From Protocols to Presence: Practical Perinatal Bereavement Care for Nurses

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Why This Matters

- Every interaction becomes a lifelong memory for families.
- Nurses shape 90% of the experience.
- Small actions = enormous impact.
- Procedure alone is not care- presence is care.

Image courtesy of The Mourning Forecast

“They may not remember what we said, but they will always remember how we made them feel.” –Maya Angelou

Objectives

- Apply standard procedures with compassion
- Documentation along with practical work aids
- How to offer cooling devices
- Create meaningful memory-making opportunities
- Navigate autopsy, burial and cremation processes

Perinatal Bereavement Policies & Procedures

Policy for each type of perinatal death:

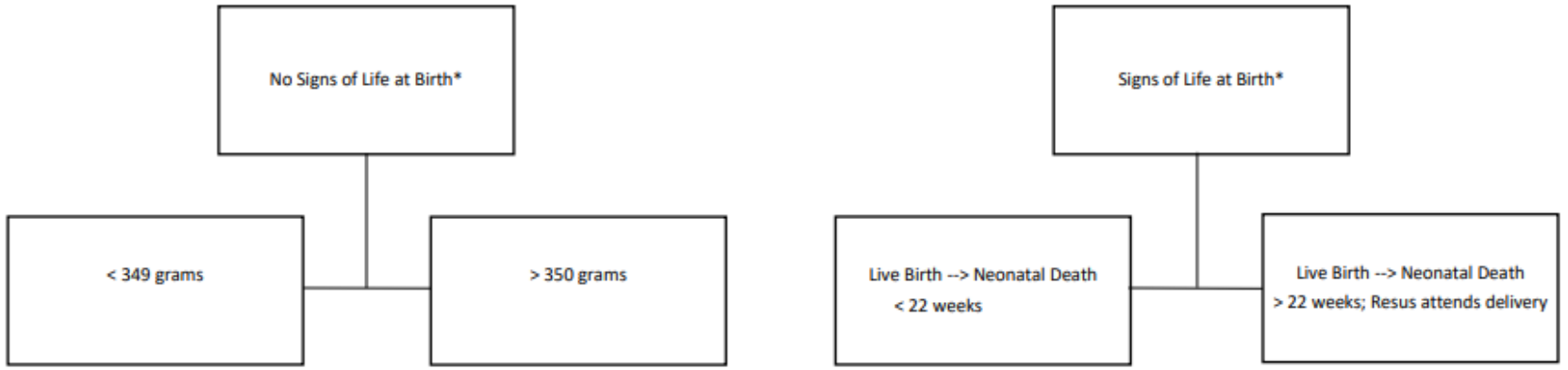
- Early loss/Miscarriage
- Stillbirth;
- Neonatal death; and
- Palliative care.

When nurses don’t have to worry about “the rules”, they can focus on the people.

Labor and Delivery/NICU

14-11 Perinatal Death Delivery Chart

PROCEDURES FOR ABORTUSES, STILLBIRTHS AND NEONATAL DEATHS
349 g OR LESS, 350 grams or more and live births of any weight/gestational age



1. Notify chaplain, L&D FSS, Social work and CCLS (if applicable)

2. OB to place surgical pathology order for fetus and placenta

3. Bereavement Checklist completed by nurse in EMR

4. CMA testing at the discretion of the OB provider and the patient's request. Autopsy not routinely offered but can be performed at the patient's request (order perinatal autopsy and complete consent in iMed)

5. Mother may hold/spend time with baby for as long as desired and should be offered the opportunity to participate in memory making activities

6. All abortuses to be sent to Surgical Pathology along with placenta regardless of autopsy status

7. If a multiple birth and one twin sibling is an abortus and the other is larger in weight (stillbirth) or born alive, the disposition of both bodies should be based upon the larger twin/live birth

1. Notify chaplain, L&D FSS, Social work and CCLS (if applicable)

2. OB service to complete stillbirth navigator

3. Offer autopsy (if requested order perinatal autopsy and complete consent for autopsy in iMed.

4. CMA testing at the discretion of the OB provider and patient's request

5. If a multiple birth and one twin sibling is an abortus and the other is larger in weight (stillbirth) or born alive, the disposition of both bodies should be based upon the larger twin/live birth

6. Provide Application for Certificate of Birth Resulting in Stillbirth (form VS-301)

7. Mother may hold/spend time with baby for as long as desired and should be offered the opportunity to participate in memory making activities.

8. Body to be sent to morgue.

9. OB attending to complete Fetal Death Certificate

1. Notify Chaplain, L&D FSS, Social Work and CCLS (if applicable)

2. L&D to admit baby to Three Bereavement Nursery

3. Apgar scores are not assigned

4. Parkland medical records to complete birth certificate.

5. OB service responsible for pronouncing death and completing the neonatal death navigator in baby's chart

6. Mother may hold/spend time with baby for as long as desired and should be offered the opportunity to participate in memory making activities

7. Offer autopsy (if requested order perinatal autopsy and complete consent for autopsy in iMed in baby's chart) CMA testing at the discretion of the OB provider and patient's request

8. Body to be sent to morgue

9. OB attending to complete Death Certificate

1. L&D to admit baby to NICU

2. Notify Chaplain, NICU FSS, L&D FSS, Social Work, CCLS (if applicable).

3. Infant to be continuously under the care of pediatrics.

4. Pediatric service responsible for pronouncing death and completing the neonatal death navigator

5. Offer autopsy (if requested order perinatal autopsy in iMed)

6. Birth certificates to be completed by Parkland Medical Records.

7. Mother may hold/spend time with baby for as long as desired and should be offered the opportunity to participate in memory making activities.

8. Mother may elect transport of infant to NICU at any time.

9. Body to be sent to the morgue

10. NICU attending to complete death certificate

FSS- Family Support Specialist
CCLS- Certified Child Life Specialist

Texas Administrative Code - 25 TAC Rule 181.1 (17)

*Live Birth- The complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which, after such separation, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definitive movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached; each product of such a birth is considered live born.

SCOPE:

All Parkland Health ("Parkland") Labor and Delivery.

PRACTICE STATEMENT:

In order to understand when to file a Certificate of Fetal Death, it is important to recognize the difference between a fetal death, live birth and an infant death. A fetal death occurs before labor, during labor, or at delivery. A Certificate of Fetal Death is filed when a delivery weighing 350 grams or more, or if the weight is unknown, a fetus aged 20 weeks or more as calculated from the start date of the last normal menstrual period to the date of delivery results in a fetus that shows no evidence of life. The fetal death is indicated by the fact that after complete expulsion or extraction from the mother, the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, regardless of whether the umbilical cord has been cut or the placenta is attached. [25 TAC §181.1 (11)] (Handbook on Fetal Death registration: TDH Texas Department of Health Bureau of Vital Statistics).

Mothers must be given the option for chaplain counseling. Mother and family may hold and spend time with baby for as long as they desire.

PROCEDURE:

1. Upon admission, the nurse will notify the following disciplines of the patient's arrival:
   A. Chaplain—Place a consult message order in the patient's chart AND page via the on-call paging system located on the Parkland Intranet.
      1) The Chaplain is responsible for providing pastoral care to the mother and family if appropriate and will facilitate funeral home arrangements.
   B. Social Work—Place a consult message order in the patient's chart. If the patient needs to see the social worker urgently, page via the on-call paging system.

Stillborn Guidelines	14-05	Published: 5/1/2025
Labor and Delivery		Page **2** of **5**

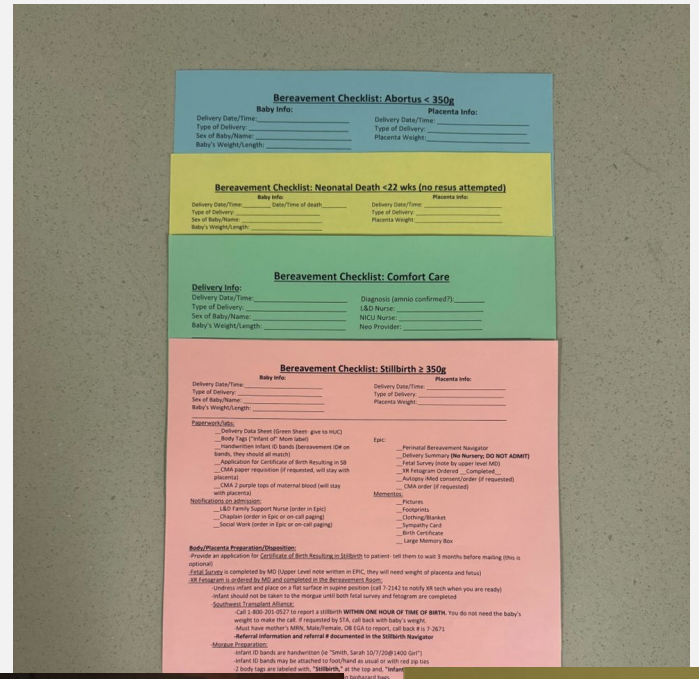
   C. Family Support Specialist—Place a consult message order in the patient's chart.
      1) The Family Support Nurse will place the patient's name on a list to be invited to the WISH Memorial Service as well as see the patient and provide bereavement support.
2. The nurse will flag the patient's door with a white dove to signify a loss.
3. The nurse will document in the Bereavement Checklist located in the Perinatal Loss Navigator in the patient's chart.
4. Following delivery, the nurse will complete the Delivery Summary in the electronic health record (EHR) but WILL NOT admit the baby.
   A. Page the Chaplain to notify them of the baby's delivery via the On-Call paging system.
   B. The baby should be weighed using a digital scale. Weight is recorded in grams and charted in the EHR in the Delivery Summary and the Bereavement Checklist.
   C. Complete the Delivery Data Sheet and designate on it "Stillborn" (SB) and take to the Health Unit Coordinator (HUC).
   D. Complete hand-written infant ID bands and place one on the baby's wrist and one on the baby's ankle. Place the corresponding ID band on the mother's wrist. Document bereavement ID number in the bereavement checklist in the EHR.
5. The L&D nurse will prepare the body for viewing. The nurse shall bathe and dress the baby, take pictures, do footprints, complete memento birth certificate and organize all mementos in a "Memory Box". Patients should be given the opportunity to perform the above-mentioned tasks at the bedside with assistance from nursing staff as well as hold the baby if they choose to do so.
6. Weigh the placenta and document the weight in the Bereavement Checklist. This information is for the physician to include in their Fetal Survey progress note.
   A. Place the placenta in a specimen container.
   B. Attach pathology lab label to the side of the container.

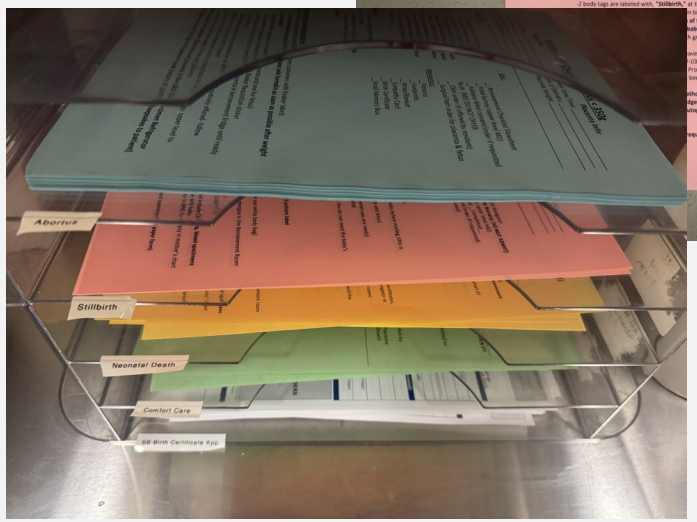
Work Aids

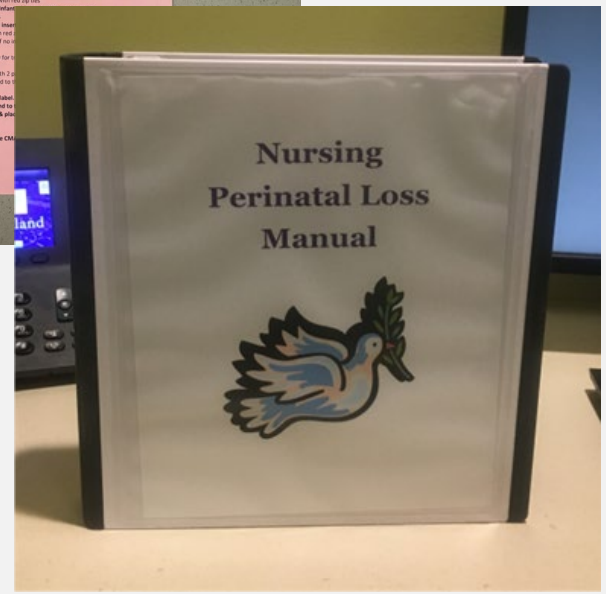
Reducing mental load increases emotional capacity

Clear work aids create clarity in complex situations:

- Checklists;
- Bereavement manuals;
- Electronic Medical Record (EMR) Navigators; and
- Bereavement Champions.





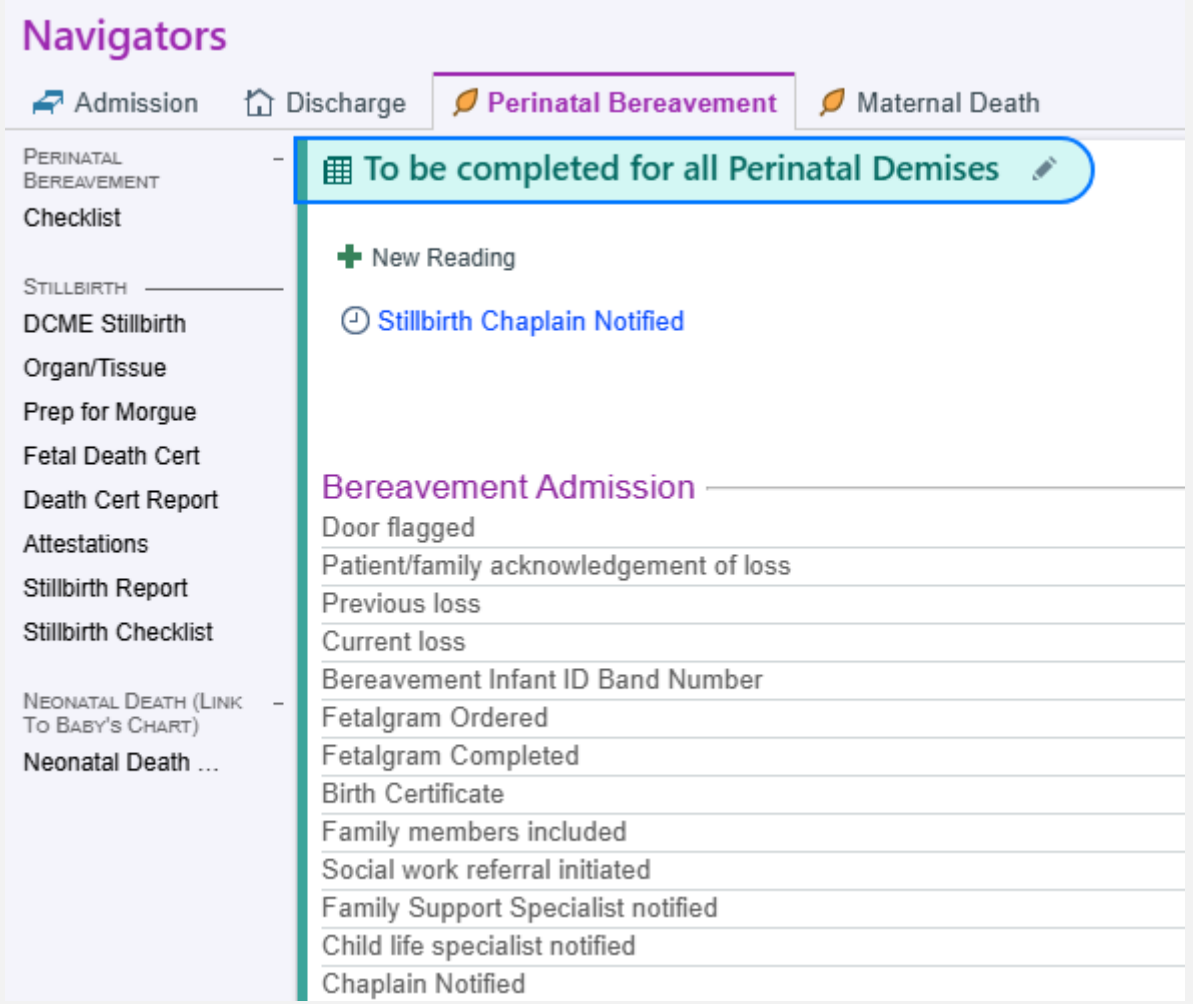


Leveraging the EMR (1 of 2)

Creating a Perinatal Bereavement Navigator

What is a Perinatal Bereavement Navigator?

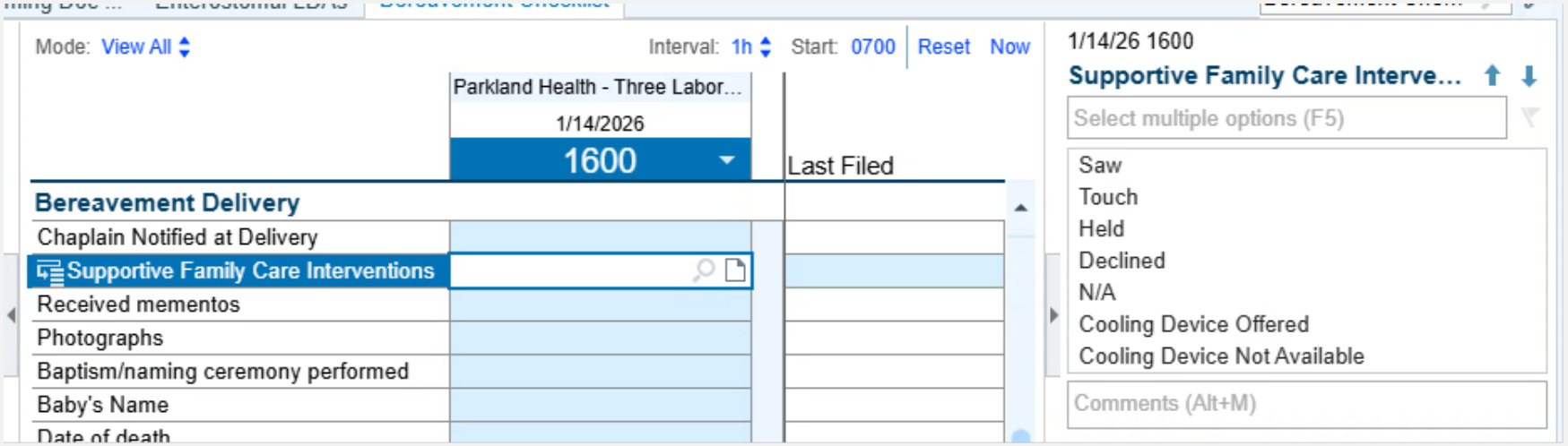
- A structured workflow within the electronic medical record that guides clinicians through the clinical, legal, and supportive steps required after a perinatal loss.



Leveraging the EMR (2 of 2)

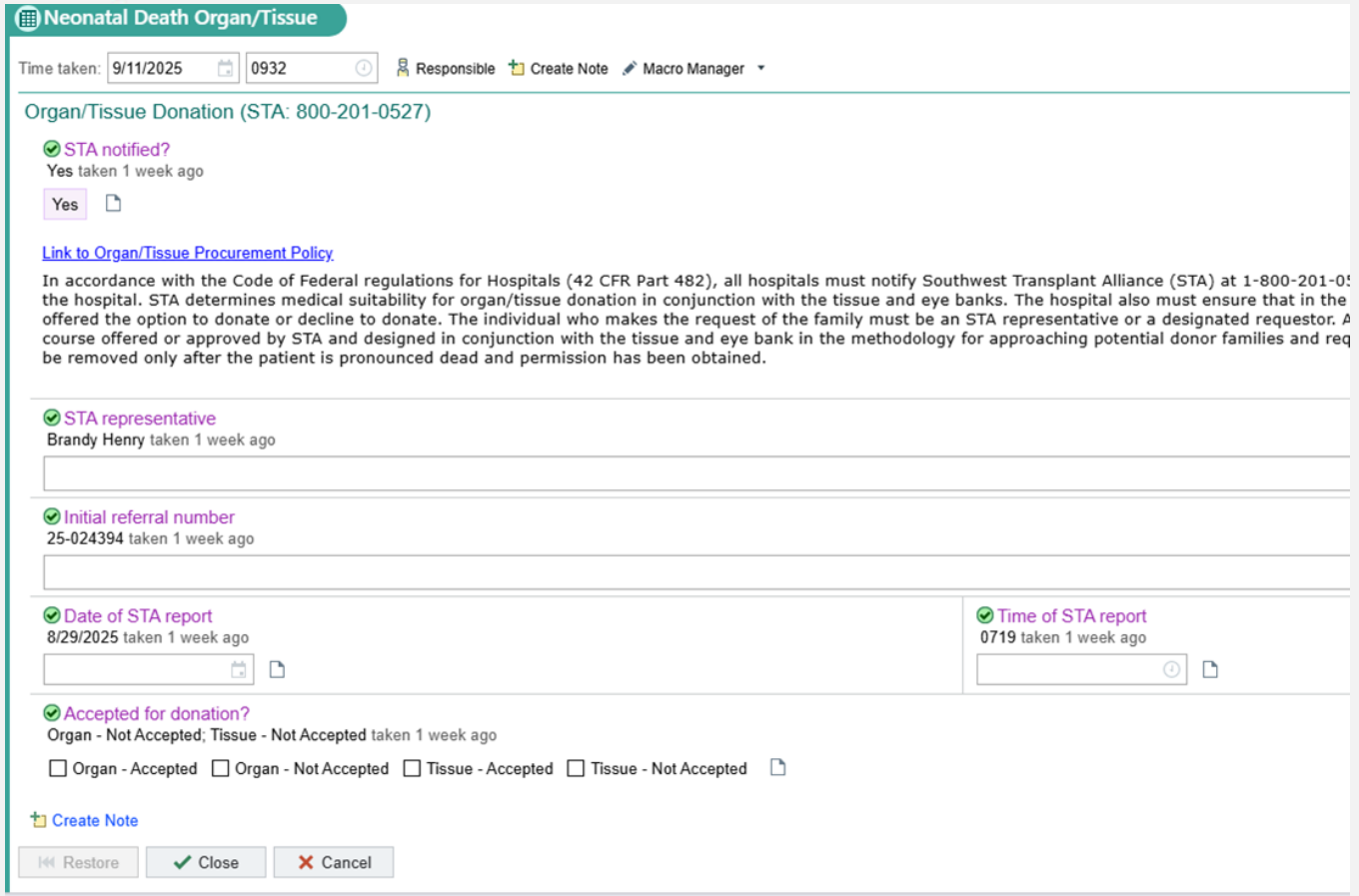
Purpose

- Standardizes care across providers and units;
- Reduces cognitive burden during emotionally stressful events;
- Improves compliance with regulatory requirements;
- Makes sure memory-making opportunities are not missed;
- Supports timely disposition and documentation; and
- Promotes compassionate, consistent family-centered care.

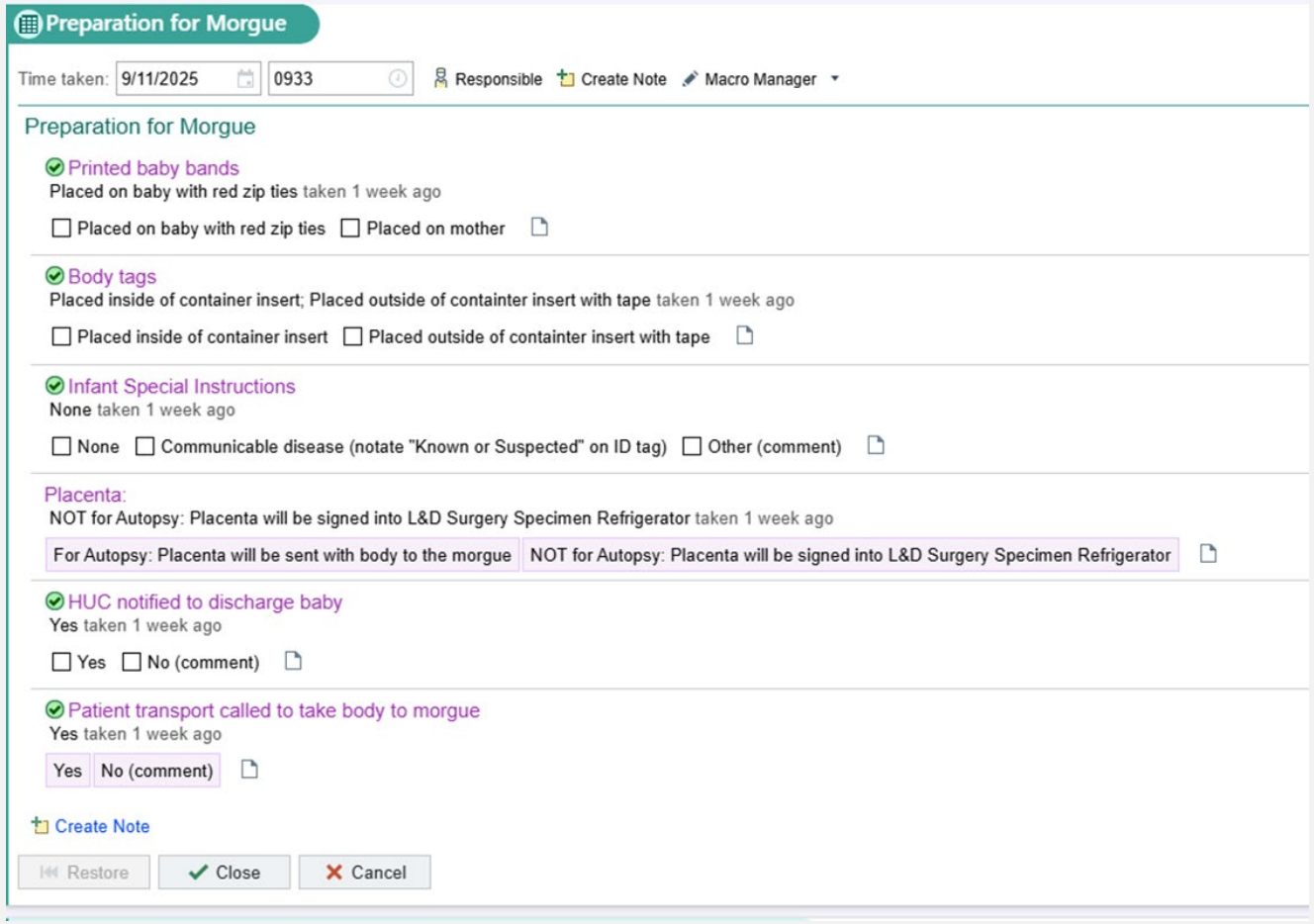


Key Components (1 of 2)

- Documentation templates (delivery, death note, bereavement support);
- Required consents and forms;
- Death certificate information;
- Organ donation/Medical Examiner documentation;
- Memory-making checklist; and
- Disposition planning guidance.



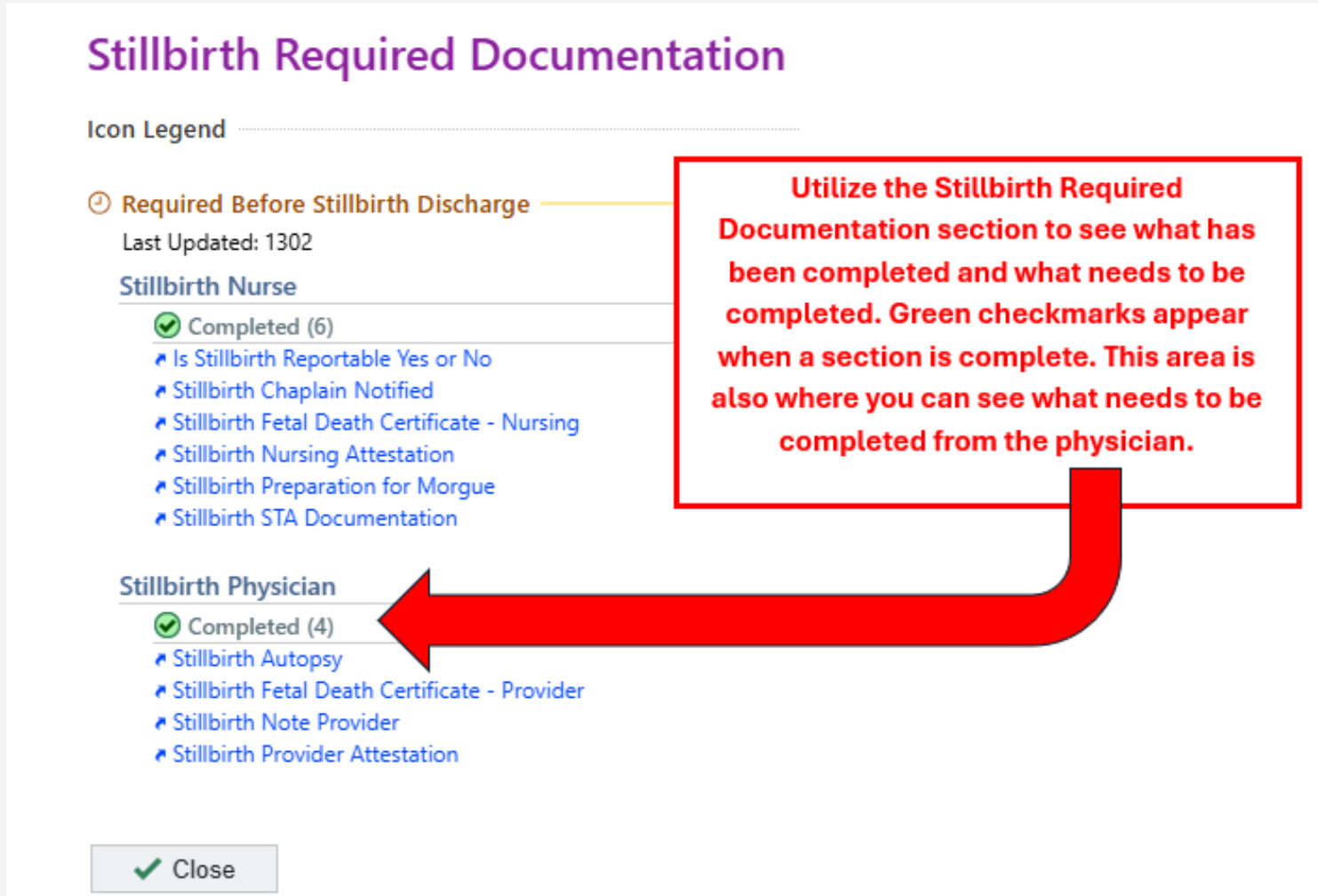
Key Components (2 of 2)



- Autopsy/placenta workflows;
- Notifications (social work, chaplain, child life specialist, bereavement team);
- Cooling device guidance;
- Follow-up tasks and referrals; and
- Include information that would be helpful for follow up phone calls (i.e. baby's name).

Examples

Bereavement Delivery	
Labor	Induced
Delivery Date	8/25/2025
Delivery Time	1120
Gender	Male
Delivery Type	Vaginal
Weight (gm)	555g
Delivery Provider	Warncke, MD
Delivery Nurse	Howard, RN
Placenta Date	8/25/2025
Placenta Time	1128
Placenta Weight (gm)	545g
Placenta Delivery Type	Manual Extraction
CMA Sent?	Yes
Requisition obtained?	Yes
Maternal blood samples obtain...	Yes
CMA Order placed?	Yes
Chaplain notified at time of death	Yes
Family Interventions	Saw; Touch; Held
Received mementos	Yes
Photographs	Given to patient
Baptism/naming ceremony per...	Yes
Baby's Name	[redacted]
Date of death	8/25/2025
Time of death called by provid...	1120
Time of death pronounced by	Warnecke, MD
Fetal Survey completed	Yes
(If SB or NND) Autopsy offered	No (Comment)
Autopsy requested	No
Location of Baby	L&D
Nurse assigned to baby	Grider RN



Implementation Pearls

- Partner with IT analysts/nursing informatics;
- Include bedside nurses in design;
- Pilot with real cases;
- Keep workflow simple and intuitive;
- Provide quick-reference education;
- Take advantage to streamline the decedent care process; and
- Include needed information for state documentation – Texas Electronic Vital Events Registration (TxEVER) Death Record.

When processes are reliable, caregivers are free to be present.

Cooling Devices

Expanding Options for Time Together After Loss

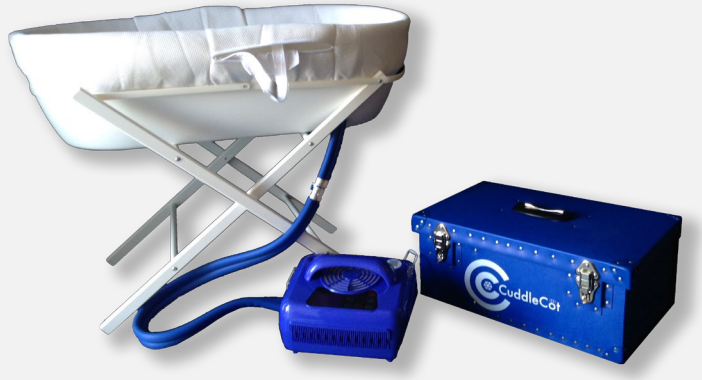
Purpose:

- Supports Extended time with baby, when families desire it;
- Slows natural physical changes;
- Allows family, siblings, rituals; and
- Reduces rushed decisions.

A cooling device is a tool- not a requirement for families.

- Families deserve time with their baby regardless of technology availability.

Cuddle Cot



Practical Tips for Nurses

- Explain gently: “This device helps slow physical changes so you don’t feel rushed.”
  - **Present as an option, not a requirement**
- Prepare family for normal physical changes
- Support breaks for parents
- Parents can hold and cuddle their baby as much as they want without the cooling pad
  - “Many parents like to hold their baby for a while and then place them back on the cooling pad when they’re ready for a break.”

Practical Tips Continued

- Have some cooling device “Super Users”;
- Set up/troubleshoot in a space away from family- make sure it reaches the optimal temperature;
- Create a quick set up reference guide that is specific to your facility;
- Utilize SharePoint to store video tutorials for staff to reference;
- Attach a card that explains the device in English and Spanish for families; and
- Correctly disassembling/cleaning the device is vital for maintenance.

CuddleCot®, Flexmort, UK

How to use the Cuddle Cot

1. Connect the hose to the correct size cooling pad
2. Connect the hose to the main machine
3. Fill device with sterile water
4. Turn on machine
5. Place pad in a pillow case, place silver pad under blue pad
6. See instructions with device if it is not cooling to perform trouble shooting steps

The Cuddle Cot

The CuddleCot is a cooling device designed to allow families more time with a stillborn or deceased newborn. It works by gently cooling the baby's body to slow down natural changes after death, helping to preserve the baby's appearance and giving parents and loved ones the opportunity to say goodbye in a more peaceful, unhurried way.

The CuddleCot supports the grieving process by allowing families to spend meaningful time with their baby, take photographs, create memories, and begin processing their loss in a supported, intimate environment.

Cooling devices allow parents the ability to say hello and goodbye in separate breaths

How to use the Caring Cradle

1. Plug in cradle to an outlet with no other devices using that outlet
2. Turn on cradle by flipping the switch
3. Cover gel pad with a thin blanket

Th Caring Cradle

The Caring Cradle is a special device designed to give families more uninterrupted time to spend with their baby after they have passed. It gently cools the baby, which slows the natural changes that occur after death. This allows parents and loved ones the chance to hold, bond, take photographs, and say goodbye in their own time and in a peaceful, private space.

Memory Making Matters

We cannot change the outcome, but we can shape the memories

- Families are often overwhelmed and may not know what to ask for.
- Gentle guidance helps families feel permission to parent their baby.
- Many meaningful opportunities are time-sensitive.
- Parents rarely regret having memories — but often regret missed ones.

What Nurses Can Do

Offer- Don’t Wait to Be Asked

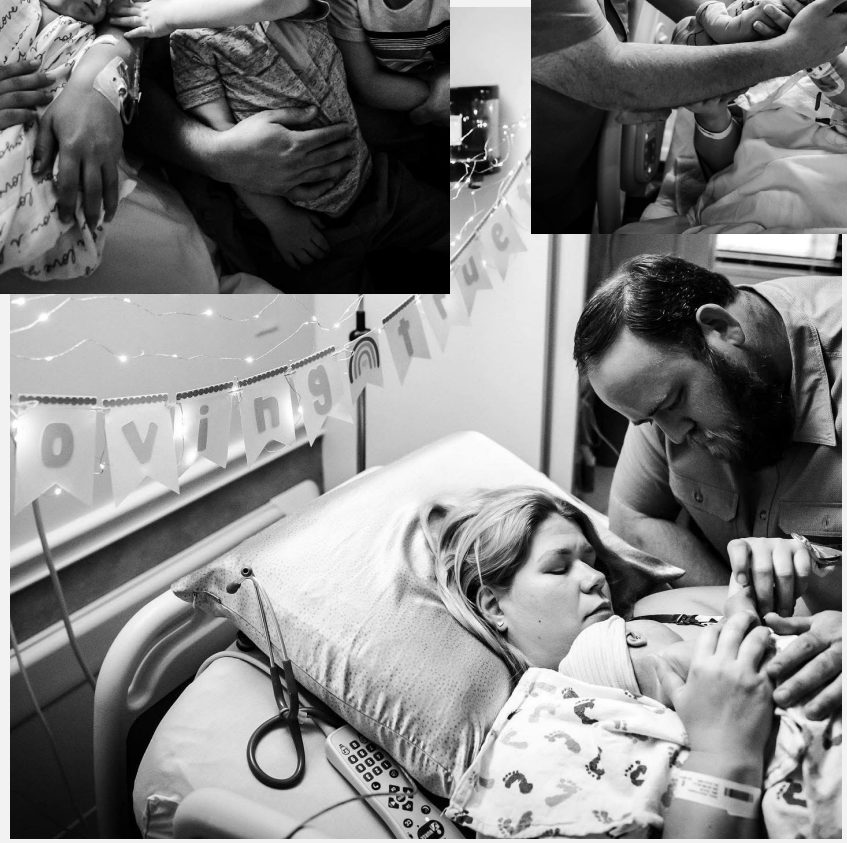
- Footprints and handprints, molds, impressions;
- Photos;
- Dressing and swaddling;
- Holding and bathing;
- Naming ceremonies, blessings, or rituals; and
- Locks of hair, ID bands, blankets.

Create the Environment

- Invite family members to participate in memory-making if they wish;
- Slow the pace of the room;
- Provide privacy and uninterrupted time;
- Dim lights, reduce noise;
- Prepare supplies in advance;
- Encourage holding and talking to baby;
- Offer to help with clothing or positioning;
- Include siblings and family members when desired;
- Validate parents as parents; and
- Use the baby’s name- always.

Capturing Connection- Remembrance Photography

- Focus on candid moments of love and connection — not just posed images;
- Use a journalistic style approach;
- Black & white images;
- Encourage cell phone photos;
- Include parents, siblings, loved ones;
- Take multiple photos from different angles;
- Include small details (hands, feet, hair, and features);
- Capture keepsakes and memory items; and
- Always print photos if possible.



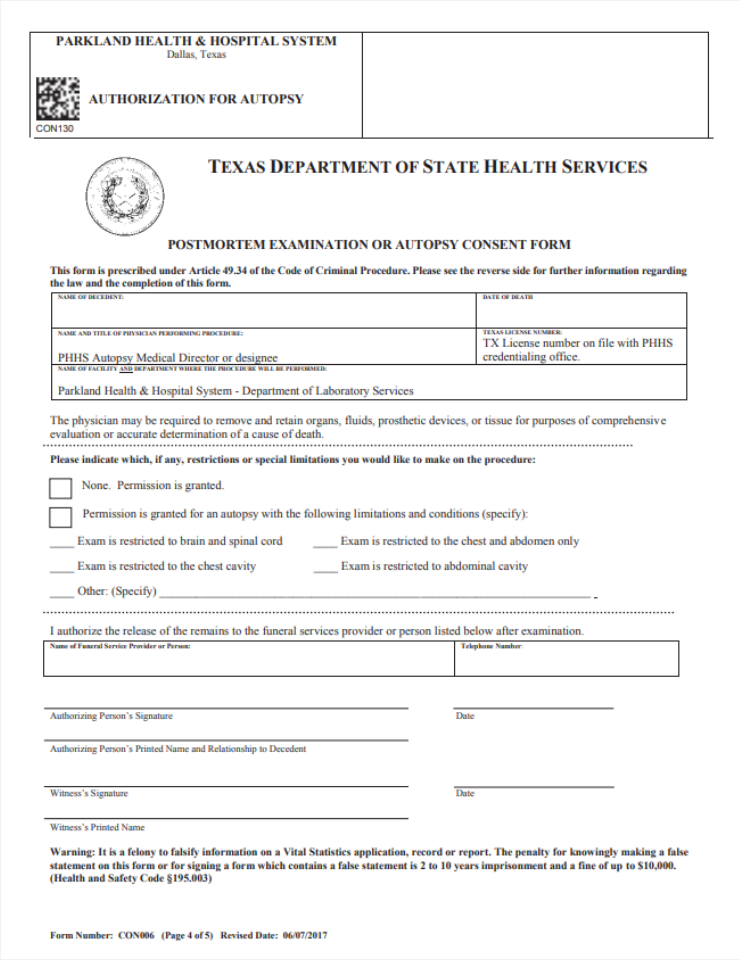
Photos courtesy of the Bodine Family

Navigating Autopsy Discussions

Families are making decisions while grieving- clarity and compassion matter most

- **Nursing Role:**
  - Reinforce provider explanations;
  - Clarify what parents heard or understood;
  - Provide written information;
  - Facilitate questions for the care team; and
  - Support emotional responses without influencing decisions.

- **Communication Pearls**
  - “Some families choose additional testing to learn more about why this happened.”
  - “There is no right or wrong decision. You can take time to think about this.”



PARKLAND HEALTH & HOSPITAL SYSTEM
Dallas, Texas

AUTHORIZATION FOR AUTOPSY

CON130

TEXAS DEPARTMENT OF STATE HEALTH SERVICES

POSTMORTEM EXAMINATION OR AUTOPSY CONSENT FORM

This form is prescribed under Article 49.34 of the Code of Criminal Procedure. Please see the reverse side for further information regarding the law and the completion of this form.

NAME OF DECEDENT: | DATE OF DEATH:

NAME AND TITLE OF PHYSICIAN PERFORMING PROCEDURE: PHHS Autopsy Medical Director or designee | TEXAS LICENSE NUMBER: TX License number on file with PHHS credentialing office.

NAME OF FACILITY AND DEPARTMENT WHERE THE PROCEDURE WILL BE PERFORMED: Parkland Health & Hospital System - Department of Laboratory Services

The physician may be required to remove and retain organs, fluids, prosthetic devices, or tissue for purposes of comprehensive evaluation or accurate determination of a cause of death.

Please indicate which, if any, restrictions or special limitations you would like to make on the procedure:

☐ None. Permission is granted.

☐ Permission is granted for an autopsy with the following limitations and conditions (specify):

___ Exam is restricted to brain and spinal cord ___ Exam is restricted to the chest and abdomen only

___ Exam is restricted to the chest cavity ___ Exam is restricted to abdominal cavity

___ Other: (Specify) _____

I authorize the release of the remains to the funeral services provider or person listed below after examination.

Name of Funeral Service Provider or Person: | Telephone Number:

Authorizing Person's Signature | Date

Authorizing Person's Printed Name and Relationship to Decedent

Witness's Signature | Date

Witness's Printed Name

Warning: It is a felony to falsify information on a Vital Statistics application, record or report. The penalty for knowingly making a false statement on this form or for signing a form which contains a false statement is 2 to 10 years imprisonment and a fine of up to $10,000. (Health and Safety Code §195.003)

Form Number: CON006 (Page 4 of 5) Revised Date: 06/07/2017

Burial & Cremation:

Supporting Families Through Next Steps

- Know your hospitals options;
- Explain that families have choices;
- Allow time whenever possible- avoid urgency;
- Ensure memory making is complete before transfer; and
- Ensure timely death record certification.

Thank you

- In the end, our systems, policies, and tools help guide the process—but it is our presence, compassion, and willingness to walk beside families that truly shape the memories they carry forward.

References

Perinatal Bereavement Care

- Gold, K. J., et al. (2017). *Bereavement care for parents after a perinatal loss.* Obstetrics & Gynecology.
- American College of Obstetricians and Gynecologists (ACOG). (2020). *Management of Stillbirth.* Practice Bulletin No. 102.
- National Perinatal Association. (2018). *Perinatal Bereavement Care Guidelines.*
- Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN). *Perinatal Bereavement Resources.*

Memory-Making & Family Support

- Cacciatore, J. (2013). *Psychological effects of stillbirth.* Seminars in Fetal & Neonatal Medicine.
- Rådestad, I., et al. (2009). *Seeing and holding a stillborn baby: Mothers' experiences.* Birth.
- Burden, C., et al. (2016). *Improving bereavement care after perinatal death.* BMJ Supportive & Palliative Care.

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- Burden, C., et al. (2016). *Improving bereavement care after perinatal death.* BMJ Supportive & Palliative Care.

Resources

Remembrance Photography

- Now I Lay Me Down to Sleep Foundation https://www.nowilaymedowntosleep.org

Cooling Devices

- Flexmort. *CuddleCot® Cooling System Information* https://www.flexmort.com
- Caring Cradle https://caringcradle.com

High Reliability & Cognitive Aids

- Agency for Healthcare Research and Quality (AHRQ). *High Reliability Organizations.*
- Institute for Healthcare Improvement (IHI). *Human Factors and Cognitive Load in Healthcare.*

Trauma-Informed Care

- Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). *Trauma-Informed Care in Behavioral Health Services.*

Thank You
Questions?

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