

GRIEF AFTER PERINATAL LOSS WHEN THE LOSS IS OF SOMEONE WE NEVER MET

de Oliveira, I.; Mata, M.; Alves, Mariana P.; Marques, C.

(Clínica do Parque - Child and Adolescent Psychiatry Department of Hospital Dona Estefânia, Head of Department: Dr. Pedro Caldeira da Silva MD, Centro Hospitalar Universitário de Lisboa Central, Lisbon.

Objectives: In this review we synthesize the most important information already available about grief after perinatal loss.

Background: It is already known that the loss of a child is a very difficult life experience, frequently leading to major impairment in psychological and physical well-being. But what is the impact of losing a child we never met?

Materials and methods: A research on Pubmed was made using as key terms "grief", "perinatal loss" and "complicated grief".

RESULTS

Perinatal loss (PL) is the non-voluntary end of pregnancy or death of the baby from conception until 28 days into a newborns life. It includes miscarriage, stillbirth, and neonatal death. PL of an infant is recognized as a traumatic life event to all family members.

Particularities in this type of loss:

- A feeling of guilt. Women feel that their bodies have failed and question their femininity;
- Parents may envy other people's children;
- Parents usually have no time to anticipate grief or prepare themselves for it.

The moment in the life cycle at which these deaths occur, the absence of a visible person to cry over, the difficulty in sharing experiences with the family are some of the factors that may complicate the process of adaptation to loss.

PL leads to complicated grief more frequently than other losses. Predictors of development of complicated grief after PL include:

- Lack of social support;
- Pre-existing relationship difficulties;
- Absence of surviving children;
- Length of gestation and heightened perception of the reality of the pregnancy (having viewed an ultrasound, having experienced quickening, having named the baby...);
- Ambivalence about pregnancy;
- Termination of pregnancy for fetal anomaly;
- Preloss major depression;
- Older maternal age.

PL is also associated with:

Depression; Anxiety; Sleeping disorders; Social isolation.

Post traumatic stress (PTSD);

- Women who experience a PL have **4x higher odds** than women with a live birth of screening positive for depression. (1)
- Symptoms of depression are present in **20% to 55%** of women who have just suffered a miscarriage, with decreasing percentages in the following months. (2)
 - At 9 months after PL, women with PL had more than **2x the odds** for generalized anxiety disorder and social phobia ⁽¹⁾ and **7x higher rate** for screen positive PTSD when compared with women with live births. ⁽¹⁾

Six months postloss is the crucial period for bereaved parents after a PL. (2)

There appears to be a lower rate of distress in **men** compared to women after a PL. Men may also grieve differently, preferring to talk less, and present as irritable, and have heavier alcohol consumption. (1)



Surviving **siblings** experience the grief of two losses—the loss of their expected sibling and the loss of their parents as they knew them. While supporting parents through a PL, it is important to gently draw their attention to the possible emotional reactions of their surviving children. (1)

CONCLUSIONS: Grief following PL is a normal phenomenon. Nonetheless, **women, especially those with risk factors, should be monitored for prolonged or complicated grief and persistence of depression, anxiety, or posttraumatic symptoms. It is necessary to have more randomized controlled studies about this topic and to be more aware of the possible consequences of PL.**

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