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Being alone in silence – Mothers' experiences upon confirmation of their baby's death in utero

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ABSTRACT

Objective: to explore mothers' experiences of the confirmation of ultrasound examination results and how they were told that their baby had died in-utero.
Design: in-depth interviews.
Setting: Sweden.
Participants: 26 mothers of stillborn babies.
Measurement: narratives were analysed using a qualitative content analysis with an inductive approach.
Findings: the mothers experienced that silence prevailed during the entire process of confirming the ultrasound results. Typically all present in the ultrasound room were concentrating and focusing on what they observed on the screen, no one spoke to the mother. The mothers had an instinctive feeling that their baby might be dead based on what they observed on the ultrasound screen and on their interpretation of the body language of the clinicians and midwives. Some mothers reported a time delay in receiving information about their baby's death. Experiencing uncertainty about the information received was also noticed.
Conclusion: mothers emphasised an awareness of silence and feelings of being completely alone while being told of the baby's death.
Implication for practice: the prevalence of silence during an ultrasound examination may in certain cases cause further psychological trauma for the mother of a stillborn baby. One way to move forward given these results may be to provide obstetric personnel sufficient training on how difficult information might be more effectively and sensitively provided in the face of an adverse pregnancy outcome.

Introduction

Being the one who has to provide difficult information is a trying task for health care professionals (Asplin et al., 2012; Heazell et al., 2012). The diagnosis of fetal death is usually made on the basis of ultrasound examination, an examination that the mother can follow on the screen. Thus, the clinician who makes the diagnosis tells the mother that her baby has died. Stillbirth can be classified as one of the most devastating experiences a woman can experience and it also creates a high risk for post-traumatic stress (Heazell et al., 2012; Horey et al., 2012; Kelley and Trinidad, 2012). Stillbirths also have psychological impacts on obstetricians.

In a Swedish study (Erlandsson et al., 2012) of 614 mothers who had given birth to stillborn babies, 70% had had a premonition that their unborn baby might be unwell. Noticing weakening fetal movements and a decrease in the frequency of movements led the mother to have this premonition. The 'Staircase to insight' is a model built on what mothers of stillborn babies remember about what they felt before they contacted the health care provider for an investigation of their unborn baby (Malm et al., 2011). The insight steps in the model describe how the mothers lost contact with their babies; they were worried and felt that something was

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wrong. At the same time they could not understand the unbelievable, that a baby can die in the womb. Some mothers waited almost two days before they contacted health care for an examination.

In the Lancet series on stillbirth, Lawn and Kinney (2011) state that globally more than three million babies die each year before they are born. Of these, about one-fourth die during birth, but the rest of the deaths occur before the start of the childbirth. The aim of this study was to explore mothers' experiences of the confirmation of their baby's death in utero and to learn how they remember how they were informed of their baby's death. If we can understand the mother's perspective during this process, we may be better armed to avoid secondary and avoidable traumatising actions.

Method

Participants

Participants were self-recruited using information and an enquiry about participation through the Swedish National Infant Foundation website. The foundation is a member organisation of the International Stillbirth Alliance, and it supports parents who have lost a baby before or after birth. Inclusion criteria were that the mothers should have given birth to a dead child after 28 gestational weeks. After the information about the study was published on the website, the research team was contacted by 52 women expressing interest of participating in the study, of those 26 did not meet the inclusion criteria. All mothers in this study ($n=26$) had given birth to a dead baby after 28 gestational weeks. For 19 mothers this was their first child. The mothers lived in 21 different municipalities and had been cared for at 15 different hospitals in different parts of Sweden. One mother was single, and the other 25 were married or lived together with the baby's father at the time of the birth. For 18 mothers, the interview took place one to six years after the stillbirth. For the other eight mothers, less than one year had passed.

Interviews

The rationale for using a qualitative approach was to give the mothers time to speak freely about what they had experienced during the ultrasound examination. The in-depth interviews took place in 2006 and 2007. Twenty-two of the interviews were performed in the mother's home and four in another place comfortable for the mother. The interviewer was a skilled midwife (ACM) and the interview provided an opportunity for the participants to tell their story and also time to reflect on the question 'What did you experience during the ultrasound examination and how were you told that your baby had died?' The question was one component of a broader interview including questions about the birth of the baby. The recorded interviews lasted between 55 and 90 minutes and were transcribed verbatim (names and places were changed) by a professional transcriber.

Data analysis

First, the interviews were read through several times in order to gain an overall impression of the content. Then significant patterns in the text were identified. In the next step, differences and similarities were identified and linked together into smaller units of text. Patterns of content emerged from this process. The patterns were then compared with each other and turned into themes and sub-themes. Finally, themes and sub-themes were discussed within the research team until a common understanding was reached. Quotations were used to support the findings (Patton, 2002; Thorne, 2008) (Table 1).

Ethical considerations

The women interested in participating in this study contacted the interviewer by phone or e-mail. After this first contact the interviewer mailed a letter with written information about the study to the women, i.e., they were informed of the aim of the study and about the voluntary nature of their participation. By sending a reply letter to the research team, the woman gave her consent to participate; thereafter the time and the place for the interview were booked. The participants were guaranteed confidentiality and the anonymous presentation of the results. The study was approved by the ethical committee at Dalarna University College (2004-08-18).

Findings

The interview data were divided into five sub themes: *watching the ultrasound screen; body language of staff; inconsiderate and unclear communication; elucidate information; panic, devastation and total loneliness* and three main themes: mother's anticipation; confirmation of the death; a world of chaos and loneliness.

The experience of the ultrasound examination can be described in terms of parallel processes taking place simultaneously. One process is the mother's development of insights that her baby might be seriously ill as she follows the examination by looking at the ultrasound screen. Another part is the mother's interpretation of what the clinician sees as he or she moves the ultrasound transducer to scan the fetus.

The screen shows an image of the fetus where there is no heartbeat and no movement. The mother watches the screen as does the clinician, the midwife and other health care professionals in the room. There is complete silence; all present in the ultrasound room are concentrating on the screen and focus totally on what they have observed on the screen. This is a moment of anticipation that something may be seriously wrong. When final confirmation of the baby's death is given, the mother may feel as if she is falling into a world of chaos and loneliness.

Mother's anticipation

Watching the ultrasound screen

The ultrasound examination was described as a period during which there was total concentration on the screen with both the mother and the clinician focusing on the image of the fetus. Each mother had her own understanding of the images seen. She could see that the baby was still and that there was no heartbeat, but she was still not fully able to interpret what she was seeing. The mother may have reason to believe that the baby might be dead or very ill. Still, she may be hoping for a miracle. The mother is waiting for a verbal response from the clinician to confirm or dispel her fears. The mother's description of the situation in front of the ultrasound screen reveals that all persons in the room are concentrating on the images, and do so in silence:

> …but I saw at once that little 'coin' (the baby's heart) was totally still but still I waited for her to tell me, but she took so long. (15)

> …I was thinking keep looking at the screen, if we keep looking for a while it will soon move, soon it (the heart) will beat. To keep looking at the screen was all I could think of. (13)