

# Obstetric complications: Debrief the grief

Nurses' physical and mental health require support after a traumatic event.

By Amy LePard, MSN, RN, RNC-OB



**WITNESSING** the miracle of life each day brings joy and passion to obstetric nurses, but maternal and infant complications or death can bring profound anguish. (See *Maternal and infant complications*.) When an emergent cesarean section is necessary, all available personnel on the labor and delivery (L&D) unit respond to prepare and transport the mother to the operating room for immediate delivery. Frequently, the infant is delivered within minutes and enters the world kicking and screaming. However, an infant who requires resuscitation may be admitted to the neonatal intensive care unit and with potential negative outcomes. Other critical obstetric events include failed resuscitation of an infant born alive, an emergent maternal hysterectomy, or the death of a mother during or after delivery.

## Secondary traumatic stress

Beck and Gable describe secondary traumat-

ic stress (compassion fatigue) as a work hazard for L&D nurses. They found that after a traumatic incident, 63% of nurses experienced secondary traumatic stress and 25% met the criteria for post-traumatic stress disorder (PTSD). (See *PTSD symptoms*.) Secondary traumatic stress has many serious consequences and can progress to grief.

When an infant or maternal complication leads to death, not just the parents or spouse grieve. Anyone close to the loss can experience the stages of grief. Grief is an individualized reaction with unique emotions for each person. However, unhealthy grieving can lead to depression, mental exhaustion, and damage to family relationships and friendships. It also can result in nurses leaving the specialty. Beck and Gable assert that a grief debriefing strategy can help protect nurses from physical and mental exhaustion and reduce these negative effects.



## Maternal and infant complications

Labor and delivery nurses may encounter a number of complications that can lead to secondary traumatic stress.

- According to Holmer and colleagues, approximately 15% of all pregnancies have obstetric complications.
- National Center for Health Statistics data indicate that approximately 6 out of 1,000 fetuses die between 28 weeks' gestation and 7 days after birth.
- According to Aziz and colleagues, approximately 10% of newborns need help to begin breathing and 1% require advanced neonatal resuscitation.

### Debriefing

According to Dismukes and Smith, post-event debriefing began in aviation over 40 years ago as part of flight crew training. Aviation instructors acted as moderators to help crew members analyze and assess their techniques and performance. Healthcare debriefing includes carefully reviewing the events surrounding an incident. Jaramillo and colleagues explain that although nurses know how to respond to critical clinical situations, they don't learn the coping mechanisms needed to manage their emotions and stress response after these events. Unmanaged stress can interfere with care delivery, create safety concerns, and result in negative patient outcomes.

Speaking about the event can clear up misunderstandings and remove blame, and professional counseling can help staff feel stronger and begin healing. Ultimately, the

freedom to express emotions openly provides opportunities to decompress and defuse tension.

Education about grief, including the symptoms of secondary traumatic stress and the role of debriefing, can help nurses navigate these events. In addition, guidelines should be available to ensure consistency in the debriefing process.

### Before debriefing

A charge nurse or supervisor can start preparing for a debriefing as soon as the situation begins to stabilize. A safe place, such as an empty nursery, call room, or patient room far from patients, can help ensure privacy. Participants should include the team members who worked together in the crisis.

Part of preparation can include formulating a plan to discuss team performance, identify areas that didn't go well, and plan for improvement. Before the debriefing begins, the facilitator can explain its purpose (to help staff heal) and that each person's grief may manifest differently. Some may cry; others may express feelings of denial, anger, or shock; and still others may be unable to move or think.

### During debriefing

Gather the staff involved in the stressful event in an appropriate space, acknowledge what happened, and give everyone an opportunity to share how they're feeling. Discuss what went well and what can be improved for next time. Close out the debriefing by summarizing the conversation and providing an opportunity for follow-up.

### After debriefing

Throughout the crisis and in the weeks after, nurses should watch for severe stress symptoms in themselves and each other. If a peer shows signs of anxiety or emotional breakdown, nurses should notify their manager. Speaking directly with others who've experienced critical maternal events can provide empathy and understanding.

Foreman suggests creating a self-care packet as a resource that can be handed out to staff after a crisis. The packet can include information about the stages of grief, PTSD symptoms, and resources for local counseling services that specialize in secondary traumatic stress. Other self-care items in the packet could include poetry, a journal, creative coloring pages, relax-

ation techniques (such as breathing exercises), and healthy eating and activity choices, as well as advice on coping mechanisms to avoid (such as alcohol).

The patient and family's primary nurse may require extra help. Foreman suggests giving the primary nurse a bereavement day as time to grieve and process what happened. To ensure the nurse feels supported, a peer who was involved in the event can call to check in the next day and once a week for a month.

### Coping skills and support

Working in L&D can be one of the most rewarding areas of nursing, but emergent events with poor outcomes can be traumatic. Obstetric nurses require strong coping skills and a good support system. An updated debriefing protocol and follow-up techniques will help decrease secondary traumatic stress and improve nurses' physical and mental health. **AN**

Access references at [myamericannurse.com/?p=73923](http://myamericannurse.com/?p=73923).

Amy LePard is a labor and delivery RN at Summa Health System in Akron, Ohio, and a faculty member at Kent State University, Geauga, Ohio.



## PTSD symptoms

Nurses who experience secondary traumatic stress may encounter intrusion, avoidance, and arousal symptoms similar to post-traumatic stress disorder (PTSD).

### Intrusion

- Flashbacks
- Distressing dreams
- Reliving the traumatic event

### Avoidance

- Avoiding situations similar to the traumatic event
- Avoiding thoughts about the event
- Suppressing feelings about the event

### Arousal

- Hypervigilance
- Exaggerated startle reflex
- Sleep disturbances
- Irritability or anger
- Difficulty concentrating

Source: Beck and Gable 2012

## AD INDEX

### American Nurses Association/American Nurses Credentialing Center

ANA/CDC Project FirstLine .....	IFC
ANA Enterprise Gift Shop .....	IBC
ANA Enterprise Nurse Focus .....	13
ANA Enterprise Year of the Nurse BC American Nurse Heroes .....	20
Exergen Corporation .....	Cover Tip
Kibow Biotech, Inc. ....	43

For advertising and partnership information  
please contact John J. Travaline  
215-489-7000 • [jtravaline@healthcommmedia.com](mailto:jtravaline@healthcommmedia.com)

# TO COME