



# Co-designing Pregnancy Loss in Rural and Remote Settings

*Culturally safe, practical care*



# Presenting Team



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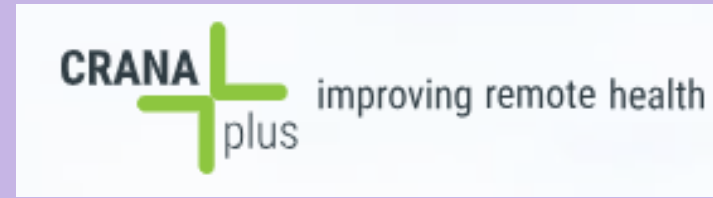


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# How We'll Work



Today will be

- **Interactive:** You doing most of the thinking, we here to guide the process
- **Practical:** Focused on what works in your setting.
- **Not about perfect care:** About safe, compassionate care within real-world constraints

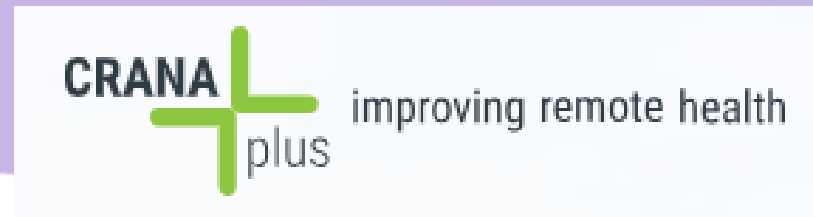
# What Are the Challenges in Rural and Remote Pregnancy Loss Care?

General Challenges	Population-Based Challenges	System Challenges	Resources Challenges
<ul style="list-style-type: none"> <li>You're the only clinician on, managing a stillbirth while also covering ED and ward patients</li> <li>You've supported multiple losses in a short period and haven't had space to process it</li> </ul>	<ul style="list-style-type: none"> <li>A family wants cultural practices respected, but staff aren't sure what is appropriate</li> <li>A patient doesn't fully understand what's happened due to language barriers</li> </ul>	<ul style="list-style-type: none"> <li>No clear pathway for who to refer to after discharge</li> <li>Policies exist but don't reflect what's actually possible in a rural setting</li> </ul>	<ul style="list-style-type: none"> <li>No Aboriginal Liaison Officer on shift or accessible after hours.</li> <li>Counselling services have long wait times or are not locally available</li> </ul>



# Let's take a Moment

*What stands out?  
What feels hardest?*



# Scenarios

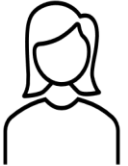


## From Challenges to Care in Practice



# Personas and what to Consider



	<p><b>Name:</b> Kayla D <b>Age:</b> 24 <b>Location:</b> Broom <b>Gestation:</b> 37 weeks <b>Background:</b> First Nations</p>	<p><b>Personal &amp; Clinical Profile</b></p> <p>Kayla is a 24-year-old woman in her first pregnancy. She presented with reduced fetal movements and a stillbirth has been confirmed. She is accompanied by her partner. Her extended family are not currently present but are expected to travel. Kayla is quiet, withdrawn and not asking questions. Her partner is speaking on her behalf and appears distressed. She has had limited continuity of care during pregnancy and has travelled for parts of her antenatal care.</p>
<p><b>Clinical Presentation</b></p> <p>Kayla presents with reduced fetal movements for 24 hours. CTG is non-reassuring → ultrasound confirms no fetal heartbeat. Stillbirth is unexpected.</p> <p><b>Medical &amp; Pregnancy History</b></p> <ul style="list-style-type: none"><li>• G1P0 (first pregnancy)</li><li>• Antenatal care: intermittent attendance (mix of local clinic + regional hospital)</li><li>• BMI: 32</li><li>• Smoker (reduced during pregnancy but not ceased)</li><li>• No known chronic conditions</li><li>• Last ultrasound at 32 weeks – reported as normal</li><li>• No known complications in pregnancy</li></ul>	<p><b>Mental Health &amp; Psychosocial</b></p> <ul style="list-style-type: none"><li>• No formal mental health diagnosis</li><li>• Reports anxiety during pregnancy (not formally assessed)</li><li>• Limited continuity of care → low engagement with services</li><li>• Quiet, withdrawn presentation</li><li>• Partner speaking on her behalf</li></ul>	<p><b>Social Context</b></p> <ul style="list-style-type: none"><li>• Lives away from main family community for maternity care</li><li>• Strong extended family network expected to arrive</li><li>• Limited immediate support onsite</li><li>• Financial stress related to travel and accommodation</li></ul>

- Immediate Care
- Supporting the family
- Memory of Care
- Cultural and Family Context
- Discharge and Follow-up
- Risks



# Let's come back together

*What are the 3 key take aways?*

# Final Thoughts



This work is not about perfect care

“It’s about safe, compassionate, and practical care, within the setting you’re in”

