

Subsequent Pregnancy/Child

It's about grief management, because being pregnant again is the biggest reminder of the greatest loss a mother will ever experience

Developmental Tasks:

- Working with the fear of another abnormal pregnancy
- Avoiding attachment
- Moving past the unwillingness to give up grieving out of loyalty to the deceased baby
- Grieving the loss of the self that is parent
- Attaching to the unborn child separately from the deceased baby
- Father/Partner can have an additional task: fear of maternal death

What We Already Know about Pregnancy Following Perinatal Loss

- 50-80% of women who experience a perinatal loss (miscarriage, stillbirth, or neonatal death) go on to have a subsequent pregnancy within a year to 18 months after the loss.
- Higher pregnancy anxiety and delayed attachment fearing another loss.
- Subsequent child ('replacement', 'vulnerable child,' under influence of 'Ghost' or 'penumbra baby') may be subject to increased risk of psychopathology including attachment disorders.
- Overprotective parenting style can impact on children's later mental health.
- Higher post-traumatic stress and depressive symptoms.
- Greater healthcare resources utilised.

Ainsfield & Richards 2000; Armstrong, Hutti, & Myers, 2009; Armstrong & Hutti 1998, Cote-Arsenault & Marshall 2000; Kempson, Conley & Murdock 2008, Fonagy, 2000; Heller & Zeanah, 1999; Hughes, et al., 2002; Mills, 2014; O'Leary 2008; O'Leary & Gaziano, 2011; O'Leary & Warland, 2016; O'Leary et al., 2021; Pantke & Slade 2006 ;Parker 1983, Powell 1995, Reid 2007, Robertson & Kavanaugh 1998; Sabbini 1988); Lamb 2002; Shoebridge & Gowers, 2000.

Men's Experiences

- Fear multiple losses (mother and child)
- Often do not have a strong emotional support system besides their partner
- Don't feel the physical loss
- Should be in control to "fix" things, when they really aren't and can't
- Feel helpless

Male/Partner Identity

- No physical connection to the baby
- May be asked to make calls related to the loss--pick out casket, make funeral arrangements
- Sense of helplessness
- Unable to be “the man”-- problem-solver, helper, fixer, protector
- May assume emotional care-taker role regardless of skills to do so, or capacity while grieving
- Cultural expectations... “You need to be the rock”

Dad sharing his experience

Men's Themes in PAL

- Recognition

They want to see how's mom doing. Well, you know it's affecting me too

- Preoccupation

I can't concentrate at work

- Stoicism

How can I tell her things are going to be, okay? I don't know. Nobody knows.

- Support

I don't let her know I'm just as scared as she is, so I feel like a hypocrite

The Parent-Unborn Child's Relationship

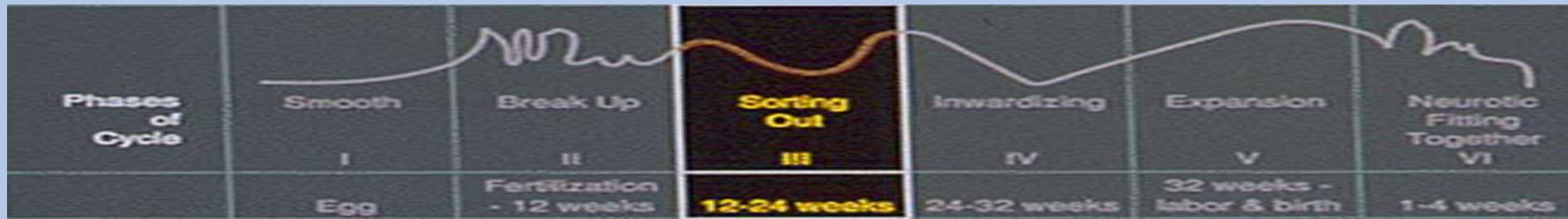
Developmental Cycles of Parenting During "Normal" Pregnancy

Phases of Cycle	Smooth Conception	Break-Up Blastocyte -12 Weeks	Sorting Out 12-24 Weeks	Inwardizing 24-32 Weeks	Expansion 32 Weeks Labor/Birth	"Neurotic" Fitting Together PP-4 Weeks
Caplan's Psychological Tasks	Acceptance of Pregnancy: Emotional affiliation with baby			Perception of baby as separate individual		
Fetal Physiology	Conception	<ul style="list-style-type: none"> All organ systems forming & differentiate Most vulnerable to adversity 	<ul style="list-style-type: none"> Rapid growth Placental functions in relationship with mother 	<ul style="list-style-type: none"> Baby assumes fetal position Growth spurt Fetal heart rate (FHR) reacts to activity 	<ul style="list-style-type: none"> Lungs mature Settles into mother's pelvis 	<ul style="list-style-type: none"> Transition from fetal circulation to extrauterine life re: resp. HR, temp
Fetal Behavior Baby	Potential	<ul style="list-style-type: none"> Energy: Baby forming into who she is; reflex actions more differentiated Mouth: Opens; jaws snap rapidly Fingers: Close incompletely Body: Generalized movement Extremity: Isolated arm or leg movement Eyes: Move 	<ul style="list-style-type: none"> Grasp with hands Suckles & swallows Coordinated hand to mouth movements Reacts to sounds Limb movements both reciprocal & symmetric Breathes 	<ul style="list-style-type: none"> Movements strong Pattern of movement Grasp nearly sufficient to support baby 	<ul style="list-style-type: none"> Consciousness more closely defined after 38 weeks Sleep/awake cycles; awake longer Stretch & extend limbs with contractions Hearing more acute Much more aware of intrauterine life Competence increases 	<ul style="list-style-type: none"> Copes with gravity; still flexed & mobile Shuts down if unfamiliar sounds Needs soft light Slow pace to see & hear together Movements more purposeful & less reflective
Maternal Physiology	Ovulation & conception	<ul style="list-style-type: none"> Implantation HCG rises Progesterone, estrogen rise Breast size increases Fatigue 	<ul style="list-style-type: none"> Quickening Placenta functions Becomes used to pregnancy Looks pregnant Fewer disruptive symptoms 	<ul style="list-style-type: none"> Abdominal size & weight increase Notifies fetal movements, uterine contractions 	<ul style="list-style-type: none"> Uterine contractions, blood volume increase Cervical ripening Labor & birth 	<ul style="list-style-type: none"> Involution Lochia Lactation Maternal hormones decrease
Behavior & Psychosocial Partner & Family	Calm, satisfied & in harmony with body & environment Uncertain, variable	<ul style="list-style-type: none"> Oppositional At odds with self & environment Emotional roller coaster Ambivalence Own family background resurfaces 	<ul style="list-style-type: none"> Temporary What fits? Seeking out other people & support Discover & explore Problem solving Time of questioning Mother sorts uterine contractions from baby movements Prepare financially Dream Prenatal Testing 	<ul style="list-style-type: none"> Restriction of view Work with parts to create new whole Introspective Concentrates energy on child within Can feel left out May distance self Seek help to affiliate with baby Fewer people around, not future oriented 	<ul style="list-style-type: none"> New energy burst "Nesting" Prepares for birth, ready for birth class, ready to release baby to outside Seeks safe place & people to birth with 	<ul style="list-style-type: none"> Emotional Sleep deprived Identity change: "Mom" & "Dad", not couple Let baby lead into roles

Developmental Cycles of Parenting During Subsequent Pregnancy

Phases of Cycle	Smooth Conception	Break-Up Blastocyte -12 Weeks	Sorting Out 12-24 Weeks	Inwardizing 24-32 Weeks	Expansion 32 Weeks Labor/Birth	"Neurotic" Fitting Together PP-4 Weeks
Subsequent Pregnancy	<p>Should we get pregnant? What if something happens?"</p> <p>"I feel empty. I need a baby!"</p> <p>"We have to get pregnant right away."</p> <p>"I'm a failure... I won't ever have a baby."</p> <p>"My body kills babies."</p>	<ul style="list-style-type: none"> Excitement can turn to panic and fear. "I'm going to lose this baby too" Aware of every ache & pain while trying not to think about being pregnant Continually checking for bleeding Fear of moving her body Need to hear heartbeat or see baby on scan 	<ul style="list-style-type: none"> Maybe I really am pregnant Fear of losing this baby too. Is this baby OK? Movements can be frozen, unable to deep breath or touch abdomen. Fetal movement both reassuring yet not—is it too much or not enough? Sorting out this is not the deceased baby causing loyalty to the deceased baby to surface Conflict in attaching 	<ul style="list-style-type: none"> Want to rush through this time. If well supported it can be a time of reduced anxiety—if the baby is born now parents know he/she can survive in NICU Baby's movements begin to be more predictable so a good time to help separate the personalities of the babies Narrow life, turn more inward Increased anxiety can cause contractions, especially around time of previous loss 	<ul style="list-style-type: none"> May be the first time they reach out for help as reality of the pregnancy is "full front." "I really am going to have a baby!" Anxiety can rise; "Get the baby out while he/she is still alive!" Have to face labor Often increased grief over the deceased baby 	<ul style="list-style-type: none"> New layer of grief can surface; see what they missed in the death of their other baby and the deceased baby is still not here Grief is still there and can be more intense, surprising to many Normal postpartum issues can be alarming Breast feeding can be more difficult; they have to keep this baby alive Fear this baby will die too can cause parents to be afraid to sleep Trust in the world again takes a long time
Partners	<ul style="list-style-type: none"> Can feel the same or be asynchronous because of past loss 	<ul style="list-style-type: none"> Fear to touch partner May not want to talk about the baby Fearful every time the phone rings 	<ul style="list-style-type: none"> Continued fear of loss Ambivalent about attachment May seem unsupportive, not wanting to think about pregnancy 	<ul style="list-style-type: none"> May withdraw, feel even more left out Struggle to know what to do with feelings in order to protect their partner 	<ul style="list-style-type: none"> Often first encounter if/when they come to birth class May be first time they get in touch with their grief as reality of previous loss becomes real 	<ul style="list-style-type: none"> Can be very optimistic during the pregnancy and fall apart after the baby is born alive Same fears that this baby might die too Can take a long time to trust again

Phases of Cycle	Smooth I	Break Up II	Sorting Out III	Inwardizing IV	Expansion V	Neurotic Fitting Together VI
	Egg	Fertilization - 12 weeks	12-24 weeks	24-32 weeks	32 weeks - labor & birth	1-4 weeks



- Expect ambiguity
- Initial joy turns to fear
- New layer of grief
- Assist with pregnancy planning
- Debrief the previous loss
- Note anniversary dates of previous loss(es)
- Reinforce: “It’s okay to share your feeling with the unborn baby”

Grief verses Depression

- There is a conceptual difference between grief and depression.
- Depression requires treatment.
- Grief requires reassurance and support.



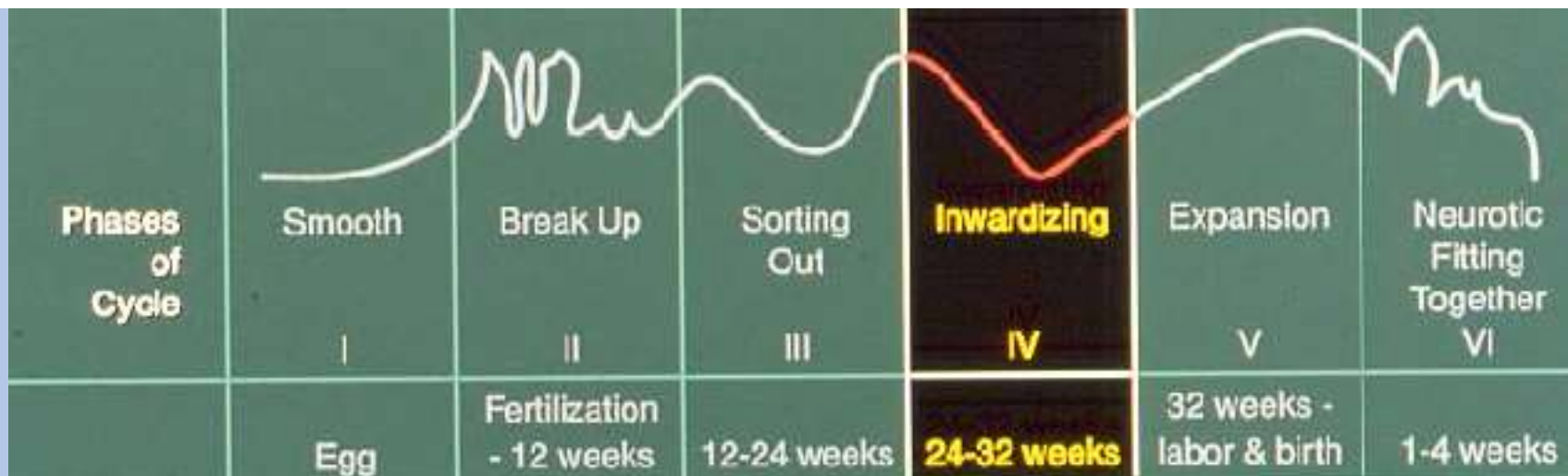
©Martin Hudáček
"The Child That Was Never Born"



Helping to restore trust “If I bring home a baby...”

“...the crucial task is not to uncover, to piece together, and to understand the past, but to use the past for the help it offers in understanding the individual’s mode of relating to others in the present.”
Yalom (1985)

- Be prepared for questions from the past experience; the trauma of loss often interfered with their understanding of what happen
- Teach the difference between fetal movement and contractions
- Explain the meaning of clinical data of their baby: growth, breathing, amniotic fluid volume, movement, tone, acceleration of heart rate with fetal activity, how their body is working with the growth of the baby
- Encourage ways to connect with the baby; “Tell me about your baby”
 - During non-stress tests
 - At appointments





Last weeks of Pregnancy

- Increased Anxiety
- By 36 weeks gestation behavioral states are established in 80% of normal fetuses
- The baby and parents are expanding into readiness for birth
- Encourage use of a doula
- Help parents understand the role of the baby during labor

Preparing to meet the baby

Birth Planning

- **Background information**

- When you come in to give birth, what do you want the staff that will be caring for you to know about your family that will help you through this birth experience.

- **History of this pregnancy**

- Here is where you put how the pregnancy has been for you...

- **Labor & Birth support**

- What will you & your partner need?

- **Postpartum**

- Any concerns such as help with breast feeding, siblings, etc.

Birth

RAINBOW




BIRTH IN PROGRESS

PROVIDERS, PLEASE READ

Please be kind, patient, and respectful. Help us have a positive birthing experience.

Our first birthing experience was very sad and traumatic as we knew we wouldn't be bringing our baby home after anxiously anticipating his arrival for 40 weeks. This pregnancy has been a long, hard journey and we are experiencing a variety of emotions from fear to excitement.

How you can help:

-  **Be supportive.** This is our **second** child. Our first is not with us physically but is present in our lives every day. Please avoid making any hurtful statements that would make us feel otherwise.
-  **Be communicative.** Always ask or inform before any intervention. For example, "It is time to take your blood pressure", "May I give your baby a Vitamin K shot?", "Are you ready to increase the Pitocin dose?"
-  **Be empathetic.** It is never too late to say "I'm sorry".

Thank you for your support!



The baby at birth is the same baby only at a different developmental level.



New Layer of Grief

- Fear of this baby dying may intensify.
- Normal postpartum issues can be alarming
- Thoughts of the dead baby "*I never expected him to make our loss any better, but I didn't expect him to magnify the loss.*"
- There should be a sibling *I thought that void I felt would be filled a little, but it didn't seem to matter. The grief was still there.*
- "*It was probably a year or so when we were convinced that he was staying. But it was a long time.*"

Postpartum Parents

Postpartum Mental Health: Truths About Grief

- Never fully completed.
- About moving forward & finding new meaning.
- Provide continued support.

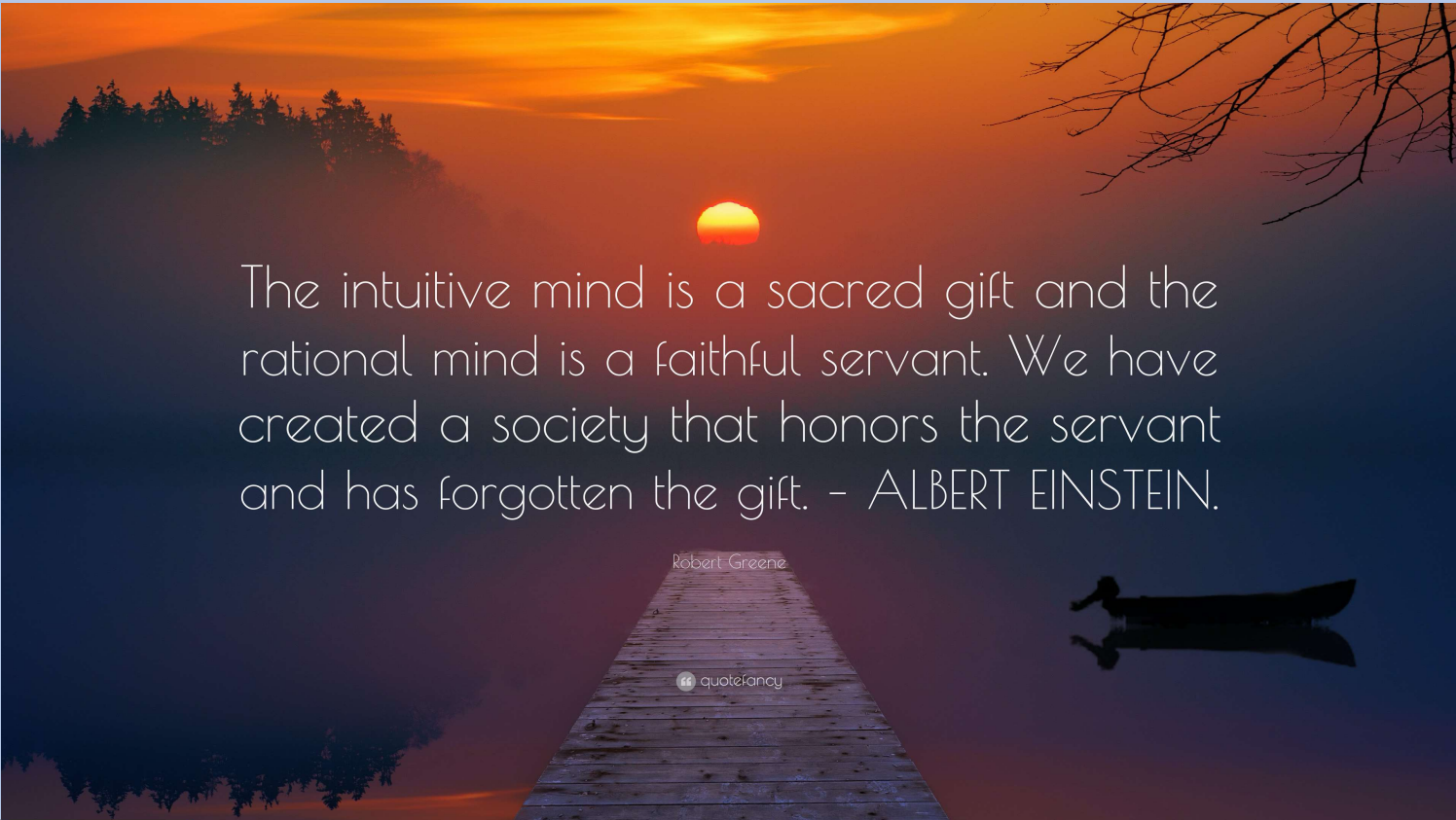
(Zisook & Shear, 2009)

Take Home Message

- Increased frequency of visits
- Support continued love and grieve for the baby who died.

Parenting while Grieving

In conclusion

A sunset over a lake with a wooden pier and a boat. The sun is low on the horizon, casting a warm orange glow. The sky is a mix of orange and blue. The water is calm, reflecting the sky and the pier. A small boat is visible on the water. The pier is made of wooden planks and leads towards the center of the image. The boat is dark and is on the right side of the pier.

The intuitive mind is a sacred gift and the rational mind is a faithful servant. We have created a society that honors the servant and has forgotten the gift. - ALBERT EINSTEIN.

Robert Greene

quotezancy

*Empower the
mother's
intuition in
knowing her
unborn baby*

Pregnancy
and Parenting
after Loss

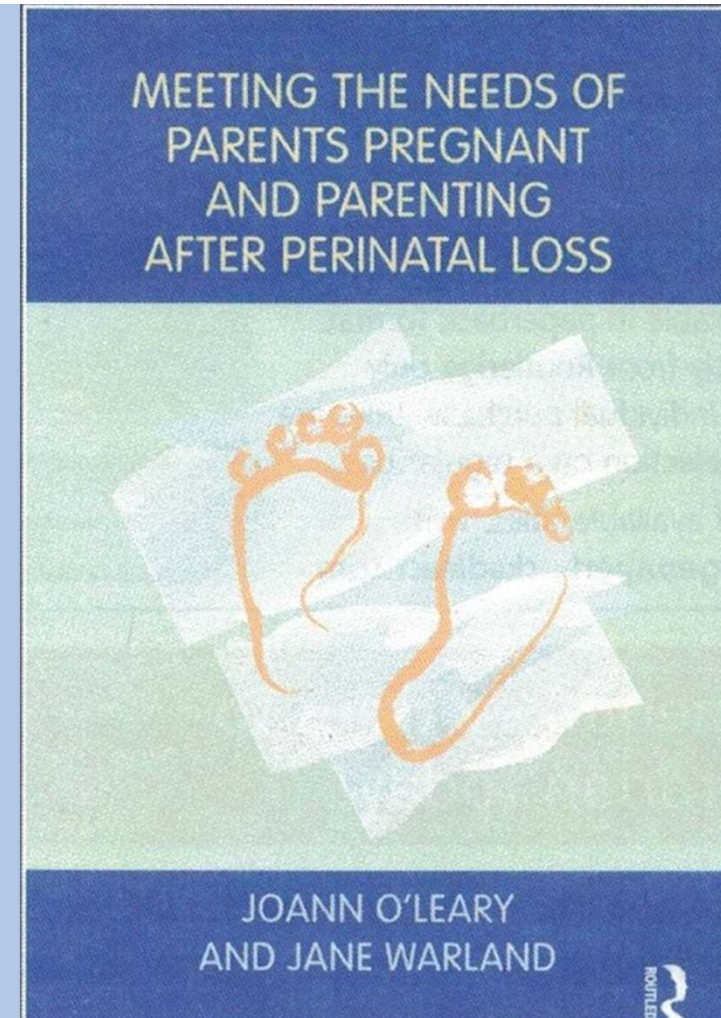
DIFFERENT
BABY,
DIFFERENT
STORY

Joann O'Leary
Lynnda Parker
Margaret M. Murphy
Jane Warland



Thank you.

*Thank you to all the
parents who have
shared their stories
and their children,
and to my nurse
colleagues
Lynnda Parker &
Clare Thorwick*



O'Leary, J., Parker, L., Murphy, M.M. and Warland, J., 2020. *Different Baby, Different Story: Pregnancy and Parenting After Loss*. Rowman & Littlefield Publishers.



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O'Leary, J. & Warland, J. (2016). *Meeting the Needs of Parents Pregnant and Parenting after Perinatal Loss*. Routledge Publishing, London/New York.