MSc. Integrated Product Design
Industrial Design Engineering
Delft University of Technology
Amsterdam UMC

Designing a Dignified Experience for the Water Method for Stillborn Babies between 28 and 42 Weeks Gestation

APPENDIX

Emma Jansen

Content

A. Approved Project Brief

TU Delft

IDE Master Graduation Project

Project team, procedural checks and Personal Project Brief

In this document the agreements made between student and supervisory team about the student's IDE Master Graduation Project are set out. This document may also include involvement of an external client, however does not cover any legal matters student and client (might) agree upon. Next to that, this document facilitates the required procedural checks:

- Student defines the team, what the student is going to do/deliver and how that will come about
- Chair of the supervisory team signs, to formally approve the project's setup / Project brief
- SSC E&SA (Shared Service Centre, Education & Student Affairs) report on the student's registration and study progress
- IDE's Board of Examiners confirms the proposed supervisory team on their eligibility, and whether the student is allowed to start the Graduation Project

STUDENT DATA & MASTER PROGRAMME
Complete all fields and indicate which master(s) you are in

Family name	Jansen
Initials	E
Given name	Emma
Student number	5093929

IDE master(s) IPD ✔ Dfl ☐ SPD ☐

2nd non-IDE master

Individual programme *(date of approval)*

Medisign ☐

HPM ☐

SUPERVISORY TEAM
Fill in he required information of supervisory team members. If applicable, company mentor is added as 2nd mentor

Chair	Marijke Melles	dept./section	HCD, HF
mentor	Marieke Sonneveld	dept./section	HCD, HF
2nd mentor	Julia de Jong		
client:	Verbeterde zorg studio, Amsterdam		
city:	Delft, Amsterdam	country:	Netherlands

optional comments: Marijke and Marieke are part of the same section, however they have different expertise that will be very valuable in the project. Marijke has a lot of experience in healthcare context and projects and Marieke is an expert in end-of-life design, both very relevant to

! Ensure a heterogeneous team. In case you wish to include team members from the same section, explain why.

! Chair should request the IDE Board of Examiners for approval when a non-IDE mentor is proposed. Include CV and motivation letter.

! 2nd mentor only applies when a client is involved.

APPROVAL OF CHAIR on PROJECT PROPOSAL / PROJECT BRIEF -> to be filled in **by the Chair** of the supervisory team

Sign for approval (Chair)

Marijke Melles

Digitally signed by Marijke Melles
Date: 2025.09.30 09:25:43 +02'00'

Name Marijke Melles Date 30-09-2025 Signature

CHECK ON STUDY PROGRESS

To be filled in **by SSC E&SA** (Shared Service Centre, Education & Student Affairs), after approval of the project brief by the chair.
The study progress will be checked for a 2nd time just before the green light meeting.

Master electives no. of EC accumulated in total _____ EC

Of which, taking conditional requirements into account, can be part of the exam programme _____ EC

★	YES	all 1st year master courses passed
	NO	missing 1st year courses

Comments:

Sign for approval (SSC E&SA)

[redacted]
12:28:43 +02'00'

Name [redacted] Date 14 Oct 2025 Signature

APPROVAL OF BOARD OF EXAMINERS IDE on SUPERVISORY TEAM -> to be checked and filled in by IDE's Board of Examiners

Does the composition of the Supervisory Team comply with regulations?

YES	★	Supervisory Team approved
NO		Supervisory Team not approved

Comments:

Based on study progress, students is ...

★	**ALLOWED** to start the graduation project
	NOT allowed to start the graduation project

Comments:

Sign for approval (BoEx)

[redacted]

Name [redacted] Date 15 Oct 2025 Signature

Personal Project Brief – IDE Master Graduation Project

Name student Emma Jansen **Student number** 5093929

PROJECT TITLE, INTRODUCTION, PROBLEM DEFINITION and ASSIGNMENT

Complete all fields, keep information clear, specific and concise

Project title Design of a Water basin for Stillborn Babies between 28 and 42 Weeks of Gestation

Please state the title of your graduation project (above). Keep the title compact and simple. Do not use abbreviations. The remainder of this document allows you to define and clarify your graduation project.

Introduction

Describe the context of your project here; What is the domain in which your project takes place? Who are the main stakeholders and what interests are at stake? Describe the opportunities (and limitations) in this domain to better serve the stakeholder interests. (max 250 words)

Perinatal and neonatal loss has a lasting impact on parents and can be thorough, intense and unique and is often accompanied with depression, anxiety, extreme fear and PTSD symptoms (Burden et al., 20216; Li et al., 2024). Memory-making rituals like cutting the umbilical cord, impressions of feet and hands and physical contact can help create memories, strengthen their sense of parenthood and give proof of existence. For some parents, these rituals helped soften the immediate shock of death (Burden et al., 2016). However, a deceased baby's body deteriorates quickly after birth: the skin may shrivel, change colour and becomes more fragile and sticky (P. Smith et al., 2020), see Figure 1. Laying the baby in a waterbasin filled with cold water can help slow this deterioration: the skin absorbs water, appears smoother, does not shrivel and returns to a more natural colour (G. Verhees, personal communication, 2 juni 2025). This gives parents more time to say goodbye.

Very premature babies can be laid in small vases and bowls, but babies between 28 and 42 weeks are too large for these solutions (G. Verhees, personal communication, 2 juni 2025). Currently, nurses from the neonatology department at Amsterdam Universitair Medisch Centrum (UMC) use plastic containers filled with ice water for larger babies (Figure 2). These containers leave marks on the skin, are not transparant, are not aesthetically pleasing and are not designed to support memory making. Therefore, the Obstetrics department seeks a new solution. Through the Verbeterde Zorg Studio from Amsterdam UMC, my assignment will be to develop a water basin for deceased babies after 28 weeks, so parents can experience more respectful final moments.

➔ *space available for images / figures on next page*

introduction (continued): space for images

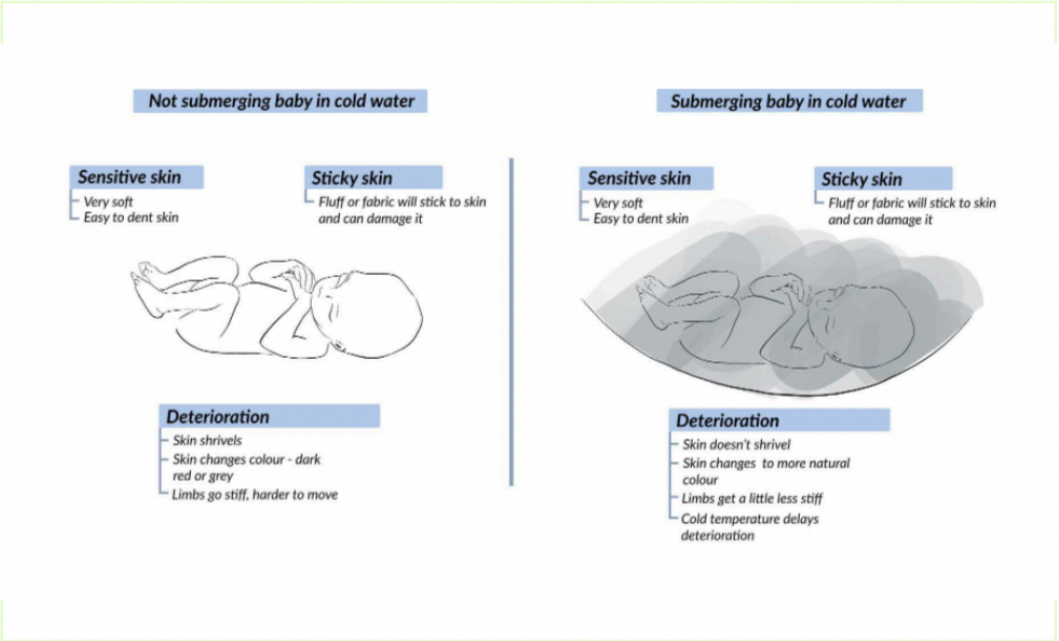


image / figure 1 Submerging baby in cold water effects

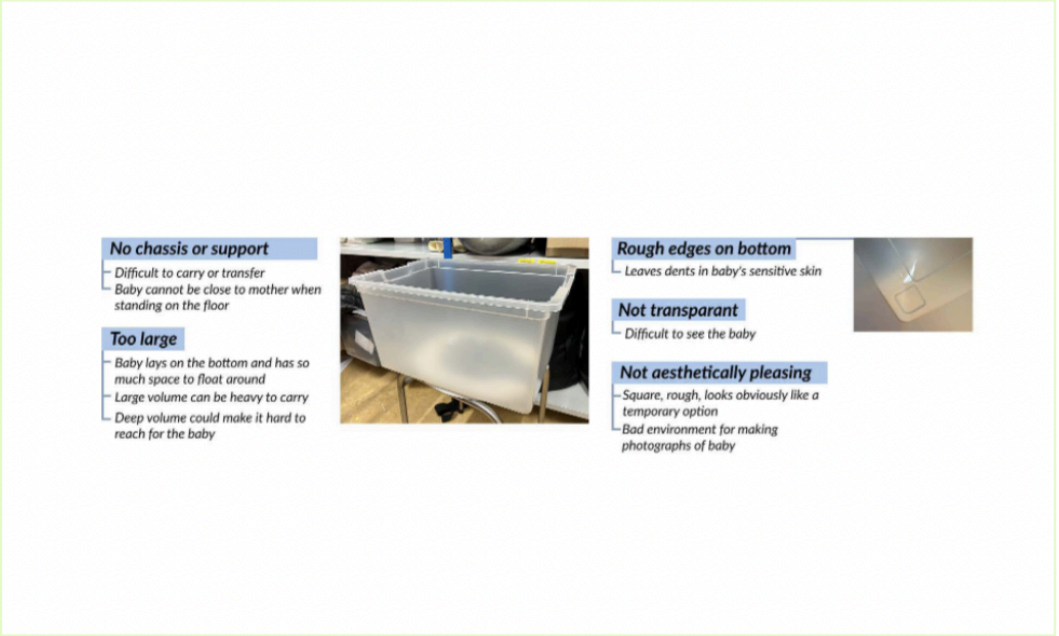


image / figure 2 Current solution for stillborn babies after 28 to 42 weeks of gestation

Problem Definition

What problem do you want to solve in the context described in the introduction, and within the available time frame of 100 working days? (= Master Graduation Project of 30 EC). What opportunities do you see to create added value for the described stakeholders? Substantiate your choice.
(max 200 words)

This project addresses the lack of a dignified and functional water basin for water basin for stillborn babies between 28 and 42 weeks of gestation. Within 100 working days, the goal is to design a water basin that meets hospital requirements while creating a more respectful experience for parents to say goodbye, and that also fits into the nursing work of care professionals.

Three key design challenges come with this project. First, hospital standards, health regulations, and safety demands may conflict with the need for an emotionally sensitive product that supports parents' grieving process. Second, important stakeholders may have contradicting demands: for example nurses might prioritize usability, while parents need emotional support, and their perspectives may not always align. Finally, parents who have lost their child are a vulnerable group. To create a design that fits their needs, it is important to gather user information sensitively without adding to their grief. Moreover, each parent has an individual grieving style.

These design challenges will be addressed in this project. To prepare well for these design challenges, a risk analysis was done before the kick-off to identify and mitigate risks.

Assignment

This is the most important part of the project brief because it will give a clear direction of what you are heading for. Formulate an assignment to yourself regarding what you expect to deliver as result at the end of your project. (1 sentence) As you graduate as an industrial design engineer, your assignment will start with a verb (Design/Investigate/Validate/Create), and you may use the green text format:

Design a water basin for deceased babies after 28 weeks that support parents in their grieving process and fits with care professionals in their nursing work. Take in account the technical requirements for the waterbasin, (emotional) interaction between parents, water basin, baby and care professionals.

Then explain your project approach to carrying out your graduation project and what research and design methods you plan to use to generate your design solution (max 150 words)

In the first phase of this human-centered interaction design project, I will explore the problem space through literature, graduation reports, and observations with nurses in order to understand the current context, practices, and stakeholder needs. During this problem and context analysis phase, I will develop a journey that maps out activities, emotions, and pain points throughout the entire experience. A defined problem statement will then follow, together with a first version of the PVE & PVW. Then, I will generate ideas and create concepts using sketches and LoFi prototypes. Next, I plan to hold user studies with nurses to make sure their needs are met. In the next phase, I will iterate on the concept, develop (a) prototype(s) and CAD models. Afterwards, I want to conduct a second round of feedback with both nurses and parents to further refine the design. Finally, the project will conclude with a final design, once again validated with stakeholders, and will be finalised with a presentation and video.

Project planning and key moments

*To make visible how you plan to spend your time, you must make a planning for the full project. You are advised to use a Gantt chart format to show the different phases of your project, deliverables you have in mind, meetings and in-between deadlines. Keep in mind that all activities should fit within the given run time of 100 working days. Your planning should include a **kick-off meeting**, **mid-term evaluation meeting**, **green light meeting** and **graduation ceremony**. Please indicate periods of part-time activities and/or periods of not spending time on your graduation project, if any (for instance because of holidays or parallel course activities).*

Make sure to attach the full plan to this project brief.
The four key moment dates must be filled in below

Kick off meeting	15 sept 2025
Mid-term evaluation	24 nov 2025
Green light meeting	27 feb 2026
Graduation ceremony	27 mrt 2026

In exceptional cases (part of) the Graduation Project may need to be scheduled part-time. Indicate here if such applies to your project

Part of project scheduled part-time	✔
For how many project weeks	28
Number of project days per week	4

Comments:
One day I would like to use for my job as danceteacher, and also as mental buffer and reflection day because of the highly emotional nature of this project.

Motivation and personal ambitions

Explain why you wish to start this project, what competencies you want to prove or develop (e.g. competencies acquired in your MSc programme, electives, extra-curricular activities or other).

Optionally, describe whether you have some personal learning ambitions which you explicitly want to address in this project, on top of the learning objectives of the Graduation Project itself. You might think of e.g. acquiring in depth knowledge on a specific subject, broadening your competencies or experimenting with a specific tool or methodology. Personal learning ambitions are limited to a maximum number of five.
(200 words max)

Motivation
When introduced to the project, I instantly felt drawn to it because of its emotional nature. While doing literature research, I became intrigued in how these rituals impact the grieving process of parents. I realised that the current solution at Amsterdam UMC, placing a baby in a large plastic container with ice water, does not offer parents the dignity they deserve in their final moments together. They deserve something with beauty, instead of a purely functional solution. I hope that my project can contribute to a more supportive and dignified experience for grieving parents.

Personal learning ambitions
- I want to further develop how to handle sensitive topics with ethical distance, while still designing for emotional impact.
- I want to make physical prototypes, both simple (lo-fi) and detailed prototypes (high-fi), to iterate and improve the design and work towards a full scale 1:1 prototype.
- I want to test and improve my design by getting feedback from nurses, experts and stakeholders during user studies.
- I want to explore aesthetics through shape by prototyping and sketching.

B. Research Ethics

B.1 Informed Consent Forms

Delft University of Technology
HUMAN RESEARCH ETHICS
INFORMED CONSENT FORM

You are being invited to participate in a research study titled *Design of a Water basin for Stillborn Babies between 28 and 42 Weeks of Gestation*. This study is being done by Emma Jansen from the TU Delft in collaboration with the Verbeterde Zorg studio from Amsterdam Universitair Medisch Centrum. These partners will contribute to the project, but will not have access to your personal data. This study is part of master's research program.

The purpose of this research study is to explore the interaction, needs and wishes from healthcare professionals and parents with a water basin for stillborn babies. This study may result in a potential product that supports parents in their bereavement process and also fits with healthcare professionals in their nursing work. This study will take you approximately *30 to 45* minutes to complete. This study may result in potential outcomes including academic publication, or a new product that will be used by Amsterdam UMC and could perhaps be used in other hospitals.

We will be asking you to

- Allow researcher(s) to observe your interactions to understand the context
- Participate in interviews or co-creation sessions to brainstorm ideas or reflect on activities
- Engage with a prototype and evaluate product features and interactions

Though small, the risk of a breach is always possible. To the best of our ability your answers in this study will remain confidential. Data collected includes interviews, observations and, in some cases, video/audio recordings. To the best of our ability, your answers in this study will remain confidential. Al data will be anonymized or pseudonymized and securely stored. Access to the data will be restricted to the research team. Data will be retained for a maximum of five years. If data is shared for academic purposes, no identifying details will be included. You may request access or deletion of your data until March 20, 2026.

Your participation in this study is entirely voluntary, and you can withdraw at any time. You are free to skip any questions, take a break or withdraw during the study without explanations. If you say something during the research that you do not want included, you may request access or deletion of your data until March 20, 2026.

No financial compensation or reward will be provided for participating in this study, but you will receive travel reimbursement if there is any travel involved.

If you have any questions or concerns, feel free to contact the Responsible Researcher: Emma Jansen [redacted]

If you have any complaints regarding the study, you may contact the TU Delft ethics committee at HREC@tudelft.nl

PLEASE TICK THE APPROPRIATE BOXES	Yes	No
A: GENERAL AGREEMENT – RESEARCH GOALS, PARTICPANT TASKS AND VOLUNTARY PARTICIPATION		
1. I have read and understood the study information dated _____, or it has been read to me. I have been able to ask questions about the study and my questions have been answered to my satisfaction.	☐	☐
2. I consent voluntarily to be a participant in this study and understand that I can refuse to answer questions and I can withdraw from the study at any time, without having to give a reason.	☐	☐
3. I understand that taking part in the study involves: - For observations, researcher will take notes with pen and paper, but will video recordings will be made for future analysis. The recording will be used only for academic purposes, and your personal information, such as your name, adres, age etc will not be shared, and data will be stored anonymously. - For interviews, researcher will take notes with pen and paper, but will be recorded for future analysis. The recording will be used only for academic purposes, and your personal information, such as your name, adres, age etc will not be shared, and data will be stored anonymously. - Audio or video recordings will be transcribed as text and the recording will destroyed after project is finished around march 2026.	☐	☐
4. I understand that I will not receive payment for participating in the interview, but I will receive travel reimbursement if there is any travel involved.	☐	☐
5. I understand that the study will end by 20th of March 2026		
B: POTENTIAL RISKS OF PARTICIPATING (INCLUDING DATA PROTECTION)		
6. I understand that taking part in the study involves the following risks: Discussing emotional topic about stillborn babies that could bring back difficult memories, bring back emotions or could lead to discomfort. I understand that these will be mitigated by taking a break from the study, withdraw from the study, and/or ask to delete recording or statements at any point.	☐	☐
7. I understand that taking part in the study also involves collecting specific personally identifiable information (PII) about occupational role, age, experience, gender; and associated personally identifiable research data (PIRD) such as earlier working experience, personal views/beliefs with the potential risk of my identity being revealed.	☐	☐
8. I understand that some of this PIRD is considered as sensitive data within GDPR legislation, specifically religion, political views, and data concerning criminal activities will/may be collected and processed, research has a Data Impact Assessment (DPIA in place.	☐	☐
9. I understand that the following steps will be taken to minimise the threat of a data breach, and protect my identity in the event of such a breach: anonymous data collection, aggregation, secure storage, no photo's with visible faces will be documented at any stage.	☐	☐
10. I understand that personal information collected about me that can identify me, e.g. such as name, where I live, will not be shared beyond the study team.	☐	☐
11. I understand that the (identifiable) personal data I provide will be destroyed after this master thesis is finished.	☐	☐

PLEASE TICK THE APPROPRIATE BOXES	Yes	No
C: RESEARCH PUBLICATION, DISSEMINATION AND APPLICATION		
12. I understand that after the research study the de-identified information such as images, quotes, drawings, and writings, I provide during this research may be used for reports, academic publications, website, or video channels related to this project. Additionally, the data could contribute to product development. This information may also be shared with collaborating organisations for further research purposes.	☐	☐
13. I agree that my responses, views or other input can be quoted anonymously in research outputs	☐	☐
14. I agree that my real name can be used for quotes in research outputs	☐	☐
D: (LONGTERM) DATA STORAGE, ACCESS AND REUSE		
16. I give permission for the anonymized interview transcript, survey, interview quotes, and anonymized photos that I provide to be archived in the the TUDelft repository so it can be used for future research and learning.	☐	☐
17. I understand that access to this repository is open to public access	☐	☐

Signatures

_____ _____ _____

Name of participant [printed] Signature Date

I, as researcher, have accurately read out the information sheet to the potential participant and, to the best of my ability, ensured that the participant understands to what they are freely consenting.

_____ _____ _____

Researcher name [printed] Signature Date

Study contact details for further information:

[redacted]

B.2 HRX Checklist

Delft University of Technology
HUMAN RESEARCH ETHICS
CHECKLIST FOR HUMAN RESEARCH
(Version January 2022)

IMPORTANT NOTES ON PREPARING THIS CHECKLIST

1. An HREC application should be submitted for every research study that involves human participants (as Research Subjects) carried out by TU Delft researchers
2. Your HREC application should be submitted and approved **before** potential participants are approached to take part in your study
3. All submissions from Master's Students for their research thesis need approval from the relevant Responsible Researcher
4. The Responsible Researcher must indicate their approval of the completeness and quality of the submission by signing and dating this form OR by providing approval to the corresponding researcher via email (included as a PDF with the full HREC submission)
5. There are various aspects of human research compliance which fall outside of the remit of the HREC, but which must be in place to obtain HREC approval. These often require input from internal or external experts such as Faculty Data Stewards, Faculty HSE advisors, the TU Delft Privacy Team or external Medical research partners.
6. You can find detailed guidance on completing your HREC application here
7. Please note that incomplete submissions (whether in terms of documentation or the information provided therein) will be returned for completion **prior to any assessment**
8. If you have any feedback on any aspect of the HREC approval tools and/or process you can leave your comments here

I. Applicant Information

PROJECT TITLE:	Design of a Water basin for Stillborn Babies between 28 and 42 Weeks of Gestation
Research period: *Over what period of time will this specific part of the research take place*	**Sep 2025 – March 2026**
Faculty:	**IDE**
Department:	**Human Centered Design**
Type of the research project: *(Bachelor's, Master's, DreamTeam, PhD, PostDoc, Senior Researcher, Organisational etc.)*	**Master's Thesis**
Funder of research: *(EU, NWO, TUD, other – in which case please elaborate)*	**De verbeterde zorgstudio, Amsterdam UMC, locatie AMC**
Name of Corresponding Researcher: *(If different from the Responsible Researcher)*	**Emma Jansen**
E-mail Corresponding Researcher: *(If different from the Responsible Researcher)*	**e.jansen6@student.tudelft.nl**
Position of Corresponding Researcher: *(Masters, DreamTeam, PhD, PostDoc, Assistant/ Associate/ Full Professor)*	**Master Student**
Name of Responsible Researcher: ***Note:*** *all student work must have a named Responsible Researcher to approve, sign and submit this application*	**Marijke Melles**
E-mail of Responsible Researcher: *Please ensure that an institutional email address (**no Gmail, Yahoo, etc.**) is used for all project documentation/ communications including Informed Consent materials*	**M.Melles@tudelft.nl**
Position of Responsible Researcher : *(PhD, PostDoc, Associate/ Assistant/ Full Professor)*	**Full Professor**

II. Research Overview

NOTE: *You can find more guidance on completing this checklist here*

a) Please summarise your research very briefly (100-200 words)

What are you looking into, who is involved, how many participants there will be, how they will be recruited and what are they expected to do?

Add your text here – (please avoid jargon and abbrevations)
I aim to design a water basin for deceased babies between 28 and 42 weeks of gestation that support parents in their grieving process and fits with care professionals in their nursing work. I will take the technical requirements for the waterbasin, (emotional) interaction between parents, water basin, baby and care professionals into account. I will have three sessions with nurses to validate the design. I am in contact with one of the nurses of the Obstetrics department. She will recruit other available nurses that want to volunteer for this project for these three sessions. In these sessions, concept(s), sketches and prototypes will be evualuated and interviews will be held to understand the context and their opinions. Feedback will be used to iterate on the design.

b) **If your application is an additional project** related to an existing approved HREC submission, please provide a brief explanation including the existing relevant HREC submission number/s.

Add your text here – (please avoid jargon and abbrevations)

c) **If your application is a simple extension of, or amendment to,** an existing approved HREC submission, you can simply submit an HREC Amendment Form as a submission through LabServant.

III. Risk Assessment and Mitigation Plan

***NOTE**: You can find more guidance on completing this checklist here*

Please complete the following table in full for all points to which your answer is "yes". Bear in mind that the vast majority of projects involving human participants as Research Subjects also involve the collection of **Personally Identifiable Information (PII)** and/or **Personally Identifiable Research Data (PIRD)** which may pose potential risks to participants as detailed in Section G: Data Processing and Privacy below.

To ensure alignment between your risk assessment, data management and what you agree with your Research Subjects you can use the last two columns in the table below to refer to specific points in your Data Management Plan (DMP) and Informed Consent Form (ICF) – **but this is not compulsory**.

It's worth noting that **you're much more likely to need to resubmit your application if you neglect to identify potential risks**, than if you identify a potential risk and demonstrate how you will mitigate it. If necessary, the HREC will always work with you and colleagues in the Privacy Team and Data Management Services to see how, if at all possible, your research can be conducted.

			If YES please complete the Risk Assessment and Mitigation Plan columns below.		*Please provide the relevant reference #*	
ISSUE	**Yes**	**No**	**RISK ASSESSMENT – what risks could arise?** *Please ensure that you list ALL of the actual risks that could potentially arise – do not simply state whether you consider any such risks are important!*	**MITIGATION PLAN – what mitigating steps will you take?** *Please ensure that you summarise what actual mitigation measures you will take for each potential risk identified – do not simply state that you will e.g. comply with regulations.*	**DMP**	**ICF**
A: Partners and collaboration						
1. Will the research be carried out in collaboration with additional organisational partners such as: • One or more collaborating research and/or commercial organisations • Either a research, or a work experience internship provider[1] *[1] If yes, please include the graduation agreement in this application*	x		**1. There is a risk of unclear ownership or responsibilities between TU Delft and Amsterdam UMC, especially regarding data collected during user sessions.** **2. Access to hospital environments and staff introduces potential privacy and confidentiality risks, as sensitive or non-public information might be encountered.**	**1. A graduation contract between TU Delft and Amsterdam UMC will be included to define roles, data ownership, and responsibilities clearly.** **2. Any identifiable data will be stored securely and anonymized before being shared outside Amsterdam UMC. Furthermore, all data collection and communication with nurses will follow Amsterdam UMC's internal data protection and privacy policies.**		
2. Is this research dependent on a Data Transfer or Processing Agreement with a collaborating partner or third party supplier? *If yes please provide a copy of the signed DTA/DPA*		x				
3. Has this research been approved by another (external) research ethics committee (e.g.: HREC and/or MREC/METC)?		X				

			If YES please complete the Risk Assessment and Mitigation Plan columns below.		*Please provide the relevant reference #*	
ISSUE	**Yes**	**No**	**RISK ASSESSMENT – what risks could arise?** *Please ensure that you list ALL of the actual risks that could potentially arise – do not simply state whether you consider any such risks are important!*	**MITIGATION PLAN – what mitigating steps will you take?** *Please ensure that you summarise what actual mitigation measures you will take for each potential risk identified – do not simply state that you will e.g. comply with regulations.*	**DMP**	**ICF**
If yes, please provide a copy of the approval (if possible) and summarise any key points in your Risk Management section below						
B: Location						
4. Will the research take place in a country or countries, other than the Netherlands, within the EU?		x				
5. Will the research take place in a country or countries outside the EU?		x				
6. Will the research take place in a place/region or of higher risk – including known dangerous locations (in any country) or locations with non-democratic regimes?		x				
C: Participants						
7. Will the study involve participants who **may** be vulnerable and possibly (legally) unable to give informed consent? (e.g., children below the legal age for giving consent, people with learning difficulties, people living in care or nursing homes,).		x				
8. Will the study involve participants who **may** be vulnerable under specific circumstances and in specific contexts, such as victims and witnesses of violence, including domestic violence; sex workers; members of minority groups, refugees, irregular migrants or dissidents?	x		**1. Nurses might experience emotions after reviewing how they care for parents that have experienced stillbirth.** **2. Nurses might experience emotions after reviewing how they care for parents that have experienced stillbirth.**	**1. It will be made clear to participant that participation is voluntary and this will be confirmed again at the beginning of the research.** **2. Prepare protocols; make sure that participants are aware that they are able to take a break or stop the study when they want; have support resources available.**		
9. Are the participants, outside the context of the research, in a dependent or subordinate position to the investigator (such as own children, own students or employees of either TU Delft and/or a collaborating partner organisation)? *It is essential that you safeguard against possible adverse consequences of this situation (such as allowing a student's failure to participate to your satisfaction to affect your evaluation of their coursework).*		x				
10. Is there a high possibility of re-identification for your participants? (e.g., do they have a very specialist job of which there are only a small number in a given country, are they members of a small community, or employees from a partner company collaborating in the research? Or are they one of only a handful of (expert) participants in the study?		x				
D: Recruiting Participants						

			If YES please complete the Risk Assessment and Mitigation Plan columns below.		*Please provide the relevant reference #*	
ISSUE	**Yes**	**No**	**RISK ASSESSMENT – what risks could arise?** *Please ensure that you list ALL of the actual risks that could potentially arise – do not simply state whether you consider any such risks are important!*	**MITIGATION PLAN – what mitigating steps will you take?** *Please ensure that you summarise what actual mitigation measures you will take for each potential risk identified – do not simply state that you will e.g. comply with regulations.*	**DMP**	**ICF**
11. Will your participants be recruited through your own, professional, channels such as conference attendance lists, or through specific network/s such as self-help groups	x		**1. Initial contact with nurses will be made through the nurse I am in contact with for the project. A risk is being dependent on them for making this contact. If they will not arrange this on time, I will make an appointment with the nursing staff.** **2. Nurses will be recruited directly by the researcher on the department by asking who is available. Face-to-face recruitment in the workplace may create perceived social pressure to participate, as nurses might feel uncomfortable declining when approached personally. Additionally, recruitment within their own work environment may blur the boundary between professional duties and voluntary research participation.** **3. Participation during working hours may add workload or interfere with clinical responsibilities, potentially causing stress or pressure.** **4. Because the study involves a small number of participants (n=4) within one department, there is also a risk that participation or responses could be indirectly identifiable by colleagues.**	**1. Have clear communication with contact person and make arrangements before starting with user studies; Communicate through mail when arrangements are not met; In hospital I can visit the department after 14:30, nurses have an academic learning moment and are more flexible to have meetings during this time; Else, they should sometimes be available in their lunch meetings;** **2. Although recruitment takes place face-to-face on the department, steps will be taken to minimise social pressure and protect confidentiality. Recruitment will be done through a general and neutral invitation rather than direct personal requests to specific individuals. The researcher will announce the study to the team allowing nurses to volunteer independently or independently. Interested participants can approach or contact the researcher privately to avoid social pressure and remain anonymous. It will be clearly communicated that participation is entirely voluntary and that declining or withdrawing will have no consequences for their work or professional relationships. No supervisors will be involved in recruitment and studies will be done in a private room.** **3. Meetings will be done at times that do not interfere with patient care or critical duties and will be kept short to minimise burden. Participants may cancel or withdraw at any time without explanation.** **4. To reduce the risk of indirect identification given the small sample size (n=4), no names, shifts, years of experience, or other identifiable characteristics will be recorded. Participants will be coded (e.g., Participant A–D). Interview quotes will be**		

			If YES please complete the Risk Assessment and Mitigation Plan columns below.		*Please provide the relevant reference #*	
ISSUE	**Yes**	**No**	**RISK ASSESSMENT – what risks could arise?** *Please ensure that you list ALL of the actual risks that could potentially arise – do not simply state whether you consider any such risks are important!*	**MITIGATION PLAN – what mitigating steps will you take?** *Please ensure that you summarise what actual mitigation measures you will take for each potential risk identified – do not simply state that you will e.g. comply with regulations.*	**DMP**	**ICF**
				paraphrased when necessary to prevent recognition. Findings will only be reported in aggregated form and not linked to specific individuals or roles. Data will be stored securely on onedrive provided by the TU DELFT accessible only to the researcher.		
12. Will the participants be recruited or accessed in the longer term by a (legal or customary) gatekeeper? (e.g., an adult professional working with children; a community leader or family member who has this customary role – within or outside the EU; the data producer of a long-term cohort study)		x				
13. Will you be recruiting your participants through a crowd-sourcing service and/or involve a third party data-gathering service, such as a survey platform?		X				
14. Will you be offering any financial, or other, remuneration to participants, and might this induce or bias participation?		X				
E: Subject Matter *Research related to medical questions/health may require special attention. See also the website of the CCMO before contacting the HREC.*						
15. Will your research involve any of the following: • Medical research and/or clinical trials • Invasive sampling and/or medical imaging • Medical and *In Vitro Diagnostic Medical* Devices Research		x				
16. Will drugs, placebos, or other substances (e.g., drinks, foods, food or drink constituents, dietary supplements) be administered to the study participants? *If yes see here to determine whether medical ethical approval is required*		x				
17. Will blood or tissue samples be obtained from participants? *If yes see here to determine whether medical ethical approval is required*		x				
18. Does the study risk causing psychological stress or anxiety beyond that normally encountered by the participants in their life outside research?	x		**The topic itself could bring back difficult memories.** **The topic could lead to discomfort in group discussions, particularly if participants have had personal experiences with perinatal loss.**	**Participation is completely voluntary, with the option to withdraw at any time without giving a reason. Allow breaks during sessions and ensure participants know they can stop if they feel uncomfortable.** **Create individual moments during the user study, so participants feel more comfortable to share.**		

			If YES please complete the Risk Assessment and Mitigation Plan columns below.		*Please provide the relevant reference #*	
ISSUE	**Yes**	**No**	**RISK ASSESSMENT – what risks could arise?** *Please ensure that you list ALL of the actual risks that could potentially arise – do not simply state whether you consider any such risks are important!*	**MITIGATION PLAN – what mitigating steps will you take?** *Please ensure that you summarise what actual mitigation measures you will take for each potential risk identified – do not simply state that you will e.g. comply with regulations.*	**DMP**	**ICF**
19. Will the study involve discussion of personal sensitive data which could put participants at increased legal, financial, reputational, security or other risk? (e.g., financial data, location data, data relating to children or other vulnerable groups) *Definitions of sensitive personal data, and special cases are provided on the TUD Privacy Team website.*		x				
20. Will the study involve disclosing commercially or professionally sensitive, or confidential information? (e.g., relating to decision-making processes or business strategies which might, for example, be of interest to competitors)		x				
21. Has your study been identified by the TU Delft Privacy Team as requiring a Data Processing Impact Assessment (DPIA)? *If yes please attach the advice/ approval from the Privacy Team to this application*		X				
22. Does your research investigate causes or areas of conflict? *If yes please confirm that your fieldwork has been discussed with the appropriate safety/security advisors and approved by your Department/Faculty.*		X				
23. Does your research involve observing illegal activities or data processed or provided by authorities responsible for preventing, investigating, detecting or prosecuting criminal offences *If so please confirm that your work has been discussed with the appropriate legal advisors and approved by your Department/Faculty.*		x				
F: Research Methods						
24. Will it be necessary for participants to take part in the study without their knowledge and consent at the time? (e.g., covert observation of people in non-public places).		x				
25. Will the study involve actively deceiving the participants? (For example, will participants be deliberately falsely informed, will information be withheld from them or will they be misled in such a way that they are likely to object or show unease when debriefed about the study).		x				
26. Is pain or more than mild discomfort likely to result from the study? And/or could your research activity cause an accident involving (non-) participants?		x				
27. Will the experiment involve the use of devices that are not 'CE' certified? *Only, if 'yes': continue with the following questions:*	x					
• Was the device built in-house?	x					

			If YES please complete the Risk Assessment and Mitigation Plan columns below.		*Please provide the relevant reference #*	
ISSUE	**Yes**	**No**	**RISK ASSESSMENT – what risks could arise?** *Please ensure that you list ALL of the actual risks that could potentially arise – do not simply state whether you consider any such risks are important!*	**MITIGATION PLAN – what mitigating steps will you take?** *Please ensure that you summarise what actual mitigation measures you will take for each potential risk identified – do not simply state that you will e.g. comply with regulations.*	**DMP**	**ICF**
• Was it inspected by a safety expert at TU Delft? *If yes, please provide a signed device report*	x		**The prototype is created in-house, and during user testing, there are risks involved.**	**A Device report was used to identify and mitigate risks regarding the prototype. The device report is checked and signed before conducting user studies.**		
• If it was not built in-house and not CE-certified, was it inspected by some other, qualified authority in safety and approved? *If yes, please provide records of the inspection*		x				
28. Will your research involve face-to-face encounters with your participants and if so how will you assess and address Covid considerations?	x		**This research will involve observing nurses within the context, interviewing nurses and parents and letting them interact with a prototype. Covid could be a potential risk**	**If there is another COVID outbreak, government regulations will be followed. Observations and interviews will be done from a distance and prototype can be disinfected with oxiwipes.**		
29. Will your research involve **either:** a) "big data", combined datasets, new data-gathering or new data-merging techniques which might lead to re-identification of your participants **and/or** b) artificial intelligence or algorithm training where, for example biased datasets could lead to biased outcomes?		x				
G: Data Processing and Privacy						
30. Will the research involve collecting, processing and/or storing any directly identifiable PII (Personally Identifiable Information) including name or email address that will be used for administrative purposes only? (eg: obtaining Informed Consent or disbursing remuneration)	X		**1. Through the nurse at AMC, I will come in contact with nurses from AMC and they will share their contact name, phone number and email address. This information will be saved to make appointments and arrangements for future visits.** **Informed consent forms that will be signed for the user studies will contain personal information of participants.**	**Contact with nurses will be done through the system from Amsterdam UMC. This system is only for employees and is highly secured to prevent data leakage. Emails can be sent to them about making arrangements for the user studies and sharing personal information like names will be protected here. This email is protected by double authentication with Tiqr.** **After the project and finishing my time at Amsterdam UMC, my account will be deactivated and email will no longer be available.** **Contact with parents will be saved locally on my computer that is secured with a password.** **All personal data will be anonymised after interviews. No information can be traced back to invidivual participants.**		

			If YES please complete the Risk Assessment and Mitigation Plan columns below.		*Please provide the relevant reference #*	
ISSUE	**Yes**	**No**	**RISK ASSESSMENT – what risks could arise?** *Please ensure that you list ALL of the actual risks that could potentially arise – do not simply state whether you consider any such risks are important!*	**MITIGATION PLAN – what mitigating steps will you take?** *Please ensure that you summarise what actual mitigation measures you will take for each potential risk identified – do not simply state that you will e.g. comply with regulations.*	**DMP**	**ICF**
				After the project, data will be passed to my supervisors, where data will be stored anonymized in a secure environment Surfspot. After 10 years, the data will be destroyed		
31. Will the research involve collecting, processing and/or storing any directly or indirectly identifiable PIRD (Personally Identifiable Research Data) including videos, pictures, IP address, gender, age etc and **what other Personal Research Data** (including personal or professional views) will you be collecting?	**x**		**During observations, photo's and videos might be taken to analyse human interaction with the prototype. Information about participant's role, age, gender will be collected.** **Interviews will be audio recorded and transcribed for analysing data.**	**Only pictures will be taken that are necessary for the context. Participants in photo's or videos will be unrecognizable, and their faces will be blurred. Informed consent forms will be used to obtain permission for taking photo's, videos, and audio recordings, as well as for the use of their personal information, including gender, age, role. This personal information will not be shared in the research and only will be discussed with the tu delft graduation team. The audio recordings and videos will not be publicy shared, unless the participants have explicitly given consent to do so.** **Audio transciptions will be made while using oTranscripe. They are known to function well and are considered to be relatively good for keeping information safe and private (https://otranscribe.com/)** **After the project, data will be passed to my supervisors, where data will be stored anonymized in a secure environment Surfspot. After 10 years, the data will be destroyed**		
32. Will this research involve collecting data from the internet, social media and/or publicly available datasets which have been originally contributed by human participants	**x**		**Contextual information will be collected from social media (e.g., posts, blogs, columns, support forums) to understand parents' experiences with stillbirth. These sources may contain sensitive, personal, and emotional narratives.**	**Social media and grey literature will only be used for contextual background research, not as primary data about individuals.**		

			If YES please complete the Risk Assessment and Mitigation Plan columns below.		*Please provide the relevant reference #*	
ISSUE	**Yes**	**No**	**RISK ASSESSMENT – what risks could arise?** *Please ensure that you list ALL of the actual risks that could potentially arise – do not simply state whether you consider any such risks are important!*	**MITIGATION PLAN – what mitigating steps will you take?** *Please ensure that you summarise what actual mitigation measures you will take for each potential risk identified – do not simply state that you will e.g. comply with regulations.*	**DMP**	**ICF**
				Only publicly accessible content (not private groups or restricted-access communities) will be consulted. **Sensitive findings will be handled respectfully, acknowledging the vulnerability of the material.** **Literature that is used in this project will be properly referenced without violating copyrights.**		
33. Will your research findings be published in one or more forms in the public domain, as e.g., Masters thesis, journal publication, conference presentation or wider public dissemination?	**X**		**This research will be publiced as a Master's thesis and will be presented in the final presentation for my supervisors, friends and family**	**Quotes of user study participants will not be connected to the name. The pictures used of participants will be anonymised. For the presentation and final video, only videos will be used if the nurse or parent has given explicit consent to do so, and the video will be sent to the nurse beforehand to ask permission once more. In the videos, no personal information about nurse will be shared.**		
34. Will your research data be archived for re-use and/or teaching in an open, private or semi-open archive?		**x**				

H: More on Informed Consent and Data Management

NOTE: *You can find guidance and templates for preparing your Informed Consent materials) here*

Your research involves human participants as Research Subjects if you are recruiting them or actively involving or influencing, manipulating or directing them in any way in your research activities. This means you must seek informed consent and agree/ implement appropriate safeguards regardless of whether you are collecting any PIRD.

Where you are also collecting PIRD, and using Informed Consent as the legal basis for your research, you need to also make sure that your IC materials are clear on any related risks and the mitigating measures you will take – including through responsible data management.

Got a comment on this checklist or the HREC process? You can leave your comments here

IV. Signature/s

Please note that by signing this checklist list as the sole, or Responsible, researcher you are providing approval of the completeness and quality of the submission, as well as confirming alignment between GDPR, Data Management and Informed Consent requirements.

Name of Corresponding Researcher (if different from the Responsible Researcher) (print)
Emma Jansen

Signature of Corresponding Researcher: [redacted]

Date: 11-02-2026

Name of Responsible Researcher (print) Marijke Melles

Signature (or upload consent by mail) Responsible Researcher: [redacted]

Date: 11-02-2026

V. Completing your HREC application

Please use the following list to check that you have provided all relevant documentation

Required:

- **Always:** This completed HREC checklist
- **Always:** A data management plan (reviewed, where necessary, by a data-steward)
- **Usually:** A complete Informed Consent form (including Participant Information) and/or Opening Statement (for online consent)

B.3 Data Management Plan

Plan Overview

A Data Management Plan created using DMPonline

Title: Design of a Water basin for Stillborn Babies between 28 and 42 Weeks of Gestation

Creator: Emma Jansen

Affiliation: Delft University of Technology

Template: TU Delft Data Management Plan template (2025)

Project abstract:

Perinatal and neonatal loss has a lasting impact on parents and can be thorough, intense and unique and is often accompanied with depression, anxiety, extreme fear and PTSD symptoms (Burden et al., 20216; Li et al., 2024). Memory-making rituals like cutting the umbilical cord, impressions of feet and hands and physical contact can help create memories, strengthen their sense of parenthood and give proof of existence. For some parents, these rituals helped soften the immediate shock of death (Burden et al., 2016). However, a deceased baby's body deteriorates quickly after birth: the skin may shrivel, change colour and becomes more fragile and sticky (P. Smith et al., 2020). Laying the baby in a water basin filled with cold water can help slow this deterioration: the skin absorbs water, appears smoother, does not shrivel and returns to a more natural colour (G. Verhees, personal communication, 2 juni 2025). This gives parents more time to say goodbye.

Very premature babies can be laid in small vases and bowls, but babies between 28 and 42 weeks of gestation are too large for these solutions (G. Verhees, personal communication, 2 juni 2025). Currently, nurses from the neonatology department at Amsterdam Universitair Medisch Centrum (UMC) use plastic containers filled with ice water for larger babies (Figure 2). These containers leave marks on the skin, are not transparant, are not aesthetically pleasing and are not designed to support memory making.

In this project I will design a water basin for deceased babies after 28 weeks that support parents in their grieving process and fits with care professionals in their nursing work. I will take the technical requirements for the waterbasin into account, the (emotional) interaction between parents, water basin, baby and care professionals.

ID: 186834

Start date: 15-09-2025

End date: 27-03-2026

Last modified: 07-01-2026

Design of a Water basin for Stillborn Babies between 28 and 42 Weeks of Gestation

0. Administrative questions

1. Provide the name of the data management support staff consulted during the preparation of this plan and the date of consultation. Please also mention if you consulted any other support staff.

Matthijs Netten, Data steward at the Faculty Industrial Design, has consulted me via email about any questions I had regarding data management

2. Is TU Delft the lead institution for this project?

- Yes, leading the collaboration – please provide details of the type of collaboration and the involved parties below

In this project, TU Delft is leading the research design and developing the research. The TU Delft graduation team, chair and mentor, will have access to research data. The verbeterde zorgstudio provides feedback on the progress of the project, shares their knowledge to help improve the design, and brings me in contact with target group. Furthermore, they fund prototyping costs for the project.

I. Data/code description and collection or re-use

3. Provide a general description of the types of data/code you will be working with, including any re-used data/code.

Type of data/code	**File format(s)**	**How will data/code be collected/generated?** *For re-used data/code: what are the sources and terms of use?*	**Purpose of processing**	**Storage location**	**Who will have access to the data/code?**
Pictures	.HEIC, .jpg, .png	Capturing Context, during observations of nurses of AMC interacting with prototype (and with parents outside interacting with the prototype)	Capturing interaction between stakeholders (nurses of Amsterdam UMC and parents outside of UMC that are willing to participate with user study) and prototype. Consent forms will be signed before the user study. All photo's that will be taken, faces will be blurred to remain anonymity. Patients of the Amsterdam UMC will not be captured on photographs.	Onedrive	Only the project team: Marijke Melles (Chair) Marieke Sonneveld (Mentor) Suzanne Janson (Client) Julia de Jong (Supervisor UMC)
Videos	.mov, .mp4	Observations of nurses interacting with the prototypes	Analyse interaction between nurse and prototype	Onedrive	Only project team
Interview (raw)	.mp3	Recordings of interviews with care professionals and parents	Understanding the needs of nurses and parents, so design can be further iterated	Recorded on phone, but deleted after transcription	Only me
Interview (audio transcriptions)	.txt, .pdf	Transcribing the raw interview recordings	Analysing the responses of participants of the interview	Onedrive	Only project team
Informed consent forms paper	paper	Informed consent forms signed	To obtain and document informed consent	Locker at IDE	Only me
Informed consent forms digital, scanned in	.pdf	Informed consent forms signed (digitally or scanned in)	To obtain and document informed consent.	Onedrive	Only project team
Personally Identifiable Information (PII) of participants: name, email	.xlsx	Contact information for participants taking part in survey, received from participant sign-ups.	To contact participants regarding consent and communication about planning user study	Onedrive	Only project team
Role (Mother of partner of mother)	.xlsx	Information gathered before interview or observation study with parents	To see wether there are differences between mother and fathers in interaction and response to prototype	Onedrive	Only project team

II. Storage and backup during the research process

4. How much data/code storage will you require during the project lifetime?

- < 250 GB

5. Where will the data/code be stored and backed-up during the project lifetime? (Select all that apply.)

- TU Delft OneDrive

III. Data/code documentation

6. What documentation will accompany data/code? (Select all that apply.)

- Data – README file or other documentation explaining how data are organised
- Data – Methodology of data collection

Methodology for how I collected my data will be included in my graduation thesis.

IV. Legal and ethical requirements, code of conducts

7. Does your research involve human subjects or third-party datasets collected from human participants?

If you are working with a human subject(s), you will need to obtain the HREC approval for your research project.

- Yes – please provide details in the additional information box below

8. Will you work with personal data? (This is information about an identified or identifiable

natural person, either for research or project administration purposes.)

- Yes

9. Will you work with any other types of confidential or classified data or code as listed below? (Select all that apply and provide additional details below.)

If you are not sure which option to select, ask your Faculty Data Steward for advice.

- No, I will not work with any other types of confidential or classified data/code

10. How will ownership of the data and intellectual property rights to the data be managed?

For projects involving commercially-sensitive research or research involving third parties, seek advice of your Faculty Contract Manager when answering this question.

The intellectual property rights are framed by a graduation agreement between Delft University of Technology, myself and the Verbeterde Zorg Studio.

11. Which personal data or data from human participants do you work with? (Select all that apply.)

- Proof of consent (such as signed consent materials which contain name and signature)
- Audio recordings
- Video materials
- Photographs
- Job title and/or employer
- Telephone number, email addresses and/or other addresses as contact details for administrative purposes
- Names as contact details for administrative purposes
- Date of birth and/or age
- Gender

12. Please list the categories of data subjects and their geographical location.

Two groups:

1: Nurses from the Obstetrics department from Amsterdam UMC. (NL)

2: Experts that have supported families after stillbirth, and have experience with using the water method. (NL, Amsterdam)

13. Will you be receiving personal data from or transferring personal data to third parties (groups of individuals or organisations)?

- No

16. What are the legal grounds for personal data processing?

- Informed consent

17. Please describe the informed consent procedure you will follow below.

All participants will be asked to sign an adapted form of the consent form provided by the TU Delft.

18. Where will you store the physical/digital signed consent forms or other types of proof of consent (such as recording of verbal consent)?

The informed consent forms will be scanned and saved on the OneDrive cloud storage provided by TU Deflt. The physical copies will be stored in a locker on the IDE faculty of the TU Delft, where only I have access to.

19. Does the processing of the personal data result in a high risk to the data subjects? (Select all that apply.)

If the processing of the personal data results in a high risk to the data subjects, it is required to perform a Data Protection Impact Assessment (DPIA). In order to determine if there is a high risk for the data subjects, please check if any of the options below that are applicable to the processing of the personal data in your research project.

If any category applies, please provide additional information in the box below. Likewise, if you collect other type of potentially sensitive data, or if you have any additional comments, include these in the box below.

If one or more options listed below apply, your project might need a DPIA. Please get in touch with the Privacy team (privacy-tud@tudelft.nl) to get advice as to whether DPIA is necessary.

- None of the above apply

Personal story's that are shared by nurses from the obstetrics department that might identify parents, will not be included in the research data.

23. What will happen with the personal data used in the research after the end of the research project?

- Other – please explain below

Personal research data will be destroyed after the end of the research project

24. For how long will personal research data (including pseudonymised data) be stored?

- Personal data will be deleted at the end of the research project

25. How will your study participants be asked for their consent for data sharing?

- Other – please explain below (see guidance for additional options)

Personal information will not be shared. This will be mentioned in the consent form

V. Data sharing and long term preservation

27. Apart from personal data mentioned in question 23, will any other data be publicly shared?

Please provide a list of data/code you are going to share under 'Additional Information'.

- Not all non-personal data/code can be publicly shared – please explain below which data/code and why cannot be publicly shared

When nurses (group 1) or experts (group 2) share something during the interview, or observation, that they specifically do not want to include in the research project, this will not be shared.

29. How will you share research data/code, including those mentioned in question 23?
Select all that apply and provide additional details below.

- I am a Bachelor's/Master's student at TU Delft and I will share the data/code in the body and/or appendices of my thesis/report in the TU Delft Repository

Anonymised pictures and quotes might appear in the report, as well as in my presentation. The pictures are essential for explaining the experimental setup, allowing other designers to learn from

methodology and build upon it. Additionally, the pictures are necessary to show the (desired) interaction that came out the user study that argue the design decisions of the final design.

30. How much of your data/code will be shared in a research data repository?

- < 100 GB

31. When will the data/code be shared?

- At the end of the research project

32. Under what licence(s) will the data/code be released?

- CC BY

VI. Data management responsibilities and resources

33. If you leave TU Delft (or are unavailable), who is going to be responsible for the data/code resulting from this project?

My supervisor Marijke Melles, Human-Centered Design, M.Melles@tudelft.nl

34. What resources (for example financial and time) will be dedicated to data management and ensuring that data will be FAIR (Findable, Accessible, Interoperable, Re-usable)?

None - I will handle all data management on my own using resources provided by the university.

35. Which faculty do you belong to?

- Faculty of Industrial Design Engineering (IDE)

B.4 Device Report

Delft University of Technology
INSPECTION REPORT FOR DEVICES TO BE USED IN CONNECTION WITH HUMAN SUBJECT RESEARCH

This report should be completed for every experimental device that is to be used in interaction with humans and that is not CE certified or used in a setting where the CE certification no longer applies[1].

The first part of the report has to be completed by the researcher and/or a responsible technician.

Then, the safety officer (Heath, Security and Environment advisor) of the faculty responsible for the device has to inspect the device and fill in the second part of this form. An actual list of safety-officers is provided on this webpage.

Note that in addition to this, all experiments that involve human subjects have to be approved by the Human Research Ethics Committee of TU Delft. Information on ethics topics, including the application process, is provided on the HREC website.

Device identification (name, location): Water basin "Halo"

Configurations inspected[2]:

Type of experiment to be carried out on the device:[3] User study

Name(s) of applicants(s): Emma Jansen

Job title(s) of applicants(s): Master student

(Please note that the inspection report should be filled in by a TU Delft employee. In case of a BSc/MSc thesis project, the responsible supervisor has to fill in and sign the inspection report.)

---

1 Modified, altered, used for a purpose not reasonably foreseen in the CE certification

2 If the devices can be used in multiple configurations, otherwise insert NA

3 e.g. driving, flying, VR navigation, physical exercise, ...

Date: 09-02-2026

Signature(s):

Setup [redacted] summary

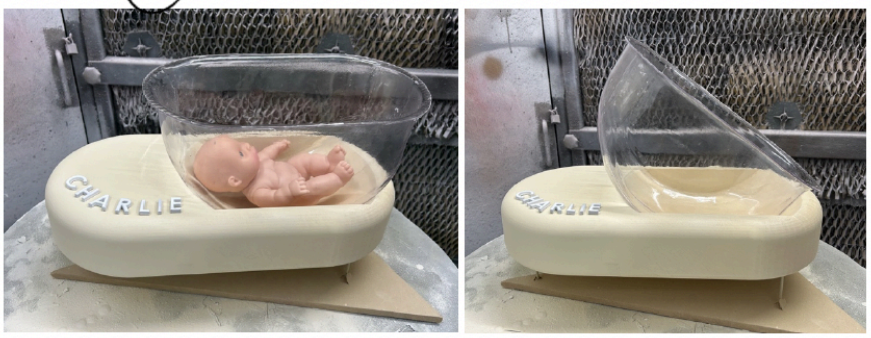


Figure 1, full prototype of Halo in two user study scenarios. Note: the base is now held up to give the illusion of floating. This will not be done during the user study.

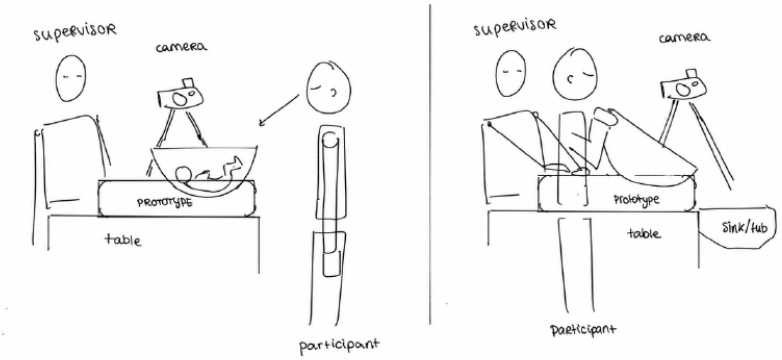


Figure 2, Both set ups of user study

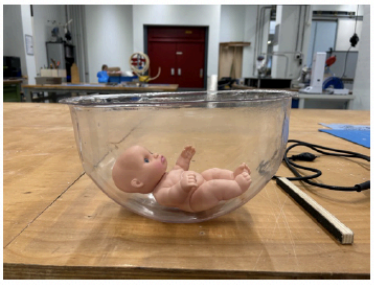


Figure 3, Water basin and baby doll

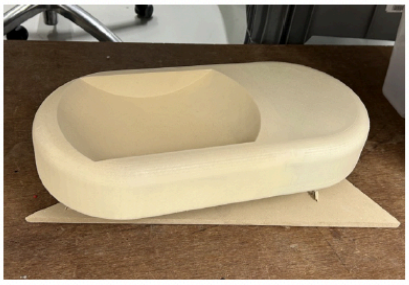


Figure 4, The base of the prototype

The water basin itself is made by vacuum forming transparent PETG (3mm). The basin shape was cut out with a dremel, and the edges were sanded to remove sharp edges. The water basin can be filled with cold water. The baby doll was bought at Action.

The base is 3D printed in two parts, finely sanded, glued together with polymer glue, and filled with wall filler. After sanding, the base was primed, painted and glossed with spray paint.

The letters were 3D printed, primed and painted and glossed with spray paint.

The water basin can turn in the base and is not attached to it. The letters on the base can stick to the base with double sided tape.

Risk checklist

Please fill in the following checklist and consider these hazards that are typically present in many research setups. If a hazard is present, please describe how it is dealt with.

Also, mention any other hazards that are present.

Hazard type	Present	Hazard source	Mitigation measures
Mechanical (sharp edges, moving equipment, etc.)	x	Rotation or movement of the water basin in the base may create a mechanical safety risk. Unexpected movement could lead to instability of the prototype, potentially causing tipping, falling, or pinching hazards for participants.	Prior to the user study, participants will receive a short safety briefing explaining how to safely interact with the prototype. The researcher will supervise all sessions and will be present at all times to guide use and intervene if unsafe situations occur. Participants will not operate the system independently.
Electrical			
Structural failure			
Touch Temperature			
Electromagnetic radiation			
Ionizing radiation			
(Near-)optical radiation (lasers, IR-, UV-, bright visible light sources)			
Noise exposure			
Materials (flammability, offgassing, etc.)			
Chemical processes			
Fall risk	x	When the basin is filled with water, the increased weight makes the prototype heavier and harder to control. During emptying, rapid shifts in weight distribution may destabilise the structure, increasing the risk of falling	The prototype will be placed on a stable, flat surface to prevent tipping. The basin will be filled and emptied only under researcher supervision. During emptying, the researcher will physically stabilise the base to control weight shifts. Water levels will be kept within safe limits to avoid excessive weight. Participants will not be required to lift or carry the basin.
Other: Water spilling	x	Water may spill over the edge of the prototype, creating slip hazards and potential damage to	To reduce spill and slip risks, towels will be placed around the setup area. Electrical devices and sensitive equipment will be removed or

		surrounding equipment or electrical devices.	kept at a safe distance. Any spilled water will be cleaned immediately. The floor will be checked regularly to ensure it remains dry.
Other: infection prevention		Water could leak into 3D printed base during testing.	After user test, prototype will be cleaned and dried directly to prevent bacteria growth and will be stored in a dry place.
Other:			

Appendices

Here, you may add one or more appendices describing more detailed aspects of your setup or the research procedures.

Device inspection

(to be filled in by the AMA advisor of the corresponding faculty)

Name: Peter Kohne

Faculty: IO

The device and its surroundings described above have been inspected. During this inspection I could not detect any extraordinary risks.

(Briefly describe what components have been inspected and to what extent (i.e. visually, mechanical testing, measurements for electrical safety etc.)

Date: 13-03-2026

Signatur [redacted]

Inspection valid until[4]:

Note: changes to the device or set-up, or use of the device for an experiment type that it was not inspected for require a renewed inspection

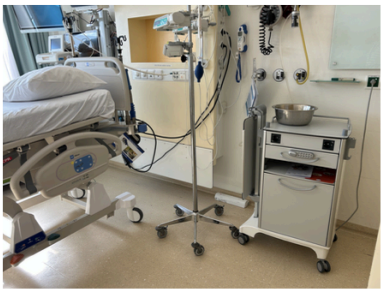
4 Indicate validity of the inspection, with a maximum of 3 years

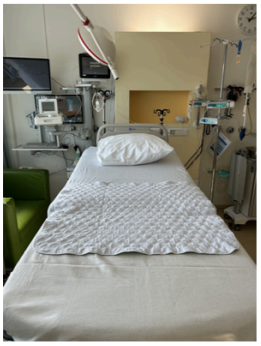
C. Context Visit

Context

Delivery room

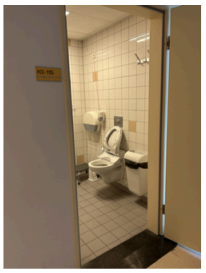






Bathroom


Doorway to hall and bathroom




Water basin can be emptied in toilet


Water basin can be emptied in shower

Current Tables in Delivery room used for placing water basins


Bigger rolling table is currently be used to place the bigger waterbasin on top


Nightstand is sometimes used to place smaller vases on.

Memory making

Card that is filled with baby's information by nurses. Sometimes this card is decorated with handprints of the baby.

Blanco card for hand- and foot prints

Ink used for creating hand and foot-prints

Camera for photography
Bleach for stopping skin from flaking
Baby oil for oiling baby (often parents do this as ritual)
Cleaning supplies

SD cards with pictures will be given to parents

Donation: Matching hearts. One will stay with baby and the other with the parents to symbolise connection.

(Microfiber) cloth is used to stabalise baby, so they won't sway around in the water

D. Interviewguide - Initial Interview with Nurses

Introductie: eerst bepalen u of jij

Hallo, welkom en dank dat u tijd wilt maken voor dit gesprek.
Ik ben **Emma Jansen** en ik ben student aan de **TU Delft**. Ik doe een project voor de **Verbeterde Zorgstudio**, waarbij ik onderzoek hoe het opbaren van overleden baby's tussen de **28 en 42 weken** op een respectvolle, veilige en werkbare manier kunnen ondersteunen.

Het doel van dit interview is om een beter beeld te krijgen van hoe het proces nu verloopt, welke ervaringen en behoeften **verpleegkundigen en ouders** hebben, en waar verbeteringen mogelijk zijn.

Uw deelname is **volledig vrijwillig**. U mag het gesprek op elk moment pauzeren of stoppen als dat nodig is. Het interview zal tussen 30 minuten tot 45 minuten duren.

Ik zou graag een **audio-opname** maken om later terug te kunnen luisteren voor analyse. De opname wordt alleen gebruikt voor dit onderzoek, blijft vertrouwelijk en anoniem en wordt vernietigd nadat het gesprek is uitgewerkt en geanalyseerd.

Voordat we verder gaan, wil ik u vragen om dit **toestemmingsformulier** door te lezen en te tekenen als u akkoord gaat.

(Geef het toestemmingsformulier en wacht op akkoord.)

Dank u wel. Als u klaar bent, beginnen we met een aantal kennismakingsvragen om rustig te starten.

Inleiding

- Kunt u zichzelf voorstellen?
- Wat is uw functie op deze afdeling?
- Hoeveel jaren ervaring heeft u op deze afdeling?
- Komt u vaak in aanraking met situaties waarin een baby overlijdt?
- Welke rol heeft u dan meestal in dat proces?

Water basin

- Wat is uw ervaring met het gebruik van de waterbassin voor het opbaren van stilgeboren baby's?
- Als u hier ervaring mee heeft: werkt u alleen, samen met een collega, een andere afdeling etc?
- Wat voor water basin werd gebruikt om stilgeboren baby's na 28 weken in op te baren?
- Kan u mij een voorbeeld geven wanneer de water basin moeilijk te gebruiken was?
- Wat kan er volgens u echt niet missen aan een nieuw water basin?
- Hoe maakt u het bassin schoon na gebruik? Welke middelen heeft u nodig en hoeveel tijd kost dat?
- Hoe verplaatst u de waterbasin? Heeft u wel eens hulp nodig?

Emotie en ervaring

- Hoe ervaart u zelf het begeleiden van ouders van een stilgeboren kindje?
- Welke emoties ervaart u zelf?
- Zijn er voor u zware momenten?
- Zijn er voor u mooie momenten?
- Welke situaties geven u juist voldoening of trots?

- Zijn er momenten waarop u bang bent iets verkeerd te doen?
- Heeft u ondersteuning nodig, van het ziekenhuis of elders? Zo ja, is deze beschikbaar?
- Wat zou u kunnen ondersteunen in het proces?

Knelpunten

- Zijn er momenten die u als knelpunt ervaart in het proces van het moment van overlijden totdat ouders het ziekenhuis verlaten?
    - Zijn er knelpunten tijdens het verplaatsen van de water basin?
    - Zijn er knelpunten tijdens het verschonen van de water basin?
- Gaan er wel eens dingen mis bij het gebruik van de water basin?
- Zijn er risico's bij het gebruik van de water basin?

Herinneringen maken

- Speelt u een rol wanneer ouders herinneringen willen maken met het kindje? Zo ja, wat doet u dan dan?
    - Vasthouden, fotografie, videografie, afdrukken maken, haarlokjes bewaren
- Wat zou er volgens u nodig zijn om deze ervaring voor verpleegkundigen te verbeteren?
- Wat zou er volgens u nodig zijn om deze ervaring voor ouders te verbeteren?

Behoeften

- Wat zou u nodig hebben om ouders beter te ondersteunen bij het proces van het opbaren van een kindje in een water basin?
- Wat denkt u dat ouders nodig hebben tijdens deze periode?
- Wat zou ouders volgens u helpen om een waardig afscheid te hebben?
- Wat vindt u het minst fijn aan deze water basin?
- Wat vindt u het fijnste aan de huidige water basin?

Afsluiting

- Is er nog iets wat je wilt delen, waar ik niet naar heb gevraagd tijdens dit interview?

E. Co-creation sessions

E.1 Co-creation Session Plan

Co-creation session 1

Preparation time					
Time	**What?**	**Why**	**Exercise**	**Resources**	**Desired outcome**
9:00 - 13:00	Prep supplies	Making sure supplies are ready		A2 sheet with mindset written out. 4 flip-over page with the Problem as Perceived	
14:00-14:20	Prep room	Making sure room is ready before everyone arrives		Flip over pages (A2), sticky notes, writing pens, coloured markers Create 4 spaces for the teams to work with. Stick sheets with Problem as given on the wall together with extra space for clustering.	
14:20 - 14:30	Be ready to welcome people inside. Already in groups	Not last minute still sticking things on the wall		Consent forms	People do not feel awkward or rushed to go inside, so we can start on time.
Session 1: Idea phase - 45 min					
Time	**What?**	**Why?**	**Exercise**	**Resources**	**Desired outcome**
Time:14:30-14:35 **Duration**: 5 min	People enter the room and sign consent forms. I welcome them in and let them sign consent forms.	So I know if they consent		Naamkaartje voor mijzelf.	

Time: 14:35 - 14:40 **Duration:** 5 min	Welcome and introduction				If people are late, they will miss the introduction
Time: 14:40-14:55 **Duration:** 15 min	1. explain PaG 2. Remind of mindset, 3. Questions? 3. Generate post its 3. Stimulate fluency	Write down ideas to solve PaP, use fluency to get as many ideas as possible for the problem.	<u>Diverging</u> Brainwriting with post-its	Post-its Flip over sheets to place sticky notes onto	
Time: 14:55 - 15:08 **Duration:** 12 min	1.Explain steps of clustering 2. Remind of PaP and walk to the wall. 3. Remind of mindset 4. Grab post it and paste it at similar option, you will see similar ideas start to emerge.	Organizing the ideas, going back to group the ideas into categories might help combine certain ideas.	<u>Reverging</u> Intuitive clustering		
Time: 15:08-15:14 **Duration**: 6 min	Provide participants with stickers. square root of total number of options 10 per particpant Explain what they mean and the steps. Remind of mindset There are no predefined criteria, just your own feeling. Which options feel right.	See where the most interesting ideas lie and where the potential is	<u>Converging</u> Hits and dots		
Time: 15:14-15:15 Duration 1 min	Round up, thank you for participating and give reminder of				

	session of next week.				
	Collection of materials, Take pictures of all the ideas, clusters and hits and dots.				

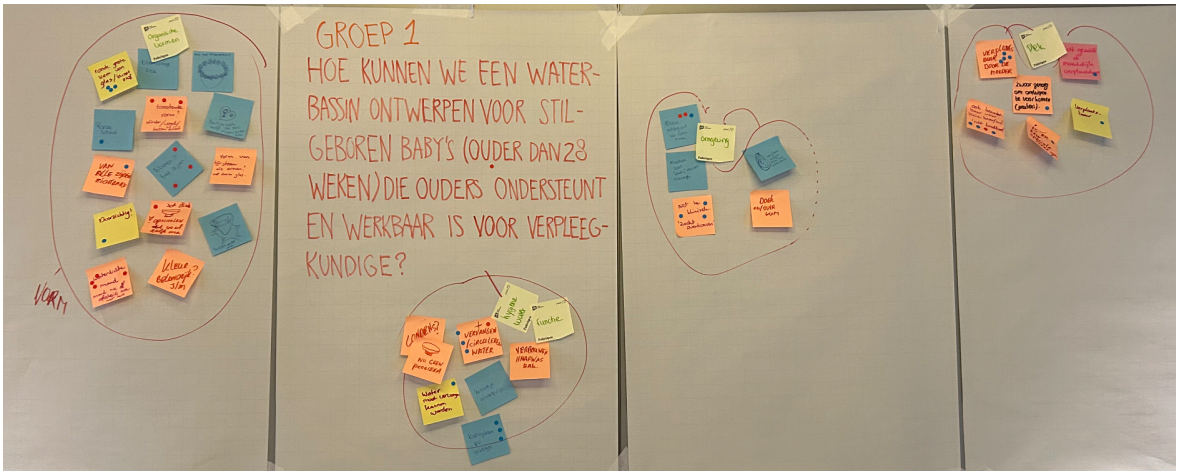
Session 2: Solution phase - 45 min					
Time	What?	Why?	Exercise	Resources	Desired outcome
Time:14:30-14:35 **Duration**: 5 min	People enter the room and sign consent forms. I welcome them in and let them sign consent forms.	So I know if they consent		Naamkaartje voor mijzelf.	
Time: 14:35 - 14:37 **Duration:** 2 min	Warm up with drawing	Get the creativity started and get the people relaxed.			if people are late they will miss recap and warming up
Time: 14:37-14:52 **Duration:** 15 min	Explain exercise Ask to pick x options they are excited about. (depending on how many people in Rg) Let RG sketch 2 min and then pass the sheet to person next to you (30 sec). Repeat x number of participants. 6 participants, 2 minuten tekenen met 30 min tijd = 15 min	Getting more into detailed selected ideas by exploring the concept further. Hitchhiking on each other ideas.	<u>Diverging</u> Interactive brain sketching.		
Time: 14:52 - 14:55 **Duration:** 3 min	Create 2 subgroups in groups and pick one idea or	Selecting the idea that might be the most fun or	<u>Reverging</u> Selecting ideas		

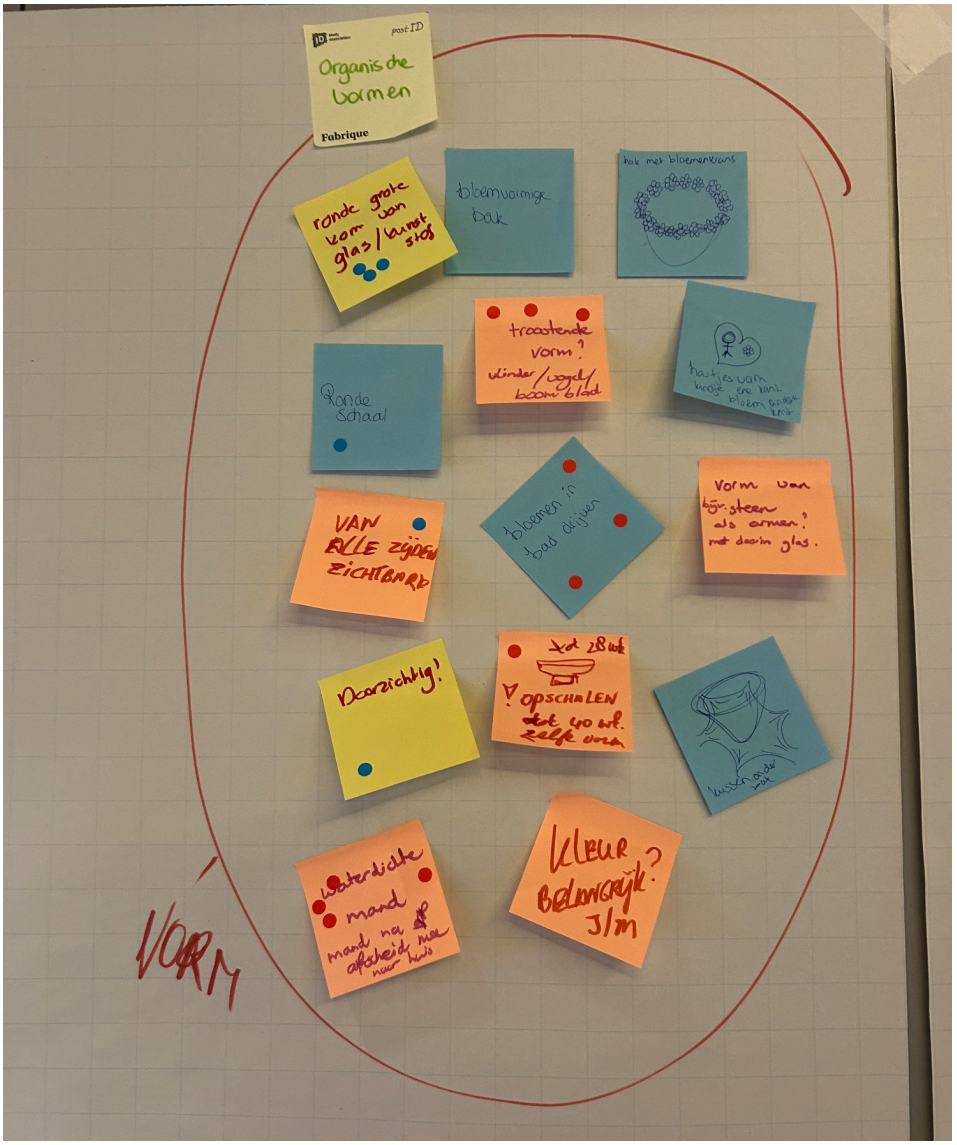
	combine ideas that you further develop and work on.	promising			
Time: 14:55 - 15:09 **Duration**: 14 min	Let groups make their final presentation. This could be a poster with a drawing. This can be a poster with a drawing, a prototype, Each group gets a flipover sheet, coloured pens etc, crafting materials will be provided in the middle of the room. Remind of mindset and explain the exercise.	See where the most interesting ideas lie and where the potential is	<u>Converging</u> Making a poster		
Time: 15:09 -15:14 **Duration:** 5 min	Presenting results Let each group present their poster for maximum of 30 seconds.	Give an elevator pitch to the rest of the group and see results of the sessions. That way you also know what others might have come up with, maybe already get some comments from nurses	<u>Converging</u> Presenting the poster	A3 posters for posters. 2 posters per group (8 total). Maybe have an example poster, but do not give them a layout so they can put their own input in it.	
Time: 15:14-15:15 **Duration**: 1 min	Thank you and goodbye				

E.2 Co creation Session 1 Results

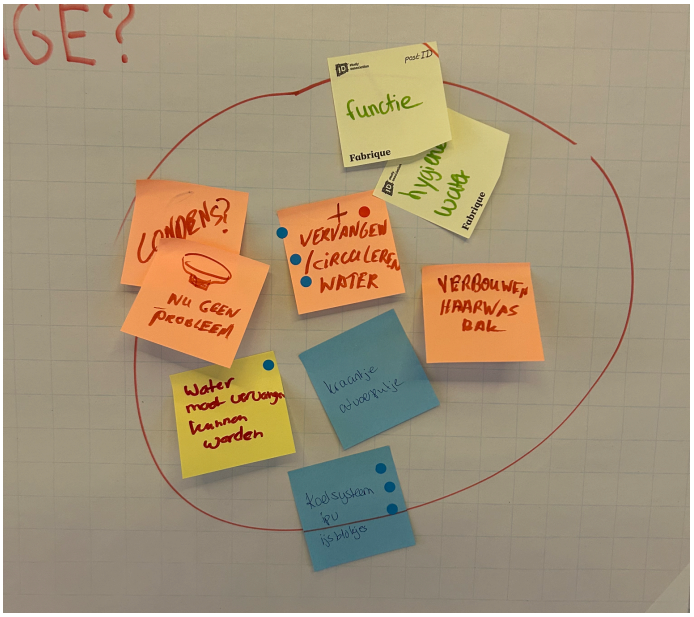
E.2.2 Results of Session

Group 1



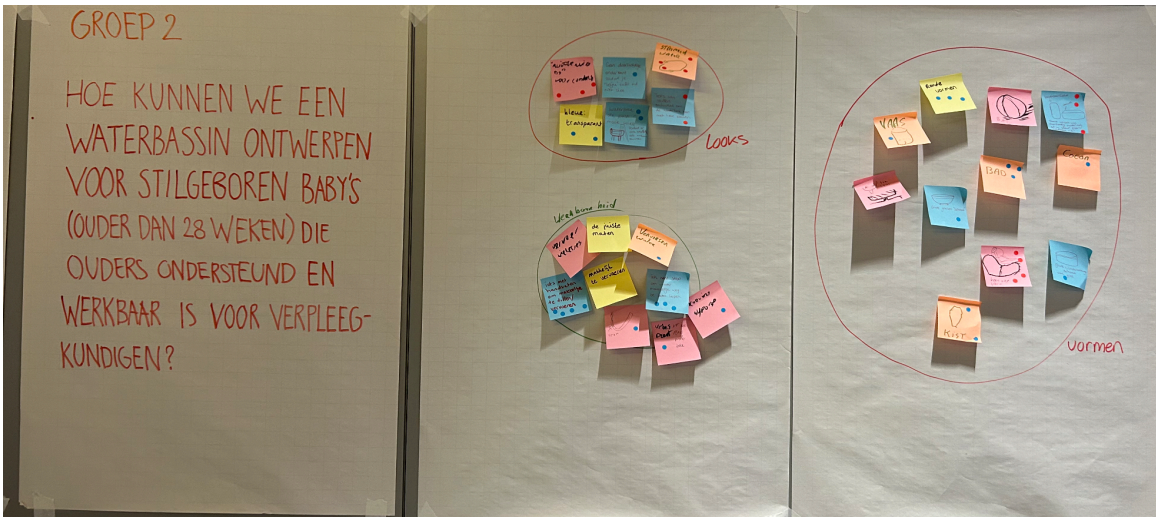



Mooie achtergrond voor fotos maken
post ID
omgeving
Fabrique
misschien soort "speels" element toevoegen
niet te klinisch
'zacht overkomen'
DOEK OM/OVER KOM

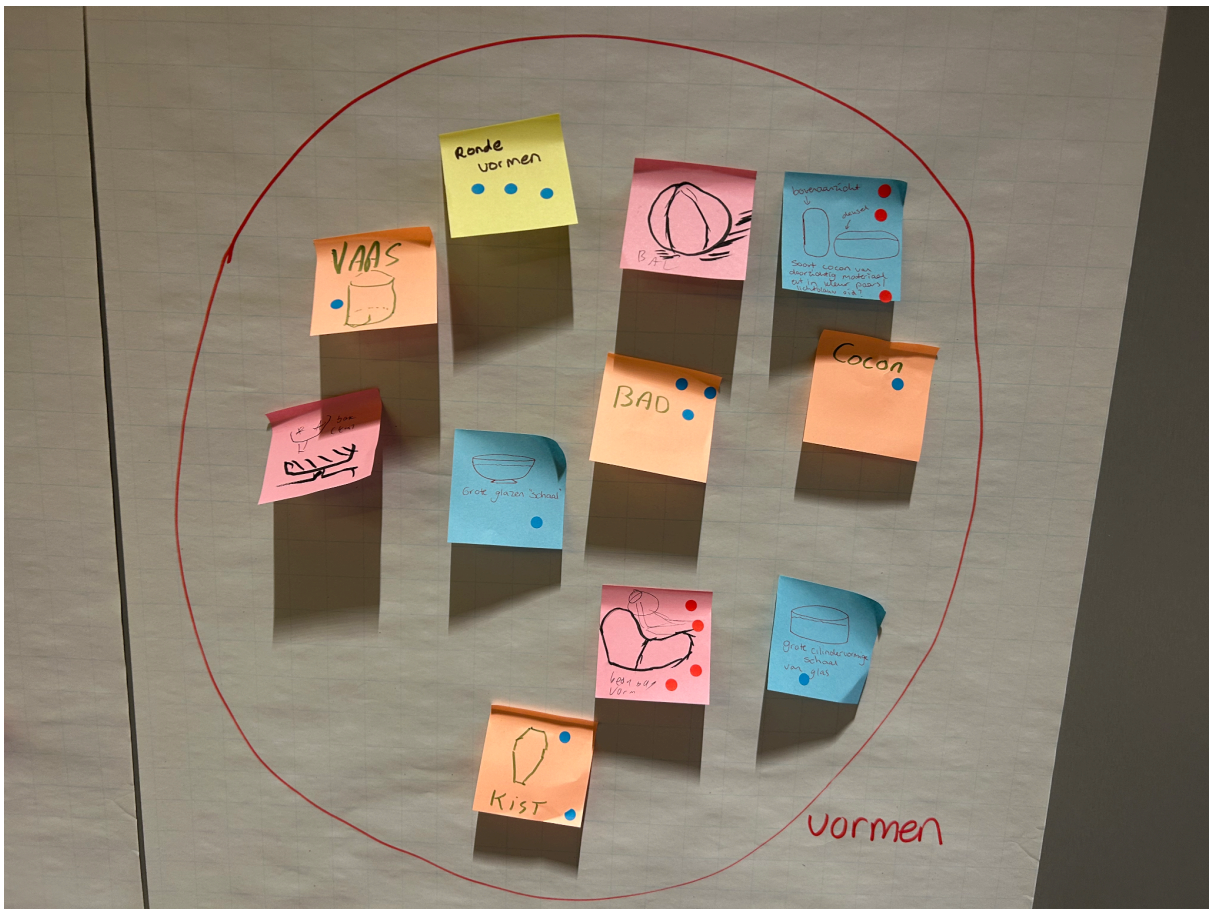

post ID
functie
Fabrique
hygiëne
Fabrique
VERVANGEN /CIRCULEREN WATER
VERBOUWEN HAARWAS BAK
NU GEEN PROBLEEM
Water moet vervangen kunnen worden
Koel systeem RV


post ID
Plek
Fabrique
VERPLAATSBAAR DOOR DE MOEDER
'zwaar genoeg om omkuipen te voorkomen (peuters).
Verplaats-baar
'IS ER EEN SPECIALE STOFFEL VOOR?

Group 2

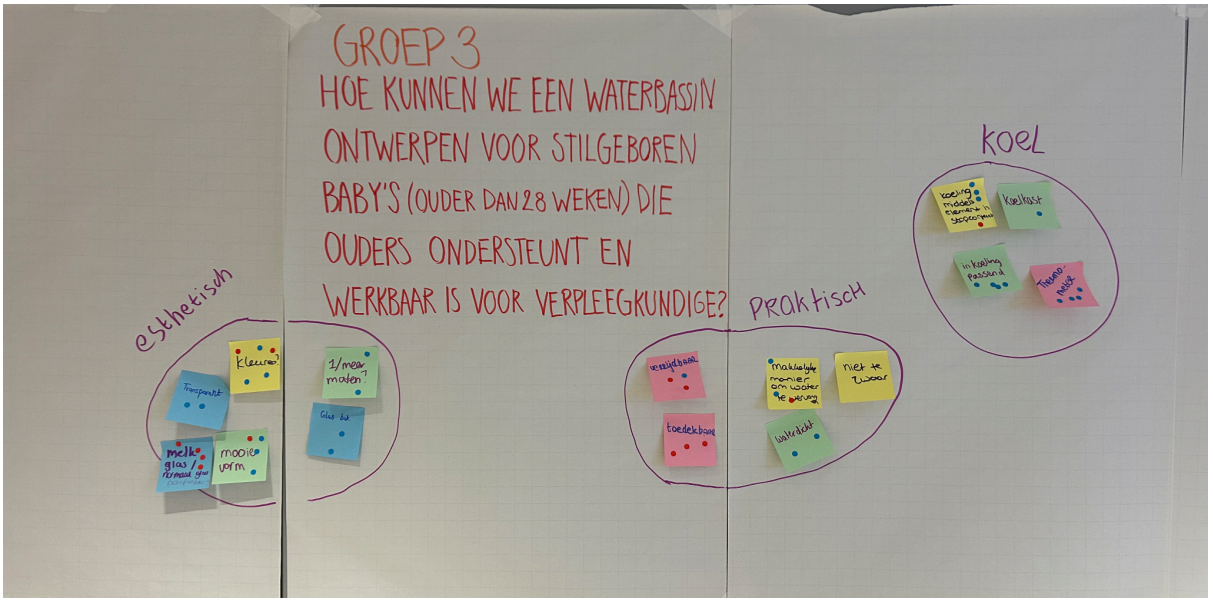

GROEP 2
HOE KUNNEN WE EEN WATERBASSIN ONTWERPEN VOOR STILGEBOREN BABY'S (OUDER DAN 28 WEKEN) DIE OUDERS ONDERSTEUND EN WERKBAAR IS VOOR VERPLEEG-KUNDIGEN?
Looks
Vormen

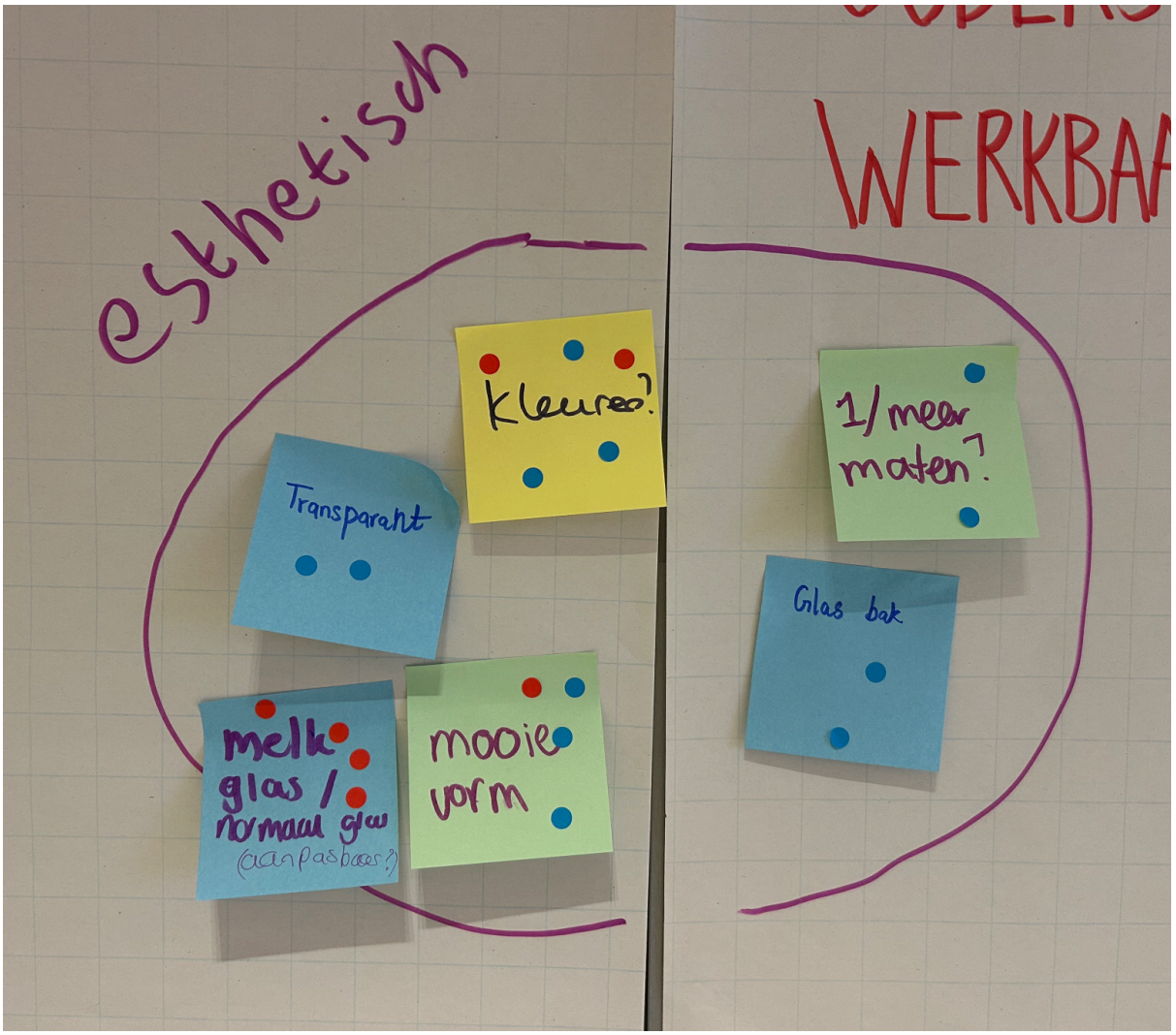

de juiste maten
makkelijk te vervoeren
Iets met stop om water makkelijk weg te laten lopen

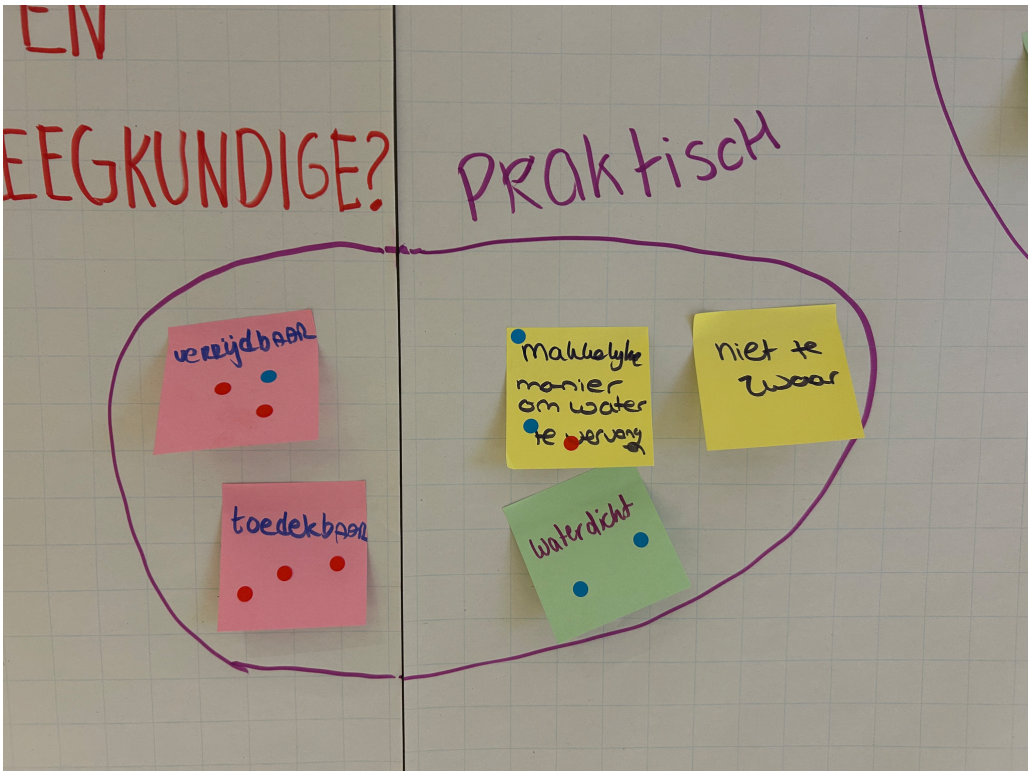

Ronde vormen
VAAS
BAD
Cocon
KIST
vormen


Geen doorzichtige onderkant zodat je "lelijke" tafel oid niet ziet
kleine: transparant
Waterbak die past in mooie wieg zodat er ook knuffels edc omheen kunnen
Iets van stoffen omhuisel om de waterbak heen met lieve kleuren
looks

Group 3

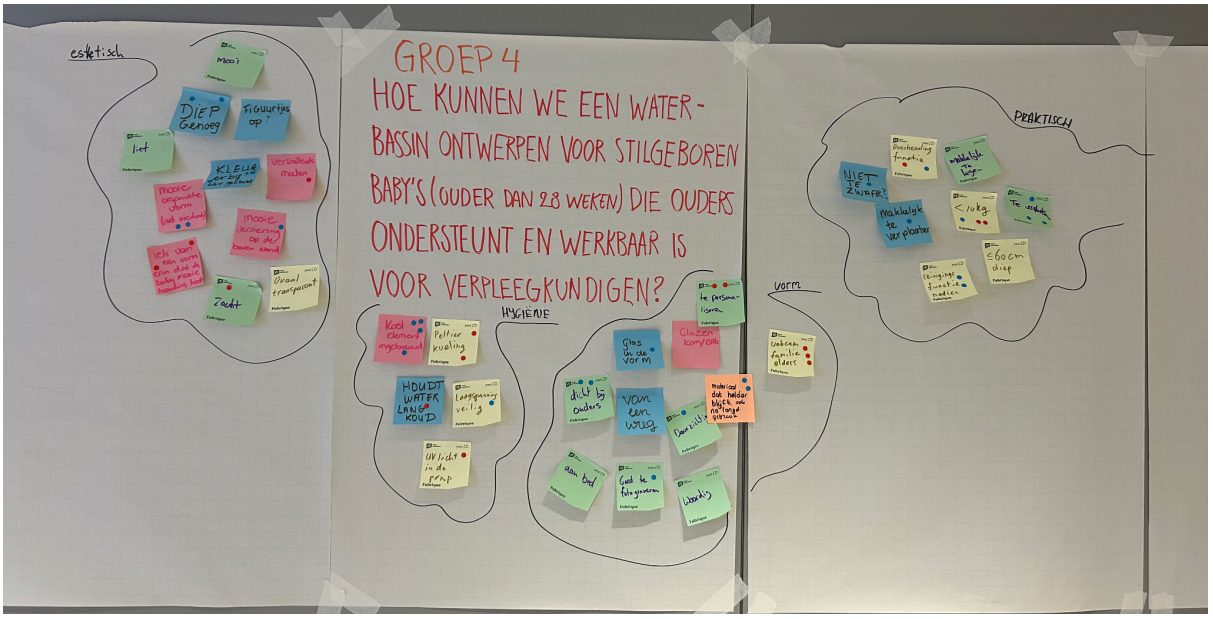

GROEP 3
HOE KUNNEN WE EEN WATERBASSIN ONTWERPEN VOOR STILGEBOREN BABY'S (OUDER DAN 28 WEKEN) DIE OUDERS ONDERSTEUNT EN WERKBAAR IS VOOR VERPLEEGKUNDIGE?
esthetisch
Praktisch
koel
Kleuren?
1/meer maten?
Transparant
mooie vorm
Glas bak
toedekbaar
niet te zwaar


esthetisch
Kleuren?
Transparant
1/meer maten?
Glas bak
melk glas / normaal glas (aanpasbaar?)
mooie vorm

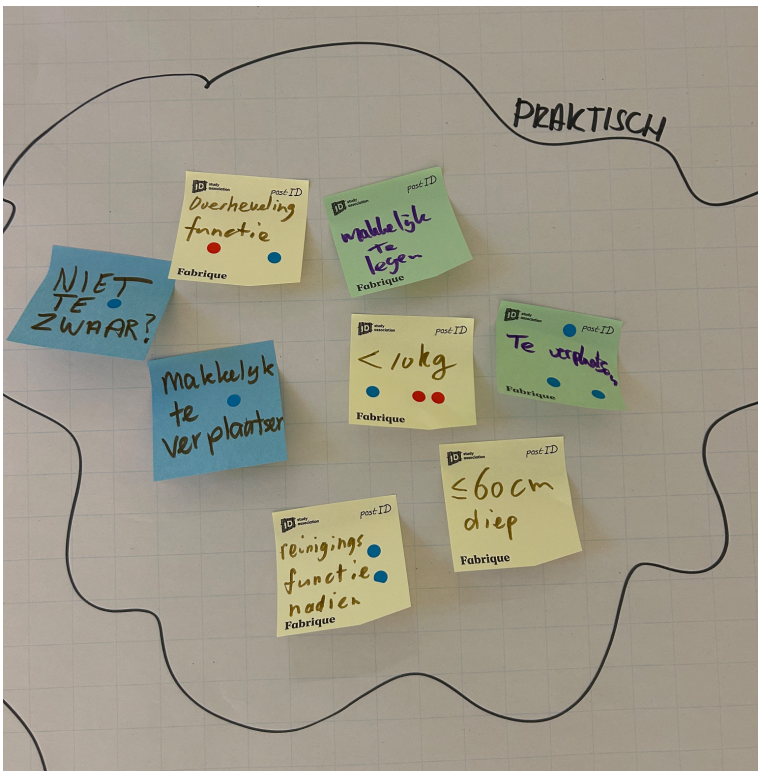

EIN
EEGKUNDIGE?
praktisch
verrijdbaar
mahkelijke manier om water te vervang
niet te waar
toedekbaar
waterdicht


koel
koeling middels element in stopcontact
Koelkast
in koeling passend
Thermo-meter
fisch
niet te

Group 4


GROEP 4
HOE KUNNEN WE EEN WATER-BASSIN ONTWERPEN VOOR STILGEBOREN BABY'S (OUDER DAN 28 WEKEN) DIE OUDERS ONDERSTEUNT EN WERKBAAR IS VOOR VERPLEEGKUNDIGEN?
esthetisch
PRAKTISCH
HYGIËNE
vorm


HYGIËNE
Koel element ingebouwd
Peltier koeling
HOUDT WATER LANG KOUD
Laagspanning veilig
UV licht in de pomp
aan
Fabrique
post ID


PRAKTISCH
Overheveling functie
Makkelijk te legen
NIET TE ZWAAR?
Makkelijk te verplaatsen
< 10kg
Te verplaatsen
≤60cm diep
reinigings functie nodien
Fabrique


esthetisch
Mooi
DIEP Genoeg
Figuurtjes op?
liet
KLEUR erby? obv gesbackt
Verschillende maten
Mooie organische vorm (niet vierkant)
Mooie versiering op de boven rand
iets van een vorm erin dat de baby mooie houding heeft
Zacht
Ovaal transparant
Fabrique

E.2.2 Research Diary

Observatie: Nadat ik een introductie had gedaan wilde een verpleegkundige wat toevoegen aan mijn verhaal. Ze vond het belangrijk om te weten dat water opbaring niet de enige oplossing was en dat baby's na 28 weken vaak niet op water worden gelegd. Ze zei dat ouders graag het kindje willen vasthouden en aankleden.

Gedachte: Mijn eerste gedachte is dat bij de 4 interviews die ik heb gedaan, dat de verpleegkundige de wateropbaring een hele goede oplossing vonden, omdat het de huid mooi houdt, de baby goed gekoeld blijft. Ook in de interviews weet ik dat niet iedereen de huidige oplossing gebruikt, omdat ze het beschamend vinden. Deze opmerking blijft natuurlijk belangrijk, het feit blijft dat niet elke ouder voor wateropbaring zal kiezen. Maar de optie moet mogelijk zijn, de ouders moeten de keuze kunnen hebben om hun kindje op te baren in water, en op dit moment wordt de oplossing die er is niet gebruikt vanwege schaamte van de verpleegkundigen.

Vraagstuk: Misschien zien verpleegkundigen wel de meerwaarde van de wateropbaring, omdat de huid mooier wordt. Bijvoorbeeld tijdens de interviews (n=4) zeiden de verpleegkundigen dat ze blij waren met wateropbaring en wat het deed voor het goed houden van de huid van de baby.
Interview 1:
"Ik ben er heel enthousiast over, ook gewoon omdat de huid een stuk mooier blijft, en de kinderen echt in een betere conditie blijven dan wanneer je het niet doet."
Interview 2:
"Wat we vaak zien is kindjes die in het water leggen dat die er een stukje mooier uitkomen, dus ja met de bevalling krijgen ze soms wat blauwe plekken of ze zijn wat donkerder van kleur al, en als je dan ze in het water legt met ijs dan worden ze weer een stuk meer roze van kleur en blijven ze een langere tijd mooi."
De vraag is: hebben ouders hier dan minder behoefte aan hun kind opbaren in water? Misschien zien verpleegkundige de wateropbaring wel als een manier hoe het kindje "Mooier" wordt: Een verpleegkundige tijdens het interview (3) zei het volgende *" We printen de mooiste, maar alles wat we maken geven we mee. Uiteindelijk was een heel andere foto die de ouders op het geboortekaartje hadden gedaan. "Je vind je eigen kind hoe dan de mooiste, dus blijkbaar ook, als platgezegd, de vellen er aan hangen zegmaar."*
Misschien hebben ouders andere prioriteiten dan de huid en de kwaliteit van de baby mooi houden dan verpleegkundigen.

Gedachte: Verpleegkundigen geven wel aan dat ouders meestal erg tevreden zijn met de zorg. Tijdens de interviews kwam 1 keer naar boven (interview 2) dat ouders soms ontevreden kunnen zijn dat ze bang zijn dat ze iets hebben gemist:
"Soms hebben mensen wel eens dat ze dingen gemist hebben ofzo, er zijn heel veel dingen om herinneringen te maken en je kan het allemaal maar 1 keer, want uiteindelijk wordt het kindje gecremeerd of begrafen. En ja als je gaat zoeken op internet is er heel veel mogelijk, maar het kost ook wel heel veel geld. Dus dan, en soms weten wij ook niet alles en bieden we niet alles aan denk ik en dat is soms wel jammer dat mensen achteraf toch soort van gemist hebben. Soms hoor je wel eens bij ons [ligt]…, maar ja je moet ook aan iemand de schuld kunnen geven."

Ook gaf dezelfde verpleegkundige (interview 2) aan dat ze denkt dat het helpt als we uniform aanbieden wat er mogelijk is. Dat iedereen dezelfde opties aangeboden kan krijgen.

Dit kan zowel betekenen als een baby van 18 weken vs een baby van 42 weken, maar het kan ook zijn dat soms verpleegkundigen niet altijd hetzelfde aan zouden bieden voor dezelfde casus:
“Maar vanuit ons, als ik denk wat bieden wij aan deze mensen ik denk dat het helpt als we uniform zijn, dus dat iedere verpleegkundige hetzelfde kan aanbieden, dat zou denk ik wel voor veel mensen… Het komt denk ik niet, nauwelijks voor, dat iemand die hier bevallen is dat die iemand kent die hier ook bevallen is met dezelfde reden. Maar het zou wel fijn zijn als er ervaringen gedeeld worden dat het dan dezelfde ervaring is.”

Zo biedt bijvoorbeeld de verpleegkundige van interview 1, 3 en 4 wel de curverbak soms aan, met soms tegenzin, maar verpleegkundige 2 niet. Daarnaast waren de verpleegkundigen die de curverbak moesten aanbieden hier niet enthousiast over.

Interview 2:
“Nou ik heb daar nog nooit een kind in gelegd, nee nee. Maar ik vind eigenlijk de glazen schaaltjes, die kleinere, die zijn echt super mooi doorzichtig, dus daar kan je de kinderen ook heel mooi in zien en maak je makkelijk schoon. Ik vind dat ronde of een ovale bak dat is wel echt, dan geeft het een beetje, net een mooier idee ofzo.”

Interview 4:
“Nou de curverbak, vind ik niet zo heel erg [fijn].. haha, nou ja het ziet eruit als een curverbak, we hebben voor de kleintjes een wat meer rondere, wat er wat vriendelijker uitziet dan zo’n bak die ik thuis ook onder heb bed heb staan.
Ik vind [de kleinere bakken] er wat vriendelijker uitzien, wat mooier uitzien, wat professioneler uitzien, dan zo’n curver bak. Want het is inderdaad gewoon alsof je naar de blokker gegaan bent en zo’n ding [hebt gekocht]. Dat is opzich niet erg, maar zo ziet het er ook wel uit, ik denk dat dat veel mooier, vriendelijker kan, door wat meer van die ronde gebruik te maken. Net zoals de buik, de buik is ook rond.”

Conclusie: Het is ook belangrijk om aan te geven, dat water opbaring niet de enige optie is voor ouders, maar dat wanneer ouders hiervoor kiezen, dat er een mooie geschikte oplossing is. Misschien als er een “waardig” waterbassin is, dat deze methode vaker door verpleegkundigen wordt aangeboden. Ik verwacht ook dat de kans ook groter is dat verpleegkundigen op de afdeling dan een uniformer aanbod hebben.

Observatie: 1 van de verpleegkundigen uit groep (1 denk ik) die gaf aan haar groepje aan dat toen ze de een bak had aangeboden als dat de ouders boos hadden gereageerd met ***“Ik ga mijn kind toch niet in een slabak doen?”***

Gedachte: Dit sluit aan bij waarom verpleegkundigen de bakken soms niet aan durven te bieden. Ik denk dat dit de reacties zijn waar ze bang voor zijn. De bakken die op dit moment gebruikt worden, hebben mensen bepaalde associaties bij. Ze zijn niet speciaal ontworpen voor het opbaren van baby’s, en de geassocieerde functie van de bak kan bezwaarlijk zijn. Dit is vooral een probleem bij de curverbak, omdat deze wordt geassocieerd met een bak om je spullen in op te slaan en ergens te bewaren. Verpleegkundigen zien deze originele functie en schamen zich om het aan te bieden om een baby in op te baren.

—----------

Observatie: Uit groep 1 zei de verpleegkundige ook dat soms een kindje thuis doodgeboren wordt. Dan krijgen de ouders vaak via de begrafenisondernemer een bak voor de ouders. Die hebben er ook iets voor. Misschien kan ik uitzoeken wat ze daar voor producten hebben.

Gedachte: Het is waardevol om op onderzoek uit te gaan voor producten die worden gebruikt voor opbaren van kindjes, die niet alleen in het ziekenhuis worden gebruikt, maar ook elders.

—----------

Observatie: Er werd een verhaal verteld van een jongetje van 3. Zijn broertje of zusje was overleden en ze hadden hem of haar in een waterbak gelegd, die in de garage was neergezet. Hij ging dan in zijn eentje naar de garage om naar zijn broertje of zusje te kijken, en hem aan te raken.

Gedachte: Sommige kinderen zullen ook behoefte hebben om hun broertje of zusje te ontmoeten. Misschien kunnen we deze kans ook bieden, dat de kinderen betrokken kunnen worden met het leren kennen van hun broertje of zusje mochten ze daar behoefte aan hebben.

—-------

Observatie:
Doorzichtigheid: IIII
Alle groepen schreven transparantie op.

Gedachte
Ook uit de interviews kwam transparantie als hoogst belangrijk terug. Ik denk dat dit bevestigt dat transparantie 1 van de belangrijkste wensen is van de bak.

Observatie
De clusters

Groep 1: Organische vormen, Functie, Omgeving, Plek
Groep 2: Looks, werkbaarheid, vormen
Groep 3: Esthetisch, praktisch, koel
Groep 4: Esthetisch, hygiëne, vorm, praktisch

Gedachte
Alle groepen hadden wel overeenkomsten in hun clusters. Zo waren er bij alle vier de groepen een cluster over het gebruik (Functie, Werkbaarheid, Praktisch 2x), Drie groepen hadden een cluster over de vorm van de bak (Organische vormen, Vormen, Vorm). Drie groepen hebben een cluster gemaakt over de uitstraling (Looks, Esthetisch 2x).

—----------

Observaties
Na de sessie heb ik een mail gestuurd, mochten mensen nog ideeën hebben of gesprekken die ze gehad hadden tijdens de sessie willen delen, dat ze mij mogen bereiken.

- Iemand was geïnspireerd door de traditie van een muntje onder de tong of over de ogen leggen bij overledenen. Dit is een oude Griekse traditie, waarbij de munt een betaling was voor de veerman Charon. Deze veerman zou de ziel over de rivier naar de onderwereld vervoeren.
    - De persoon was geïnspireerd omdat het ook te maken had met water en traditie
- Iemand was geïnspireerd van het ontkiemen van een plantje
- Iemand was geïnspireerd door muziek, specifiek het nummer Hear You Me van Jimmy Eat World.
    - Het liedje gaat over “luister naar mij” of “let op en geef me je aandacht”
    - Lyrics: “And if you were here with me tonight, I’’ sing to you just one more time
    - Ze zeiden over dit liedje: “Het gaat ook over afscheid nemen, vrij gevoelig. Maar muziek is natuurlijk heel krachtig voor rouwverwerking”

Gedachte: Analogieën gebruiken om het product bepaalde emoties te laten uitstralen. Design with emotion. Analyseren welke emoties mensen krijgen bij bepaalde rituelen en daar inspiratie op doen of proberen dit gevoel te verwerken in het product.

Gedachte: Iedereen rouwt op zijn eigen manier. Voor sommige zal muziek troost geven.

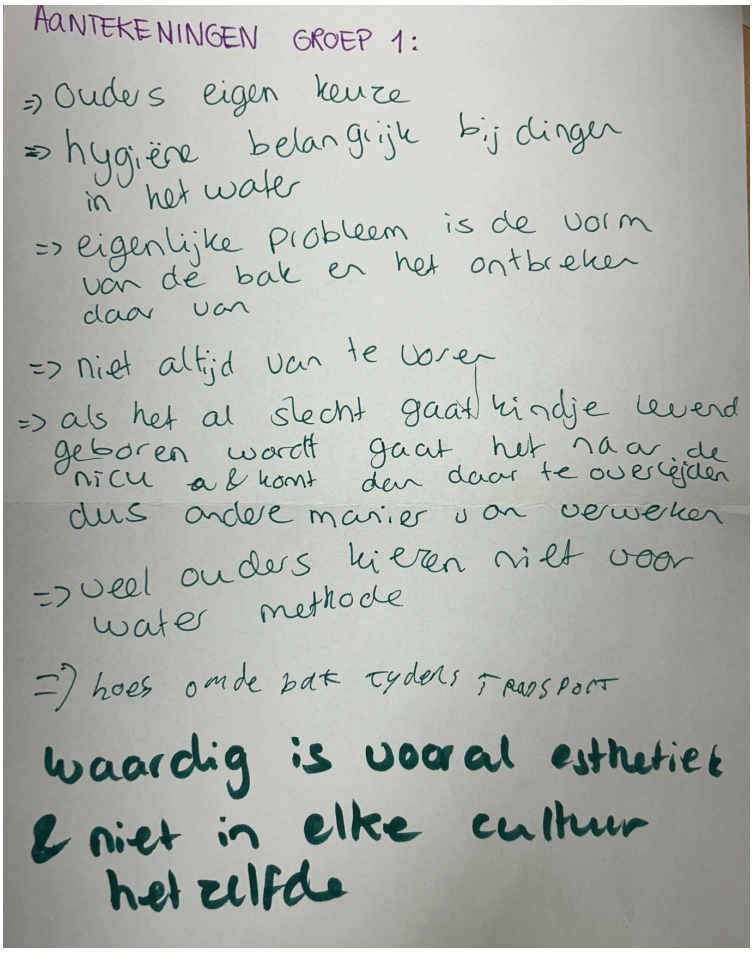
In ieder geval alles goed vastleggen, en vooral ook jouw inzichten en gevoelens goed vastleggen,. Dat heet een soort onderzoeks dagboek. Mag rijp en groen door elkaar, van inzichten, intuïtief, tot superinspurerende quote of ideeën. Je kunt al die 'data' dan behandelen zoals elk ander kwalitatief onderzoek. Coderen en belangrijke thema's vinden. Maar daar kijken we dan maandag naar. Voor nu belangrijk dat je echt alles documenteer

E.3 Co-creation Session 2 Results

E.3.1 What is Unworthy

E.3.2 Results of Sub-quetions

Groep 1: Op welke verschillende manieren kan je het afscheid van kindje waardig en persoonlijk laten voelen?


AANTEKENINGEN GROEP 1:

=> Ouders eigen keuze

=> hygiëne belangrijk bij dingen in het water

=> eigenlijke probleem is de vorm van de bak en het ontbreken daar van

=> niet altijd van te voren

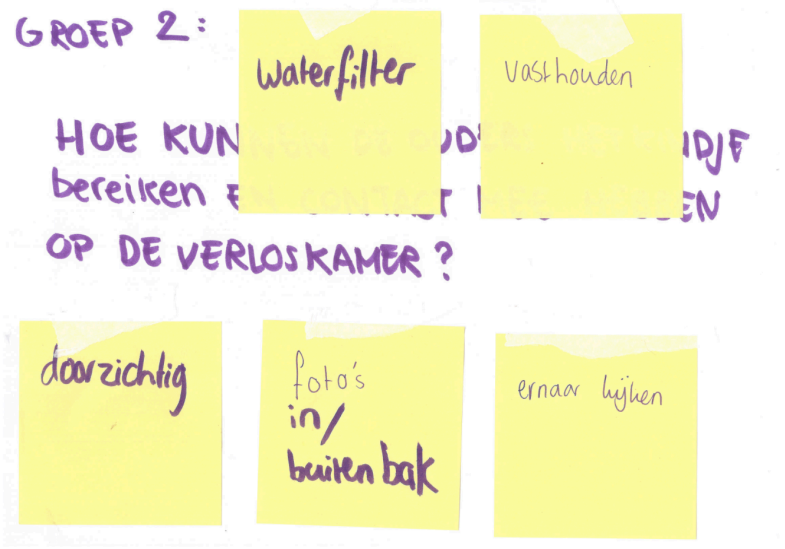
=> als het al slecht gaat kindje levend geboren wordt gaat het naar de nicu als kant dan daar te overlijden dus andere manier van verwerken

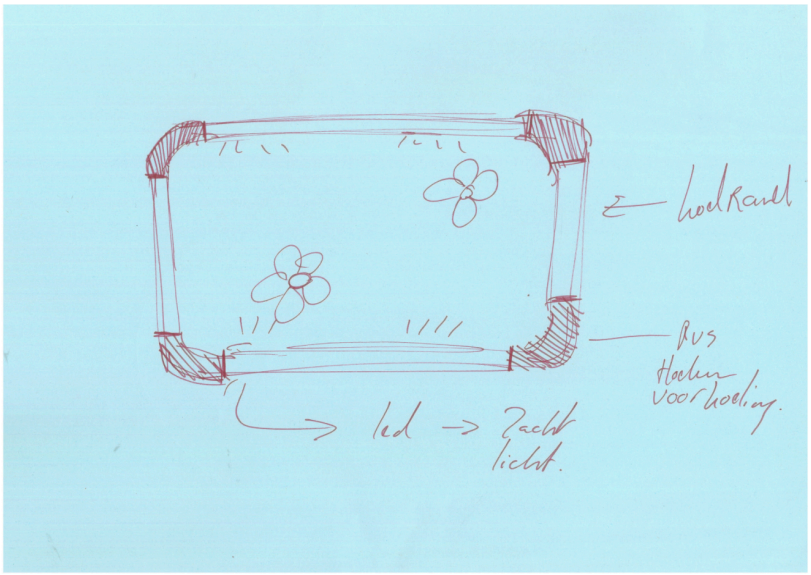
=> veel ouders kiezen niet voor water methode

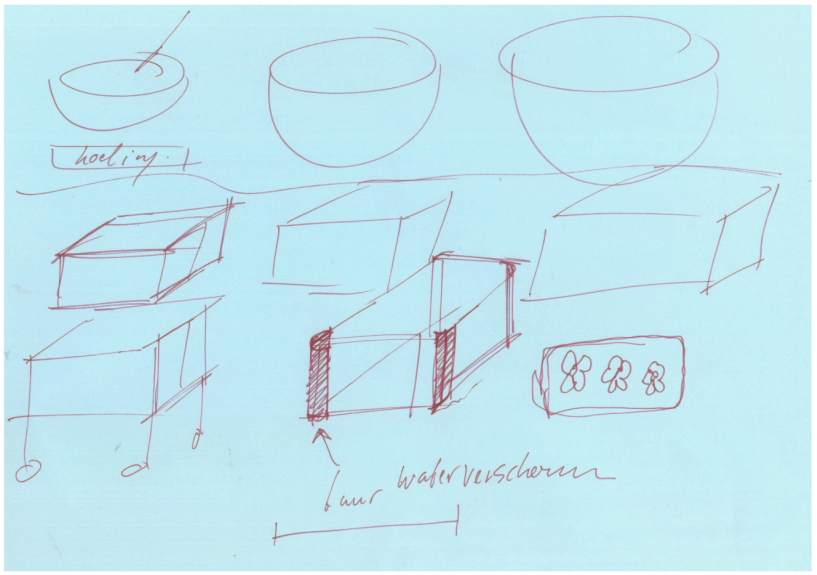
=> hoes om de bak tijdens transport

waardig is vooral esthetiek & niet in elke cultuur het zelfde

Groep 2: Hoe kunnen ouders het kindje bereiken en contact mee hebben op de verloskamer?

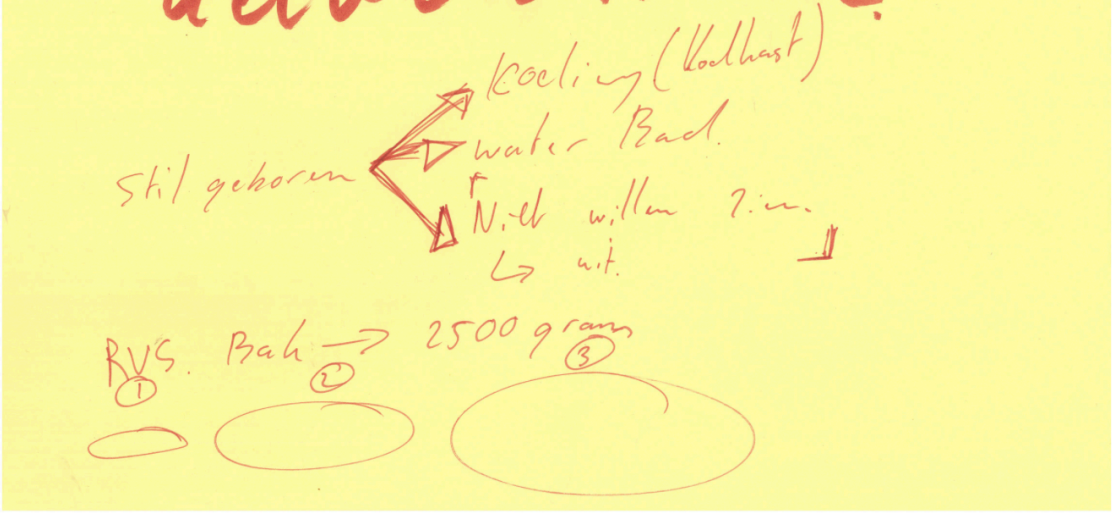


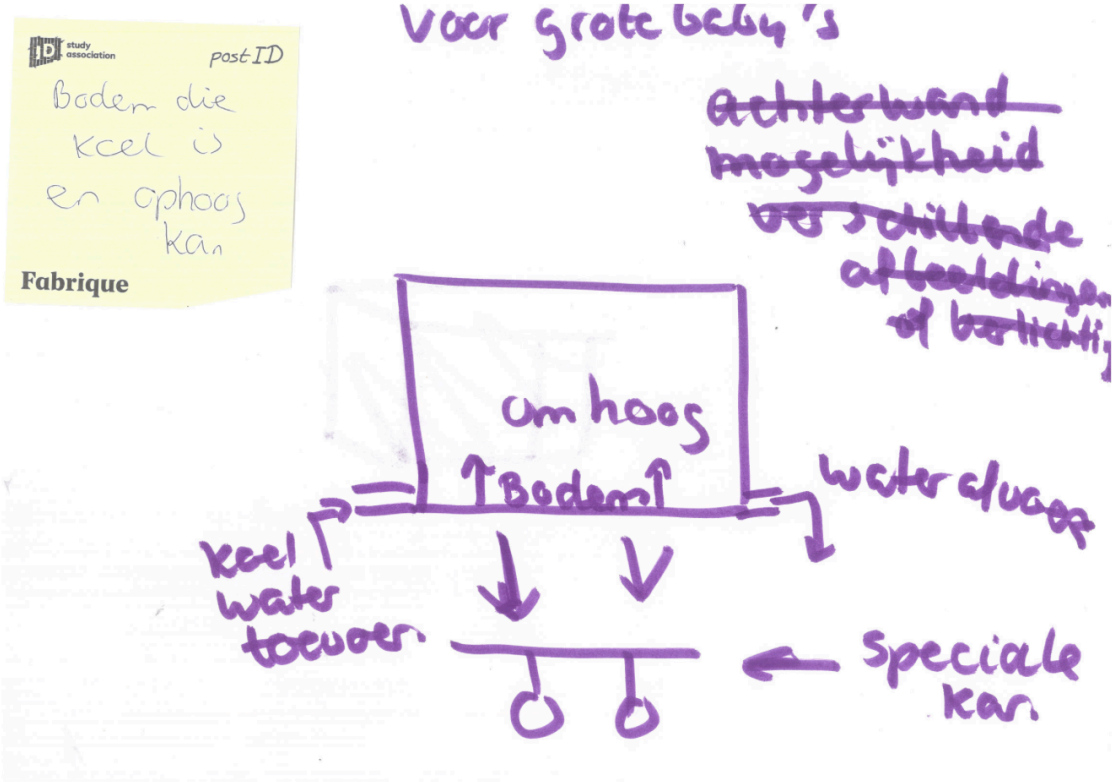


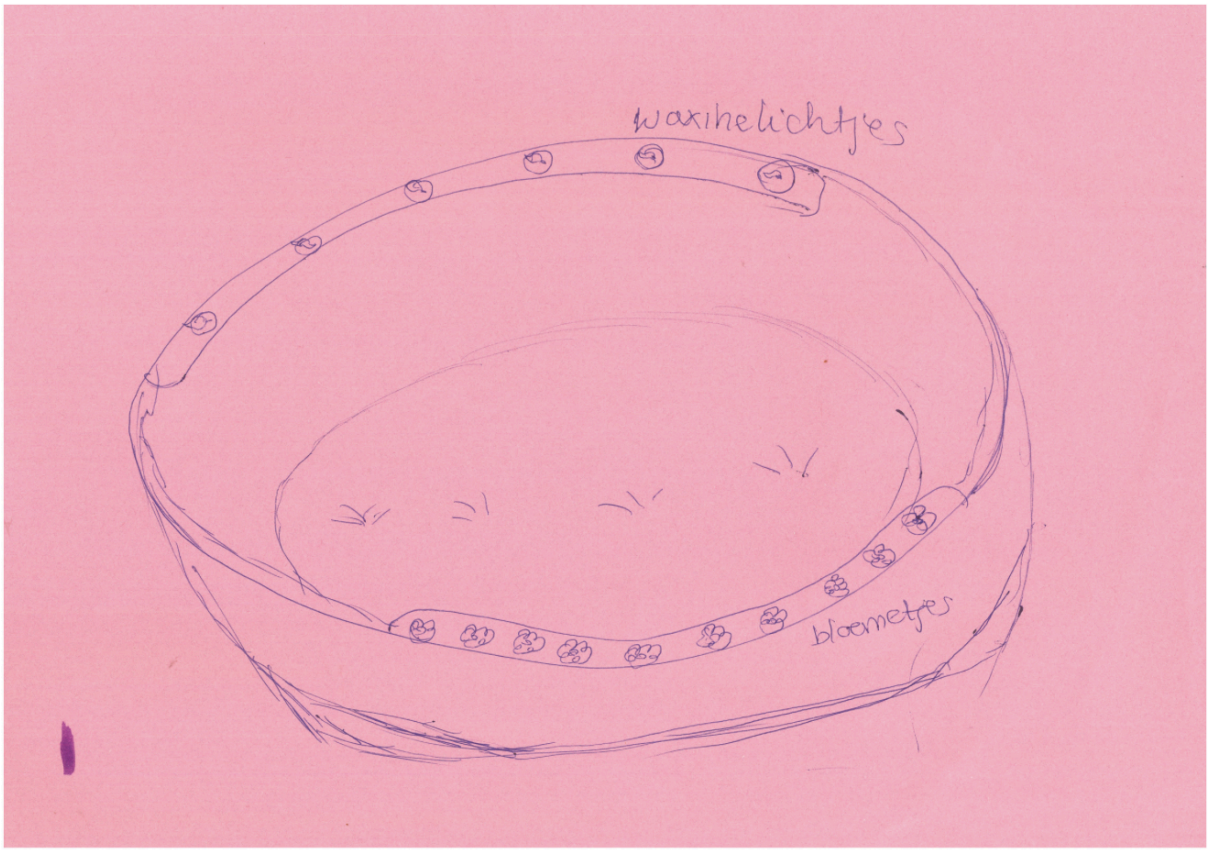


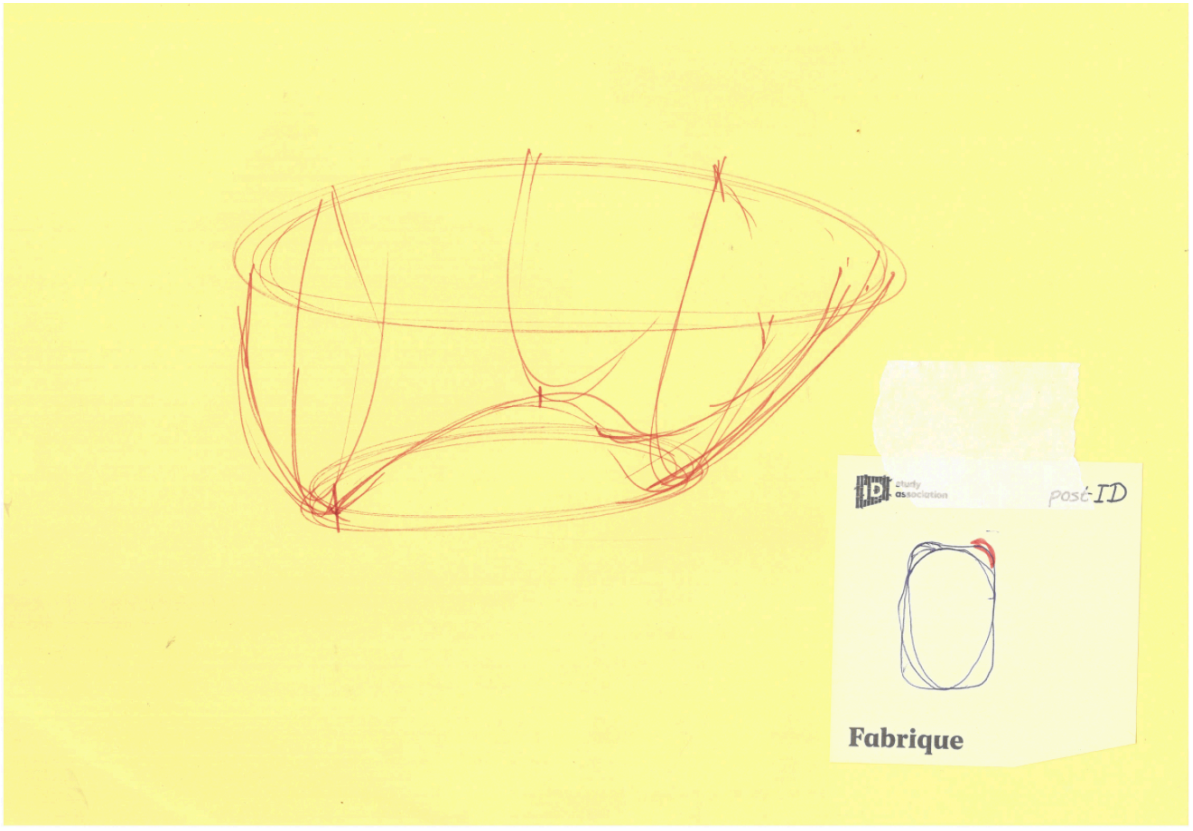
- koel houden conserveren.
- Balsemen.

- keuzes Bieden.






waxinelichtjes
bloemetjes


poséID
Fabrique

Group 3: Welke uitstraling van de waterbassin is fijn voor ouders tijdens het afscheid nemen?

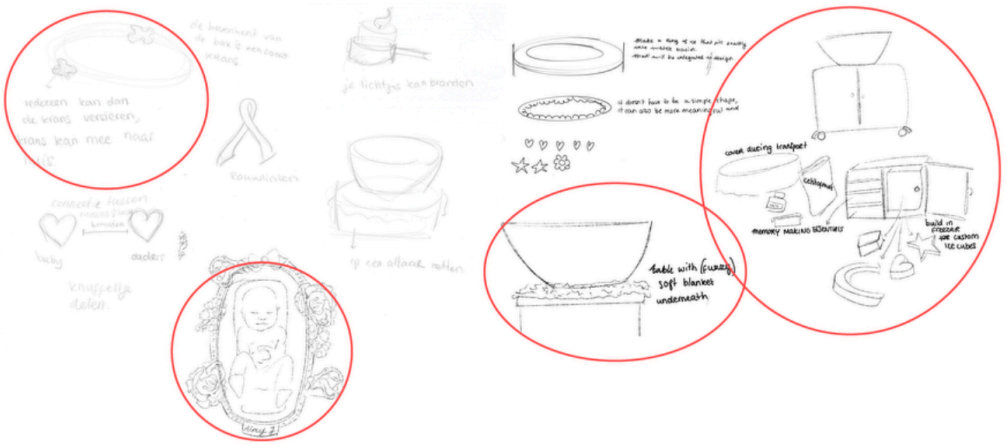
AANTEKENINGEN GROEP 3:

→ ovaal vorm (ei vorm)
→ Een verpleegkundig wil liever geen kleur
→ Doorzichtig.
→ ~~als~~ warme licht kleur geen rood kleur.
→ niet kleur
→ geen glas (materiaal voor kleur)
→ verpleegkundig wil ook een tafel voor bak.
→ Elke 4 uur moet het schoon gemaakt worden
→ Een wilt beige kleur.
→ Een bak met tafel erbij (op tafel kunstje)
→ Tafel moet wieltjes hebben
→ Licht onder bak inzetten

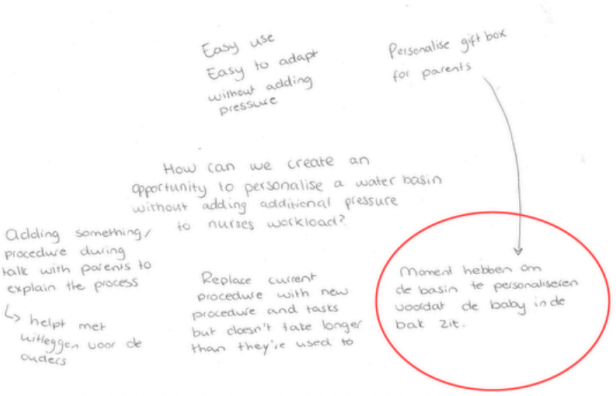
F. Ideation on Design Drivers

Personalisation without pressure / Adaptive care

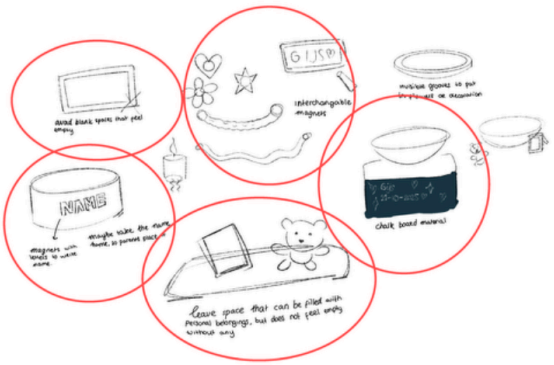
H2 personalise the water basin?



H2 personalise the water basin without pressure for nurses?

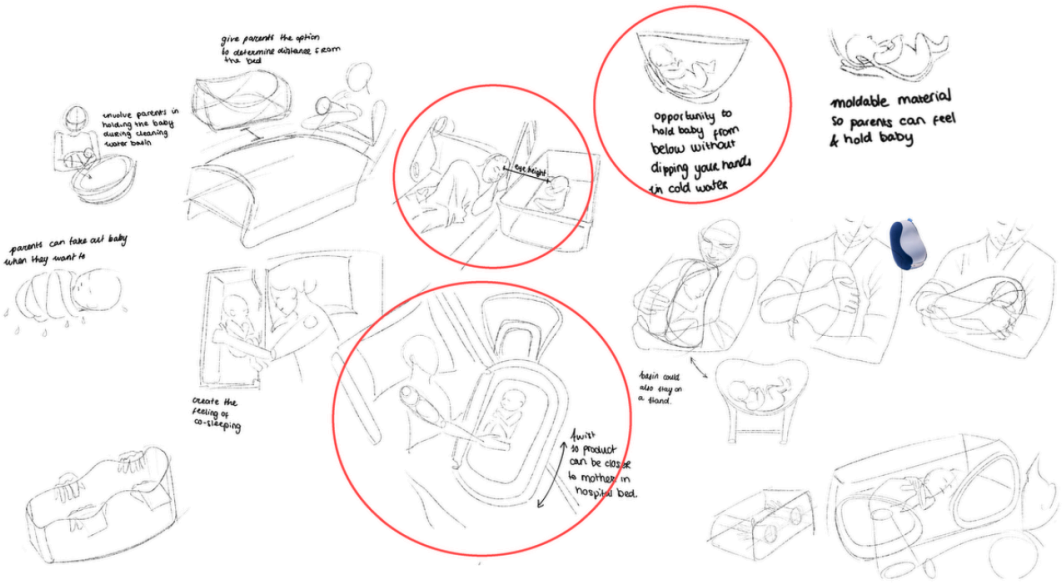


H2 personalise the water basin without pressure for parents?

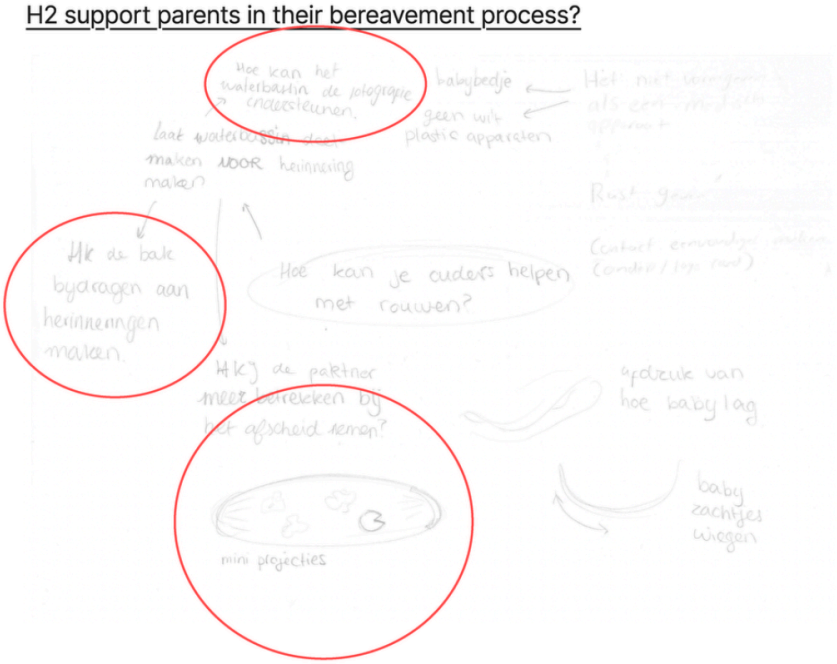


Create memories and connections

H2 involve parents and help them have contact with their baby?

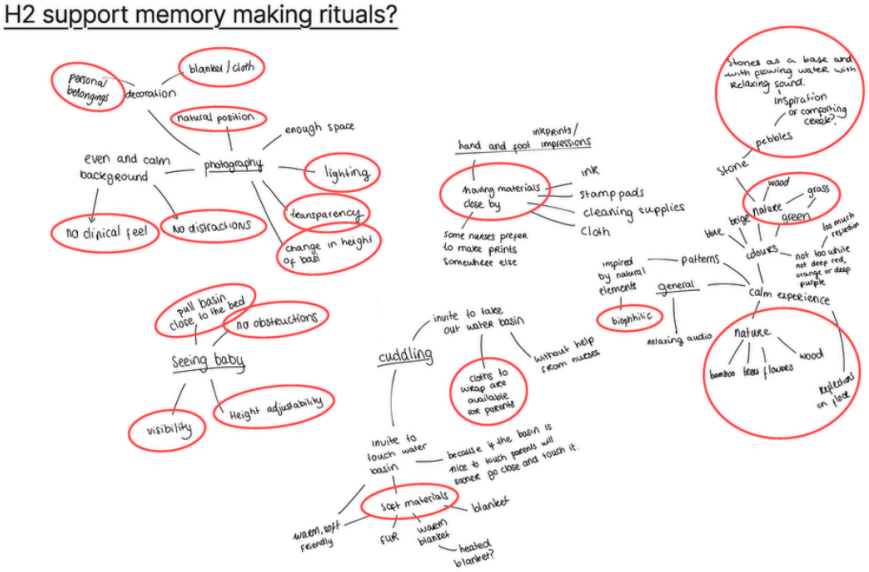


H2 support parents in their bereavement process?

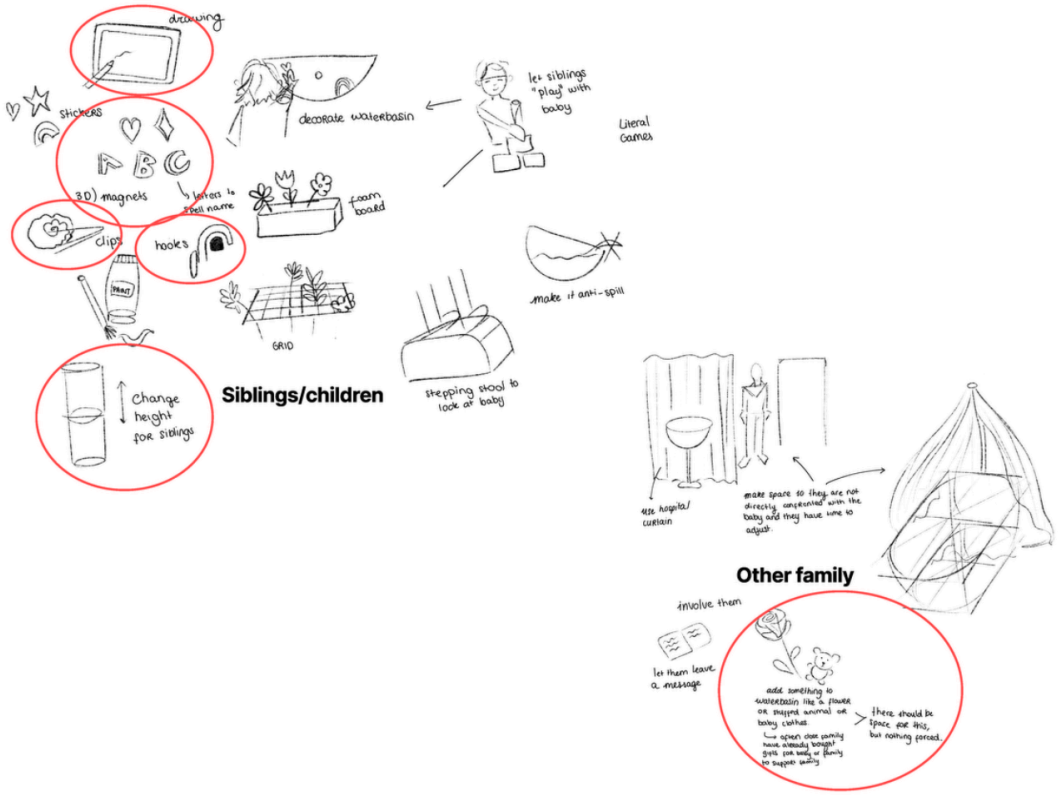


Create memories and connections

H2 support memory making rituals?

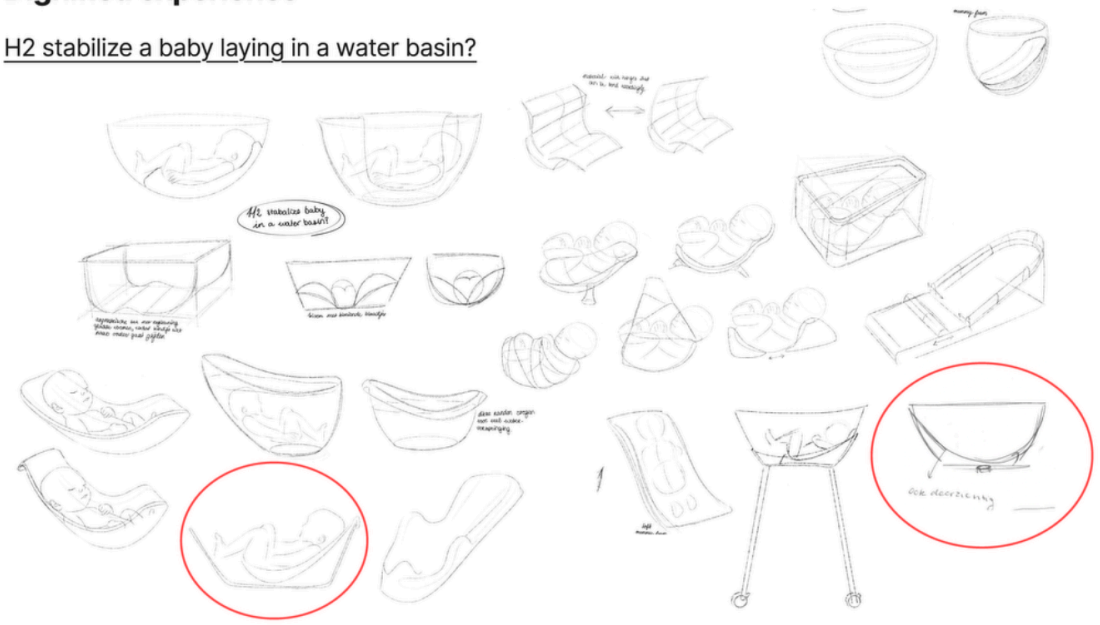


H2 include family and siblings meeting the baby?

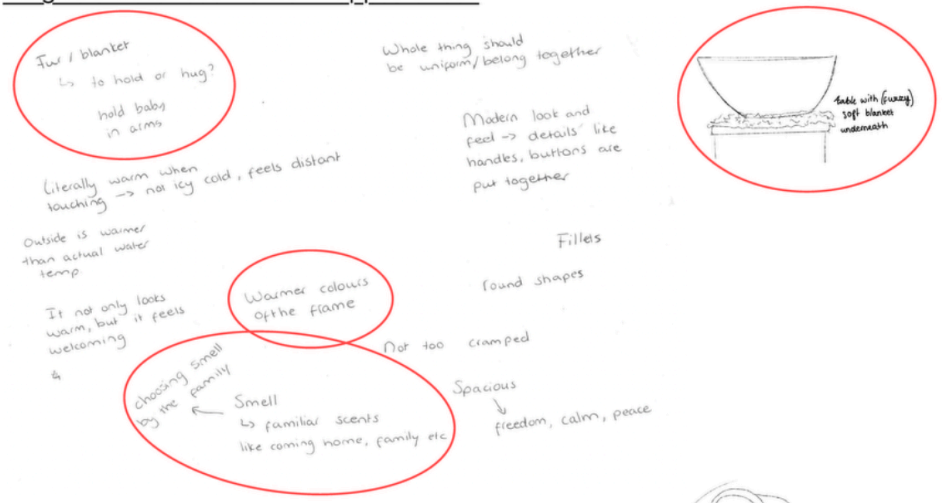


Dignified experience

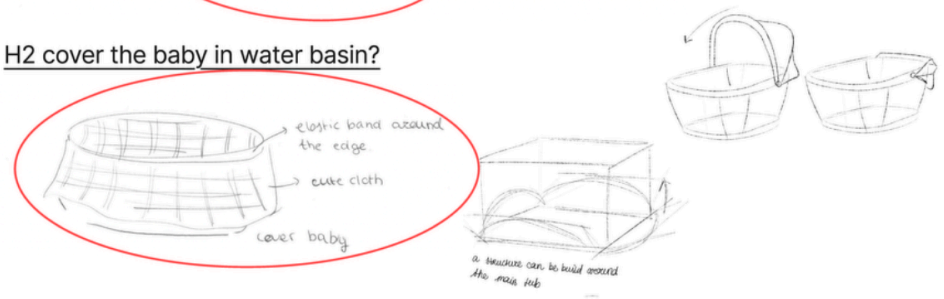
H2 stabilize a baby laying in a water basin?



H2 give a water basin a warm appearance?

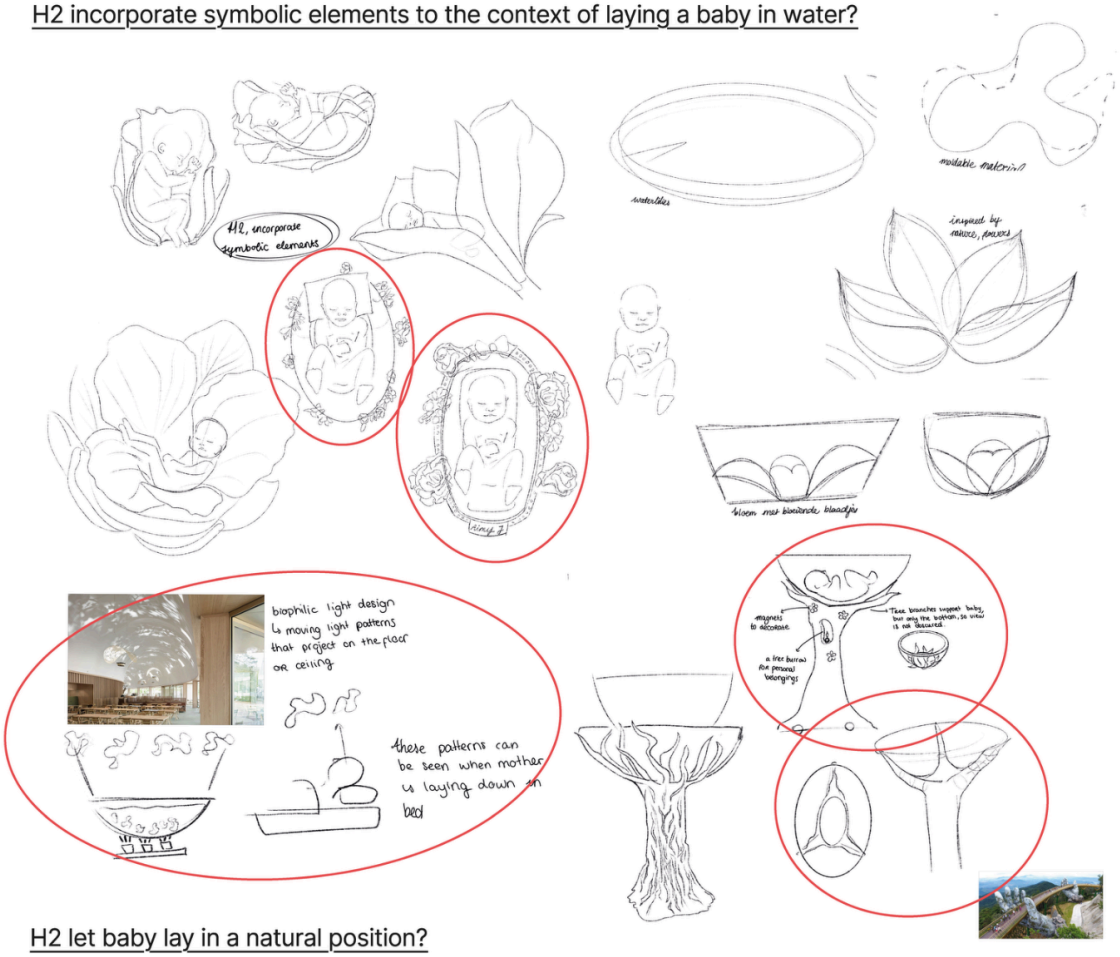


H2 cover the baby in water basin?

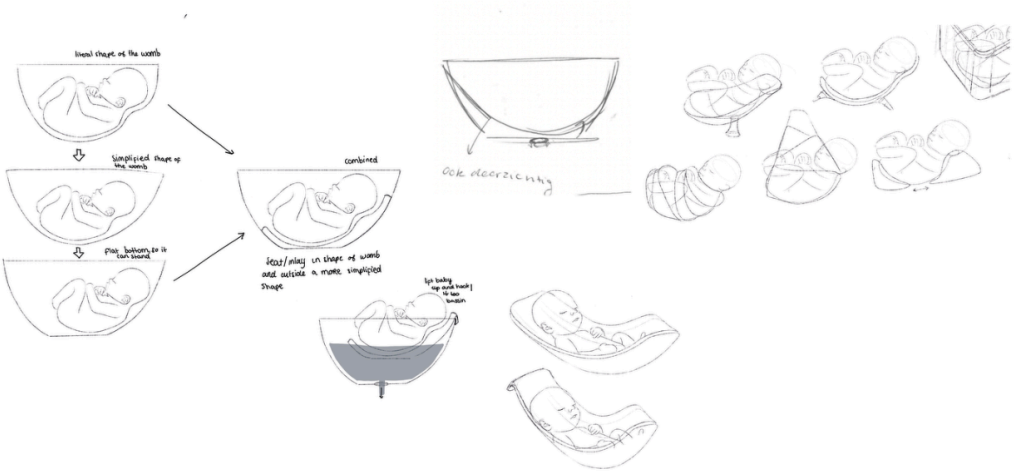


Dignified experience

H2 incorporate symbolic elements to the context of laying a baby in water?



H2 let baby lay in a natural position?

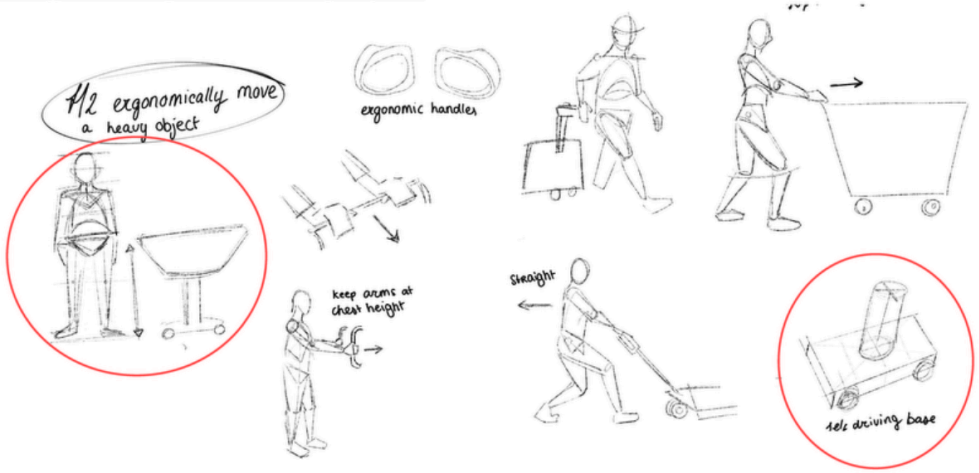


Dignified experience

H2 make taking home the baby a more dignified experience?

Support nurses in their work

H2 ergonomically move a heavy object?

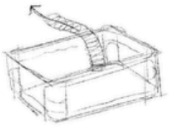


H2 Empty a big volume of water?

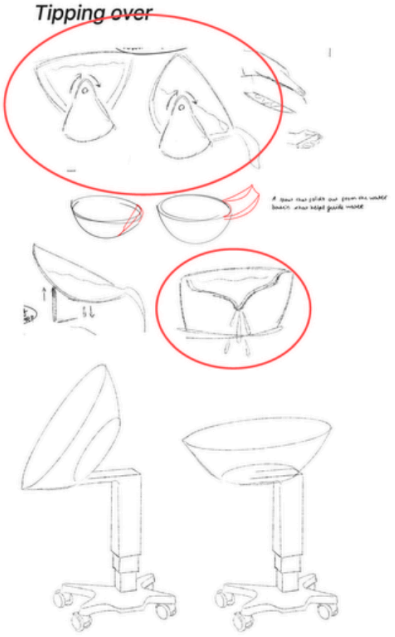
Scooping

Filtering / running water

Pumping

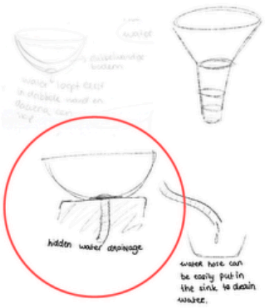


Tipping over



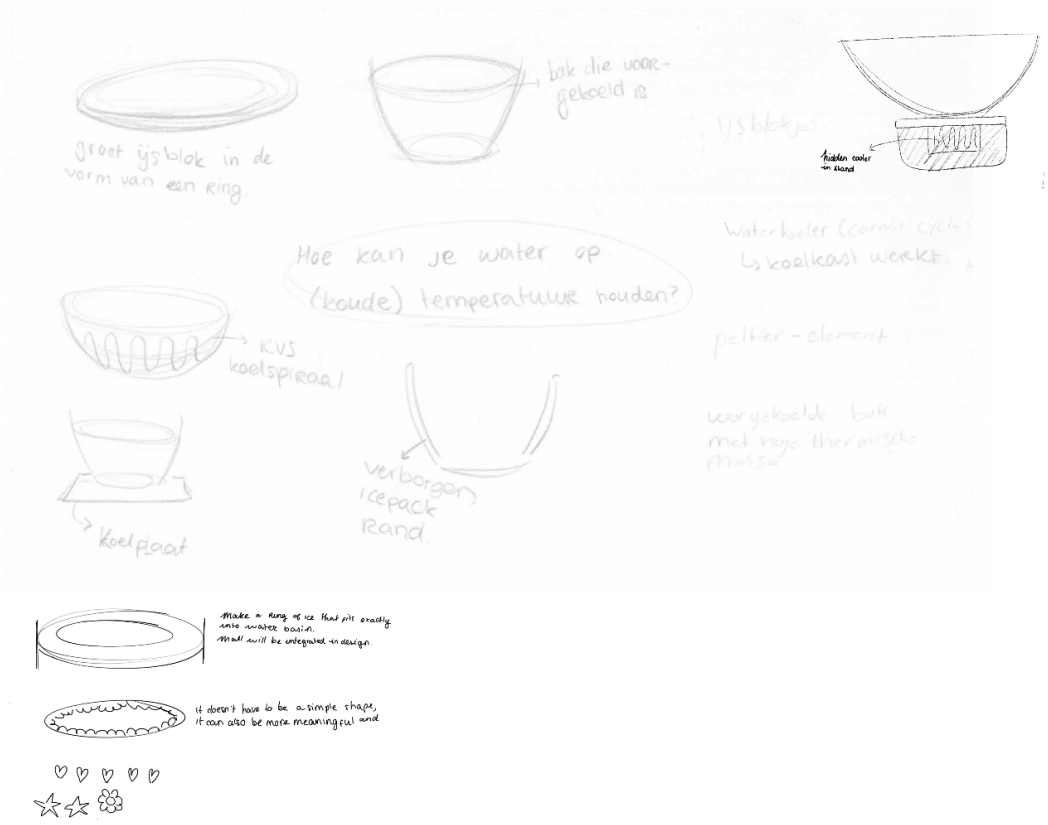
Siphon

Drain

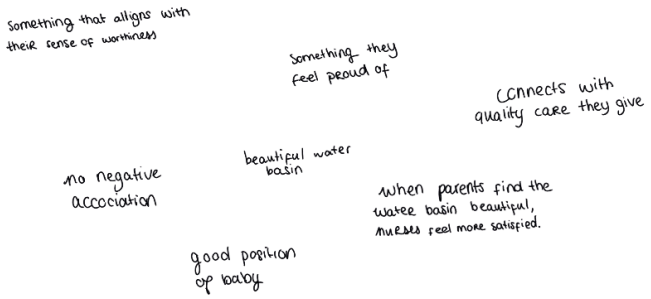


Support nurses in their work

H2 keep volume of water cold?



H2 make nurses satisfied and feel fullfilment?



G. Baby Bath Inspiration