

A Design-Led Exploration of Mediated Care Ecosystems in Perinatal Bereavement Care in Ireland

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Overview: This design-led PhD frames perinatal bereavement care in Ireland as a mediated ecosystem of policy, services, products, and rituals shaping care experience.

Context: Cooling technologies highlight how care is translated across settings, yet evidence remains limited, particularly across transitions between institutional and domestic care.

Research Aim: To explore how perinatal bereavement care is mediated through interactions between policy, services, products, and rituals, and how design-led research can support more coherent and compassionate care ecosystems.

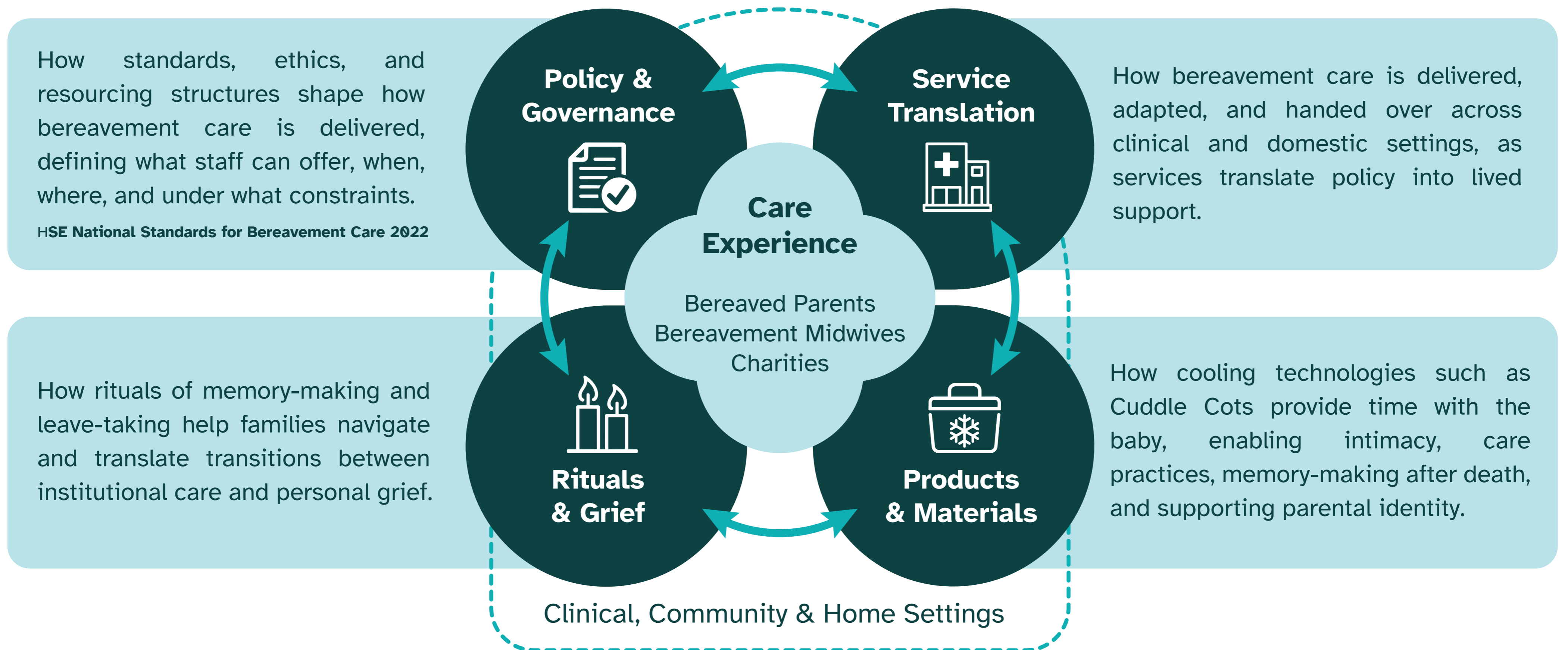
Research Question: How is perinatal bereavement care experienced and mediated across policy, services, products, and rituals within Irish healthcare contexts?



Féileacáin support families after stillbirth and neonatal loss and are involved in this project as a key supporting NGO partner.

Their mission is to bridge hospital-to-home care through volunteers and access to cooling products like Cuddle Cots.

Mediated Bereavement Care Ecosystem: How care is translated across policy, services, products & rituals.



Methodological Summary: This design-led, practice-based PhD adopts Constructive Design Research, combining literature review, trauma-informed qualitative inquiry and grounded theory with Research through Design and co-design. Ethical governance is treated as research infrastructure. An interpretivist, constructionist stance guides the use of design artefacts as epistemic tools for dialogue and system-level reflection.



Emerging Findings (Y1): Early analysis from the literature review, product analysis, and initial stakeholder engagement indicates that perinatal bereavement care operates as a mediated ecosystem, not discrete interventions. Misalignments across policy, services, cooling technologies, and rituals, especially during hospital-to-home transitions, shape family experience and staff delivery. Cooling support is vital yet context-dependent, relying on confidence and workarounds; failures can reduce time and increase distress. Specialist midwives and charities often bridge system gaps.



Gaps:
Policy ≠ practice



Dependence:
Specialist-led + charity care



Fragility:
Needs confidence & upkeep



Transitions:
Rituals bridge care & grief