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# Long-term outcomes for mothers who have or have not held their stillborn baby

**Ingela Rådestad, RM, PhD (Professor)[a,b,*], Pamela J. Surkan, ScD, PhD[b,c], Gunnar Steineck, MD, PhD[b,d], Sven Cnattingius, MD, PhD[e], Erik Onelöv (Statistician)[b], Paul W. Dickman, PhD (Statistician)[e]**

[a]*Department of Caring Sciences and Public Health, Mälardalen University, Drottninggatan 16A Box 325, S-631 05 Eskilstuna, Sweden*
[b]*Division of Clinical Cancer Epidemiology, Department of Oncology and Pathology, Karolinska Institutet, Stockholm, Sweden*
[c]*Department of Environmental Health, Harvard School of Public Health, Boston, MA, USA*
[d]*Division of Clinical Cancer Epidemiology, Sahlgrenska Academy, Göteborg, Sweden*
[e]*Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, Stockholm, Sweden*
*Corresponding author. Department of Caring Sciences and Public Health, Mälardalen University, Drottninggatan 16A Box 325, S-631 05 Eskilstuna, Sweden. *E-mail address:* Ingela.radestad@mdh.se (I. Rådestad).

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**Abstract**
*Objectives:* to investigate long-term outcomes of mothers who have or have not held their stillborn baby, and predictors of having held the baby.
*Design:* postal questionnaires.
*Setting:* a nation-wide cohort study of mothers who gave birth to a singleton stillborn baby in Sweden in 1991.
*Participants:* 314 out of 380 women answered the questionnaire and 309 reported whether or not they had held their baby.
*Measurements:* scales measuring anxiety, depression and well-being.
*Findings:* 126 (68%) mothers of 185 babies stillborn after 37 gestational weeks had held their baby and 82 (68%) mothers of 120 babies stillborn at gestational weeks 28–37 had also done so. Compared with mothers who agreed completely with the statement that staff gave enough support to hold the baby, mothers who did not agree were less likely to have held their baby [relative risk (RR) 4.1; 95% confidence interval (CI) 2.7–6.1], and mothers with a low level of education were less likely to have held their baby than mothers with a higher level of education (RR 2.2; 95% CI 1.3–3.8). Mothers who had not held their babies born after 37 gestational weeks had an increased risk of headache (RR 4.3; 95% CI 1.1–16.5), and they were less satisfied with their sleep (RR 2.7; 95% CI 1.5–5.0). The increased risk of long-term outcomes associated with not holding, compared with holding, a stillborn baby were less pronounced for women who gave birth at gestational week 28–37 compared with women who gave birth after 37 gestational weeks.
*Key conclusions:* in this cohort, we found an overall beneficial effect of having held a stillborn baby born after 37 gestational weeks, whereas findings for having held a stillborn baby born at gestational weeks 28–37 are uncertain. The attitude of staff influenced whether or not the mother held her stillborn baby.

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*Implications for practice:* if the mother is guided by staff in a sensitive way to hold her stillborn term baby, the experience will possibly be beneficial for her in the long term.


**Keywords** Stillbirth; Support; Outcome; Care

## Introduction

When a baby dies before birth, the mother's expectations and happiness with her baby are brutally replaced by a need to say farewell and mourn her loss. Care after a stillbirth influences whether the mother will cope with this abrupt change and recover psychologically, or if the stillbirth will result in mental health complications. In general, seeing the stillborn baby has a beneficial effect on the mother (Forrest et al., 1982; Rådestad et al., 1996a). Whether or not doing more than just seeing the baby will improve the mother's well-being after a stillbirth is unclear.

Holding the stillborn baby could possibly enhance the attachment some mothers need for a healthy mourning process, whereas others might find holding the baby a traumatic experience, especially if they are persuaded by staff rather than acting on their own initiative. Hughes et al. (2002) interviewed 65 mothers of stillborn babies, 18 gestational weeks and older, and concluded that holding the baby may be harmful for some mothers. We studied 314 mothers who gave birth to a stillborn baby after 28 gestational weeks, using a questionnaire that allowed us to distinguish mothers of stillborn babies born at 28–37 gestational weeks from mothers of stillborn babies born after 37 gestational weeks. We investigated the long-term outcome after having held or not having held a stillborn baby, and predictors of having held the baby.

## Methods

We used the Swedish population-based Medical Birth Register to identify all women who had had a stillborn baby in Sweden in 1991; that year 124,201 children were born in Sweden, of whom 464 (3.7 per 1,000) were stillborn. Current Swedish legislation defines a stillborn as a 'baby' when the baby is born after 28 gestational weeks. Three hundred and eighty women fulfilled the criteria of giving birth to a singleton stillborn baby in Sweden in 1991, speaking Swedish and having an identified permanent address in Swedish at the time of the study.

We developed a study-specific questionnaire on the basis of clinical experience, a literature search, our own and others' experience from clinical work and interviews with mothers of stillborn babies. The questionnaire was tested for face-to-face validity; an investigator accompanied 15 women as they completed the questionnaire, ensuring that they understood the questions correctly. In a pilot study, we evaluated our means for data collection, participation rate and rate of missing answers. We refined the questionnaire during the face validation and after the pilot study (Rådestad et al., 1996b).

Questions about the care and support received after the birth were formulated for the present investigation. We asked: 'did you hold your baby?' The answer categories were 'yes' and 'no'. Concerning support from staff about holding the baby, we asked: 'how well does the following statement agree with how you feel? I received enough support from the staff for seeing and holding my baby.' The response categories were as follows: 'agree completely', 'agree to a large part', 'agree somewhat' and 'do not agree at all'. For the gestational age of the stillborn baby, the questionnaire had the following categories: 'gestational age 28–37 weeks', 'gestational age 38–42 weeks' and 'gestational age $>42$ weeks'.

We assessed anxiety-related symptoms using Spielberger's State (STAI-S) and Trait (STAI-T) Anxiety Inventory (Spielberger et al., 1983), and depression-related symptoms using the Center for Epidemiological Studies Depression Scale (CES-D) (Radloff, 1994).

On a separate matrix, we asked questions about eight complaints resulting from physical or psychological problems. At the head of the column, we asked: 'have you been bothered by any of the symptoms specified below after you lost your baby in 1991?' The categories were 'backache', 'stomach complaints', 'headache', 'episodes of tachycardia', 'chest pressure', 'panic attacks', 'nausea or fainting' and 'weakness or tiring easily'. In the other column headings, the category choices were 'no, not at all', 'yes, somewhat', 'yes, to a large part' and 'yes, very much'.

To assess self-reported psychological status and social situation, we included a modified version of a