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Megan: Hello, everyone, and welcome to this "Hear From Your Peer" webinar on "Grief, Loss and Compassion Fatigue." I'm Megan Hiltner with the Healthy Start EPIC Center, and the purpose of this event is to provide you with a better understanding of grief, loss, and compassion fatigue in the context of Healthy Start and to provide you with some helpful resources and examples from your peers. This 90-minute webinar is being recorded, and the recording along with the transcript and the slides will be posted to the Healthy Start EPIC Center's website following the webinar.

We will only be taking questions via the chat function. And to do that, you can type your questions into the comment box in the lower left corner of your screen. We want your participation throughout the webinar. So if at any point you do have questions or comments that come to mind, please chat them in. We will be taking two questions between each of our speakers today, and then we have allotted more time at the end for more questions. If we don't get to all of your questions, we will include them a "Frequently Ask Questions" document that will be posted with the webinar materials on the EPIC Center's website. And one more reminder, we really do want your feedback on this event, so please take a moment following the webinar to complete a brief survey that will pop up on your screen right after the webinar.

We are starting up a new effort to really understand the impact of these webinars. So we're gonna do a quick pretest. So on your screen right now, if you'll respond to the next three questions by clicking the radio button showing on your screen to answer the question. So the first question is, "Grief is…" and if you'll respond which of the definitions you think best defines it. One, diagnosed by a mental health professional or professional, a normal reaction to losing a loved one but people mourn their loss in different ways, or the third one, a disorder experienced following loss. So if you'll go ahead and chime in…I see some folks have done that. All right, some responses are coming in. Okay. And I'm gonna give it two more seconds here. Okay.

All right. So it looks like the majority of folks think that it is the second response. All right, thanks, everybody. We're gonna go to another question here. "Compassion fatigue, or vicarious trauma, is…" and please click on the radio button that you think best fits what compassion fatigue or vicarious trauma is. Those are, first, fixed by switching jobs, or is it interchangeable with burnout, or is it normal displays of chronic stress? So if you'll respond…I see a lot of you've already done that. Great. I'm gonna give it another moment or two here. And couple more

seconds here. Great. And let's get to our results here. It looks like the majority of you think compassion fatigue or vicarious trauma is normal displays of chronic stress.

And then the third question here, "Symptoms of compassion fatigue may include..." Which of these choices do you feel best responds to that? Symptoms of compassion fatigue may include isolation from others, excessive complaining about others, mentally and physically exhausted, or all of the above. And folks were a lot quicker on that one. So we'll skip to the results, and it looks like the majority of folks think that it is all of the above. All right. Well, we will be covering these topics throughout the webinar. So thank you all so much for responding to that. I'm going to now turn it over to our Division of Healthy Start and Perinatal Services representative, Ms. Sandy Lloyd who's gonna provide a brief welcome and overview of our webinar today. Sandy…

Sandy: Thank you, Megan. Good afternoon. I am Sandy Lloyd in the project office with the Division of Healthy Start and Perinatal Services. I am grateful to be able to introduce our topic today, as it is a subject that is very important to me. In addition to having been a very perinatal nurse for over 35 years, I have been trained as a perinatal bereavement counselor through the Resolve Through Sharing Perinatal Bereavement program. Before we begin today's webinar, I would like to take a moment to introduce our four speakers. Rosemary Fournier is a national fetal infant mortality review director, leads all of the FIMR support work, and helps to build a national network of FIMR leaders.

Rosemary has a very distinguished career managing Michigan's FIMR program of 13 teams for 13 years, and managing a local FIMR team for 5 years before her state level work. In addition, she has also managed a local Healthy Start program for five years. For the past three years, Rosemary has worked with home visiting programs and she is eager to connect with all of the FIMR program leaders to offer support, training, and technical assistance.

Nancy Maruyama has a bachelor's degree in nursing and is the executive director for Sudden Infant Death Service, or SIDS of Illinois, Incorporated. She has been active in the SIDS community since her first child and only son, Brendan, died of SIDS in 1985. She and her husband, Rod, have two adult subsequent daughters. Nancy has given many presentations on preventing sleep related infant death, safe sleep for babies, back to sleep, tummy to play and sudden unexpected pediatric death from a parent's perspective. She has written and

published a number of articles for magazines on the topics of safe sleep for babies and parental loss of a child.

Shawnee Benton-Gibson helps provide the bereavement services for Healthy Start Brooklyn and as an author, healer, and vision coach. She also leads the Spirit of a Woman Leadership Development Institute. And Natalie Berbick has a master's degree in social work and is an experienced advocate for health equity and social justice of under-resourced populations in low-income communities. She is presently the instant health programs manager for family, maternal and child health program of Contra Costa Health Services Public Health Division. Natalie oversees the coordination of the Sudden Infant Death Syndrome program, the FIMR, and the Black Infant Health program for Contra Costa County as an administrator and program manager since 2009.

She also serves as president of the Northern California Regional SIDS Council, as well as serves as a member on the California Advisory SIDS Council. Natalie has hosted and facilitated regional and statewide trainings in these roles to support public health professional build their core competencies with grief and bereavement support and strengthen relationships with perinatal providers through a trauma informed lens. During today's webinar we will be focusing on infant death. However, we do not intend to minimize maternal death and recognize that more American women are dying of pregnancy related complications than any other developed country. And unfortunately, the rate continues to rise.

Even though September is considered National Infant Mortality Month, the issue of infant death needs to remain in the forefront all year long to help save babies' lives. When we talk about infant death, we need to keep in mind that we may be dealing with a death that is unexplained, sudden, and unexpected. Infant death is one of the most devastating experiences any parent could face. A foundation of the Resolve Through Sharing program is the belief that families who experience the loss of a baby during pregnancy or after birth grief for their baby and the loss of an entire lifetime with that child. It is important to remember that grief and loss take time, and each of us has his or her own way of working through the grief. It is also important to remember that grieving is not a process of forgetting, but rather a process of remembering.

In addition to talking about grief and loss with infant death, we will also be discussing compassion fatigue during today's webinar. As a Healthy Start community, we are fortunate to have caring and supportive staff who can help families move through the initial crisis toward

reestablishing their life without their baby. The Compassion Fatigue Awareness Project has shared that studies confirm that caregivers play host to a high level of compassion fatigue. Day in and day out, workers struggle to function in caregiving environments that can prevent heart wrenching emotional challenges. And we need to recognize the symptoms of compassion fatigue are normal displays of chronic stress resulting from the caregiving work we choose to do.

With that in mind, let us review the three objectives for today's webinar, which are to share information resources on grief, loss, and compassion fatigue, discuss examples of programs that support those working with families that have experienced an infant death, and to share training resources for increasing staff's ability to provide bereavement services. At this time, I would like to turn the webinar over to our first speaker, Rosemary Fournier.

Rosemary: Thank you so much, Sandy. And it is truly a privilege and an honor to be on this activity with my colleagues from [inaudible 00:09:52] and the EPIC Healthy Start Center Illinois, Brooklyn, and California. So I appreciate this invitation. And the next slide please. So my job is, basically, to lay a little foundation and some basic understanding on grief and loss so that the other speakers can then really discuss their programs and initiatives. And as Sandy so eloquently said, I think that this is such a struggle. Pregnancy is a time of great excitement for families and mothers, and changes, and it is because they look so forward to, with anticipation, this new life. But the loss of a pregnancy is often one of the most heartbreaking experiences that a parent can encounter.

Next slide please. So we'll review, very quickly, the different type of pregnancy loss, and we'll start with an ectopic pregnancy. This is a pregnancy that is not in the uterus. The fertilized egg settles and grows outside the lining of the uterus. This often can be in a fallopian tube. And an ectopic pregnancy, actually, is fairly common, occurring in about 1 in 60 pregnancies. It is more likely to occur in a woman over the age of 35. And what can sometimes make an ectopic pregnancy even more stressful on a mom is the possible poor prognosis for future pregnancies, especially if that fallopian tube has had to be removed. But the ectopic pregnancy can also be very life threatening for the woman that the developing cells have to be removed sometimes in order to save that mom's life.

Next, a miscarriage is a fairly common…no, I'm sorry. We're still on that

slide. Thank you, Megan. The miscarriage is the spontaneous loss of a pregnancy, and that's generally from conception to 20 weeks. And a miscarriage is also very, very common. Most miscarriages occur very early in pregnancy, and often a woman may not even realize that she's pregnant. So while it's somewhat difficult to estimate the frequency of miscarriages, many experts believe that it's about 20% of pregnancies, of known pregnancies, where a woman has either missed her period or had a positive pregnancy test. So about 1 in 5 or 20% will end in a miscarriage.

And then, lastly, stillbirth is an infant born without signs of life generally after 20 weeks gestation. And states do vary on reportable fetal death or stillbirth. Some use a specific gestation or weight criteria such as 400 or 500 grams. The stillbirth rate in the United States is right around 6 deaths per 1,000 live births. And the next slide now. So an infant death is probably the type that we're the most familiar with. It's the death of any live born baby that does not survive to his or her first birthday. And that can be broken down into neonatal deaths, and those are babies that die within the first month, or the first 27 days of life. Generally, those are small, tiny, pre-term, low birth weight babies. And then post-neonatal deaths are deaths of babies occurring after 28 days up until a year. So those are more commonly the sudden unexpected infant deaths and SIDS. And indeed, "Infant mortality is often looked at as the most sensitive index that we possess of social welfare," a quote from Julia Lathrop, the first woman director of the Children's Bureau back in 1913. Just as true today as it was back then.

And the next slide please. So we're just gonna move quickly through discussing grief theories, and there are many, many grief theories. Please do not think this is the only one that we're presenting. Most of you would be fairly familiar with Elisabeth Kubler-Ross. She lists five stages of grieving, that is denial and isolation, anger, bargaining, depression, and acceptance. And stages, one of the difficulties when you talk about stages as an approach to grieving is that people just don't necessarily pass through stages in any kind of an order or from one point to the next. I think that there's a real advantage in looking at tasks rather than stages.

And so, I just present to you the four tasks of mourning as put by William Worden. And he defines the four tasks as understanding and accepting the reality of loss, working through the pain and grief of loss, adjusting to that life without the loved one, in this case the baby, and then reinvesting emotional energy. And again, I think that the tasks approach

really gives a mourner the sense that there's something they can actively do to adapt to the death of their loved one. So not this helplessness of "I've just gotta pass through stages," and it's really difficult to kind of conceptualize grief in that way. William Worden does stress that there's no particular order or any length of time that a mourner would go through these tasks. But again, it just gives you somewhat of a sense that you can actively do something to adapt to the death of your loved one.

And the next slide please. And we're gonna just briefly discuss some understanding of the grief experience, talk a little bit about some of the factors, the outside factors that can affect a woman and a family's grief experience, discuss the health care provider's response at the time of death, and then do a bit of a review on expressions of grief. And I generally do not talk about the "normal" grieving experience because that's so difficult to define what is normal. What's normal for one person might not be normal for another. So we'll simply look at from expressions of grief and then talk a little bit about some complicated situations.

So the next slide please. So the factors that can really influence how a family or a mother reacts to the death of an infant, certain cultural practices, what that mom and family believe and how they explain the meaning of life. They're all rituals and ceremonies for processing loss. Certainly, the family system and roles of family members are going to be very important. Family structure in a society or in a culture where there's a strong patriarchal role, that may influence how a mother is allowed to grief or a father is allowed to grief. Pre-existing difficulties might certainly affect the grief response, and by pre-existing difficulties it might be an illness in the family or some other stressor, moving, a job loss, anything that might compound or complicate that grieving process.

I remember, personally, my son when he was nine years old broke his leg, and then a week later I was rear-ended in a traffic accident, and then two days after that my father died. So those are things that are pre-existing conditions, those other stressors in your life that may complicate the grief response. And then we gotta look at the manner and cause of death as having an impact. So a natural death or a premature low birth weight baby versus an accidental or sudden death may play a role in affecting that family's grief response. Certainly, if it's an unexpected or un-anticipated event, that is something that the family has not had a chance to prepare for. And then the hopes for the future, that extent of which the parents already have an emotional investment in their child.

So we may see differences in how families grief based on was this a wanted and planned pregnancy versus was it not an expected or a planned pregnancy?

And the next slide please. Continuing with some factors that affect the grief experience, the baby or the child's age at death. If a family has had 11 months with a child it may, but it may not, complicate the grief experience. I would not imply that an infant that only lives for 7 days is going to be grieved less than a child that lives 11 months, but it certainly may have an impact on the family's developmental issues. So if they've already had that child in the family for a greater time period. Also, the siblings of the child that has passed may complicate or affect the grief experience. Certainly, the mom's history was lost if it was her first pregnancy loss versus repeated losses.

Many of us have probably worked with families where a mom has had several miscarriages or a couple of fetal loses and then an infant loss, and that can certainly affect her grief experience. Multiple losses made overwhelm that parent. Medical and legal issues are certainly going to affect how families grief. If a mom possibly could be in litigation with her providers, that's going to be an experience that may complicate her grieving experience if there are legal issues in the fact that any family member might be implicated in the loss. We have had a few situations where there was a homicide or there was a family member who might have been responsible for the infant loss. So those are complicating factors for sure. And then the family's professional and social networks, so the influence of friends or caregivers. Does that mom or family have others that can help support her during the process, do task for her, help her adjust with other children, and then does she have access to care and healthcare professionals that may be able to assist her during this process?

And the next slide please. So we'll talk just briefly here about the healthcare providers' response because this is so important, and I know that other speakers are going to address this. But please know that that family is very deeply affected by how we, the healthcare providers, respond at the time of their child's death. So the willingness of that healthcare provider just to sit and listen to the family through their painful experience, very important elements in facilitating the grief process. And it's been quoted here in our "Fetal and Infant Mortality" review guide that, "Although family members might not remember exactly what you said at the time of their baby's death, they certainly recall whether you had a caring attitude and offered them comfort."

And the next slide please. So we have a bit of information. I've taken some of these next couple of slides from the "Journal of Parinatology," and it was an article that came out in 2007 entitled, "Navigating Care After a Baby Dies: A Systematic Review of Parents' Experiences with Healthcare Providers." So this is actually what parents have told us during their grief experience, what was helpful to them, what was not helpful to them. So on this slide, offering emotional support was the number one thing that parents did express that was helpful to them. Just staying with the family. Spend a little bit of extra time with them whether that's in the hospital or whether you're a home visitor coming out to see a mom after a loss. Talk about that baby by name if that's culturally appropriate. If you don't know, certainly ask the family, "Is it okay with you if I use your baby's name?"

Because we do know there are some cultures, and especially in the Native American population, where it's taboo to use the baby's name. There's the belief that that might evoke spirits from the other world. So you do need to find out from the family if it's okay to talk about the baby by his or her name. Absolutely allow parents to cry and be sensitive to comments that might be perceived as either trite or minimizing their grief. I think most of us know what not to say that, you know, things like. "This was God's will," or, "You're young and healthy. You'll always be able to have more children." Those are very minimizing to parents because they will never have a child that will replace the one that they've lost.

And the next slide please. So, also very important to attend to that mom and family's physical needs. Now, these couple of things on the slide are most particular to her experience in the hospital, but that also applies to seeing the family outside the hospital after her loss. So continue anything in nursing or medical care that she might need for routine postpartum care. While in the hospital, certainly treat the infant's body respectfully, consider dressing and bathing and wrapping the infant, and help the parents to create some memories of their infant. I'm a former NICU nurse and we used to do handprints or footprints in plaster for the families, or collect a lock of hair, or put together a little memory box of some of the things that they might have, the infant's blanket or clothing. So those are those tangible memories that they might want to keep of their infant.

And the next slide please. And the third thing that parents expressed most often was the need to be educated. So in the navigating care after

a baby dies, parents have said they really wanted staff, all staff, to know about their loss so that they wouldn't have those inappropriate encounters. So the woman delivering the lunch tray or the meal tray doesn't come bustling in and say to the mom, "Oh, how's your baby?" or make comments that would be inappropriate. So letting all staff know. Help parents anticipate what they will be feeling and what grieving will be like. You might want to introduce them to those four stages that William Worden discusses or the Kubler-Ross stages.

Provide as much information as you can, if you know it, about the cause of the baby's death. Use very common lay language. You know, try not to use a lot of medical terms, but help the parents to understand as much as possible what were some of the contributors or causes of their baby's death. And then lastly, take time to really sit down with the parents when discussing this information. No hurried in-and-out, no hand on the doorknob waiting to leave. Probably one of the things that parents expressed the most that was not helpful was avoidance. That staff really should not avoid them, but try to sit down and take some time with the parents.

And the next slide please. So we're now gonna talk a little bit about some of the feelings and expressions of grief. And again, I don't use the terms these are the "normal" grief responses. These are just expressions of what parents might be exhibiting. So in feelings you can see sadness and anger, guilt and reproach, increased anxiety, fatigue, helplessness, shock and numbness, sometimes a yearning, that yearning for…you'll hear parents use the expression of "empty arms." "I'm feeling and yearning for my child." Some very real physical symptoms might include headaches and loss of appetite, difficulty sleeping, weakness, feelings of heaviness. You actually have aches or a hollow feeling, "My heart feels heavy, my head feels heavy," and tightness in the chest or throat. Sometimes we've even had moms and family say, "I almost felt like I was having a breathing reaction or a heart attack because of these very real physical symptoms."

And the next slide please. There are certainly some times when we might have to recognize and see complicated grief reactions. So those were kind of some of the typical that we see. But if you notice that a mom can absolutely focus on very little else, or if she's very numb and detached, or she has bitter feelings, or even expresses that she feels life has no meaning or purpose, a total lack of trust in others, and an inability to enjoy life, those might be signs that you have to recognize that you need some more help and support for that family. These are

more complicated grief reactions.

Having trouble carrying out normal routines, although we said in the previous slides that actually that would be in a fairly normal response, but to the extreme where she absolutely cannot care for other children, cannot care for herself, any withdrawals from all of social activities, certainly those are some complicated reactions, and then a persistent guilt and self-blame. Some degree of guilt is going to be there, that's fairly normal. But that persistent, absolutely can't move beyond that thought that you had something to do with your child's death is a complicated grief reaction. And then lastly, extreme irritability or agitation. Those could all be signs that we, as caregivers, may want to recognize and recommend and give families referrals for additional services.

And the next slide please. There are just a few steps here as I'm wrapping up, essential steps to counseling bereaved parents, and I know that Natalie and others are going to address this in greater detail. But go back and assess those factors that affect the parent's grief experience. So look at was it a repeated loss or a first time loss? Look at other complicating factors in her life. Anticipate parental behaviors and their expression of grief. This third bullet, I think, is the most important. We know that grief is not an episode. This is a lifelong process, and it is very unique to every individual. So there's no cookie-cutter approach here. It's allowing families to move through these tasks as they need to, taking as long as they need to, supporting them through that process, and just helping them to understand that this is not an episode, it's a lifelong process. Then assessing the parent's emotional state, and some importance of rituals might be helpful to the family. You can go on, Megan, to the next slide.

Megan: Sorry, Rosemary.

Rosemary: Oh, that's not a problem. Rituals, I talked a little bit about this before, of course, naming the baby, perhaps having a baby memory box, religious rights and practices might be very important to help that family. Their cultural and family traditions, seeing and holding and touching the baby while in the hospital…all, of course, if that's what the family wants…taking photographs, collecting mementos, or another helpful suggestion is to keep a journal or a blog.

And then the next slide. So just, I'm gonna close now with some things that would be very helpful. We talked a little bit about not helpful

responses, but these are just responses that convey your support and active listing. "I'm sad for you." "How are you doing with all of this?" "This must be so hard for you." "Well, what can I do for you? I'm just here to listen. I want to support." And then the last slide. I just wanna leave you with this thought that remember when you are journeying with people in pain, you step off your road and onto their road when you are supporting them. But when you are complete for the moment, it's important to step back onto your road and claim the backpack of your life with all of its frustrations, joys, and love. And thank you so much. I will now turn it back over to the next speaker.

Megan: Thank you, Rosemary, so much for that great information. We're gonna just continue on. There are no questions or comments in the chat box, so we're gonna continue on with our next presenter, Nancy Maruyama. I'm gonna turn it over to you now to begin your portion of the presentation.

Nancy: Thank you so much. I have a little bit of cold, so I apologize. So I'm gonna talk about caring for the caregiver in self-care and coping. As a bereaved mom and as a nurse, you know, been through many of these things myself, but…now I gotta figure out how to do this. Okay. Can I have you do it, Megan?

Megan: Happy to do it. There you go.

Nancy: There we go. Thank you. What is caring for the caregiver? Well, it's very important because it allows you to operate out of a more balanced, compassionate place and it keeps you open to consider the input of others. In grief work, there is no right way. There are many helpful ways, but there is no right way. So when your needs are taken care of…it's all a matter of balance. When your needs are taken care of, you are able to better help someone else, okay?

So impact of the bereaved…working with the bereaved on healthcare providers. When I work with the public health nurses in Illinois, one of the things that they say is they don't know what to say to the family and they just feel so inadequate. And I think we all feel like that. But it's important to have some tools to be able to work with the families. And one of the things is, you know, having willingness to seek personal insights. You have to think about, you know, what is your motivation for doing this? You know, I would like to say that, you know, I, you know, do this very unselfishly, but it's not true. I do the work I do because I want people to remember that before my son died, he lived, and I want

people to remember all the other babies that have died.

But when we don't consider our own loss experiences, it creates more opportunities for blind spots in recognizing emotional and psychological aspects of profound loss. So it is important to kind of do a little retrospective and, you know, think about what your own losses are because a lot of times it'll push buttons. You know, Rosemary talked about what happened to her in that very short period of time, and it's things like that really, as a provider, can really push your buttons. Now, maybe you didn't have an infant loss, you know, but maybe your sister did. And then when you encounter this in another situation, it just puts you right back to when, you know, your sister's child died or whatever the situation is.

So what is compassion fatigue? So compassion fatigue is closely aligned to symptoms that are related to depression and anxiety because depression and anxiety are markers for a diminished internal life balance. I will continue to mention balance because a lot of this is about being balanced. When you have a lot of chronic stress, it can have a negative effect on your life. You've got lots and lots of symptoms. And, you know, bottling up emotions…I'm sure that there have been times when you've talked to people who, you know, say, "Well, I just don't think about it. You know, I just train my brain not to think about, you know, my loss so that I don't have to deal with it." But, you know, you've gotta deal with it at some point. It's gonna come back and bite ya. So you have to deal with that.

Isolation from others, it's kind of a "come close, go away." You know, you want, sometimes, people to be with you but then, you know, it's like as soon as people are around you're like, "Get away. You know, I need some space." A significant increase in irritability is very common, again, because you're not balanced. Substance abuse, we wanna be really careful, you know, about, you know, abusing substances. I know, like in my own situation, my father was an alcoholic and I did not drink anything for years after our son died because I knew that if I started, I might never stop. So, you know, I knew that about myself, so I took that step.

Poor physical and emotional self-care…you know, a lot of people, especially when I talk to police officers, you know, they have their guard up, their little wall, and they, you know, don't wanna talk about it and they're just…you know, when they have an infant death or unresponsive infant or child, you know, they act like they're so tough and yet I get calls all the time after they go on their call because they just need someone

to listen, but they don't wanna tell their coworkers because they don't want anybody to think that they're weak or, you know, whatever. But going through compassion fatigue can also lead to positive change and resiliency when you come out on the other side. So, you know, when you work through this and you start to understand, you know, you learn a lesson from it and you can move forward.

So the health care professional compassion fatigue, I think that because of the field that we're in, we tend to be responsible to a fault because we want so badly to make things better. But dealing with a difficult case with a poor prognosis matched with a healthcare professional with an overdeveloped sense of responsibility to be the perfect setup for compassion fatigue. Boundaries are important, important to keep your boundaries because we all wanna make things better for these families. There's not a family that I meet that I don't wish that I could give them the secret recipe, or the map, or the whatever, so they wouldn't have to go through all this grief and mourning. But the only way to get through grief is to go through grief. And sometimes when we are busy helping, you know, again, we are pushing our own feelings to the back, you know, so that we don't have to think about it. But I do find that, you know, a lot of people in the helping professions are responsible to a fault. You know, they just wanna have control over things and they just aren't able to.

So what are the signs and symptoms of burnout? I mean there's a million. I'm just gonna give you a few. Stress and burnout seemed to kind of come out of the blue, but it really doesn't. There's always some kind of an overload. It's usually something not directly related to performing the job. It can be the result of politics in the work environment, and personal life experiences can diminish the availability of resources for support. We all go through this at one time or another. So much depends on how we navigate these waters with balance and intention. There are times when we are really foggy that can set the table for compassion fatigue. It can be as self-tell, which gives us a hint that it's something really we need to pay attention to.

So the signs and symptoms of burnout…you know, like a card player and they have their tell, you can tell, you know, that they're not telling they're hiding their cards or whatever. I remember as a child my mom could always tell if I was telling a fib by the way I was behaving. But anger, anxiety, depression, irritability, feeling tired or run down, I mean all these things, health problems that are new or worsening, trouble relaxing, less energy, so all of these things can be signs and symptoms

of burnout. But remember, there's many more than that.

So let's talk about stress. When you have your balance, you can handle a heavy workload, complex work issues, and perform efficiently without feeling absolutely exhausted. It is much like a young child playing for eight straight hours and showing they still have energy to burn. We've all seen those kids, you know, you think they've been at the park all day and they should come home and just flop on the couch and go to sleep, and yet they had so much fun that they just are still going. Being balanced is about being yourself and not by being governed by what others think or want. It's about living your life out of your own authority and what you have learned in your life experiences, making decisions of that which is reasonable and what makes sense to you in the moment.

Early warnings of stress overload, so aside from these things, changes in appetite, difficulty in sleeping, etc., another thing is sweaty or cold hands, headaches, tiredness, tightness in the jaw, back of neck, your shoulders, your lower back because you're really tense, you're holding it all in, shortness of breath…I know Rosemary mentioned that earlier. And, you know, there are a number of people, you know, that even after they work with somebody who's had a loss, they identify so closely with it that they, you know, almost feel, too, they're short of breath and they think they're having a heart attack sometimes. Frequent colds due to lowered immunity, a lot of GI symptoms…people who tend to have GI symptoms in the first place, it really is exacerbated…social withdrawal, increased tearfulness, these are all common sense behaviors that can tell us when we're in stress overload. But when we're foggy, it's really hard to tell. You know, we can't always be aware of it.

So how do you help yourself through stress? Well, get moving: running, physical activity or exercise, working in the garden. Exercise can be described as how much suffering can you endure? That's how it feels to me, anyway. Talk it out. Know when to ask for help to avoid more serious problems. You can reach out because reaching in certainly isn't helping. You need to reach out. Prioritize and make lists. Lists help to keep you from becoming overwhelmed and it kind of helps you to get out of your head if you can get it on paper. Plus, it gives you that sense of accomplishment when you can cross something off of your list. Get involved with life. Sitting alone waiting for someone to come and make you happy doesn't work. So people aren't gonna be, you know, knocking down your door to come and entertain you and try to, you know, get you in a better mood. You have to participate as well.

You need to cry if it helps, but not everybody is a crier. But if you are, it can help relieve tension and stress. So when I talk to [inaudible 00:39:13] nurses and they're worried about crying, they say, "Well, what if I start crying when I'm talking to this parent? Well, you know what, that's okay because it's really sad. It is really sad what happened to them. Now, we don't want you to be sobbing and have the sob-sobs [SP], you know, where we have to lead you out, but it is okay to cry with a parent, you know, because sometimes it really helps them feel that you're connected to them. When sadness moves up in us it is the body's way of cleansing. But when it gets stuck in your throat and you tend to tamp it down, but if you let it go it kind of helps the body to release or let go of the sadness. When life is good, you do these things automatically because you have time and energy to make them a part of your life because you're balanced. Reaching out becomes rather effortless.

So some strategies to reduce stress. These are all things of a reminder of what you wanna get back to. When you're balanced, this all comes automatically, and that's what you're looking for. Typical work related difficult experiences, such as grieving, it is not something you only do in the workplace that follows us from birth to death. Be honest about the loss and your feelings about the loss. Know who to go to. Who can you trust to keep a secret? We all know that there's, you know, oftentimes one person that, you know, you think you have their trust and that they're gonna, you know, keep your confidence and the minute you turn around they're blabbing your story to everybody. So, you know, know who you can trust and know who you can talk to that is not gonna, you know, let go of your secret or whatever you don't want, you know, everybody else to know.

As you begin to discuss these struggles, you will find that your coworkers and other staff will be supportive because they've all been there too. Those with a poverty of compassion really struggle with compassion on a general level. This is not the person you want to go to. Relax, relax, relax. Learning how to relax can be your best stress-buster. Set a timer for 10 minutes and just relax. Breathe deeply with your eyes closed. Tune into your body. Take time to allow yourself to be instead of to do. It'll renew, refresh, and recharge your body and your mind. For me, I like retail therapy, personally, but be productive, and then you may not be plagued by restlessness.

Choice is a key word. What is it that is deeply personal to you that makes you relax? Identifying personal barriers, or stop "shoulding" all

over yourself. Many years ago, I heard a nun talk about "stop shoulding all over yourself," and I always thought that was just such a great term. "I shoulda done this. I shoulda done that. I shoulda done this." You know, the "shoulds" are really a major contributor of burnout because not taking care of yourself can be a lifelong pattern, that may be just how you handle things. Sometimes it's easier taking care of other people and their needs than taking care of ourselves. By identifying personal barriers, it falls under the "you should" category.

Do you think you're being selfish if you put your needs first? Do you have trouble seeking or asking for what you need? Those are all common things, you know, and we say, "I shoulda done this. I shoulda done that." So make sure that you stop "shoulding" all over yourself. Know your limitations, do your best, make your mistakes, learn the lesson, and then you'll be on the path to wisdom. This is not a cognitive approach, but experiential. You need to give yourself permission to take a time out to excuse yourself for a few minutes to gather your thoughts. That is perfectly acceptable.

Ask for help. It's not a sign of weakness to reach out for help. Realize that you're not perfect and that you cannot always fix everything. Express your needs verbally. Consider who to go to for what. You know who can hold a secret, who's a good listener, and others you can go to because they make you laugh and lighten your mood. Clarify your boundaries, what does and does not work for you. Be selfish, but in a good way because you don't always have to live up to the shoulds. "Grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference," a fitting mantra.

Seeking closure. Well, seeking closure kinda comes on its own, but you can only get there by doing the grief work. It's not so intentional as it is done very willingly. When there is a death of a child, you have a hole in your heart. Grieving can make the hole smaller, but it will never go away, that's what my husband told people when our son died. He said, "You know, as time goes by and when we had our subsequents, it did get better." But there's always gonna be a hole in my heart and my husband's heart where Brendan lives because we will never be home again. But I will tell you I have a very good life. I have a husband that loves me, I have children that adore me, I have a job I love, you know, I have a nice house, etc. So you know, I have a good life even though we lost our baby. If you avoid grieving, then you hold onto the pain, which occupies space in your heart for the good memories. You need to leave

space for those good memories.

This is my favorite. You can do anything, but not everything. And I think that, for me, this really rings true because I wanna be able to do everything and then what ends up happening is it's just half-baked. You know, it's just halfway done instead of, you know, doing a really superb job at some things, you know, you get rushed and you wanna do a whole bunch of things, you wanna do all these things for people and yet you don't do a really great job because you're trying to do more than…you know, you try to do everything but you can't really do all that yourself. This is from Dr. Kubler-Ross, "There's within each of us the potential for goodness beyond our imagining, forgiving which seeks no reward, for listening without judgment, and for loving unconditionally." Believing in yourself, whatever it is you do today, let it be enough. Thank you very much.

Megan: Thank you so much, Nancy, for all those pearls of wisdom and those great tips you provided. There are no questions or comments in the chat box, so we're just gonna continue on with this great content. Ms. Shawnee, I'm gonna turn it over you now to share with us a little bit about Healthy Start Brooklyn and how you're working with them.

Shawnee: Absolutely. So thank you all, first and foremost, who are out in the listening audience co-creating this base with us. My name is Shawnee Benton-Gibson. I am the co-founder and executive director of Spirit of a Woman Leadership Development Institute and I have the blessing and privilege to work with Healthy Start and other awesome co-creators in the space of healing. And so, because I'm going to be talking about the power of virtual space, the fact that we're in virtual space sharing this opportunity and this information in our stories, I want to invite the listening audience to begin to explore how you came to this work, how you came to this work.

So I would like to share, you know, how I…and you can go to the next slide…how I ended up in a space, co-creating virtual healing space in the form of Remembering You, Remembering Us under the support and guidance of Healthy Start Brooklyn. I experienced not a loss of an infant, but a loss of myself in the form of postpartum depression and psychoses. I actually experienced postpartum with all three of the birthing experiences that I had with my children, but my second birth was very traumatic. I went into labor in my seventh month. I was a young mother. I was 21 years old. I had just had the child a year before when I was 20, and married at 19.

And so, when I think about all of the criteria that would lead to having postpartum depression, you know, young mother, isolated from family because my former husband was in the military, just all of those, and lots and lots of other pieces that contributed to what happened. But what I will share is there was concern for my life and well being. I cannot say that there was concern for what was going to happen to the baby because I was so caught up in the trauma of the birthing experience. And she had a birth defect, which was life threatening, and she had to be hospitalized for 30 days and had a surgery. And then in the midst of all of that within a couple of days, I started to experience myself not being myself.

And so, experiencing postpartum depression and then psychoses, thoughts of, "This is not my baby," thoughts of harming myself and harming her, not wanting to tell my husband, not wanting to tell anyone because who does this, who thinks like this, and feeling very, very isolated. And so, fast-forward after a social work degree, fast-forward life and working in the field for many, many years, fast-forward when I was deeply involved with performance art as a form of healing and offering to community. I recognized the need to really look into that story and that experience. And what came to me was I had an opportunity to use my gifts as a writer and a performer to co-create a piece with my daughter who's also an artist, and this is the second daughter that I mentioned that had these issues and who I had the postpartum depression and that led to psychoses.

And so, we co-created, through the stories of many women and men, a piece called "Mother with Echoes From the Womb," which was performed in 2012. And how I connected with Healthy Start Brooklyn was one of their awesome doulas, Regina [inaudible 00:49:15] was a speaker for that presentation. So after the dramatic presentation, we get a talkback and panel discussion, and up out of the audience were, yes, stories of postpartum depression psychosis that has ever been told. And then there were also conversations and questions asked about, what about me, I miscarried multiple times? What about me, I experienced a stillbirth? What about me, you know, I experienced the loss of a child under the age of one, three?

And so, we recognized that there was a need to go back and to look at the stories about birthing and experience with families and parents that needed to be told, the darker side of pregnancy and delivery and childbirth and, you know, child caring, you know, that we're not being

told. So therefore, the conference was developed. We solicited stories from other individuals who had these experiences and we expanded it to a conference. And so, now, in 2018 we will be stepping into the 5th annual [inaudible 00:50:19] Conference, a conference where community rituals take place. The workshop facilitation takes place, everything from how to, you know, maintain your partnership and have a loving, engaged, and communicative partnership after you have a baby, and after you experience a loss how do you keep the relationship going?

Because oftentimes, when couples experience a loss of this nature, they often split because they don't know how to navigate that loss for themselves or, you know, understand it and help their partner navigate it. Panel discussions with people like yourselves who are listening, as well as the folks who have presented thus far, share their wisdom and impart their knowledge, but also receive the wisdom of community, respectfully, because we don't know it all. And some of us haven't experienced the things that the people that come to these conferences, or are tuning into these webinars when they offer it to the community, or we're doing this, we're training, you know, we don't have all the answers. So being able have the reciprocal exchange of information and knowledge and energy.

Healing circles, and I'm big on dramatic presentation, healing art as a gateway to healing and unmasking what is there to support people and being able to practice it in a different way, and then also vending. You know, vendors that are aligned with, you know, healing. So, you know, selling herbal remedies or holistic remedies with support services to individuals who are in need of support. And then even the food that we serve at the conference contributes to, you know, health and well being because we serve a lot of food and nourishing food so that folks can be taking care of their bodies, which is, you know, a principle vessel for healing and transformation.

Next slide. So the name, Remembering You, Remembering Us, as I shared, Healthy Start and Spirit of a Woman have been in partnership for a long time and we were approached about…well, I was approached about doing something specific to support folks in the community who have experienced these types of losses, lost a pregnancy, stillbirth, or from SIDS, or you know, just incidents that occur where, you know, parents or family members are losing an infant or a child under the age of three.

And so, what was decided was, in partnership with Public Health

Solutions, we would pursue offering virtual healing space in the form of a website that would provide resources as well as virtual support groups. And, you know, Public Health Solutions has the Sudden Infant and Child Death Resource Center. You know, their work eliminates sudden and unexpected deaths of infants and children under the age of three years old in New York City through education and public awareness. And they work collaboratively and cooperatively with professionals and community leaders and educators and residents to make sure that these unexpected death experiences do not happen. And also, you know, they provide support resources and bereavement services. And so combining my services of healing space, live and virtual, and then offering the conference as an event that we could provide annually, and other events in the community, we were able to merge and come together and utilize our resources and our collective power to have an impact on these issues.

Next slide. What I wanna say about Remembering You, Remembering Us, what's in a name? A name is a powerful thing. So as we sat in space to co-create what the name would be and what the program would look like we explored like what would be the most powerful name that would capture what it was that we wanted to have happen and co-create with the participants in the community who would, you know, access the website or dial into a virtual healing space to share their stories and hear stories and try and engage in experiential prophecies?

So we decided, or chose, Remembering You, Remembering Us because it covers a multitude of things regarding loss in this way. So Remembering You, remembering you as the woman who has experienced the loss. Remembering you as the man, or the partner because you wanna make sure that we're including everyone because not every loss is around a male and female parent. You know, so remembering you inside of that process and remembering your needs for your body and your mind and your spirit. And then also remembering you, the lost baby, or the loss of…and I heard a presenter share earlier, what your story was that you created around this baby. You know, the conversations that were had, the celebration about, "Oh, we're expecting," purchasing things, painting a room, like remembering you and all of the pieces and particles that made up this energy and space that, you know, encompassed this life that was generated.

And so, Remembering Us also, remembering the couple that co-created together, whether, you know, through, you know, doing particular ritual with one another or talking about the experiences, you know, when the

pregnancy was viable or, you know, just whatever it is that you choose to do as a couple but also remembering us as a family because siblings are involved with this process. What I would say at the [inaudible 00:55:44] Conference last year, is that a mom who experienced a stillbirth, her son, you know, was a teenager, he was also on the panel talking about it from his point of view. He's also an advocate, an activist to ensure that this does not happen.

So a whole world was created around this. And what happens sometimes with a loss is…not all of the time, but enough time to take note of or to speak about it is that people become activated around making a difference and doing something very specific around sharing stories and creating space for the activism and advocacy for these types of losses because there's a lot of misunderstanding amongst family, and also community, and then policymakers, medical providers, all of that that impact the loss and compound the loss and people are not aware about what to say or what to do to support.

So this whole name was a very, very powerful selection, and the purpose of the mission of Remembering You, Remembering Us is to provide, once again, live and virtual healing spaces for parents, and then also family members to engage in expression, storytelling on receiving and giving resources because sometimes the family will share a resource like, "I was treated well. I was listened to," or not. And they share that in live space or in virtual space and it makes a difference in a directs people who have had the same experience, a similar experience, to where they need to go so they can get the best support and maximize the outcomes as far as the healing journey. And, you know, the resources are to activate the sharing of the stories and also mental, spiritual, and emotional of healing and transformation.

Next slide. So raising awareness is key. So at the conference, and as well as other health fairs, Remembering You, Remembering Us, over the 2016 fiscal year, went and share with those who gathered at these health fairs and came to the conference to participate. What Remembering You, Remembering Us was gave them an opportunity to ask questions about the offering, to see information about how to access the website, and also how to access the virtual healing space, and also about our upcoming events, and gave them an opportunity just to share and to be received where they're at in, you know, the healing journey or even in their resistance to healing. Because sometimes people are like, you know, just adamant, "I do not wish to heal." But you know, I do this to tell the story, but not necessarily engaged in active healing around the

story. And it's all good, like wherever people are in this process is acceptable. So this is the team from 2016 that contributed, and I will speak more about what has transpired with the program and where we're at with the re-launch.

Next slide. So as part of Remembering You, Remembering Us, we create live and virtual healing space. So let me speak about the live space. At the conference annually, we do something called The Red Tent and I'm not sure if any of you on the line have heard of this book, "The Red Tent." I think it's Anita Diamant. I'm not sure if I'm pronouncing the last name correctly, but "The Red Tent," you can find the book, and it's really a book that's based on Christian beliefs about what the red tent is in those stories around the women that engaged in that in biblical days. But what we are doing in modern times is creating healing space in a red tent, basically women and men can come together, share their stories, share about what's happening with their bodies, hear about holistic practices that can support them, share cultural practices, meditation, just really engage in a safe space where you are accepted for you are and where you are in your healing journey.

And it's intentional space for healing and a circle to encourage you to not only be accountable for your healing, but also support people in being accountable for theirs by just showing up and being a part of and being willing to listen and hold space for other people. And so, the red tent, you know, back in biblical days when they would gather together and they would be on the same cycle and bleed and they would eat in fellowship or they would just have a baby and they would be there cooking for the mom and caring for her. So the same thing when we experience a loss, you need to know that there are those who will gather. Sometimes you need to be cooked for and cared for and supported through the process. So definitely, you want to make sure that there are spaces where this can happen and that you're asking what the needs of the mom or dad are so they can receive that.

And one of the questions is how are men involved with these prophecies? Once again, in the healing circles in this picture, you see all women but at The Red Tent for 2017 there were men and women involved because the whole conference was around partnering and healing space with one another. Men and women partnering together, healing together, sharing their stories, being able to release, there were spaces for men to talk with one another, and also spaces for women to talk with one another privately. And then open space where couples, panels shared about their experiences of loss and how they were

moving through it together, and also where there were fumbles around being able to support one another because sometimes men and women approach healing in different ways. And, you know, I don't wanna blanketly say that men are resistant to healing or emotional expression, but sometimes they are challenged with that. And women are as well, but we create spaces for them to be able to do that at their own pace.

Next slide. So this is a screenshot of the website. So Remembering You, Remembering Us website is up and running, but what I would like to share is that after the 2016 year was complete into 2017, the funding was lost for Public Health Solutions to, you know, support the virtual healing space and the website space. We are grateful that we can keep the website up and we're re-launching and revamping the website, so if you have people that you're interested in referring to the site, by the end of October we'll have everything up and running. We'll start looking at updating the resources because, as you know, some of the resources dry out or, you know, are no longer offered, so we keep updating as new resources are being provided.

And we also have the virtual space that if you go on the website, you'll be able to tap into what that number is and what the pin is for accessing the virtual healing space. What I will say about this is that because we're doing the re-launch and we've been blessed to get funding from the New York Community Trust, we will continue the virtual healing space and we'll look at how we'll use the website moving forward. So just know that, you know, it's coming by the end of October, so if you have a desire to refer people there, just give us an opportunity to share when the re-launch is happening and when the virtual healing space will be offered again so you can share that with your clientele.

Next slide. So I'm one of the things that I wanted to also share is that there's an annual candle lighting ceremony that is done. Last year we did it as part of October 15th, which is the annual Pregnancy and Infant Loss Awareness Day. And we did a walk, and at the end of the walk we did a candle lighting ceremony and I had the blessing of designing that ceremony and having families call on the names of their babies, stand with one another in solidarity, light their candles, pray, meditate, and listen to a song that was a song of healing. And then people were able to share about their experiences of loss.

And once again, we can't say enough about healing space that is about collective sharing and, you know, ceremonial released that was, you know, also mentioned in the other presentation. And what I wanna

quickly say about virtual space, because some people have a story about virtual space not being as powerful, I feel it's about intention and also being experiential. So in the healing spaces when we've done them last year, we were able to ignite the names of the babies and share, you know, with the families about what that meant to be able to speak the babies' names and share about the story of their babies. We created meaningful moments, like moments that they spent with their children that they wanted to share in virtual space with others. We engaged in writing prompts that initiated them talking about where they were in their healing journey. We talked about songs that soothe. We created or talked about moms for grieving self-care. We engaged in moments of silence in the virtual space, which was powerful, unspoken, but you could feel the energy on the line.

We talked about somatic or body check-ins and then [inaudible 01:04:24] to share where the grief is held in the body, guided meditation, one-word declarations about where they are on their healing journey, also colors that identify where you are in your journey or an animal that could express it. Because I'm an performance artist and I engage in storytelling and playing back stories in live space, as the community shared them I understand the necessity to [inaudible 01:04:46] feelings in live space, also in virtual space. Being able to name it, see it, and have it unfold before you so that you can actually say, "This really happened to me." And have people witnesses and say, "Yes, I see it, I hear it, and I hold space for you to heal and to share with us because you deserve that space."

So I just wanna, you know, point out that the website is up. So the next slide will just share how to access that. Once again, we will share when the launch will come to Healthy Start. [inaudible 01:05:14] up there so you can learn more about Healthy Start and the offering. And also, there's a Facebook page for Remembering You, Remembering Us, and then also a website for the [inaudible 01:05:23] Conference if you're interested. And thank you for being with us and for listening.

Megan: Oh, thank you so much, Shawnee, for those examples and your stories that you shared. We'll be sure to share these resources that you've shared with the group following the webinar. And we now are gonna continue on with the presentation to our final panelist today, Miss Natalie Berbick. And I'm gonna turn over to you, Natalie, to continue the presentation.

Natalie: Thank you. Good afternoon, everyone. So today I'm going to

speak mainly about a project that was derived from the FIMR program in Contra Costa County, which is in Northern California in the Bay Area. And those of you who are on the line may be familiar with FIMR or you may not, but for the first part of my presentation I'm just gonna do a brief overview of what FIMR is, and then speak to how that informed our project. So…to that slide. So what is FIMR? So FIMR is the Fetal Infant Mortality Review program, and it's a national program. It's a national model that has been administered in several different states and local health jurisdictions within those states and it's a community-based program that is action-oriented and designed to enhance the health and well being of women, infants, and families through the review of individual cases of fetal and infant death.

So really, what we're looking at is, you know, a lot of the social determinants of health that speak to why there are so many fetal an infant losses. And our program, specifically in Contra Costa County, we do we do surveillance of those losses. We do a case review of those losses, so we do…I mean at one point were getting 150 fetal and infant losses on average a year. That has since decreased, but what we'll do is we'll do a percentage of about 10% of those cases. We'll do a case review for those cases and we'll do so in an interdisciplinary setting.

So what that looks like is that we'll have cases that are selected based on referrals that we'll receive from providers. We'll get notification of these losses through our vital registry, through home visitors, anybody who works within the perinatal community who makes a notification of a fetal or infant loss. In addition to the case review, we also are really intent on making sure that the family is notified and contacted for support. We're doing more than just, you know, exploring the reasons behind their particular loss. We're really looking, specifically in Contra Costa County, to offer some linkage to support for grief and bereavement services if necessary and when appropriate. And so, we do that.

And also, when we're doing our extraction of cases for the case reviews, what makes FIMR unique and different from other death review teams is that we factor in the maternal interview. The maternal interview is really key because, although we are extracting from various other sources that's, you know, the medical record and, you know, and maybe, you know, information from other providers, we want the mother's perspective of what occurred. We wanna know what was happening in her life while she was pregnant, before she was pregnant, what happened subsequent to the loss in her life, what supports were there or

were not there? We want a real comprehensive understanding around her experience, and we consider that a really pivotal part of the case review that we are considering when we're making our determinations about what trends or issues are presenting themselves.

In terms of the makeup of the case review team, it could involve patients themselves, OB/GYNs, pediatricians, coroners, district attorneys, vital registry folks, anybody who works within public health, anybody who works within the perinatal community, could be someone from WIC, anybody who can contribute to the experience of the mom. And so, it's very important if you haven't established a case review team or FIMR program in your jurisdiction to try to have as diverse a composition of providers who are sitting at the table and reviewing these cases. Because again, it will inform your understanding of trends and issues and other social determinants of health that could play into why we're seeing fetal and infant losses in the first place.

So once the case review comes together, they're seeing the trends and they're making recommendations. And they're making recommendations not specifically about what that parent could have done or what that provider could have done, but systems issues that could really make an impact to try to address the trend or the losses that they're seeing. If we're seeing…for instance, we've done an intervention based on a recommendation that came from the case review team about mothers having intermittent care because of housing insecurity, so they're moving a lot. They might be transient, and so they don't have a designated medical home.

And so, that was a trend that we were seeing. So what we developed was a prenatal purple card that all of our home visitors share with moms that we come into contact with through public health. And what we do with that card is that mom can be the custodian of her own health history by taking down vital information when she moves from provider to provider so that when she goes to a new provider, she's not starting from scratch. She's able to have a reference point to offer the new provider when she continues her care when she opts back into care. So that's an example of something that came out of a community action team in our local health jurisdiction in Contra Costa County.

Our community action team, in this last fiscal year, identified the trend that we were seeing in our cases that there wasn't really thorough grief and bereavement support occurring for the families, you know, post-discharge or prior to discharge from our hospitals and clinics once a loss

was identified. It wasn't standardized. It was definitely, you know, dependent on, you know, individual staff members or clinicians at clinics that really felt passionate about grief and bereavement support. But what our case review team wanted to do is to really assess where we could strengthen the opportunities to develop these strong core competencies around grief and bereavement support for those who are working directly with the perinatal population.

And so, in 2016 we really wanted to make sure that there's consistency and seamless care for those who've had losses within our respective health system within Contra Costa Regional Medical Center. And we wanted to do so, and hopefully with the outcomes of mitigating some of the suffering and really inform around best practices and guidelines that we've been able to determine through our own work within the FIMR program or within other disciplines that are represented in our case review team.

So part of that process of getting that influence of the best practices was that myself and one of our health education specialists, as well as some of our counterparts in our hospital system, went to a Resolve Through Sharing training, a bereavement training, and we all received our RTS certifications to be coordinators for our agency. This involved us going away, and it was an investment that our local health jurisdiction paid for that didn't necessarily come for FIMR or SIDS programming. It was an investment in making sure that our point people in our health system, our medical social workers, our nurses, and you know, our public health professionals were given that certification so that we could do train the trainer type training in our health system. And so, I'm really appreciative of that because not every health system has the capacity to do so. And that equipped us to have the framework to develop a training which was the project of the community action team.

And so, you know, we were able to invite providers and we had, I think, approximately 61 providers that participated in the training, and we have many more. We're gonna offer the training again, but in order to get to the training, we had, you know, multiple activities to really prepare ourselves so that we can have this platform and invite others into this space to really get some of the skills and the knowledge base that was spoken to earlier in this webinar.

We had to get some stakeholders in our health system to really buy into identifying that this is an area of growth, and that included other medical social workers and nurses and PHNs and our maternal and child health

director, our public health director, our CEO of our medical system. We had to get their buy-in. We had to go to the training and get the certification. We had to apply for additional funding to administer the training to 60 employees. We had to meet routinely. We were meeting...we had about seven months out from when we started planning for the training, and we met twice a month, and then we had subcommittee meetings in between them. There was a lot of planning and coordination that had to occur.

We had to adapt the RTS training for our health system and for different disciplines. The RTS training that we went to, the Resolve Through Sharing training was really pointed towards those who work in the labor and delivery units of their hospitals. But as we all know, there are different points of entry and different…you know, where a parent can experience a loss. And it may happen with a public health nurse or other home visitor. It may happen with someone who works in the emergency department, or someone who's routinely seeing pregnant clients in their Healthy Start clinics, or someone at a WIC office. We wanted to make sure everybody was aware of the best practices around grief and bereavement support.

So we had to diversify the materials and present guidelines of that standardized what care should look like in those respective settings. We had to fortify our, you know, resources and really explore what we had in our existing community. What were the counseling centers? What were the peer support groups? You know, where are there some existing frameworks that we can send our patients to when they're having these losses? And we also had to solicit parent panelists to be a part of this presentation. This training would not have been as successful without the five parents that came to the presentation and were able to share their perspective directly with some of the providers that actually treated them following the loss. Some of them have losses that happened, you know, a few years ago. Some of them had losses that had happened as recent as a few months prior to the training. And it was very it was very powerful and it really drove home the reasoning and the rationale as to why we should be honing our skills to be supportive to this population.

Every trainee received a resource binder that we had to put together. And, you know, we definitely, again, had to make sure that it was really diverse with lots of resources. I saw in one of the questions, you know, what about the siblings of the bereaved parents? We definitely included information in our binder about that. How do you support a family who was anticipating bringing a baby home and there are some older siblings

waiting for this baby? We offered information around lactation support for mom who may have been nursing during the time of the loss. How do you support her? Some really practical information that we found was helpful. We definitely had guidelines for home visitors, you know, who may have had a long-term relationship with this parent during her pregnancy and, you know, within the first few months following the delivery, and then having to experience a loss with the parent because they knew this child. So really, providing information around provider self-care and where their relationship is really pivotal in helping somebody navigate the different stages of grief.

We did evaluations. We also did reports to funders following the training. And we have scheduled another training because we found through our evaluations that we were able to capture everyone. You know, everybody has, you know, a schedule in the hospital and clinics and we can't have everybody there at the same time. So we're definitely gonna offer it again in March. And so, I'm looking forward to that because some of the narrative responses that we got from the evaluation included some really poignant statements that I know will help fuel our motivation to keep going and doing this work. For instance, when one attendee said, "This was a very profound learning experience. I've been an RN and a PHN in our health system for 18 years and I've always worked in perinatal, and I have struggled with perinatal emotions surrounding fetal demise and infant death. This class was a long time coming. Thank you."

"This panel was invaluable. I'm so honored to be hearing these stories firsthand. I'm so moved by the strength of these parents. I work as a charge nurse and this knowledge that I received today will help me to mentor staff on the flow in the outpatient clinic. There should be mandatory training and ambulatory systems for nursing staff who work in family practice and prenatal clinics. It'll enable frontline nursing staff to be able to give better care." And, "The parent panel was heartbreaking." So just hearing that feedback and seeing it written, you know, multiple times was definitely confirmation that we were moving in the right direction and that this was a powerful project that will have long-term implications in terms of policies and protocols and how we can support families in a systematic way.

So again, you know, we supported, you know, 60 trainees from multiple disciplines. We gave parents a platform to directly share their loss story with their providers. And we've developed quality assurance measures to address missed opportunities for specific support. Also, this taskforce,

they created a day of remembrance that's happening next month. And, you know, there's been a bereavement care team established in our hospital system as a result, and community partnerships as well. I think I'm run over my time. But if you have more information, you are welcome to contact me and I'd be willing to share what I know so that you can do something similar in your own health system if necessary.

Megan: Thank you so much, Natalie, for sharing that training resource and your experience, how you worked with FIMR and integrated the Resolve Through Sharing training into your program. Folks, we did get two questions in the chat box. I think we'll get to those two questions and then we'll wrap up. So the first question, I think I'm gonna open it up to the panel but I think, Rosemary, I'll target it to you first. This person is asking if you could speak to the potential impact on the family when an infant loss occurs. They specifically wanna know about who or how they can help the family with an infant loss, so children, marriage, that sort of thing. Rosemary, are you…okay, great.

Rosemary: Thank you. I think that if you go back to like those three basic things that families shared with healthcare providers of how we could be helpful to them, and the first thing was just, you know, being present to that family, making sure that you do not avoid them and spend time with them. The second was educating them on what to expect for their grieving process. Just some of the things that you will expect as far as those tasks, and educating them on the possible cause of the child's death, and then the last was providing those additional resources if they needed, you know, help or extra counseling beyond what that provider could do. And I'm not sure if that is the question. Did that…

Megan: Those were great resources, and other presenters, I think if you have other ideas if you wouldn't mind chatting them into the chat box. I did wanna get to this one other question because I think it's really good and I think I'd like to ask it of you, Shawnee. And you know, Mary-Powel Thomas who's the director of the Healthy Start Brooklyn site, too, if you wanna share on this too. But while you were presenting, someone asked how do you get males involved in this work? If you wouldn't mind sharing some examples of how you get males involved.

Shawnee: I know Mary-Powel can speak specifically to the programs that are male led and engage in bringing men and having men's voices be present and accounted for in this process, whether it's breastfeeding and other situations. But for me, I definitely go out of my way to engage

programs in the communities of Brooklyn and the surrounding areas that focus on services to men. And so, annually, as we do the conference, I reach out to them, you know, I go and speak to the directors and also address the men directly about being involved with these types of programs and why their voices need to be heard.

And because I work with so many families that have experienced losses, I always include the men if they're engaged with the women and the relationship's failed or if they've broken up, like I include the men in the practice of the events or the healing or just asking what it is that they would like to see and experience as part of the healing process. So there are various ways in which I engage men, but I know Mary-Powel has specific programs that do that. Is she on the line?

Megan: She is on the line, yes.

Mary-Powel: That is part of Healthy Start Brooklyn. We do have a fatherhood program and various other, you know, outreach to men as well as other partners within the New York City Department of Health. But specific, in terms of outreach to men who have suffered a loss, it's along the lines of what Shawnee has said.

Megan: Great. Thanks for that important reminder. So folks, we're at time. I've highlighted a few key takeaways here, but we will send those out within a week. You'll get an email, those of you that both registered as well as those who ended up not attending but did register, we also will include you in those key takeaways. If you don't mind taking the last minute here and responding to the questions we asked at the beginning so we can see if any chance the responses to these questions have changed since you initially responded. So the first one is about grief. Grief is…and if you'll respond what you think best meets what grief is. Is it diagnosed by a professional, normal reaction to losing a loved one, or a disorder experienced following a loss? And we're gonna skip to the results, and it looks like everyone is on the same page with that. And, well, let's take a moment and respond to the next one if you would. And compassion fatigue or vicarious trauma is…either fixed by switching jobs, interchangeable with burnout, normal displays of chronic stress, if you'll take a moment and weigh in here. And thank you. It looks like the majority of folks think it is normal displays of chronic stress.

And then the last question here, symptoms of compassion fatigue may include…isolation from others, excessive complaining about others, mentally and physically exhausted, and/or all of the above. Which one

do you think is the best response to that? Great. Thank you all for taking a moment to weigh in on that. Everybody agrees that it's all of the above. We're gonna keep trying to do that at the end of our webinars to try and capture some of the information shared in this and if there is a shift in any of your thinking. I'm highlighting a few dates for you to save in your calendars of upcoming webinars. We have on Thursday a webinar on "The Essentials: an Overview of the Healthy Start Project Directors Guide." That's from 3:00 to 4:00 Eastern time on October 17th. There's one on "Supporting Healthy Eating Strategies for Healthy Start Programs." I thought that was relevant to some of the compassion fatigue and caring for the caregiver points brought up during this webinar, actually. So you may wanna tune into that on October 17th.

Then the ASEP Initiative, which is the Alcohol and Substance-Exposed Pregnancy Initiative is holding some discussion groups to get your input on areas you'd like some training, technical assistance, and they're holding these discussion groups within areas you might find that you wanna talk within, say, those of you work in urban programs, or rural programs, or community health centers, or if you identify with native tribal, or serving those populations. If you'd like to participate in those, you can email Rebecca Millick [SP], and her email is listed here, and sign up there. But all of this information will be posted at Healthy Start EPIC Center's website.

I want to extend an enormous thank you to Sandy Lloyd, Rosemary Fournier, Nancy Miruyama, Shawnee Benton-Gibson, and Mary-Powel Thomas, and Natalie Berbick for sharing all of your wisdom today on this important topic. I'm sure each of you could have led a webinar, but thank you so much for sharing your expertise. And thank you to all of you for listening in and participating on today's webinar. This concludes our event, and I hope you have a great rest of your day.