

COMMUNICATING WITH GRIEVING FAMILIES

You cannot take this pain or grief away, but you can be supportive of feelings.

DO SAY	Don't Say
✓ "I'm sorry"	✗ "You're young, you can have more children"
✓ "I'm sorry, this is not what you expected"	✗ "Something must have been wrong"
✓ "I'm so sorry to hear what happened to your baby"	✗ "It wasn't meant to be"
✓ "I wish this didn't happen"	✗ "It's for the best"
✓ "I'm sure you will have lots of questions, I am here when you are ready"	✗ "At least you were early"
✓ "Other families have found comfort in....."	✗ "At least you didn't take the baby home"
✓ "You have the right to be angry, confused"	✗ "At least you didn't really know the baby"
✓ "I will help you through this"	✗ "I know how you feel"
✓ "We will try to find out what happened"	✗ "Now you have an angel in heaven"
✓ "How are you coping"	
✓ "Can I call somebody to be with you"	
✓ "You can ask me anything you want"	
ALWAYS	Never
✓ Be aware of body language, look them in the eye	✗ Discount parenthood because the baby died
✓ Sit down to engage in conversation	✗ Get frustrated with repetitive questions
✓ Ensure privacy	✗ Avoid eye contact
✓ Listen, pause, and allow for silence	✗ Turn your back
✓ If acceptable to family, light touch on shoulder	✗ Avoid questions, even if you don't have answers
✓ Allow for tears, crying	✗ Rush parents
✓ Acknowledge that you may not have the answers to all of the parent's questions	
✓ Acknowledge differing needs of both parents	
✓ Understand behavior of partner, family is often protective	
✓ Have tissues accessible to families	

COMMUNICATION

Antepartum

Delivering News of a Stillbirth or Impending Perinatal Loss

DO	Don't
✓ Be honest	✗ Use ambiguous words, that may confuse parents about reality that baby has died ie: "I can't find the heartbeat"
✓ Use straightforward and clear words, ie: "I'm sorry, your baby's heart has stopped beating, your baby has died"	✗ Give false hope if baby has died
✓ Show the parents the ultrasound, allow for additional ultrasounds if parents request	✗ Avoid them because you are uncomfortable
✓ Express condolences and sadness to the family	✗ Rush the conversation or ask questions over and over without a break
✓ Listen, be genuine, allow for silence	✗ Act dismissive of the loss or use clichés such as "at least you can have other children"
✓ Be patient and let parents ask all their questions	✗ Don't minimize the loss, i.e.: a miscarriage is "just" a miscarriage
✓ Ensure parents understand decisions that need to be made and offer options	✗ Exclude family members in conversations
✓ Take into account religious beliefs and family structure	✗ Pass judgment on the mother or insinuate she is at fault
✓ Use non-medical words whenever possible	✗ Use ambiguous words, that may confuse parents about reality that baby has died ie: "I can't find the heartbeat"
✓ Use open-ended questions i.e., "what is the hardest part for you right now?"	
✓ Refer to the hospital's Bereavement Support Staff for birth planning	

Intrapartum

Labor & Delivery and Inpatient Postpartum

DO	Don't
✓ Refer to the baby by name or as "your baby"	✗ Refer to baby as "demise," "it," "fetus," or an abortion
✓ Let mother make her own decisions along with input from family and friends	✗ Refer to delivery as a termination or abortion
✓ Clarify medical information	✗ Treat delivery of a stillbirth differently than other deliveries
✓ Explain what to expect during and after delivery	✗ Make decisions for the mom based on your values
✓ Encourage families to receive testing such as autopsy, placental pathology, skeletal x-rays and cytogenetic testing	✗ Place baby in a basin or bucket
✓ Assist family to create memories	✗ Assume anything
✓ Utilize the time in the hospital to allow parents to parent their baby	✗ Rush parents to make decisions or be discharged
✓ Listen to both parents' feelings, wishes	

Postpartum Office Visit

DO	Don't
✓ Call the family to check on them, offer support	✗ Leave mother in a waiting room with pregnant patients
✓ Inform them you are available for any questions	✗ See the mother without knowledge of events, delivery date, gender
✓ Create a system so all staff knows a patient has had a loss	✗ Rush the postpartum visit; parents will be looking for support and information.
✓ Ensure that test results from hospitalization are available to review	✗ Minimize the parents' grief
✓ Schedule extended visit time	✗ Dismiss their concerns or questions, even if not related to death
✓ Continue to express condolences and refer to the baby by name	✗ Leave mother in a waiting room with pregnant patients
✓ Listen to the mother to see where she is in the grief process	✗ See the mother without knowledge of events, delivery date, gender
✓ Ask the family about any memorial services/burial/cremation	
✓ Inquire about other family members	
✓ Ask if the mother has returned to work	
✓ Ask about the parents' relationship	
✓ Ask what has been helpful to the parents	
✓ Discuss the impact of the loss on future pregnancies	
✓ Have resources and referrals ready for parents	

References:

- Gold KJ, Dalton VK and Schwenk TL. 2007. "Hospital care for parents after perinatal death." *Obstet Gynecol* 109 (5): 1156-66
- Gold KJ. 2007. "Navigating care after a baby dies: a systematic review of parent experiences with health providers." *Journal of Perinatology* 27(4): 230-237.
- Heustis, J. & Jenkins, M. *Companioning at a Time of Perinatal Loss*. Fort Collins, CO: Companion Press. 2005.
- Kelley, MC and Trinidad, SB. 2012. "Silent Loss and the Clinical Encounter: Parents' and Physicians' Experiences of Stillbirth a Qualitative Analysis." *BMC Pregnancy Childbirth* 12(137)
- Limbo, R.K. & Wheeler, S.R. *When a Baby Dies: A Handbook For Healing and Helping*. LaCrosse, Wi: Gundersen Lutheran Medical Foundation, Inc. 1986, 1998, 2003
- Van Dinter MC and Graves, L. 2012. "Managing Adverse Birth Outcomes: Helping Parents and Families Cope." *American Family Physician* 85 (9), 900-904.
- Wilke, J. & Limbo, R. *Resolve Through Sharing Bereavement Training in Perinatal Death*. 8th Ed. LaCrosse, Wi: Gundersen Lutheran Medical Foundation, Inc. 1984, 2012.

COMMUNICATION

*For additional resource information
contact your NJ Maternal Child Health Consortium*



973.268.2280



732,937.5437



Southern New Jersey
PERINATAL COOPERATIVE

856.665.6000

Financial support for the Stillbirth Provider Toolkit was provided by the March of Dimes - New Jersey Chapter