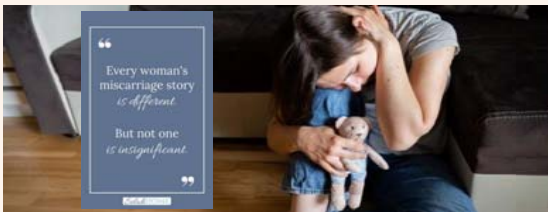


Improving Nursing Care of the Patient Experiencing Miscarriage: Increasing Nurses' Comfort Through Staff and Patient Education

Melody Defibaugh, MSN RN CPAN; Kate Waller, BSN RN; Tiffany Wells, MSN RN CHSE CNE NPD-BC



Our goal is to improve nurses' comfort in providing compassionate care to post-operative D&C patients.



Background

- Discharge instructions contained little information addressing the psychological aspects of miscarriage and grief support services for patients having received a Dilation and Curettage (D&C).
- Anecdotally, staff reported feeling uncomfortable in outpatient post-anesthesia care unit (PACU) because of lack of experience and concerns about saying the wrong thing to the patient during a highly vulnerable time.
- Our focus was on improving the information we provide at discharge while also educating the nurses on how to better take care of patients after a D&C.

Miscarriage Kits

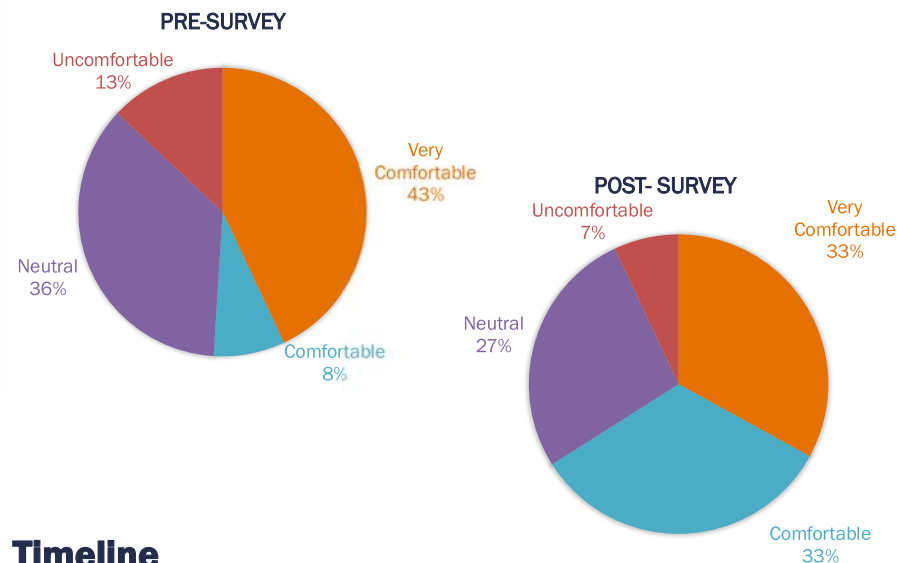
Patients may choose to have all, some, or none of these items.

- Star Legacy "Navigating A Miscarriage" in English and Spanish
- Star Legacy Virtual Support Groups
- March of Dimes "From hurt to healing"
- Memento Hat and Blanket
- Certificate of Life



Results

What is your comfort level caring for postoperative patients who have had a D&C (Dilation and Curettage) due to fetal loss?



Timeline

April	May	June	July	Aug	Sept	Current
Recognized deficit in outpatient PACU for D&C patients	Brought to local Nursing Professional Government (NGPO)	Advanced to Regional NGPO	OB-GYN physicians develop phrase for discharge instructions	Standard work and checklist created including front desk, pre-op, and PACU	Implement standard work trial for total of 10 weeks or total of 10 patients	Continuing to collect data
	Developed miscarriage kit	Nursing Inservice from Labor and Delivery bereavement coordinator	Post-education survey sent			
	Pre-education survey sent					

References available upon request Kate Waller at kls2ef@uvahealth.org

Methods

- Nursing education was provided by the labor and delivery bereavement coordinator. We used this education to revise post-operative D&C discharge instructions and to create bereavement kits similar to those used in labor and delivery.
- We recognized a knowledge gap between the different areas of PACU so we created a standard work checklist that includes the front desk, pre-op, the OR, phase one, and phase two. Then we proceeded with a post-education survey which we are still currently collecting data.

Implications for Nursing

- Following implementation, only 7% surveyed reported discomfort with caring for post-operative D&C patients.
- Staff surveyed who continued to feel uncomfortable after education were asked to describe barriers which included history of loss themselves or feeling uneasy dealing with patients' emotions after procedure.
- Ensuring that PACU nurses had appropriate information to guide the care of patients following a miscarriage was instrumental in improving nurses' comfort caring for this population. Given that approximately one in every four pregnancies ends in miscarriage in the U.S., it is critical that nurses have appropriate resources to provide support for this vulnerable population.

Conclusions

- By improving patient education at discharge after a D&C we were able to increase staff confidence in taking care of this patient population.

Acknowledgements

Marc Juarez BSN, RN, CPAN Nurse Manager OPSC
Jennifer Meszaros BSN, RN Labor & Delivery

