

PRECONFERENCE SESSIONS



WEDNESDAY, SEPTEMBER 30, 2020

8:00AM - 9:15AM: MORNING OPENING PLENARY SESSION:

IN THEIR OWN WORDS: SUPPORTING THE SIBLING BOND: MEGHAAN R. NGUYEN, MSW, CCLS

The bond between an unborn baby and siblings can develop prior to birth and continue even after death. In times of bereavement, families frequently seek guidance from staff in how to support the needs of surviving siblings. Recognition and support of the sibling bond is important in the process of meeting their needs. In this session, siblings will describe their relationship with their deceased sibling and share important parts of that relationship, which is remembered and valued throughout their lifetime.

9:30AM -12:30PM: PRECONFERENCE SESSIONS #1

MEMORY MAKING AND PLANNING GROUP ACTIVITIES: ROSEMARY CARLSON, BS

This workshop will focus on helping families commemorate and remember their baby in tangible ways. The first part will be a presentation of ways to provide unique mementos for the entire family unit at the time of the loss, including siblings and grandparents. During the second part, Carlson will share her experience and ideas for planning and hosting memorial and other events for support groups and in other group settings. Attendees will also have the opportunity to participate in a hands-on activity at the end of the session.

A PROPOSED MODEL OF PROGRAMMATIC BEREAVEMENT OUTREACH FOLLOWING INTRAUTERINE AND NEONATAL DEATH: JOANNA CM. COLE, PHD, PMH-C AND JOY N. MACDONALD, BSN, RN

There are no current clinical standards for bereavement outreach following an intrauterine or neonatal death within most fetal care centers or hospital institutions. This presentation will ask audience members to share grief resources to aid in clinical practice. Case studies and audience discussion will further describe how a fetal care center's bereavement program developed systematic implementation of a standardized protocol to track perinatal loss and provide consistent outreach and resources for grieving women and families.

EVALUATION OF STILLBIRTH: CONSTRUCTING MEANING FROM PATHOLOGY: LINDA M. ERNST, MD, MHS

Talking to parents about performing an autopsy on their baby can be challenging and uncomfortable for care providers, often because they are unsure of the best ways to describe the benefits to parents. In this session, participants will learn about the barriers that may prevent caregivers from talking to their patients about autopsy while giving practical tips that will empower them to feel comfortable and confident when discussing the process and value of autopsy with grieving parents.

PSYCHOTHERAPY FOR PREGNANCY LOSS AND NEWBORN DEATH: ADVANCED SKILLS, RESEARCH UPDATE AND CURRENT CONTROVERSIES: DEBORAH RICH, PHD, LP

Given that 20- 25% of all pregnancies do not survive to a healthy live birth, most psychotherapists treating adults in their reproductive years will encounter this tragic experience. The ideal course of treatment is for the client to remain with his or her trusted psychotherapist as long as the therapist has basic competency in perinatal bereavement. This workshop will address best practice in the medical setting, medical terminology and procedures, patterns of perinatal grief, normal trajectory of grief, differential diagnosis including DSM 5 considerations, and psychotherapeutic interventions.

Note: This session is only open to psychotherapists, in practice, working toward licensure, or in training/graduate school. Any mental health professional discipline including advance practice nurse are welcome.

2:00PM - 5:00PM: PRECONFERENCE SESSIONS #2

SUPPORT THROUGH COMMUNITY: A PERINATAL & INFANT LOSS SUPPORT MEETING WORKSHOP: PATTI BUDNIK BSN, CPLC, VICKI CULLING, BA, MA, PHD, AND CAROL MCMURRICH, EDM

In this highly interactive workshop, participants will explore different styles of support groups and break down the different practical components of successful support meetings. Participants will be introduced to and try themselves the elements that make up successful support meetings such as strong, safe introductions; clear, trauma-informed guidelines; handling challenges during discussion; and closing the meeting in a way that promotes continuing communication and community. After experimenting with different methods, participants will reflect on the different styles and approaches to support meeting facilitation and envision models that would best work within their own communities.

PERINATAL MOOD AND ANXIETY DISORDERS: AN OVERVIEW: BIRDIE GUNYON MEYER, RN, MA, PMH-C

This preconference session will cover the many faces of Perinatal Mood and Anxiety Disorders (PMADs), signs and symptoms, and risk factors. Prevalence, screening tools and assessment, treatment options, and resources will also be discussed.

ETHICAL AND COMMUNICATION ISSUES IN THE PERINATAL UNIT: MARK SHELDON, PHD

There is a need in perinatal units for the discussion of complex ethical issues, along with difficult communication challenges, which the staff encounters daily. This session will involve a description of efforts that have been made to address the problem. This will include a depiction of the way in which meetings are structured, the kinds of cases that are considered and their origin, and the way in which ethical and communication issues are revealed and dealt with. Particular attention will be given to issues that create deep frustration and moral distress in the staff.

PRECONFERENCE SESSIONS



2:00PM - 5:00PM: PRECONFERENCE SESSIONS #2 (CONTINUED):

MINDFUL JOURNEYS: AN INNOVATIVE APPROACH TO HEALING FOR MOTHERS/PARENTS EXPERIENCING PERINATAL LOSS: DAVID M. STEINHORN, MD AND JANA DIN, BA

This session will introduce the attendee to concepts of mindfulness and explain how a mindful state, in contrast to a state of emotional upheaval, can contribute to reconciling grief and achieving personal growth. The process of journeying to a quiet, mindful, internal place for self-reflection will be discussed as an introduction to transpersonal psychology. Tools for moving into a transpersonal space will be offered, including an experience of gentle drumming as a non-verbal way to achieve mindfulness.

RECOGNIZING MISCARRIAGE THROUGH STANDARDIZED RESPECTFUL DISPOSITION PRACTICE AND INCLUSIVE RITUAL: ANN TYNDALL, MDIV, BCC, CPLC

Research shows that 75% of women who experience a miscarriage view it as the loss of a baby, yet not all healthcare systems have a way of respectfully disposing of miscarriage remains. This workshop highlights Resolve Through Sharing's respectful disposition practice at Gundersen Health System and references its annual burial as an example of inclusive ritual. Considerations for establishing hospital-based respectful disposition, including data gathering and crafting institutional policies and standards of practice, will be discussed. Working in small groups, participants will explore the challenges and possibilities for creating a respectful, broadly inclusive ritual.

MAIN CONFERENCE SESSIONS

THURSDAY, OCTOBER 1, 2020

8:30AM - 9:45AM: MORNING OPENING PLENARY SESSION:

MORNING MAIN CONFERENCE PLENARY SESSION: UNNATURAL TRAGEDIES AND THE NATURE OF TRAUMATIC GRIEF: JOANNE CACCIATORE, PHD

Little is understood about the nature and trajectory of traumatic grief in perinatal death. Current standards of practice, even in bereavement care, overlook the trauma inherent for many families after perinatal death. This session will review the biopsychosocial nuances of perinatal death and its relationship to traumatic grief. Participants will learn effective, immediate, and long-term caregiving and what trauma informed compassionate care looks like.

11:15AM - 12:15PM: CONCURRENT SESSION #1

EFFECT OF PERINATAL PALLIATIVE CARE ON OUTCOMES OF FAMILIES OF CHILDREN WITH TRISOMY 13 AND TRISOMY 18: IRENE CHERRICK, MD

The recommendations for care of children with Trisomy 13 and 18, as with other diseases has moved from a classic non-interventional approach to that of shared decision making based upon individual circumstances. The role of Pediatric/Perinatal Palliative Care in the care of these children is underutilized, especially during the perinatal period. This session will help participants become more aware of the current outcomes data for children with Trisomy 13 and 18 as well as the role of Pediatric/Perinatal Palliative Care from time of diagnosis and how this care affects outcomes.

PERINATAL BEREAVEMENT CARE IN SCOTLAND: AN ETHNOGRAPHIC STUDY: DENISE CÔTÉ-ARSENAULT, PHD, RN, CPLC, FNAP, FAAN

In this session the participant will learn about the ethnographic study conducted in Edinburgh, Scotland. Immersion in the culture of perinatal bereavement care, specifically through attending multiple support groups for bereaved parents and interviewing midwives who care for bereaved families in the hospital and community, led to new understanding of the influence a national health service in a culture other than the US has on post-loss care. Through photographs, case studies, policy analysis, and reflection on differences in approaches, the session features multiple implications for US care providers.

HOPING FOR A MIRACLE: PALLIATIVE CARE . . . THE BEGINNING: BERNADETTE FLYNN-KELTON BSN, RN, IBCLC, RLC AND SUSAN STRASZYNSKI MSN, RN, RNC-OB, C-EFM, CPLC

This presentation will provide attendees with the beginning steps to create an evidence-based palliative care program. Curriculum content will include methods for developing an interdisciplinary collaborative program to meet the individualized needs of families. Speakers will share personal experiences and methods used to create relationships with families and guide them through decision making and palliative care options. The presentation will conclude with a video documentation of a journey through preserving hope, birth, and death.

THE INTERSECTION OF FETAL THERAPY AND PERINATAL/NEONATAL PALLIATIVE CARE: KATHIE KOBLE, PHD, APRN, PCNS-BC, CHPPN, FPCN, FAAN

A tremendous evolution in fetal diagnostics and procedural techniques have resulted in an increased spectrum of fetal conditions that can be addressed by in utero surgery. Multidisciplinary team members should be prepared to address the unique fetal, maternal, and neonatal challenges that arise for families receiving diagnoses of serious fetal illness. This session will highlight palliative care principles and strategies that can be implemented, at the time of delivery, and in the neonatal period.