

## **Infant Loss and the Subsequent Pregnancy: Impact on Parents and Children**

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### **Importance of Topic for Family/Life Educators**

- Although infant loss occurs in the medical setting it is in the community setting where the long term impact on families is seen
- The loss of innocence and trust in the world changes parents and the family structure
- Without intervention, beginning prenatally, infant loss can have a long term impact on the mental health needs of children
- Men are more heavily affected by grief 12 to 15 years after the loss.

### **Numbers of Families Affected by Infant Loss**

- 25 % of all pregnancies end in loss in the form of miscarriage (1 in 5 pregnancies), stillbirth or neonatal death
- African American women experience loss 2x more frequently than European Am. Women
- 3% of pregnancies result in children with special needs
- 59 to 86% of families have another pregnancy and previous loss is a risk in the next pregnancy

### **Reproductive Technology/ Loss in Multi-fetal Pregnancy**

- As many as one in ten births start out as twin pregnancies.
- Between 1% & 20% of pregnancies induced by fertility drugs result in 3 or more fetuses.
- The spontaneous loss of one or more fetuses in a multiple gestation may be as high as 30%.

### **Families Perception of Loss is influenced by:**

- Communication skills of the family, including intergenerational
- Who died and the relationship others had
- The history of loss and death in the family
- The developmental level of the sibling
- Manner and cause of death

### **Impact on Parenting**

- You are always a parent to the deceased baby
- This child remains a part of the family story
- The security and vulnerability of parental identity is tested and can potentially impair interactions with other children
- Relationships are changed both in the immediate and extended family
- In the pregnancy that follows the developmental tasks are different
- Protective parenting is a common

### **Fathers and Grief**

- Grief is much less culturally acceptable for men
- They often report the need to hold it together for the sake of the mother
- Denial is the main coping mechanism
- Research suggests fathers have less intense grief reactions to prenatal losses and tend to grieve more for what will never be rather than what was lost
- Measurement of grief is biased because of gender stereotypes and the scales focus on emotional reactions
- Men's requests for help often goes unrecognized
- May be more angry and aggressive
- Increase use of alcohol seen in the literature
- Drown themselves in work

### **Myths About Children's Grief**

- Grief and mourning are the same.
- Adults should be able to teach about death and spirituality.
- There is a stage like progression to children's experience of grief
- Adult grief does not impact children.
- Parents, educators, and clergy are qualified and prepared to help.
- Infants and toddlers are too young to grieve.
- Adults should avoid topics that cause a child to cry.
- An active playing child is not a grieving child.
- Children are better off if they don't attend funerals.

### **Sibling Grief**

- Children's responses cannot be studied in isolation
- They lose the parent they knew before the loss as well as the sibling they were expecting
- They need reassurance that they will be cared for

### **Grandparents**

- Grieve the loss of a grandchild and watching their own child's pain
- May have to deal with their own unresolved losses
- Can be confusing in how to provide support in a subsequent pregnancy

### **Adult Subsequent Child Study**

- Invisible
- Protecting their mother from pain
- Role confusion
- Empathy

## **Suggestions for Working with Families**

### **Preventing Disenfranchised Grief**

- It is important to keep "symptoms" for illness. Grief is not an illness.
- To make meaning out of the loss, families must tell their story
- How parent's cope will be reflected in the eyes of their children
- Grief is resolved through the creation of a loving, growing relationship with the dead that recognizes the new psychological or spiritual dimensions of the relationship.

### **At the time of loss**

- I am so sorry. Do you want to share what happen?
- Did you name the baby?
- Pay attention to developmental ages of other children and ask how they are doing
- What can I do to help with other children?
- Remember parents on holidays
- Understand that men and women grieve differently

### **For Siblings**

- Help parents involve their children at the time of loss
- Openly talking about the child as part of the family
- Include siblings in keeping the memory of the child in the family by:
- Planning an activity on the birthday
- Picking out a gift for Toys for Tots
- Visits to the cemetery
- Keep a picture or some kind of memorial in view

### **In the Pregnancy that Follows**

- Listen to their story; let them talk about the baby who has died
- Ask them about the baby they are carrying'
- Tell them however they feel is okay
- Encourage them to journal
- Provide a support group during pregnancy to help them process their parenting feelings of grief over one baby as they attach to a new baby. Include the fathers!
- Parents have the potential for problems in their future parenting if the psychological implications of loss and attachment are not considered together.

### **Siblings**

- Children can have the same fears as the parents.
- "Is this baby going to die too?"
- May worry about the health of the mother.
- Need reassurance that the doctors are taking good care of the baby and their mother.

### **Support Group Format**

- Open-ended. People at different gestations of pregnancy will help each other with developmental stages.
- People come in their uniqueness and find their commonality.
- Keep the focus on the age of each baby in the group and the stages of parenting the parent is in.
- Facilitate the parenting relationship of the baby who died and the baby who is coming.
- What is said in group stays in group.
- Listen empathetically
- Probe gently for feelings
- Don't be afraid of silence. Wait. There is always someone else in the group who is more uncomfortable than you.
- Engage in helping families problem solve using the group process
- Ask other group members, "Does that sound familiar to any of you?"
- Facilitate the group members helping each other rather than you being the "expert."
- Keep balance in the group.
- Be aware of your boundaries; your role as an educator or nurse changes when you are a facilitator.
- Avoid rescuing or fleeing; your job is not to "fix" but reflect back feelings.
- It is the family's pain, not yours to take on.
- Be aware of your own comfort level around loss.
- Closure: coming back to the present and acknowledge the new babies

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*How Can I Help* by Martha Wegner Hay [martha@marthawegner.com](mailto:martha@marthawegner.com)

- Remember this person was and is a parent from the moment of conception.
- Remember society's reactions to prenatal death.
- Remember you may be the only person who will validate the loss.
- Remember you do not have to have experienced prenatal death to give support to someone who has.
- Express your sorrow, even if the parents aren't doing so.
- Encourage these parents to talk to their living children about the loss.
- Be sensitive to situations that may be particularly painful for these parents.
- Be aware that many birth experiences are less than perfect.

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- Suggest they get the help they need.
- Remember that you do not have to do this perfectly.
- Remember the words you already know.

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