PRINCIPLE/INTRODUCTION:

The perinatal social worker must be aware of the complex biopsychosocial and hospital policy issues inherent in the process of perinatal bereavement. Every hospital and obstetrics setting shall have a perinatal social worker as an integral member of the health care delivery system. Social work services must be available to the bereaved patient and her family, as well as to the staff and to professionals who will provide families with follow-up services. These services should seek to facilitate the grieving process by assisting families with the grief work that accompanies the loss; by education clients about the options available to them; and by establishing supportive networks in the community for ongoing follow-up services.
Standard 1
In the hospital and obstetric setting, social work services shall be provided to families experiencing the loss of a pregnancy or newborn in the recognition of the fact that perinatal losses create a family crisis, which may severely tax the family’s coping skills and well being. The services available to bereaved families shall include assessment, grief support, ongoing counseling and education and/or referral to an appropriate agency/support group for continued intervention. Services should respond to the nature of the loss, the availability of the family’s support systems, and the educational needs of the family.

Standard 2
Hospitals shall maintain a written plan for the provision of specialized social work services pertaining to perinatal bereavement. This plan shall be developed by a master’s prepared social worker and shall clearly define the responsibility and functions of the social worker’s role. The social worker to provide service shall have a Master’s degree in Social Work and shall have the opportunity to participate in training related to perinatal loss and bereavement.

Standard 3
Direct services to the families shall include grief counseling; option giving, and education aimed at facilitating the family’s grief process. The perinatal social worker shall facilitate communication between families and the medical staffs of the hospital/obstetrics setting.

Standard 4
The perinatal social worker shall, in recognition of the far-reaching disequilibrium created by a perinatal loss, work with families to help them reestablish and maintain a sense of equilibrium. Appropriate services from outside agencies shall be sought out and mobilized in conjunction with those provided directly by the social worker.

Standard 5
The perinatal social worker shall act as the family’s advocate in procuring benefits and services to which they are entitled. The social worker shall be knowledgeable about and aligned in a working relationship with the auxiliary service providers.

Standard 6
The perinatal social worker shall be sensitive to the need for special provisions to facilitate saying good-bye to the infant and to facilitate the grief process. The social worker shall be committed to flexibility in unit policy to ensure the family’s cultural, religious and personal needs are addressed.

Standard 7
Supportive contact with the family shall be maintained throughout the hospitalization and beyond. Follow-up contact shall ensure continuing access to necessary supports and services.

Standard 8
The perinatal social worker shall document involvement with the family in a medical record. Documentation shall include the social worker’s observations, assessments and plans for treatment. Documentation shall be limited to information essential to the overall health plan and shall protect patient confidentiality.

Standard 9
The perinatal social worker, functioning as an integral part of the health care team shall be included in every aspect of hospital policy formulation and decision-making when related to the issue of perinatal bereavement.

Standard 10
Adequate budget allocation shall ensure a reasonable social worker/patient ratio, an environment conducive to therapeutic intervention, and a private place in which individuals and families can respond to their loss and express their concerns.

Standard 11
An accountability mechanism shall be written into the plan for service. This mechanism shall include peer review and shall evaluate clinical and administrative issues such as program effectiveness and job performance.

Standard 12
Needs assessment and program development for perinatal bereavement services shall include input from the client population. Families currently experiencing perinatal losses as well as former patients shall be encouraged to actively participate with the staff.

Standard 13
Perinatal social work services shall include support and teaching to the medical, nursing and auxiliary staff regarding the exceptional dynamics and needs of the family and staff during a perinatal loss. Efforts shall be directed at helping staff maximize job performance/satisfaction and to develop a complete view of the family who is experiencing a perinatal loss and their unique needs.

Standard 14
The perinatal social worker shall be committed to the pursuit of continuing education and contribution to the knowledge base of perinatal social work. The social worker shall actively participate with peers in an effort to expand that knowledge base and to ensure quality services to families. The perinatal setting shall support staff development and attend to the stress of the perinatal social worker by providing opportunities for and facilitating attendance at workshops, institutes, seminars and post-graduate courses.