IMPROVING PROVIDER SUPPORT FOR PERINATAL GRIEF

Melissa Holcomb, RN, MSN
Sinclair School of Nursing

Sinclair School of Nursing
University of Missouri Health

INTRODUCTION

• Perinatal loss includes miscarriage, stillbirth, and neonatal death

• Perinatal loss may lead to complicated forms of grief

• Gestational age at time of loss is a poor predictor of intensity of grief

• Screening for adverse effects of perinatal grief is important for mitigating human suffering and economic impact

• Recommendations for best practices emphasize the need for provider training in screening and compassionate care

• PURPOSE STATEMENT AND PICOT

• Aim: A brief educational interventions will improve providers' perceived preparedness to screen for complicated grief associated with perinatal loss in primary care settings.

• PICOT: Among health professionals (P) how does a teaching intervention on use of the PGIS conceptual framework and use of the electronic medical record (EMR) (I) compared to current practice (C) affect provider self-report of perceived preparedness to screen for intense grief associated with perinatal loss (O) immediately following the teaching intervention (T)?

• OBJECTIVES

• **1.** Providers will report increased preparedness to screen for complicated grief related to perinatal loss in outpatient encounters

• **2.** Providers will report increased preparedness to locate relevant clinical information related to past perinatal losses in the EMR

REFERENCES

Reference list available upon request

ACKNOWLEDGEMENTS

melissaholcomb0@gmail.com
http://nursing.missouri.edu/index.php

RESULTS

The Effect of a Brief Teaching Intervention on Perceived Preparedness to Address Perinatal Grief

	Median		Rank				
	Pre	Post	Neg	Pos	Ties	p^a	ES^b
How prepared do you feel to screen the patients you see for complicated grief related to perinatal loss?	2	3	0	28	12	.000	.15
How prepared do you feel to use the electronic medical record as a resource in encounters with patients who have experienced past perinatal loss?	2	3	1	29	10	.000	.38

[a]Wilcoxon signed-rank test of pre-intervention and post-intervention responses [b]Varga Delaney *A* values .56, .64, .71 correspond to small, medium, and large clinical significance, respectively

Figure 1
Perceived preparedness to screen patients pre-score

Figure 2
Perceived preparedness to screen patients post-score

Figure 3
Perceived preparedness to use EMR pre-score

Figure 4
Perceived preparedness to use EMR post-score
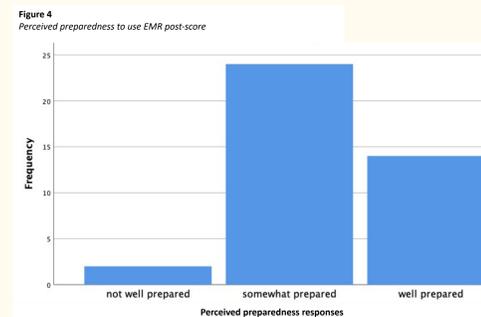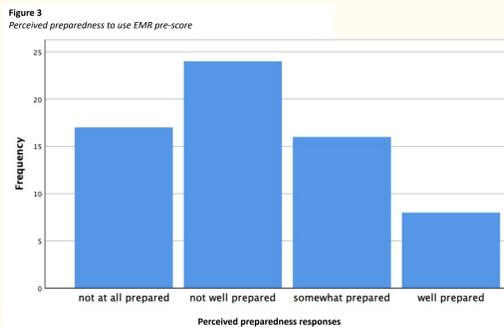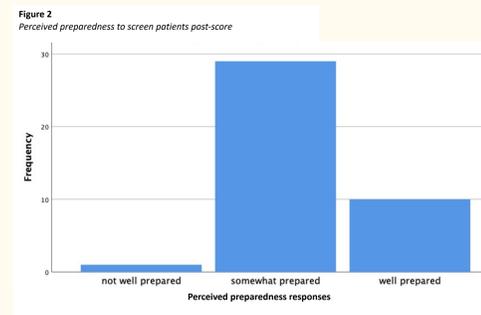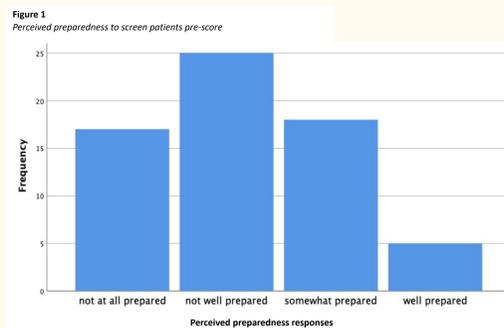
• The Wilcoxon signed-ranks test revealed statistical significance in increased perceived preparedness to screen for complicated grief associated with perinatal loss in patient encounters ($z = -4.764$, $p = .000$, $A = .15$).

• The Wilcoxon signed-ranks test revealed statistical significance in preparedness to use the EMR related to perinatal loss ($z = -4.730$, $p = .000$, $A = .38$).

Demographics
• Sixty-five participants completed the pre-intervention survey and forty completed both surveys.
• 32.5% reported 6-10 years of clinical experience, 30% reported 0-5 years, 20% reported greater than 20 years, and 17.5% reported 11-20 years. 92.5% identified as female, 7.5% as male. 82.5% identified as White, non-Hispanic, 12.5% as Black, non-Hispanic, 2.5% as White, Hispanic, and 2.5% as Asian/Pacific Islander. 45% reported nurse licensure other than APRN, 25% APRN, 17.5% physician, and 12.5% other health professional.
• The 25 participants who completed only the pre-survey were demographically similar to the sample as a whole.

MATERIALS AND METHODS

• Longitudinal design measuring perceived preparedness at baseline and immediate follow-up after the teaching intervention

• Open purposive convenience sample of professionals accessing the educational intervention during the project period.

• Teaching intervention developed based on the Perinatal Grief Intensity Scale (PGIS) conceptual model

• The teaching intervention was an online module accessible to anyone with whom the link was shared.

• Baseline survey of demographic data as well as two Likert-type responses on perceived preparedness to screen for complicated perinatal grief and to utilize existing EMR resources related to perinatal loss; the Likert-type items were repeated as a post-intervention survey.

• Power analysis using G*Power for an effect size of 0.5, alpha of 0.05, and power of 0.80 appropriate for statistical analysis suggested a minimum sample size of 32 participants.

• Ordinal level data was analyzed with the Wilcoxon signed-ranks test with level of significance set at $p \leq .05$. Vargha and Delaney (*A*) effect size measures were utilized to determine the clinical significance of the intervention, using values of small (.56), medium (.64), and large (.71) effect size.

CONCLUSIONS

• The objectives of the project were met.

• Global pandemic adversely affected implementation during the study period.

• Although the project demonstrated the statistically significant positive impact of a brief online teaching intervention for perceived preparedness to screen patients for complicated grief associated with perinatal loss, the institutional impact was diminished by reliance on convenience sampling

• A more interactive educational intervention with wider institutional buy-in may be necessary to demonstrate clinical significance in its impact on provider perceived preparedness for these challenging patient encounters.

• The educational module continues to be available through the host institution:
https://rise.articulate.com/share/VzdP3VkIEHyED6okoMTtPwNPLl_1n__8#/