

The Therapeutic Use and Impact of the Comfort Cub® Program

In Perinatal Bereavement

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Aims: Experiencing perinatal death and the bereavement that follows is held to be one of the most devastating losses for families and staff. Such bereavement is associated with multiple issues that cause suffering including total family distress, major depression, complicated grief states, a >50% divorce rate and a variety of physical ailments. It was through one family's experience of bereavement and the development of stress-induced cardiomyopathy ("broken heart syndrome") that the Comfort Cub Program was born. A specially weighted (~4kg) "teddy bear" was designed to help ease the mother's particular manifestations of this syndrome: a heaviness in the chest, and aching arms. In combination with support and resources from the pediatric and perinatal palliative care program, being able to embrace this infant-sized object in her arms led to profound relief. Because of the effectiveness of this therapeutic intervention, the affected family has supported the roll-out of the Comfort Cub Program to address the suffering experienced by thousands of families going through perinatal loss.

Methods: Retrospective review of anecdotal data from families, clinical staff and involved organizations was completed. The therapeutic/ "healing" impact of the Comfort Cub Program was a particular focus. Other data was gathered from the dedicated website and social media networking designed to gain greater clarity about the therapeutic impact. A prospective semi-quantitative survey is underway to study the Program in 100 bereaved family members or loved ones.

Results: Since 2000, >5,000 bears have been distributed across the United States by the family who created the Comfort Cub Program; typically one per family. In 2009 alone, approximately 600 bears were distributed by hospitals, hospices and associated agencies. Professionals working in the perinatal loss environment (social worker, doctors, nurses, etc.), and those working in key associated organizations disseminated information about how to acquire a Comfort Cub. Because of the perceived success and value of the Cub, a website, a Facebook page, and a dedicated number has been established to track more closely the experiences of families who have received a Comfort Cub through the program. To date, the Comfort Cub Program has led to a decrease in manifestations and relief of distressing perinatal losses. (? divorce, #going on to have healthy bereavement process and healthy children?) The latest statistics and experiences will be reported in the session.

Conclusion: The Comfort Cub Program can be duplicated and disseminated world-wide, ideally through organization with a focus on addressing the experience of the families who are suffering a perinatal death. The bear itself, and also the organic sharing of families' stories and healing in support groups, on social media and on a dedicated website has resulted in increasing recognition and demand for the therapeutic benefits of the Comfort Cub Program.

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