Comunication in Stillbirth: introduction of a protocol for health operator to prevent disfunctional parent's psychological effects

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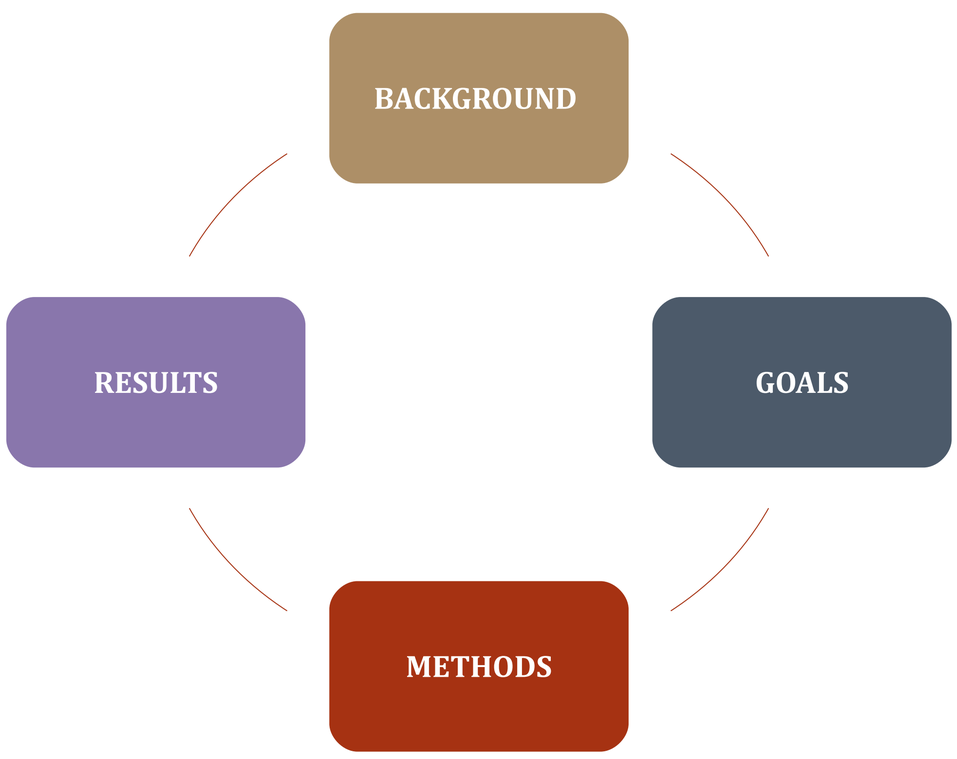
1 BACKGROUND

The literature about stillbirth syndrome shows that the management of communicative moment by health workers to parents, influences directly their psychological system. The undesirable effects of inadequate management of this moment from a psychological point of view may last a long time.



2 GOALS

promote the process of tuning with the parent;

establish a "safe place" in which the patient / parent can express feelings and emotions related to his condition

activate the empathic dimension and non-judgmental approach by the operator;

Improve a positive vision of Self in order to face the theme of lost ,separation and death with more serenity;

prevent undesirable psychopathological phenomena

Ensure methodological rigor so that the protocol as followed in all its parts.

3 METHODS

The protocol, with its job's responsibility regarding the project manager, nursing coordinator, psychologist of the reference operating unit, is constituted by three macro phases:

a-preliminary phase

b-operational phase

c-conclusive phase

PRELIMINARY PHASE

Implementation of 3 focus groups sessions with health workers from the obstetrics and gynecology ward to discuss their communication and emotional needs, regarding the communication to the puerpears of unfortunate events such as fetal death, malformations and endouterine deaths.

OPERATIONAL PHASE

* Training of health personnel

* Provision of specific rehabilitative / relational interaction processes for which a specific operational instruction has been structured.

* Implementation of appropriate psychological operative instructions

* Compilation of specific ad hoc forms to monitor interventions in the short, medium and long term.

* Follow up

CONCLUSIVE PHASE

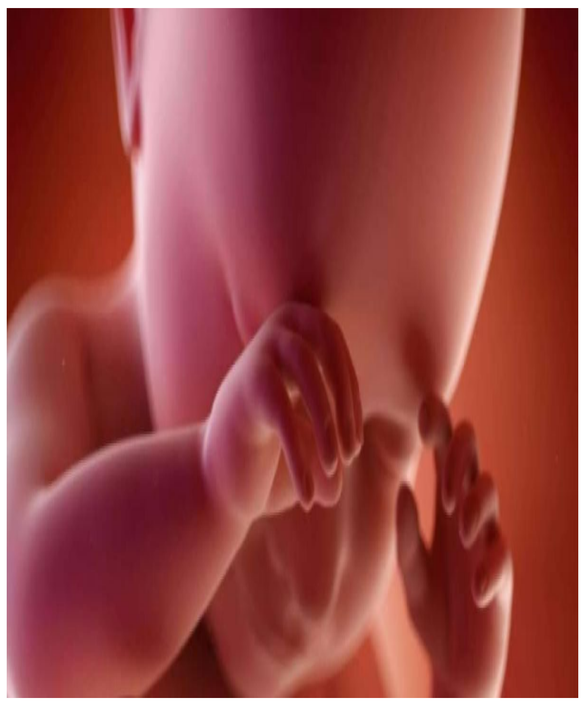
Verification of the patient's psychological conditions and discussion with the health care team.

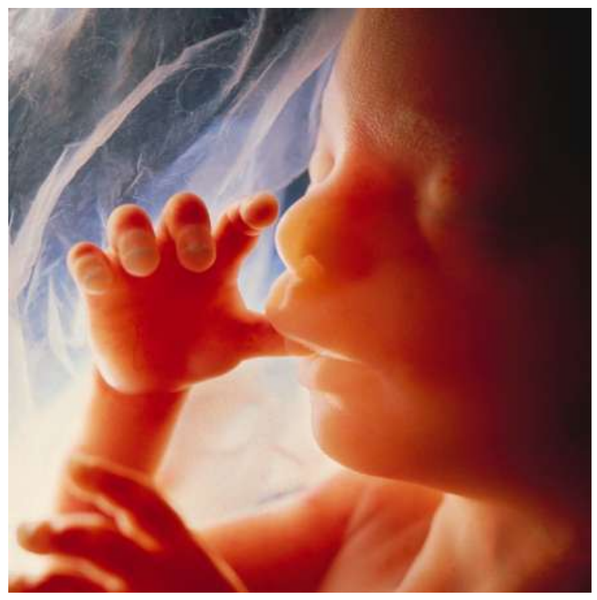
Adequate de-stress work for the operator

4 RESULTS

Using the protocol, in agreement with the group of health workers and a group of parents who have already experienced about stillbirth, we concluded that there would be a shorter and more effective elaboration of mourning, for the parent / s; while for the health personnel there would be no trailing on a personal level, the operator would manage to manage his moods and emotions within the work group by carrying out a final de-stress job.

Furthermore, the absence of training of health personnel on the issue of mourning would affect the perception of self-efficacy; perceiving not having training to deal with tragic events undermines the well-being of the operators and invalidates the work done with the parents..





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INFORMATIONS

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