

Bereavement Support at UVMMC

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Disclosures

Speakers have no conflicts of interest to disclose



“Anyone who has been touched by death knows there is no returning to a previous life. We are irrevocably changed due to the loss of loved ones, particularly the death of our children. The companioning approach to understanding, and being with, grief acknowledges this reality.” – Alan Wolfelt

Bereavement Service Expansion

UVM Medical Center Foundations Grant – RN4 application 2017:

- Project – “Improving the Quality and Consistency of Care and Support for Families Experiencing Perinatal Loss”
 - If 1 in 3 or 1 in 4 pregnancies end in loss, that means in our community of Chittenden county there are about 750 pregnancy losses annually.
 - On L&D we see 15-20 per year on average
 - Where are the rest?
- Funding for ED, Peri-op, Outpatient clinics, GYN/Oncology, SICU, US techs and RN staff
- Resolve Through Sharing
 - (RTS) is recognized for its evidence-based, compassion-first bereavement programming
 - 5 trainings over 2018 and 2019

And then... COVID

Pediatric Advanced Care Team (PACT)

Initiated in Spring 2024

Grant funded program

When does PACT get involved?

- **Prenatally with life limiting diagnosis:** at the discretion of MFM/ NICU/ other specialists involved- often for decision making or planning comfort care deliveries
- **On L&D/Mother-Baby/NICU:** if PACT already knows the family prenatally, or at discretion of MFM/NICU if there is a new life limiting diagnosis, where help is needed with decision making, or there is a goal of a comfort care delivery of a likely viable fetus/neonate
- **Terminations:** almost never, unless known prenatally; comfort kit for meds if potential for liveborn is available without PACT involvement
- **IUFD:** essentially never, unless involved prenatally
- **Bereavement Services beyond the immediate care:** hoping for future bereavement coordinator, goal to expand to all of Children's Hospital regardless of PACT involvement, and will grow capacity incrementally but may not be able to reach patients with infertility/pregnancy loss meaning miscarriage, IUFD, terminations.

The resounding message: each case is unique, and if you are wondering if PACT would be helpful, the next step is to ask the primary attending what they think and/or always feel free to reach out to PACT and they can talk through if the case makes sense or not.

The caveat: as a grant funded program, they are funded as a Monday through Friday, 8-5 team. There is NO evening, weekend or holiday coverage at all.

When there is a comfort care delivery pre-planned, PACT makes themselves available 24/7 on a volunteer basis (and because of that, they don't have capacity to be available consistently otherwise)

Additional Training for RN Bereavement Champions

- The Pediatric End-of-Life Nursing Education Consortium (ELNEC) is a national initiative to improve End-of-Life care (EOL). The ELNEC Perinatal and Neonatal course has been developed to provide end of life education to healthcare providers, which translates into excellent care for perinatal and pediatric patients.
- PLIDA – Pregnancy Loss and Infant Death Alliance - International Perinatal Bereavement conference focusing on education, advocacy and networking for HCPs and parent advocates
- Trauma Informed Care training for all staff
- All new staff complete AWHONN POEP "Perinatal Loss" section as part of orientation module work

Volunteer Doula Program



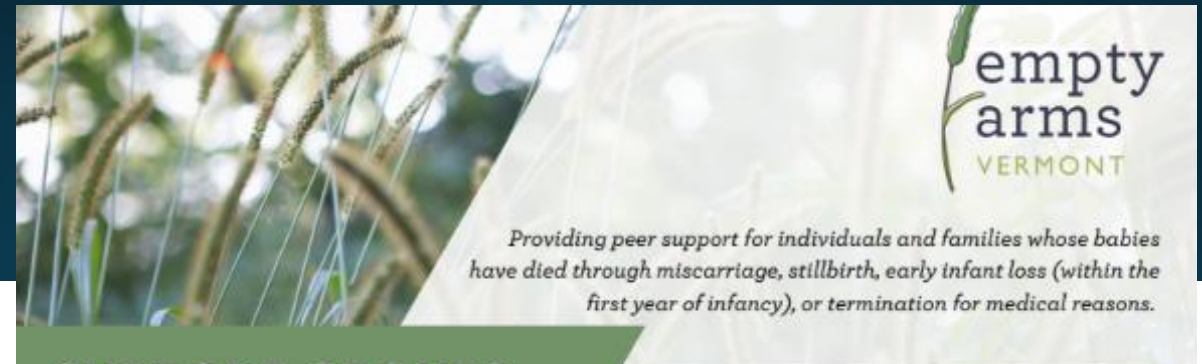
Holding Space for Pregnancy Loss

- 15-hour training for birth workers, doulas, midwives, chaplains, and bereaved parents
- 10 doulas completed the training and are in an on-call group for patients on L&D that need bereavement support
 - *I definitely felt more equipped to support & hold space after completing Amy's training. The readings were incredible- thought provoking, interesting and educational. I would definitely recommend this training.*
 - *It was helpful to connect the training to our work on L&D by orienting the bereavement doulas on what it actually looks like at UVMMC (ie: going through the lay me down to sleep, photography process, cooling cots, memory making kits, etc*

Empty Arms

- **Their Mission** “Empty Arms Vermont serves individuals and families whose babies have died through miscarriage, stillbirth, early infant death (within the first year of infancy), or termination for medical reasons. By cultivating personal connections, creating a compassionate community, and fostering professional collaborations, we provide grieving parents with valuable resources and validation as they navigate the murky days, weeks, and lifetime without their baby”

About Us — Empty Arms Vermont



SUPPORT GROUPS

All of our support groups meet monthly and are virtual, peer-facilitated, and free.

PREGNANCY & INFANT LOSS GROUP

This group is for any parent who has experienced pregnancy loss or early infant loss (within the first year of infancy). This group is open to any stage of loss, but is primarily attended by parents who have experienced second trimester miscarriage, stillbirth or infant loss.

MISCARRIAGE SUPPORT GROUP

This group is for anyone who has experienced early pregnancy loss, typically within the first trimester. The topics of this support group focus on experiences related more closely to early pregnancy loss.

TRYING FOR ANOTHER BABY AFTER LOSS

This group is specifically for parents who have experienced a prior loss that are in the process of trying to become pregnant, or those exploring surrogacy or adoption.

PREGNANCY AFTER LOSS GROUP

This group is for parents with a prior loss who are currently pregnant or beginning the adoption or surrogacy process.

DADS SUPPORT GROUP

This is a support group for male-identified, non-gestational parents who have experienced the loss of a baby. Navigating the loss of a child is profoundly challenging, and men often struggle to find a safe place to express their grief. This is a dedicated space where bereaved fathers can find solace and understanding.

PARENTING AFTER LOSS

Parenting after pregnancy or infant loss can be uniquely challenging. We offer support through one-on-one peer connections and, when possible, group gatherings. Visit our online calendar for current opportunities or reach out directly for additional support with parenting and grief.

FULL SCHEDULE ONLINE AT: www.emptyarmsvermont.org/support

Upcoming Empty Arms Companionship Program

VT Perinatal Quality Collaborative, in partnership with VTDOH, secured funding to implement a Hospital Companionship & Time of Loss Support Program

Expected to launch in the fall of 2026

This project develops capacity to provide care coordination for individuals after perinatal loss in the hospital or at home.

- A trained network of peers and doulas to provide one-to-one companionship support at the hospital and/or at home; bridging the gap from clinical care to community-based support.
- Modeled after a successful program at Baystate Hospital in MA and surrounding community hospitals. **This does not exist currently in Vermont and is an identified need from staff at Porter and UVMHC.**
- Providing trauma-informed options for miscarriage, termination for medical reasons, stillbirth, and neonatal death, helping to buffer the effects of unnecessary trauma and isolation.

RN Support & Memory Making

Collaboration between L&D, Mother-Baby, and NICU Units

- Conduct multidiscipline palliative care team meetings to discuss plan of care and expectations
- Utilizing checklists between units to make sure steps are completed/things aren't missed
 - Comfort cart
 - Caring Cradle
- Perinatal Bereavement Implementation Group Meetings

Memory Making offerings:

- Memory box
- Clip hair and save
- Bath (*using warm saline can help improve skin coloring for pictures*)
- Footprints/handprints
- Foot/hand molds in clay (*either with the Oval Keepsake Impressions kits or with Crayola modeling clay*)
- Charm kit
- Name sign
- Special outfit/hat (angel gown or other specific outfit)
- Baptism or blessing (if desired)
- Photos with family/outfits (NILMDTS)
- Skin-to-skin holding
- Visits with extended family (approval from management needed from NICU)

Saline Baths and Photography

- Saline water helps rehydrate tissue, slows decomposition, and allows time for family to spend with their baby
- The skin color and flaws on the baby greatly improve as soon as the baby enters the water
- The infant's limbs become limber and flexible following several minutes of time in the water
- Saline immersion mimics the look of a baby in the womb
- The practice of professional bereavement photography has proven to aid in the grieving process for families

Supplies You Will Need:

- A clear container (glass bowl, acrylic bin, mason jar, or vase, depending on baby's size)
- Saline Solution
- Towels or blankets for drying afterward
- A camera or smartphone
- Optional: lighting (a soft lamp or indirect window light), flower petals, family rings, etc.

Saline Baths and Photography



Introducing: Neonatal Immersion Photography
<https://www.capturinghopesphoto.org/>

Peer- Reviewed Resources for Staff and Families

[Water Immersion in Neonatal Bereavement Photography](#) – Nursing for Women's Health (ScienceDirect)

[Fetal Rehydration and Water Submersion Postmortem Photography](#) – JOGNN (Journal of Obstetric, Gynecologic & Neonatal Nursing)

[Now I Lay Me Down to Sleep](#) – Free remembrance photography for families experiencing infant loss

[Capturing Hopes – Little Lights Program](#) – National bereavement photography, including immersion methods

[Stillbirthday](#) – Supportive resources, doulas, and education for parents facing terminal diagnoses

[Patrick Riecke – Immersion/Saline Bath Info Sheet](#) - Practical document for families and professionals

Multidiscipline Epic Checklists

Fetal Death

INSTRUCTIONS/DEFINITIONS

Inst/Definitions

RN FETAL DEATH (STILLBIRTH)

RN Checklist

Morgue Trip Slip ...

SOCIAL WORK

SW Checklist

PROVIDER FETAL DEATH (STILLBIRTH)

Provider Checklist

ORDER SET

Order Sets

FORMS

Fetopsy Consent

Autopsy Consent

Genetic Testing ...

Burial, Transit, Di...

Report of Fetal D...

Report of Induce...

Vermont Medical...

Parental Demogr...

FD REPORT

FD Report

Nursing Responsibilities

Time taken: 5/8/2026 1254 Responsible Create Note Macro Manager

☒ Show Last Filed Value ☐ Show Details ☒ Show All Choices

RN Checklist

Is Patient Rh Negative?

Yes, Rhogam not needed Yes, Rhogam received Yes, needs to be admi... No TBD

Notify Social Work

Completed SW Unavailable

Notify Social Worker of patient arrival and condition. (Contact information on L&D whiteboard or ask PAS for the on-call social worker). RN to complete Social Work checklist if SW is not available.

Notify Chaplain

Completed Pt declined

Notify UVM Children's Hospital Chaplain (PAS 72700 for the Interfaith or Catholic Chaplain on call based on family preference).

Notify Health Information Services #74282

☐ Completed ☐ Birth Parent's name and MRN ☐ Autopsy - Yes or No? ☐ Planned disposition of the fetus ☐ Weeks gestation

At the time of death, call HIS # (Health Information Services) at #74282 and report the following information. You may leave a voicemail on this line.

a) Birth Parent's name and MRN#
b) Time of death
c) Autopsy - yes or no
d) MD who pronounced
e) Planned disposition

Document baby's weight and complete documentation in birth parent chart?

Completed

Complete stork delivery summary, document baby's weight, and complete Epic Fetal Death documentation in birth parent's chart.

Care of the Fetus

☐ Completed ☐ Footprints ☐ Pictures of baby ☐ 5 white tags filled out for morgue ID ☐ Hair clipped and saved ☐ Memory Box ☐ Clothes ☐ Birth parent labels

Foot prints and pictures of the baby should be obtained. Memory Boxes and clothes for the infant can be found on the unit (for UVMMC these are on L&D outside of room 5).

a) White tags (5) are filled out with the birth parent's patient label. Above the name write "fetal remains of" on each label and the date of delivery. Both Nursing and Transport must ID the **wrist and toe tag and sign that the identifiers match the paperwork** prior to the baby going to the Morgue. Extra white tags are sent to the Morgue with the baby.

b) Place the fetus in a blue chuck with the blude side next to the fetus. Then wrap in a second blue chuck with the blue side out. then wrap in a baby blanket as a final wrap. Place one of the birth parent's labels with "fetal remains of" on the outside of the blanket.

c) If this is an unanticipated death, and it is a Medical Examiners case, leave all tubes in place (ex, ET Tube), trim them close to the body prior to transport.

Assist parents in completing the "Parental Demographics" form

Completed

Call the Center for Donation and Transplant

Completed N/A

Call the Center for Donation and Transplant (1-800-803-6676) to report death within 2 hours. A screener on the line will determine eligibility. The Center for Donation will approach the parents if applicable.

Nurses are asked **NOT** to talk to parents about organ donations as there are strict eligibility guidelines.

Request Transport

Completed

Enter a request for transport of the baby when the parents are ready.

Morgue trip slip done?

Yes No

Found in Epic. Must be sent with fetal remains to the morgue.

Create Note

Restore Close Cancel

Previous Next

Standard Signage & Hospital-wide Staff Training

Why is it important?

The patient experience is how people feel when receiving medical care. It matters because great experiences help patients heal and trust our network and partners with care for themselves and their loved ones.

CONTINUE

The Purple Butterfly



Our partners have begun to adopt the purple butterfly. Some partners may have a different symbol in use, if unsure always ask the unit staff.

The Purple Butterfly symbol is used in units where babies and children are cared for. It indicates that a baby or child nearby is dying or has passed away. When you see this sign:

- Proceed with care and compassion
- Be quiet and calm
- Be kind and respectful

If you're unsure what to do when seeing a purple butterfly, please ask the unit staff.

Social Work/Case Management Role in Losses on Labor & Delivery/Postpartum

- Visit with family while admitted if possible and desired by parent(s).
- Coordination with care team and morgue/autopsy services regarding important documentation and paperwork.
- Psychosocial support & referrals for families – Empty Arms, grief counselors, WIC, home health, etc.
- Provide and review loss resources, handouts and books.
- Assistance with disposition and arrangements (cremation, burial, services, etc) and communication with funeral homes/cemeteries on family's behalf.
- Referrals for financial assistance for medical bills, household expenses, burial/funeral expenses, etc.
- Post-discharge follow-up in the form of phone calls, MyChart messaging, or e-mail.
- Meeting with families to return ashes; in clinic, in another private part of the hospital, or in the community.
- Ensuring postpartum visits scheduled in a timely manner; helping patients connect to provider offices with concerns.
- Create ceremonial certificates for stillbirths (in the state of Vermont, stillbirths do not receive a birth or death certificate from VitalRecords).
- Attend/run monthly Perinatal Bereavement Implementation Group.
- Pre-admission/pre-delivery care coordination alongside PACT team for planned comfort deliveries.

Areas of Improvement/Challenges

- **Variation in service delivery** depending on SW interest, role, coverage, time of day, etc.
- **Lack of hospital-wide perinatal loss recognition**
 - Annual memorial for Children's Hospital; sympathy cards; bereavement coordinator
- **Perceived and real barriers of resources and operations** within 'Obstetrics' vs 'Pediatrics' service lines
 - Need for family-centered care
- **No designated bereavement spaces** for meeting with families off the unit, returning ashes, etc.
- **Limited financial resources** for books and other materials (for families and staff)
- **No FTE** to plan/track/implement QI
- **Lengthy autopsy report timeline**
- **Inequity of PACT resources/time**

I am lost without you.
I listen for your cries
But you never cried.
You never drank
one drop of my milk.
My body pours out its rage
tear by tear, drop of milk by
drop
Where are you my Beloved?

Dianna Vagianos Armentrout – bereaved mother's poem



Outpatient support for those experiencing pregnancy loss

- Our exploration of this was happening simultaneously with the inpatient efforts.
- Amelie and I realized this and we joined forces.
- 10 RNs and Medical Assistants were eager to be involved and supportive of this effort to support the patients in their time of loss.
- The OB/Gyn department paid for them to attend this 15 hour course on perinatal loss and holding space.
- When a loss occurs in an outpatient setting, a provider is not necessarily able to hold the space for the emotional impact of a loss.



THE INSTITUTE FOR THE STUDY
— OF —
BIRTH, BREATH, AND DEATH

Amy Wright Glenn

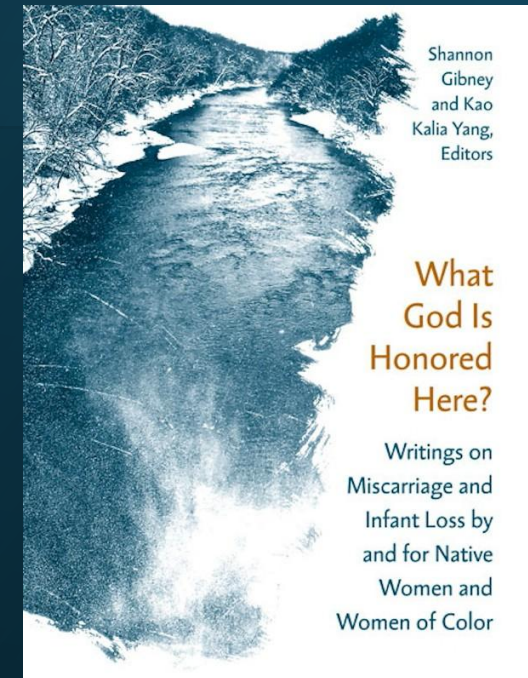
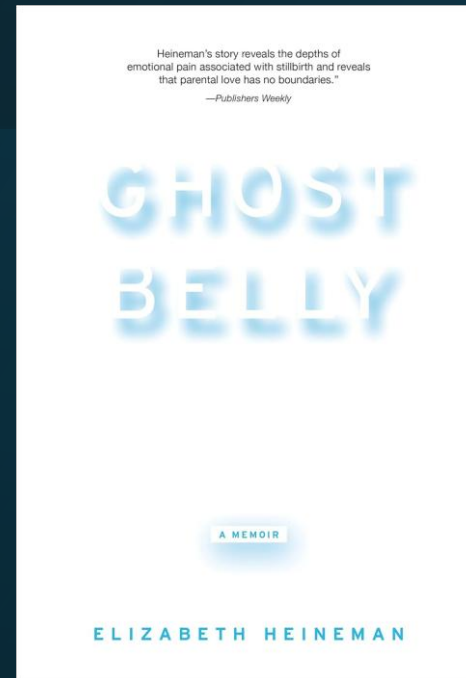
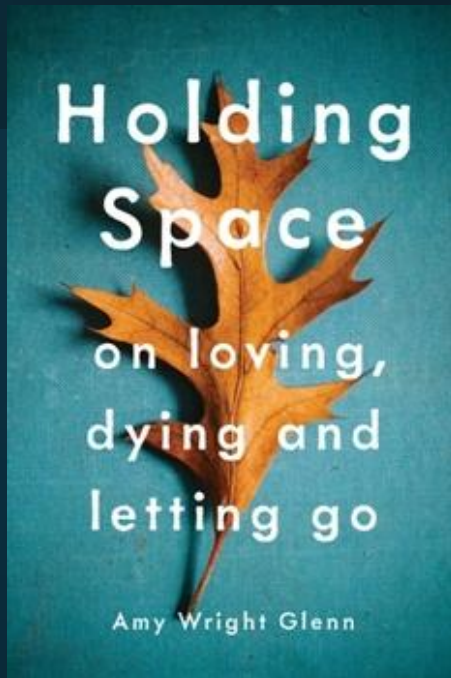


There are three components to our study:

1. An introduction to **Holding Space** and the **Companioning Model of Care** outlined by Alan Wolfelt, Founder and Director of the Center for Loss & Life Transition.
2. **An exploration of best care practices** with regard to the various support networks surrounding bereaved parents.
3. **A cross-cultural understanding of the healing power of ritual** found in both religious and secular settings.

Amy Wright Glenn's course "Holding Space"

We read three books as part of the training:



COMPANION THE BEREAVED

- “Companioning is about discovering the gifts of sacred silence; it is not about filling every painful moment with words.” – Alan Wolfelt, keynote speech at the Association of Death Education and Counseling



STRENGTHEN THE SUPPORT NETWORK

“We turn to those who surround and support us to process our grief – we dump out. And we bring forward our best care practices, including companioning, as we care for those closest to the epicenter of sorrow (the family) – we comfort in.”

DRAW UPON THE HEALING POWER OF RITUAL

"We cannot step inside their shoes and feel what they are feeling, but we can become curious, enter into their story and honor their need to grieve as they choose." – Jane Heustis, R.N. and Marcia Jenkins, R.N, authors of "Companioning at a Time of Perinatal Loss"



To access support

- Medical Assistants in the office who are part of this team can provide in the moment support.
- Limitations arise from staff availability and others to pitch in when an MA is needed to spend time with a patient experiencing a loss.

Newly diagnosed pregnancy loss? Reach out to a Bereavement Doula!

Some MA staff are now trained to support patients experiencing loss at any gestational age. If your patient has a new or recent loss:

1. Tell the patient we offer a bereavement/loss doula service.
2. Ask if the patient would like to speak with a trained staff member who can offer immediate support, regular check-ins, and community support resources.
3. If yes, tell your MA! If possible, briefly explain the situation (REI patient with an early loss on US/ demise of one twin/no FHT on exam). They will immediately contact a trained staff member and facilitate moving the patient to a separate space in a timely manner.

Empty Arms



CONCLUSION

- The pregnancy loss movement continues to work diligently to dismantle the silencing taboos that surround discussions of miscarriage, stillbirth, and/or infant loss. As birth and postpartum care providers and doulas, we are wise to support this movement and draw upon best care practices, like the three practices outlined above. Let us remember that just as we are skilled in holding space for the beauty and pain of birth and the early postpartum period, we can be similarly capable of companioning those we serve through death.
- Beginnings and endings have similar themes and energy.
- Let us acknowledge that birth and death are forever twinned and to hold space for one means that we would be wise to learn how to hold space for the other.