

Debriefing Notes
Neonatal demise
5/8/2012
5 pm

Attendance:

- Michele Dickerson RN - Educator
- Fely Gonzales RN
- Linda Asuncion RN
- Rimah Villarez-Abanto RN
- Mikey Chen RN
- Dr. Weismann MD
- Dr. Arroyo MD

Background:

22 week gestation infant born to recent immigrant, no documented prenatal care in this county. Infant determined to have been anoxic prior to precipitous delivery, as a consequence was diagnosed with bilateral grade IV intracranial hemorrhage.

Debriefing:

Parents determined a full DNR to be in place and a withdrawal from life support with only comfort measures to be in place. Parents did not wish to be present. Withdrawal was accomplished by neonatologist, infant expired within 20 minutes.

The staff nurse assigned to the patient as well as staff working in unit that day was deeply troubled by parent's decision to not be present.

Staff gathered for debriefing about personal and professional feelings. Some of the personal feelings discussed were disbelief, shock, and a global sense of not understanding how the mother could not want to hold or see her infant at the end of life. Professional feelings were similar-a family member should be present to witness the events.

Discussion ensued about those personal feelings, what were the basis for those feelings? were they religious, cultural, personal, otherwise. A majority of those present determined it was a maternal feeling of disbelief, followed by religious. No baptism or religious rites were performed for the neonate and a feeling of disservice for the infant in that capacity existed. Approximately 45 minutes to one hour were spent exploring the feelings surrounding the expiration, how we could manage this differently; it was determined the need for a formal bereavement program was necessary as well as better staff support following a neonatal death. Staff who chose gathered to say prayers for the infant, for each other, and for the healing of the family.

Submitted by: Michele Dickerson BSN, RN, NEA-NIC, Nurse Educator