



## **Pregnancy Loss and Infant Death Alliance**

SUPPORT . ADVOCACY . AWARENESS . EDUCATION

### **Position Statement**

## **Pregnancy After Perinatal Loss Requires Unique Care**



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## Position

### **Pregnancy after perinatal loss requires unique care.**

Families pregnant after perinatal loss have unique emotional needs and require specialized support.

## Executive Summary

The loss of a baby during pregnancy or in the newborn period has a profound impact on most families. Up to 80% of these families go on to have a subsequent pregnancy. In spite of research suggesting that many are at risk for anxiety, depression, and attachment issues to the baby that follows, prenatal care for these families has not significantly changed. Comprehensive, evidence-based care for childbearing families needs to include acknowledgment of previous losses and their physical, emotional, spiritual, and familial significance to the family.

Evidence-based practice (EBP) is intent to ensure that practice is ethical, effective, and is a process by which the practitioner integrates findings from published research into clinical decisions for optimal outcomes (Graybeal, 2014). Therefore we make the following recommendations to policy-makers and practitioners who work with families. (In collaboration with Pregnancy After Loss Support <[https://pregnancyafterlosssupport.com/wp-content/uploads/2015/07/Tips\\_For\\_Professionals.pdf](https://pregnancyafterlosssupport.com/wp-content/uploads/2015/07/Tips_For_Professionals.pdf)>)

## Background and Significance

Clinical and anecdotal reports, the primary source of information in the early 1990s about women's experiences of pregnancy after perinatal loss, spoke of fear, anxiety, and issues of self-protection. Terms such as "replacement child syndrome" and "vulnerable child syndrome" (Cain & Cain, 1964; Green & Solnit, 1964) referred to concerns about parenting issues that occurred when a child that died was presumably "replaced" with a subsequent child.

By 1990, there were fewer than ten research studies that mentioned or were focused on pregnancy after perinatal loss, and the majority of studies were retrospective. Theut et al. (1988) provided the only cross-sectional, quantitative study where pregnancy-specific anxiety and depression were measured in mothers and fathers. Since then, our understanding of the experience of subsequent pregnancy and the theoretical perspectives of those experiences has greatly expanded.



Most losses during the perinatal period are unexpected and sudden; thus, each is often a traumatizing experience for the mother and her partner. Trauma-like reactions and behavior can resurface in the pregnancy that follows. This can make women pregnant after loss (PAL) at risk for continuing grief, depression symptoms, anxiety, and post-traumatic stress—regardless of the gestational age of the previous loss (Blackmore, Côté-Arsenault, Tang, Glover, Evans, Golding, O'Connor, 2011; Côté-Arsenault, Donato, & Earl, 2006; Giannandrea, Cerulli, Anson, & Chaudron, 2013; Hutti, Armstrong, Myers, & Hall, 2015; O'Leary & Warland, 2016; Sell-Smith & Lax, 2013).

The response to losing a wished-for child is related to the degree of personhood assigned to the unborn and the level of expectation one has for pregnancy. Fear and anxiety are not limited to women who have experienced a loss late in pregnancy but, rather, have been found in women who experience early miscarriage (Fertl, Bergner, Beyer, Klapp, & Rauchfuss, 2009; Lee, McKenzie-McHarg, & Horsch, 2013; Tsartsara & Johnson, 2006) as well as in fathers (Alderman, Chisholm, Denmark, & Salbod, 1998). Families who have experienced miscarriage can also have higher anxiety during the first trimester in their subsequent pregnancy as well as depression and delivery complications (Fertl, Bergner, Beyer, Klapp, & Rauchfuss, 2009). During a subsequent pregnancy, it is important for healthcare providers to address both parents' perception of the previous loss, as this may be more relevant for planning and counselling than the gestational age at the time of the loss (Swanson, 2000; O'Leary, Warland, & Parker, 2012).

Fathers/partners have been described as the forgotten mourners (Armstrong, 2001; Bonnette & Broom, 2011; Cacciatore & Raffo, 2011; O'Leary & Thorwick, 2006); yet, acknowledgement of their parenthood has been found to be of central importance regardless of the gestational age at the time of the loss (McCreight, 2004; O'Leary & Thorwick, 2006; O'Leary & Warland, 2016; Worth, 1997). At the time of the loss and during the pregnancy that follows, partners often hold back their own emotions in order to protect the mother, while also acknowledging their partner is their main source of support (Armstrong, 2001; O'Leary & Thorwick, 2006; Stroebe et al., 2013). Addressing the needs of fathers and partners is an important component of prenatal care during a PAL.

The trauma of the previous loss, loyalty to the deceased baby (O'Leary & Thorwick, 2008), and fear that the new unborn baby could also die can cause parents to emotionally hold back attachment (Côté-Arsenault & Donato, 2011). Education that helps parents integrate the continued bond and attachment to the deceased baby while attaching to the new, unborn baby can help individualize the babies in the parents' minds (O'Leary & Thorwick, 2008; O'Leary, Warland, & Parker, 2012). A referral to a support group can also be an avenue to help decrease need for constant medical reassurance (Hutti, Armstrong, & Myers, 2011; O'Leary & Warland, 2016).

Increased fear and anxiety as birth approaches has been found to put these families at risk for symptoms of post-traumatic stress disorder (PTSD) and depression (Black, Shetty, & Bhattacharya, 2008; Räisänen et al., 2013). Preparation for the labor and birth of their new baby should be offered to these families whether or not they have experienced it before (O'Leary et al., 2012; Wright & Black, 2013). Other medical complications such as



a slower labor, increased rates of induced labor, instrumental delivery complications, and requests for cesarean section have also been found (Black, Shetty & Bhattacharya, 2008; Robson, Leader, Dear, & Bennett, 2009). Touring of the birthing area prior to active labor is beneficial for parents who birthed a visible baby in their last experience, no matter how small (O'Leary, Warland, & Parker, 2012).

Comprehensive, evidence-based care for childbearing families needs to include acknowledgment of all children, present and absent. Children alive at the time of loss suffer two losses: the sibling they were expecting and the parents they knew before the loss. They live with parents whose behaviors are altered by intense grief, often at an age when they are too young to understand what is happening (O'Leary, 2007). In the pregnancy that follows, children can also lose their innocence in knowing that pregnancies may not end with a baby who comes home. It is important to assess what parents have shared with their children about the previous loss and the new pregnancy. Providing resources to help parents with their children helps the entire family to grieve and grow in a healthy fashion.

## Implications for Practice

### **Understanding the Unique Emotional Experience of PAL**

Many women and their partners feel alone and confused when pregnant again after a loss. They no longer fit into the loss community, as they are carrying a new, unborn baby, but they also do not belong in the mainstream pregnancy world due to their loss, having experienced a baby who has died.

- Remember that both parents need reassurance:

Women pregnant after a loss and their partners need a great deal of reassurance. If possible, offer a consistent care provider to help in rebuilding trust. Extra healthcare provider visits and extended time during these visits are an important part of care. These parents also need sensitive care from all healthcare professionals they encounter: in antenatal testing, labor and birthing, emergency room, and postpartum. Consistency will help reduce some anxiety as well as provide attentive care with the added level of reassurance that these families need.

- Help reduce anxieties:

Appointments with healthcare providers and ultrasound imaging can provoke high anxiety for PAL families. Most of these families received the news and confirmation that their baby died during a past healthcare provider's visit or ultrasound check. Taking into consideration that these visits can be stressful—and even bring back past traumas—is vital. One way to reduce this anxiety is to begin by reassuring parents that the baby is alive, either through a Doppler check in the healthcare provider's office or during an ultrasound.



- Provide concrete medical information:

PAL parents need truthful and concrete medical information about the development and health of their baby. At each antenatal appointment, offer clear explanations and straightforward information as to why and how their baby is safe. They may need information repeated or explained further. Be patient with their questions, as they are not questioning a professional's training; they are insecure about this pregnancy and the health of their baby.

- Acknowledge their grief and their fears:

PAL parents are often afraid that this baby will die, too. Acknowledging their fears with phrases like, "It makes sense you would feel this way," and "This must be very difficult for you," can help them realize that you are empathetic toward their loss and have not forgotten how they have arrived at this place of pregnancy after loss. Referral for resources to help reduce anxiety, such as guided imagery/relaxation, a pregnancy after loss support group, or other mental health services can be helpful.

- Understand that the relationship between a mother who has experienced a pregnancy loss and her body is complex:

A mother who is pregnant after loss often has a hard time trusting her body to do what it is supposed to do during the pregnancy and birth of her baby. Trust in her body has been broken after the loss of her previous baby, and sometimes that lack of trust is accompanied by guilt. Help mothers learn the difference between fetal movements and contractions, beginning in the second trimester. This unborn baby needs their attention now; understanding loss of trust can help healthcare providers discuss issues and ask questions to enable parents to make informed decisions about their birth options.

- Know that it is normal for PAL parents to be hesitant to attach during pregnancy:

Couples who are pregnant after a loss may struggle with making plans for the baby's arrival. They often have restrained expectations and use language like, "if the baby lives." PAL parents may resist attending prenatal and childbirth classes, participating in celebrations, such as baby showers, and purchasing any items for the baby until he or she arrives. Parents struggle with attaching due to fear of this baby dying, too. Assessment of a mother's differentiation between the deceased baby and the unborn baby is fundamental: This can be facilitated through conversation about the new baby as a sibling to the deceased baby.



- Acknowledge that a new baby does not replace the other:

Sometimes couples who have lost a baby admit to having a hard time realizing this is a different baby. The continued bond and attachment relationship to the deceased baby should be respected and acknowledged. Help parents to differentiate between this unborn baby and the one they lost. Provide information about the unborn baby's competencies to promote attachment to this new, unique baby. For example, babies are capable of hearing in the second trimester, so parents can speak and sing to their baby, knowing that the baby will respond.

- Use the deceased child's name in conversation:

PAL parents need health professionals to acknowledge the loss of their previous baby. If you don't know the name(s) of the child/children who have died, ask them gently. Use the name in conversations, when appropriate, and remind the parents that he or she is a sibling to the new baby. Using the deceased child's name will validate the significance of this baby as part of their family and can help build trust between the parents and the professional.

- Provide special preparation for the labor and birth:

Increased fear and anxiety to "get the baby out" while he/she is still alive is common as birth approaches. Special birth preparation can help parents process the previous loss in order to prepare for the birth of the new baby and give them some control over what they can control. At minimum, parents need to tour the area where they will be giving birth.

- Do not forget to acknowledge and care for the father/partner's fear as well:

The father/partner is also a bereaved parent— not just a support person to the mother—and needs to be respected as an equal participant in pregnancy care. Partners can carry guilt that they or the healthcare team did not do enough for the mother and baby in the pregnancy that ended in loss. Their anger can be a mask covering their own fear and anxiety for the health of the mother and new baby.

- Be aware that detachment after the birth can be normal:

A new layer of grief may surface after the birth of a healthy baby. Feelings of detachment can also be quite normal. PAL parents report having a hard time coming to terms with realizing that this is a different baby. Feeling the full impact of what they have lost and that the deceased baby is still not with them is a normal response. As during pregnancy, they also struggle with attaching after birth and trusting this baby will stay alive. The detachment should dissipate over time; however, referral to a postpartum support group specific to PAL parents may be very helpful. Emphasize that there is room in their hearts for more than one baby and that all babies can be woven into the fabric of the family.



- Educate yourself and your patient on resources for support:

Studies have shown that peer-to-peer relationships have been a significant source of support for women who experience perinatal and postpartum mood disorders as well as bereaved parents (specifically for those who have suffered a loss of a baby during pregnancy or within the first year of a child's life).

Encourage the PAL parents to connect to other PAL moms and dads through in-person support groups or reputable online support communities.

- Provide educational material to help parents support the siblings:

Siblings alive at the time of loss can be just as anxious as their parents throughout the new pregnancy. Parents need help to communicate to their children how the healthcare providers are keeping their mother and unborn sibling safe.

- Anticipate anxiety during parenting:

Professionals working with parents who have suffered the loss of a child should expect them to experience anxiety over the health of a baby born after a loss. Protective parenting behaviors are normal, so be patient and understanding. Acknowledge their concerns, and gently remind them that this is a different baby, constantly providing reassurance with concrete information on how and why you know their baby is healthy.

Be mindful of the PAL parents' history of loss and use your professional judgment to determine if they need more than extra reassurance. If the PAL parents are suffering with underlying issues, such as postpartum mood and/or anxiety disorders (for which they are at higher risk) refer them to appropriate resources. It takes time to rebuild trust in the world and in themselves.



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