

## Helping Families Through Loss

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In perinatal loss, the two most emotional human experiences – birth and death occur simultaneously. Birth and death involve incompatible psychological processes – attachment and detachment. In this article, perinatal loss refers to all losses which occur during pregnancy and in the first month of life (miscarriage, ectopic pregnancy, termination of pregnancy after learning of severe fetal abnormality, stillbirth and neonatal death) excluding elective abortion.

Perinatal loss occurs within the biological and psychological context of pregnancy. Pregnancy encompasses the woman's physical, emotional, cognitive, social, cultural and personal environment. Therefore, perinatal loss will also affect all of these areas. Other family members and friends will be affected in only some of the areas. This can account for some of the differences between how a loss is experienced, perceived and grieved by a mother, father and society at large.

“One of the primary needs of most parents who lose a baby is to feel that their loss is recognized as a true bereavement” (11). Grief, suppressed or expressed covertly, may remain unresolved for years (1, 3, 10, 11). Parents need permission to express their grief in their own way. Studies show that women grieve more intensely and longer than men. A woman physically goes through a loss; a man may observe the woman's physical experience; and friends and family may hear about it second hand. Encourage family members to accept each other's experience and listen without judgment.

One of the most important psychological tasks of pregnancy, especially for the woman, is to adjust their sense of self to incorporate a new person into their lives and to develop affective ties to the fetus. When a loss occurs, psychological detachment needs to take place. This is done through identification (8, 12, 13). Identification is based on the painful recollection of concrete, tangible memories and experiences with the deceased. In perinatal loss, not only are there minimal or no shared experiences outside the womb, there is often no tangible evidence of the parent's attachment to an unborn baby (8, 14). They may doubt the existence of the baby if the loss occurs before this progression is complete (5). Quickening is a turning point as the mother is more aware of the baby as separate from herself. Those who experience early loss may have delayed grief reactions and difficulty resolving the loss as there is no baby, nothing concrete to mourn (8). If the loss occurs after quickening, there is greater attachment to the baby. In postnatal loss the grief response may be more intense and active as there is a baby to identify, name and touch.

It is important to provide as many memories of the baby as possible. If the family does not want the pictures or ultrasounds of the baby immediately, hold onto them for several years. Encourage rituals such as funerals, memorial services or the creation of such rituals. Help families talk about their dreams, hopes, fantasies, plans and the meaning

that this baby held for them. The expressive arts can provide concrete evidence and validation of the strong attachment that existed as well as facilitating emotional expression and increasing self esteem (2).

In perinatal loss, grief follows a similar pattern that any survivor goes through with the loss of someone who has lived. Bowlby and Parks (4) identify four phases”

1. Numbness and shock
2. Yearning and searching for the lost figure
3. Disorganization and despair
4. Reorganization.

It should be noted that Kubler-Ross’s model applies to the person who is dying not to the survivor. It is common for bereaved parents to grieve not only months but years after the loss (6, 9, 10). Grief may continue through a subsequent pregnancy and birth of a live, healthy child. Symptoms of grief associated with perinatal loss include: vivid memories of the delivery and death, dreaming about the baby, hearing the baby cry, and sensations of the baby moving within the womb (5, 7, 13).

Provide verbal and especially written information about the grieving process. Bereaved parents’ ability to absorb verbal information and to talk is limited. Encourage expression of emotion. Use of tranquilizers and sleeping pills can inhibit emotional release. Find out what symptoms parents are experiencing. Professional help may be needed if there are disturbing or unusual symptoms, difficulty expressing grief, a feeling of being stuck, severe depression, or suicidal thoughts. Find out if there is a change in sleep, eating, or work patterns, physical complaints, increased use of drugs or alcohol, or increased isolation. Follow-up meetings help facilitate the grieving process, and shorten and soften bereavement. Meet with families the week after discharge, after autopsy reports come in, and three to six months later. If at all possible, answer the question of **why** the loss occurred, even in the case of early miscarriage. This may reduce the guilt, blame and loss of identity that women feel. There may be an increase in grief on anniversary dates, holidays and Mother’s and Father’s day.

Perinatal loss may be connected to or bring up unresolved issues of past losses. If the death of the baby occurs prior to birth, a woman may have to go through a medical procedure (D&C, D&E or vaginal delivery). These procedures take place in the part of the woman’s body where she feels most vulnerable and occur while she is in an emotional state of shock. Women often express feelings of rawness following these experiences. The loss may bring up issues related to past traumas she has had with her body. These and other factors such as age, past abortions and infertility also impact one’s response to a loss.

For first time parents a loss can be developmentally disruptive, as it prevents the parents from moving on to the next stage of life: that of parenthood. Social isolation and loneliness may result as these parents are not incorporated into social activities that involve parents and children. Support groups can play an important role in reducing isolation, loneliness as well as providing opportunities to express grief.

As caregivers, we may feel helpless in our inability to ease their pain. Nobody can take another person's pain away. We can, however, provide emotional support through listening, being understanding, validating the grief, and providing information. Support groups and professionals can help them integrate their loss.

A loss can challenge the spiritual and secular beliefs that form the foundations of our lives. It takes time to reorganize these systems. Over time, a loss can provide an opportunity for growth and can be a transformational event in the survivor's life. New meaning and purpose emerge as the loss becomes integrated.

This article briefly touches on some of the issues surrounding perinatal loss and the ways to help bereaved families.

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