

when they found the infant, how he or she looked, and whom they called for help. The nurse avoids any remarks that may suggest responsibility, such as “Why didn't you go in earlier?” “Didn't you hear the infant cry out?” “Was the head buried in a blanket?” or “Were the siblings jealous of this child?” It is the investigators' responsibility to document findings at the scene rather than have parents recount the experience in the emergency department. Parents may also express feelings of guilt about administering cardiopulmonary resuscitation (CPR) correctly or the timing of CPR in relation to finding the infant.

At this time, the physician should initiate the discussion of an autopsy, often with the nurse being present to support the family. The physician or medical examiner, depending on the circumstances, emphasizes that a diagnosis cannot be confirmed until the postmortem examination is completed. Requesting an autopsy may be difficult because of the parents' emotional state; however, an autopsy may clear up possible misconceptions regarding the death. Instructions about the autopsy and funeral arrangements may need to be repeated or put in writing. If the mother was breastfeeding, she needs information about abrupt discontinuation of lactation. The nurse or physician should contact the primary care practitioner for the infant and the mother to avoid any miscommunications or telephone calls at a later date inquiring about the child's health status.

Parents experiencing perinatal death perceive health care workers' responses as having a significant impact on the parents' grieving process. A family-centered approach that involves the sociocultural context and unique needs of the family is essential for perinatal bereavement care (Flenady, Boyle, Koopmans, et al, 2014). Health care workers require adequate training and support in order to deliver appropriate care and prevent burnout (Flenady, Boyle, Koopmans, et al, 2014).

An important aspect of compassionate care for these parents is allowing them to say good-bye to their child. These are the parents' last moments with their child, and they should be as quiet, meaningful, peaceful, and undisturbed as possible. Encourage parents to hold their infant before leaving the emergency department. Because the parents leave the hospital without their infant, it is helpful to accompany them to the car or arrange for