

# Certified in Perinatal Loss - CPLC®

## TEST CONTENT OUTLINE

### 1. Concepts of Perinatal Loss 23%

#### A. Unique aspects of care

1. Identify unique aspects of care for these types of perinatal loss:
  - a. miscarriage (under 20 weeks completed gestation)
  - b. stillbirth (over 20 weeks completed gestation)
  - c. neonatal death
  - d. infant death
  - e. loss of one or more fetuses in a multiple gestation
- f. Other (e.g., ectopic pregnancy, termination of pregnancy or selective reduction, infertility and its treatment)
2. Identify the importance of these related aspects of perinatal loss:
  - a. subsequent pregnancy following perinatal loss
  - b. traumatic birth experience
  - c. maternal death
  - d. teenage perinatal loss
  - e. more than one perinatal loss

#### B. Clinical Decision Making

1. Assess patient's knowledge of the baby's condition and prognosis
2. Offer information for decision making from the time of diagnosis
3. Co-create a birth plan and neonatal advance care plan:
  - a. treatment options for the patient (e.g., continuation or termination of pregnancy, medical treatment, surgical intervention)
  - b. plan of care for baby (e.g., goals, pain management, resuscitation options, interventions)

- c. environment (e.g., location of birth, presence of family unit, setting of the room)
  - d. communication preferences
  - e. memory making (e.g., being with baby, ritual, photos, DVDs)
  - f. end-of-life care and disposition plans
4. Facilitate ongoing decision making from the time of birth

### 2. Psychosocial Care 28%

#### A. Relationship-Based Support

1. Demonstrate compassionate presence (e.g., limit distraction, focus on patient)
2. Learn the meaning of the pregnancy and loss for the patient to help guide care
3. Allow for individualized expression of feelings (e.g., unmet emotional needs, anger, resentment, powerlessness, lack of control)
4. Legitimize the loss
5. Validate the patient's grief response
6. Allow time for reflection and questions
7. Provide continuing support for shifting parental hopes and goals
8. Provide psychosocial education regarding perinatal loss and grief
9. Provide education regarding continuing bonding

#### B. Patient Support Needs

1. Identify and respond to needs related to:
  - a. interpersonal relationship issues (e.g., parental conflict, divorce)
  - b. psychological sequelae (e.g., anxiety, depression, post-traumatic responses)

- c. possible range of grief response to perinatal loss
- d. unique grief needs (e.g., maternal, paternal, grandparents, same sex parents, single parents)
- e. complicated grief

#### C. Sibling Support

1. Assess and identify developmental stages of siblings
2. Identify and respond to the grief of siblings
3. Access resources to meet the needs of siblings (e.g., child life therapy, counseling)
4. Educate parents regarding sibling grief (e.g., provide age-appropriate information)
5. Facilitate sibling interactions with the baby

#### D. Honoring Relationships

1. Facilitate opportunities for gathering keepsakes (e.g., photographs, journals, hand/foot prints or hand/foot molds)
2. Identify strategies for safekeeping of mementos when the patient chooses not to receive them at the time of death
3. Introduce options and facilitate patient choices for interactions with the baby (e.g., seeing, touching, holding, bathing)

#### E. Communication with the Patient

1. Demonstrate effective use of communication skills (e.g., active listening, silence, nonverbal and verbal)
2. Identify and respond to communication barriers
3. Encourage ongoing conversation about:
  - a. the baby
  - b. the circumstances
  - c. the patient's options

4. Respond to the patient's questions (e.g., use resources, make referrals)
5. Use communication skills appropriate for developmental stage (e.g. adolescent, developmentally challenged)
6. Assess and respond to communication issues related to family systems and dynamics

### 3. Clinical Support 26%

- A. Coordinating Care using an Interdisciplinary Team Approach
  1. Identify and collaborate with members of the interdisciplinary team
  2. Implement the birth plan to ensure provision of compassionate care
  3. Participate in care conferences
  4. Ensure the comfort of the baby at the end of life
  5. Prepare patient regarding signs of imminent death
  6. Evaluate care of the baby to redirect goals and facilitate shifts in care (e.g., resuscitative status, withdrawal of care, allow natural death)
  7. Manage the environment to maximize comfort through birth and death
  8. Use a guided approach to facilitate patient interactions (e.g., offering choices, modeling behaviors)
  9. Ensure the safe handling and disposition of fetal tissue
  10. Ensure dignified care and safe handling of infant remains
  11. Discuss disposition options (e.g., fetal tissue, burial, cremation, funeral options, visitation, direct release of body to funeral director, transport of remains, organ tissue donation)
  12. Respond to unexpected findings
  13. Respond to medical emergencies
  14. Access and coordinate care with perinatal palliative care and perinatal hospice teams
- B. Spiritual and Cultural Care
  1. Identify and respond to spiritual beliefs of the patient
  2. Use strategies to honor spiritual preferences (e.g., rituals, prayer)

3. Use strategies to honor cultural practices (e.g., rituals, customs, care of the body)
4. Identify and respond to spiritual distress (e.g., guilt, remorse, loss of hope, lack of spiritual resources)
5. Facilitate access to resources for spiritual care (e.g., patient's spiritual care provider, facility spiritual leader)

### 4. Bereavement Support 12%

- A. Resource Management
  1. Identify and provide resources from:
    - a. multimedia sources (e.g., Internet)
    - b. written grief resources (e.g., support packets, call-back phone number, bereavement literature)
    - c. community supportive services
  2. Discuss health related behaviors for the patient (e.g., physical exercise, nutrition, meaningful music, counseling, meditation, prayer, relaxation tapes, or massage)
  3. Make referrals to pregnancy and infant loss support groups
  4. Serve as a liaison and provide education for hospitals, hospice, and community health care professionals regarding perinatal loss
- B. Follow-up
  1. Identify recommended time frame for patient bereavement follow up
  2. Participate in bereavement follow-up support activities (e.g., memorial services, celebration of life, cards or letters, phone calls )
  3. Assess emotional status of patient during follow-up care
  4. Make referrals to community resources (e.g., support groups, outpatient therapy)
  5. Identify and respond to the patient exhibiting high-risk situational cues requiring immediate intervention (e.g., harm to self or others, neglect of self-care, functional impairment)

### 5. Professional Practice 11%

- A. Practice Issues
  1. Incorporate perinatal loss guidelines or standards of care into practice
  2. Identify and respond to ethical issues
  3. Facilitate completion of forms and legal documents required for early pregnancy loss, stillbirth, and neonatal or infant death
  4. Follow organizational policies, standard operating procedures, and guidelines regarding care of the patient experiencing perinatal loss
  5. Participate in developing organizational policies, standard operating procedures, guidelines regarding care of the patient experiencing perinatal loss
  6. Participate in educating the public on perinatal loss and grief
  7. Facilitate awareness of professional boundaries for self and staff
- B. Professional development
  1. Have knowledge of theories about attachment, hope, grief, and loss
  2. Contribute to professional development of peers, colleagues, students, and others as preceptor, educator, or mentor
  3. Access resources on best practice related to perinatal loss
  4. Participate in professional organization activities
  5. Maintain personal continuing education plan to update knowledge
- C. Self-Care
  1. Identify and implement strategies for dealing with:
    - a. professional grief
    - b. moral distress in practice
    - c. compassion fatigue in practice (e.g., secondary stress)
    - d. impact of personal beliefs, values, and attitudes on professional practice
  2. Identify and participate in self-care activities (e.g., stress management, reflection, meditation, mindfulness, professional support)