

Same but Different



Combining Existing Models to Create a Standard of Care for Relinquishing Mothers

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It started with...

- “What can I do for this mom?”
- “What do we have for BUFA moms?”
- “Is it ok to...?”

Lack of training/education
Lack of equipment/ supplies
Issues of moral distress



The Literature

- A unique sense of loss with long-term implications
- Birth mothers/families need:
 - Control when possible
 - Non-judgmental, supportive caregivers
 - Opportunities for mementos for baby
 - Protective and caring environment
 - Support beyond the hospital experience

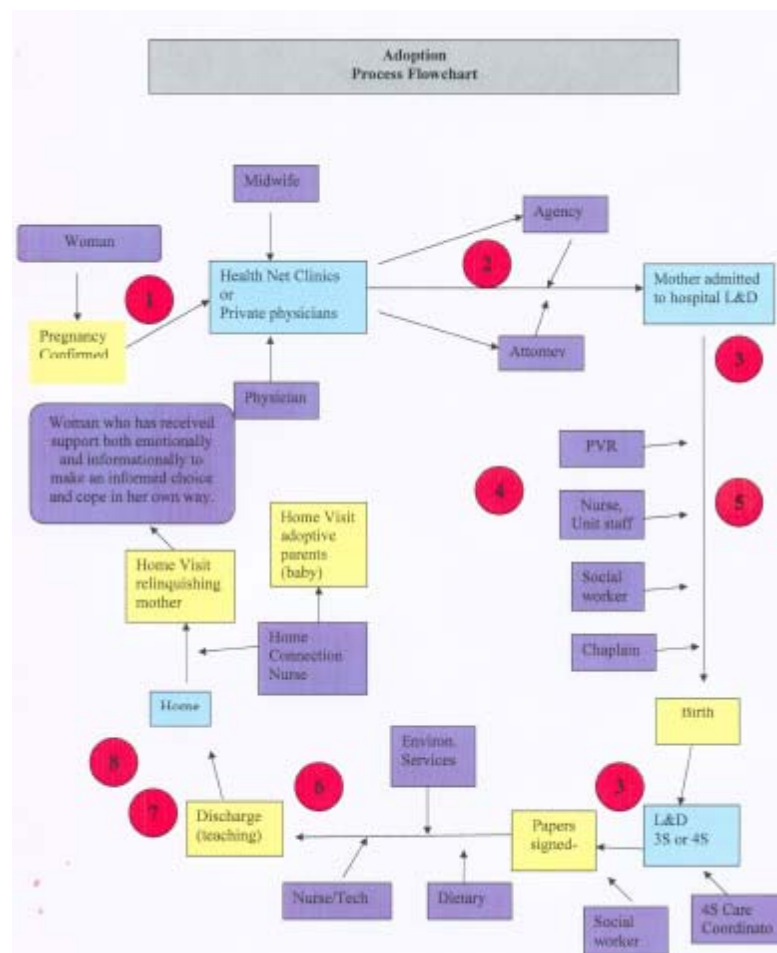


Our patients

- Average 1% of deliveries (30-40/year)
- Mostly 20-29 years old (64%)
- Most, but not all, single
- Only 16% had no other children; 40% had had more than 3 pregnancies
- 1/3 had cesarean deliveries (longer LOS)
- Unknown: rooming in? Adoptive parent involvement?



Studying the Process





Creating a Team

- Bedside staff, labor/delivery, postpartum
- Nursing leadership
- Social work
- Chaplaincy
- Midwifery / Physicians
- Adoption support staff
- Community Support Agencies



A Model of Care

- Standard labor/delivery/postpartum model
 - What elements will assure the safest supportive experience possible?
- Bereavement care model
 - What elements can support birth mother's/families unique grief?
- Current resources
 - What do we already have - literature, teaching aids, policies, protocols, etc.?



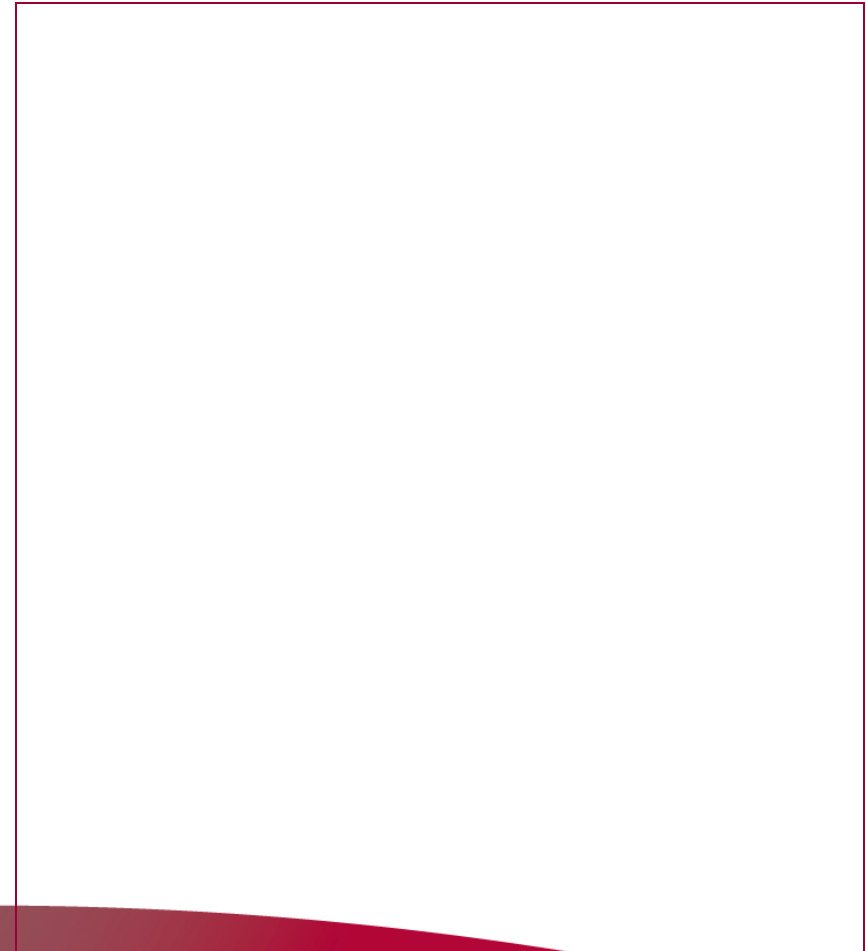
The Birth of 'Gift of Love'

- Change the culture of care, especially the language of care (No more BUFA!)
- Look at care options
- Create bridges for barriers
- Assure a well-planned, thorough care process



Program Identity

- Logo/ artwork
- Language
- ‘Marketing’ –
visibility for staff





Communication

- Verbal
- Written
- Unit ⇔ Unit
- Discipline ⇔
Discipline
- Medical ⇔ Legal



Patient education

- Meets standard for all mothers
- Displays sensitivity for birth family's situation
- Intentional, attractive
- Literacy-focused



Mother Care Package

- Meets standard of care offered to all mothers
- Individualized
- Patient centered
- Holistically focused



Memories of Baby

- Always optional
- Tailored to meet mother's/family's request
- Sensitivity to adoptive family



Respecting Wishes

When the birth mother/family:

- Declines traditional postpartum care
- Voices need to keep pregnancy private
- Chooses to 'move on', i.e. declines all pregnancy-related support services

Our role: Assuring same standard of care



Aftercare

- Controversial: is it intrusive?
- Theoretical vs. practical: who will provide?
- What expertise is needed?
- Where do birth mothers 'belong'?



Lessons Learned

- It's ever changing! A large learning curve!
- A single rollout less productive
- Nurses need encouragement to ask appropriate/sensitive questions
- Unit champions are helpful in special circumstances
- Continued evaluation – is it working for families? Is it working for staff?



Future of Gift of Love

- Surrogacy?
- Addressing ‘the long term repercussions’ of birth mother’s mental health
- Supporting birth fathers in their unique situation
- Adoptive family education inpatient: we need to meet the same standard of care



The Gift of Love

Questions?