

COPING AFTER STILLBIRTH

The loss of a newborn baby is a tragic event, both for the family and the professional people involved.

The reactions of women when a baby dies does not really differ from those which occur after the loss of any loved person.

There is the initial shock and numbness, followed by anger, guilt and sadness, and eventually by acceptance and reconstruction of life without the loved person/baby.

However, mourning a stillborn baby appears to be more difficult, and surveys have shown that there is abnormal grief reactions following stillbirth which could last 10-20 years.

FACTORS have been suggested to account for abnormal grief reactions.

1. Unreality and painful emptiness of giving birth to a baby who never lives outside the womb.
2. A sense of shame and often reaction of friends and acquaintances enhance these feelings.
3. In addition the parents are faced with the problem of administration procedures regarding registering the stillbirth and making arrangements for the burial.
4. Parents often are too shocked and unfamiliar with these procedures.

Parents will seek desperately to find out why their baby died, and this usually motivates them to give consent for post mortem.

5. Parents will need opportunities to discuss what went wrong, with the medical staff before they leave hospital and because of their shocked state this information will very often need to be separated.

Sister and Staff Midwives should inform General Practitioner/Health Visitor personally from ward.

All Staff please observe this rule
Bereaved parents need a sympathetic approach in which their emotional reactions are acknowledged and accepted.

Some may not eat, be very tearful and angry.

Midwives should spend time sitting with them and encourage them to express their feelings.

The parents religious beliefs should be taken into account and the hospital chaplain informed if requested.

Not all women want to be in a single room. Some might need companionship of the friends they made in the ante-natal ward. Some cannot bear the sound of babies crying.

For staff in wards dealing with stillbirth mothers can be difficult so frequent staff meetings to share experiences can be helpful.

The social worker to answer private questions.

Helping parents to cope after stillbirth. There are:-

Study Groups

Support Groups

Leaflets - "The loss of your baby"

If the child has died before labour and delivery, patient will be upset carrying a dead baby, a sense of loss at delivery is distressing.

Suppress lactation very important.

N.B.

TO: ALL SISTERS AND DOCTORS

It has been decided that patients who have had a Stillbirth or late abortion should be reviewed at the Gynae. Clinic rather than the Antenatal/Post-Natal Clinics. As you can appreciate, many of them find returning to Jubilee very upsetting.