Ayrshire Maternity Unit - Improving Bereavement Care Project

PC-06
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Background
Ayrshire maternity Unit (AMU) is the only consultant maternity unit within Ayrshire and Arran and covers a very large geographical area. In 2014 we had a delivery rate of 3598 and a stillbirth rate of 4.53 per 1000 births (MBRRACE-UK 2016). Identified gaps in our service were:

- Communication with parents post discharge.
- Variation in follow-up care.
- Ability to develop staff to be confident in caring for women with pregnancy loss

Aim
Our project aim was to improve the quality of care offered to parents and families following the death of a baby by development and integration of a Bereavement Team (BT). The objectives of the BT was to provide a reliable package of care to all parents following the death of a baby by:

- Providing 7 day cover to offer support to bereaved parents
- Providing 7 day cover to offer support to staff
- Introduction of a reliable process to enable delivery of bereavement support following discharge from hospital.
- Inform and give parents the opportunity to be involved in the perinatal review process.
- Development of a dedicated telephone service

Methodology
We employed Improvement Methodology to support this project. We worked on a project charter and driver diagram (below) to assist us plan and execute improvements. Plan, do, study, act (PDSA) cycles were employed to provide a framework for developing, testing and implementing changes for improvement.

Measuring improvement is essential to determine whether change has had the desired impact or affect therefore we collected and used local data to drive improvements by identifying/selecting appropriate and realistic measures of improvement. We have collected data weekly on the following measures:

- % Compliance with ability to offer parental support
- % Compliance with ability to offer staff support
- % Compliance with use of page access/telephone access
- % Compliance with BT availability

Results
The BT have now been operating for approx 16 months. We identified midwives with a specific interest in providing support to bereaved parents and staff. Initial parental feedback has been very positive.

9 staff in total have now been recruited to the team however data suggests that this is still not sufficient to cover every shift, every day of the month.

A remit of the BT role is to provide support not only to parents but also to staff which has been welcomed by many staff.

Conclusion
The death of a baby during pregnancy, at birth, or after birth is a major bereavement. The care that parents receive around this time has a huge impact on their long-term wellbeing. Good care cannot remove the pain and devastation that bereaved parent’s experience, but poor or insensitive care can unfortunately make things worse, both immediately and in the months and years that follow.

Our core aim within this particular Improvement project was to improve the quality of bereavement care offered to parents and families in event of a baby dying. We have worked in partnership with health professionals and our local SANDs group to ensure the families of those babies who do die receive the best possible care.