

SUPPORTING IN PREGNANCY BABY LOSS

y work in bereavement came as a surprise to me. I feel that bereavement found me. I've always had a heart for people and chose to study to be a social worker so I could support, guide, and encourage others on their life journey.

After practicing as a social worker for a number of years, I became a mother to four beautiful children. It was through the birth of my last child that my path began taking an unexpected but beautiful turn. I chose to do my last birth very differently to my previous three hospital births. I decided on a midwife led birth and water birth with no pain medication. It was through this birth experience I discovered how empowering birth could be when well supported, and so I chose to then train as a birth

doula and support mothers during this beautiful time.

Shortly after my training, one of my very first clients had a stillbirth at 39 weeks! I was shocked and devastated and knew what I was feeling couldn't even come close to what this mommy was feeling. Due to my social work background, I knew immediately that this mommy was going to need support in the days, weeks, months and even years that lay ahead. I was shocked to find how little support there was available for couples that face pregnancy loss, stillbirth, termination for medical reasons and infancy death.

My response to this lack of support was to start a support group for mothers that had experienced these kinds of devastating losses. It was during these group sessions I heard these brave women's birth

stories. So much trauma was being added to their births as nursing staff followed outdated protocols and/or due to their own lack of training in trauma and baby loss, did what they thought was right for the mother and couple. In fact they left these mothers more traumatised and with many regrets. These mothers shared how they were denied seeing their babies, denied holding them, saying goodbye or related how their babies were treated as medical waste rather than acknowledged as the baby they'd longed for and had now lost. Doctors rushed these mothers who had just heard that their baby's heart had stopped beating or had received a fatal or life limiting diagnosis for their baby, into induced labours or terminations before the couple had time to process what was even happening. Many shared how after these births



they were still reeling from the shock of what happened and were trying to process if they had done the right thing. I truly believe that many of these doctors and nurses were acting in what they believed was the best interest of their patients. They were trying to reduce their trauma by getting this birth over with as quickly as possible and /or protecting them from trauma by not letting them see their babies, so these couples could "move" on. However, they didn't know and realise that rushing in a time of shock only added to the patients' trauma.

I knew after hearing these countless stories that I needed to support these couples even more. I now serve them during their time of loss, in their darkest hours and guide them through all the necessary decisions that need to be made. I also support them as they birth their babies, ensuring they get the opportunity to hold them, cry and mourn over them and said goodbye to them in the way they need to. Also, I ensure that memorabilia are created of their baby so that the couple have memories to hold onto in their grief journey ahead. I then walk a path of emotional, physical, and mental support after their births and as they navigate their path of healing. I try to reduce the trauma and minimise their regrets so that healing can come more easily.

So why do I share the details of these mother's trauma with you? I hope to highlight to you as professionals who often see these families after an experience of pregnancy or baby loss just how much trauma these families have experienced by the time they come to see you. Why so many experience anxiety, panic attacks, Depression, PTSD, and may struggle for years with unresolved trauma negatively impacting their daily functioning and mental health, long after the loss of their baby.

Additional trauma is created by their grief being minimised by those around them, including many professionals, and so often theirs is a silent and lonely path, as society doesn't acknowledge and validate the feelings of these grieving parents, especially in cases of an early loss. This is seen in the comments made to these families: "At least you lost them early - before you got to know your baby", "It's probably for the best as clearly there was something wrong", "Don't worry, just try again or have another baby". These comments are meant to comfort but only invalidate and alienate and cause the couple to grieve silently and all alone, leaving their trauma unacknowledged and unresolved.

As a society, friends, family, nurses, doctors and counsellors, we need to let families that experience pregnancy and baby loss know that they are not alone on this journey. They need to hear their feelings are valid, and their grief is real and deep. We need to give them space to grieve in their way, in their time and at their pace. They need to be given the correct support and guidance. When experiencing panic attacks and anxiety, we can encourage them and refer them for trauma debriefing so the triggers of their trauma can be released and not only prescribe medication as a form of support. We can refer these families to holistic practitioners who can release the trauma that sits in their bodies as well as in their emotions. Referring these families to counsellors specially trained in pregnancy

loss and baby loss can have an immensely positive impact on their mental and emotional wellbeing and healing as their depth of grief is acknowledged, and validated. Trauma release should be included in their counselling process, as this is essential to their mental and emotional recovery.

It's our lack of understanding of just how much trauma these families experience that contributes to the high number experiencing panic attacks, Anxiety, Depression, Post-natal Depression, PTSD, breakdown of the marriage and a turning to alcohol, drugs, sleeping tablets etc., to numb their pain and hide from their unacknowledged trauma. In my practice I often see mothers who have experienced a loss, which being unacknowledged, she tries to bury, but then in the subsequent pregnancy the Anxiety is triggered and she may struggle to bond with the new baby, leaving her feeling guilty and depressed. The trauma needs to be resolved for these couples otherwise it negatively impacts their mental and emotional well-being for years.

If we as professionals can recognise that pregnancy loss and baby loss is high trauma, we can support these patients when they come seeking help with more compassion and refer them to the necessary support systems so that they can be supported emotionally, physically, and mentally to find healing.

References available upon request

