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PROLONGED PARENTAL ACCESS TO THEIR CHILD'S BODY FOLLOWING DEATH – A HELP OR HINDRANCE IN THE BEREAVEMENT OUTCOMESLiz Cornish *Helen and Douglas House, Oxford, England*

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Introduction The first children's hospice was established 30 years ago and included a cooled bedroom where the child's body could be cared for in the hospice until the funeral. This was seen as a crucial aspect of the care extended to grieving families, allowing them to say goodbye to their child in their own way over several days, within a supported environment.

Problem identified This practice has been replicated in over 40 subsequent children's hospices, but minimal research has evaluated the impact of this aspect of support on families. Thus a service is being offered which has not been validated as beneficial. Policies guiding this aspect of service delivery are based on practice experience and anecdotal evidence with practices differing across the country.

Methodology A literature review was carried out to identify what is known about the impact on bereavement outcomes for parents who have prolonged access to their child's body beyond the immediate hours following death. Related literature looking at the impact of viewing stillborn babies or adult bodies following unexpected death and post organ donation was included.

Findings While most literature suggested unspecified benefits to bereaved relatives from accessing dead bodies, there was one notable exception in stillbirth studies which indicated higher levels of anxiety and depression in mothers who had held their stillborn baby. Few studies measured the impact of access to the body on bereavement outcomes.

Recommendations There is urgent need for research to identify the impact of this service on the bereavement outcome of parents, looking at both benefits and potential risks. This research should inform service development in terms of governance within children's hospices. Furthermore, new evidence will be added to the understanding of factors influencing bereavement outcomes for parents.