



LETTER/CARTA AO EDITOR

Grief Following Gestational Loss: Providing Adequate Support Luto Após Perda Gestacional: Prestar Apoio Adequado

RITA FACÃO*¹, FILIPE VIEIRA¹

¹ Departamento de Psiquiatria e Saúde Mental, Centro Hospitalar Universitário do Algarve, Portimão, Portugal.

Keywords: Abortion, Spontaneous; Bereavement; Grief; Mental Health; Psychosocial Support Systems

Palavras-chave: Aborto Espontâneo; Luto; Pesar; Saúde Mental; Sistemas de Apoio Psicossocial

Dear Editor,

The loss of a pregnancy through miscarriage or stillbirth is typically an unexpected and highly distressing event for parents. It is a relatively common phenomenon, with a pooled risk of miscarriage estimated at 15.3% of all recognized pregnancies.¹ In 2021, Portugal registered 3.4 perinatal deaths per 1000 live births.²

Death in any form may be overwhelming to those bereaved. However, pregnancy and newborn loss is unique in several ways, for it involves the added loss of parental identity and the idealized baby and family. This experience is often further complicated by society's dismissal of such a short-lived life, as the parents' bonds with the child have developed predominantly in utero. In fact, this phenomenon is often referred to as a disenfranchised grief,³ meaning a loss that is not or cannot be acknowledged, publicly mourned or socially supported. Although literature has consistently documented the negative impact of this sort of experience on the parents and the family, it is still a sorrow largely unrecognized also by healthcare providers.⁴

As most phenomenological studies demonstrate, there are significant gaps in the psychosocial components of miscarriage and stillborn care, including a lack of clarity in

communication about the loss and next steps, a lack of empathy, an invalidation of grief and a failure to attend to emotional needs.^{4,5}

Since healthcare providers are most often the patient's first point of contact as they experience the loss, it is imperative to meet their needs more adequately. The authors propose a set of measures aimed at improving support, including (1) to promote healthcare providers' education regarding communication skills and delivery of bad news; (2) to provide parents with adequate information; (3) to avoid placing the bereaved in the maternity area as if they were parents of healthy babies; (4) to legitimize the loss, make time to say goodbye and provide access to mourning rituals if desired; (5) to convey empathy and be sensible to spiritual and cultural beliefs; (6) to identify risk factors for pathological grief reactions, such as anxiety and depressive disorders or post-traumatic stress, providing access to mental health services when appropriate and (7) to implement mutual-help groups for bereaved parents.

It is within our reach to make this experience less disturbing for the bereaved, not the opposite. The way one gives support matters.

Responsabilidades Éticas

Conflitos de Interesse: Os autores declaram não possuir conflitos de interesse.

Suporte Financeiro: O presente trabalho não foi suportado por nenhum subsídio o bolsa ou bolsa.

Proveniência e Revisão por Pares: Não comissionado; revisão externa por pares.

Recebido/Received: 2022-10-11

Aceite/Accepted: 2022-10-12

Publicado Online/Published Online: 2022-11-15

Publicado/Published: 2022-11-15

* Autor Correspondente/Corresponding Author: Rita Facão | ritafacao@gmail.com. | Estrada do Poço Seco, 8500-338, Portimão

© Author(s) (or their employer(s)) and SPPSM Journal 2022. Re-use permitted under CC BY-NC. No commercial re-use.

© Autor (es) (ou seu (s) empregador (es)) e Revista SPPSM 2022. Reutilização permitida de acordo com CC BY-NC.

Nenhuma reutilização comercial.

Ethical Disclosures

Conflicts of Interest: The authors have no conflicts of interest to declare.

Financial Support: This work has not received any contribution grant or scholarship.

Provenance and Peer Review: Not commissioned; externally peer reviewed.

Declaração de Contribuição

RF: Contribuição substancial na redacção do artigo e aprovação final da versão a ser publicada.

FV: Contribuição intelectual substancial, revisão crítica do manuscrito e aprovação final da versão a ser publicada.

Contributorship Statement

RF: Substantial contribution to the writing of the paper and final approval of the version to be published.

FV: Substantial intellectual contribution, critical review of the manuscript and final approval of the version to be published.

References

1. Quenby S, Gallos ID, Dhillon-Smith RK, Podsek M, Stephenson MD, Coomarasamy A, et al. Miscarriage matters: the epidemiological, physical, psychological, and economic costs of early pregnancy loss. *Lancet*. 2021;397:1658-67. doi: 10.1016/S0140-6736(21)00682-6.
2. Instituto Nacional de Estatística. Taxa de mortalidade perinatal (%) [Internet]. [cited 2022 Sep 15]. Available from: https://www.ine.pt/xportal/xmain?xpid=INE&xpgid=ine_indicadores&indOcorrCod=0003287&contexto=bd&selTab=tab2&xlang=pt.
3. Doka KJ. Disenfranchised grief. *Bereave Care*. 1999;18:3:37-39. doi: 10.1080/02682629908657467.
4. Kint EL. Women's experiences of pregnancy loss: an interpretative phenomenological analysis [dissertation]. Research online: Edith Cowan University; 2015.
5. Hiefner AR, Villareal A. A multidisciplinary, family-oriented approach to caring for parents after miscarriage: the integrated behavioral health model of care. *Front Public Health*. 2021; 30;9:725762. doi: 10.3389/fpubh.2021.725762.