

3rd trimester?
Keep Counting!

Remember to count your baby's kicks daily starting at 28 weeks!

Count the Kicks
Download the FREE Count the Kicks app and start counting today!
www.CountTheKicks.org



It's their health too
SYPHILIS
and other STDs can harm your baby
GET FACTS. GET TESTED. GET CURED.
Free & confidential testing & information:
1-800-758-0880 • www.publichealth.lacounty.gov/dhsp

HEAR
HEAR HER CONCERNS

Hear her concerns.
It could help save her life.

Listening can be your most important tool.

[Learn more](#)

OMH CDC

White Feathers: When a family experiences a stillborn loss

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Maternal Child Health Consultant

National Maternal Mental Health Hotline
HRSA

For Emotional Support & Resources
CALL OR TEXT 1-833-TLC-MAMA
(1-833-852-6262)

ALWAYS FREE — 24/7 — CONFIDENTIAL — 60+ LANGUAGES

PSI POSTPARTUM SUPPORT INTERNATIONAL

healing starts with help

PSI Helpline 800-944-4773
postpartum.net

POSTPARTUM SUPPORT INTERNATIONAL | 800-944-4773 | POSTPARTUM.NET

Syphilis cases are on the rise.
Know your status, especially if you're pregnant.

Syphilis can be hard to spot, often starting with an easily missed sore or rash. While anyone can get syphilis, pregnant people and newborn babies face serious complications if left untreated.

Testing is easy and treatment is quick.
Protect your and your baby's future by getting tested today!

Disclosure Statement

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Objectives

1. Examine the potential etiologies, risk factors, and diagnosis of stillbirth
2. Apply best practices for counseling and support of families who experience stillbirth
3. Provide options for families following a stillbirth including counseling for future pregnancies.

No disclosures

Caution: Content may be triggering

Background

- Stillbirth occurs in 1 of 160 deliveries in the United States

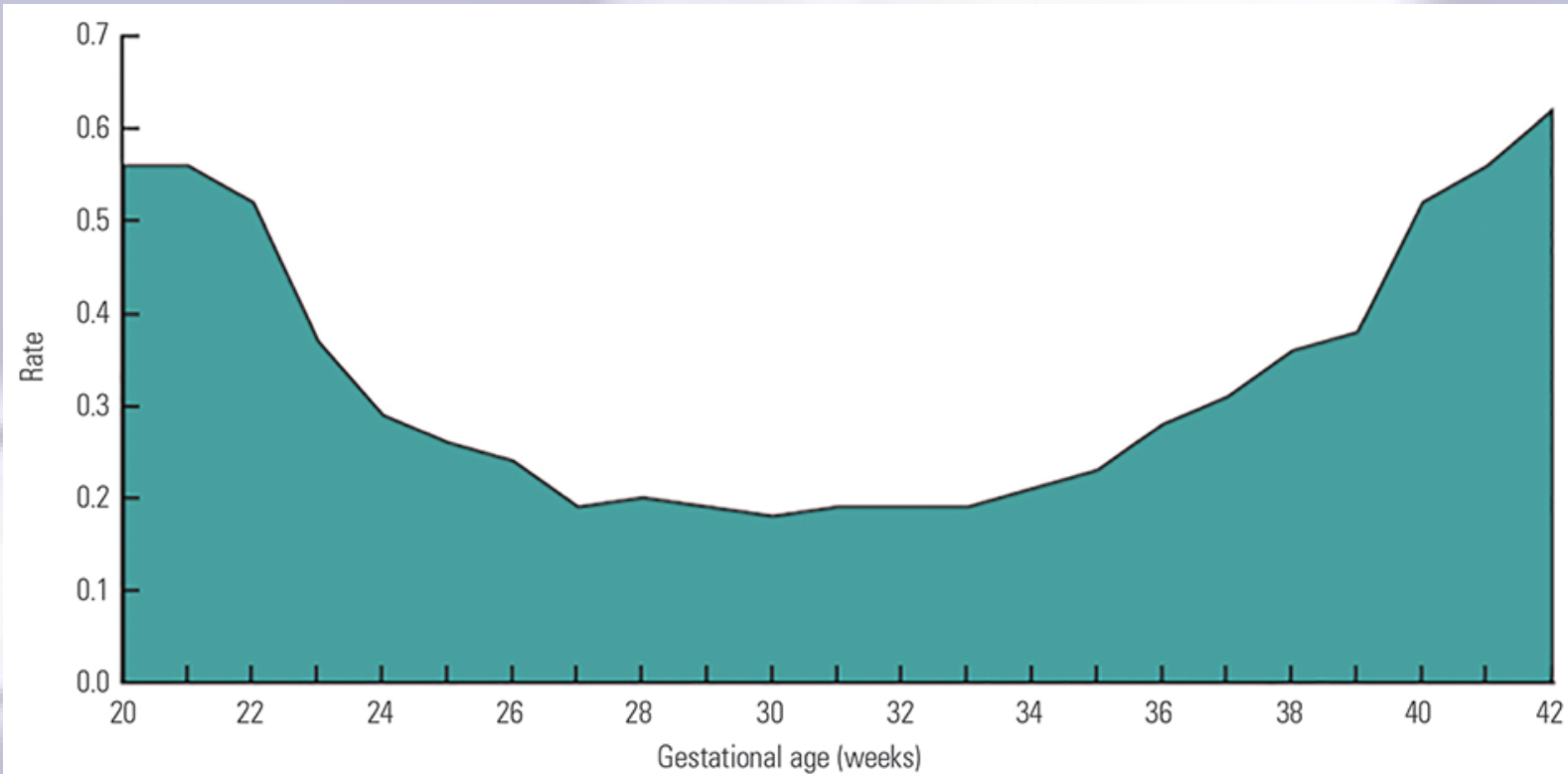


Figure 1. Prospective fetal mortality rate, by single week of gestation: United States, 2013. Note: The prospective fetal mortality rate is the number of stillbirths at a given gestational age per 1,000 live births and stillbirths at that gestational age or greater. (MacDorman MF, Gregory ECW. Fetal and perinatal mortality: United States, 2013. National vital statistics reports; vol. 64 no. 8. Hyattsville, MD: National Center for Health Statistics. 2015.)

Background

- **Fetal death:** delivery of a fetus showing no signs of life as indicated by the absence of breathing, heartbeats, pulsation of the umbilical cord, or definite movement of voluntary muscles.
- Reported at 20 weeks or weight 350 gm

Risk Factors for Stillbirth

- Non-Hispanic black race
- Nulliparity
- Advanced maternal age
- Obesity
- Preexisting diabetes
- Chronic hypertension
- Smoking
- Alcohol use
- Pregnancy resulting from assisted reproductive technology
- Multiple gestation
- Male fetal sex
- Unmarried status
- Past obstetric history
- Other medical conditions: thyroid, lupus, renal disease, cholestasis of pregnancy

Potential Causes of Stillbirth

- Fetal growth restriction
- Placental abruption
- Chromosome and genetic abnormalities
- **Infection**
- Umbilical cord events

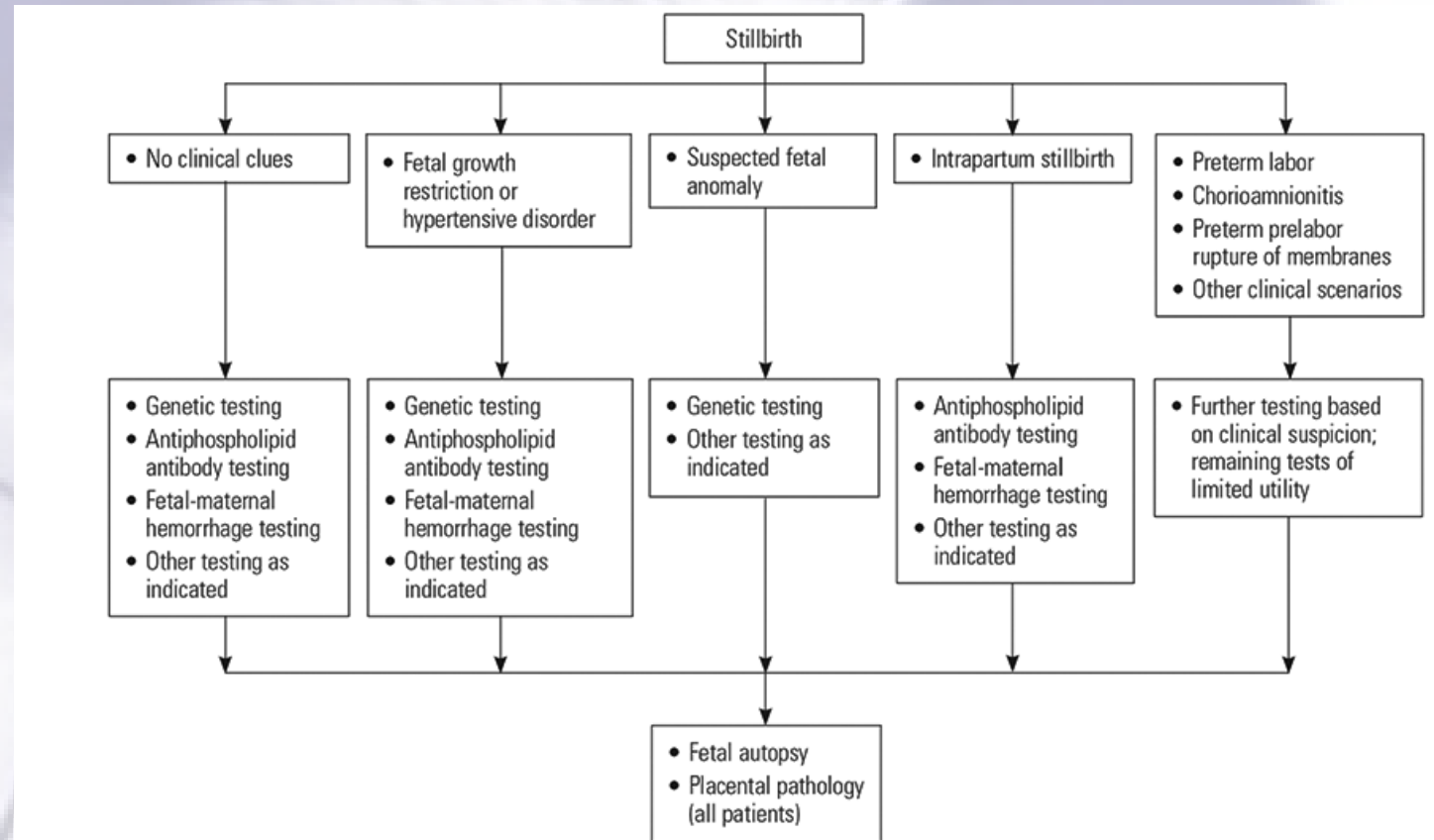


Figure 3. Evaluation of stillbirth based on test utility in a variety of clinical scenarios. (Adapted from Page JM, Christiansen-Lindquist L, Thorsten V, Parker CB, Reddy UM, Dudley DJ, et al. Diagnostic Tests for Evaluation of Stillbirth: Results From the Stillbirth Collaborative Research Network. *Obstet Gynecol* 2017;129:699–706.)

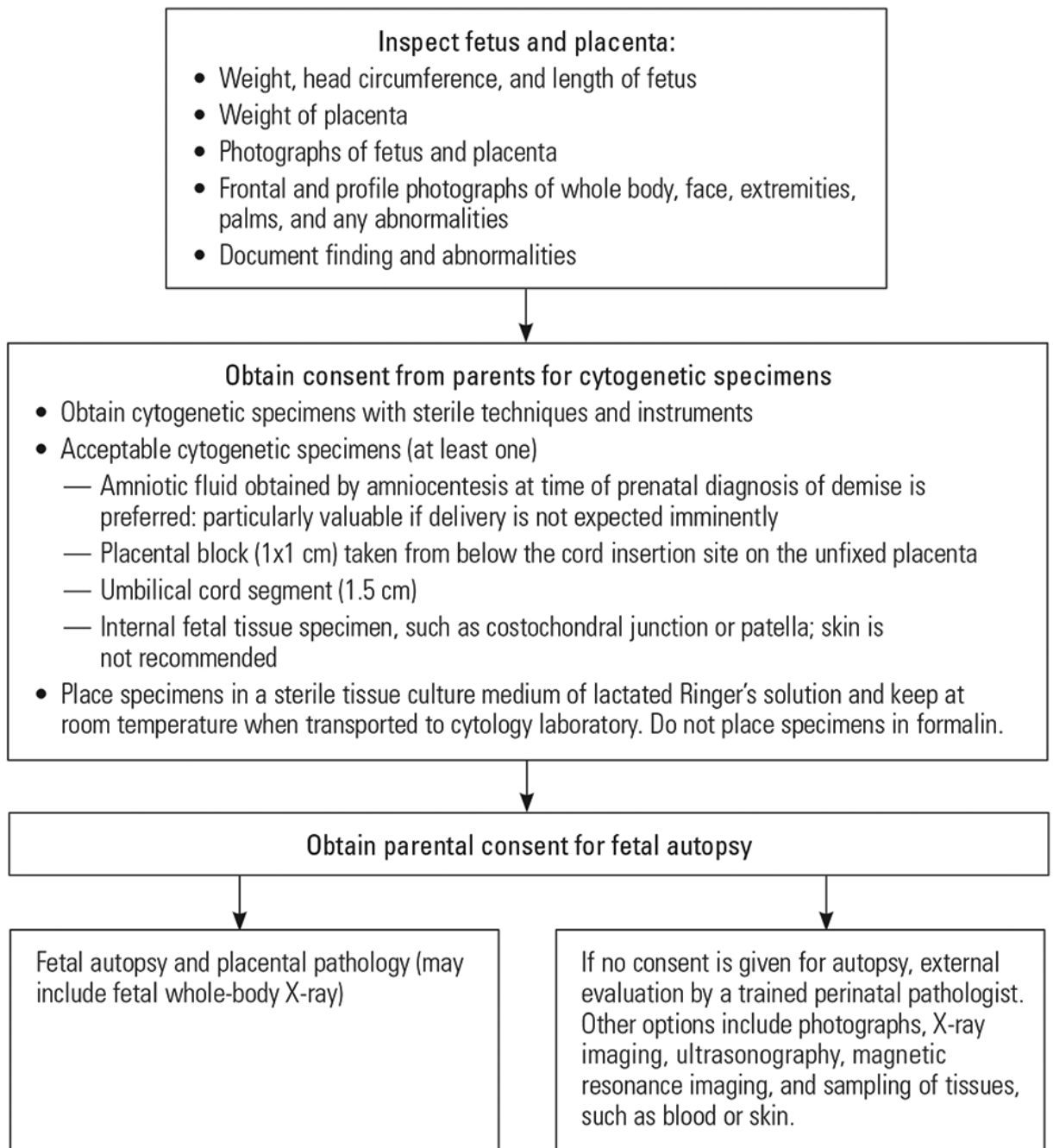
Evaluation of Stillbirth

Share decision making:

- Conversation with family about all options
- Emotional support

Consider offering:

- Maternal history
- Fetal autopsy
- Gross and histologic examination of the placenta, umbilical cord, and membranes
- Genetic evaluation



Follow Up After a Stillbirth

- Bereavement care
- Mental health support
 - Counseling
 - Support groups
- Test results
 - Clear communication
- Counseling for future pregnancy
 - Education
 - Prevention

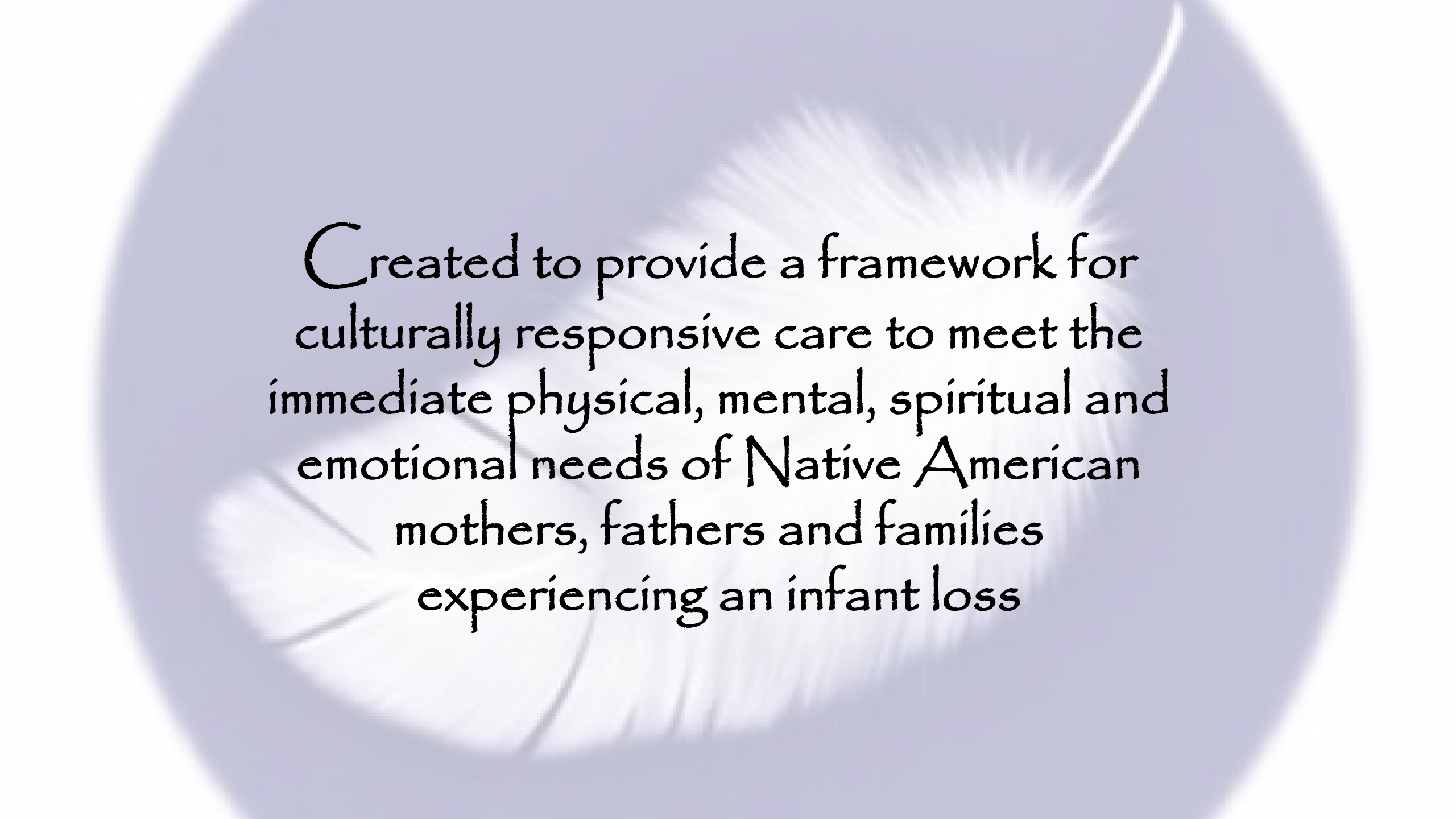
Table 4. Principles of Bereavement Care

Individualized bereavement care	Bereavement care should be individualized to recognize bereaved parents' personal, cultural, or religious needs. Time needs to be spent with bereaved parents to gain an understanding of their wishes.
Good communication	Communication with bereaved parents should be clear and honest. The term "your baby or babies" should be used in conversation; terms such as fetus, embryo, or spontaneous abortion should be avoided.
Shared decision making	Parents should be provided with full information into any important decisions to be made regarding themselves or their baby (babies). Parents should be given adequate time to consider all options available to them.
Recognition of parenthood	Recognition of parenthood and the role of memory making is vitally important as it is thought to assist with the actualization of grief and the slow transition of the parents' relationship with their baby from one of presence to one of memory. One of the greatest regrets that bereaved parents have reported is the lack of memories of their baby.
Acknowledging a partner's and families' grief	Recognition that a partner's and family's grief can be as profound as that of the mother and that their need for support should be considered and met. Support services should be made available and resources given to the parents and their families.
Acknowledging that grief is individual	Recognition of the grief journey and that all bereaved parents will handle and react differently to grief. The intensity and duration of grief will be different. Health professionals should be made aware that different grief responses are normal and that there is no perfect way to grieve.
Awareness of burials, cremation, and funerals	All babies, no matter what gestation, should be treated with respect at all times. Options for burial, cremation, taking baby home, home funerals, and conventional funerals should be discussed before the baby is born, if possible, to give as much time to organize, consider, and for all options to remain open. Health professionals should be aware of burial, cremation, and funeral options available in their local area.
Ongoing emotional and practical support	Bereaved parents should be provided with information and referrals to both professional support and peer-to-peer support services such as First Candle. The concept of seeking support (professional or peer) should be normalized for bereaved parents and encouraged. Bereaved parents who access support services report that they feel their grief was heard, understood, and validated have greater prospects of hope for the future.
Health professionals trained in bereavement care	All health care professionals who interact with bereaved parents should aim to attend professional development opportunities and to be familiar with the principles of bereavement care.
Health professionals with access to self-care	It is ok not to be ok after the death of a baby. All staff who care for bereaved parents before, during, and after the death of a baby will be affected emotionally. Health professionals are in the "helping" profession and when they cannot help this can bring up difficult emotions. Staff should have good access to information about effective self-care.

For internal use only. Do



White Feather
Infant Loss Program



Created to provide a framework for culturally responsive care to meet the immediate physical, mental, spiritual and emotional needs of Native American mothers, fathers and families experiencing an infant loss

Native American Culture

- ❧ Provides an appropriate framework for supporting grieving families
- ❧ Native symbolism and spirituality are interwoven throughout the program
- ❧ The Native American spiritual paradigm endorses a new cultural standard for nursing care

White Feather

- ⌘ Signifies the pure life of the baby and its spiritual journey
- ⌘ Upholds the prayers offered on behalf of the family
- ⌘ Given to the Mother in honor of her strength and dignity

This white prayer feather is presented to honor your dignity, courage and strength. It symbolizes the pure nature of your precious baby and how the prayers, offered on your behalf, are carried through the universe to the Great Creator.

May your body and spirit be healed and may harmony be restored in your family and home.

It has been an honor to care for you during this difficult time. We share your grief and are humbled by your loss.

Traditional Blessing



Prayers and smudging
to cleanse room

Promotes smooth
spiritual transition to
afterlife

Prevents spiritual
unrest and lingering

*The White Feather Infant Loss Program
was designed with the mother and
father at the center*

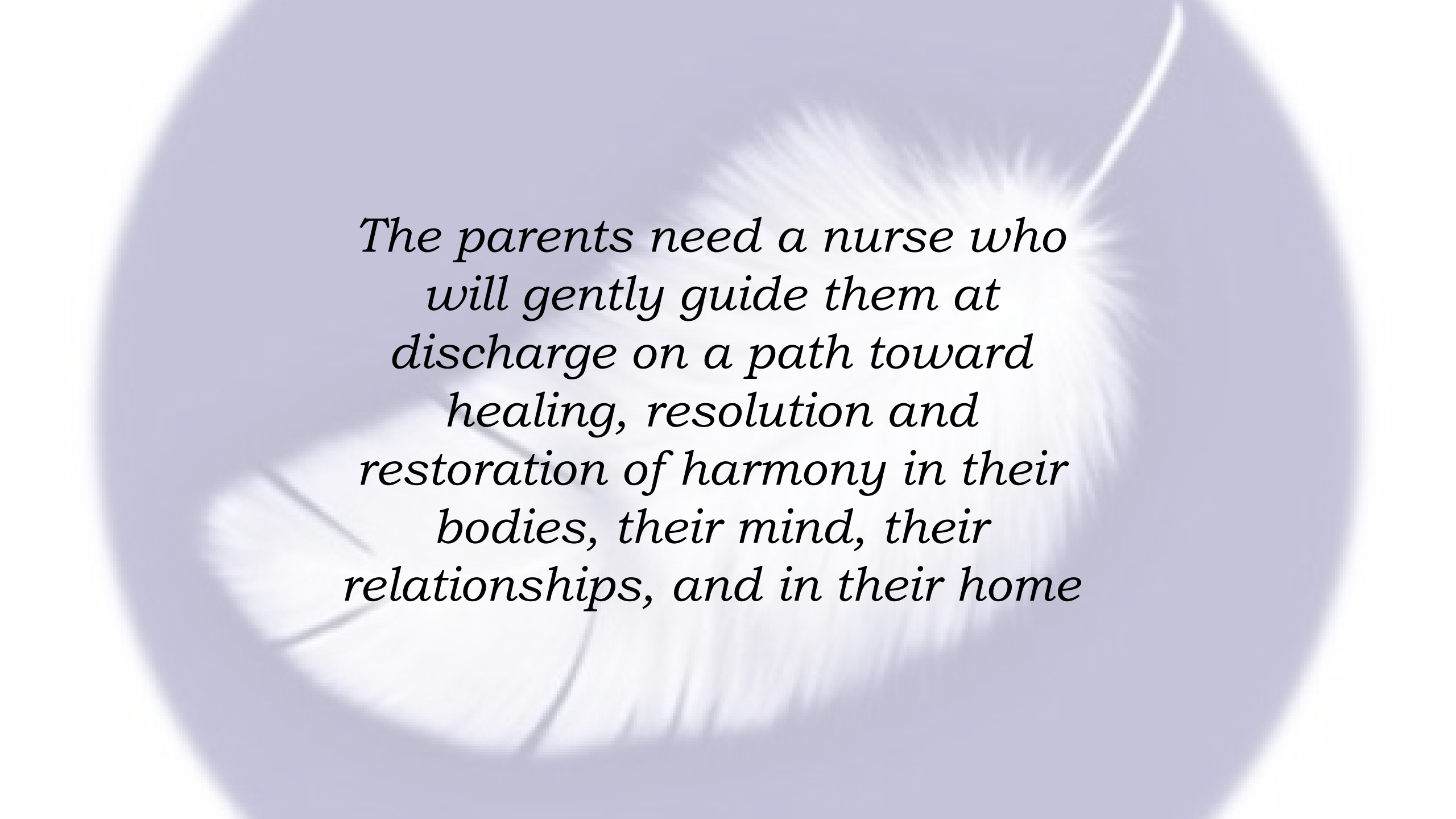
*Two wounded hearts in need of
compassionate care and support as they
begin to grieve the loss of their baby;
who represented their dreams,
their family and future but who now,
is gone*

*The parents need a nurse who
accepts them unconditionally
and is willing to “touch” them –
physically and emotionally*

*A nurse whose heart is open
and is also willing to be touched
in return*

*The parents need a nurse who will
tenderly wrap their baby in soft
blankets for them to hold*

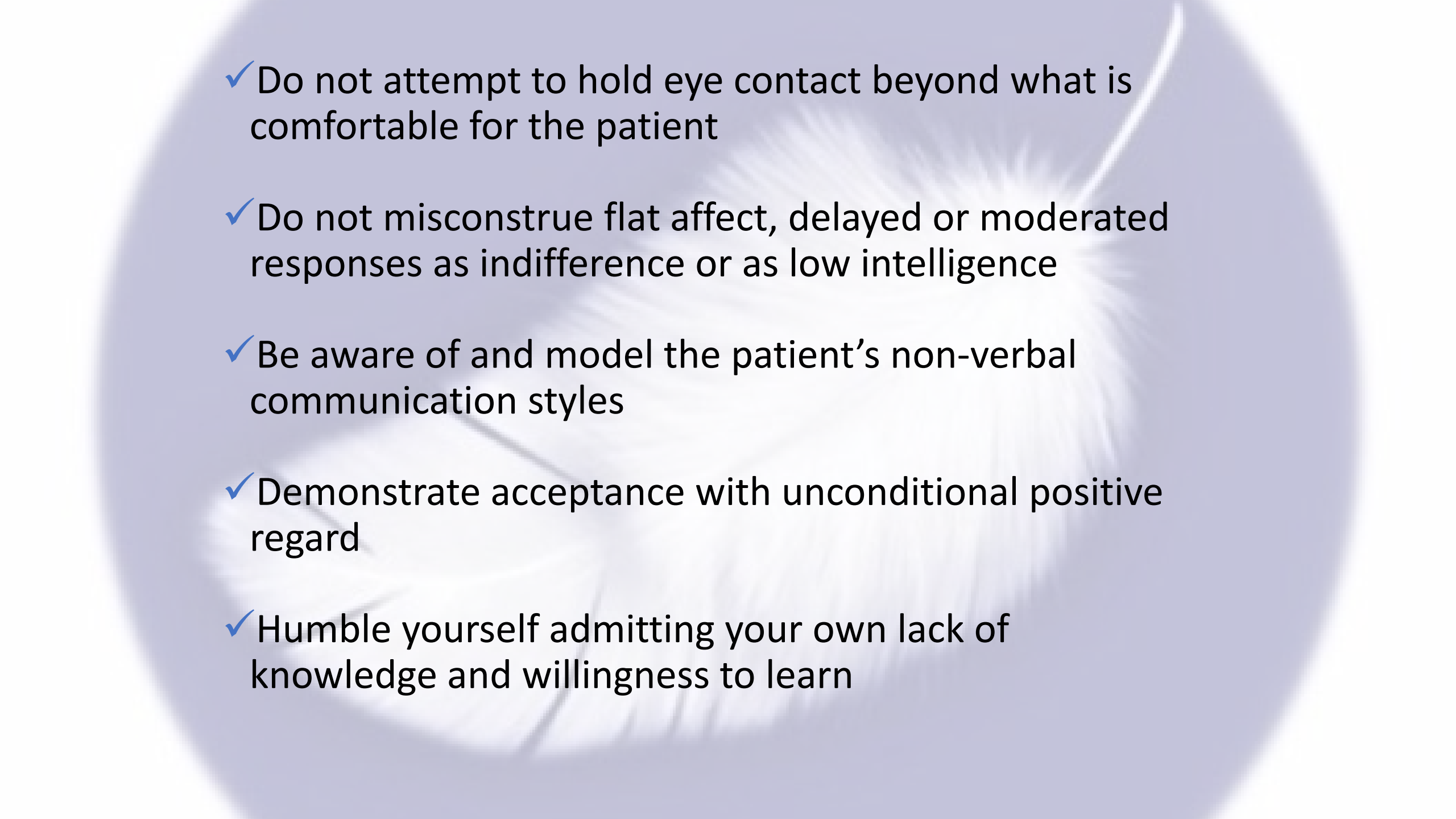
*A nurse who, but for a moment
will be at their side to tell them
what might happen next,
to be with them,
and maybe even cry with them*



*The parents need a nurse who
will gently guide them at
discharge on a path toward
healing, resolution and
restoration of harmony in their
bodies, their mind, their
relationships, and in their home*

Here are a few suggestions...

- ✓ Align interventions with the program's fundamental values
- ✓ Suggest parents name the baby but avoid asking the name until *after* it is born
- ✓ *Gently* shake hands acknowledging everyone present
- ✓ Ask permission to act and don't rush
- ✓ Respect and facilitate family rituals, and support the family system

- 
- ✓ Do not attempt to hold eye contact beyond what is comfortable for the patient
 - ✓ Do not misconstrue flat affect, delayed or moderated responses as indifference or as low intelligence
 - ✓ Be aware of and model the patient's non-verbal communication styles
 - ✓ Demonstrate acceptance with unconditional positive regard
 - ✓ Humble yourself admitting your own lack of knowledge and willingness to learn

- ✓ Recognize the importance of *silence* and a quiet unobtrusive presence
- ✓ Be a “caring presence” non-verbally communicated by remaining *available* and *present*
- ✓ Be aware of your experiences in the moment
- ✓ *Pause* for moment at the door and find your center
- ✓ Care for yourself and reach out if you need help processing your emotions

Infant Loss Training Series

The *Infant Loss Training Series* is comprised of five education programs designed for the Phoenix Indian Medical Center (PIMC), Women and Infant Service Line in-patient nursing staff

Training I *Cultural Aspects of Infant Loss*

Training II *Care of the Family Experiencing an Infant Loss*

Training III *Perinatal Loss: Forms and Specimens*

Training IV *Fetal Death Reporting*

Training V *Perinatal Palliative Care*

Program Accommodations

- ✓ Eliminate or reduce exposure to a wandering spirit by modifying delivery of services
- ✓ Institute alternative arrangements for meal trays
- ✓ Request mop or cleaning items for quick clean-ups
- ✓ Draw your own labs
- ✓ Actively assist medical records with death reporting
- ✓ Rooms are not cleaned until after traditional blessing
- ✓ Smudging ritual is performed to promote the baby's smooth spiritual transition and protect staff

- ✓ Policies include guidelines for handling baby in a manner that honors the sanctity of life
- ✓ Restrictions apply for *where* and *how* the baby is moved about the department
- ✓ Room is tagged with a white feather to make others aware of the spiritual transition taking place inside
- ✓ Privacy is strictly monitored
- ✓ Mother is not moved to another room after delivery

National Maternal Mental Health Hotline



Are you a new parent - or about to be - and feeling sad, worried, overwhelmed, or concerned that you aren't good enough?

For emotional support and resources

CALL OR TEXT 1-833-TLC-MAMA (1-833-852-6262)

TTY users can use a preferred relay service or dial 711 and then 1-833-852-6262

Free – Confidential – 24/7

60+ Languages

<https://mchb.hrsa.gov/national-maternal-mental-health-hotline>

References

- **American College of Obstetricians and Gynecologists (ACOG)** “Management of Stillbirth” (March 2020)
- **CountTheKicks.org**
- Health Resources and Services Administration (HRSA) **Maternal Mental Health Hotline**
- **Postpartum Support International:** Postpartum.net
- **Push for Empowered Pregnancy:** Pushpregnancy.org
- **Society for Maternal Fetal Medicine (SMFM)**
- **StopSyphils.org**
- **White Feather Infant Loss Program** at Phoenix Indian Medical Center

Thank you

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