Developing the Bereavement Suite "Bubble"

Caring at its best

Joanne Dickens, Joan Morrissey & Debbie Adlerstein University Hospitals of Leicester NHS Trust





Operating within an ethnically and socially diverse geographical area, the maternity service of University Hospitals of Leicester NHS Trust (UHL) is responsible for the care and delivery of around 11,000 babies per year across three maternity units: Leicester Royal Infirmary (LRI), Leicester General Hospital (LGH) and St Mary's Birth Centre.

Sadly, inevitably a minority of pregnancies will end with the devastating loss of a much wanted baby either before, during or shortly after birth. Parents finding themselves in such difficult circumstances are, prior to their loss, typically unlikely to envisage the impact of the environment at birth or during the postpartum period. However, it is well established that the environment and its proximity to the sounds of other births and live babies, can cause distress and enduring difficult memories (Sands 2010). Trusts are called upon to ensure, where practicable, that parents and their deceased baby/babies are cared for within dedicated bereavement rooms, which are at a distance from other birthing mothers (Schott et al 2007).

Prior to the launch of this project in 2013, bereaved families were cared for in an en-suite room within the delivery suite of either maternity unit. However, if their care needs became more complex or they required regional analgesia, they would need to move to a delivery room with clinical facilities.

Triggers for the Project

Complaint letter from a bereaved Father

Regarding a member of staff entering delivery suite room who was unaware that the baby had died, therefore offering an inappropriate greeting to the family.

The redevelopment of the birthing centre at LGH

Bereaved families typically cared for in the ensuite room within the old birthing centre A Band 7 delivery suite midwife coordinator highlighted the loss of this facility and expressed disatisfaction on behalf of the bereaved families she cared for.



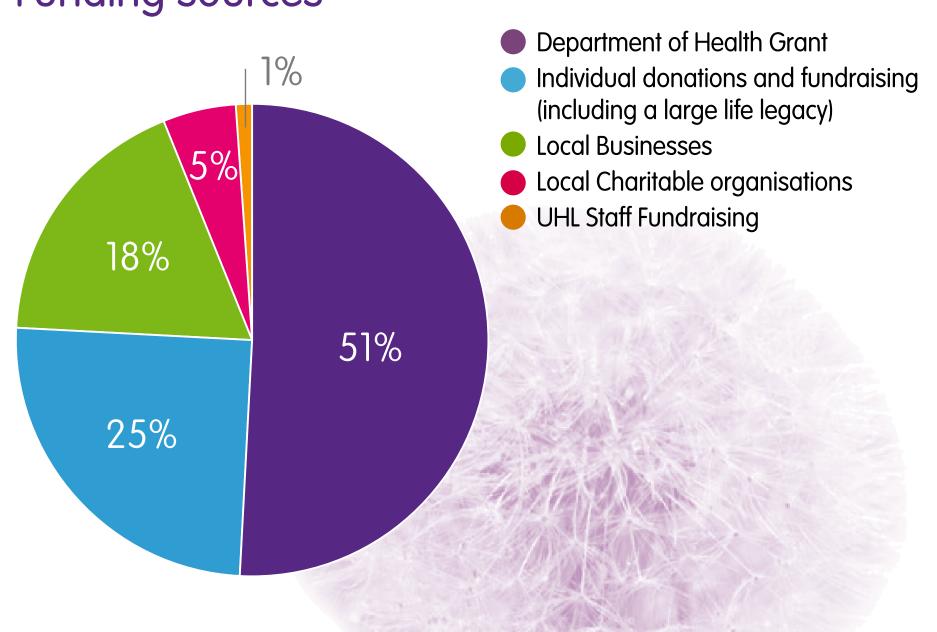
The bereaved family must feel that the time with their baby was unhurried, protected from external influences and in a safe, private environment.

Recognising this gap in bereavement provision at UHL, the senior team in the business and fundraising department within the Leicester Hospitals Charity formed a new partnership with clinical staff at UHL and the Leicestershire Baby Loss Appeal was launched in December 2013.

A potential area within the delivery suite was identified and a feasibility study was commissioned to consider a new purpose-built bereavement suite with wet room, adjoining nursery, kitchenette and private outside courtyard. £100,000 was the Initial estimate for the LGH bereavement suite including an overnight room on the postnatal ward and a new counselling room within fetal medicine.

For equitable access to bereavement care across the Trust the facilities had to be replicated at the LRI, making the overall funding requirement significantly higher. A capital bid led jointly by the Head of Midwifery and the Head of Fundraising to the Department of Health successfully secured £161,000. The project balance of more than £150,000 was successfully raised through individual donations, local businesses, local charitable organisations and the efforts of UHL staff.

Funding sources



Challenges:

- Negotiation & Enabling Works: Change of use of Doctor's overnight rooms and outside clinical waste area for new suite and private courtyard
- Significant Costs: Piping of medical gases into new room
- Sensitivity of bereavement: All promotion of the Baby Loss Appeal needed to be made to outside parties.
- Ensuring Equity: Bereaved families must be cared for within the same high standard environment at either maternity unit.

Opportunities:

- Passion & Partnership: Of everyone involved in the Baby Loss Appeal and development of the bereavement rooms
- Synergy of Fundraising & Maternity Staff: Decisions were made in a timely and appropriate manner
- Excellent Interior Design: Working closely with maternity and fundraising staff to achieve their vision - Clinicians Choice Award (Building Better Healthcare 2016)
- Local MP: Raising outside awareness and publicly launching the Baby Loss Appeal
- £161,000 Department of Health Capital Bid: (Department of Health 2012) and the attendance of a DoH Manager at the opening of the Garden room at LGH
- The Fundraising "Snowball Effect": Funders attracted by the design specification of the first room to be opened.

Leicester General Hospital

(facilities opened June 2014)

The Garden Room: A home-from-home birthing environment with wet room, kitchenette and adjoining nursery and private outside courtyard

Clover

Room

Royal

A homely overnight room on the postnatal The Alex Suite:

ward

The Sahara Room: A quiet counselling room within

fetal medicine Leicester Royal Infirmary

(facilities opened June 2015)

The Bracken Suite: A home-from-home

birthing environment with wet room, kitchenette and adjoining nursery and waiting area for relatives

The Clover Suite: A homely overnight room in

close proximity to the delivery suite

A quiet counselling room within fetal medicine The Bluebell Room:

The effects for Bereaved Families

Parents describe their time in the suites, although extremely sad, as being a protected time as if they were in a "bubble"; safe from the outside world. They have the unhurried time to care for their baby/babies and make precious memories that are essential for their long term emotional wellbeing (Sands 2014).

"My time in the Bracken room was very calm and serene. I delivered my daughter vía c section, and was wheeled straight into the room as soon as I was out of recovery. The room was beautifully and tastefully decorated, and most importantly, self-contained. This meant that I díd not have to leave the room until I was discharged, and I dídn't have to encounter "happy" new mothers waiting to use the bathroom. The thing that meant the most to me was not having to endure the sounds of other women in labour, or worse, the sound of a crying newborn. If I had been on the ward surrounded by new mothers and their healthy pink babies, I this this would have just been another dagger to the heart and severely detrimental to my "healing" process. I am eternally grateful that we as a family were able to use the room to create precious memories in our own space."

"Ripple effect"

The loss of a baby has a unique and personal impact and it was evident that it had previously touched the lives of many of the individuals that were involved in the project; magnifying the sense of pride and achievement evidenced when the project was completed.

This project has inspired and initiated a significant number of other care improvements across both hospital sites; as well as the development of bereavement rooms at another East Midlands based Hospital Trust. It has demonstrated what can be achieved by the hard work, dedication and synergy of passionate clinical and fundraising staff over a relatively short space of time.

"Staff effect"

An unanticipated outcome of the project was the effect it had on the sense of pride in their work that midwives, doctors and maternity care assistants now have when caring for families staying within the new rooms.

"Previously we were embarrassed by the facilities and believed this added to the patient's distress. The provision of massively improved facilities encourages us to perform to the highest standards and we feel valued; it seems a strange thing to say but caring at this sad time actually can have real job satisfaction." (Band 6 Midwife)

Acknowledgements:

Amanda Gillott (Band 7 Midwife Coordinator UHL), Andy Currie (Cons Neonatologist), Debbie Adlerstein (Head of Business Development UHL), Elaine Broughton (Head of Midwifery UHL), Jane Porter (Previous Head of Midwifery UHL), Joan Morrissey (Senior Midwife UHL), Karen Todd (Manager, Department of Health), Keith Vaz MP & Family, Roopal Shah (Leicestershire & Rutland Sands), Sian Ferris (Previous Bereavement Sp Midwife UHL), Timothy Diggle (Head of Fundraising UHL), and all the members of UHL staff who contributed their time and fundraising efforts to the project. With special thanks to those who contributed to fundraising, including: Department of Health, Michelle Haggerty-Wood, Andy Beresford, Leicester City Football Club, Ian Stringer, Leicestershire & Rutland Sands, Mark's Electrical Ltd., Next PLC, Stephen's Footprints, Temperantia Lodge, The Rotary Club of Blaby Meridian, White Stuff Foundation





References:

Building Better Healthcare (2016) Grosvenor Interiors: Maternity Bereavement Suite Leicester General Hospital (www.) available from: http://www.buildingbetterhealthcare.co.uk/news/article_page/Grosvenor_Interiors_Maternity_ bereavement_suite_Leicester_General_Hospital/115990 (accessed 27/04/2016)

Department of Health (2012) Improving Birthing Environments: Department of Health Capital Fund Programme 2012 (www.) available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213077/20121123-Capital-Fund-for-Improving-Birthing-Environments-Application-Guidance-v6.0.pdf (accessed 27/04/2016) Sands (2010) Bereavement Care Report 2010: Survey of UK maternity units and the care provide to parents whose baby dies before, during or shortly after birth (www.) available from: https://www.uk-sands.org/resources/reports#the-sandsbereavement-care-report-2010 (accessed 10/03/2016)

Sands (2014) Saying Goodbye to Your Baby: For Parents who have had a late miscarriage, stillbirth or neonatal death

Schott J., Henley A., & Kohner N. (2007) Pregnancy Loss and the Death of a Baby; Guidelines for Professionals (3rd ed) London: Sands