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**An exploratory qualitative analysis of student midwives views of teaching methods that could build their confidence to deliver perinatal bereavement care**

Caroline J Hollins Martin1 PhD MPhil BSc PGCE ADM RM RGN MBPsS

Yvonne Robb2 PhD, MSc, BSc (Hons), RGN, DipNEd, RNT

Eleanor Forrest3 BScN RM ECHN MPhil PGCE

1 Professor in Maternal Health, School of Nursing, Midwifery and Social Care, Edinburgh Napier University, 9 Sighthill Court, Edinburgh, Midlothian, Scotland (UK), EH11 4BN, Email: [C.HollinsMartin@napier.ac.uk](mailto:C.HollinsMartin@napier.ac.uk)

2Lecturer in Nursing, Govan Mbeki Building, Glasgow Caledonian University, Cowcaddens Road, Glasgow, Scotland (UK), G4 OBA, Email : [Y.Robb@gcu.ac.uk](mailto:Y.Robb@gcu.ac.uk)

3Lecturer in Midwifery, School of Health, Glasgow Caledonian University, Scotland, UK. [Eleanor.Forrest@gcu.ac.uk](mailto:Eleanor.forrest@gcu.ac.uk), Telephone: 0141 273 1482

**Corresponding author**

1 Caroline J Hollins Martin, Professor in Maternal Health, School of Nursing, Midwifery and Social Care, Edinburgh Napier University, 9 Sighthill Court, Edinburgh, Midlothian, Scotland (UK), EH11 4BN, Email: [C.HollinsMartin@napier.ac.uk](mailto:C.HollinsMartin@napier.ac.uk)

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**An exploratory qualitative analysis of student midwives views of teaching methods that could build their confidence to deliver perinatal bereavement care**

**Abstract**

**Background**: Equipping student midwives with confidence to deliver bereavement care to childbearing women is a challenge for midwifery lecturers.

**Objective**: To explore qualitative data provided by student midwives who evaluated the workbook *Bereavement care for childbearing women and their families* (Hollins Martin & Forrest, 2013) to explore their views of potential teaching strategies that could build their confidence to deliver real bereavement care.

**Method**: An exploratory qualitative thematic analysis was used to provide, analyse and report themes identified within data collected in a prior study.

**Participants**: Participants were student midwives (n=179) in their second/third year of a midwifery degree program at 1 of 3 universities in the UK were included in the study.

**Data collection/analysis:** Data to evaluate effectiveness of the bereavement workbook as a teaching method was collected using a survey instrument. It was the comments written under questions by participants that were analysed in the present study.

**Findings**: Three themes emerged: (1) Increasing classroom interaction, (2) The importance of reflecting on emotions, and (3) Need for experience.

**Discussion**: Although this study has addressed delivery of education that relates to midwives, the findings are cross transferable to other healthcare educators, practitioners, and students. Several solutions are proposed that could potentially build student confidence to deliver bereavement care: Lecturers should (1) encourage group discussion in the classroom to help build student confidence to emotionally cope during real bereavement events; (2) Ensure students gain exposure by encouraging qualified midwives to include them in real bereavement events early on in their training, and (3) Develop packages of perinatal bereavement scenarios for simulation and rehearsal in the clinical skills laboratory. Post-implementation, it is recommended that these teaching strategies be evaluated.

**Keywords:** bereavement, death, loss, midwives, perinatal, stillbirth, teaching, university

**An exploratory qualitative analysis of student midwives views of teaching methods that could build their confidence to deliver perinatal bereavement care**

**Introduction**

Infant death ordinarily evokes unbearable sorrow ([Stack, 2003](http://www.sciencedirect.com/science/article/pii/S026661380600060X" \l "bib40)), with the quality of bereavement care delivered by midwives inevitably affecting the child bearing woman’s grieving process (Engler and Lasker, 2000; Rowa-Dewar, 2002). The National Maternity Support Foundation (NMSF, 2009) survey evidenced that quality of bereavement care delivered in maternity units across the UK is inconsistent. For this reason, the importance of teaching midwives how to reliably deliver an excellent standard of bereavement care to childbearing women and families is emphasised (Hollins Martin and Forrest, 2013; Hollins Martin et al., 2013, 2014). To address this issue, the present study explored the effectiveness of using a tailored workbook to teach student midwives how to deliver a high standard of bereavement care to childbearing women and their families (Hollins Martin and Forrest, 2013). The focus is upon teaching strategies that enable student midwives to leave the university classroom with knowledge and confidence to cope in a real bereavement event. To equip student midwives with knowledge to optimise the care they deliver in a bereavement situation, they require to understand:

* Areas of maternity care that incur bereavement.
* Sensitive and supportive processes of delivering bad news to childbearing women, partners and families.
* The procedures categorised on a bereavement protocol.
* Psychosocial models of grieving.
* Factors that indicate when a woman’s grief process has become abnormal and when intervention is appropriate from mental health experts.
* How to access ongoing support on discharge from the maternity unit.
* Factors which indicate that a bereavement incident has adversely affected a member of staff.
* How to adapt care to accommodate individual spiritual and religious beliefs.

To address these learning outcomes, Hollins Martin and Forrest (2013) designed implemented and evaluated an interactive workbook called *Bereavement care for childbearing women and their families* (Hollins Martin et al., 2013, 2014). Contents were drawn from several disciplines (e.g., Kelly, 2007; Mander, 2006; SANDS, 2009) and the chapters interleaved with 30-activities. Post-implementation, a workbook evaluation using the *Understanding Bereavement Evaluation Tool* (UBET) was carried out (Hollins Martin et al., 2013, 2014).

It was noted that some of the open-ended comments written under the questions on the UBET promoted the idea that education contained in the workbook could be developed to improve student confidence to deliver real bereavement care*.* With this in mind, the aim of this study was to explore the qualitative data provided by (n=179) student midwives who completed the workbook to explore teaching strategies that could potentially build their confidence to deliver bereavement care in a real bereavement event.

**Method**

An exploratory qualitative thematic analysis of the qualitative data gathered in the open-ended comments sections under each of the UBET questions was carried out. Thematic analysis was considered an appropriate method for identifying, analysing, and reporting patterns (themes) within the data, in keeping with Rubin and Rubin (1995) who claim that thematic analysis discovers themes and concepts embedded in the data. The authors subscribed to a realist view of qualitative research, where the researcher ‘gives voice’ to the themes identified within the data (Fine, 2002). In contrast to grounded theory, narrative or discourse analysis, thematic analysis is not allied to a pre-existing theoretical framework. Instead, it can be used within different theoretical frameworks, and may be used to do different things within them (Braun and Clarke, 2006). The applied thematic analysis worked well for reflecting reality, and exploring the surface of reality. In keeping and fit for purpose, the themes identified within the data capture important elements that relate to the research question asked. The qualitative comments were analysed using Braun and Clarke’s (2006) method, with thematic analysis a system for identifying, analysing and reporting themes within the data. This method was selected because both authors have experience of using it (Hollins Martin and Robb, 2013) and because the data-analysis trail is auditable (Guba and Lincoln, 1989).

Processes included the researcher ‘*familiarising self with data’*, which involved the written comments being transcribed into a word document under the UBET question headings (see *Table 1*). This action permitted the authors to read and reread lists to identify patterns. Whilst ‘*generating* *initial codes’,* numbers were applied to the quotes to ensure participant anonymity. For example in (P32-3), P stands for Participant, 32 for number of participant out of (n=179), and 3 represents third year student midwife (2 for 2nd year). During the ‘*search for themes’,* statements interpreted as representing similar ideas were brought together to build themes. Three topics appeared to emerge from the data, which were ‘*defined and named’* using statements documented by the students themselves.

**Participants**

Participants were student midwives (n=179) in their second/third year of a midwifery degree program at 1 of 3 universities in the UK (1 in England: 2 Scotland). Participants were on average 28 years old (SD = 7.11), with an age range of 18-49 years. Students were enrolled on a module that addressed complicated maternity care, during which they were scheduled to study bereavement care. The regular teaching method was altered to utilise the workbook, with a lecturer in attendance. Students could opt-out of the study, with none taking up the offer. Had a student opted not to participate in the study, counselling support would have been provided.

**Data collection**

Data to evaluate effectiveness of the bereavement workbook as a teaching method was collected using a valid and reliable instrument called the UBET (Hollins Martin et al., 2013, 2014). The UBET measured student midwives’ perceived level of understanding pre and post workbook completion, and enquired about their confidence to cope in a real bereavement event. To view an example question

(see *Table 1*):

TABLE 1 HERE

To view other questions on the UBET (see *Table 2*).

TABLE 2 HERE

The UBET data was collected from the student midwives (n = 179) pre and post workbook completion. Mean pre-workbook UBET score = 16.04 (SD = 3.81) and intervention scores were considerably higher post-workbook completion = 26.45 (SD=2.16) (p<0.001) (Hollins Martin et al., 2014). Findings support that the participating student midwives perceived that the workbook provided appropriate theoretical knowledge to underpin their competency to deliver perinatal bereavement care, with it less effective at building student confidence to competently cope in a real bereavement event.

**Findings**

Three themes were considered to have the potential to improve student confidence to deliver perinatal bereavement care:

(1) Increasing classroom interaction

(2) The importance of reflecting on emotions

(3) Need for experience

Each of the identified themes will be discussed in turn.

**(1) Increasing classroom interaction**

The workbook was developed to be interactive and therefore it is interleaved with 30-activities, designed to apply theory to practice. The qualitative comments reflected that the workbook was highly rated by the majority of the participating student midwives. Typical comments included:

*Good workbook will definitely revisit. Good information. Opens lots of doors* (P32S3).

*I feel the workbook stands me in good stead and will continue to refer back to it when providing care for women* (P23-3).

Post workbook completion, some students commented upon the workbook as a teaching and learning method. In response, there was a strong indication that the session in which the workbook was utilised should itself be more interactive:

*It has been very beneficial, although could have been more interactive*

(P19-3).

*I would have found a more interactive session more beneficial to digest and*

*understand work* (P46-3).

*I think this class needs to be more interactive. Discussion would help as*

*sharing helps a sensitive subject. Otherwise this work could be done at home*

*in comfort when facing personal and difficult memories (P58-3).*

*I feel this day would be better with more interaction. It’s too intense just reading and writing* (P25-3).

Kolb and Kolb (2005) endorse that we make sense of our experiences through conversation, with La PorteMatzo et al. (2003) affirming that teaching loss, grief and bereavement to nursing students should be an interactive process. Together processes of reading and discussing should join forces to promote student confidence to deliver care in a real bereavement event. Comments the students wrote about group work include:

*I feel some group work would enhance my learning, and also group*

*discussion on each of the activities* (P42-3).

Significant learning can occur in conversations between students (Kolb and Kolb, 2005), and can also build their confidence to face difficult tasks. By sharing emotions, thoughts and ideas, student midwives may come to see similarities in factors that undermine their self-efficacy and self-belief in their ability to cope with a real perinatal bereavement. In response, it is proposed that lecturers who teach bereavement care should consider using group work that engages student midwives in discussion that relates to the 30-activities interleaved throughout the workbook. For example, *Activity 3* lends itself to discussion in small groups (see *Table 3*).

TABLE 3 HERE

The 30-activities were designed to develop and integrate knowledge gained by student midwives, whilst exploring their perceived ability to cope with emotions experienced when a real bereavement occurs. For example, the following student midwife perceived that *Activity 3* helped broaden her understanding of her own emotions in relation to a real bereavement event:

*Overall, the workbook was helpful to me in that it encouraged me to broaden my understanding of bereavement beyond just mourning somebody's death. Regarding Activity 3, I suppose I thought of my own experience with secondary infertility. We tried for a long time to conceive before finally going through IVF (In Vetro Fertilisation) and having Anna. Every month of unsuccessful attempts at conception felt like a loss or bereavement, so Activity 3 in a way made me feel slightly uneasy at first because I had to think back to a sad time in my life, but ultimately going through the activity was actually reassuring and made me feel validated for having had these feelings of loss. In my heart I always felt that I had experienced lots of mini-bereavements at that time, and it was good to read and discuss something which reaffirmed this wider definition of bereavement and picked up on some of my feelings of loss (P135-2).*

In addition to showing the usefulness of directed classroom discussion, this comment highlights that some student midwives will have experienced a personal bereavement, with classroom activities potentially activating an emotional reaction.

**(2) The importance of reflecting on emotions**

Group interaction may be just one method of developing student confidence to discuss emotional issues that relate to perinatal bereavement. Kübler-Ross (1969) developed and later Kübler-Ross and Kessler (2005) progressed the first model of grieving, in which is described a generic framework of 5 steps that bereaved individuals progress through when dealing with death: (1) Denial, (2) Anger, (3) Bargaining, (4) Depression, and (5) Acceptance. A later model developed by Klass (1996) proposed that the purpose of grieving is to maintain a bond with the deceased individual, which then becomes compatible with other new and continuing relationships. During the acceptance phase, memories are retained that incorporate themselves into an established part of the new reality. The relevance of this to teaching perinatal bereavement care in the classroom, is that events discussed may reactivate student memories of personal loss, which was evidenced in the following students’ comments:

*This work could be done at home in own comfort when facing personal and difficult memories (P43-3).*

*Very sensitive subject for some. Could cause upset to some who haven’t dealt with grief themselves well. Information valuable though and useful for future practice. Thank you (P40-3).*

*Quite emotional for university (P22-3).*

Some students acknowledged the importance of equipping self with emotional skills, which includes learning how to manage one’s own emotional set before engaging with a childbearing woman’s.

*It is important to reflect on your emotions especially surrounding grief, as this*

*will be something we will have to deal with. The workbook helped you to*

*understand the grief process and allowed you to understand that all the*

*emotions you experienced were normal although horrific at the time, i.e.,*

*when the death happened and the feelings you were left with. I think it's*

*important because it helps you understand your own feelings and understand*

*the grief process more. We will all suffer grief at one point either personally or*

*in our professional life's (caring for people who are experiencing it). Therefore*

*it is important we have some understanding of what grief means to us and the*

*impact it has on us to enable us to at least acknowledge what others will*

*experience, although grief will be very different for us all as we will experience*

*different extremes of it (P10-3).*

*I felt that the book as a whole was very interesting as it taught us as students*

*the process and management of grief. I personally thought all of it was*

*relevant and Activity 3 in particular allowed me to compare the different responses to grief that I have witnessed or experienced and have learned how to empathise and care for people who are displaying signs of grief (P31-22).*

*Activity 3* asked students to consider self or someone they know, and reflect upon how they responded to a significant loss. Students were asked to explain the loss event, their associated feelings in relation to the loss, and individual response behaviours, e.g., crying, social withdrawal, use of medication/drugs/alcohol. In reply to *Activity 3*, the following student wrote:

*One of my best friends lost her baby in June 2011 and this has had a massive impact not only on her life, but the lives of her close family and friends...I felt it was very beneficial to attend the private funeral of the baby and see and touch him and share in the grief of the family and although I have tried to be around as much as possible and speak to her about her loss, I am unable to fully understand what she is going through and what timescales are expected in moving forward…I feel tremendous guilt that I cannot do more to ease her pain…I found the bereavement workbook very helpful and it seemed to come to me just at the right time, when I was struggling to cope, not only with my friend’s loss of her baby, but what I would consider a loss to me of a very close friend…Moving onwards in my experience as a student midwife, the loss my friend has gone through and the bereavement workbook together has given me confidence that I may begin to empathise with women going through similar situations* (P49-2).

This quote emphasises that student midwives require experience to build their confidence to understand and cope with emotional reactions to a bereavement and truly empathise with it.

**(3) Need experience**

Lack of experience in providing care to bereaved parents was highlighted by numerous student midwives:

*I feel I am ill prepared in looking after bereaved parents as I am half way through third year and still haven’t had opportunity of providing care yet* (P39-3).

*I have had no experience of caring for bereaved families* (P21-3).

There is limited opportunity for student midwives to work with women and families who have experienced loss, which is in part due to the very low perinatal mortality figures in the UK. In addition, it is more often an experienced midwife who delivers emotionally complicated care, which makes it a sporadic event for the inexperienced student midwife to gain exposure to a real bereavement event. This is possibly because senior midwives want to protect student midwives from becoming upset, or simply because of short staffing. Either way, the protective approach is a false economy that leaves the newly qualified midwife under confident to face the inevitable. This need for experience at applying theory to practice to build confidence was highlighted by several student midwives:

*I need to provide care for women in practice until I feel comfortable* (P46-3).

*I feel I need experience caring for a bereaved parent to put this work into*

*practice* (P29-3).

The following participant expressed that she would prefer to be mentored through her first exposure to a bereavement, instead of being thrown in at the deep end:

*I think I would find this situation (stillbirth) uncomfortable if I wasn’t supervised*

*by another midwife* (P46-3).

Difficulties with providing opportunities for students to become confident in their capability to deliver bereavement care is discussed by Leighton and Dubas (2009), who have identified that lack of clinical exposure leaves students under confident in their skill competence.

**Discussion**

The Hollins Martin and Forrest (2013) workbook has shown to be effective at delivering theoretical knowledge to underpin how to deliver bereavement care to student midwives (Hollins Martin et al., 2013). Yet, it is inadequate at building student confidence to manage their own emotions in a real bereavement situation. Although some of the activities are designed to help the student midwives gain empathetic understanding of the emotions involved, there is still need to gain clinical exposure to build confidence to competently provide this aspect of care.

In response, several solutions are proposed that could potentially work towards building student midwives confidence to competently deliver perinatal bereavement care in clinical practice. The first theme identified the need to include group activities in the classroom that allow student midwives to explore their thoughts and feelings about perinatal bereavement and delivery of related care.

The second theme involves student midwives becoming emotional in the classroom, which is an ongoing and commonplace experience for midwifery lecturers who teach bereavement care. Some of the student midwives appreciated the importance of discussing emotional components as part of equipping them with some experience, whilst others expressed that they would have preferred to avoid this exposure in a classroom situation. These contrasting viewpoints are a topic for further debate, and raise the question of whether avoiding personal emotions could transfer into evading of a real bereavement event. To compound this circumvention, experienced midwives often exclude students from real bereavement events, with this clinical evasion, like avoiding affective discussions in the classroom, potentially hindering student learning at an affective (emotional) level.

The third theme, which involves need for experience at managing real bereavement situations is much more challenging to correct. One solution would be for link lecturers to maternity units to advise senior midwives to include students in real bereavement cases early on in their training, with this exposure designed to help them build confidence and competence in their ability to provide bereavement care. Robb (2006) found that some registered nurses perceived that they themselves lacked competence in their practice, which caused them to avoid working with students whilst managing the perceived area of deficit. This makes the issue of developing confidence important not just for student midwives, but also for qualified staff. In response, midwifery lecturers could develop a pack of perinatal bereavement scenarios, which could be simulated in the clinical skills laboratory. In addition to student midwives, these scenarios could also be offered to qualified midwives as part of post-graduate education. It is anticipated that these simulated bereavement events could help student midwives apply theoretical knowledge to practice at the same time as dealing with their own and others’ emotional reactions.

To support this idea, Leighton and Dubas (2009) developed a simulated clinical package to facilitate application of theory to a clinical end of life nursing scenario. Post participation, the student nurses stated that the activities instigated them to reflect on how to effectively care for a dying patient and their family, and that it helped build their confidence towards delivering real care. Hence, a cluster of clinical scenarios of perinatal bereavement events could be designed for delivery in the clinical skills laboratory alongside workbook completion. In addition, lecturers are advised to encourage group discussion in the classroom surrounding the 30-activities interleaved into the workbook. During these teaching and learning events, when students become emotional, their peers should be taught to assemble a supportive and compassionate environment.

**Conclusion**

The aim of this study was to identify teaching strategies that could help equip student midwives with confidence to deliver real bereavement care to childbearing women. Although this study has addressed delivery of education that relates to midwives, the findings are cross transferable to other healthcare educators, practitioners, and students. In addition to using the interactive workbook by Hollins Martin and Forrest (2013), three solutions are proposed that could potentially build student confidence to deliver a competent level of perinatal bereavement care. Lecturers should:

1. Encourage group discussion in the classroom to help build student confidence to emotionally cope during real bereavement events.
2. Ensure students gain exposure by encouraging qualified midwives to

include them in real bereavement events early on in their training.

1. Develop packages of perinatal bereavement scenarios for simulation and rehearsal in the clinical skills laboratory.

Post implementation of these teaching and learning strategies, it is recommended that they be evaluated and reported in further papers to progress the evidence-base about how to effectively teach perinatal bereavement care.

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**Table 1**: Example UBET question

(Q4) I feel confident about providing care to a women/partner/family

who has experienced a recent stillbirth.

Strongly Agree Neither Agree Disagree Strongly

Agree or Disagree Disagree

Scores 5 4 3 2 1

Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\*Scores are to illustrate scoring and not present on questionnaire

**Table 2:** Questions on the Understanding Bereavement Evaluation Tool (UBET)

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(1) I could instantly classify ten areas of midwifery practice that could count as a

bereavement (*Please list examples of midwifery related bereavements).*

(2) I could critically discuss the procedures that are categorised on a bereavement

protocol.

(3) I could list and critically discuss models of grieving.

(*Please list some examples of bereavement models)*

(4) I feel confident about providing care to a women/partner/family who has

experienced a recent stillbirth.

(5) I could easily recognise instances where a childbearing woman’s grief process has

become problematic and help is required from mental health experts.

(6) I could recognise and critically discuss incidents where a bereavement within the

maternity unit has adversely affected a member of staff.

(7) I feel I could competently assess a women / partner / family about their spiritual

and religious beliefs and adapt bereavement care to accommodate their

individualised needs.

**Table 3: Activity 3**

Consider your own situation or someone you know and how they responded to a significant loss.

The loss event...………………………………………………….……………………………………

.

1. Associated feelings about the loss, e.g., sadness, despair, remorse………………………..

…………………………………………………………………………………………………….....

2. Objections to the loss and wish to reverse the situation, e.g., anger, searching,

fixation with what has happened………………………………………………………………….

…………………………………………………………………………………………………….....

…………………………………………………………………………………………………….....

3. Effects that directly resulted from the loss, e.g., disorganisation, bewilderment,

horror, anxiety state and/or physical symptoms (loss of appetite, palpitations,

nausea etc.) ……………………………………………………………………………………......

…………………………………………………………………………………………………….....

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4. Individual response behaviours, e.g., crying, social withdrawal, use of

medication/drugs/alcohol.....................................................................................................

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5. Existentialist questions asked?.............................................................................................

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