A Unique Grief

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Abstract: Loss of a baby by miscarriage during the perinatal period is a profound life-changing event for the parents. It is a unique grief that is often misunderstood. This paper discusses some of the special considerations of the miscarriage and the grieving that follows. The nursing care of this special group of parents is different and requires nurses, midwives and doulas to intervene allowing the grieving process to begin.

Keywords: miscarriage, grief, loss, perinatal loss

Introduction

Mrs. B arrives in the office four days before her scheduled appointment. She is crying softly and her husband has a look of concern. He tells you she started bleeding about an hour ago and complaining of abdominal cramping. He states she started spotting about two hours before the bleeding. She suddenly bends over holding her abdomen and moans. Taking her back to an exam room, you are telling her she may be having a miscarriage or the pregnancy is terminating. Upon exam, there is evidence of a complete miscarriage. Mrs. B asks, "what is wrong with me if I can't carry a baby? I don't know anyone who has lost their baby. My baby!"

Perinatal Loss

Mrs. B is experiencing perinatal loss. This is not uncommon, as March of Dimes (2012) statistics demonstrates approximately 10 to 15% of all *known* pregnancies are miscarried. In the past, most women did not even know that they were pregnant when the miscarriage occurred. However, with today's early home detection kits, more women are aware of the pregnancy within the first month (Frost, et al., 2007). The March of Dimes further notes that almost half of all pregnancies end in miscarriage. Most miscarriages occur during the first trimester (<20 weeks), some do occur during the second trimester and a loss of the baby that occurs after 24 weeks is termed as a stillbirth (Miscarriage Association.org, 2014).

Perinatal loss is frequently glossed over as not having a major impact on the mother or father. Hutti, Armstrong and Myers (2013) note that the extent of the grief will vary for each couple depending primarily upon the level of perception by the parents of the baby assuming "personhood" (p. 698). If a relationship has developed, the grief will probably be more intense. This relationship is usually more concrete earlier in the eyes of the mother than of the father, as she goes through symptoms of pregnancy such as morning sickness, sore, full breasts and the cessation of menstruation. The loss of a baby during the first trimester is especially difficult for the parents as there is no baby to hold, no naming of the child and nothing physical to mourn (Leon, 1990). Furthermore, there are no mementos, such as hand and foot prints, locks of hair or photographs to put in a memory book, as there are when the child is a stillbirth (Fenstermacher & Hupsey, 2013, Frost, J. Bradley, Levitas, Smith, & Garcia, 2007, Hutti, et al., 2013; Leon, 1990, Woods & Woods, 1997).

Grief

"Grief is an individual process of coping with the stressful change in relationships that is created by a death" (p. 44). It is a personal experience and is different for each individual as well as exhibiting gender differences (Moore, et al. 2010). The grief is influenced by the parents' previous experiences such as loss of other family members, loss of previous pregnancies, and unresolved grieving from these previous experiences. This grief is also influenced by the personality of the individual, gender, and culture. Moore, et al., (2013) further states that perinatal grief may be influenced by the support of family, friends, and other social networking acquaintances. This grieving process may be further influenced by healthcare workers. In this study the healthcare workers were identified as the least supportive by the grieving parents. Frost, et al., (2007) comments that in today's world miscarriage is not discussed openly and many women are unaware of the possibility of miscarriage, furthering affecting the

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grieving process. Grief is amplified by the loss of things that will never be, as the parents had hopes and dreams of the future for the child and for themselves as parents. With the loss of these dreams, parents face challenges both at the time of the loss and potentially during future pregnancies (Woods & Woods, 1997, Frost, et al., (2007).

Nursing Implications

In a United Kingdom statistic, it was noted that women who had a perinatal loss of a child at less than twenty weeks, nursing care was essentially missing. The statistics reports that of the women questioned: 29% stated they felt cared for; 45% felt they were not informed of what was happening to them; and 79% had no aftercare. These statistics are staggering. Frost, et al. (2013) discussed the medicalization of childbirth, where miscarriage in early pregnancy is considered insignificant, as there is not an outcome (baby) and the primary concern becomes one of infection. This leads to very little discussion with the parents regarding the miscarriage.

At the time of crisis parents deserve:

- To be treated with dignity
- To be given simple explanations
- To be spared innocuous small talk
- To be allowed (encouraged) to cry
- To be guided through unfamiliar issues and painful decision making
- To be comforted not to be isolated

(Leon, 1990, p.82)

Nurses present at the time of the miscarriage may not be aware of the ramifications of statements such as, "You are young and you will have the opportunity for many more children," or "This just happens who knows why." These platitudes are meant to comfort, but instead the mother's thoughts return to "Why me?" Leon (1990) points out the beginning of the pregnancy changes the mother's sense of self as an individual identity to that of motherhood with the child bringing her to this new identity. The loss of that child is real and with it the intense grief that follows. As healthcare providers, whether nurse, midwife, or doula, it falls to each one to be aware of the potential impact of the loss on the mother,

father and other family members. Acknowledgment of the loss is the beginning point for both the parents. It is important for the nurse not to minimalize the loss, but be prepared to answer the questions that the grieving parents will ask.

Questions such as, "What happened to my baby?" or "Why did I lose this baby?" have no immediate answer as there are numerous medical reason why the baby miscarried. The most common cause is a chromosomal abnormality that is incompatible with life. This is followed by hormonal factors, endometrial and vascular factors, anatomical factors, and many others (Leon, 1997) Frost, et al. (2007) describes part of this as the 'scientisation' of death, and every death must have an 'outcome' and a 'cause' (p. 1004). As noted earlier, there are numerous potential causes but these are usually not identified following a miscarriage.

Nursing Care

As the miscarriage occurs and the parents begin the grieving process, nurses, midwives and doulas are on the leading edge to provide information for the parents, letting

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them know that the grief is real. This also means that the grief is allowed to continue for more than a day. Encourage the parents to talk with each other and with others including friends and family. Discuss the availability of support groups, which are available locally, and on-line resources for perinatal loss. Furthermore, if the grief becomes overwhelming and they do not feel they can cope with daily life, then seeking professional help is strongly recommended (Fenstermacher & Hupsey, 2013; Frost, et al., 2007; Moore, et al., 2013; Hutti, et al., 2013, Leon, 1990; Woods & Woods, 1997). Finally, as there are no physical mementos, encourage the parents to reflect in a journal the events and feelings of the pregnancy prior to the miscarriage. Also, recommend follow-up with the caregiver to evaluate the responses and the needs of the grieving parents (The Miscarriage Association, 2014).

The loss of a baby by miscarriage is a real phenomenon occurring to a mother and father. The grief is as real as if the death had occurred at full term pregnancy. The difference is profound and may be life-altering, presenting with nothing to follow but a unique grief.

Resources for Perinatal Loss

- http://www.miscarriageassociation.org.uk/about-us/media-queries/background-information/
- http://www.nationalshare.org/additional-resources.html
- http://www.marchofdimes.com/loss/from-hurt-to-healing.aspx
- http://www.amendgroup.com/

(Each web site has numerous other resources listed to help you and your patient deal with perinatal loss)

Katie Robinson

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