Protocol/Process for conducting grievance counseling of Parents and Family by the doctor in a case of Newborn death

Neonatal death can trigger emotional reactions, which may result in varied response.

The physical and technical complexities of the setting, the infant's condition and the stress experienced by parents necessitate that ICU staff provide the majority of information and support for parents.

1. **Type of Information -** Parents or Families get information from different sources such as Consultant, Fellows or Registrars, Nurses etc.
2. **Assimilation of Information -** Timing of consultation, amount of information and place of information (e.g. Daily Rounds) should be considered. Although breaking of bad news should be in the quiet or private room with appropriate social support to the family.
3. **Parental Involvement -** Individual parents have different needs according to the clinical context and language barriers, as well as the parent's socio economic status, educational background, cultural differences and beliefs.

Death

Sensitive approach is essential

- **Informing Parents:** Counseling to be done by Physician in Charge about Death.
- **Autopsy** (If Cause of Death not known) :
  - Autopsy Counseling and Encourage an autopsy incase the cause of death is unknown.
  - Discuss regarding further tests necessary to elucidate cause of death with parents (eg. Blood test, placental culture/pathology etc) **Parental Support:**
  - Be prepared for difficult situations, including extremes in behavior such as screaming, collapsing, or even expressing no emotion.
  - Communicate honestly and respectfully with the parents. Record all interactions clearly and provide written material where helpful.

- Encourage the parents to talk about the child; use the child's name. Give permission for next of kin to grieve. Appropriate support during this time may set the tone for the entire process of grieving.
- Parents should be encouraged to see and hold their child.
- Offer the opportunity for religious or other rituals as wished.
- Spending time with the child assists parents in focusing on the reality of the death while providing an opportunity to say goodbye. Resuscitative equipment may be removed after discussion with the medical examiner. If equipment removal is not possible, it should be made as unobtrusive as possible. An emergency staff member can accompany the parents and support them as they touch and hold their child.
- Contact absent family members.
- After discussion with the parents the mortal remains are sent either to the funeral ground or handed over to the parents. In case of death occurring after 5 pm, the parents may opt to leave the baby behind until the next day. In this situation adequate care should be taken for the body to be labeled and kept safely. Inform parents about certification.

✞ **Follow up:** Arrange consultant Follow up with the reports.

✞ **Team Conference:** Ensure that staff involved with the baby or adequately supported through their own distress.

References:

1. Judy E. Davidson, RN, FCCM; Karen Powers, MD – Clinical Practice Guidelines for support of the Family Task Force 2004-2005; Crit Care Med 2007 Vol. 35, No. 2
2. Wendy Yee MD FRCPC, Sue Ross PHD – Communicating with Parents of high risk Infants in neonatal Intensive Care, Pediatric Child Health; Paediatr Child Health Vol 11 No 5 May/June 2006
3. Mary McClain RN MS; A Guide to Emergency Department Personnel
4. The Joint Commission Hospital Accreditation Standard RI.01.07.01

Guideline prepared by	Dr. Shekar Subbaiah/Dr. Kishore Yerur/Dr. Ramapriya

Guideline accepted date	June 2019
Guideline review date	June 2020