



## Perinatal Mental Health Learning Community

Group Office Hours January 21, 2021 12 – 1 p.m.

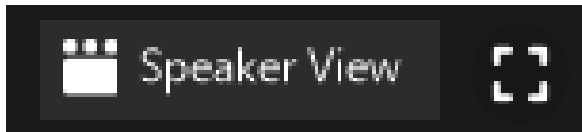
### Supporting Patients with Perinatal Loss

Guest Speakers:

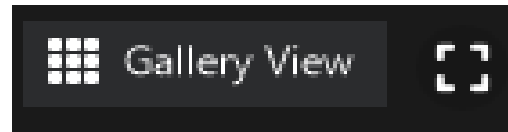
- Marissa Long, MAOB, Psy.D.
- Lydia Vaughn, BSN, RNC-OB



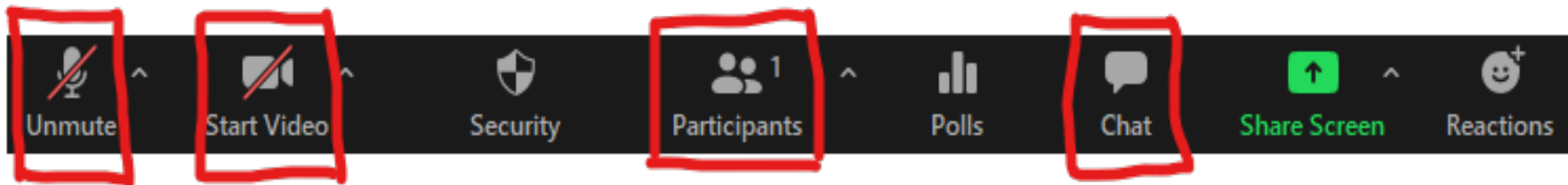
# Housekeeping



Vs.



- Speaker View: large view of the person currently speaking.
- Gallery View: images of all attendees in smaller individual squares.



- Everyone is automatically muted upon entry. You can unmute yourself when you wish to speak.
- We'd like to see you on video!
- Use "Chat" to make comments or ask questions.

# Our Team



Julia Slininger  
Program Manager,  
PMH Learning Community  
Hospital Quality Institute



Staci Grabill  
Program Coordinator  
PMH Learning Community  
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Barbara Sheehy  
System Director, Perinatal  
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Kelly O'Connor-Kay  
Executive Director,  
Maternal Mental  
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Gabrielle Kaufman  
Clinical Director,  
Maternal Mental  
Health NOW



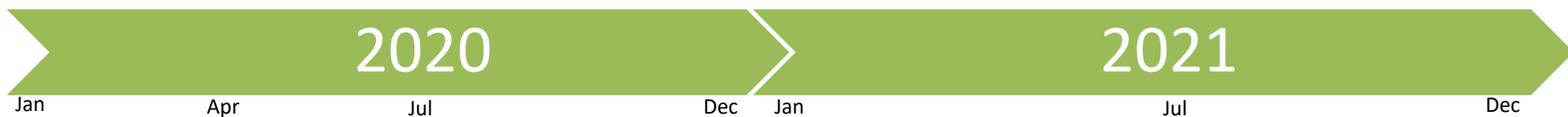
Anna King  
Clinical Training Specialist,  
Maternal Mental  
Health NOW



Boris Kalanj  
Director of Programs,  
Hospital Quality Institute



# Timeline – Perinatal Mental Health Learning Community



## Education and Technical Assistance (Feb '20 - Dec '21)

- Webinars (2020: Feb, Apr, Jun, Aug, Oct, Dec; 2021: Feb, Apr, Jun, Aug, Oct, Dec)
- Group Office Hours (2020: Mar, May, Jul, Sept, Nov; 2021: Jan, Mar, May, Jul, Sept, Nov)
  - 1:1 Technical Assistance (on demand)
  - In-Person Regional Events (Nov '20)

## Training Tools and Resources (Apr '20 – Dec '21)

- E-learning module and quick reference guide for staff
- E-learning module for patients
- Brochure template

Case Studies Developed

Case Studies Available

**TODAY**

# Schedule of Topics for 2021

Date	Topic
January 21	Perinatal Loss Office Hour
February 18	NICU and PMH Webinar
March 18	NICU and PMH Office Hour
April 15	Birth Trauma and PMH Webinar
May 20	Birth Trauma and PMH Office Hour
June 17	Substance Use Disorders Webinar
July 15	Substance Use Disorders Office Hour
August 19	Child Abuse Reporting and PMH Webinar
September 16	Child Abuse Reporting and PMH Office Hour
October 21	Breastfeeding and PMH Webinar
November 18	Breastfeeding and PMH Office Hour
December 16	Fathers and Partners and PMH Webinar

# Program Website

<https://www.hqinstitute.org/pmh-learning-community>



Hospital Quality Institute

About HQI Programs The Quality Quarterly Education

## Perinatal Mental Health Learning Community

Feb. 2020 – Dec. 2021



The Perinatal Mental Health (PMH) Learning Community provides California hospitals with education, technical assistance, and peer support to strengthen perinatal mental health. The program assists hospitals to comply with Assembly Bill 3032, the Maternal Mental Health Conditions law. The program is administered by HQI, funded by California HealthCare Foundation and delivered in collaboration with Maternal Mental Health NOW and CommonSpirit Health.

Program at a Glance

Webinars

Group Office Hours

Online Resources for Hospitals

Peer Sharing

1:1 Coaching

Participating Hospitals

Enroll

Contact

FAQs



Hospital Quality Institute



# New HQI Website

<https://www.hqinstitute.org/combating-health-care-disparities>

## Hospital Strategies for Combating Health Care Disparities



Health care disparities, defined as variation in quality and safety of care by patient sociodemographic characteristics, have been a significant and persistent problem in American health care. While California hospitals and hospital systems have often been at the forefront of the quest to achieve health care equity, significant work still remains ahead of us.

This page is intended to provide hospitals with select current resources and wisdom that can assist them in measuring, understanding, and alleviating disparities in care.

Disparities in Maternal Mortality and Morbidity

Broad-Based Strategies and Tools for Addressing Disparities

### Disparities in Maternal Mortality and Morbidity

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> Introduction

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> SB-464

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➔ > Free e-Learning Modules for California Hospitals

# AB-3032: Hospitals Maternal Mental Health Act

- It requires all birthing hospitals in California to provide education and information to postpartum people and their families about maternal mental health conditions, post-hospital treatment options, and community resources.
- All regular staff in labor and delivery departments (e.g. registered nurses and social workers) must receive education and information about maternal mental health disorders.
- Hospitals can offer additional services to ensure optimal care.

Law became effective on January 1, 2020.



# Focus for December and January: Perinatal Loss

## Learning Objectives:

- Deepen the participants' understanding of perinatal loss; including miscarriage, loss of pregnancy and loss of infant.
- Provide practical knowledge and skills needed for hospital staff to support patients in the event of perinatal loss.
- Highlight exemplars from our Learning Community of programs to help patients with perinatal loss.

# Today's Agenda

- Introduction
- Continued conversation with Dr. Marissa Long
- Emanate Health exemplar by Lydia Vaughn
- Wrap-up

# Continuing the Conversation: Dr. Marissa Long



Dr. Marissa Long, MAOB, Psy.D  
Reproductive Psychologist  
ARC Counseling and Wellness

# Supporting Patients With Perinatal Loss

How Hospital Staff Can Make a Difference

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Marissa Long, MAOB, Psy.D.

Reproductive Psychologist  
ARC Counseling and Wellness

# JoJo's Story

- ❖ JoJo and her husband easily conceived their third child as they had their first two and were moving through pregnancy.
- ❖ At 17 weeks, JoJo noticed that she was bleeding when she went to the bathroom & ultimately passed what she understood to be fetal tissue which she gathered and took to the doctor
- ❖ The doctor told them that she had miscarried and might continue to have some bleeding for another week or so
- ❖ After returning home, JoJo and her husband were figuring out how to tell their other children
- ❖ Within days, JoJo was in the hospital hemorrhaging and required a blood transfusion and nearly died. Soon thereafter she spiked a fever and it became clear that she had an infection and had to be treated for that as well
- ❖ The couple decided to have their baby cremated and preserved the ashes
- ❖ After a great deal of time and thought, they decided to put the ashes into a teddy bear that they could keep in their home and this has given them and their children great comfort
- ❖ This loss threw JoJo into depression with suicidal ideation which is when she sought support, she reported that not one provider had suggested that they seek any form of support or follow up after their loss and trauma
- ❖ The couple got pregnant again (by accident) a year later and faced their fears together
- ❖ This pregnancy also ended in miscarriage



## What To Say

- ❖ I'm so sorry this is happening
- ❖ I wish you weren't going through this
- ❖ I'm here to help you at this very difficult time
- ❖ How are you doing with all of this?
- ❖ Is there someone I can reach out to for you?
- ❖ Do you have a faith or practice that would be helpful at this time?
- ❖ Can you share about what happened today?
- ❖ What is the hardest part of this for you
- ❖ What can I do for you right now?
- ❖ I'm here for you and I want to listen
- ❖ Do you have any questions?
- ❖ We can talk again later

Dr. Marissa Long

## What Not To Say

- ❖ They're in a better place now
- ❖ This happened for the best
- ❖ It could be worse
- ❖ You can have more children
- ❖ You'll feel better soon
- ❖ Pregnancy loss is common
- ❖ You have an angel in heaven
- ❖ It was not meant to be
- ❖ Over time you will forget your baby
- ❖ I don't have time right now
- ❖ You must be/feel \_\_\_\_\_
- ❖ It's better this way because the fetus had defects

ARC Counseling and Wellness

## What To Do

- ❖ Introduce yourself and say what you're doing
- ❖ Acknowledge the patients' loss and related feelings
- ❖ Listen empathetically
- ❖ Answer questions honestly
- ❖ Provide written information and discuss it
- ❖ Allow time for discussion and support
- ❖ Offer to connect the patient with resources
- ❖ Use the terms that the patients use
- ❖ Recognize that the patient may want to name the baby
- ❖ Use client centered and straightforward language
- ❖ Express comfort with patients' emotions
- ❖ Encourage access to spiritual or other support

## What Not To Do

- ❖ Do not forget to review the patient's chart
- ❖ Do not avoid questions
- ❖ Do not discard the baby or tissue without checking with the patient/family
- ❖ Do not argue with patients and their families
- ❖ Do not force patients to do anything
- ❖ Do not forget to support partners/relatives
- ❖ Do not use medical jargon
- ❖ Do not make their experience about you
- ❖ Do not call the baby a "fetus" or "it"
- ❖ Do not refer the patient to services /providers who are unfamiliar with perinatal health



# Resources

## ONLINE RESOURCES- Patients

- ❖ Postpartum Support International: [www.postpartum.net](http://www.postpartum.net)
- ❖ Grief Share: [www.griefshare.org](http://www.griefshare.org)
- ❖ Silent Grief: [www.silentgrief.com](http://www.silentgrief.com)
- ❖ Miss Foundation: [www.missfoundation.org](http://www.missfoundation.org)
- ❖ Maternal Mental Health Now: [www.maternalmentalhealthnow.org](http://www.maternalmentalhealthnow.org)

## ONLINE RESOURCES- Providers

- ❖ The Centering Corporation: [www.centering.org](http://www.centering.org)
- ❖ PLIDA: [www.plida.org](http://www.plida.org)

## BOOKS- Patients

- ❖ Empty Arms by Sheroke Ilse
- ❖ A Silent Sorrow by Ingrid Kohn
- ❖ Healing After Loss by Martha Whitmore Hickman
- ❖ A Guide For Fathers: When A Baby Dies by Tim Nelson
- ❖ Beyond Tears: Living After Losing A Child by Ellen Mitchell

# Maggie's Story

- ❖ A physician who suffered her own perinatal loss 18 months earlier
- ❖ Began therapy after observing and supporting a series of patients through their own losses
- ❖ She had never given herself time to grieve her own loss so each patient loss since was a major trigger
- ❖ Therapy helped her address her own grief
- ❖ She began to engage with her patients with more compassion & attend to their psychological needs with assessments and referrals



You have a unique opportunity to offer hope and empathetic care but you have to give the same to yourself.

# Important Considerations

Does your hospital have loss procedures in place?

- Bereavement checklist
- Screening measures
  - Brochures
- Referral resources

Differentiating between grief and Perinatal Mood and Anxiety Disorders

**PERINATAL HEALTH QUESTIONNAIRE (PHQ)**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Has the loss of your child affected your health, behavior, or way of thinking or feeling? (circle "yes" or "no")

	Yes	No	Not Sure
1. Thinking about the loss, or thinking about the future	1	2	3
2. Thinking about the loss, or thinking about the future	1	2	3
3. Thinking about the loss, or thinking about the future	1	2	3
4. Thinking about the loss, or thinking about the future	1	2	3
5. Thinking about the loss, or thinking about the future	1	2	3
6. Thinking about the loss, or thinking about the future	1	2	3
7. Thinking about the loss, or thinking about the future	1	2	3
8. Thinking about the loss, or thinking about the future	1	2	3
9. Thinking about the loss, or thinking about the future	1	2	3
10. Thinking about the loss, or thinking about the future	1	2	3

PHQ-9 (Patient Health Questionnaire-9) is a brief, self-administered screening tool for depression. It is a 9-item version of the PHQ-25, which is a longer, more detailed version of the PHQ-9. The PHQ-9 is used to screen for depression and to monitor the severity of depression over time. It is a valid and reliable tool for use in primary care settings.

## Bereavement Support Care Package



Maternal Health  
SPARK UP BIRTH  
YOU CAN!

Dignity Health



## References

1. Watson, J., Simmonds, A., La Fontaine, M. *et al.* Pregnancy and infant loss: a survey of families' experiences in Ontario Canada. *BMC Pregnancy Childbirth* **19**, 129 (2019). <https://doi.org/10.1186/s12884-019-2270-2>
2. Wings D. Grief Following Perinatal Loss and the Impact of Hospital Based Support Service. [Atlanta, GA]: Georgia State University; 2002.
3. National Perinatal Association (NPA). Interdisciplinary Guidelines for Care of Women Presenting to the Emergency Department with Pregnancy Loss [Internet]. Lonedell, MO: NPA; 2016. Available from: [http://plida.org/wp-content/uploads/2012/01/INPA-Guidelines-on-Pregnancy-Loss-inED\\_FINAL\\_9.11.16.pdf](http://plida.org/wp-content/uploads/2012/01/INPA-Guidelines-on-Pregnancy-Loss-inED_FINAL_9.11.16.pdf)
4. Johnson O, Langford RW. Proof of Life: A Protocol for Pregnant Women Who Experience Pre-20- Week Perinatal Loss. *Crit Care Nurs Q*. 2010;33(3):204–211.
5. Stroebe M, Schut H, van den Bout J. Introduction. In: *Complicated Grief: Scientific Foundations for Health Care Professionals*. New York, NY: Routledge; 2012. p. 1–10.
6. Roehrs C, Masterson A, Alles R, Witt C, Rutt P. Caring for Families Coping With Perinatal Loss. *J Obstet Gynecol Neonatal Nurs*. 2008 Nov;37(6):631–9.
7. Evans R. Emotional care for women who experience miscarriage. *Nurs Stand R Coll Nurs G B* 1987. 2012 Jun 20;26(42):35–41.
8. Smart CJ, Smith BL. A transdisciplinary team approach to perinatal loss. *MCN Am J Matern Nurs*. 2013;38(2):110–114
9. Lim C, Cheng N. Clinician's role of psychological support in helping parents and families with pregnancy loss. *J Aust Tradit Med Soc*. 2011;17(4):215–7.
10. Engel J, Rempel L. Health Professionals' Practices and Attitudes About Miscarriage. *MCN Am J Matern Child Nurs*. 2016 Feb;41(1):51–7.



# Return to Zero: H.O.P.E.

- A national non-profit providing resources and support for bereaved parents and their health providers



DONATE ABOUT FOR PARENTS FOR FAMILY AND FRIENDS FOR PROVIDERS GET INVOLVED SHOP

RETURN TO ZERO: H.O.P.E.

Transforming the Culture of Silence  
and Isolation Around  
Pregnancy and Infant Loss

<https://rtzhope.org>

# Group Discussion





# Bereavement Program Example: Emanate Health



## Presenter:

Lydia Vaughn, BSN, RNC-OB, L&D  
Resolve Through Sharing (RTS) Coordinator  
Emanate Health





# Resolve Through Sharing (RTS) Bereavement Program at Emanate Health



## RTS Support Guide For Perinatal Loss

Lydia Vaughn, BSN, RNC-OB  
L & D, RTS Coordinator



# Bereavement Services

## Objectives

1. The participants will be able to describe the components of a bereavement program.
2. The participants will be able to identify how a formal bereavement program can support staff and patients experiencing perinatal loss.
3. The participants will have knowledge on how to seek out further resources.



# Bereavement Services

- The Resolve Through Sharing (RTS) Program was developed at Gundersen Lutheran Medical Center in LaCrosse, Wisconsin in 1981.
- Their mission is to deliver evidence-based education and training to those who provide care for the patient and their family who are experiencing a pregnancy loss.



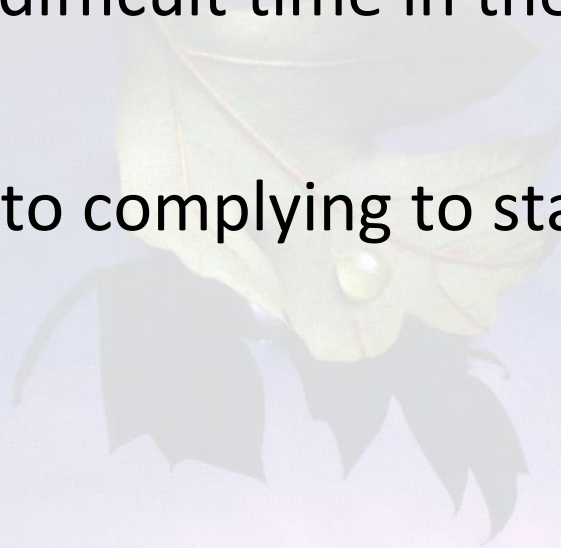
# Bereavement Services

- Resolve Through Sharing (RTS) is a bereavement program developed to meet the needs of the bereaved parents and their families during the initial crisis of the loss of their infant.
- This is achieved by attending a two-day training program. Trained staff will have the knowledge and tools to train and assist other staff members with the perinatal loss process.



# Bereavement Services

- The Emanate program is developed with a universal approach that can be tailored to meet individual needs of the patient and their family during this difficult time in their lives.
- In addition to complying to state requirements.





# Bereavement Services

The leaf and teardrop logo represent all Bereavement Services' Programs. The leaf reflects both the intense suffering of loss and hope for the future.







# Bereavement Services

The following items have been implemented to ensure universal care is delivered to each patient:

- Folders that are tailored to the appropriate gestational loss in English and Spanish
- A checklist
- A quick laminated reference sheet
- How to complete required forms
- All items needed to make keepsakes for the memory box/pouch.
- Use of multidisciplinary team members
- Follow up calls





# Bereavement Services





# Bereavement Services

<input type="checkbox"/> Miscarriage <input type="checkbox"/> Stillborn <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Teen						
<b>FILL OUT FORM COMPLETELY AND ATTACH A FACESHEET TO BOTTOM COPY!!!</b>						
Unit where form was initiated: (circle)    NICU    L&D    ER    Other: (specify)						
Staff member assisting family (RN):				Date:		
RTS support person assignment:				M.D.:		
Mothers name:		Age:	Gr.	Para:	EDC:	
Address: (include zip)					Phone: (    )	
Date/Time Delivered:			Date/Time of Death:			
Father (support) name:		Babys name:		EGA:	Wt:	Length:
Previous losses:			Living children (ages):			
RTS Packet given to:		<input type="checkbox"/> Mother <input type="checkbox"/> Father	Mementos:		Yes	No    Stored
Pastoral Care Notified:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Photos (Digital):		<input type="checkbox"/>	<input type="checkbox"/>
Social Worker Notified:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Photos (Other):		<input type="checkbox"/>	<input type="checkbox"/>
Saw baby @ delivery:		<input type="checkbox"/> Mother <input type="checkbox"/> Father	Memorial card:		<input type="checkbox"/>	<input type="checkbox"/>
Touched and held baby:		<input type="checkbox"/> Mother <input type="checkbox"/> Father	Footprints:		<input type="checkbox"/>	<input type="checkbox"/>
Private time with baby:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Handprints:		<input type="checkbox"/>	<input type="checkbox"/>
Baptism/Blessing offered:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Lock of Hair:		<input type="checkbox"/>	<input type="checkbox"/>
Mothers room flagged:		<input type="checkbox"/> Yes <input type="checkbox"/> No	I.D. Band:		<input type="checkbox"/>	<input type="checkbox"/>
Mothers chart flagged:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Measuring Tape:		<input type="checkbox"/>	<input type="checkbox"/>
Grief Process discussed:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Clothes (powdered):		<input type="checkbox"/>	<input type="checkbox"/>
RTS follow-up discussed:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Small blanket:		<input type="checkbox"/>	<input type="checkbox"/>
Interested in follow-up:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Sympathy card:		<input type="checkbox"/>	<input type="checkbox"/>
Optimal Call Time:						
Red Book signed:		<input type="checkbox"/> Mother <input type="checkbox"/> Father (only if married to mother)				
Above - if no mortuary designated at time of Moms Discharge - Have parents call Nsg. Office within 48-72 hrs.)						
Documentation (Mom's chart if inpatient or Infant's chart in Patient Notes:				<input type="checkbox"/> Yes		<input type="checkbox"/> No
Yellow copy of checklist with facesheet attached to RTS box in NICU or L/D:				<input type="checkbox"/> Yes		<input type="checkbox"/> No
Comments:						



# Bereavement Services

- Each folder provides prudent information for the patient and their family members:
- Grieving Process for both parents
- Poems
- Do's and Don'ts
- What to say to other children
- Be prepared when asked about pregnancy or loss
- For the grieving grandparents
- Funeral information
- Resources for support groups



# Bereavement Services

- The trained support staff are available to assist the staff with preparing mementos, filling out the checklist and as a resource person for all questions.
- Each staff Nurse should be able to speak with the patient and the family about the loss of the pregnancy, the grieving process, and if funeral arrangements are required for the gestational age.



# Bereavement Services

## RTS Support Staff Roles:

- Support staff members
- Support patients and families during the hospital stay
- Follow up support via phone calls after discharge





# Bereavement Services

The Resolve Through Sharing Program website offers additional grief support resources that includes:

- Training
- Perinatal grief pamphlets
- Mementos and keepsakes
- <https://www.gundersenhealth.org/resolve-through-sharing/>

# Discussion & Wrap-up





# Program Website

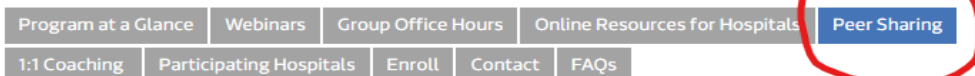
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<https://www.hqinstitute.org/post/perinatal-mental-health-learning-community>



To share your materials on the program website, e-mail Julia at [jslininger@hqinstitute.org](mailto:jslininger@hqinstitute.org)

### Peer Sharing

*Peer-to-peer sharing is valuable and highly encouraged. Below are various documents, templates and other materials that member hospitals have generously shared for the benefit of the Learning Community. If you'd like to share materials developed by your organization, please contact Julia Slininger at [jslininger@hqinstitute.org](mailto:jslininger@hqinstitute.org).*

#### ✓ By Content

Community Resources List (Dignity Health, Bakersfield Memorial Hospital)

Community Resources List (Dignity Health, Dominican Hospital, Santa Cruz)

Hospital Quality Institute

# Coming Up

## Webinar: February 18, 12 – 1 p.m.


Topic: ***Supporting NICU Families***

Program at a Glance	Webinars	Group Office Hours	Online Resources for Hospitals	Peer Sharing
1:1 Coaching	Participating Hospitals	Enroll	Contact	FAQs

### Webinars

#### ✓ Upcoming Webinars

##### February 18, 2021 – Supporting NICU Families

- Noon to 1 p.m. (PT)
- [Click here to register](#) 

*Having an infant in the NICU can be tremendously emotionally challenging for birthing people and their families. This webinar will discuss sources and common effects of stress on NICU families, as well as ways hospitals can help support their mental and physical health.*

## Group Office Hours: March 18, 12 – 1 p.m.

# Meeting Evaluation

Polling question: “Attending today's Group Office Hours was a good use of my time.”

- Agree
- Disagree
- Unsure

Open Text feedback – type into Chat: “What could we have done better or differently?”