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Lessons from Research to Normalize Perinatal Bereavement Photography

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ABSTRACT

There have been recent calls to normalize the routine use of bereavement photography to help support perinatal loss and grief. However, much of the research has been limited by the use of small sample sizes conducted almost exclusively with mothers from Western cultural backgrounds. The purpose of this study was to examine parents' perceptions of the beneficial and negative aspects of perinatal bereavement photography within hospital settings. Data were drawn from a large sample ($n = 504$) of Australian and New Zealand parents from diverse backgrounds who had used professional perinatal bereavement photography over the past 10 years. A summative content analysis was performed on 489 responses to open-ended survey questions that related to parents' perceptions of bereavement photography and advice parents wanted to pass on to others. Results highlighted how photography was able to humanize the experience of loss and death. Most participants appreciated the high-quality photographs received and also valued the compassionate, caring, and sensitive interpersonal approach of the photographers. Participants advised other parents to "play it safe" by taking photographs, even if they felt uncertain. Bereaved parents could decide later if they wanted to look at or share photographs. Health professionals were key to normalizing and organizing photography; however, gaining informed consent sensitively from grieving parents is challenging. Therefore, advice for normalizing bereavement photography is included. Suggestions for the professional development of photographers and health professionals are provided. Greater community death literacy education about perinatal loss is recommended.

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Introduction

With the medicalization of birth and death, it is argued that death in Western countries has become more hidden, individualized, and privatized (Hall, 2019; Horsfall et al., 2012). Social stigma persists around

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miscarriages and stillbirth, with such invisible losses potentially resulting in disenfranchised, unsupported parental grief (Bellhouse et al., 2018; Lang et al., 2011; Pollock et al., 2021). Up to 5 years post-loss, bereaved parents report higher levels of trauma-specific and negative psychological outcomes than non-bereaved parents (Murphy et al., 2014). Further, there are many risk factors associated with perinatal loss that may result in complicated grief (Zhang et al., 2024).

Throughout the 20th century, with significant improvements in child and maternal mortality rates in Western countries, the death of a baby was often viewed as a failure of the mother and hospital system (Brabin, 2014). Consequently, until the 1970s, it was widespread practice in maternity hospitals to discourage mothers from viewing, holding, remembering, or talking about their deceased baby (Wilson, 2014). Such practices were believed to assist in recovering quickly from perinatal losses. However, attachment theorists and the continuing bonds theory of bereavement challenged these practices and recognized that healthy grief included maintaining ongoing, though renegotiated attachments with the deceased (Klass et al., 1996).

Consequently, renewed research efforts have focused on activities and rituals that validate the lives of deceased babies (Jones et al., 2023; LeDuff et al., 2017; Thornton et al., 2019). One intervention to meet the unique needs of families facing perinatal loss is bereavement photography. During Victorian times, bereavement photography was widely adopted by upper-class English families for all forms of loss, but especially for the loss of children (Hilliker, 2006). As mortality rates declined, bereavement photography largely disappeared from mainstream Western culture, only to increase in popularity again in the 1980s (Hilliker, 2006). Around this time, bereavement photography was increasingly initiated by midwives who recognized the deep impact of perinatal loss on parents (Layne, 2000; Martel & Ives-Baine, 2014).

Photographs create permanent images of babies and provide parents with a visual memento of the child's existence (Martel & Ives-Baine, 2014). They affirm the child's identity, their place in the family, and the reality of the loss for others and legitimize parental grief (Blood & Cacciatore, 2014b; Kochen et al., 2020; Martel & Ives-Baine, 2014; Ramirez et al., 2019; Thornton et al., 2019; Vivekananda et al., 2024). The only systematic review and meta-synthesis examining stillbirth bereavement (Oxlad et al., 2023) confirmed that photographs validated parental loss and the baby's life, helping to maintain memories in several ways, including by introducing babies to siblings and to broader family networks.

While earlier research using largely qualitative methodologies focused on photographs of variable quality taken by midwives and other carers (Gold et al., 2007), more recent research has examined photographs taken

by professional photographers and families themselves (Blood & Cacciatore, 2014a; Blood & Cacciatore, 2014b; Vivekananda et al., 2023). Professional bereavement photography has been recommended because of the high-quality photographs produced (Blood & Cacciatore, 2014a). Typically, studies focus on free services provided by volunteer photographers or hospital staff (Oxlad et al., 2023), and when services are unavailable, families must take their own photographs (Christou et al., 2021).

Results from our mixed methods study of 504 parents who used professional volunteer photographers confirmed high levels of satisfaction with and acceptability for the practice, with 96.3% strongly agreeing that photography was a positive experience for them and 98.8% strongly recommending it (Vivekananda et al., 2024). Almost 97% of our participants reported that photographs helped them through their bereavement. Most of our participants (89.9%) reported very high scores for continuing bonds with their babies. Photographs helped parents to feel connected to and remember their baby, brought them comfort, and affirmed their status as parents. By providing a reminder that their deceased babies continued to be a part of their family life, continuing bonds were able to be maintained (Vivekananda et al., 2024).

Furthermore, looking at and sharing photos with family and friends and having a spiritual orientation were significant predictors of posttraumatic growth in parents (Vivekananda et al., 2023). Given this, supportive social networks and engaging in meaning-making were identified as protective factors. Nearly 79% of the sample had shared their photographs in person with others, while more than 50% had shared via social media. A moderately strong positive correlation was found between the sharing of babies' photographs and parents' continuing bonds with their babies, with these bonds enduring over the long term (Vivekananda et al., 2024). We argued that photographs were "transitional objects" (LeDuff et al., 2017) that created meaningful, tangible memories, facilitated healthy grieving and, in many cases, promoted personal growth.

Despite this, the needs of fathers experiencing perinatal loss have often been overlooked in the research (Oxlad et al., 2023), and men have reported feeling isolated and overwhelmed (Chavez et al., 2019). Of note, our previous study included one of the largest samples of fathers ($n = 29$) using bereavement photography, and similar benefits as mothers were reported (Salvini et al., 2024). We also found that the impact of photography was unrelated to the baby's age at birth or death, number of losses experienced by parents, or the time since their loss (Salvini et al., 2024).

Eleven of the twelve studies in a recent systematic review of bereavement photography were undertaken almost exclusively with mothers in Western countries (Oxlad et al., 2023). The remaining paper, from Afghanistan (Christou et al., 2021), reported that professional photography services

were largely unavailable. Our research has examined different cultural orientations, and no differences in the benefits of photography were found between participants from individualist or collectivist cultural orientations (Vivekananda et al., 2024).

It has been a decade since Blood and Cacciatore's (2014) influential study promoted the need to normalize appropriately conducted bereavement photography and addressed the practical, emotional, and communication obstacles to taking photographs during periods of intense grief. Importantly, issues with gaining informed consent from very vulnerable parents were highlighted by these authors. Oxlad's et al. (2023) recent systematic review also concluded that further research was necessary, as only relatively small sample sizes ($n = 3$–50) were reported for 11 of the 12 studies reviewed. The remaining study had 162 participants. Our recently published studies were unavailable to be included in Oxlad's (2023) review and meta-synthesis.

In Australia, the *Clinical Practice Guidelines for Care Around Stillbirth and Neonatal Death* (Perinatal Society of Australia and New Zealand, 2020) offer relatively brief, general suggestions for health professionals about bereavement photography. Further, this guideline is drawn from secondary sources rather than directly from parents' reports of receiving bereavement photography. Therefore, it is timely to review and update the practice implications for perinatal bereavement photography.

The purpose of this qualitative study was to examine parents' perceptions of the beneficial and negative aspects of perinatal bereavement photography within hospital settings. Insights, advice, and suggestions from parent participants can inform and improve contemporary bereavement photography practices.

Method

Design

Data for the study were drawn from a larger mixed methods research project that investigated Australian and New Zealand parents' and photographers' experiences of no-cost, volunteer-conducted bereavement photography. Our analysis of mixed methods data has been reported elsewhere for parents (Vivekananda et al., 2024; Vivekananda et al., 2023; Salvini et al., 2024) and for photographers (Wurf et al., 2023; Vivekananda et al., 2023).

Participants

Participants were recruited through the purposive sampling of a pool of more than 10,000 parents who had used the only volunteer stillbirth

bereavement professional photographers' organization in Australia and New Zealand. The organization has more than 320 professional photographers committed to providing photographic mementos to families who experienced stillbirth. Volunteer photographers attend the hospital, and there is no charge for the photography session. Sessions can be requested by medical staff or directly by families.

A final sample of 504 parents provided 489 meaningful responses to four open-ended questions. Survey participants were aged between 20 and 59 years ($M = 35.68$, $SD = 6.04$), with 93% women and 7% men. The mean age of the baby at birth in gestational weeks was 30.29 ($SD = 7.01$). The mean age of the baby at death in days was 1.97 ($SD = 5.24$). The median number of perinatal losses was one, and the mean time since loss was 50 months ($SD = 32.7$ months). In terms of ethnicity, 76.4% were non-Indigenous Australian, 10.9% were New Zealander, and 2.6% were Australian Aboriginal or NZ Māori. Using a broad measure of cultural affiliation, 28.9% of participants identified as belonging to a collectivistic culture, 30% identified with an individualistic culture, and 41% were neutral. The majority, 79.7%, had post–high school qualifications. Most (44.7%) agreed that spirituality was important to them, while 25.6% disagreed and the remaining were neutral. Most (44.3%) indicated that belonging to an organized religion was not important to them, whereas 22% indicated that it was important and the remaining were neutral.

Materials

Open-ended survey questions related to parents' positive and negative experiences with bereavement photography, learnings they wanted to share with other parents, and feedback to photographers and health professionals. The questions asked were, "Could you tell us something positive or appreciated about the process of having [organization] take photos?," "Could you tell us about any negative experiences of having [organization] photos taken?," "What have you learned … that you would like to share …?," and "What feedback would you like to give the photographers and/or [organization]?"

Procedure

All bereaved parent participants who had a photography session over the past 10 years were invited to participate in the research via the organization's Facebook page and email. Service users were provided with an anonymous online survey link. Participants gave online consent to complete the survey and could provide contact details if they wished to participate in an additional, audio-recorded online semi-structured interview.

Data analysis

Using summative content analysis, open-ended survey question responses were manually coded by two researchers to identify and keywords/phrases were quantified (Hsieh & Shannon, 2005). The data were coded and quantified for the most commonly occurring descriptors related to participants' experiences of bereavement photography. Key quotes were selected that highlighted varying experiences and were subsequently grouped into broader themes (Tong et al., 2007). This process was revised and cross-validated by the research team to maintain the quality and trustworthiness of the data. Prolonged engagement with the data, documentation of the researchers' thoughts and codes, and record-keeping of all raw data were maintained throughout the analysis (Nowell et al., 2017).

Ethics and risk

Ethical approval was obtained from Monash University Human Research Ethics Committee (MUHREC Ref #: 23165). Consistent with the distress protocol, all participants were supplied the contact details for a 24/7 telephone griefline and mental health support. Training in death literacy was provided to five fourth-year psychology students who assisted in the initial research design and data collection. The authors were all registered psychologists with training in qualitative analysis.

Results

Humanizing death and loss

The overarching finding from the open-ended survey questions about the benefits of bereavement photography was *humanizing death and loss*. Figure 1 lists the codes for the most frequently occurring words appearing in survey responses, and the number of responses were quantified. Four main themes were identified: *photographers' rapport-building* (theme 1, $n = 208$), *meaningful memory-making* (theme 2, $n = 155$), *enfranchising grief* (theme 3, $n = 100$), and *sharing and social connections* (theme 4, $n = 117$).

Photographers' rapport-building

Parents appreciated photographers' rapport and the photos they produced. Specific adjectives that were used to describe photographers' rapport included *kind* ($n = 60$), *respectful* ($n = 45$), *gentle* ($n = 41$), *caring* ($n = 34$), *compassionate* ($n = 16$), *and sensitive/loving* ($n = 12$). The gentle manner of photographers appeared vital in supporting parents in their loss. One parent reflected on how the "acceptance and gentleness of the photographer capturing, but not commenting on our grief" supported them in their

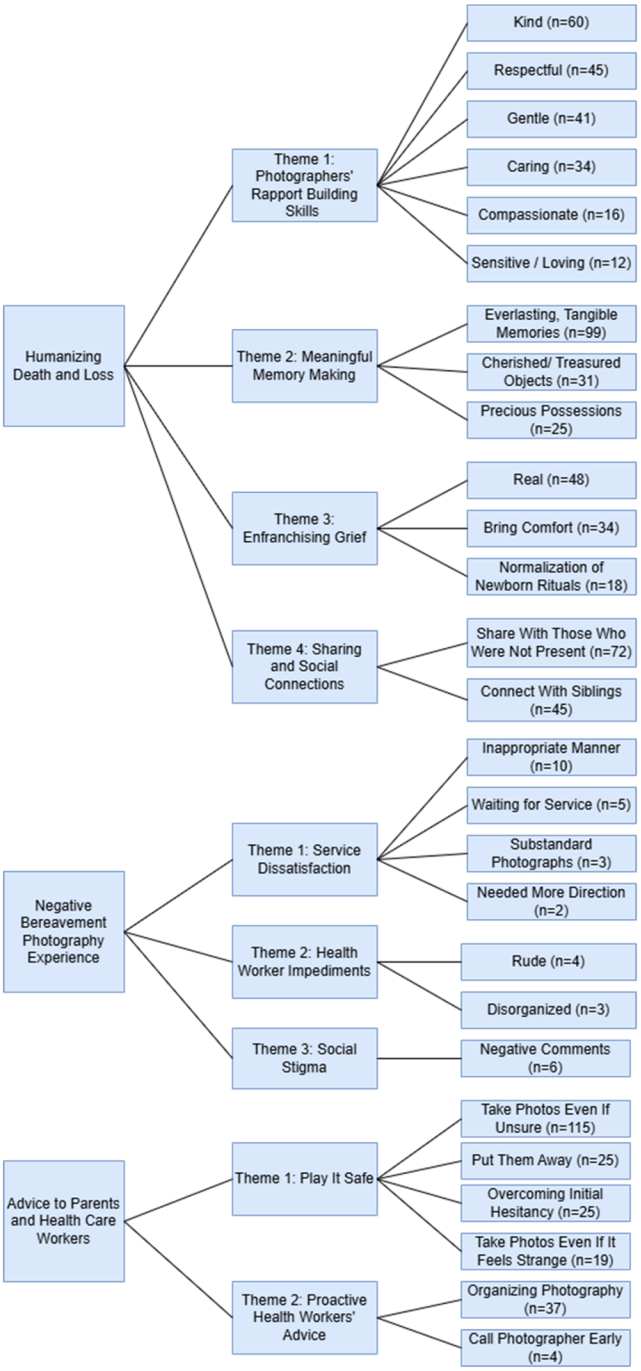

Figure 1. Humanizing death and loss.
Figure outlines the three main areas identified in the analysis of open-ended survey questions. The main themes, codes used and the frequency of occurrence are displayed.

time of need. Parents praised the respectful approach used by photographers. In the words of one parent "having someone come and treat your baby and you with respect was more than what some [health professionals] could do." Strong photographer rapport had long-lasting impacts on participants. Comments included "we will never forget their generosity and the impact they had on our lives" and "words cannot express how grateful we are."

Meaningful memory-making

Photographs provided *everlasting, tangible memorie*s ($n = 99$) for parents to look at and view in the future, if they wished. Photographs helped "to remember the little details" about their baby and "served a lovely purpose of remembering such a blurry, whirlwind time of our lives." Likewise, parents valued tangible memory-making, as they could "always have these physical representations of the time" and were "so very grateful to have such clear, beautiful, considerate photos to be able to look back at. We don't have this for our other lost babies … I find my memories from the time unreliable."

Parents viewed photographs as *cherished and treasured objects* ($n = 31$) to "take my baby home with me, without taking him home." They reported that photographs made the difference between "going home with empty arms and going home with forever memories." Photographs were described as *precious possessions* ($n = 25$), containing "precious memories and moments" that "showed me what he [baby] really looked like." Similarly, another parent valued their photographs as "precious memories of our baby, even though they are of her sleeping" and "such a priceless keepsake. I couldn't see us without them."

Enfranchising grief

Taking photographs helped parents to feel validated that their baby was human and subsequently their baby's death was a *real loss* ($n = 48$). Parents described the profound importance of validating their loss, saying it "felt like my baby was being recognized as human, as opposed to medical waste," and the photos validated their identity as parents, "mak[ing] me feel like a mother and that she was real." Photos helped to validate the reality of their child not only to parents themselves but also to family and friends. Parents "really appreciated that the photos showed others that my baby was a real baby to be mourned and not just a pregnancy loss" and provided a physical reminder to others to "know it was all real … those little features were real."

The photographers' approach also aided in enfranchising grief for parents. One parent observed that the photographer "acted like she was a 'real' baby, for lack of better words. He was just as careful with her as I

believe he would have been with a live baby." Similarly, another parent found the photographer being "so caring and holding my baby like she was really alive, really helped."

Alongside painful feelings associated with grief, some parents reported the photos as *bringing comfort* ($n = 34$): "look[ing] at photos have brought so much comfort," and "peace, it helps you find peace." However, "photos may not bring comfort initially, but you may find that changes as your grief changes." One parent remarked on the poignancy of having such a short time with her baby, as "these are the only memories that I will ever have of my daughter, and they bring me comfort."

For parents, the *normalization of newborn rituals* ($n = 18$) allowed them to openly mourn their loss. Completing rituals such as dressing, bathing, and taking photographs allowed parents to create meaningful memories with their child. Opportunities were created to "be able to experience something normal families get" and "it gave us time with our babies to see them dressed and make loving memories." Being "asked by the photographer to dress our little boy … was a beautiful validation of us as his parents and he as a baby" and provided "happy photos, sad photos, but most importantly photos of a normal family interacting." One parent recommended the value of memory-making rituals, "if you have the strength, cuddle your baby, bath and dress them, and take as many pictures as you can."

Sharing and social connections

Parents used photographs as a means to open the conversation around loss and to *share their experience with those who were not present* ($n = 72$), such as close friends and family. "Having photos to share helped our family members remember that our son was real, and not just a loss to be gotten over." Photographs allowed people who could not be present at the child's birth to be able to connect. This was especially true for family members who were overseas: "our families were all in the UK, and it enabled us to share her with them too." Photographs not only allowed for sharing outside family but also aided in *building connections with siblings* ($n = 45$), providing the opportunity "to teach his [baby] siblings about his life" and to "share with my daughter's siblings someday."

Negative experiences

Participants were specifically asked about any negative experiences related to bereavement photography. Findings (summarized in Figure 1) related to a small number of comments about *photography service dissatisfaction* ($n = 20$), *health worker impediments* ($n = 7$), and *social stigma* ($n = 6$). These findings are discussed below.

Service dissatisfaction

Not all parents had positive experiences with the photographers' approach. A few perceived photographers' as possessing an *inappropriate manner* ($n = 10$). Dissatisfaction was related to the perception that "the photographer was not particularly experienced," and in one case, "they were inexperienced with my kind of loss, … it was very hard for them." A few parents found the manner of the photographer to be *inconsiderate to the circumstances*: "the photographer made a comment that I felt was insensitive," and "the lady kept bringing up how sorry she was for my loss and it kind of did not help." Parents varied in the approach they wished to receive from the photographer. Some wished that the "photographer spoke to me more about my loss," whereas another stated "I could barely wrap my mind around [the death] let alone explain it to a stranger."

Parents also reported they struggled with the *wait time for photographers* ($n = 5$): "the only negative for me was the wait for the photographer to turn up" and "there aren't enough volunteers [photographers] available." Finally, relatively few comments ($n = 3$) were that the *photographs were substandard*. Contrasting views were expressed of *needing more direction* "from the photographer as we had no idea what to do," while another parent felt the photos were "too posed" and "very staged."

Health worker impediments

A few parents also had negative experiences with healthcare workers during their stay in hospital. They felt *staff were rude* ($n = 4$) and "not very understanding" or "lacked patience" while photographs were being taken or "wanted the room vacated before the photographer could arrive." Further, a few parents also reported hospital staff were *disorganized* ($n = 3$), reporting negative experiences such as "the hospital had trouble contacting [the photography organization], but that's not [the organization's] fault" and "the nurses were disorganized" with booking the photography.

Social stigma

Six parents reported on the *negative comments* made by their friends and family. One parent said "the only negative I have had is other people's responses to the photos." Parents also reflected that their "friends have made comments about how [photographs] hanging in our home are too confronting for them to see." "Some friends cannot walk into our house as they can't look at photos of a (deceased) baby; they are no longer friends." One parent related her disappointment that "someone I considered to be one of my best friends told me I was selfish for sending her the photos because she'd had a baby recently and it made her feel sad."

Advice to other parents and healthcare professionals

Parents were offered the opportunity to provide advice to parents in a similar position. Figure 1 summarizes this advice *for other parents and health professionals*. Two themes were identified: *play it safe* ($n = 184$) and *proactive health workers' advice* ($n = 41$).

Play it safe

The most common recommendation from our participants was to *play it safe*. Even if initially doubtful and uncertain ($n = 115$), participants suggested taking photographs as a precaution. As one parent advised, "although in the moment it might feel like having photos taken is the last thing you want, you will treasure them forever. You can get the pictures and choose to never look at them. You have no choice if you don't choose to have pictures taken."

Some parents also recommended that even if others did not want to look at the photos, they were worth *getting to put away* ($n = 25$). "Even if you don't feel ready to look at the pictures right away, have them taken. Put them somewhere safe." This theme linked into *overcoming initial hesitancy* ($n = 25$), where parents recommended saying yes even if they did not feel an immediate desire for them.

> When I was first asked if I wanted photos, I had a hard no. I was told I could have them taken, but it was my choice if I ever looked at them/had them printed. It was the best decision that was ever made to have them!

As illustrated below, it was common to feel an initial reluctance about photography.

> I was apprehensive about having photos taken, but during the session I was able to connect with my baby. She went from being a corpse, a shell, to being viewed as my daughter, an expression of love. The process allowed me to open my heart and form a bond. I will be forever grateful.

Parents felt that even though taking photographs felt strange ($n = 19$), the photographs were worth having.

> It seems strange to have someone ask you straight after you've had your dead baby if you'd like to get pictures, but please say "yes" because when you look back, you'll be so grateful you have memories of your precious angel.

Proactive health workers' advice

Our participants appreciated receiving proactive advice from health workers and efforts made to organize photography on their behalf. The act of *organizing the photographer* ($n = 37$) was appreciated and acknowledged by parents. One parent noted, "it was nice to just have it offered rather than

have to seek it, we never would have known something like this existed." Midwives played a vital role in organizing photography. "It was a midwife that said to me, 'I know this is probably the worst time you would want to take any pictures, but this is all you will have to remember [baby] by.' That kind of stuck and that's what made me go through with it." Other comments included, "my midwife is very encouraging" and "my midwife organized the session and it helped me to realize that I wasn't alone." A few parents ($n = 4$) recommended that hospitals "call for the photographer as early as possible."

Discussion

This study aimed to examine qualitative data related to parents' perceptions of the beneficial and negative aspects of perinatal bereavement photography. Bereavement photography enabled perinatal loss to be humanized, recognized, and validated through photographers' developing strong rapport with families. A significant novel finding from our qualitative analysis was the importance of the approach of the photographer. Photographer rapport appeared critical in humanizing death and loss. Parents remembered being treated with kindness, respect, sensitivity, compassion, and care. Further, parents witnessed their babies being treated with the same gentleness and love that is shown for a live baby.

The importance of receiving high-quality photographs that aided meaningful memory-making by helping to facilitate and enfranchise grief was also found. Opportunities for sharing photographs were important to participants, allowing babies to be introduced to siblings and other family members who were unable to be present during the birth (and death). In addition, photographs enabled parents to build broader social connections that validated their role as parents and their grief.

Findings from the current qualitative analysis of open-ended survey questions can be triangulated with our previously reported quantitative survey findings and thematic analysis of semi-structured interviews with both parents and bereavement photographers. Our earlier study (Vivekananda et al., 2023) found that bereavement photographers' experience of loss were important motivators for volunteering and provided a foundation for compassionate, sensitive, and caring interactions. This compassionate care appears to be essential to facilitating meaningful memory-making, as well as providing lasting, cherished, and precious mementos of babies.

The importance of bereavement photography providing opportunities to facilitate meaningful memory-making experiences was also highlighted. The current qualitative results strongly support our previous findings from in-depth semi-structured interviews with 31 parents (Vivekananda et al.,

2024) wherein bereavement photography was seen to validate both the baby's existence and the parents' identities. In this sense, grief appeared to be enfranchised.

Parents cherished opportunities to have normalized parental experiences with their baby. Further, as Hall (2019) highlighted, compassionate bereavement photography experiences help to humanize, rather than medicalize, babies' death experiences.

Unsurprisingly, parents experienced many different and sometimes conflicting emotions when later viewing photos of their babies. This was in line with the fluctuating emotions reported in our analysis of semi-structured interview data with 31 parents (Vivekananda et al., 2024). Photographs may not initially bring comfort, as parents' immediate responses were tempered by the "raw and painful reality of grief" that "ebbed and flowed" with conflicting feelings of sadness, love, and appreciation (p. 495). The dialectic between coping with the reality of losing a baby and adjusting to life without their baby has been well described in the dual process model of grief (Stroebe & Schut, 1999). Some parents reported finding comfort from their photos as their grief changed. Our quantitative results (Vivekananda et al., 2024) indicated that a very small percentage of participants (2.8%) felt that photos were unhelpful in their grieving process. While 5.8% reported that photos stopped them moving on with their life, 8.8% reported that their partners held this view (Vivekananda et al., 2024). Complications with grieving and psychological distress are a significant risk for parents experiencing perinatal loss (Herbert et al., 2022; Murphy et al., 2014), and referral for professional help is recommended for prolonged grief.

Photographs could be shared with other family members and broader social networks who were not able to be present at the birth and death of babies. Our quantitative survey results (Vivekananda et al., 2024) reported that the majority of participants were able to share their photos with their partners, family, and friends, which generally strengthened family and social connections.

Siblings experiencing perinatal loss are often forgotten (Bornemisza et al., 2022), and bereaved children's stories can be "silenced" (p. 530) by others. Bereavement photography appears to be an important tangible means for parents to introduce their baby to current or future siblings and to locate their baby's place in the family. However, a significant minority of participants reported social stigma and disapproval from their broader family and social network about bereavement photography. Further, we reported in an earlier study (Vivekananda et al., 2024) that while the majority of couples are able to share photos with their partner (91.9%), some participants reported their partner was unwilling to view photos or took quite some time before they could. Similarly, our earlier study found

there was a relatively high level of agreement (84.3%) between partners that photography was a positive thing; nevertheless, a small proportion of couples (3.2%) reported that their partner held negative views about photography while the remaining 7.3% of partners were uncommitted to the value of photos.

The theme of *play it safe* is very strongly reflected in our research, where parents advise other parents to take photos even if they are uncertain and to put photos away if they do not want to view them immediately. Eventually, many parents viewed their photos as "cherished, treasured objects" and "precious possessions." This can be contrasted with viewing starker, medical postmortem photographs of babies, which has been linked to increased maternal anxiety (Kalanlar, 2020). In their meta-synthesis, Oxlad et al. (2023) reported that the most frequently mentioned barrier to bereavement photography and other memory-making rituals was not knowing that services were available or acceptable. In addition, photography sometimes felt "wrong" to parents (p. 425). Some parents experienced conflicting feelings or hesitancy, while others cited privacy reasons for refusing photography (Brierley-Jones et al., 2014). However, Oxlad et al. (2023) reported that some parents who chose not to take photos later regretted it and while some did not want to view photos immediately, in the longer term most parents appreciated having them. Our participants also reported initial feelings of uncertainty and hesitancy and that photography seemed "strange" but also reported gratitude in being able to overcome their initial reluctance.

Healthcare professionals appeared crucial in providing parents with proactive advice and giving sensitive reassurance to normalize bereavement photography. This concurs with the conclusion of Oxlad et al. (2023) that health professionals need to make timely referrals. Effective, proactive healthcare advice emphasized parents' choice and control over the process. Parents' initial reluctance highlights the need for greater normalization of photography and research-informed recommendations about the practice. Parents may fear that grotesque postmortem images of their baby could be depicted, so they may need reassurance that photos can be beautiful and precious and capture an everlasting connection with their baby. Oxlad et al. (2023) make a number of useful recommendations for health professionals to make sensitive and empathic suggestions that help normalize bereavement photography and to empower parents to choose what is best for themselves. Our results indicate that it is not unusual initially for parents to feel reluctant and uncertain about taking photos.

As noted by Oxlad et al. (2023), it is very challenging when parents are experiencing acute distress for health professionals to sensitively introduce and gain informed consent to organize bereavement photography. Oxlad et al. (2023) recommend that health professionals provide parents

with written information that explains and normalizes bereavement photography. Therefore, we have synthesized key learnings from our studies on bereavement photography and designed some parent-friendly suggestions to normalize bereavement photography (see Table 1). Health professionals are encouraged to use the advice and suggestions provided in Table 1.

A small minority of parents expressed dissatisfaction with the photographers' inappropriate affect or inept communication. In a minority of cases, insensitivity or disorganization by health professionals were reported. On some occasions, stigmatization and hurtful comments were experienced when participants attempted to share their photographs with others. Sections of the public may view bereavement photography as morbid and distasteful (Cacciatore & Flint, 2012; Hilliker, 2006; Jones et al., 2023). Further, three-quarters of our sample wished to speak more openly about photographs of their babies (Vivekananda et al., 2023). This suggests that social stigma and taboos still persist.

Where professional photography is not available, healthcare professionals have successfully taken photographs (Flenady et al., 2020), but only if they feel supported in this role (Martel & Ives-Baine, 2014). Accessible online resources are available to assist health professionals in taking quality photos (e.g., https://heartfelt.org.au/our-services/camera-project).

Understanding acute parental grief and communicating rapport in an appropriately compassionate and sensitive manner are essential training for bereavement photographers. It is crucial that photographers possess the technical photography skills, understanding of acute grief, and interpersonal sensitivity to work with acutely distressed parents. We previously found that less experienced bereavement photographers had lower levels of satisfaction from helping others and reported lower levels of satisfaction with organizational support (Wurf et al., 2023). Comprehensive induction training, peer mentoring, and opportunities for debriefing and support are essential for bereavement photographers.

Positive social support ameliorates the risks of complicated grief following perinatal loss (Champion & Kilcullen, 2023) and the absence of social support disenfranchises parental grief, compromising mental health outcomes (Ellis et al., 2016; Jones et al., 2023). We found a moderately strong positive correlation between parents maintaining continuing bonds with their baby and sharing bereavement photographs with others (Vivekananda et al., 2024). Ultimately, continuing bonds signify that a parent's love for their baby is enduring. Our studies also highlight the need to increase death literacy (Noonan et al., 2016) within the broader community and to continue education and support programs to destigmatize perinatal loss.

Table 1. Advice from parents and photographers on bereavement photography.*

TIPS FOR NOW:

Parents have shared these tips and suggestions that you might find helpful.

- You may feel shocked, overwhelmed, and unsure if someone suggests photographing your baby.
- Other parents in your situation advise that taking photos will help you to remember how *beautiful*, *precious*, and *loved* your baby is.
- One parent said: *"You can get the pictures and choose to never look at them. You have no choice if you choose not to have pictures taken."*
- Parent say their photos provide *everlasting, tangible memories,* which are *cherished, treasured objects and precious possessions*.
- You can decide later whether you look at or even share your photos with others.
- Start the process of taking photos early. It takes time to get family together and a skilled volunteer photographer.
- Parents may want to include other children and grandparents in photos.
- Parents cherish holding, smelling, feeling, unwrapping, bathing, and dressing their babies.
- You can dress your baby in fresh or different clothes and include special items or toys.
- Photos capture and help you remember your love and connection with your baby.
- Take time and don't be rushed through this process.
- If you are unsure about how to best "pose," ask others for suggestions.
- Parents say they value having lots of photos. A variety of photos taken by yourselves, health professionals, or a skilled volunteer are valuable for capturing memories.
- Parents appreciate (when possible) having more natural photos. Some volunteer photography organizations can help editing out tubes/medical equipment.
- If given the opportunity, most parents appreciate the love, care, kindness, and support provided through photography.

TIPS FOR LATER

- Your feelings about viewing and sharing photos, as with your grief, will fluctuate over time. Initially, photos may not bring comfort and it is natural you will also feel deep feelings of grief.
- At some point, many parents feel gratitude for the photos, although they may also feel sadness there will be no further opportunities for more photos.
- Your baby will always remain a part of your family, and photos are a reminder of your everlasting love as parents.
- Photos can be a way to introduce your baby to others, including current and future siblings.
- Many parents eventually choose to display and share their photos with others who care about their family.
- Couples often vary in the time taken before they look at photos and can talk about them. Be patient with one another.
- Sharing photos with those who care about you and your baby can help validate your baby's life.
- Parents can feel hurt by insensitive comments about their photos. Ignorance and stigma still exist around perinatal loss.

Before sharing photos, decide whether others are likely to support you.

- Cultures may have taboos around bereavement photography, although this seems to be changing.

Parents of different cultures have often found photography invaluable.

- Photos have sometimes been used by parents to challenge stigma around perinatal loss, raise awareness, and fund perinatal support.
- You are not alone in grieving your baby. Seek support from volunteer or professional grief support organizations.

Note. Hospital staff may reprint and share these recommendations with appropriate acknowledgments to this article (insert reference to current article). Recommendations incorporate previously published research finding by the authors.

Strengths and limitations

A key strength of our study is the large sample of parents who provided data to support the practice recommendations. The current summative content analysis provides additional validation of our previous mixed methods bereavement photography research and adds support to Oxland et al.'s (2023) systematic review and meta-synthesis findings.

Several limitations may impact the quality of the present study and the generalizability of the results. First, the sample consisted of parents who had received photography. Comparison groups (e.g., with parents who had not used photography or with parents who took their own photographs) have not been studied. Possible self-report, social desirability, and recall biases due to time differences since the loss are acknowledged. Cross-sectional sampling may have skewed results in an overly positive direction, and participants who had negative experiences may be less likely to engage further with the online bereavement photography community. Feedback on the recommendations in this paper was sought from a small group of health professionals and bereavement photographers.

To address ethical barriers in conducting experimental and quasi-experimental designs, future research could include the use of preference option (Heo et al., 2019) or partial randomized control trials (e.g., sampling parents who choose and parents who decline photography or comparing parents in hospitals with and without bereavement photography services). Additional Delphi research methodology with a broader range of relevant stakeholders, including parents who did and did not use bereavement photography, health professionals, and bereavement photographers, would aid in the further development of clinical guidelines. Finally, the use of alternative research methodologies, such as photographic analysis (Cleland & MacLeod, 2021), could help maximize participant agency and engagement in researching grief and be used to evaluate the impact of sharing bereavement photos via social media.

This study offers new insights into the rapport of photographers who capture images of love and connection and highlights helpful processes for organizing and taking photographs. The recommendations will assist health professionals in normalizing photography during acute parental distress.

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Ethical approval

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