

## **Implementation of a Bereavement Council in a Non-OB Surgical Setting**

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**Abstract Background Information:** In the post operative surgical setting, there are no follow up or support resources for patients experiencing fetal loss from the physician offices or surgical department. Patients report poor experiences, lack of empathy, lack of knowledge from staff and lack of resources when dealing with the traumatic experience of fetal loss. We created a unit-based council to champion the culture around this population, provide supportive resources and conduct post operative calls.

**Objectives of Project:** Increase patient satisfaction and experience within the surgical setting when experiencing fetal loss, increase staff empathy and confidence with this population, provide support resources through follow up from the council.

**Process of Implementation:** Monthly council meetings, teams page with resources, council members making follow up calls one week post procedure for fetal loss, implementation of bereavement cart utilized in preop for patients to make memory items, mandated education provided by team leader for all staff.

**Statement of Successful Practice:** Patients experiencing fetal demise within a non-OB surgical setting expressed poor experiences and lack of knowledge or empathy from staff. Resources and education from bereavement doulas and OB bereavement counselors were obtained. A unit-based council was created. The council conducted mandatory education including empathy, jargon, examples and experiences of this population. A bereavement cart was created for patients to make bracelets, keychains, small bears and other items in memory of their loss. Council members conducted weekly follow up phone calls for patients experiencing any type of fetal loss (ectopic, anembryonic, demise, genetic/elective/threat to maternal life termination). Patient experience and satisfaction improved within this population. Nurses expressed confidence and more empathy when caring for this population. The council has provided 21.3% of the patients with some type of resource related to postpartum depression during their follow up call that they would have otherwise not received. This includes one patient who was in crisis and received intervention from crisis resolve via council member.

**Implications for Advancing the Practice of Perianesthesia Nursing:** Nursing within the perianesthesia department reported increased confidence in talking to and caring for the patients and family experiencing any type of fetal loss through the education provided and having a unit-based council to refer to as experts on this specific population in a non-OB setting.