



*Understanding  
Loss & Grief in  
the Perinatal  
Period*

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**ASPOG 2017 Conference**

# Perinatal Loss

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The Hardest  
Part of Losing  
a Child is Living  
Everyday  
Afterwards





# Incidence

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Perinatal Deaths: 11/1,000 births

**Stillbirth:** 9.6/1000 births

17.1/1000 for indigenous women

1 baby is stillborn every 4 hours in Australia

**Causes:**

30% Unexplained antepartum death

20% Congenital Abnormality

14% Spontaneous Preterm birth

**Risk Factors:**

Primagravidity, Smoking, Obesity, Substance Abuse



# Incidence

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**Neonatal death:** 3.9/1000

**Causes:** 32% Extreme Premature

29% Congenital Abnormality

**Maternal Death:** 7.4/100,000 (2006-08)

**Causes: (Early – during pregnancy and up to 6 weeks)**

**Direct:** Thromboembolism, Amniotic Fluid Embolism, Hemorrhage

**Indirect:** Suicide, Pulmonary Hypotension.

**Incidental:** Malignancy, MVA

**Causes: (Late – from 6 wks to 1 year)**

Suicide (25%), Malignancy, MV Trauma, Cardiac

# Clinical Guidelines



Cochrane Database of Systematic Reviews

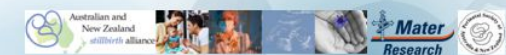
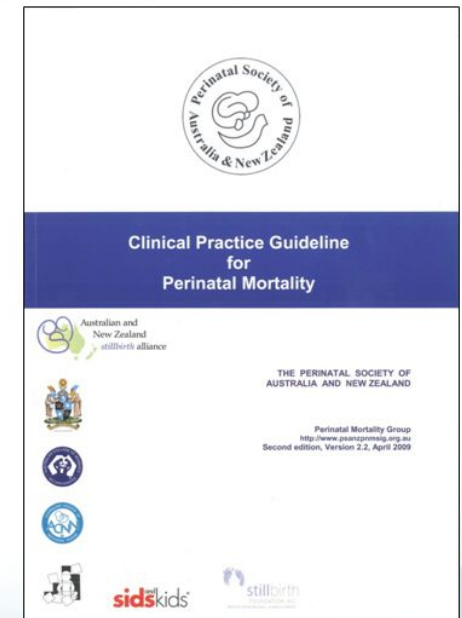
## Support for mothers, fathers and families after perinatal death (Review)

Koopmans L, Wilson T, Cacciatore J, Flenady V

## Perinatal Society of Australia and New Zealand Guidelines

*Promoting a systematic approach to clinical care, including audit, around the time of a perinatal death.*

- *Institutional Perinatal Mortality Audit*
- *Investigation of stillbirth*
- *Investigation of neonatal death*
- *Autopsy*
- *Perinatal Mortality Classification*
- *Psychological and social aspects of bereavement care*



# Loss and Grief – A Family Affair

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MMH Bereavement Support Service:

An Early Intervention Family Centered Model of Bereavement Care



# Mater Mothers Parental Grief Study

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**Mixed methods: Qualitative/quantitative data.**

Data collected at: 6-8 weeks, 6 months, 13 months post death

## **Perinatal Grief Scale**

- Active Grief, Despair, Coping

## **Mental Health Inventory**

- Depression, Anxiety, Loss of Control, Emotional ties, Positive Effect, Life Satisfaction. Mental Health Index

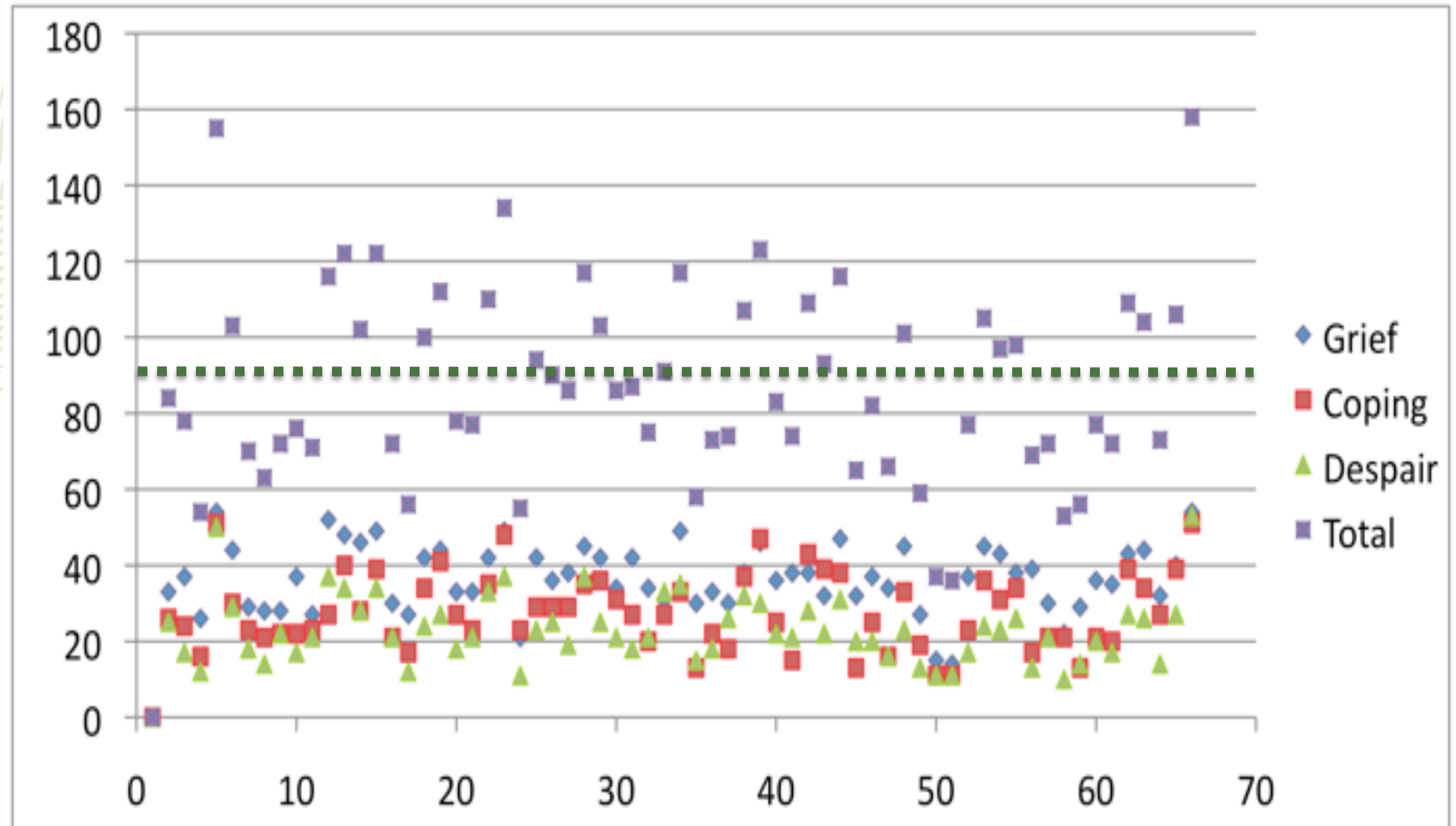
## **Regret Scale**

- Parental Decision Making

## **Parental Feedback**

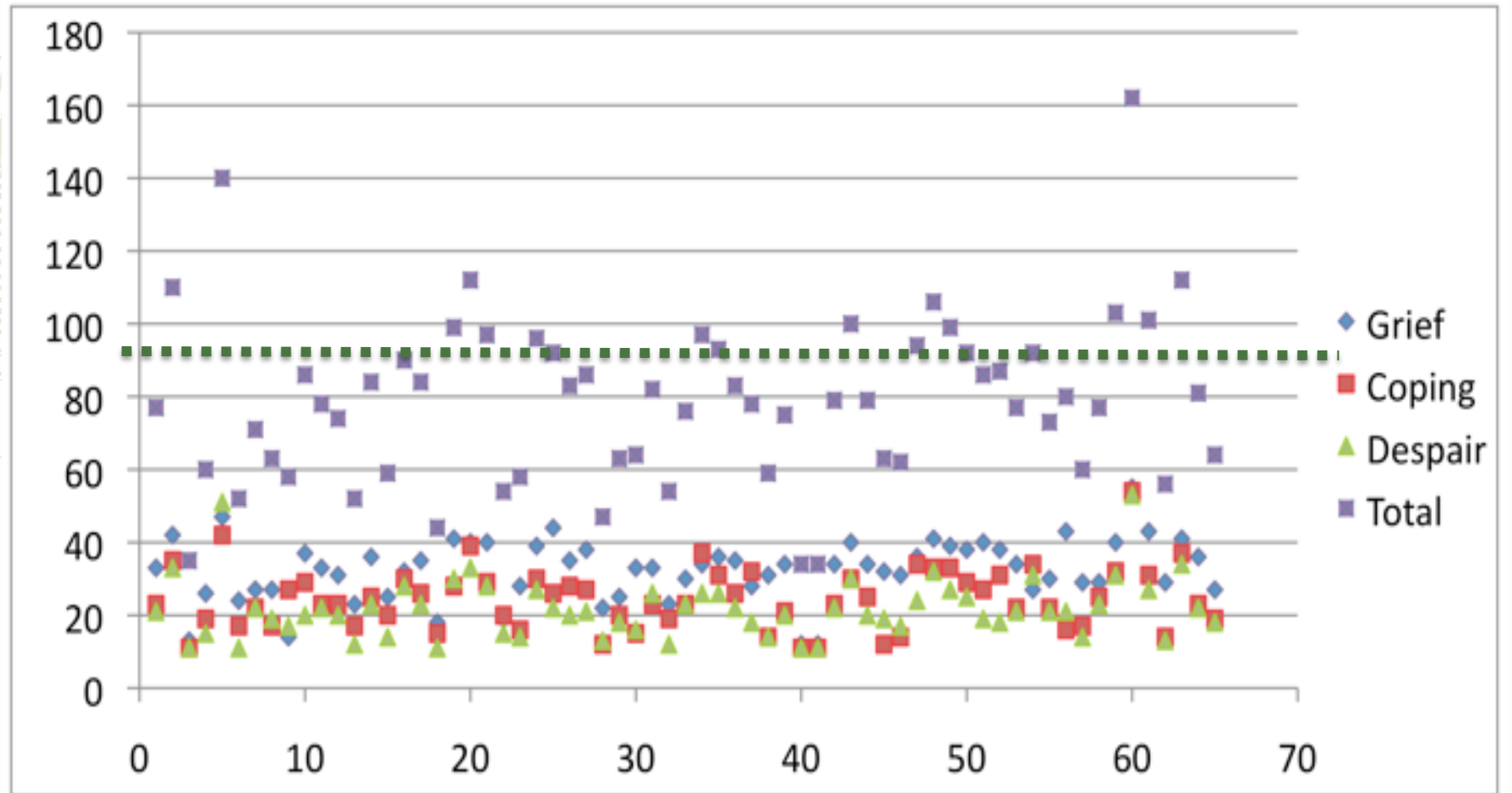
- Multiple choice and open ended questions

# Perinatal Grief Scores – MMH Cohort (6-8 weeks)

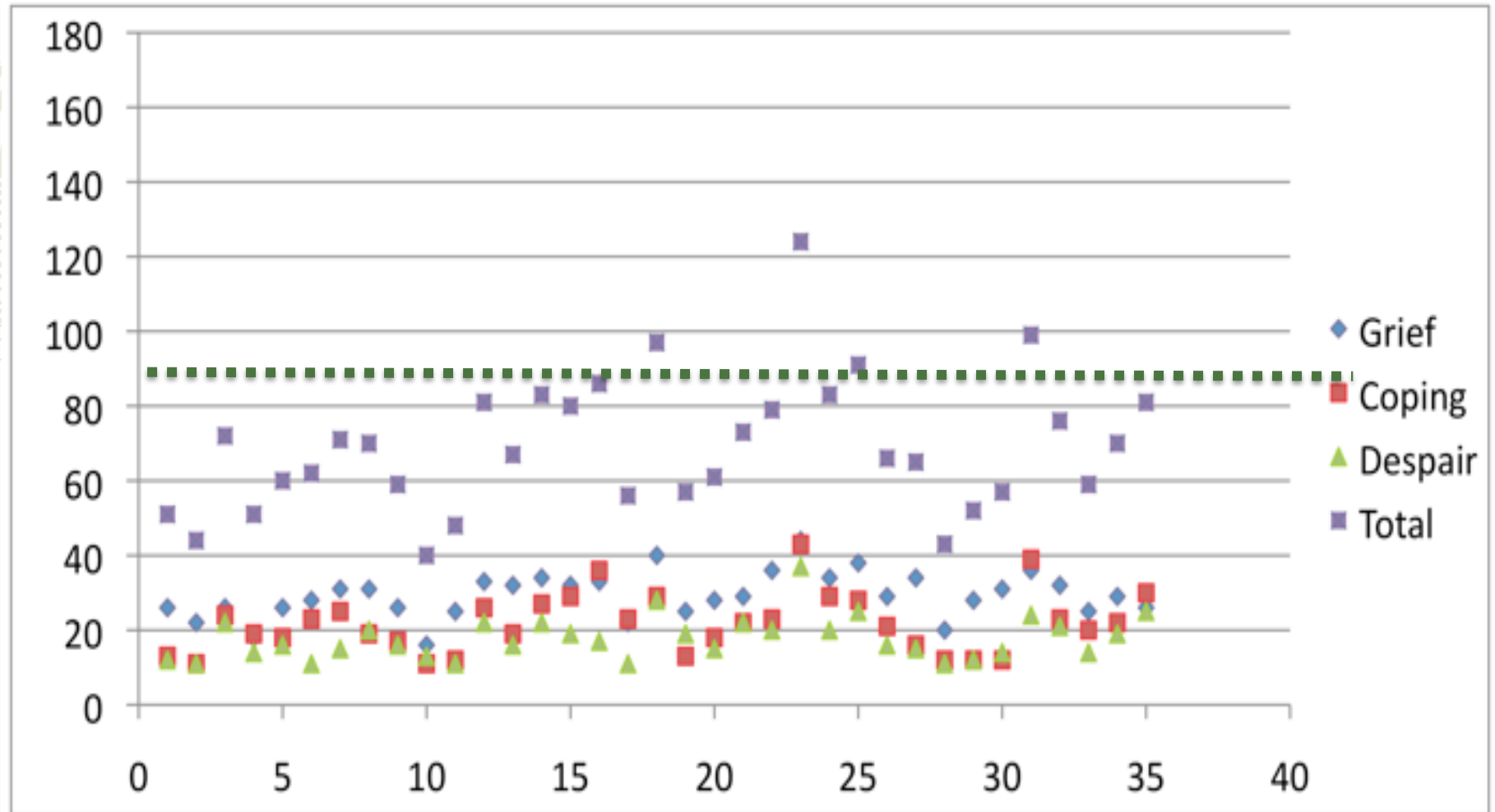




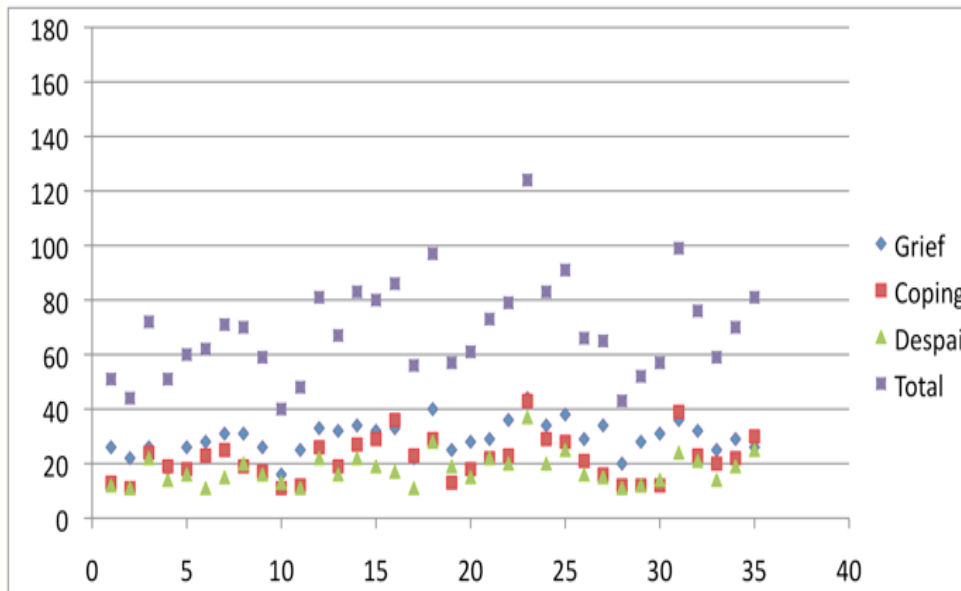
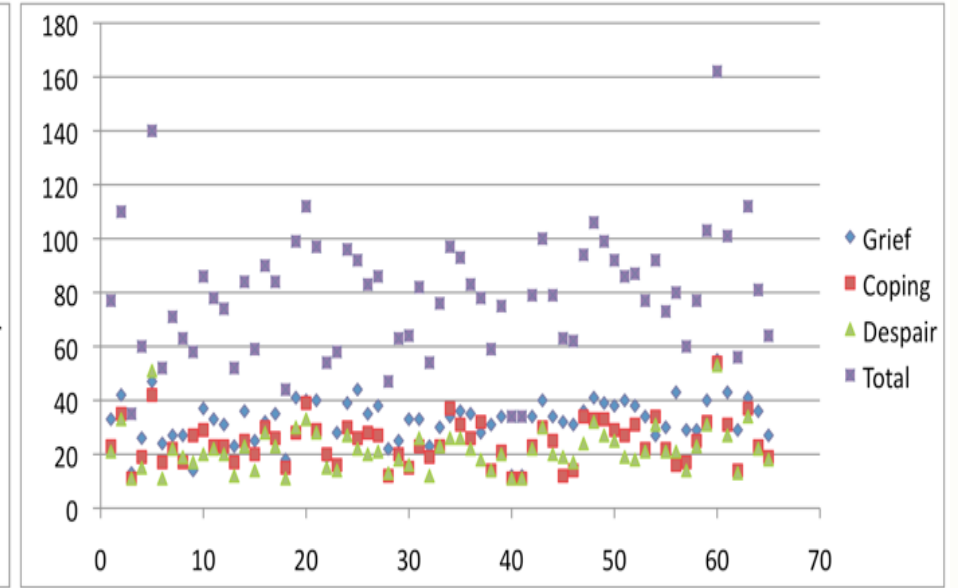
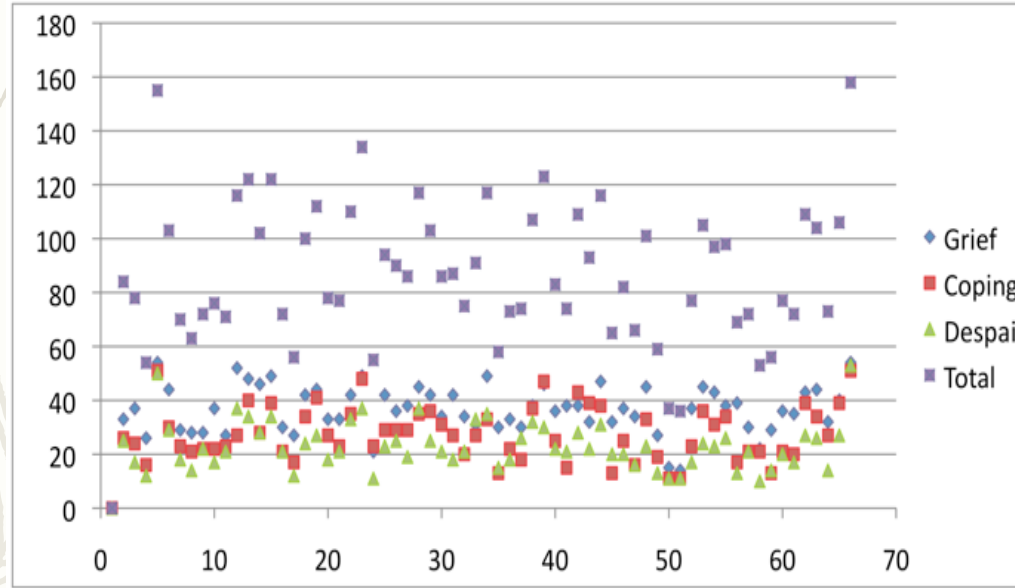
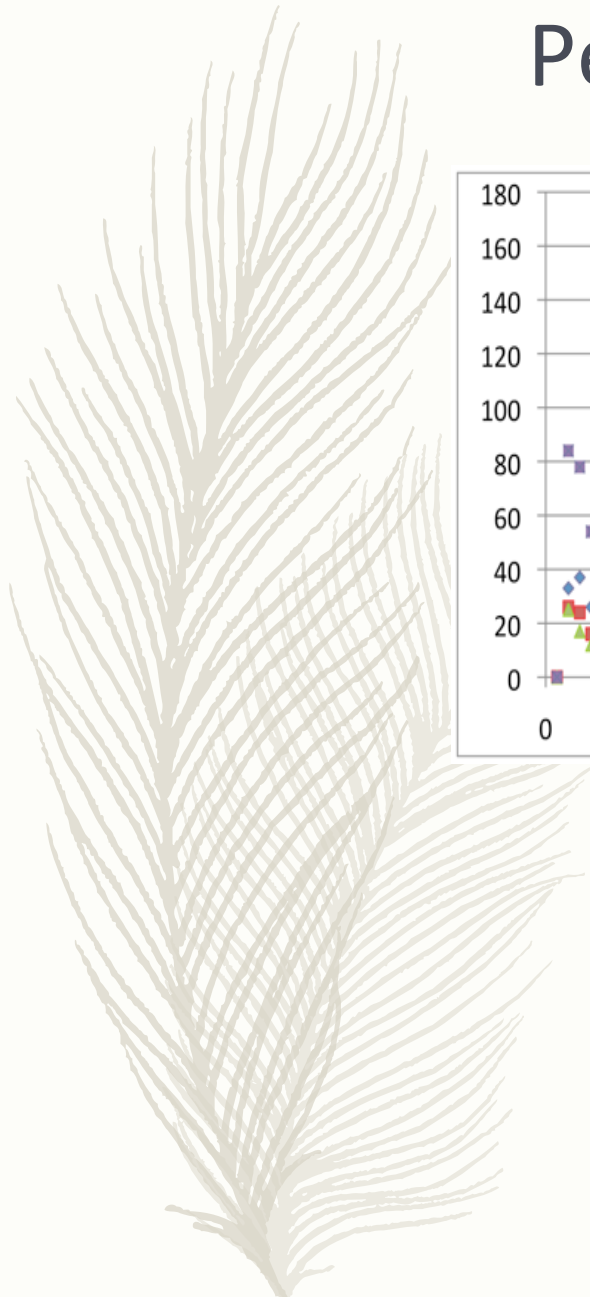
# Perinatal Grief Scores – MMH Cohort (6 months)



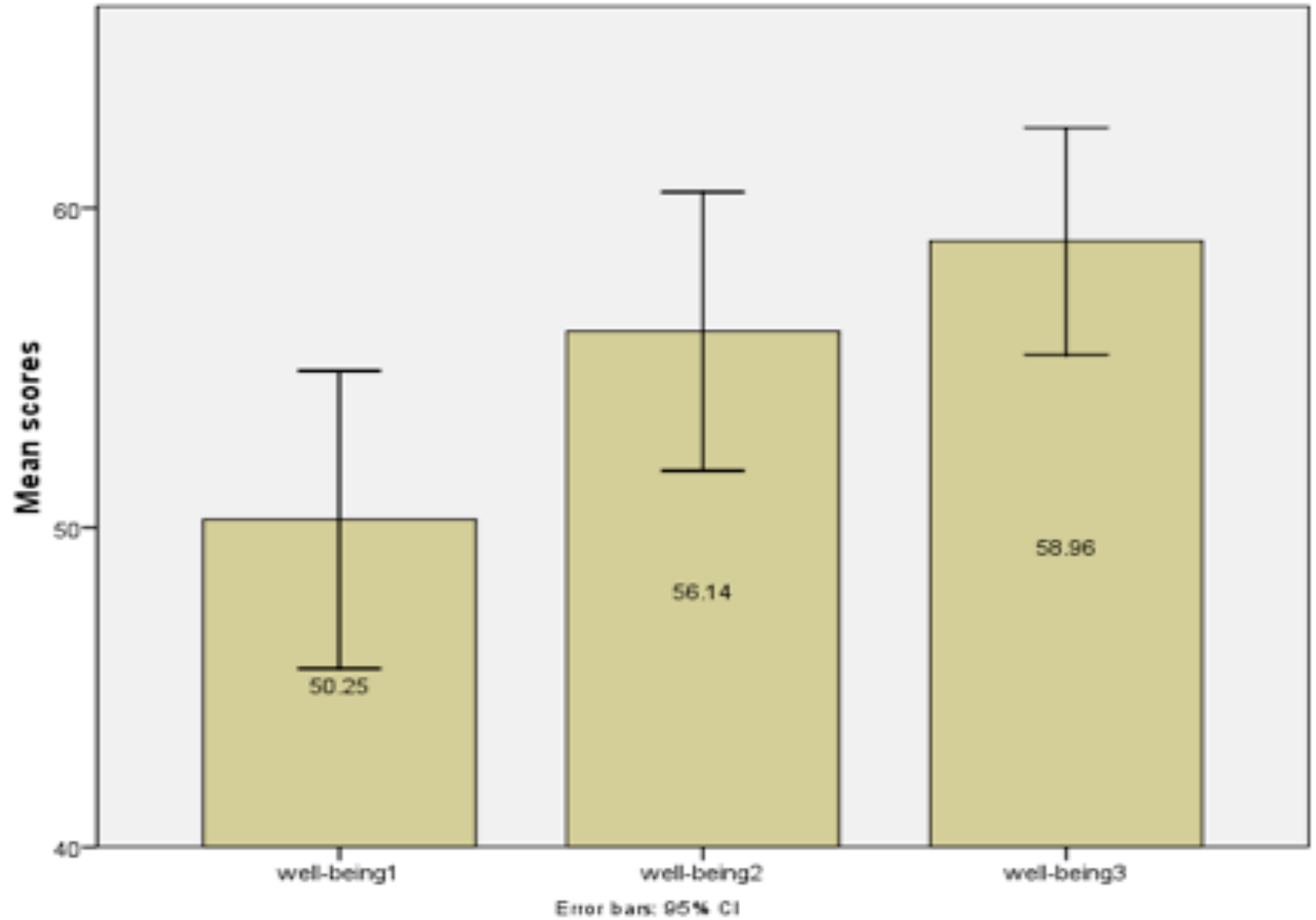
# Perinatal Grief Scores – MMH Cohort (13 months)



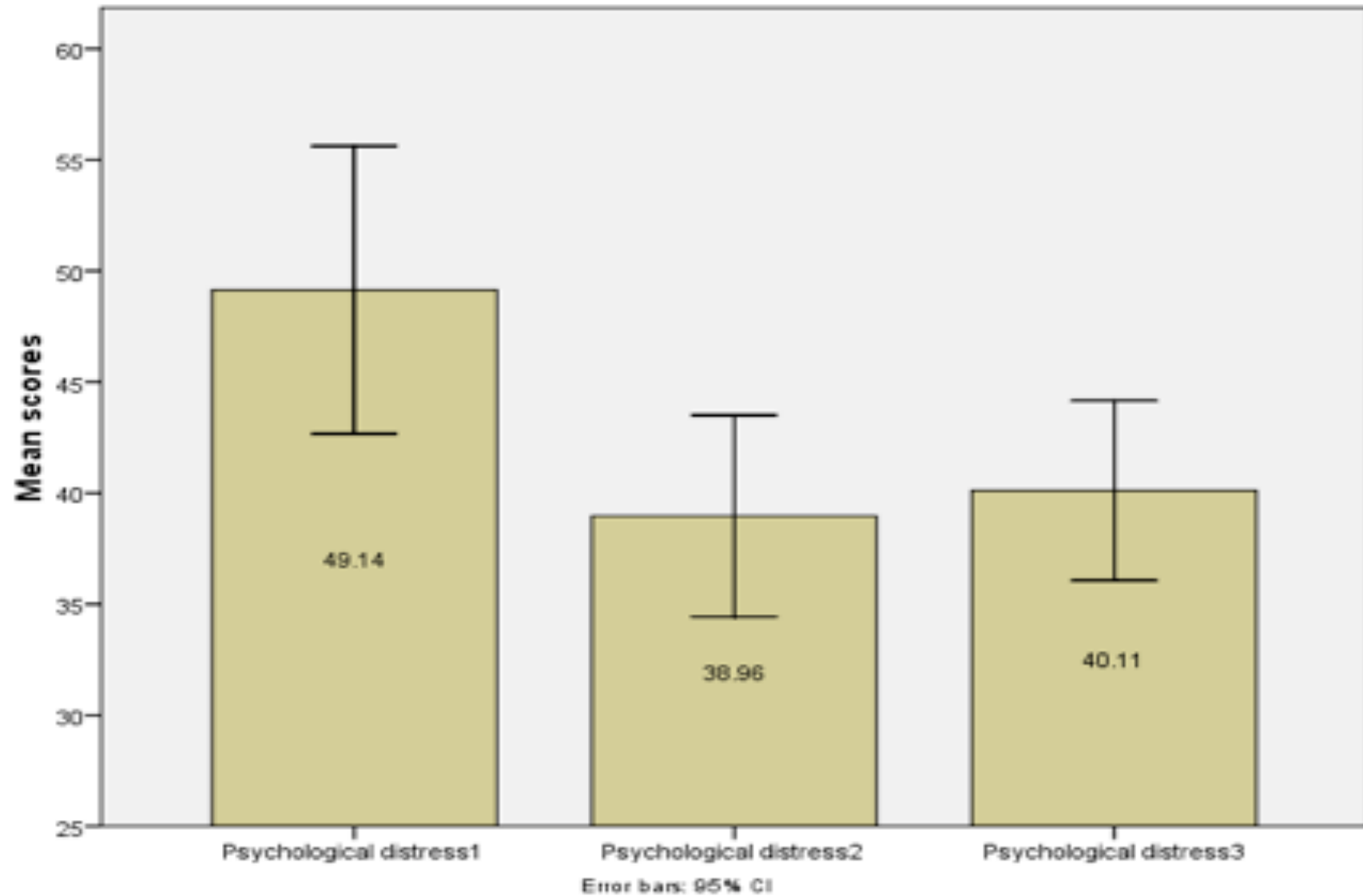
# Perinatal Greif t1, t2, t3, Mater Mothers Hospital



# Mental Health Index - Psychological Well-being



# Mental Health Index - Psychological Distress



# Decisional Regret

26 mothers and 11 fathers

Decisional Regret Items	Held/ Not Held	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
It was the right decision	Held	19	1	0	0	0
	Not Held	5	0	1	0	0
I regret the choice that was made	Held	0	0	0	2	18
	Not Held	0	0	0	1	5
I would make the same choice again	Held	17	3	0	0	0
	Not Held	4	1	0	1	0
The choice did me a lot of harm	Held	0	0	3	1	16
	Not Held	0	0	0	1	5
The decision was a wise one	Held	17	2	1	0	0
	Not Held	4	1	1	0	0





# Seeing & Holding a Stillborn Baby

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## ***Systematic Review:***

Of 23 studies, 21 studies suggested positive outcomes for parents who saw/held baby.

Increased psychological morbidity was associated with current pregnancy, choice not to see their baby, lack of time with baby and/or insufficient mementos.

## ***Three themes:***

- Positive effects of contact within a traumatic life event
- Importance of role of health professionals
- Impact on mothers and fathers: similarities and differences.



# Implications for Practice

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## ***Grief:***

- The first year of grief is an intense experience for parents
- For many (90%) grief ‘heals’ over time
- A small number of parents (10%) will experience complicated grief

## ***Mental Health:***

- Psychological Well-being increase as Psychological distress decreases over time
- Grief resurges at various times, in particular the first anniversary

## ***Regret:***

- Parents who felt supported in their decision making did not experience regret, regardless of their choices.

## ***Model of Care:***

- An early intervention model of bereavement care may reduce grief sequale



# Attachment Theory

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- Investment vs duration of pregnancy
- New imagining technology

**2D**



**HD**



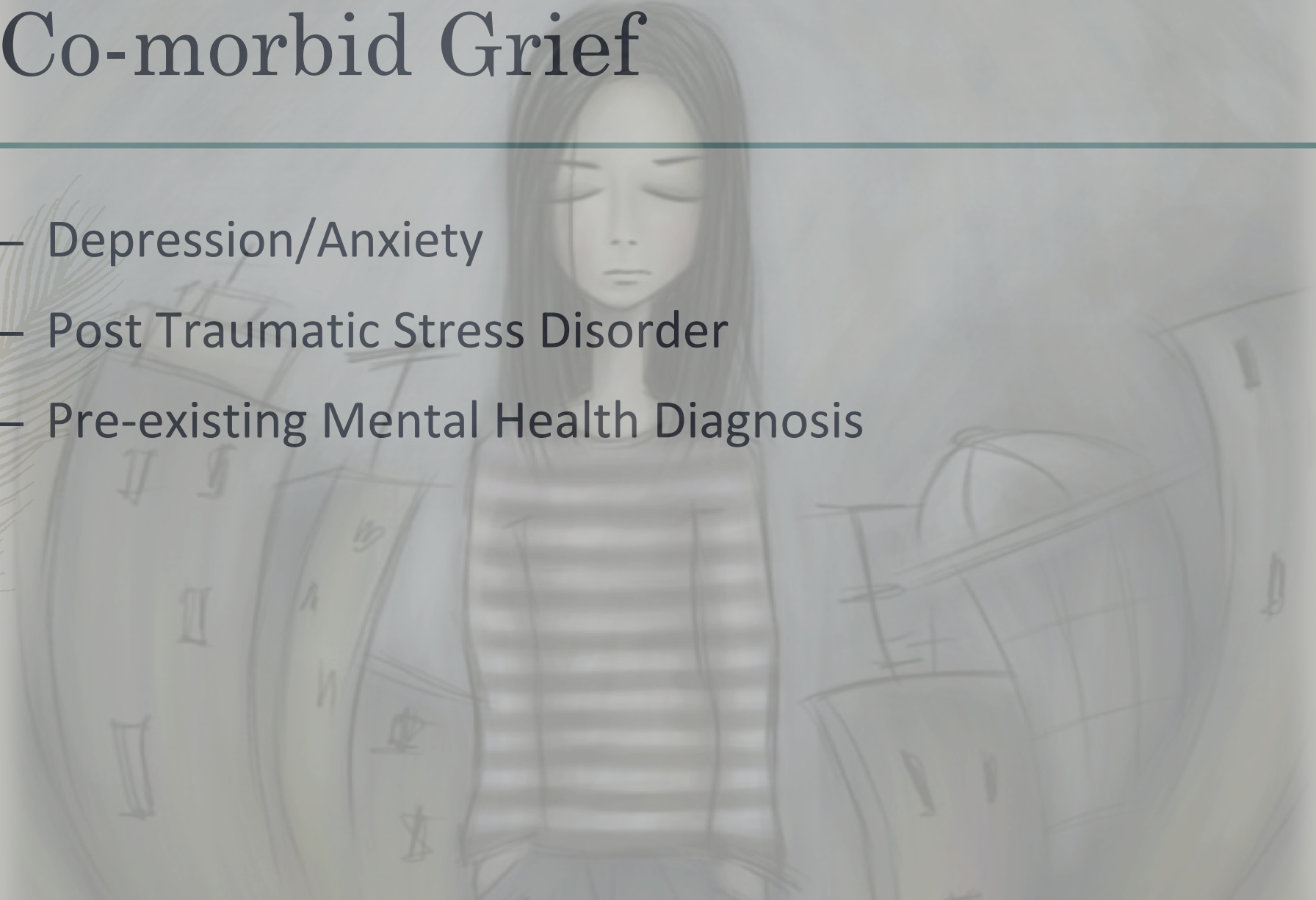
**3D**





# Co-morbid Grief

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- Depression/Anxiety
  - Post Traumatic Stress Disorder
  - Pre-existing Mental Health Diagnosis



# Co-Morbidity and Grief

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US Population-Based study of 1400 women

- 609 women completed surveys (RR 44%)
- 377 bereaved mothers and 232 control mothers with live births

**Results:** Bereaved women

- nearly 4-fold higher odds of having a positive screen for depression
- 7-fold higher odds of a positive screen for post-traumatic stress disorder
- A minority of screen-positive women were receiving any type of psychiatric treatment.

Gold Katherine J., Leon Irving, Boggs Martha E., and Sen Ananda. Journal of Women's Health. March 2016, 25(3): 263-269. <https://doi.org/10.1089/jwh.2015.5284>



# Co-Morbidity and Grief

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*"Studies reveal high levels of mental health issues in bereaved mothers"*

**A few words of caution:**

**Be careful what you measure!!!**

**Antidepressants don't fix grief**

Gold Katherine J., Leon Irving, Boggs Martha E., and Sen Ananda. Journal of Women's Health. March 2016, 25(3): 263-269. <https://doi.org/10.1089/jwh.2015.5284>



# Grief and Depression

Grief	Depression
Responds to comfort and support	Does not respond to comfort
Talking about feelings usually helps	Talking about feelings results in deeper despair
Often openly angry	Irritable and may complain but unlikely to express overt anger
Depressed or sad feelings are related to the loss experienced	Depressed or sad feelings not related to a particular life event
Still enjoys moments of enjoyment	Exhibits an all pervading sense of doom
Exhibits feelings of sadness and emptiness	Projects a sense of hopelessness and chronic emptiness
May have transient physical complaints	Has chronic physical complaints
Expresses guilt over some aspect of the loss	Generalized feelings of guilt
Temporary impact on self-esteem	Loss of self-esteem is of great duration



# Implications for Practice

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- Grief & Loss are Normal
- Contact with the baby and opportunities to create memories/mementoes appears to help grief
- Accurate diagnosis of co-morbid or complicated grief
- Social support is protective
- Value in supportive Grief Counselling
- ?? Peer Support Groups (including on-line)
- Grief Resurges : anniversaries, subsequent pregnancies

# Subsequent Pregnancy

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# “Not Just a Normal Mum” Pregnancy After Loss Service

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Dedicated Pregnancy After Loss Service (PALS).

Midwifery Model of Care integrated with high level of support from obstetric and MFM teams.

Qualitative Evaluation: Seven themes were identified

- The overall experience,
- The unique experience of first pregnancy after loss,
- Support from PALC,
- Experiences of other services,
- Recommendations for PALS,
- Need for alternative services, and
- Advice: Mother to mother.





# The Final Words

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*“...feeling that you’re there, kind of, talking to a friend, someone who really does genuinely care about you and about your pregnancy and about the baby that you’ve lost...not being that overly optimistic, bubbly, not afraid to talk about the realistic situation.”*

*“Yeah, [the doctors] were really good and understanding because...I was, you know, quite freaked out a lot and they understood how freaked out I was. They just, you know, listened and... it seemed like they were caring about the whole pregnancy.”*

# Questions?

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## ***Acknowledgements:***

MMH Bereavement Midwives and Staff

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MMH Bereaved Mothers & Fathers

UQ Occupational Therapy

Department Team – Subsequent

Pregnancy Evaluation

