EXAMPLES OF LEARNING | TYPE OF EDUCATION |
|------|--|--|---|
| | <p>All clinical & non-clinical staff working in maternity services and in direct contact <i>in any way</i> with patient care.</p> | <ul style="list-style-type: none"> • Have an appreciation of own role in creating compassionate culture. • Be able to communicate sensitively. • Have an awareness of second victim and how to access supports. | <ul style="list-style-type: none"> • Hospital Induction training. • Undergraduate healthcare education. • Open Disclosure Training. • Mandatory ongoing training for staff. |
| SOME | WHO | EXAMPLES OF LEARNING | TYPE OF EDUCATION |
| | <ul style="list-style-type: none"> • Midwives • Obstetricians • Neonatologists • Ultrasonographers • GPs • Practice Nurses | <ul style="list-style-type: none"> • As above plus: • Be able to manage uncertainty through to diagnosis in sensitive manner. | <ul style="list-style-type: none"> • Postgraduate education. • Basic Continuing Professional Development (CPD). |
| FEW | WHO | EXAMPLES OF LEARNING | TYPE OF EDUCATION |
| | <ul style="list-style-type: none"> • Bereavement team members. • Specialist bereavement staff. | <ul style="list-style-type: none"> • As above, plus: • Be able to assess bereavement care need/ risk. • Be able to provide therapeutic counselling. • Be able to educate others about grief. | <ul style="list-style-type: none"> • Formative Postgraduate education e.g. Masters Level, Higher Diploma. • Advanced Continuing Professional Development (CPD). |

Figure 3. Suggested indicative content for perinatal bereavement care curriculum

| ALL | |
|--|---|
| THEORY | PRACTICAL |
| <ul style="list-style-type: none"> ● Loss, grief and bereavement ● Introduction to types of perinatal loss ● Role of the Bereavement Care team ● Considering including issues on loss, grief and bereavement for fathers, children and grandparents. ● All above with more detail to be able to provide clinical care at secondary and tertiary level standard e.g. formal diagnosis of miscarriage etc ● Loss, grief and bereavement for fathers, children and grandparents. ● Second Victim ● Burnout ● Compassion Fatigue ● Self-Care | <ul style="list-style-type: none"> ● Breaking Bad news-introduction to how best to break bad news ● Care of the woman and her family who are experiencing a perinatal loss ● Clinical Experience-consider introducing role play and simulation training to support novice learners when providing bereavement care. <ul style="list-style-type: none"> ○ Preparing for birth ○ Importance of the multidisciplinary team (midwifery/obstetrics/paediatrics/social work/chaplaincy/GP) ○ Spiritual/Religious Care ○ Memory making ○ Postnatal Care ○ Pregnancy after Loss “Rainbow Pregnancy” ○ Recurrent Loss ● Self-Care ● Self-Compassion ● How to access support structures ● Introduction to Teamwork |

Figure 3. Suggested indicative content for perinatal bereavement care curriculum (cont.)

| SOME | |
|--|--|
| THEORY | PRACTICAL |
| <ul style="list-style-type: none"> ● Loss, grief and bereavement ● General Principles of causes, diagnosis and management of: <ul style="list-style-type: none"> ○ Miscarriage ○ Recurrent Miscarriage ○ Ectopic Pregnancy ○ Mid-trimester Loss ○ Intrauterine Death ○ Fetal Anomaly ● Legal criteria for Termination of Pregnancy ● Options to train/participate TOP ● Perinatal Pathology / Post-mortem examination ● Role of the Bereavement Clinical Midwife/Nurse Specialist ● Role of the Bereavement Counsellor ● Ethics ● Coroners Role in Perinatal Bereavement ● Clinical care at secondary and tertiary level standard e.g. formal diagnosis of miscarriage etc. ● Considering including issues on loss, grief and bereavement for fathers, children and grandparents. ● Second Victim ● Burnout ● Compassion Fatigue ● Self-Care | <ul style="list-style-type: none"> ● Breaking Bad news-consider introducing role play and simulation training ● Care of the woman experiencing a perinatal loss ● Clinical Experience-consider introducing role play and simulation training to support novice learners when providing bereavement care. ● Preparing for birth ● Importance of the multidisciplinary team (midwifery/obstetrics/paediatrics/social work/chaplaincy/GP) ● Spiritual/Religious Care ● Memory making ● Postnatal Care ● Pregnancy after Loss “Rainbow Pregnancy” ● Recurrent Loss ● Self-Care ● Self-Compassion ● How to access support structures ● Introduction to Teamwork |

Figure 3. Suggested indicative content for perinatal bereavement care curriculum (cont.)

| FEW | |
|--|---|
| THEORY | PRACTICAL |
| <ul style="list-style-type: none"> ● Loss, grief and bereavement ● General Principles of causes, diagnosis and management of: <ul style="list-style-type: none"> ○ Miscarriage ○ Recurrent Miscarriage ○ Ectopic Pregnancy ○ Mid-trimester Loss ○ Intrauterine Death ○ Fetal Anomaly ● Legal criteria for Termination of Pregnancy ● Options to train/participate TOP ● Perinatal Pathology / Post-mortem examination ● Role of the Bereavement Clinical Midwife/Nurse Specialist ● Role of the Bereavement Counsellor ● Ethics ● Coroners Role in Perinatal Bereavement ● Clinical care at secondary and tertiary level standard e.g. formal diagnosis of miscarriage etc. ● Considering including issues on loss, grief and bereavement for fathers, children and grandparents. ● Second Victim ● Burnout ● Compassion Fatigue ● Self-Care | <ul style="list-style-type: none"> ● Breaking Bad news-consider introducing role play and simulation training ● Care of the woman experiencing a perinatal loss ● Clinical Experience-consider introducing role play and simulation training to support novice learners when providing bereavement care. ● Preparing for birth ● Importance of the multidisciplinary team (midwifery/obstetrics/paediatrics/social work/chaplaincy/GP) ● Spiritual/Religious Care ● Memory making ● Postnatal Care ● Pregnancy after Loss “Rainbow Pregnancy” ● Recurrent Loss ● Self-Care ● Self-Compassion ● How to access support structures ● Introduction to Teamwork ● Peer to peer support ● Peer to near peer support ● Culture of support ● Teamwork ● ASSIST-ME¹ ● Clinical Experience-consider introducing role play and simulation training to support novice learners when providing bereavement care |

RECOMMENDATIONS FOR PROPOSED PROGRAMME OUTLINE

In this paper a Bereavement Care Education Curriculum is proposed that is aimed at increasing the knowledge and skills of both clinical, non-clinical staff and students who support bereaved parents and their families following pregnancy loss or perinatal death in Irish maternity care services and in doing help to improve the experiences of grieving families within our maternity health care environments.

Recommendations

1. The purpose of the Bereavement Care Education Curriculum is to increase clinical, non-clinical staff and students access to education and training in bereavement care that is relevant to their role within their organisation it is therefore recommended that:
 - a. Educational needs of staff and students are considered within the Palliative Care Competency Framework of All, Some, and Few, and the Principles of Perinatal Bereavement Education adapted from the Palliative Care Competency Framework (2014) which are set out in this paper.
 - b. Learning approaches and assessment strategies are varied and reflect the level of knowledge and skills expected from each group of staff and students;
 - i. Suggested learning strategies may include but are not limited to the use of simulations and role play, public patient involvement, information sharing, online learning and discussion groups, peer mentoring, blended learning, group projects, use of art and poetry.
 - ii. Suggested assessment strategies may include but are not limited to the use of formative and summative assessment processes. The use of quizzes, multiple choice questionnaires, cases presentations, reflective practice, the use of journals, group projects are possible forms of suitable assessment methods.

2. The relevant initiatives and strategies developed within the HSE [(Values in Action (2016); Making Every Contact Count (2018); National Framework on Workplace Health and Wellbeing (2018); Strategy and Supporting staff following an adverse event: the assist me model (2013)] which staff and students are exposed to, should be considered for inclusion by the providers of the bereavement care education programme. Such actions would help support an integrated approach where knowledge and skills obtained in other areas of clinical practice are transferred into learning that will improve both the health and wellbeing of bereaved parents and the families and also the health and wellbeing of the staff and students who provide their bereavement care.

3. To ensure that the long term outcome of improved bereavement care education for clinical, non-clinical staff and students is achieved a comprehensive evaluation of the Bereavement Care Education Programme should be embedded by the providers at not less than 3 years or greater than 5 years.

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APPENDICES

APPENDIX 1 EDUCATION AND STAFF SUPPORT WORK-STREAM

Chair:

- Prof Mary Higgins [Consultant Obstetrician & Gynaecologist, National Maternity Hospital]
April 2017-May 2018 email: mary.higgins@ucd.ie mhiggins@nmh.ie
- Dr Keelin O Donoghue [Senior Lecturer, Consultant Obstetrician and Gynaecologist, National Implementation Lead for the Bereavements Standards in Pregnancy loss and Perinatal Death]
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Members:

- Ms Anna Maria Verling [Bereavement Loss Midwife, Cork University Maternity Hospital] email: AnnaMaria.Verling@hse.ie
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Advisor:

- Dr Lynda Sisson [HR Lead - Staff Health and Wellbeing and Occupational Health, HSE] email: lynda.sisson@hse.ie

APPENDIX 2

LITERATURE REVIEW SEARCH STRATEGY

| Literature Search Strategy | | | | |
|----------------------------|--|--|--|------------------------------------|
| Date | 23 rd Nov 2018 | | | |
| Research Topic | Perinatal Bereavement Education Guidelines | | | |
| Search Strategy | Keywords/ concepts | Synonyms/ alternative terminology combine using OR | RESOURCE/DATABASE EBSCO- Academic Search CINAHL Plus with Full Text, Education Full Text (H.W. Wilson), MEDLINE, PsycINFO, SocINDEX with Full Text | RESOURCE/DATABASE PubMed |
| | Guidelines AND | OR protocols OR practice guideline OR clinical practice guideline | 1,749,639 | 25,362 |
| | Bereavement care | OR bereavement care OR bereavement education | 2,951 | 329,808 |
| | Stillbirth | OR still birth OR stillborn OR still born OR intrauterine death OR iud OR perinatal death OR intrapartum death OR perinatal loss OR fetal death OR miscarriage OR abortion spontaneous OR pregnancy loss | 146,402 | 1,840,870 |
| Total Citations | (Combining 1 AND 2 AND 3) | | 29 | 111 |
| Limits | English language, peer review, original research, duplicates | | | |
| Years Included | | | (2008-2018) | (2009-2018) |
| Total after Limits | | | 16 | 44 |

| Inclusion/exclusion decisions | | |
|-------------------------------|--|---|
| Inclusion criteria | English language, peer review, original research, focus on bereavement education curriculum | |
| Exclusion criteria | Citations not in the English Language, non-peer review or not focused specifically on bereavement education curriculum | |
| | EBSCO-Academic Search CINAHL, Education Full Text (H.W. Wilson), MEDLINE, PsycINFO, SocINDEX with Full Text | PubMed |
| Total after Limits | 16 | |
| Total Excluded | 8 papers excluded after abstract review: editorials, non-peer reviewed | 44 Excluded after abstract review: duplicates from EBSCO search, not relevant to search question. |
| Total Included | 8 papers were read in full for consideration; 5 excluded | 0 paper read in full for consideration |
| Final Included | 3 included | 0 included |

- Bakhbaki, D., Burden, C., Storey, C. & Siassakos, D. (2017) Care following stillbirth in high-resource settings: Latest evidence, guidelines, and best practice points. *Seminars in Fetal and Neonatal Medicine*, 22(3), 161-166.
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Supporting Documentation

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- Health Service Executive (2016) National Standards for Bereavement Care Following Pregnancy (Loss and Perinatal Death. Health Service Executive, Dublin.
- National Framework on Workplace Health and Wellbeing Strategy (Standards for Wellbeing and Health in Doctors – introduced in April 2018 and will be followed by the Strategy for other Health Care Workers in 2019).
- O’Neill (2015) Curriculum Design in Higher Education: Theory to Practice, Dublin: UCD Teaching & Learning Available at <http://www.ucd.ie/teaching/resources/programmedesignassessment/>
- Palliative Care Competence Framework Steering Group (2014) Palliative Care Competence Framework. Health Service Executive, Dublin.

APPENDIX 3 COURSES CURRENTLY AVAILABLE

| COURSE NAME/TITLE | PROVIDER | CPD CREDITS AWARDED |
|---|--------------------------|--|
| Overview of Loss and Bereavement | Irish Hospice Foundation | NMBI – 6 CEUs; IASW CPD |
| Supporting Bereaved People | Irish Hospice Foundation | NMBI – 6 CEUs; IASW CPD |
| Children and loss | Irish Hospice Foundation | NMBI – 6 CEUs; IASW CPD |
| Grief in the workplace; Providing effective support to grieving employees | Irish Hospice Foundation | NMBI – 6 CEUs; IASW CPD |
| Delivering Bad News | Irish Hospice Foundation | NMBI - 4 CEUs |
| Bereavement workshop - Infertility and loss | Irish Hospice Foundation | NMBI – 6 CEUs; IASW CPD |
| Dealing with loss (Maternity Setting) | Irish Hospice Foundation | Attendance Cert. NMBI accreditation (pending) |
| Exploring the Relationship between Culture, Religion and Bereavement - | Irish Hospice Foundation | NMBI – 6 CEUs; IASW CPD |
| Death at the time of Birth – Supporting Parents through the Journey of Perinatal Loss | Irish Hospice Foundation | NMBI – 6 CEUs; IASW CPD |
| Complicated Grief: How to Recognise it and How to Treat it | Irish Hospice Foundation | NMBI – 6 CEUs; IASW CPD |
| Exploring Spirituality at End of Life | Irish Hospice Foundation | NMBI – 6 CEUs; IASW CPD |
| Facilitating Delivering Bad News | Irish Hospice Foundation | NMBI – 7 CEUs |
| Grief at Work for Managers (workshop) | Irish Hospice Foundation | Attendance Cert. NMBI accreditation (pending) |
| Staying Well At Work | Irish Hospice Foundation | NMBI – 3.5 CEUs |

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| Lost For Words - Words For Loss | Irish Hospice Foundation ONLINE | Completion Cert. |
| Working With Loss | Irish Hospice Foundation ONLINE | Completion Cert. |
| Improving Perinatal Mortality Review and Outcomes via Education, (IMPROVE Workshop) | Perinatal Society of Australia & New Zealand (PSANZ) | Attendance Cert. |
| Resilience Training for Maternity Healthcare Professionals | Baby Lifeline | 6 CPD credits |
| Continuous professional education module on Perinatal Bereavement and Loss | University of Limerick | Level 9 -9 ECTS credits |
| MSc Loss & Bereavement | Irish Hospice Foundation & Royal College of Surgeons in Ireland | Level 9- 90 ECTS credits |
| Professional Cert Children & Loss | Irish Hospice Foundation & Royal College of Surgeons in Ireland | Level 9- 20 ECTS credits |
| MSc/PG Dip in Health Sciences (Palliative Care) | National University Ireland Galway | Level 9- MSc 90 credits/PG Dip 60 ECTS credits |
| MSc/PG Dip in Palliative Care | Trinity College Dublin | Level 9: MSc- 90 ECTS/PG Dip- 60 ECTS credits |
| Graduate Certificate Palliative Care | University College Dublin | Level 9: 30 ECTS credits (If holder Dip/MSc degree) |
| Graduate Diploma Palliative Care | University College Dublin | Level 9: 60 ECTS credits |
| MSc Palliative Care | University College Dublin | Level 9: 90 ECTS credits |
| MSc in Obstetrics & Gynaecology (Module on bereavement care) | University College Cork | Level 9 90 ECTS credits (not in bereavement) |