Grief and Bereavement After Perinatal Loss: A Selected Annotated Bibliography

Scheidt CE, Waller N, Wangler J, Hasenburg A, Kersting A. 
*Mourning after perinatal death--prevalence symptoms and treatment--a review of the literature.*

 Miscarriage and perinatal loss are associated with considerable psychosocial distress. A substantial proportion of women who suffered the loss of a child develop a psychological disorder. Depression, anxiety disorder, post-traumatic stress disorder and somatoform disorder all have been linked in various studies to grief reactions in response to perinatal loss. A number of studies based on clinical and empirical evidence suggest various therapeutic procedures. However, a current Cochrane review fails to provide empirical evidence favouring a specific treatment strategy. In Germany in routine care in gynaecology no psychological support is offered to women suffering from grief reactions due to perinatal loss. Further research is needed to develop evidence based treatment strategies for secondary prevention in this field.

Full-text available at: www.thieme-connect.com/ (not a U.S. government site)

Callister LC. 
*Perinatal loss: A family perspective.*

 Perinatal loss is a profound experience for childbearing families. Examples of perinatal loss include miscarriage, ectopic pregnancy, stillbirth, neonatal death, and other losses. Perinatal loss engenders a unique kind of mourning since the child is so much a part of the parental identity. Societal expectations for mourning associated with perinatal loss are noticeably absent. Gender differences in response to such loss, as well as sibling and grandparent grief have been identified in the literature. Descriptive studies provide information on cultural responses to perinatal loss. Nursing interventions have been refined over the past two decades as research studies have been performed, in order to more fully promote health and healing in the face of perinatal loss. These include helping to create meaning through the sharing of the story of parental loss, the facilitation of sociocultural rituals associated with loss, the provision of tangible mementos, sensitive presence, and the validation of the loss. Outcome evaluations of such interventions are recommended.

Full-text available at: meta.wkhealth.com/ (not a U.S. government site)
Barr P.
Relation between grief and subsequent pregnancy status 13 months after perinatal bereavement.

AIMS: The present longitudinal study sought to explore the relationship between parental grief following perinatal bereavement and subsequent pregnancy, according to the particular facets of grief and pregnancy state being considered. METHOD: The study participants were 63 couples who had been bereaved by stillbirth (n = 31) or neonatal death (n = 32). The relationship of self-reported grief (Perinatal Grief Scale-33 Active Grief, Difficulty Coping and Despair) 1 month and 13 months after the loss to subsequent pregnancy status (Pregnant, n = 20, Live Baby, n = 10, Trying, n = 11, Not Trying, n = 22) at 13 months was investigated with repeated measures analysis of variance. RESULTS: There were statistically significant main effects for Active Grief and Difficulty Coping in women and men and Despair in women, but not in men. There was a statistically significant Active Grief by pregnancy status interaction in women (F(3, 59) = 2.89, P = 0.04), but not in men. Simple main effects analysis indicated a statistically significant decrease in Active Grief in women who were pregnant (F(1, 59) = 52.8, P < 0.0005), women who were not pregnant and not trying to conceive (F(1, 59) = 27.5, P < 0.0005), and women who had had a live baby (F(1, 59) = 9.62, P = 0.003). There was no statistically significant decrease in Active Grief in women who were not pregnant but trying to conceive (F(1, 59) = 3.44, P = 0.07). The Difficulty Coping in women and men and Despair in women by pregnancy status interactions were not statistically significant. None of the between-subjects main effects for pregnancy status was statistically significant in women or men. CONCLUSION: The relation between grief and subsequent pregnancy differed with the sex of the parent and the particular facets of grief and pregnancy state being considered. Subsequent pregnancy was related to Active Grief in women, but not to Difficulty Coping or Despair that are known to be predictors of chronic grief.

Full-text available at: www.atypon-link.com/ (not a U.S. government site)

O'Leary J, Thorwick C.
Fathers' perspectives during pregnancy, postperinatal loss.

OBJECTIVE: To present information about the father's perspective during the experience of a pregnancy following perinatal loss. DESIGN: Descriptive phenomenology. SETTING: Interviews were done in a venue chosen by fathers (home, clinic). PARTICIPANTS: Ten fathers who had experienced a loss within the prior year and were currently with that partner in a subsequent pregnancy. FOUR THEMES EMERGED: Recognition, preoccupation, stoicism, and support. CONCLUSIONS: Participants describe the need to be recognized by others. The orderly conduct of their daily lives is disrupted by preoccupation with the pregnancy. They feel unable to share their own anxiety and fear because they want to protect the mothers. Societal pressure to "be strong" and the belief that "men don't share" appear to inhibit fathers from getting

7/3/07
support. Strategies to assess and support fathers emotionally at the time of loss and in the subsequent pregnancy need to be explored.

Full-text available at: www.blackwell-synergy.com/ (not a U.S. government site)

Capitulo KL.  
**Evidence for healing interventions with perinatal bereavement.**  

The purpose of this article is to explore the concept of perinatal grief and evidence-based healing interventions for it. The loss of a pregnancy or death of an infant causes profound grief, yet society has long minimized or ignored this grief, which is among the most painful of bereavement experiences. Throughout the last century, research on grief and the special needs of bereaved parents has changed the context of professional intervention from protective to supportive. The central focus of bereavement interventions is to assist families in healing by helping them make meaning of their losses. The use of symbols, spirituality, and rituals has been shown to help bring meaning. Research has shown that memories are key to healing, and that gender, age, and relationships bring different grief expressions and experiences. While children's understanding of loss and grief differs with developmental age, they should also be given the opportunity to participate in grief rituals and practices. Professionals who care for bereaved parents have a unique opportunity to offer support by validating their grief, facilitating rituals, providing mementos, and letting the bereaved tell their stories. While no intervention can bring back their beloved children, appropriate intervention can promote healing.

Full-text available at: http://meta.wkhealth.com/ (not a U.S. government site)

Hutti MH.  
**Social and professional support needs of families after perinatal loss.**  

Perinatal loss has been associated with depression, anxiety, obsessive-compulsive disorder, suicide, marital conflict, and post-traumatic stress disorder. Nurses may provide professional support through teaching, role modeling, encouragement, counseling, problem solving, and other interventions. Nurses also may encourage more effective social support by helping significant others to provide willing, well-intentioned action that will produce a positive response in the bereaved couple. Interventions to increase professional and social support after perinatal loss are described.

Full-text available at: www.blackwell-synergy.com/ (not a U.S. government site)

Kavanaugh K, Hershberger P.  
**Perinatal loss in low-income African American parents: The lived experience.**  
OBJECTIVE: To examine the experience of low-income, African American parents surrounding perinatal loss and to describe how other life stressors influenced the parents' responses and caring needs. DESIGN: Descriptive, using a phenomenologic approach. SETTING: All data were collected in person. Interviews were held in parents' homes or, at the request of three parents, in an office in the university between 5 and 21 weeks after the loss. PARTICIPANTS: A total of 23 parents (17 mothers and 6 of their partners) were interviewed after a perinatal loss (16 weeks gestation or later) or a neonatal death (first 28 days of life). Follow-up interviews were held with 21 of these parents. RESULTS: Four themes were revealed: (a) recognizing problems and responding to the loss, (b) dealing with stressful life events, (c) creating and cherishing memories of the baby, and (d) living with the loss. CONCLUSIONS: The results of this study reveal experiences not previously reported and provide initial insight on the loss experience in this group of parents. Health care professionals should be aware of the presence of additional stressful events that parents may be experiencing and intervene appropriately to provide culturally competent care in a sensitive manner.

Full-text available at: www.blackwell-synergy.com (not a U.S. government site)

Cote-Arsenault D, Freije MM.
Support groups helping women through pregnancies after loss.

Pregnancies following perinatal loss are full of fears and anxieties. Standards of care or interventions are not generally available, however support groups exist across the country. This study explored several pregnancy-after-loss support groups. Data were collected through participant observation of meetings, individual interviews, questionnaires, and artifacts. Five paradoxes were identified reflecting conflicts between common cultural expectations and the women's own perspectives about pregnancy: birth/death, pregnancy equals/does not equal baby, head/heart, public/private, and hope/fear. According to participants, the groups helped members recognize their commonalities, remember their earlier babies who died, develop caring relationships, and learn new coping skills. Key outcomes included "making it through" their pregnancies, finding ways to reconcile the cultural paradoxes, and relating better with their current, live babies.

Full-text available at: wjn.sagepub.com (not a U.S. government site)

Capitulo KL.
Perinatal grief online.

OBJECTIVE: To describe and interpret the culture of an online perinatal loss group.
STUDY DESIGN AND METHODS: This qualitative study used ethnography, the study of culture. Methods included participant-observation, review of 447 e-mails, and participants' feedback about the findings. The setting was online in a perinatal loss listserv consisting of mothers and one grandmother who had experienced a perinatal loss.
through miscarriage, stillbirth, or neonatal death. In this changing group, there were between 82 to 87 participants from North America, Europe, Asia, and Australia.

FINDINGS: The essence of the culture was Shared Metamorphosis. The Internet connected grieving women who otherwise would likely not have met. Participants shared virtual identities, created a community, and brought meaning to their perpetual losses. Their grief was a process of remembrance and memories, and they used symbols to represent the deceased babies; angels were a commonly discussed symbol. For bereaved mothers "life would never be the same," but joining the community of the perinatal loss listserv meant they would never be alone. CLINICAL IMPLICATIONS: The culture of online support can link individuals who are geographically distant but share common issues, in this case a perinatal loss. Professionals can use this study to better understand what women experience after a perinatal loss, and what their role can be in validating and supporting these new "mothers of angels."

Full-text available at: http://meta.wkhealth.com/ (not a U.S. government site)

Kroth J, Garcia M, Hallgren M, LeGrue E, Ross M, Scalise J.
Perinatal loss, trauma, and dream reports.

This study investigated correlations among dream characteristics and measures of trauma and perinatal bereavement as reported by women who have experienced perinatal loss. 37 women who had experienced perinatal loss were randomly selected from a perinatal support group and administered the Impact of Event Scale, the Perinatal Grief Scale, and the KJP Dream Inventory. Scores on the Impact of Events Scale (IES) correlated with Emotional Pain (.41), Despair (.37), Dreams of Death (.31), Dreams of Water (-.29), and Dreams of Being Famous (-.36). Subjects who reported higher Social Support and Emotional Expressiveness throughout their trauma showed lower scores on IES Total scores (-.52), Despair (-.62), and reported dreaming more in color (.41). Results are discussed in terms of the hypothesized role dreams may play in the grief-recovery process.

Full-text available at: www.ammonsscientific.com/ (not a U.S. government site)