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Submitting author: Ms W H SIN

Post title: Ward Manager, Princess Margaret Hospital

5-Year Review on Acute Grief Support (AGS) Service in Gynaecology

Lee PM, Li TY, Wong TH, Sin WH, Ng WY Judy

Department of Obstetrics & Gynaecology, Princess Margaret Hospital

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Introduction

For a woman, pregnancy brings with happiness, joy and hope. However, it is traumatic and devastating to a woman if pregnancy is impending loss or diagnosed of fetal abnormalities. Negative impact of pregnancy loss will cause physical problems and symptoms to the couple. Seriously, self-harm may also be resulted. In view of the need for emotional support to the bereaved couples, "Acute Grief Support" (AGS) service has been launched since 1998.

Objectives

1. To assist woman to anticipate and go through the grief process smoothly
2. To minimize adverse effects of grief

Methodology

AGS service is aimed at providing counselling and support to woman with pregnancy loss : second trimester abortion, intrauterine death, stillbirth, neonatal death and fetal abnormalities. Within hospitalization, AGS nurse will counsel the patient daily and phone followed up within 4 weeks after discharge. Clinical Psychologist, Psychiatrist or Social Worker may be referred if needed. Clinical admission will also be arranged for discharged patient who needs further management.

Retrospective review of case records from 2012 to 2016 was performed for reviewing the effectiveness of the service. In total, there were 297 women had received AGS services.

Result

Among the 297 women, 92 (30%), 82 (27.61%), 2 (0.67%), 8 (2.69%) and 112 (37.71%) had pregnancy loss related to second trimester abortion, intrauterine death, stillbirth, neonatal death and fetal abnormalities respectively. 16 (5.39%) Women were re-admitted or referred to Clinical Psychologist, Psychiatrist or Social Worker. From the data, the rate of fetal abnormalities was higher than the others and it increased from 5 cases in 2012 to 48 cases in 2016.

The increased in confirmation of fetal abnormalities is due to the implementation of Universal Down Syndrome Screening since 2010. Most of women chose termination

of pregnancy before 22 weeks of gestation. It was 10 folds (48 : 5) of termination of pregnancy more in 2016 than 2012. Thus, women who needed AGS service was also increased 3 folds (107 : 32) more in 2016 than 2012.

Though the population of women who need AGS service is relatively small, around 1-2 %, with better support and timely counselling will decrease the long term impact related to the loss and the need for further management or admission. Eventually, it will also lesson the pressure on the healthcare service.