Title: Caring for bereaved mothers who lost their babies as stillbirths, neonates and infants up to five years: an interprofessional approach.

Conference Theme: Open theme

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ABSTRACT

Background: In 2017, neonatal morality rate for Eswatini was 17.4 deaths per 1000 live births, infant mortality rate 40.8 deaths per 1000 live births and under-five mortality rate 53.9 deaths per 1000 live births. In one regional hospital in Eswatini, between April 2018 and March 2019 about 105 deaths were recorded. Previously, these grieving mothers did not receive any counselling. During this period of grief, the mother is usually shocked, confused and experiencing self-blame. Support is needed as she goes through the grieving process since this stressful situation can increase the risk for mental disorders and relationship issues. Utilizing an interprofessional team approach to care for these mothers can enhance their experiences during their grief.

Purpose: The purpose of this project is to provide comprehensive holistic care to mothers who lost a child as a stillborn, neonate, or child under the age of 5 years in the regional hospital in Eswatini.

Method: The interprofessional team was formed and comprised of two doctors, one mental health nurse, 14 nurses, 15 midwives and one hospital-based social worker. No baseline was done as there was no documented data available regarding specific care provided prior to the project. A tool was developed to collect post intervention data. A protocol was also developed and used for counselling processes and procedures to follow once a stillbirth or death of a neonate or child under five was recorded, and referral was made to the social worker if indicated.

Results: Preliminary results indicate that between April 2018 and March 2019, 33 mothers were counselled, and seven were referred to the social worker and were followed up at home for further support. Full results will be available at the end of April 2019.

Conclusion: Use of an interprofessional team can facilitate provision of holistic care to bereaved mothers who lost a child.
Implications: A protocol for processed and procedures and a tool for monitoring were developed and will be used by the interprofessional team in counselling all grieving mothers following loss of their under 5 children. The next stage is developing related institutional guidelines and policies.

Key words: Maternal and child health, counseling of bereaved mothers, interprofessional team approach

Acknowledgments: this project is part of the Maternal-Child Health Nurse Leadership Academy (MCHNLA), presented by Sigma Theta Tau International (SIGMA) in partnership with Johnson & Johnson.

Ethics approval: Permission to do the quality improvement project was obtained from the hospital administration.