

## Summary of Recommendations

Recommendations for the provision of compassionate care for confirmed early pregnancy loss (less than 20 weeks gestation) in the Emergency Department.

Recommendations	
<b>Environmental Considerations</b>	
1. Ensure that patients/ families are in a private and comfortable area when receiving care and discussing pregnancy loss management.	
<b>Communication Strategies &amp; Considerations</b>	
2. With patient consent, offer that a support person be present when the patient is informed of the pregnancy loss diagnosis and management.	
3. Acknowledge the loss with the patient/ family, and ensure that they are afforded dignity, respect, and time to grieve.	
4. Provide information about pregnancy loss as soon as possible, using simple, patient-centered language, and avoid medical jargon.	
5. Communicate information verbally and in a written format, and seek translation services when required.	
<b>Cultural, Religious &amp; Spiritual Considerations</b>	
6. Ensure that patients' cultural and religious needs are considered when providing pregnancy loss care and support, and offer referral to spiritual services or to contact the patient's own spiritual leader.	
<b>Informational Needs</b>	
7. Inform the patient of pregnancy loss management options (i.e., referral, surgical, medical, expectant management), and their risks/ benefits.	
8. Inform patients about what to expect during the course of their care while in the ED.	
9. Encourage patient involvement in shared decision making.	
10. Consider providing a bereavement package to patients/ families experiencing a pregnancy loss.	
<b>Psychological Needs &amp; Supports</b>	
11. Determine how the pregnancy loss is perceived by the patient/ family, and aim to better understand their unique experiences and needs.	
12. Reassure the patient that in the vast majority of cases the loss is not due to anything that the patient did or did not do.	
13. Reassure and educate bereaved patients/ families about the grief process, including the physical, social and emotional responses.	
14. Assess the patient's support systems and coping strategies, and reinforce coping mechanisms that were found to be effective in the past.	
15. Inform the patient of the potential benefits of communicating their feelings of loss to family and friends, and the importance of connecting with social networks (e.g., church groups, support organizations, and grief support groups).	
<b>Memories &amp; Mementoes</b>	
16. If the baby's body/ remains are obtained, offer the patients/ families the chance to see and hold them, and provide support during this time.	
17. When applicable, encourage patients/ families to honour their baby in some way.	
18. Offer patients/ families mementoes in a sensitive and respectful manner, and inform them of the potential importance of these mementoes.	
<b>Disposition of Fetal Remains</b>	
19. Familiarize yourself with your institution's process as well as provincial regulations in regards to the disposition of fetal remains.	
20. Treat the baby's body/ remains with dignity and respect, in the same manner as an adult body would be treated.	
21. Offer patients information about pathological examinations that may be clinically indicated.	
22. Regardless of the baby's gestation and weight, inform patients/ families of the options for disposition that are available to them.	
23. Ensure that patients/ families are afforded the time to decide and process their decision regarding the disposition of fetal remains, and provide them with an opportunity to revise the care plan before it is carried out.	
<b>Discharge Considerations &amp; Follow-up</b>	
24. Upon discharge, provide patients/ families with bereavement information, including common responses to grief and loss, community and online resources, and a list of symptoms and concerns that warrant contacting a healthcare provider.	
25. Notify the patient's obstetric/ primary care provider of the patient's pregnancy loss, and provide patients with the summary of their care.	
26. Discuss a follow-up plan with patients/ families experiencing a pregnancy loss, prior to their discharge.	
<b>Training &amp; Support of Healthcare Providers and Staff</b>	
27. Ensure that education is available for all healthcare providers and staff who provide care for patients experiencing a pregnancy loss in the ED.	
28. Ensure that emotional support is available for all healthcare providers and staff who care for patients experiencing a pregnancy loss in the ED, and encourage debriefing after a difficult loss situation.	
<b>Tools to Support the Implementation of the Recommendations</b>	
1) <i>Bereavement Checklist Example</i>	5) <i>Normal Grief Response</i>
2) <i>Communication Strategies for Breaking Bad News</i>	6) <i>List of Resources for Families and Healthcare Providers</i>
3) <i>Communicating with Families Experiencing a Pregnancy Loss</i>	7) <i>Discharge Teaching for Patients Experiencing an Early Pregnancy Loss</i>
4) <i>Bereavement Package and Mementoes</i>	

For more information, please refer to the complete report by visiting our website:

<http://www.pcmch.on.ca>



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