Pastoral Services Utilization for Perinatal Loss

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2 Background
- Chaplains are recognized experts in spiritual care for families experiencing perinatal loss (Puchalski, et al., 2006).
- Although different disciplines collaborate to provide patient/family-centered care, medicine, nursing, social services, and pastoral care can still often operate in segregated silos, each aware the other is needed for care, yet not recognizing fully what each brings to the bedside (Sinclair & Chochinov, 2012).

3 Background
- Family outcomes after grief can be improved with appropriate interdisciplinary care (Tyrie & Mosenthal, 2011).
- Understanding what each brings to the table enhances good end-of-life care (Forrest & Derrick, 2010).

4 Objectives
- The purpose of this study was to determine spiritual needs of families experiencing a perinatal loss need as assessed by the nurse, and these needs as compared to the chaplain’s assessment.
- Secondary objectives were to determine what other pastoral needs health care professionals have when caring for perinatal loss families (as assessed by the chaplain).

5 Methods
- This was a survey study over a 24-month period of chaplains at Christiana Care Health Services called to care for families with a perinatal loss. Prior to beginning, IRB approval was obtained.
- Chaplains were asked to identify why they were requested to see the patient/family, what the patient actually needed, and if the chaplain believed the health care professional also had needs the chaplain could address.
- Other demographics, such as faith tradition and loss gestation/circumstances were also
Results
Nurses correctly identify a need for pastoral care for rituals, such as a baptism, blessing, or naming ceremony. But vastly underestimate or fail to recognize family’s need for prayer and emotional support.

Results
Nurses completely identified family’s pastoral needs 63% of the time and partially 23% of the time.

Results
Approximately 1/3 of the time the chaplain also provided support for the nurses caring for the family.

Results
Nurses stayed and were present or actively participated in pastoral care with the chaplain ~50% of the time.

Results
There were similar family needs for rituals, prayer, and emotional support whether the infant was live or stillborn.

Implications for Practice
Chaplains can also use evidence-based care to facilitate good practices (Piderman & Johnson, 2009).

Implications for Practice
Nurses correctly identify a need for pastoral care for rituals, but often do not recognize a family’s need for prayer and emotional support.
Other disciplines need a more comprehensive understanding of chaplains’ contribution to care of these families (Benner & Sutphen, 2007; Nieuwenhuizen, 2007), especially in assessing spiritual needs (Ford & Tartaglia, 2006; ACP, 2001).

Family outcomes after grief can be improved with appropriate interdisciplinary care.

**Implications for Research**

- Should nurses be specifically invited to participate in pastoral care with families?
- Replicate the study in other areas (ED, ICU, surgical floor) as the patient/family populations/needs may differ.

**Limitations**

- This was a pilot survey study- 87 surveys collected
- Many of the surveys were completed by the same chaplain.
- A number of surveys were only partially completed, reducing the amount of complete data which was usable.

**As a New Researcher**

- New appreciation for research and what it entails-seriousness and greater respect
- Expectations of Researchers/Principal Investigator
- Data is in the details (not the devil...well maybe)
- Chaplains are narrative people
- Work we do isn’t always qualitative

**References**


21  <strong>Acknowledgements</strong>

Dedicated to all the families who have lost a baby

22  <strong>Questions?</strong>

Thank you!