# -mourning the loss of a newborn baby



**About one in seventy babies in the United Kingdom is either stillborn or dies within the first few days of life. This figure represents many thousands of bereaved parents each year, but only relatively recently has any attention been paid to their needs. From the steadily growing body of literature, it is clear that the effects can be very great and long-lasting, particularly after stillbirth. This is probably because stillbirth tends to be a "painfully empty" experience, surrounded by an air of unreality. Frequently the baby is removed quickly after birth without the parents seeing him, and it is not uncommon for the parents to be unaware of what happens to their baby after that, and to receive little or no information about what went wrong.**

The situation can be likened to the plight of those relatives of people "missing, believed dead", where, without a real object to mourn, the bereavement process cannot take place. In 1978 a group of paediatricians, obstetricians, midwives and psychiatrists met together as the National Stillbirth Study Group, and produced recommendations for care aimed at facilitating the mourning of a newborn baby. These include seeing and holding the baby after death, naming him, taking part in the funeral arrangements, and ensuring that the cause of the baby's death, future pregnancies and any genetic implications are discussed with medical staff. In this way, it was hoped that parents would come to accept the reality of their baby's death, and normal bereavement reactions follow.

## THE OXFORD STUDY GROUP

We have recently completed a study in Oxford which looked at the effect of a planned programme of support and counselling on parents who had lost a newborn baby. Fifty families took part; 25 had had stillbirths and 25 babies died within seven days. One group received routine hospital care; the other had extra support and help in hospital along the lines of the NSSG's recommendations, with the addition of bereavement counselling sessions to take place at home after the initial contact in hospital. The progress of the parents in the two groups was compared six months and fourteen months later. The parents were interviewed in their own home, and were asked a number of questions about their experience of losing their baby, their attitudes towards other members of their family, the reactions of their friends and others around them and their physical health and wellbeing. In addition, they were asked to complete self-rating questionnaires which provided us with information about the extent of any psychiatric symptoms, e.g. depression, anxiety, insomnia.

## THE BEREAVEMENT COUNSELLING

Counselling was offered to the 25 families in the supported group, and 20 took up this offer. Initial contact was always made in the Maternity Unit before the mother was discharged home, and I found that offering help with the registration and funeral arrangements was useful in establishing rapport with the parents. We could then move on to talk about their reactions to the loss of their baby, their fears and anxieties about the next few weeks and months and the quality of the supportive network that existed at home. Sessions were continued with both parents at home for as long as it took to establish a normal bereavement reaction. In most cases this was between one and eight weeks; in four couples it took between three and four months, and in one couple I never felt that normal mourning had been established.

## THE FINDINGS

The early bereavement reactions we observed were normal in form although their duration and intensity differed. An initial period of numbness lasting from a few hours to a few days was followed by typical bereavement symptoms - pangs of grief, guilt, anger, despair, insomnia. Searching for a cause of the baby's death was common, as was difficulty accepting that the baby was dead. The persistence of this particular symptom beyond six months was strongly associated with prolonged severe symptoms of grief.

We found that there was a marked difference in the amount of psychiatric symptoms being experienced by the two groups of mothers at six months. Those who had received help and counselling had far fewer symptoms (e.g. tearfulness, depression, anxiety, irritability, etc) than those in the contrast group. By 14 months, this difference had disappeared, and most people in both groups were now free from serious psychiatric symptoms. We concluded that the length of mourning a newborn baby was between six and twelve

**Dr. Forrest relates here a study of the effects of counselling on the processes of grief in young parents losing a newborn baby. Her research was based on the advice given by the National Stillbirth Study Group of which I was a member and it is good to hear that our advice, based then on experience rather than research, has borne fruit. In this study the siblings were not included in counselling sessions and the difficulties parents had in answering questions from them points to a need to consider them too after a family death. Dr. Forrest's findings can now be added to those of Dr. Murray Parkes and Drs. Maddison and Raphael whose controlled studies of help to widows indicated that the promotion of grief and an opportunity to reflect on the death was therapeutic.**

**In the next issue I will be reporting the findings from the first year follow up of a controlled family counselling intervention study with children where a parent has died. The implications of all these studies are that we must now be considering the role of Cruse and other bereavement counselling services in reaching out to the bereaved and about-to-be bereaved so that we can use the tools we have to prevent avoidable prolonged and pathological grief reactions. D.B.**

months, and that extra support and counselling in the early stages of the bereavement had significantly shortened the duration of the bereavement reaction. The fathers' grief reactions appeared to be shorter - most had recovered from their symptoms by six months.

Three of the fifty couples separated permanently within six months of losing their baby. Although there had clearly been some difficulties in their relationship before then, the loss of the baby in each case appeared to have triggered the final breakdown. Several other couples also found that the loss stressed their relationship,though not to the point of breakdown. This appeared to happen most often when the couple did not share their feelings of grief. A typical example would be where the father took a strong "controlled" role at home while the wife grieved openly. She then began to resent her husband's apparent lack of feeling about their baby's death. Other couples found that the loss strengthened their relationship and drew them closer together.

Many people recounted distressing experiences with friends and acquaintances avoiding them at home. Even those friends who were intitally supportive and ready to listen sometimes withdrew after a month or two, telling mothers not to go on being "morbid" about their baby's death. It seemed that many people did not know how to help and were unaware of the bereaved parents' need to continue rehearsing the events around the death for weeks or months.

Parents with other young children at home were usually anxious about what to tell them. and how to answer questions like: "Can we go to the hospital and get the baby when she's not dead any more, Mummy?" (a three year old) They welcomed help and advice about the development of a child's understanding of death.

Most of the women experienced a strong drive to have another baby, and half were pregnant again by the 14-month follow-up. Eleven had delivered live babies. We found that the supported women experienced much less anxiety and depression in this next pregnancy than the contrast group. Although we did not have enough time in the study to observe all the mothers with their next babies, one mother totally rejected her baby and two more were experiencing some negative feelings towards their babies. This was obviously an important area for future research as there have been many documented accounts of relationship difficulties with a subsequent baby "the replacement baby syndrome".

**By**
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We found that the supportive network available to families at home appeared to significantly affect the bereavement reactions. The absence of a supportive network, for example a close relationship with a husband, friend, clergyman, general practitioner, other relative etc., was associated with a severe persisting grief reaction. Only two women in the study had contacted the Stillbirth and Perinatal Death Association,* so the impact of this form of support could not be assessed.

## CONCLUSIONS

It seems that the Maternity Unit staff have the most signi-

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***BARBARA WARD is a Health Education Officer and a CRUSE Counselling Co-ordinator in the London Borough of Hillingdon. Her particular interests are holistic health, caring for the carers and healing. She has recently completed the 'Relaxation for Living ' Course and is now in her second year of training with the Psychosynthesis and Educational Trust (a practical approach to personal growth and self-awareness, which includes relaxation and meditation and its techniques). She is also writing a book called 'A Layman's Guide to Understanding Loss and Bereavement', and working with CRUSE to produce a teaching pack on Death Education in schools.***

## Breathing 3

When we are tense we tend to breathe too quickly and shallowly. This exercise encourages us to breathe more deeply, and relaxes our abdominal muscles, where a lot of tension can be held.

**a**) Sit well back in the chair, as described in (2)
b) Put one hand on the **upper** part of your chest and feel your breathing slow down under it.
c)Put your other hand on top of your abdomen and feel yourself breathing into this hard.
d) When ready drop both hands gently into your lap.
e) When you feel ready, open your eyes and have a good stretch.

## 4 Relief of headaches or migraine - often caused by tension.

a) Follow instructions for relaxing in a chair (see 2)
b) Place hands loosely in lap one on top of the other.
c) Picture warmth moving VERY SLOWLY from your head, across your shoulders, down your arms, into your hands and then the tips of your finger and thumbs. tips.
d) Follow 3e

NB You may find these exercises difficult at first, BUT DON'T GIVE UP TOO EASILY. Remember it takes many years to build up tension, so it can take a long time to lose it.

## Deep Relaxation 5

I regret there is no room in this article to include instructions for deep relaxtion but it can be found in Jane Madders' book and tape* which I strongly recommend.

Best of all, become aware of the things that make you tense and the changes in your body that happen.

Learn to take action to relieve tension before it becomes built in.

**Remember, we can't stop things happening to us in our life but we can decide how we let them affect us. Contentment is not always a matter of getting what we want. It is also a matter of wanting what we have.**

*References*

*"Mind as Healer, Mind as Slayer", by Kenneth R. Pelletier, George Allen & Unwin, £5.95 p 1978.*

*Jane Madders cassette tape "Relax" Techniques of Relaxation for Migraine, Fatigue and General Tension £4.0 0. (including postage) Jane Madders' book "Stress and Relaxation" £3. 15p (including postage). Both available from The Midlands Migraine Association - Mrs. K. M. Hay, 5 Temple Rd., Dorridge, Solihull, West Midlands B98 8LE.*

## MOURNING THE LOSS OF A NEWBORN BABY

## BY DR. GILLIAN FORREST

cant part to play in facilitating the mourning of parents after a stillbirth or early neonatal death Once the mother has been discharged home. the amount of support that surrounds her and her husband seems to make a further very important contribution to their recovery from the loss. Parents are very reticent about seeking outside help for themselves. tending to feel that this indicated that they could not cope alone. We were able to reach a number of parents who felt like this because we were offering help with practical issues such as registration and funeral arrangements.

We gathered a lot of evidence in this study that there is widespread ignorance and misconception about how to help bereaved people, and there clearly needs to be much more education of the general public about these matters.

*Reference*

*"Support after Perinatal Death: A Study of Support and Counselling after Perinatal Bereavement" by G. C. Forrest, E. Standish and J. D. Baum, British Medical Journal, 1982, vol. 285, pp.1475-1479.*

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MRS. SHIRLEY WILLIAMS, President of the Social Democratic Party, has accepted an invitation from the Cruse Council to become a Parliamentary patron of Cruse.