



Policy Brief 11
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The Impact of Perinatal Death on Healthcare Staff

A rationale for change in education, training and introduction of support systems



Staff wellbeing & support are key markers in the retention & performance of healthcare staff. **Maternity staff receive little support and are experiencing low morale, symptoms of burnout and multiple psychological symptoms** associated with perinatal death and adverse events including **self blame, shock, enduring guilt, anger, sadness, isolation.**

Sustainability of intervention debriefing strategies has been challenging. Further **research is needed to evaluate support and wellbeing interventions.**

Our research shows **acknowledgment of the impact of perinatal death** on healthcare staff is **needed**, as well as **effective emotional support interventions.** This includes the provision of **support, ongoing education, bereavement training** and self-care. **Theological reflection** and professional **supervision** is recommended in perinatal healthcare ministry.

What is known?

The death of a baby is one of the most challenging bereavements for parents and healthcare professionals.

The impact of perinatal death on healthcare staff in the maternity services is heightened with a high level of public exposure, public commentary and a 'never-event' approach to adverse events in maternity services.

The reporting of perinatal death and adverse events, including the naming of staff, has a detrimental effect on the wellbeing of healthcare professionals and contributes negatively to a 'blame culture'. Wellbeing/support interventions have not yielded sufficient success in addressing the impact of perinatal death on staff.

What did we do?

- Through a series of qualitative interview studies, we explored the:
 - Personal & professional impact of stillbirth on consultant obstetrician gynecologists¹, as well as the impact of stillbirth on the faith of obstetricians²
 - Spiritual and theological issues for healthcare chaplains as they minister with parents following perinatal bereavement³
 - Attitudes and responses that Irish obstetricians have following direct involvement with an intrapartum fetal death⁵
- We investigated changes in clinical activity in the 28 days following adverse events in one large tertiary maternity hospital⁴
- We conducted a questionnaire study to identify opinions of healthcare professionals surrounding education and support strategies, and investigate if involvement with an intrapartum death had an impact on clinical practice⁶
- We evaluated an educational workshop which taught obstetricians' skills in communication and self-care around the time of stillbirth⁷.



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The impact of stillbirth on consultant obstetrician gynecologists: A qualitative study¹



The place of faith for consultant obstetricians following stillbirth: A qualitative exploratory study²



The spiritual and theological issues raised by stillbirth for healthcare chaplains³



The perceived effect of serious adverse perinatal events on clinical practice. Can it be objectively measured?⁴



What did we find?

The findings of our studies consistently highlight the impact of stillbirth and intrapartum death on maternity healthcare staff¹. Obstetricians described feeling shocked and isolated following stillbirth. Most healthcare professionals experience of intrapartum death was negative. But despite that the desire to continue to provide compassionate good quality care is highly visible⁶.

"I could feel my whole body shaking, I could feel my heart racing, I could feel myself shaking, I didn't really know how to react at that time"⁵

"I was just shattered, I was in bits but I don't really remember anything after that"⁵

"There is nothing. I have worked in seven hospitals, seven maternity units and I have never been formally debriefed, after a stillbirth or after an intrapartum death... I don't even think people asked us were we ok after it, we just continued on working and that was it you know"⁵

Few received adequate training in how to care for bereaved parents or themselves and were profoundly and negatively affected by a personal involvement with an intrapartum death⁵ (Figure 1).

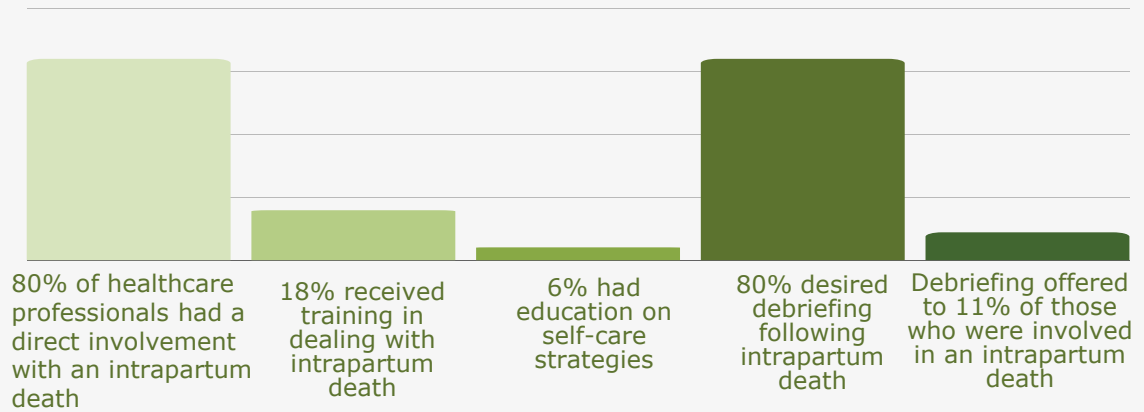


Figure 1. Healthcare professionals' response to intrapartum death (N=89)⁶

Suffering, doubt and presence were the main theological themes raised for chaplains following perinatal death.³ Stillbirth was identified as one of the most difficult experiences, and most consultants were unable to engage with their personal beliefs when dealing with death at work².

The human response to stillbirth shapes the care that is provided. The weight of professional responsibility resulted in obstetricians questioning 'what have I missed?'¹ We identified some statistically significant changes in clinical activity in the 28 days following five of six adverse events during the 25-month period studied⁴.

We established that a novel educational workshop using applied drama techniques is an acceptable and appropriate way of training obstetricians in how to care for bereaved parents and/or to engage in self-care⁷.

Recommendations

- **Impact of perinatal death** on healthcare staff **needs to be acknowledged**
- Maternity **hospitals need to improve their support structures for healthcare professionals following an intrapartum death.** Provision of **support, ongoing education, bereavement training** and self-care is vital for healthcare professionals
- Effective **emotional support interventions need to be developed and implemented** for all obstetricians and midwives. Maternity services should support the ongoing development and implementation of educational & support programmes such as Schwartz Rounds, TEARDROP workshops, Caring and Coping workshops
- **Theological reflection** and professional **supervision** is recommended in perinatal healthcare ministry.



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Intrapartum fetal death and doctors: A qualitative exploration⁵



Healthcare professionals' response to intrapartum death: A cross-sectional study⁶



Addressing obstetricians' awareness of compassion, communication, and self-care when caring for families experiencing stillbirth: Evaluation of a novel educational workshop using applied drama techniques⁷