

This document is the accepted manuscript version of a published work that appeared in final form in the British Journal of Midwifery, copyright © MA Healthcare, after peer review and technical editing by the publisher. To access the final edited and published work see

<http://www.magonlinelibrary.com/doi/10.12968/bjom.2016.24.3.219>

Clinicians in the Classroom: The Bereavement Midwife

Abstract

The aim of pre-registration midwifery education is to prepare the student for the demanding and complex role they aspire to using a range of teaching, learning and assessment strategies: both in theory and practice. This article is one in a series of articles exploring the role of clinicians as facilitators of learning in the classroom environment. This article will explore the role of the Bereavement Midwife and will discuss a teaching session conducted by Tracy Rea (Bereavement Midwife) with 2nd year students on the three year pre-registration midwifery programme. The session included input from a couple who shared their experiences of the loss of their son Stanley and their subsequent pregnancy. The article will conclude with student feedback on the session which will demonstrate the deep and meaningful learning that took place and confirms the value of bringing the realities of practice into the classroom environment.

Keywords: Bereavement Midwife; neonatal death; student midwives; pre-registration midwifery education; theory-practice gap; loss and bereavement

Introduction

Although there has been a small reduction in the stillbirth rate for the UK over the past ten years, the UK stillbirth rate still remains relatively high compared to the rest of Europe and other high income countries (MBRRACE-UK, 2015:7)

One in two hundred births in the United Kingdom (UK) ends in stillbirth, and of those, 1 in 3 occurs at term (37+ weeks' gestation) (MBRRACE-UK, 2015). In response to the specific needs of families suffering the loss of their baby, many Trusts have introduced the role of Bereavement Midwife to provide a bespoke service for this vulnerable group.

Definitions (MBRRACE)**Late fetal loss:**

A baby delivered between 22+0 and 23+6 weeks gestational age showing no signs of life, irrespective of when the death occurred.

Stillbirth:

A baby delivered at or after 24+0 weeks gestational age showing no signs of life, irrespective of when the death occurred.

Neonatal death:

A live baby who died before 28 completed days after birth.

Extended perinatal death:

A still birth or neonatal death.

Table 1

The Journey to becoming a Bereavement Midwife: Tracy's Story

As a result of a personal bereavement whilst pregnant with my second child, the care that I received from my midwife inspired me to become a midwife in the hope that I could make a difference. It also gave me the qualification to make change. I am very proud to be a midwife and feel very passionate about the care that women and their families receive.

Current Role and Responsibilities

Since mortality rates have only marginally reduced in the past 10 years, the Trust where I work advertised for a Bereavement Midwife in 2008 and I was the successful applicant. This was the perfect role for me and I continued to develop my career by becoming a Supervisor of Midwives in 2010 and successfully completing an MSc in leadership in 2015. I have just started the V300 Nurse Prescribing module and on completion of this module the bereavement service I provide to women who find out their baby has died in-utero could be improved by enabling me to prescribe medication rather than asking them to wait until a doctor is available. Furthermore, I will also be qualified to prescribe pain relief for when the women are in labour. This qualification will have benefits for the women in terms of enabling me to provide total holistic care throughout their emotional and

oftentimes traumatic experience and in terms of services provision my ability to prescribe will take pressure off the doctors.

Why teach?

I have a particular interest in the role of supporting student midwives and midwives to develop their skills to care for bereaved women and their families. I have been teaching 2nd year students at the University of Northampton for the past six years around the role of the Bereavement Midwife and the importance of treating women and their families who have lost a baby with the care and respect they deserve.

The Session

The session with the 2nd year students lasted for approximately two and a half hours. I gave a keynote lecture looking at classifications of stillbirth (see table 1); and the principles of bereavement care including causes of stillbirth, bereavement services for parents and staff training and support. My aim was to give the students background information prior to the family arriving with the hope that the couple's narrative of their experiences of the care they were provided with would confirm that they had received the best care possible under the circumstances.

Whilst the keynote lecture provided students with information on the processes and procedures that should be undertaken, there is nothing more powerful than hearing the parents' perspective of what happened. Chris and Katie, who had lost their son Stanley, wanted to speak about him so I asked if they would like to come to the University and share their story.

In preparation for the session, the students were informed that the couple wanted them to ask questions to make the session interactive. They wanted to share as much information as possible so that when the students qualify as midwives they will have an insight into how bereaved parents feel. The couple has since gone on to have a second child, a little girl called Betsy who they brought along to the University to introduce to the students.

An insight into reality: The Parents' Story

After Stanley was born, we never wanted to be another 'case' for people to learn from and felt very protective over people using our precious son's life as 'a learning experience.' But also, as any parent, we are so proud talking about our children even though it is very difficult.

Whilst proudly talking about Stanley at the university, it gave us the chance to share what has and continues to help us each day but also what makes things more difficult for us. We hope that we have been able to help the students to consider how

much power is held behind words, phrases and a quick reassuring visit for parents who have lost their babies and may be expecting again. Hopefully, this can help them to provide more individual care for families like ours.

The student midwives asked many questions and were interested in both the mother's and father's perspective. The information Chris and Katie shared was invaluable as it was not from a text book, it came from their real-life experiences. They had experienced difficulties with communication, for example they had named their son Stanley but he was referred to as 'a baby boy' or 'your son', yet the family felt really strongly about acknowledging Stanley's identity in the short time they had with him. When Stanley died they spent hours with him, washing and dressing him and taking in all his features. Memories were all they were going to have so they wanted as many as possible. They really appreciated the time they had with their son; however they did not appreciate staff, family and friends telling them that they could have another baby or that it was 'god's will'. Rather than helping them, such comments only served to make them feel angry at the injustice of their situation.

When Katie became pregnant again, Tracy had the privilege of sharing her care with her named Consultant throughout the antenatal period. Katie also had a community midwife so she felt reassured that she was getting the best possible care and Tracy met with her on a weekly basis. Tracy regularly auscultated the fetal heart and whilst this is not in the current Antenatal Care Pathway (NICE, 2016) her rationale for do so was that she was providing individualized, holistic care and this helped manage Katie's anxiety throughout the antenatal period. Tracy also facilitated Katie's induction of labour and delivered her beautiful baby Betsy with no complications. Not only was this continuity of care very important to the couple, it gave Tracy great professional and personal satisfaction.

Student Evaluation

Students were asked for feedback on the session such as what they found useful; what they found least useful; whether they were aware of the role of the Bereavement Midwife; what their understanding of this specialist area of practice was and how they felt about Chris and Katie sharing their experience of the loss of their son Stanley.

Feedback from students was overwhelmingly positive with all students commenting on the benefits of the session and how grateful they were that Chris and Katie shared their very personal and emotional story to benefit their education.

One student, Beth Burns, was particularly touched, saying:

I really struggled to write feedback as I wanted to convey how the session changed my opinion and thinking. Prior to the session, having never experienced stillbirth etc. I would have empathized but I am sad to say I never truly considered the long lasting effect of a child dying for a family. I was naïve in thinking that if a family were lucky enough to go on to have other children then this would heal the heartache. To explain how much I felt I had learnt from the session, I have written a poem to show how I now see a mother in this position from their perspective. I hope this will help you to understand how useful, and invaluable the lecture was.

A parent is for life

There are no words to say how I really feel,
Tears rolling down my face, my world so surreal,
My unconditional love and nurturing touch was not
enough,
My baby gone, my womb empty, why must life be
so tough?

My friends mutter cliché's like – at least they're in a
better place,
But in my mind, nothing compares to a parent's
sweet embrace,
His cot lies empty, rompers, booties and socks lay
never worn,
I crave to know his characteristics, his smile,
nothing for me to do - but mourn...

Life becomes a blur as days and weeks roll into one,
How can a child so beautiful have their life taken
away before it has begun...

People avoid making eye contact and I question did
this happen because of me?
How can there be a God? My life for his I beg! I
plea!
People tell me that one day soon, I will have to start
moving on,
But he lives in memory, he's my life, my world, my
blood... my son.

Beth Burns (2016)

Summary

Clearly Tracy's session with Chris and Katie's accounts had a profound impact on 2nd year student midwives' knowledge and understanding of the important role of the Bereavement Midwife. Furthermore it gave them an invaluable insight into the experiences of a couple who had suffered the loss of a child and by hearing their story deep learning and reflection took place. The power of bringing real life experiences into the classroom should not be underestimated and huge thanks go to Chris, Katie, Stanley and Betsy for their courage and altruism to share their story for the benefit of midwives and bereaved families of the future.

Acknowledgements

Many thanks to Chris and Katie for sharing Stanley's story and to Beth for sharing her personal reflections.

References

Draper E, Kurinczuk J, Kenyon S. (Eds.) on behalf of MBRRACE-UK (2015) *MBRRACE-UK Perinatal Confidential Enquiry: Term, singleton, normally formed, antepartum stillbirth*. Leicester: The Infant Mortality and Morbidity Studies, Department of Health Sciences, University of Leicester

National Institute for Health and Care Excellence (NICE) (2016) Antenatal Care Pathway *NICE* [online]. Available from: <https://pathways.nice.org.uk/pathways/antenatal-care> [Accessed 09.02.16]

Authors:

Alison Power (Senior Lecturer in Midwifery, The University of Northampton)
Tracy Rea (Bereavement Midwife / Supervisor of Midwives, Milton Keynes University Hospital)