Chapter 30

PERINATAL LOSS

Edited by Rusty McRae, M.S.W., R.S.W., Marian Spitters, M.S.W., R.S.W., Judi Wheaton, B.S.W., R.S.W.
Perinatal & Women’s Health, St. Joseph’s Health Care London

Types of Perinatal Losses

1. Abortion (Spontaneous or Therapeutic)
2. Stillbirth
3. Intrauterine Death
4. Neonatal Death
5. Sudden Infant Death Syndrome
6. Loss of a Multiple(s) with or without survivor(s)

Other Perinatal Issues Involving Loss

1. Infertility
2. Relinquishing a Baby for Adoption
3. Infants with Anomalies
4. Premature Birth

Parents’ Task in Mourning the Loss

1. Accepting the reality of the loss.
2. Experiencing the pain of the loss.
3. Adjusting to life without baby.
4. Re-investing in new relationships.

During hospitalization staff typically begin to intervene with the first three tasks.

Manifestations of Normal Grief

FEELINGS: Sadness, anger, guilt/self-reproach, anxiety, loneliness, fatigue, helplessness, yearning, emancipation, relief and numbness.

PHYSICAL SENSATIONS: hollowness in the stomach, tightness in the chest/throat, oversensitivity to noise, sense of depersonalization, shortness of breath, weakness of the muscles, lack of energy and dry mouth
**COGNITION**: disbelief, confusion, preoccupation, and a sense of presence

**BEHAVIOURS**: sleep and appetite disturbances, absent-minded behaviour, social withdrawal, dreams of the deceased, avoiding reminders of the deceased or visiting places/carrying objects that remind survivor of the deceased, searching, sighing, restless over activity and crying.

**Strategies to Deal with the Loss**

The following strategies are always respectful of the family’s own wishes and take into account their religious and cultural norms.

1. Provide family with a private room so they can have privacy to grieve, time alone with their baby and to spare their potential room-mates the awkwardness of having a newborn in the same room at this difficult time. Devise a system to be able to flag the door so anyone entering the room knows that the family is bereaved. We use a crocheted butterfly attached to the door, which signifies bereavement to all staff.

2. Devise and complete a perinatal loss checklist, (an example is shown on pg 3) to be put on the front of the mother’s chart and completed by the multidisciplinary team. The checklist insures consistent and complete care in these emotion-laden cases.

3. Encourage, with appropriate explanations, the family to view, hold, dress, and name the infant. Allow them as much time with the baby as they need.

4. Help the family to create memories of the baby by gathering mementos of the birth that they can take home with them. These might include an ID band, crib card, lock of hair, foot/hand prints, photographs, clothing etc.

5. Give the family written bereavement material and review it with them before they go home. A bereavement package might include: A letter from the hospital acknowledging the loss, a description of the feelings/emotions they may be or might experience, information on explaining death to children of different age groups, pamphlets supplied from Bereaved Families of Ontario and or other local bereavement supports, EI information indicating their eligibility for maternity leave if they delivered at 20 weeks gestation or greater and meet the usual EI criteria for eligibility.

6. If available, refer to Social Work and Pastoral Care-in hospital or family’s own, to assist in supporting the family.
Discussions Which Need to Occur.

- Autopsy
- Performance of religious rites, i.e.: Baptism, Christening, Blessing/Naming ceremony, etc., if family desire.
- Necessity for and options around funeral/cremation.
- Determine who will provide follow-up with timeframes for
- Mother’s postpartum check-up
- Genetic counseling if indicated
- Explanation of autopsy results
- Bereavement follow-up

Reference