



# North West Perinatal/Neonatal Palliative and End of Life Care Staff Support



*"There is no footprint so small, that it does not leave an imprint on this world"*

**This guideline has been produced in partnership with  
the Northwest Paediatric Palliative Care Network**



## Guidance for psychological support of staff during/after palliative/EoL care

### General information

The emotional impact of palliative/end of life care on neonatal staff can lead to acute or chronic secondary stress. Secondary stress is 'the stress caused by the pressures placed on professionals who care for others in need' (Wicks, 2006). The impact of this emotional burden can be confounded by repeated deaths, a particularly challenging death or a current personal experience of palliative/end of life care. This guidance is intended to offer direction for psychological support of any staff involved in palliative/end of life care.

There should be a designated person on each unit, available for supporting any member of staff (including learners) who needs to talk about their experience of caring for a baby and family during and after palliative/end of life care. The designated person should ideally have had some further training in counselling and/or palliative, end of life and bereavement care. The designated person should have access to regular clinical supervision for their support needs.

Good psychological support starts with adequately preparing professionals to be involved in palliative/end of life care, difficult conversations and communication through training. Whilst most of the strategies suggested would occur after death, staff should be able to seek support at any time during the baby and family's journey.

The following strategies should be available to all staff involved in palliative/end of life care:

- Private appointment with designated person to discuss their experience, feelings and any impact.
- Debriefing after all deaths
- There should be awareness of support needed for staff dealing with their first neonatal death
- Provision of specific staff support when
  - Staff asked to give evidence at a coroner's court
  - Formal complaint
  - Involvement in high level investigations
- Access to further support services such as counselling (through Occupational Health)
- Poster from NWNODN palliative care group outlining support should be displayed in all coffee/break rooms

### Suggested format for debriefing meeting

A debrief meeting should be held after each death within 2-4 weeks, inviting all MDT involved. This should be facilitated by the designated person for the unit and time should be given for staff to be out of the clinical area for this meeting. If the debrief meeting relates to a particularly challenging death/situation then longer may be needed for the meeting.

1. Establish agreed ground rules for the meeting



2. Ask attendees how they are feeling after the caring experience
3. What went well
4. What didn't go well
5. Identified training needs
6. Action points from the meeting
7. Sign posting to other support, either private appointment with designated person or counselling if needed
8. Allow time at the end of each meeting for if any of the attendees wish to speak privately