2016 marks Resolve Through Sharing’s 35th year of promoting compassionate and respectful bereavement care. To celebrate this milestone, Resolve Through Sharing will host its “Gold Standard” bereavement education August 1–3 at the Radisson Hotel in the program’s founding city of La Crosse, WI. Training options include Perinatal Death Training, our new Neonatal and Pediatric Death Training, and Coordinator Training. To register go to www.gundersenhealth.org/rts.

You are invited
Please join from 5:30 – 7:30 following the first day of training for the 35th Anniversary and Founder’s Celebration. The reception will include hors d’oeuvres, cash bar, a presentation, and a chance to win an iPad Mini.

Explore La Crosse
Why not take this opportunity to, not only learn the latest evidence-based best practices in bereavement care, but to plan a summer family getaway. La Crosse offers sights to see and places to explore for the entire family, including a children’s museum, performing arts center, art galleries, vineyard and brewery tours, bike trails, Mississippi River boat cruises, fishing, and much more. Find out more at www.explorelacrosse.com.

It’s Never Too Early™
For 35 years, Resolve Through Sharing has included early pregnancy loss as an integral part of perinatal bereavement, with associated evidence-based reading materials and mementoes for parents, practice guidelines and checklists for providers, and research findings interspersed with numerous other studies spanning three decades of developing principles for evidence-based practice.

Research findings from the mid-1980s reinforced the need for careful assessment of the meaning of the miscarriage before any intervention is done. A longitudinal study of 87 women in the first year after miscarriage revealed that approximately 75% of the women viewed the miscarriage as a loss, while the remaining women used phrases such as “meant to be” or “it’s not a big deal” to characterize what the miscarriage meant to them.¹ Recent qualitative research from 2014 identified the concept of “being sure” as the underpinning for the type of treatment the woman wanted: surgical or medical intervention or letting the miscarriage happen naturally.²

To commemorate our 35th anniversary, we have developed a white paper to help healthcare providers deliver the best care possible for women and their families when a miscarriage is the reason for seeking healthcare. The white paper includes a standard operating procedure (SOP), early pregnancy loss checklist, guidelines for respectful disposition, and summary of the latest research, and gives special attention to care in the emergency department (ED). Of the approximately 1,000,000 women in the U.S. who suffer a miscarriage each year, 70% use the ED as their entry point for care. When a miscarriage means the loss of a baby, healthcare providers may leave women and their families disappointed or even angry if their emotional needs were ignored.

The white paper addresses questions such as, “What should I do?” or “What should I say?” It also highlights information on how to support women who will likely miscarry at home, options for disposition, follow-up care, and patient- and family-centered reading material and keepsakes.

Continued on page 2
Hello. I am Mary Thurin, Business Coordinator for Resolve Through Sharing. I have been with Gundersen 27 years, but I am brand new to RTS. My primary responsibility as Business Coordinator will be working with our sponsors/cosponsors in preparation for the onsite trainings. I am married and have two daughters, ages 15 and 9. They keep me very busy running them to dance, volleyball, softball, gymnastics, and horse riding lessons. In my free time (which there isn’t much of), I enjoy gardening. I love meeting new people and can hardly wait to get started working with others who share the same passion that I do for the personalized care this program offers.

We are especially aware of the need for interprofessional care that includes nurses, social workers, chaplains, physicians, ultrasonographers, and all ED, clinic, and surgery employees. The white paper offers suggestions for how to educate small or large groups of staff members. The white paper will be available this fall at www.gundersenhealth.org/rts.

New Staff

Business Coordinator: Mary Thurin

Hello. I am Mary Thurin, Business Coordinator for Resolve Through Sharing. I have been with Gundersen 27 years, but I am brand new to RTS. My primary responsibility as Business Coordinator will be working with our sponsors/cosponsors in preparation for the onsite trainings. I am married and have two daughters, ages 15 and 9. They keep me very busy running them to dance, volleyball, softball, gymnastics, and horse riding lessons. In my free time (which there isn’t much of), I enjoy gardening. I love meeting new people and can hardly wait to get started working with others who share the same passion that I do for the personalized care this program offers.

Seasoned Staff

Senior Office Assistant Kathleen Cassidy

I have been with the Resolve Through Sharing program since 2007. As the Senior Office Assistant, I provide office clerical support, schedule meetings, manage our contact hour records, and oversee the shipment of all conference training materials. Additionally, I work alongside the Business Development Consultant and Business Coordinator to manage logistics for our training events such as planning, registrations, travel and lodging arrangements, and cosponsor support. I recently traveled to Chicago where I went to the Museum of Science and Industry, a Second City comedy show, and beat my 21-year-old daughter at pinball. If you call our office, I am usually the one who will answer the phone!

Associate Director, Senior Faculty Consultant: Rana Limbo

I was a 34-year-old wife and mother of a 6-year-old in the warm fall of 1981. Having been invited to apply for the first ever perinatal bereavement coordinator role, my life and career were about to change. I interviewed, said yes, and, well, here I am, the now 69-year-old grandmother of a 6-year-old and a 3-year-old, still passionate about caring for families and educating healthcare professionals. I speak, develop curricula and audiovisuals, write, consult, mentor, and do research.

I grew up in a family filled with music. I am a pianist and was in a touring choir in high school, whose sound came from the great Christiansen tradition from St. Olaf College, the school that would later award me my nursing degree. My parents were barber shoppers and my sister, a highly successful

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Continued on page 3
Gina Leigh Jones, ADN, RN, CPLC

Gina began her career as an NICU nurse in Denver, Colorado. She obtained her RTS coordinator status in 2004 and is currently Coordinator of Bereavement and Supportive Care Services for the NICU at Children’s Memorial Hermann Hospital in Houston, Texas. She provides bi-annual trainings in perinatal loss.

Gina has over 20 years’ experience working with dying infants and their families and has presented nationally on perinatal loss and family grief. Throughout her career, she has been instrumental in expanding palliative and bereavement care across multiple settings. Gina is certified in Perinatal Loss Care by the National Board for Certification of Hospice and Palliative Nurses and sits on the HPCC Education Development Committee. Additionally, Gina is on the board and national planning committee for PLIDA and is their education chair. She is a founding member and education chair for TPPCC (Texas Pediatric Palliative Care Consortium) with the goal to move forward the PPC model in Texas and nationally and to provide a standard of care for infants and children living with life-threatening and/or life-limiting conditions.

Gina will complete her orientation in January 2017.

Joyce Merrigan MS, RNC-OB, CPLC

Joyce is currently pursuing her Doctorate in Nursing Practice focusing her doctoral project on the principles and methodologies of perinatal bereavement care for ED nurses with specific application to miscarriage. Until recently, she was a labor and delivery nurse since 2001. Over the last 15 years she has been a Staff Nurse, Perinatal Bereavement Coordinator, and Patient Care Coordinator in the Maternal Child Health Division. Joyce has served as a member of the Baby-Friendly, USA©, Magnet, AWHONN Postpartum Hemorrhage, Strategic Planning Nursing, Perinatal Safety and Patient Satisfaction Committees.

Joyce authored a Blog for Association Women’s Health Obstetric and Neonatal Nurses’, “Perinatal Nurse’s Advocating for Bereavement Care in the ED for Women who Miscarry.” She is a national and international speaker advocating for perinatal bereavement care in the labor and delivery and emergency department settings.

Joyce will complete her orientation in January 2017. She is also on target to complete her dissertation for her DNP in early 2017.

Welcome Gina and Joyce!
2016 Bereavement and Coordinator Training schedule

Gundersen Health System, La Crosse, WI
- Perinatal Death, August 1–2
- Neonatal and Pediatric Death, August 1–2
- Coordinator Training, August 3

Escambia County Healthy Start Coalition, Inc., Pensacola, FL
- Perinatal Death, August 15–16
- Neonatal and Pediatric Death, August 18–19
- Coordinator Training, August 17

Tucson Medical Center, Tucson, AZ
- Perinatal Death, August 29–30
- Pediatric and Adult Death, September 1–2
- Coordinator Training, August 31

INTEGRIS Baptist Medical Center, Oklahoma City, OK
- Perinatal Death, September 19–20
- Coordinator Training, September 21

New York University Langone Medical Center, New York, NY
- Perinatal Death, November 2–3
- Neonatal and Pediatric Death, November 2–3
- Coordinator Training, November 4

Conway Regional Medical Center, Conway, AR
- Perinatal Death, November 14–15
- Coordinator Training, November 16

Agnesian HealthCare, Fond du Lac, WI
- Perinatal Death, November 28–29
- Coordinator Training, November 30

Tulane School of Medicine Department of Pediatrics, New Orleans, LA
- Neonatal and Pediatric Death, November 30–December 1
- Coordinator Training, December 2

REGISTER TODAY at www.gundersenhealth.org/rts
REGISTER NOW!

20th Biennial International Perinatal Bereavement Conference

September 28 - October 1, 2016
Phoenix, AZ

www.perinatalbereavementconference.org

20th Biennial International Perinatal Bereavement Conference

It’s not too late to register for the Pregnancy Loss and Infant Death Alliance (PLIDA) 20th Biennial International Perinatal Bereavement Conference. Taking place September 28-October 1, 2016 in Phoenix, AZ, the conference provides intensive opportunities to learn and network with others in areas that you are passionate about. Take the chance to learn in depth information that you can take back to your program to enhance a current practice or start a whole new component!

RTS National Faculty members scheduled to present at the preconference include Lori Ives-Baine, speaking with Rose Carlson and Suzanne Helzer on Creating a Legacy in Perinatal Parenting, Deb Rich on Psychotherapist Toolkit and Best Practice Update, and Jill Wilke on Supporting Families Who Miscarry in any Department Including the ER.

To register, visit www.perinatalbereavementconference.org.

Liminality: A Space & Time for Palliative Care Ethics
2016 Pedi-HOPE 8th annual Conference

Held in League City, TX, July 29-30, 2016 and presented by the Texas Pediatric Palliative Care Consortium and Project Joy and Hope in partnership with Texas Children’s Hospital, this event will include presentations by RTS coordinator, Gina Jones and National Faculty member, Kathie Kobler.

Succession Planning for Resolve Through Sharing Coordinators

One of the most common issues that RTS coordinators identify is how to sustain their programs when they leave, due to retirement, transfer, or taking a new position. Resolve Through Sharing staff are working on a standard operating procedure (SOP), outlining key points in keeping your RTS program strong and sustainable through changes in coordinators, senior leaders (including healthcare system mergers), middle managers (e.g., nurse clinical manager), or department under which bereavement services is placed (e.g., a move from nursing to spiritual care).

To begin a discussion of the topic and—we hope—your thoughtful consideration of strategies that are likely to be effective in your place of employment, we want to share a segment of a recent article written by RTS’s lead educator, Marie Walter, and associate director, Rana Limbo. The article, titled, Embedding standardized bereavement care for all hospitalized deaths, was published in the ChiPPS E-Journal, Pediatric Palliative and Hospice Care, Issue #43: May 2016.

Succession planning

Helping to identify and prepare someone who could step in as a bereavement coordinator should the existing person take a different role or leave the organization is on the awareness list of the coordinator, manager, and senior leadership of the institution. Those coordinators who have left successful programs identify failure to sustain the program as the most common negative of change. Transition happens in every department at every level. Therefore, preparation for “what’s next” begins the first day of a person’s role as coordinator. Here are some important ways to assure sustainability:

1. Provide an identified and reliable reporting structure for the coordinator. Ideally, this means a single department (e.g., nursing, spiritual care) and consistency across time.

2. Be sure that the coordinator has a budget and can prepare a yearly list of expenses that will be covered. Some coordinators receive some of their funding from the organization’s Foundation. For certain items (special keepsakes), this may be the ideal plan. But for most budgeted items, the money should come from a department budget, be supported by senior leadership, and accessible to the coordinator when needed.

The following are common annual expenses:

a. Support materials for parents and families
b. Office assistant availability for room scheduling; typing updated forms; preparation of family newsletter; ordering supplies; and taking messages for the coordinator when he/she is unavailable, to name a few

c. Supplies for remembrance walk, memorial services, burial services, parent support group, care of the baby’s body after death (see memoriesunlimited.com/PresHand)

Watch for the fall 2016 issue of RTS Connection for more details. If you are on our “opt in” list, you will receive an online survey in the fall that will ask you for your input on this very important topic. The survey will take only a few minutes to complete and will help us construct an SOP that is relevant, focused, and accessible.

We want the work you have put into establishing and sustaining the gold standard bereavement care at your hospital and/or clinic to continue. There is nothing more important than the quality care provided to bereaved families by staff that have been educated using a relational approach, education that changes practice and changes lives.

Howdy Partner

Memories Unlimited (MU) and Resolve Through Sharing have been partners for over 20 years. We often exhibit side-by-side, which happened recently at the Association for Women’s Health, Obstetric and Neonatal Nurses’ annual conference, held at the Gaylord Texan Resort in Grapevine, TX, outside Dallas. Getting into the Texas spirit at the President’s Party are Monica and Jeremy Lauderdale from Memories Unlimited (left and center) with Marie Walter, RTS lead educator (right). Those purple hats are a reminder of the RTS private collection of Memories Unlimited products that they produce just for us. Don’t forget when you order memory boxes, the PresHand system, handprint ovals, or other MU products, ask for purple, which has been the RTS theme color since the first use of the 4-color leaf and teardrop in the mid-80s.

The original owners of Memories Unlimited, Martha and Bill Wittgrow, retired in January, passing along their knowledge and expert customer service to their children, including daughter Monica, above. Bill and Martha, thank you for standing for nothing less than the finest quality for the parents these materials reach. We’re proud of the work you have done, and we look forward to many years of ongoing collaboration.

In the News

Workgroup to Create Interdisciplinary Policy for Perinatal Bereavement Services in the Emergency Department

On April 27, 2016, Anita Catlin, DNSc, FNP, FAAN, called together a group of interprofessional experts interested in emergency department (ED) standards of care for women experiencing early pregnancy loss. The meeting, Workgroup to Create Interdisciplinary Policy for Perinatal Bereavement Services in the Emergency Department, was held in Houston, TX, at Texas Children’s Hospital Pavilion for Women as a pre-conference event for the National Perinatal Association’s annual conference.

Dr. Catlin described a staged process that included conducting her own research (stage 1); discussing research findings and consultation with RTS former lead educator, Jill Wilke, at the 19th International Perinatal Bereavement Conference in San Antonio in 2014 (stage 2); and organizing this meeting in Houston (stage 3). The goal of bringing the group together was to engage in meaningful conversation with physicians and nurses from EDs across the country to determine how perinatal bereavement care can be improved. RTS National Faculty member, Jill Wilke, MS, RN, CPLC, gave a presentation. Jill is a bereavement and ED expert, having served as an expert nurse in Gundersen’s ED prior to her role with RTS. In addition to Jill, RTS was represented by Rana Limbo, PhD, RN, CPLC, FAAN, current RTS associate director and president of the Pregnancy Loss and Infant Death Alliance (PLIDA), as well as two current RTS coordinators, Gina Jones and Joyce Merrigan, both of whom are in orientation to become National Faculty. Dr. Limbo also served as a representative for the Pregnancy Loss and Infant Death Alliance (PLIDA), with many other PLIDA members in this group of experts.

Dr. Catlin is currently using the Delphi Technique to create a consensus statement on care of women who experience pregnancy loss in the ED. The conversation that began in Houston will continue at the 20th International Perinatal Bereavement Conference in Tempe, AZ, September 28 – October 1, 2016. Rana Limbo and Charlotte Wool, PhD, RN, will facilitate the discussion, centered around the findings of
the Delphi Study and the current wording of the consensus statement. Please see additional conference information in this newsletter and watch the next issue of RTS Connection for follow-up from Phoenix. The ultimate goal is that we will produce a position statement endorsed by numerous organizations.

A final word: Thank you to all of you who completed the survey we sent prior to the Houston meeting, asking you about current standards of perinatal bereavement care in your ED. The results were wonderful in that they displayed that many of you have standards in place, are promoting patient-centered care, and have these patients and their families very much included in your perinatal bereavement program. We also thank you for noting the difference attending RTS Bereavement Training in Perinatal Death made in your awareness and competency. We are pleased with the emphasis that we have placed on ED care since our inception in 1981.

But the work is never finished. Education must be repeated. New nurses and other staff need orientation. If miscarriage comfort packages are ready to send home with women with an inevitable or threatened miscarriage, staff need to know where to find them. If the brochure, “Learning That You Will Miscarry” is available to women and their families, the care provider must know where they are located. Follow-up reminders, sensitive transporting of fetal remains after miscarriage to the lab, annual burial services, the leaf and teardrop door card marker in use—all of these elements are part of a standard of care. So the work continues and RTS is proud to be working with other organizations to create greater awareness and a position statement that you can share with senior leaders who may not recognize that in many organizations, 70% of women who miscarry use the ED as their first point of care.

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American College of Obstetricians & Gynecologists and Society for Maternal Fetal Medicine

In April, the American College of Obstetricians & Gynecologists and the Society for Maternal Fetal Medicine published an article stating that they have issued “new guidelines for prenatal diagnostic and screening testing for genetic disorders.” The guidelines include a recommendation that patients be counseled about perinatal palliative care and call for improved care and comfort for delivery. Resolve Through Sharing includes perinatal palliative care in our educational and support materials, and we are excited and pleased to see ACOG and SMFM joining the call to provide parents what they need and deserve. The full article can be found at https://prenatalinformation.org/2016/04/29/acog-issues-new-prenatal-testing-guidelines/#more-910

Perinatal hospice appeals to people all along the spectrum of faith—now including Pope Francis! Here’s his recent papal message praising the perinatal hospice program at Gemelli Hospital in Rome.

http://en.radiovaticana.va/news/2016/05/25/pope_sends_message_to_conference_on_perinatal_care/1232321

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Star Legacy Foundation

Lindsay Wimmer, executive director of the Star Legacy Foundation and Resolve Through Sharing coordinator, recently announced that Minnesota is the 5th state to pass legislation giving a tax credit to parents whose baby was stillborn. Families who have had a stillborn baby are eligible for a one-time $2,000 tax credit. The money will help pay for hospital bills, time away from work, counseling, autopsy, and other costs they couldn’t have prepared for. To obtain the tax credit, families must request a Certificate of Birth Resulting in Stillbirth (CBRS) to later provide to their tax professional when filing taxes.

CBRS is an example of extraordinary success by bereaved parents in making this important document available to all parents who request it. With initial efforts led by Dr. Joanne Cacciatore, founder of the MISS Foundation and now internationally known researcher, speaker, writer, and parent advocate, the opportunity for parents to have legal acknowledgement of their baby’s life has meaning that simple words cannot describe.

We congratulate Star Legacy for their successful efforts in helping families during this time of intense grief and sadness.
Hospice & Palliative Credentialing Center Testing
The remaining 2016 testing windows for the Hospice & Palliative Credentialing Center’s perinatal loss certification are coming up in September and December. Online applications for the September window will be accepted through August 15.

The 2016 Candidate Handbooks are available online at www.goHPCC.org under the Certification header and contain information about each exam. Learn about how to apply, fees, schedules, detailed test content outline of the information covered on the exam, suggested references for study, and much more!

Be sure to view the 2016 certification application fee schedule. Hospice and Palliative Nurses Association (HPNA) members continue to receive substantial exam discounts as a membership benefit! If you are a member, be sure to keep it current to receive this as well as many other benefits. If interested in HPNA membership, visit www.goHPNA.org and click on the Leadership header.

RTS Bereavement Training: Perinatal Death is referenced as the only educational offering available to help you prepare for the exam.

PLIDA IT Coordinator Position
The Pregnancy Loss and Infant Death Alliance (PLIDA) is looking to add an IT Coordinator to their team. The position is 2 hours a week but will fluctuate depending on goals and needs. Salary is hourly and paid at the end of each month.

Responsibilities include:
• Provide IT support and training for PLIDA business.
• Understand and embrace PLIDA’s Mission and Vision.
• Report to the President of the Board.
• Work with the Membership Committee Chair.
• PLIDA website problem-solving, including use of SQI and knowledge of PayPal modalities and apps.
• Problem-solve any issues that come up with new technologies.
• Support design efficiencies and solutions.

• Maintain ongoing availability so that IT needs/tasks such as website fixes/issues can be worked on and completed within 24-28 hours, if necessary.
• If unable to fix, suggest appropriate alternate arrangements, and once approved, implement them.
• Work with the PLIDA Business Manager re: membership payment issues.
• Participate in an annual performance review.
• At the request of the Board, send reports in anticipation of monthly Board meetings.
• Work with the Executive Committee Members and other Committee Chairs on various other duties.

For more information and to apply, please contact Lori Ives-Baine, chair of the Membership, Media, and Marketing committee at loriivesbaine@yahoo.com.