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Rituals surrounding the care of the dying pre-viable baby in labour ward a critical interpretive synthesis of the literature

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Rituals surrounding the care of the dying previabile baby in labour ward

a critical interpretive synthesis of the literature

Joan Elaine Cameron

2011

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Dedications

In memory of my parents, Jessie and Harry Cameron.

DECLARATION

I declare that I am the author of this thesis which has previously never been accepted for a higher degree. All references cited in this thesis have been consulted.

Signed.....

Joan Elaine Cameron

Date.....

SUMMARY

The thesis begins with an exploration of my experiences of caring for dying babies which considers the way in which the care given to dying babies differs according to the care environment. This sets the scene for an exploration of the rituals surrounding their care.

Critical Interpretive Synthesis was selected as a research design for the study because it offered the opportunity to take an interpretive approach to a range of data and allowed the creation of new arguments. Documentary data including professional literature, professional textbooks and professional guidelines were analysed and interpreted using methods which included guideline analysis, critical appraisal and rhetorical analysis. The diverse range of analyses facilitated both the rigour and meaning of the data to be interrogated. Performance Theory was used as the theoretical framework in the thesis to allow the rituals to be revealed and explored as dramatic performances.

The thesis demonstrated that the origin of the rituals was rooted in the need for the baby to be treated with compassion and dignity and to provide parents with the opportunity to form meaningful attachments in the brief period between the previsible baby's birth and death. The rituals were devised by parents who had been bereaved and were incorporated into guidelines. The guidelines practised the rhetoric of choice but the data demonstrated that the rituals appear to have been adopted as routines which were then used indiscriminately, robbing them of their meaning.

The findings reveal how care to meet the physical needs of the dying previsible baby requires to be made more explicit to enable the ideology and rhetoric of 'comfort care' to be realised in practice. The thesis also demonstrated a need for inclusiveness to represent

the spectrum of parents affected by the death of a preivable baby when researching perinatal loss and formulating policy.