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Supporting women, families, and care providers after stillbirths

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For ***Lancet* 2011 stillbirth Series** see http://www.thelancet.com/series/stillbirth

Stillbirths are responsible for 2·6 million deaths per year.[1] Each stillbirth is accompanied by great sadness and often distress, not only for the woman, father, and families,[2] but also for the health professionals, especially midwives, who attend them. Midwives are particularly affected because they are usually the ones who attend the births and provide social and emotional support to the family, before and after the birth. The *Lancet* Series on Ending preventable stillbirths[1,3–6] highlights both the actions that can reduce the risk of intrapartum stillbirths, including skilled attendance at birth and facility delivery, and also the importance of bereavement care.

Midwifery can provide high-quality, respectful maternal and newborn care that focuses on the needs of women and newborn babies by promoting optimum neurophysiological, social, and cultural processes and strengthening women's capabilities in a positive and supported way.[7–9] These requirements are set out in the Quality Maternal and Newborn Care Framework in *The Lancet*'s 2014 midwifery Series, which detailed the values, philosophy, organisation, and care needed for women and newborn babies.[7]

The *State of the World's Midwifery* report[10] has shown that midwives can provide 87% of essential maternal and newborn health interventions,[11] including family planning, and can ensure access to specialist and comprehensive emergency care when necessary. The *Lancet* Series on Midwifery[7–9] showed that the number of stillbirths would be reduced if there was increased coverage of the interventions delivered by midwives—even a moderate 10% increase would result in a 26% reduction in stillbirths in low-income countries.[12] Midwives who are educated, regulated, and well networked into a functional health system are the most cost-effective providers of the essential interventions[11] that help prevent maternal and newborn deaths and stillbirths. Investment in midwifery within a functional health system with access to effective consultation and referral will save lives of mothers and babies.

Although effective midwifery care will reduce the number of stillbirths, the care of women and families who experience stillbirth remains crucial. How health systems support and respect the affected family is a core component of how they will recover from their loss.

Panel: Stories from midwives about stillbirths

"Any time I care for a woman who has had a stillbirth, it is devastating for the woman and her family but also for me as the care giver. I have to deal with my own grief and that of the woman and her family, and yet culturally it is not acceptable to grieve in public since the society does not consider the stillborn as a human being. I am even more devastated when I see cases where culture requires the woman to carry and bury the stillborn." *Midwife from Malawi*

"One of my most difficult and sad experiences as a midwife was when a young woman I was caring for lost her baby during the last week of her pregnancy. She was induced in the hospital and gave birth to a beautiful, but dead, baby boy. I accompanied her through this difficult birth and having experienced it with her and her family helped me help her through the next weeks. Giving her and her husband the space and time they needed to come to terms with their loss and encouraging them to trust the strength of their relationship to get through this were things they later told me helped them enormously. Fortunately they stayed together and a next pregnancy united them with a beautiful and healthy baby girl." *Midwife from the Netherlands*

Essential bereavement care is at the heart of this recovery process and midwives should respect the individuality and diversity of parents' grief, show that they recognise and value the baby (eg, by using the baby's name), provide information in a parent-centred way, and enable the creation of memories for the parents.[13,14] Staff need to show sensitivity and empathy, validate the emotion of parents, provide clear information, and be aware that the timing of information could be distressing.[15] Supportive bereavement care can help families deal with their loss, and can also help the health-care professional address her own feelings of distress and sadness after a stillbirth (panel).

The response of the health system to the care of women who experience stillbirth and the health professionals who attend affected families is a marker of a health system's overall performance and can contribute to the resilience and long-term retention of the workforce. All health-care providers need training to ensure that they are equipped to provide appropriate care after a perinatal death and access to debriefing and professional support for themselves.

Being with women who experience stillbirth is emotionally challenging for health professionals. Cultural beliefs in some countries, such as not naming the stillborn baby, burial rituals which involve parents having to bury their stillborn baby, and no public mourning for the lost child, can make it difficult for women and their families to come to terms with the loss, as well as for health professionals who are expected to respect these beliefs.

Bereavement training must therefore be included in midwifery education. Students are often protected from caring for families who have had a stillbirth because of their inexperience. Thus, student midwives have little preparation for stillbirths and are often unable to adequately support women or one another when the time comes to provide care. Stories from mothers and fathers who have experienced stillbirth can be a useful way to facilitate learning in midwifery education[16] by giving students insight into the perspectives of affected families.

Bereavement care and support for health-care providers is important in all contexts and countries. When such support is missing due to scarce resources, the burden of loss is even greater for the women and families, as well as for the midwives, doctors, and nurses who attend them. Attention must be given to the care of both families and the health professionals who attend them to ensure that the burden of grief after a stillbirth does not affect the capacity to provide quality care to women and newborn babies.

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