

10-2-2018

## Bringing the NICU RN to the Family

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### Recommended Citation

Price, Gale; Hicks, David; and Zeilinger, Terry, "Bringing the NICU RN to the Family" (2018). *Journal Articles and Abstracts*. 675.  
<https://digitalcommons.psjhealth.org/publications/675>

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### Bringing the NICU RN to the Family

#### BACKGROUND

In 2016, the CDC reported 2300 infant deaths. One of the top 5 reasons for an infant deaths are birth defects. These life-limiting disorders are many times diagnosed early in the pregnancy. Perinatal comfort care is an option for families that choose to continue the pregnancy.

After reviewing the current literature on perinatal hospice and meeting with the established team at St. Joseph Hospital, St. Jude Medical Center decided to form a team and provide training to all of the Maternal Newborn division on how to care for these families.

#### PURPOSE

Nurses providing palliative care to the newborn and their families reported they felt uncomfortable and ineffective in their skills and communication.

#### REFERENCES

Catlin, A. & Carter, B. (2002). Creation of a neonatal end-of-life palliative care protocol

Engelder, S., Davies, K., Zeilinger, T. & Rutledge, D. (2012). A model program for perinatal palliative services.

[http://perinatalhospice.org/Home\\_Page.html](http://perinatalhospice.org/Home_Page.html)

<http://www.nowilaymedowntosleep.org/>

<http://www.bereavementprograms.com/>



#### METHODS

- A multidisciplinary team was formed to develop an education course on caring for families who have experienced a loss or have newborns with a life-limiting diagnosis.
- The 4 hour mandatory training classes reviewed the concepts of palliative and bereavement care. The training was provided to approximately 130 nurses, secretaries, and OB techs.
- Pre and post tests were administered to measure RN confidence in care for these families.

#### RESULTS AND OUTCOMES

- Starting in Spring 2016, 6 classes were held each week.
- In Fall 2016, another class was held to capture staff on LOAs or vacations.
- In Spring 2017, a class was held for new staff hired. It was also attended by some staff from the Emergency Room.
- To date, 98% of the Maternal Newborn staff have attended the classes.
- Increased confidence by 34% as evidenced by pre and post test scores



#### CONCLUSIONS/DISCUSSION

- A collaborative educational program taught by L&D, MBU, and NICU RN staff and leadership as well as instructors from neonatology and spiritual care, lead to an increase in confidence in caring for these challenging families.
- An important part of the program was the section on “Care for the Caregiver”. Another valuable topic presented was how to communicate with these families and help them make memories and grieve.

#### FURTHER RESEARCH/IMPLICATIONS FOR PRACTICE

- The fetal loss and bereavement component of this program could be expanded to the Emergency Room setting for mothers that have experienced a loss less than 16-18 weeks.
- A further area of research on this topic could be a family’s ability to cope with loss and move through the stages of grief after being cared for by the team.

#### Program Vision Statement:

To provide compassionate and supportive care to families who face the challenge of a baby with a life-limiting diagnosis. We feel that each life, no matter how brief, is to be valued and cherished. We strive to relieve pain and suffering, enhance the comfort of both baby and family, and offer support to parents in an environment that fosters healing and hope.

For more information on the program contact Gale Price, RNC at [gale.price@stjoe.org](mailto:gale.price@stjoe.org) or Terry Zeilinger, RNC [terry.zeilinger@stjoe.org](mailto:terry.zeilinger@stjoe.org)