Abstract 06
Presentation Format: Podium
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Title: Pastoral Services Utilization for Perinatal Loss

Objectives (of project and/or presentation): To determine what families experiencing a perinatal loss need from the chaplain, and how congruent nurses’ assessments of these needs are as compared to the chaplain’s assessment.

Introduction OR Rationale: Chaplains are recognized experts in spiritual care for families experiencing perinatal loss. Although different disciplines collaborate to provide patient/family-centered care, medicine, nursing, social services, and pastoral care can still often operate in segregated silos, each not recognizing fully what each brings.

Methods: This was a survey study of all chaplains at CCHS called to care for families with a perinatal loss over a 12-month period. Participants were asked to identify why they were requested to see the patient/family, what the patient actually needed, and if the chaplain believed the health care professional also had needs the chaplain could address. Other demographics, such as faith tradition and loss gestation/circumstances were collected. Simple descriptive statistics were used for analysis.

Results OR Practice Implications: Nurses correctly identify a need for pastoral care for rituals, such as baptism, blessing, or naming ceremonies (100%), but underestimated or fail to recognize family’s need for prayer (33%) and emotional support (50%). Overall, nurses completely identified family’s pastoral needs 61% of the time and partially 22% of the time. Approximately 33% of the time the chaplain also provided support for the nurses caring for the family.

Conclusions: Chaplains can also use evidence-based care to facilitate good practices. Nurses correctly identify a need for pastoral care for rituals, but often do not recognize a family’s need for prayer and emotional support. Other disciplines need a more comprehensive understanding of chaplains’ contribution to care of these families, especially in assessing spiritual needs.

References:


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