Grief After Perinatal Loss

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The loss of an infant through stillbirth, miscarriage, or neonatal death is recognized as a **traumatic life event**. In a population-based sample, bereaved individuals who had lost a child showed the highest prevalence of **complicated grief (CG)**.

Perinatal grief is defined as the grief that parents experience after the death of a baby during pregnancy, birth or the first month after their birth, which includes miscarriage, ectopic pregnancy, termination, stillbirth and neo-natal deaths.

Miscarriage, generally defined as an unintended termination of the pregnancy prior to 20 weeks of gestations, is the most common type of pregnancy loss. The death of a fetus after 20 weeks gestation with a birth weight of over 500 g is referred to as a **stillbirth**.

Although grief is a natural, nonpathological phenomenon, it can lead to CG, where symptoms are more disruptive, pervasive, or long-lasting than in a normal grief response. This is especially likely if the death has occurred in a sudden, violent, or traumatic way.

Complicated Grief Disorder

Proposed disorder for those who are significantly and functionally impaired by prolonged grief symptoms for at least one month after six months of bereavement. This disorder has been reviewed by the DSM-5 work groups, who have decided that it be called **Persistent complex bereavement disorder** and placed it in the chapter on Conditions for Further Study in the DSM-5.

Although parents have not built up a relationship with their infant, grief after pregnancy loss does not differ significantly in intensity from other loss scenarios. As has been found in bereavement involving first-degree relatives, grief symptoms usually decrease in intensity over the first 12 months.

Perinatal losses have also been shown to have a substantial psychological impact on parents and families, and are associated with post-traumatic stress, depression, anxiety, and sleeping disorders. High levels of CG are generally associated with a poorer state of mental health.

Predictors of development of complicated grief after perinatal loss include:

lack of social support, pre-existing relationship difficulties, or absence of surviving children, as well as ambivalent attitudes or heightened perception of the reality of the pregnancy. Risk of complicated grief was found to be especially high after termination of a pregnancy due to **fetal abnormality**.

Self-blame may prolong the normal grieving process, especially if there was a feeling of **ambivalence** towards the pregnancy or if the subject perceives having done something wrong (for example, smoking or jogging during pregnancy). Another unique aspect of pregnancy loss is that women feel that their bodies have failed, and that their femininity has been undermined.

An additional aggravating factor is that if the loss takes place at an early stage of pregnancy there will usually be no funeral or other rituals of mourning, and the loss may remain unacknowledged by the family and friends. Generally, the possibility of saying goodbye after the loss of a significant person is assumed to have a positive impact on the bereaved person. These issues may complicate the grieving process and increase a sense of isolation for the parents. Often parents are nowadays encouraged to hold and see their stillborn infant's dead body. There is controversy over this practice and the concept has recently been challenged by recent studies. It has been found that women who hold their deceased infant have significantly higher rates of post-traumatic stress disorder (PTSD), anxiety, and depression even 7 years after the event.

Studies have revealed that the loss of an unborn child after discovery during pregnancy of fetal malformation or severe chromosomal disorders can be considered as a traumatic life event with high psychological impact. This is especially relevant if the termination of pregnancy takes place in the 2nd or 3rd trimester of pregnancy.

Although it is clear that prenatal loss has a large psychological impact, there is a substantial lack of randomized controlled studies in this field of research.

Kersting, A., Wagner, B. Complicated grief after perinatal loss. Dialogues Clinical Neurosci. 2012 Jun; 14(2): 187-194

Ridaura, I. et al. Depressive symptomatology and grief in Spanish women who have suffered a perinatal loss. Psicothema (2017).

Margaret McSpedden. Perinatal grief: a poignant form of bereavement. Australian Psychological Society. InPsych 2011, Vol 33

William Badenhorst and Patricia Hughes. Psychological aspects of perinatal loss. Best practice & Research Clinical Obstetrics and Gynaecology (2007).
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