

# Parents', families', communities' and healthcare professionals' experiences of care following neonatal death in healthcare facilities in LMIC's: a systematic review and meta-ethnography

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## Abstract

**Background** 98% of neonatal deaths worldwide occur in low- and middle-income countries (LMICs), yet there is little bereavement care guidance available for these settings. **Objectives** To explore parents', families' and healthcare professionals' experiences of care after neonatal death in healthcare facilities in LMICs. **Search Strategy and Selection Criteria** Four databases were searched for peer-reviewed literature meeting the inclusion criteria of qualitative studies exploring the experiences of people who provided or received bereavement care following neonatal death in a LMIC healthcare setting. **Data Collection and Analysis** Data were collected by two independent reviewers, collated through line-by-line coding then reciprocal and refutational translation, and analysed through Noblit and Hare's seven-step meta-ethnography approach to create first, second and third order themes. **Main Results** Seven first order themes extracted from the literature included emotional responses, social relationships, staff and systems, religion, connecting with the baby, coping strategies, and economic concerns. From these data, three third order themes arose; the individual, the healthcare setting, and the community/ context. **Conclusions** Over-arching themes in bereavement care shape grief responses and are often similar across geographical locations. Analysing these similarities allows a deeper understanding of the important elements of bereavement care and may be helpful to inform the creation of high quality, bereavement care guidelines suitable for use in LMIC settings.

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