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Labor and Delivery: The Happiest Unit On Earth?

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The Labor and Delivery (L&D) units at Jacobs Medical Center and Hillcrest delivered 4,362 newborns in 2021 and have seen an approximate 10-15% increase in delivery volume annually over the past five years. The units are on par to deliver more than 4,500 by year's end. The nurses and physicians work hard to support parents through labor and birth, sometimes lasting days, not always going as planned, but always with the goal of helping families make lifelong memories of one of the best days of a parent's life. A lesser known experience, occurring an average of 30 times annually, on the L&D and NICU units is when parents do not get to bring their newborns or infants home with them. There are a multitude of reasons this could happen, ranging from preterm delivery, life-limiting diagnoses preventing survivability beyond birth or the short period following, unknown causes resulting in stillbirth, or for very personal and difficult decisions made by parents, to name only a few.



Brooke Sanchez, MSN, CNL, CPLC, RNC-OB, one of the Labor and Delivery/ Postpartum Nurse Managers at Jacobs Medical Center, began her career at UC San Diego Health as a new graduate nurse in Labor and Delivery in 2014. Supporting patients through the vulnerable and beautiful journey of labor to achieve their desired birth experience is what motivated her to the field of nursing. She also found a special place in her heart supporting patients through the difficult journey of navigating excruciating loss, ensuring they feel safe, supported, unjudged and educated through their experiences. Now as a leader on the unit, she hopes to impart this passion to others through education and training and ongoing process improvement opportunities.

Patient Experience/Case Presentation

Stephanie, a 32-year-old at 29 weeks and 2 days pregnant, woke up in the middle of the night following a busy day at work and realized she wasn't feeling her baby move and really hadn't felt him move all day. She called the L&D unit and was advised to come to triage right away for evaluation. Stephanie and her husband arrived and were quickly escorted to a room. The experience and intuition of the triage nurse helped her recognize the need for quick evaluation. Normally external fetal monitors are used to assess the fetal heart rate. In this instance, the triage nurse alerted the OB provider prior to their arrival and had an ultrasound machine ready at the bedside. The ultrasound allows

for both audible confirmation and quick visualization of the flutter of the fetal heartbeat rather than searching for it externally without a visual cue.

The silence heard in that moment was absolutely heartbreaking - not only to the parents but to the entire care team in the room as well.

Shock and disbelief their baby died were consuming. Ample time to process and ask questions was given to the grieving couple and eventually a plan to induce labor began. The nurses spent the next two shifts trying to prepare the couple for what to expect at delivery, answering as many questions about what their baby might look like, if there were cultural or religious practices to consider,

When people think of Labor and Delivery, they typically associate it with working in one of the happiest units in the hospital, and for the most part, this is wholly accurate. People come to our unit to celebrate life and welcome new members into their family. Some people even come to deliver newborns they have carried for months allowing others to become parents following a journey of infertility or other pathway to parenthood. Lately at UC San Diego Health, the Brahms' lullaby seems to be chiming non-stop. The patients are actually the ones who get to push the button when they are leaving L&D to transfer to the Postpartum unit or are discharged home from the Birth Center.

One of my favorite Brahms' memories is allowing a long-term antepartum patient at Hillcrest, who spent weeks on our unit - admitted for preterm labor, trying to remain pregnant following her last chance at in vitro fertilization - to finally push the Brahms' button when she went to visit her twins for the first time in the NICU. She shared with me she spent weeks in her hospital bed listening to that lullaby, signifying new life, and hoping



encouraging them to hold their baby, make memories with him, dress him, take photos of and with him, bathe him. They provided the couple with grief resources, books, online forums (many of which are recommended by other parents active in the NICU & L&D Bereavement Committee).

After fourteen hours of labor, Stephanie delivered her son and was too afraid to look at or hold him. To help reassure the couple, the nurse asked if they had chosen a name and Stephanie quietly replied, Jacob. She assured the couple Jacob was beautiful and had her nose, which helped ease the sense of fear present in the room. Stephanie reached for her son and held him on her chest. Her husband leaned down to kiss his wife's head and the nurse captured the moment with a camera. Many other

memories were captured, and their nurse also took beautiful footprints and handprints of Jacob. These precious mementos were placed in a flowered keepsake box along with a satin blue ribbon measuring the length of his body, the hat and blanket he was swaddled in, and several printed black and white photos of Jacob and his family.

The nurse brought in a small cart (Comfort Cart) along with a beautiful letter written by a former NICU family whose daughter spent time there before the difficult decision was made to withdraw care due to her life-limiting diagnosis. The letter shares how meaningful and important this time can be for grieving and healing as experienced by fellow grieving families. Inside the cart were many items for the family to make their own memories with Jacob - story books,

hats and swaddles, handprint molds, and more. The nurse also offered them the Cuddle Cot - a cooling blanket to help slow tissue breakdown - to wrap Jacob in so they could hold him a little longer. The nurse left them with assurance she was there if they needed her, but they had as much time with Jacob as they liked. After several hours, the couple was ready to say goodbye to their son and their nurse thoughtfully swaddled Jacob and took him from the room.

Stephanie was still a postpartum patient; however, remaining on a postpartum unit, with crying newborns can be a triggering experience and efforts were made to transfer her to a quiet room. She was discharged as soon as she was medically stable, less than 24 hours following her delivery.



MEMORY BOX CONTENTS:

- *Photos*
 - *Blanket/Swaddle*
 - *Hat*
 - *Handprints/Footprints*
 - *Wristband*
 - *Measurement Ribbon*
 - *Signed Card from Care Team*
-



nothing to say, but doesn't want to be alone are skills above and beyond what could ever be taught in a classroom. It takes special people to do this special work and we are incredibly fortunate to have so many of them working as part of our team. One of the many things they are exceptional in doing is helping these families make lasting memories with their babies to help remember them forever, which is integral to their grieving and healing journey. It truly is an honor to recognize the work they do.

At UC San Diego Health, the NICU and L&D units take great pride in working together to ensure we maintain a robust bereavement committee consisting of physician, nursing, social work, lactation and former patients working collaboratively to provide up to date resources, training, policies, support and so much more. Never have I seen patients who have experienced such loss be so involved in giving back to help others, by donating their time, resources, experiences, and stories to try to make another's journey a little less painful. They add to the depth of compassion and experience of our interdisciplinary team who seek out their own opportunities to remain educated in best practices to ensure quality patient care. This team continually goes above and beyond to support and care for our increasingly complex and growing number of families in need of their expertise.

*All names have been changed to protect privacy and approval for the use of photographs has been obtained.

she would have the opportunity to push it herself one day. It was truly an honor to watch her push the button...twice. It also reminds me of how fragile life is and how many parents do not get the opportunity to do so. It breaks my heart every time we experience a loss on our units - but what restores me are the amazing nurses who work here, caring for and supporting these families during their initial stages of grief, doing so with compassion and grace, capable of setting aside their own emotions to help these moms and dads navigate through a delivery they never imagined they would face. Their ability to explain and answer questions about what to expect, dispel fears of the unknown, offer emotional support and sometimes just hold space with a patient who has