

Care of baby after death

Question

I have a former patient who would like to donate a commercial cooling system to our hospital. I was wondering if you had any opinion about these products? They are used to keep the demise babies cooler and still be with moms. I do know that the one she would donate is hospital grade and reusable. It seems like something that some moms would like this but not everyone. Do you have any information you can share? Thank you

Answer Thank you for your inquiry. You are correct when you note that a commercial cooling system is not something that would be consistently appropriate or appreciated by patients. Here are some things to consider as you make a decision:

- Resolve Through Sharing has a position paper on cooling that is available on our website: <http://www.gundersenhealth.org/app/files/public/2080/RTS-Position-Paper-Cooling-Baby-Body.pdf>. This position paper includes evidence-based guidelines that are designed to help healthcare providers gather information and make decisions that are in keeping with sensitive, compassionate care for families.
- In our consultations with pathologists, we have found that in order to significantly slow the changes in the body after death, temperatures close to freezing are required. That is why the temperature in the morgue is usually between 36° and 39°. One commercial cooling system advertises cooling the body to 47°, quite a distance from the temperature found in a morgue.
- Mistakenly, many parents and healthcare providers have been lead to believe that cooling with a commercial system is the only way parents can spend time with their baby. We know this from reading comments parents have written about cooling systems. Healthcare providers who purchase commercial cooling systems may feel pressured or be undereducated about the effectiveness of these systems. They may think commercial cooling systems will improve and transform their standard of care. In fact, this is not true. With or without the use of a commercial cooling system, the baby's body will change: the skin will become darker, there may be discharge from the nose and mouth, and there will be a generalized softening of the body. These are normal occurrences after death and are not totally delayed through the use of a commercial cooling system. Many anecdotal stories from parents indicate that seeing the natural changes in their baby's body helps lead them to the inevitable time of saying goodbye. As one mother said to me, "I just knew."
- In our 36 years of experience, we have found that families' caregiving of their baby includes nurturing and protecting. Cooling the baby's body creates a situation in which cuddling with their baby, touching the baby, or holding the baby skin-to-skin can be unpleasant and can make the parents feel like they are unable to nurture and protect in the way they wish.
- The repeated cooling and rewarming of babies that takes place when a body is cooled and then placed under a warmer or in a warm blanket prior to being held, may actually contribute to increased skin and tissue breakdown.
- The average hospital stay is overnight for a vaginal delivery and three days after cesarean birth. Our written policy is that parents have unlimited access to their baby during that time, if they wish. There are changes in the baby's appearance during that time, but none that would be reversed through cooling.

- One cooling system recommends the use of a Moses basket as an accessory to make the device feel and appear more special. Several organizations have expressed concern from their infection control departments regarding the use of a single Moses basket for multiple families given the risk of contamination. One large hospital system has forbidden the use of the Moses baskets for that reason.
- If, despite education to the contrary, parents feel it is necessary to cool their baby, RTS recommends the use of a simple infant-size cooling blanket that would be available from your central services department. We also suggest the use of a common gel-type icepack (available at numerous hospitals as standard equipment) or placing crushed ice into sealed bags to be flattened and positioned under the baby. The cost of any of these would be significantly lower than purchasing a commercial cooling system.
- You may wonder what other hospitals have done with money donated by bereaved families. Many have chosen to dedicate these funds to items that would support their standard of bereavement care for others, including bereavement supplies (e.g., hand- and foot-mold supplies and other items for creating mementoes), funding for professional bereavement education, and funding to support those families who cannot afford some of the usual expenses that accompany a baby's death (e.g., funeral services, burial plots, urns, and caskets).

We sincerely hope that we have helped you reflect on the meaning of this generous donation from a family who has known such significant tragedy. We know that their altruistic effort is designed to help other families in ways that continue their baby's memory long into the future. The proposed donation honors the healthcare providers who cared for this family and the compassionate care they received from Crouse Medical Center.

Question

We recently had parents whose baby only lived for an hour after birth due to fatal anomalies. The parents kept the baby with them for almost their entire stay (3 days). This situation raised questions among staff members and managers about whether there is a recommended time limit on parents keeping their baby with them. I have never felt we should tell parents how long they can keep their baby's body. I have made suggestions to families and provided options. Do you have any thoughts and/or evidence-based guidelines I can share with staff and management?

Answer

You raise such an important question, one that needs to be asked because the answer has implications for both the families you care for and the colleagues you work with. There is no evidence that limiting time spent with their baby after death has any advantages, emotional or physiological.

The first resource that I would encourage you to use is the Pregnancy Loss and Infant Death Alliance website (plida.org) where you will find several relevant position statements and care guidelines. These four statements (in particular the first three) should serve to inform those you work with of the numerous benefits to parents spending as much time as they want with their baby, with no substantial risks. You can download these statements from plida.org/position-statements (the first two are also available through the URL below). Infection risks are insignificant for bereaved parents who have close contact with their deceased baby's body.

When bereaved parents hold their baby's body for any length of time after death, there is little or no impact on postmortem pathology studies. Bereaved parents have the right to decide whether, when, and how to spend time holding their baby.

When offering the baby to bereaved parents, the healthcare provider should engage them in ongoing conversations about their feelings and ideas, and respond to their unique needs.

In addition, an international group of professionals and parent advocates published a position statement in 2011 titled *Caring for Families Experiencing Stillbirth: A unified position statement on contact with the baby*. The preamble provides guidance for you as you respond to your staff's concerns: Seeing and holding a live baby after birth is a normal parental response. Seeing and holding a stillborn baby is also a normal response, and there is much evidence that doing so can be a valuable and cherished experience. Parents benefit from support and individualized guidance as they make their own decisions about how much time to spend with their baby, and as they determine when and how to use this time. The full statement can be downloaded from gundersenhealth.org/resolve-through-sharing/publications-and-research/position-papers

We hope that these resources help your manager and colleagues with their concerns and, at the same time, provide evidence for continuing the practice you have in place to keep babies and parents together, leaving the parents in charge of how they wish to care for their baby and how long they want the baby with them.

Question

Hi! I have a question regarding infection control in regards to an infant being left in the patient's room during her hospitalization. We are looking into the CuddleCot but I need to have further information on infection control to take to administration of my facility. Is there any statement regarding specific time frames? I know that during the RTS coordinator training there was a statement made in regards to infection control but I am unable to locate it in my manuals.

Answer

The Pregnancy Loss and Infant Death Alliance (PLIDA) has two position statements that will help you make a case for the insignificant risks associated with parents keeping their baby with them for extended periods of time. Downloadable from plida.org, the two statements are titled Infection risks are insignificant for bereaved parents who have close contact with their deceased baby's body and When bereaved parents hold their baby's body for any length of time after death, there is little or no impact on postmortem pathology studies.

Each statement has references, some of which are available online. Essentially, the statements remind the reader that new pathogens do not generate after death and if a baby has a pathogen at birth, the mother would also have the infection. Most importantly, the statements remind professionals of the importance that parents be provided the opportunity to cuddle, touch, and kiss their babies, as much and for as long as they wish.