

Wright State University

CORE Scholar

Obstetrics and Gynecology Faculty Publications

Obstetrics and Gynecology

2016

Infant Loss & Bereavement: A Journey for Families and Health Care Professionals

Kelly A. Rabah

Wright State University, kelly.rabah@wright.edu

Follow this and additional works at: <https://corescholar.libraries.wright.edu/obgyn>



Part of the [Medical Education Commons](#)

Repository Citation

Rabah, K. A. (2016). Infant Loss & Bereavement: A Journey for Families and Health Care Professionals. . <https://corescholar.libraries.wright.edu/obgyn/8>

This Presentation is brought to you for free and open access by the Obstetrics and Gynecology at CORE Scholar. It has been accepted for inclusion in Obstetrics and Gynecology Faculty Publications by an authorized administrator of CORE Scholar. For more information, please contact library-corescholar@wright.edu.

Infant Loss & Bereavement- A Journey for Families and Health Care Professionals

Kelly Rabah, Director of Patient Safety &
Quality Improvement for GME
Wright State Physicians

Loss...

- Perinatal loss includes infertility during the pre-conception period, fetal death during pregnancy and infant death in the first year of life.
- Losing a wished-for child is startling and unexpected.
- Responses to this loss range from disappointment to life-changing anguish (Woods & Woods, 1997).



Types of Loss

- **Ec to pic p re g n a n c y**
- **Ele c tive a b o r t i o n**
- **Fe t a l d e a t h**
- **Infe r t i l i t y**
- **Misc a r r i a g e (s p o n t a n e o u s a b o r t i o n)**
- **Ne o n a t a l d e a t h**
- **St i l l b i r t h**
- **S u d d e n i n f a n t d e a t h s y n d r o m e (SIDS)**
- **S u d d e n u n e x p l a i n e d d e a t h i n i n f a n c y (SUID)**
- **The r a p e u t i c a b o r t i o n**

Historical Perspective

- America's perspectives on death are evolving (SLOWLY...)
- Although losses in pregnancy and birth were seen as real possibilities in the 18th and 19th centuries, families still mourned these losses (Hoffert, 1989).
- Birth moved from the home to the hospital in the early 1900s.
- Pain relief efforts left women unaware of their pain and of actual birth, whether stillborn or live (Leavitt, 1986).
- The stage was set for hiding death from women and their families; a shroud of silence grew around perinatal death.



Progress...

- Acknowledgement and integration of loss into care began slowly, but it has persevered.
- The need for this approach forms the basis for training for nurses, bereavement counsellors and research into best-care practices.

Theories of Attachment

- Klaus and Kennel (1976) describe behaviors that demonstrate a bond between mother and baby before birth.
- Peppers and Knapp (1980) show that attachment begins when planning a pregnancy.
- Bowlby (1969) was the first to identify and discuss human attachment.



Rubin's Tasks of Pregnancy

- The mother. (Rubin, 1984)
 1. Ensures safe passage for self and baby
 2. Ensures social acceptance of self and baby
 3. Binds-in to the baby
 4. Gives of herself
- Rubin's framework helps nurses identify how women are affected when pregnancy tasks are incomplete.

Pregnancy as a RITE of Passage

- Each rite of passage has three stages:
 1. Separation
 2. Transition
 3. Incorporation
- A woman separates herself from her old status when she announces her pregnancy
- The transition takes place during the 9 months of pregnancy

Investment

- Ultra so und
- Ge ne tic Te sting
- Fe ta l Mo nito ring
- Ele c tive te rmi na tio n

Swanson's Theory of Caring

Through inductive analysis, Swanson (1991) identified five caring processes:

1. Knowing
2. Being with
3. Doing for
4. Enabling
5. Maintaining belief

The more we invest the more we care



The “Fetus” is a Person

- The issue of fetal personhood is complex with social, religious, legal and ethical dimensions.
- Bereaved parents have assigned some degree of personhood to their baby; therefore, their loss is real, for a real person who would have been a part of their life and their family (Côté-Arsenault & Dombek, 2001).

Tentative Pregnancy Anticipatory Grief

- Rothman (1986) found that women withheld their emotional bonds for the pregnancy and baby until after they received test results.
- Anticipatory grief is the preparation for death during or prior to an inevitable loss (Hynan, 1986; Rando, 1986), as opposed to grief after a loss.

Grief and Bereavement

- **Grief** is an emotional response to the loss of something or someone held dear; it is the internal response to loss.
- **Mourning** is a public or external response to the death of a loved one.
- The period of time during which **grief and mourning** occur after a death is called **bereavement**.

Grief and Bereavement cont....

- No two people respond to the same event or loss in exactly the same way; grief is individual and depends on how loss affects each person.
- Intense and continued distress symptoms beyond 6 months to 1 year that interfere with one's ability to function and enjoy life should be evaluated by a mental health professional (Morrow, 2009).
- While severity of loss is often related to the stage of pregnancy when loss is experienced, this is not always the case.

Normal Grief Reaction

- Anger
- Sadness
- Numbness
- Aching Arms
- Guilt/ “what if? “
- Ruminating
- Bargaining
- Isolation or fear of being alone
- Dreams
- Wanting to end the event or prolong it

•

•

Be aware of

- Anger, frustration, or resentment of existing children
- Suicidal ideation
- Poor or non-existent support network
- High-risk home environment
- Prior history of loss
- ****True lack of acceptance of loss****
- History of high risk behaviors

How we handle the initial news is critical to grief formation & bereavement

- Shapes parent's experience forever
- Can have lasting impact on younger children
- Normalizing and being present is important
- Be aware of gender differences in grief
- Age appropriate for children
- Empower planning, control, and participation whenever possible
- Help parents anticipate what's coming
- Things to say and not to say

Readiness

- For grief materials
- To discuss options (know what they are)
- To hold the baby, or not
- To receive visitors & phone calls
- Offer chaplain/ prayer/ baptism
- Photos & mementos
- Emphasis on self-preservation
- Encourage acceptance of help

Personal Awareness

- Your own history with Loss
- How comfortable or not are you with discussing
- Personal emotional triggers
- The art of Presence



Resources

- www.bereavementservices.org
- <http://www.childreridayton.org/cms/bereavement>
- <https://www.nowilaymedowntosleep.org>
- www.babylosscomfort.com/grief-resources/e-cards
- Faces of Loss Support Group (See handout)
- Shades of Blue Support Group (MVH uses)

