

Impact of Pregnancy Loss on Psychological Functioning and Grief Outcomes



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KEYWORDS

• Perinatal loss • Perinatal grief • Perinatal bereavement • Psychological functioning

KEY POINTS

- Perinatal grief is a common and natural occurrence. When parents cannot seem to work through the common grief reactions, complicated grief may become evident. Risk factors and treatment of complicated grief are discussed.
- Mothers and fathers often have different reactions to perinatal loss and grieve in different ways. The gender differences in the grieving process are discussed, as well as the impact of grief on relationships.
- Health care professionals are in an important position to make a positive difference for parents who are grieving a perinatal loss. The role of the professional is discussed, including screening and treatment of perinatal loss.

INTRODUCTION

Stillbirth is defined as the death of a fetus after 20 weeks gestation with a birthweight of more than 500 g. Miscarriage is generally defined as an unintended termination of pregnancy before 20 weeks of gestation. In contrast, pregnancy termination is usually a planned event following a diagnosis of fetal abnormality.¹ Perinatal loss is the nonvoluntary end of pregnancy or death of the baby from conception until 28 days into a newborn's life. The term perinatal loss includes miscarriage, stillbirth, and neonatal death.²

The loss of a child is associated with a grief experience that is particularly severe, long-lasting, and complicated, with symptoms that fluctuate in intensity and duration.³ Grief symptoms of perinatal loss are usually processed in stages and decrease in intensity over time. These symptoms often decline significantly by 6 months for

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both men and women. Though there is no order or time limit associated with the reactions, the grief process is usually 12 to 24 months with symptoms lessening over time.

Based on a review of literature, this article describes the prevalence, timing, and common reactions to perinatal grief and loss. The aim is to help obstetricians differentiate between uncomplicated and complicated grief, as well as recognize the factors that may increase the risk for complicated grief following perinatal loss. Gender differences and the impact of perinatal loss on relationships is highlighted. Finally, the article provides guidance for the obstetrician working with bereaved parents, including recommendations for screening and evidence-based treatments.

PREVALENCE AND TIMING OF PERINATAL LOSS

In 2007, the infant mortality rate in the United States was 6.9 deaths per 1000 live births. The overall prevalence for miscarriage is 15% to 27% for women aged between 25 and 29 years, and 75% in women older than 45 years. The risk of miscarriage is even higher in women with prior pregnancy loss.¹

Of an estimated 6,578,000 pregnancies in the United States in 2008, almost one-fifth (1,118,000 or 17%) resulted in documented fetal losses. The actual rate is much higher, however, because many women have very early miscarriages without ever realizing that they were pregnant.⁴⁻⁶ Of women who experience perinatal loss, 50% to 80% become pregnant again.²

According to the Centers for Disease Control and Prevention, stillbirth affects about 1% of all pregnancies. Each year about 24,000 babies are stillborn in the United States. This is about the same number of babies who die during the first year of life and it is more than 10 times as many deaths as the number that occurs from sudden infant death syndrome. Because of advances in medical technology over the last 30 years, prenatal care has improved, which has dramatically reduced the number of late and term stillbirths. The rate of early stillbirth, however, has remained about the same over time. Although stillbirth occurs in families of all races, ethnicities, and income levels, and to women of all ages, some women are at higher risk for having a stillbirth. Some of the factors that increase the risk for a stillbirth include:

- African-American race
- Teenager
- 35 years of age or older
- Unmarried
- Obese
- Smoking cigarettes during pregnancy
- Medical conditions, such as high blood pressure or diabetes
- Multiple pregnancies
- Previous pregnancy loss.⁷

A study by Theut and colleagues⁸ revealed that the nature and intensity of the grief experienced by the parents is different when the loss occurs later in pregnancy. This difference may be related to the intensity of the physical and emotional attachment, which in turn is related to the duration of the pregnancy. For example, later in the pregnancy, the parents will have noticed the physical changes of the mother's body, felt the baby's movement, heard the fetal heartbeat, and viewed ultrasound pictures. Thus, for both parents, the baby would have become increasingly real.

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