

POSTPARTUM CARE AFTER STILLBIRTH

1. After a family has had a perinatal loss, contact them regularly to check on them.

- The early stage of grief (shock and denial) will affect how much information they retained or understood from the hospital and they may need information repeated to them, including basic physical care and processing the events that occurred
- Parents appreciate the support
- Address lactation concerns

2. Implement a system within the office to identify the woman's chart as having had loss

- Color coding
- Special sticker on paper chart such as a flower
- **All** staff should receive basic information on how to communicate with these patients and special considerations for them

3. Identify one or two office personnel to be the contact person for the mothers/families when they call the office.

- This staff needs to be aware when there is a loss
- Avoids the mother having to repeat that she has had a loss each time she calls
- Avoids possible insensitivity from staff

4. Provide the office contact person's name in writing to the family

5. Schedule the 1st postpartum visit earlier than 6 weeks

- Scheduling appointments-
 - first or last appointment of the day
 - schedule during time or day with non-obstetric patients
 - alternate office (if more than one in practice)
 - provide a waiting area away from pregnant patients
 - have staff call patient prior to her appointment if there is an anticipated wait time

COMMUNICATING WITH FAMILIES

- Conduct assessment of the couples' emotional status, assess for postpartum depression or complicated grief
- Provide referrals for support groups, mental health services
- Provide results of any testing that is completed, i.e.: placenta.
 - Check on outstanding results **prior** to the visit.

6. Provide family with test results and discuss implications

7. Second postpartum visit (extended time)

- Provide testing results; preliminary autopsy report
- Assess emotional health and make referrals as needed
- Discuss pregnancy planning/contraception
- Assess maternal medical conditions and follow up referrals/plans
- Discuss interconceptual health
 - provide smoking cessation education and resources
 - diet/exercise

8. Preconception visit (from ACOG Bulletin)

- Determine recurrence of risk
- Smoking cessation
- Weight loss in obese women
- Genetic counseling
- Diabetes screen
- Thrombophilia workup: antiphospholipid antibodies (only if specifically indicated)
- Support and reassurance

References:

MANAGEMENT OF STILLBIRTH. ACOG Practice Bulletin No. 102. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2009; 113:748-61. Reaffirmed 2014.

BEREAVEMENT AND ADVANCED CARE PLANNING SERVICES, Gundersen Lutheran Medical Center. *Resolve Through Sharing (RTS) Bereavement Training in Perinatal Death.* Lacrosse, WI. (2012).

Grunebaum, A. and Chervenak, F. **FETAL DEMISE AND STILLBIRTH: MATERNAL CARE.** In: UpToDate, Lockwood, CJ and Barss, VA (Eds), UpToDate, Waltham, MA. (accessed on January 20, 2016).

<http://www.uptodate.com/contents/fetal-demise-and-stillbirth-maternal-care>

THE IMPORTANCE OF PRECONCEPTION CARE IN THE CONTINUUM OF WOMEN'S HEALTHCARE. ACOG Committee Opinion No. 313. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2005; 106:665-6. Reaffirmed 2015.

COMMUNICATING WITH FAMILIES

FOR ADDITIONAL RESOURCE INFORMATION
CONTACT YOUR NJ MATERNAL CHILD HEALTH CONSORTIUM



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