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Abstract

This is a summary of an updated Cochrane Systematic Review.

Disciplines

Medicine and Health Sciences | Social and Behavioral Sciences

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Systematic review summary - Support for mothers, fathers and families after perinatal death

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Keywords

grief; family; perinatal death; support for grief

Review question

To assess the effect of any form of intervention (i.e., medical, nursing, midwifery, social work, psychology, counselling or community-based) on parents and families who experience perinatal death.

Nursing implications

Nurses are most often present with parents around the time of their baby's death. Setting up individualised person centred and family focused care at this time may prevent protracted grief or complicated grief reactions for parents.

A systematic review was necessary to identify best evidence of optimal approaches for supporting parents and families experiences of grief because of perinatal death.

Study characteristics

This is a summary of an updated Cochrane Systematic Review. Participants included mothers and/or fathers and/or their immediate families, experiencing the death of a baby in the perinatal period. The intervention of interest included any support and/or care provided by professional or non-professional individuals or groups aimed at improving the psychological well-being of parents and families after perinatal death and this could be compared to care as practised at the time of the study. Perinatal death was defined as the death of a baby in the perinatal period and trials involving early spontaneous pregnancy losses (i.e., spontaneous miscarriages before 20 weeks' gestation or

as according to the definition of miscarriage used in each trial) or termination of pregnancy (TOP) for non-medical reasons were excluded. Primary outcomes were normal grief reactions including depressed mood and anxiety; pathological grief reactions (including post-traumatic stress and complicated grief); and satisfaction with care. Secondary outcome measures included physical symptoms of grief; signs of social maladjustment; family disruption; relationship disharmony or breakdown; and cost of interventions.

No trials were included in the review however one new study is waiting classification for the review. Three studies were excluded from the review. Data available from the studies reviewed for inclusion was sparse and variable and reflects trials of insufficient quality, size and comparability.

Summary of key evidence

While no trials were included, the review reports relevant clinical outcomes were interpreted individually from the one study awaiting classification and the three excluded studies. What the studies did highlight was the need to identify those people experiencing perinatal death who are identified as high risk, for example, women who are socially isolated, women with poor social support, and women with higher incidences of mental health issues. Women experiencing grief following a TOP due to foetal anomalies experience worse grief outcomes and this is likely to be related to the active decision-making for this type of termination. Socially isolated women and women with poor social support warrant more follow-up and support for grief. Further attention to culturally specific issues and interventions for fathers is needed.

Future research needs to address issues such as, loss to follow-up rates, provision of sufficient resources for follow-up of participants and evaluating interventions for grief following perinatal death. Future health related research will impact forms of support for parents and families experiencing perinatal death where complicated grief may be recognised as a distinct category in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V). Neurobiology and research into resilience and post-traumatic growth will also influence various forms of support and care in the future, for example, parent information, cultural and religious supports, bereavement counselling, assessment and support groups.

This review has highlighted the difficulty of researching grief support for perinatal death. While valid conclusions

are not possible, the review alerts to the need for support to be provided for grief.

Best practice recommendations

Nurses need to engage in holistic assessment of parents and families when stillbirth or TOP due to anomalies is imminent. This assessment will be respectful of individuality and accept the diversity of grief; will respect the deceased child; and will recognise the healing power and resilience of the human spirit.

This review provides evidence that research of grief support for perinatal death lacks empirical evidence and yet it is important that nurses remain vigilant to the long term effect of grief on parents and families during this difficult time.

Further research needs to address the lack of high level evidence to enable the comparability of interventions aimed at providing support for parents and families throughout a perinatal death experience.

Reference

- Koopmans, L., Wilson, T., Cacciatore, J., & Flenady, V. (2013). Support for mothers, fathers and families after perinatal death. *Cochrane Database of Systematic Reviews*, (6). Art. No.: CD000452. doi: 10.1002/14651858.CD000452.pub3