A “False Sense of Security” in Caring for Bereaved Parents

To the Editor:

Perinatal loss is a prevalent and potentially life-transforming event for bereaved parents and their families. More often than not, however, parents do not receive appropriate care even though widespread consensus on care and support exists in the literature and among professionals in the field.

Three decades of studies examining the experience and impact of perinatal loss suggest what families need. First, since parents are likely to be more upset by not having contact with the baby, they should be given opportunities to spend time with the baby, to have photographs taken, and to have rituals such as baptism. Second, at a time of crisis, with expectations shattered and a sense that the world is out of their control, parents should be given choices about care for themselves and their baby. Third, parents need information about the loss and support in dealing with grief.

In our Canadian experience, many hospitals have nursing protocols and specific checklists of procedures following perinatal loss (1,2). Instructions that focus on the “do’s and don’ts” tend to dictate the parent-caregiver interaction. Although some direction is preferable, rigidly applying prescribed protocols may interfere with a caregiver’s empathy (3). It is difficult to listen and respond sensitively to parents’ feelings while being preoccupied with a long checklist of tasks.

Teaching nurses and midwives to understand and communicate with those in emotional pain is more challenging than instructing them in the right words to use (3). Offering meaningful support is a skill that is difficult to acquire. It requires a willingness to be open to another’s distress and to continuously learn about the wide range of individual responses to death. Bereaved parents feel supported when they can sense that others understand what their loss means and accept those powerful feelings that accompany the loss (3,4). For those caregivers who feel hesitant or uncomfortable including fathers in their care plan and are unsure of what to say, we encourage them to identify a colleague with more experience who can mentor them in this role.

Reports of changes in hospital protocols have led to a false sense of security about the quality of care provided to parents experiencing the death of their baby. The few bereavement programs that have been evaluated have used only specially trained grief workers to offer the interventions (5,6). In a recent systematic review to determine the effectiveness of support interventions after perinatal death, Chambers and Chan reported that no studies met their eligibility criteria for inclusion and, unfortunately, came to the conclusion that routine management of perinatal death over the past two decades has evolved to an extent where “the provision of empathic caring environment, and strategies to enable the mother and family to accept the reality of the death, are now part of standard nursing and social support in most of the developed world” (7, p 3).

Extensive clinical experience and other authors suggest otherwise. For example, some have reported that caregivers’ lack of knowledge about the physical, emotional, and social impact on individuals and families after perinatal loss, together with a sense of discomfort with bereavement, frequently spills over into caregiving, rendering it inadequate and often detrimental (4,8). Furthermore, health providers and society at large tend to underestimate the long-term impact that a perinatal death can have on a family, often resulting in interventions that are too short.

Perhaps some may wonder if such interventions for this vulnerable population are more suitable for a counselor or social worker. We maintain, however, that they are not the ones present in the delivery room or the ones poised for postpartum visits in the community. Nurses and midwives, on the other hand, are the clinicians who hold that advantaged position and can weave these pivotal yet brief interventions into the physical and emotional care of bereaved families. Working in both hospital and community settings, by acknowledging the loss and providing anticipatory guidance, they can intervene to diminish the negative impact of bereavement and promote the health and well-being of families after their baby has died.

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