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Consequences of perinatal mortality in parents' psychology and the role of health professionals in its management

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SUMMARY. ***Objective:*** *The purpose of this study is to compare paternity with maternity and especially, how these entities manage mourning in case of perinatal death.* ***Method:*** *We reviewed the major articles of the literature in PubMed, UpToDate, Google Scholar and Scopus.* ***Results:*** *39 articles were synthetized regarding the various management of this situation. Our study includes suggestions to enable parents to better adapt to the new changes in their lives that arise after such a difficult event as the death of their neonate, while the role of health professionals in the management of perinatal mortality it is also underlined.* ***Conclusion:*** *Perinatal mortality has an impact on family dynamics, including couple's relationship. Both mothers and fathers faced the same grief after a perinatal loss and for this reason, attention should be paid to both parents. Health professionals should offer targeted interventions in order to help to foster a healthy grief process amongst parents after a perinatal death.*

INTRODUCTION

The questions of birth and death have preoccupied humanity for centuries, as the great interconnected mysteries of human life. The anxious search for answers occupied sages,

poets, writers, musicians, philosophers, saints, but also every person who feels the existential agony and desire to know the unknown. The various religions and philosophies in East and West, gave their own interpretations. Moreover, modern science is beginning to take it as a serious theme in the first decades of the 20th century, with prenatal and perinatal psychology and education, confirming what the ancient Greeks (Plato, Pythagoras, Aristotle, Plutarch, etc.) mentioned for the importance of above in shaping healthy people and harmonious societies.

Perinatal mortality accounted approximately 6 per 1000 live births in United States (1) and is a painful experience with enough consequences in families, especially psychological and social (2-4). Parents undergo grieving and should manage this difficult situation that include social, psychological, biological and spiritual aspects (5).

GENERAL INFORMATION ABOUT MISCARRIAGE, FETAL DEATH, NEONATAL DEATH AND PERINATAL DEATH

Statistically, 15-20% of pregnancies end in miscarriage before the sixth month of the fetus from the body of the pregnant woman. The largest percentage of these miscarriages are due to genetic abnormalities.

Fetal demise that occurs before 20 weeks of pregnancy is well known as miscarriage (6). As recurrent miscarriages, defined the situation that exists after 3 consecutive miscarriages. There are some differences in terms of definition, since too many consider that control should start after the second consecutive miscarriage (7).

Fetal death or stillbirth is the death of the fetus before the complete expulsion or extraction from the mother that occurs irrespectively of the duration of the pregnancy (6).

As neonatal death defined the death of an infant within the first 28 days from birth (6). In developing countries, neonatal deaths constituted 38% of all child deaths worldwide (8).

It is estimated that every year 2.7 million infants are stillborn (8) and another 3 million do not survive the first week of life. About 1/3 of perinatal deaths in developing countries is associated with complications during the delivery. Infant deaths are due to perinatal conditions, but mainly in postpartum infections related to poor hygiene, lack of information on newborn care as well the poor diet.

The death of an infant may be a less common occurrence than previous years, due to the development and advancement of medical sciences, but no ceases to be just as painful and soul-destroying for those people who experience it. Perinatal death can take many forms, such as miscarriage, stillbirth and neonatal death (6).

MATERNITY & PSYCHOLOGICAL CONSEQUENCES OF PERINATAL DEATH TO THE MOTHER

The big question remains “Why do people want to be parents?”. The answer is: to fulfill their social role, to satisfy their parents, to give meaning to their lives or to live the experience, the "deal" of a person growing up near them. Theoretically, the latter is the only reason one should do one child.

So before people start having a child, they have to keep everything in mind the spectrum of evolution of this person, the fun to follow at all stages and the mood to change as human beings. They must have wondered which the life that they want to live is and how it can go hand in hand with one or more children, practical and emotional. And, whatever they decide, they had to remember that it is just that: choice, not obligation, desire, not sacrifice.

The birth of the child brings happiness but also fear in front of the new ones roles and requirements created for parents (9). Proper preparation, both psychologically and in life organization, helps to calm young parents and accept the role of motherhood and fatherhood more loosely and without problems with each other.

The news of pregnancy for a woman is either predictable or unpredictable, causes mixed feelings (10). Adjusts her behavior and mentality in the new data on the basis of which she dreams, makes plans for the future and plans the subsequent development of her life for herself, her child, her husband and her family.

A possible complication during pregnancy causes in the future mother fear and if the complication results in miscarriage and in termination of pregnancy, then the mood of the mother changes, her psychology submits to negative thoughts and feelings, while the emotional and its psychological transition is intense and obvious (11).

The death of a child creates an unbearable feeling of injustice. The loss of child's future, unfulfilled dreams and the unreasonable calamity, make it loss of a child the most painful human experiences. Parents can feel responsible for the death of the child as absurd and if it seems. The parents at the same time feel that they have lost a significant part of themselves.

Usually, a miscarriage involves a miscarriage of a large part of oneself. Erna Furman (1974) described more than anyone else, how such a death has to do with her miscarriage of a large part of the woman's body, which further causes greater damage to her self-esteem and self-confidence (12). Just like the pregnancy serves multiple narcissistic purposes, so miscarriage or neonatal death causes multiple narcissistic wounds in the sense of omnipotence, the immortality of female nature and the self-esteem that a woman had when she understands that she is pregnant. Negative emotions, such as inadequacy, feeling of inferiority and failure, replace the woman's sense of self-recognition and the feeling of omnipotence that she possesses during pregnancy, having in mind the strong thought that she has the power to give birth.

Faced with death, the mother mourning the loss of her own child, she often feels vain and at the same time pessimistic about her successful outcome in her next pregnancy due to the feeling of inadequacy. Apparently all mothers after the death of their child report that they feel guilty and incessantly blame themselves for what happened to them (13). It is not uncommon for women to have irrational causal ideas and thoughts based on primitive, magical skeptical processes.

The sense of omnipotence that the mother feels during her pregnancy and the maternity identity that characterizes her contribute enormously taking responsibility and guilt for the death of her child (14). Various studies have find a statistically greater degree of guilt in mothers than in fathers in such deaths (15). The guilt of most parents after the death of their child gradually diminishes and is completely eliminated as soon as they scientifically learn the real factors that contributed to such unpleasant outcome of pregnancy.

The death of the fetus or neonate usually causes the woman a terrible feeling that she has failed as a mother and wife because a basic physical function was not completed, the reproduction around which her femininity is organized. Perinatal death is often taken by the mother as punishment (usually with unconscious way) for transgressions and guilt.

Also, another characteristic and common symptom of perinatal mortality to mothers who experience a similar experience, is jealousy (13). The intense jealousy and the hate for other mothers, often described by these women and also feel anger in the presence of other mothers and their babies. In addition, perinatal death is the "death" of a part of herself because literally a part of the mother has died. Mourning now takes the place of the child, because its strong presence is what is left for the mother, since she has lost a vital part of herself.

Women who had more invested in their pregnancy, especially those who had thought of a name or bought things for the new member of their family, showed a higher level of grief and especially in those women who had experienced the fetus moving inside of them. Some studies have evaluated the relationship between length of pregnancy and level of distress after perinatal loss, and could not find an increase in psychological distress with higher gestational age. Therefore, grief symptoms are similar both in women who have lost their infant at an early stage of pregnancy and those in a later stage of pregnancy (13).

Moreover, some studies have underlined the fact that the loss of an unborn child after discovery during pregnancy of fetal malformation or severe chromosomal disorder can be considered as a traumatic event with high psychological consequences. Furthermore, this is relevant if the termination of gestation takes place in the 2nd or 3rd trimester of pregnancy (13).

What makes parental pain more intense is the fact that when the newborn dies, there is a tendency on the part of the mother mainly to interpret the death of her infant as a result of her own care for it (16). A healthy infant shows the value of a good mother. So the mother who has lost her newborn and is mourning for that, she thinks that if she took better care of her infant, she would feed and dress her better, most likely her infant was alive. Also, often women who experience such situation, continue for a while to engage in the work associated with their infant, arranging their clothes, washing them, making their room, thus continuing a personal "internal" dialogue with it.

All the above facts, reactions and attitudes of the parents towards dramatic experience of perinatal

death, are the most common psychological effects of this experience. However, some people present a form of apathy towards the death of their own person. They clearly have emotions, but argue that they do not grieve for the people they lost nor they are going to mourn, because there are forever beautiful memories of these people and their love for them will never diminish. Also, some people seem to be very strong in the difficult moments of death because they have intense faith that one day they will see their dead children again. It is understandable, then, that the above cases are few and exceptional cases, about how some people deal with the death of their loved one and especially their child.

Last but not least, weight loss (17), increased chronic diseases, decreased quality of life (18) and insomnia (19) are all physical symptoms that may experience both mothers and fathers and related with their child's death. Sometimes, both mother and father may take antidepressive drugs in order to manage the perinatal death. Moreover, the couple's life is also affected after a perinatal death. Specifically, they may be an increase in conflicts and they may become distant from each other (20). They may have problems in their sexual intercourse due to the fear or obsession of the woman conceiving a baby again, they feel guilty during the sexual act and the attraction for each other decreases (2, 21). Additionally, the type of care for older children varies from distancing (22) to overprotection (23).

PATERNITY & PSYCHOLOGICAL CONSEQUENCES OF PERINATAL DEATH TO THE FATHER

When a man learns that he is going to become a father, automatically enters one new emotional state (24). In addition to the fact that he needs to get acquainted with the concept of pregnancy and of the forthcoming childbirth, a series of feelings and thoughts overwhelm him. Often, in the initial phase, he is confused with conflicting psychical situations characterized by sadness or joy, fear or anxiety. Fears about whether he as a future father will be able to protect and provide for his family, are the main reasons that cause him tension and anxiety.

For many men, the birth of a child brings with it a substantial change in the way they perceive life (25). Certainly when it comes to the first child these feelings are much more intense. But they can also be present at the birth of other children. Suddenly the man feels that he is no longer part of the younger generation. The newborn child in some way represents his replacement who has arrived.

The birth of a child creates fears and anxieties in the man for the life of his wife and his child (24). Men feel that their relationship with their wife after child's birth will be change. They are afraid that their relationship will be limited, the child will get much bigger importance from them and at the same time their relationship with the child will be a subject to control by mother.

The process of pregnancy and later the upbringing of the child, is decisively influenced by the attitude of the father. The emotional support that man offers to his wife during pregnancy, his presence during childbirth helps her to experience her pregnancy as a predominantly positive experience and helps build a better relationship with her child.

Interestingly, father's pain after a perinatal mortality seems to be undervalued in most studies (26-27). In case of a special problem that occurs during pregnancy and that has a result an abortion, the mother is the one who in the present case gathers the most interest. It is necessary, however, to focus to father, who also experiences a bad psychological situation and at the same time must look strong and support his wife as well (28). The father's reaction to the death of his child is crucial for the effect that will have on his emotional and mental health, as well as on the help he will provide to his wife to mourn properly and to overcome satisfactorily the death of her baby (29). Fathers grieve for their unborn baby or for their neonate's death, but their grief tends to be less intense, shorter lasting, and have generally less guilt and depression than their wives.

Fathers probably have a predisposition to stifle their pain and grief because they prefer a more personal expression of their feelings and because of their need to take on a protective role due to their wives' increased vulnerability (2). For the father, both the formation and the termination of the prenatal bond can be achieved through the mediation of the pregnant mother. This probably explains why he may find his wife's extended grief an emotional ordeal and even more this experience it as an imposition of grief on him personally.

THE PROCESS OF MOURNING AND THE ROLE OF HEALTH PROFESSIONALS

When parents inform that their infant is no longer alive, they experience this loss, usually accompanied by negative and painful feelings. According to Yalom, one of the greatest existentialists, death is the fundamental source of stress. The reaction of parents to loss is mourning (30). The duration and expression of "normal" mourning varies and usually the greater the loss, the greater the intensity of the mourning.

There are stages of mourning that allow a person to move on in life. Psychiatrist Kübler-Ross (2005) talks about "The Five Stages of Mourning", which photographs the mourner's attempt to process his grief and are as following: 1) Denial, 2) Anger, 3) Negotiation, 4) Depression and 5) Acceptance. The mental pain caused by mourning develops in the above five phases, however many people overcome their loss without going through any stage, while others may show cyclicality in the alternation of stages. After all, the process of grief is as special and personal to everyone as their own life (31).

In case of perinatal mortality, it would not be wrong to consider the hope of a new pregnancy that would result in the birth of a living newborn as a sixth stage of mourning. It is noteworthy that the existence of a sixth stage is not possible in other situations of mourning.

It is very likely that various psychosomatic symptoms will occur during the mourning, especially if the mourner is in constant denial. It is then that the chances of physical symptoms coming to the surface increase, indicated psychological fatigue and depression. For example, the following often occur: appetite disorders, sleep disorders, intense stress, intense anger that has the wrong recipients

Typical symptoms of mourning are withdrawal from social activities, decreased concentration and attention, weight loss, insomnia, crying, irritability and decreased libido (17-19). These symptoms begin to subside (without medication or other treatment) usually within 6-12 months, and typically may reappear on special occasions, such as birthdays or celebrations associated with the deceased.

A big question also remains "When does mourning turn into depression?". Limits may not be easily understood, but some clinical signs that lead to depression are the appearance of frequent suicidal ideation, generalized self-blame, the lack of response to social encouragement and family environment and the cessation of social contacts (32). Also, in this case the symptoms do not go away, but on the contrary, they may worsen and treatment with antidepressants may be necessary.

It is very important for a woman and her partner who have experienced perinatal death to mourn the lost freely and without pressure as possible. It is considered necessary for the mental health of parents to mourn and grieve for their child in the way they wish, constantly expressing their true feelings without projecting a false self, pretending to have overcome this traumatic experience. They also need to give themselves as much time they need to mourn and then return to the normal rhythms of their daily lives.

The role of the health professionals in the management of parents' psychology after a perinatal mortality is extremely important. They are the first people who are called to explain to them the tragic situation and especially the fetal or neonatal death and to encourage them to cope with the new situation. Health professionals should encourage parents to express their grief and fear (33).

Although many argue that the sight of a dead baby may be disgusting and cause more pain and shock to the parents, the appearance of the dead baby may help them to recover. Parents can better accept the reality of their baby's death if they see his / her body and for this reason health professionals should encourage them to do this (18, 34). In addition, parents can better accept the reality of their baby's death if they see his/her body (34). Preparation before the contact with the dead baby, professional support during this contact and moreover, professional follow-up are crucial in order to prevent the development of mental health problems (18).

But perinatal loss, on the other hand, is an ambitious mourning - the abandonment of desires, hopes and fantasies for someone who could, but never did. In a more realistic sense, perinatal death is the loss of the future. On the anniversary of the death, parents often recall how old their child would be if he/she lived.

Parents need to know that their emotions are normal and that they will undergo various psychological transitions in their behavior while mourning (35). Something that will help them in relieving their pain will be to find ways to

recognize the death of their baby as a real loss (19). To recognize this loss they may want to name their baby, make a donation in his/her honor, make some kind of memorial or funeral (36) or even plant a tree in his/her honor. Additionally, midwives are those health professionals that help parents to create memories for the long term (36).

It will also be great for parents to have the opportunity to discuss and talk about this experience that they had, not only immediately after the trauma, but also for months later. It is very important for the healing of the mental trauma of the parents to be able to freely express their feelings (37). For this reason, the establishment of support groups for those couples who have experienced perinatal death by health professionals seemed to be necessary (38).

Finally, there are various "email addresses" on the Internet, which offer services and advice to parents who have experienced perinatal mortality and inform them about how to deal with the new situation, where they can also find the personal stories of parents who had similar experiences. Important information can also be found by parents through books, written by expert researchers on this subject or if they deem it necessary can turn to a specialist psychologist or social worker, who will guide them to mourn smoothly and correctly for their loss and then adapt to the new conditions of their lives.

Psychotherapy can help unravel the grief process safely and with support. The psychotherapeutic process can deal with the difficult and strong feelings of loss, which are not always managed or endured by the family and social environment of the individual (39). Finally, psychotherapy gives space and time to the mourner to process what emerges through this mourning in relation to his/her life and in order to help build his/her new “identity” and create a new meaning.

CONCLUSION

Perinatal mortality has an impact on family dynamics, including couple’s relationship. Both mothers and fathers faced the same grief after a perinatal loss and for this reason, attention should be paid to both parents. Health professionals (i.e. social workers, psychologists, midwifes, obstetricians, neonatologists etc.) should offer targeted interventions in order to help to foster a healthy grief process amongst parents after a perinatal death.

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