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

- 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.

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

Julia Slininger
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Hospital Quality Institute

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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)
- 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
# Schedule of Topics for 2021

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<th>Topic</th>
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<td>January 21</td>
<td>Perinatal Loss Office Hour</td>
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<tr>
<td>February 18</td>
<td>NICU and PMH Webinar</td>
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<td>March 18</td>
<td>NICU and PMH Office Hour</td>
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<td>April 15</td>
<td>Birth Trauma and PMH Webinar</td>
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<td>May 20</td>
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<td>June 17</td>
<td>Substance Use Disorders Webinar</td>
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<td>August 19</td>
<td>Child Abuse Reporting and PMH Webinar</td>
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<td>September 16</td>
<td>Child Abuse Reporting and PMH Office Hour</td>
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<td>October 21</td>
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<td>November 18</td>
<td>Breastfeeding and PMH Office Hour</td>
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<td>December 16</td>
<td>Fathers and Partners and PMH Webinar</td>
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Perinatal Mental Health Learning Community

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.

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

› Introduction

› SB-464

› Free e-Learning Modules for California Hospitals
• 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.
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

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

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

Dr. Marissa Long

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
- Grief Share: www.griefshare.org
- Silent Grief: www.silentgrief.com
- Miss Foundation: www.missfoundation.org
- Maternal Mental Health Now: www.maternalmentalhealthnow.org

ONLINE RESOURCES- Providers
- The Centering Corporation: www.centering.org
- PLIDA: www.plida.org

BOOKS- Patients
- Empty Arms by Sheroke Ilse
- A Silent Sorrow by Ingrid Kohn
- Healing After Loss by Martha Whitmore Hickman
- 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

Dr. Marissa Long

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

ARC Counseling and Wellness
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

Bereavement Support Care Package

Dr. Marissa Long  ARC Counseling and Wellness
References


2. Wings D. Grief Following Perinatal Loss and the Impact of Hospital Based Support Service. [Atlanta, GA]: Georgia State University; 2002.


Dr. Marissa Long

ARC Counseling and Wellness
• A national non-profit providing resources and support for bereaved parents and their health providers

https://rtzhope.org
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
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.
• 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.
The leaf and teardrop logo represent all Bereavement Services’ Programs. The leaf reflects both the intense suffering of loss and hope for the future.
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

**FILL OUT FORM COMPLETELY AND ATTACH A FACESHEET TO BOTTOM COPY!!!**

<table>
<thead>
<tr>
<th>Unit where form was initiated: (circle)</th>
<th>NICU</th>
<th>L&amp;D</th>
<th>ER</th>
<th>Other: (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff member assisting family (RN):</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>RTS support person assignment:</td>
<td>M.D.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Mothers name:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address: (include zip)</td>
<td></td>
<td></td>
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<tr>
<td>Date/Time Delivered:</td>
<td></td>
<td></td>
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<tr>
<td>Father (support) name:</td>
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<tr>
<td>Previous losses:</td>
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<td></td>
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<tr>
<td>RTS Packet given to:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Pastoral Care Notified:</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Social Worker Notified:</td>
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<td></td>
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<td></td>
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<tr>
<td>Saw baby @ delivery:</td>
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<tr>
<td>Touched and held baby:</td>
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<tr>
<td>Private time with baby:</td>
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<tr>
<td>Baptism/Blessing offered:</td>
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<tr>
<td>Mothers room flagged:</td>
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<tr>
<td>Mothers chart flagged:</td>
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<tr>
<td>Grief Process discussed:</td>
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<td></td>
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</tr>
<tr>
<td>RTS follow-up discussed:</td>
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<tr>
<td>Interested in follow-up:</td>
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<tr>
<td>Optimal Call Time:</td>
<td></td>
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</tr>
<tr>
<td>Red Book signed:</td>
<td></td>
<td></td>
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<tr>
<td>Documentation (Mom's chart if inpatient or Infant's chart in Patient Notes):</td>
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<td></td>
</tr>
<tr>
<td>Yellow copy of checklist with facesheet attached to RTS box in NICU or L/D:</td>
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<td></td>
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</tr>
</tbody>
</table>

**Sample:**

- **Miscarriage**
- **Stillborn**
- **English**
- **Spanish**
- **Teen**

- **Date:**

- **Unit where form was initiated:**
  - NICU
  - L&D
  - ER
  - Other:

- **Staff member assisting family (RN):**
  - Name: Jane Doe

- **RTS support person assignment:**
  - Name: Dr. Smith

- **Mothers name:**
  - Name: Sarah Johnson
  - Age: 35
  - Gr.: 2
  - Para.: 3
  - EDC: 34 weeks

- **Address:**
  - Include zip code:

- **Date/Time Delivered:**
  - Date:
  - Time:

- **Date/Time of Death:**
  - Date:
  - Time:

- **Father (support) name:**
  - Name: John Smith

- **Previous losses:**
  - Past losses:

- **RTS Packet given to:**
  - Mother
  - Father
  - Mementos:

- **Pastoral Care Notified:**
  - Yes
  - No

- **Social Worker Notified:**
  - Yes
  - No

- **Saw baby @ delivery:**
  - Mother
  - Father

- **Touched and held baby:**
  - Mother
  - Father

- **Private time with baby:**
  - Yes
  - No

- **Baptism/Blessing offered:**
  - Yes
  - No

- **Mothers room flagged:**
  - Yes
  - No

- **Mothers chart flagged:**
  - Yes
  - No

- **Grief Process discussed:**
  - Yes
  - No

- **RTS follow-up discussed:**
  - Yes
  - No

- **Interested in follow-up:**
  - Yes
  - No

- **Optimal Call Time:**

- **Red Book signed:**
  - Mother
  - 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):**
  - Yes
  - No

- **Yellow copy of checklist with facesheet attached to RTS box in NICU or L/D:**
  - Yes
  - No

- **Comments:**

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*Note: The form contains checkboxes for various options related to the care provided during the bereavement process.*
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
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/
Perinatal Mental Health Learning Community

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To share your materials on the program website, e-mail Julia at 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.
Coming Up

Webinar: February 18, 12 – 1 p.m.

Topic: Supporting NICU Families

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?”