process. Some parents may hesitate to give the newborn a name that had been chosen during the pregnancy for their "special baby." However, having a tangible person for whom to grieve is an important component of the grieving process.

A nurse who is familiar to the family should be present during the discussion about the dead or dying infant. The nurse should talk with parents openly and honestly about funeral arrangements, because few parents have had experience with this aspect of death. Many funeral homes now offer inexpensive arrangements for these special cases. Someone from the NICU should take the responsibility for acquiring this type of information. It is often helpful to parents for the NICU to have a list of local funeral homes, services offered, and prices. Families need to be informed of the options available, but a funeral is preferable because the ritual provides an opportunity for parents to feel the support of friends and relatives. A member of the clergy of the appropriate faith may be notified if the parents wish. Issues regarding an autopsy or organ donation (when appropriate) are approached in a multidisciplinary fashion (primary practitioner and primary nurse) with respect, sensitivity to cultural and religious beliefs, tact, and consideration of the family's wishes. For additional suggestions for helping families who experience neonatal loss, see *Grief and Perinatal Loss* by Gardner and Dickey (2011), and "The Dying" Neonate: Family-Centered End-of-Life Care" (Lisle-Porter and Podruchny, 2009).

Before the parents leave the hospital, they are given the telephone number of the unit (if they do not have it) and invited to call any time that they have any further questions. Many intensive care units make a point to contact the parents several weeks after a neonatal death to assess the parents' coping mechanisms, evaluate the grieving process, and provide support as needed. Several organizations are available to offer support and understanding to families who have lost a newborn; these organization include the Compassionate Friends,* Aiding Mothers and Fathers Experiencing Neonatal Death (AMEND),† and Share Pregnancy and Infant Loss Support, Incorporated.‡ See Chapter 17 for further discussion of the family and the grief process.

Nurses who care for critically ill infants also experience grief; NICU nurses may feel helpless and sorrowful. It is important that