Birth crisis

Objectives

- Identify the possible types of birth crisis
- Describe various emotional responses to birth crisis
- Recognise a mnemonic that could be used when birth crisis occurs
- Identify sources for health professionals to access following involvement in birth crisis.

Birth crisis …

An unexpected adverse outcome of pregnancy including:

- Fetal or neonatal
  - Pregnancy loss in first or second trimester
  - Stillbirth
  - Neonatal death
  - Diagnosis of fetal abnormality incompatible with life
  - Elective termination following perinatal abnormality diagnosis
- Maternal
  - Severe illness
  - Maternal death
Perinatal loss in Australia
• 2500 stillbirths each year
  – Stillbirths make up 70% of perinatal deaths
  – 90% of deaths are before labour begins
  – 1 in 130 women = 7 every day
  – Stillbirth is 10 times more common than SIDS
• Maternal death
  – Very rare with approximately 25-30 women per year

Unexpected outcomes
• Experiencing this unexpected outcome can arouse a range of emotions for the family
  – Feelings of loss – new life, a future
  – Fear and feelings of ‘failure’
• Individual reactions are determined by cultural, religious and ethnic beliefs

Long term consequences
• The effects of a birth crisis are often profound causing long lasting emotional trauma to the parents and other family members
  – The care from health care practitioners is very important
  – Parents can recall what was said and the interaction with those caring for them many years after the event
  – Birth Crisis also affects those providing care and can cause significant emotional trauma
Grief and Mourning

- Grief is universal and instinctive
  - Includes Shock, Denial, Sadness, Anger, Equilibrium and Reorganisation
- Parents experience these feelings at different times
  - Discordant grief where parental grief is equal but different can create tension and disruption in relationships.
- Sensitivity to differing cultural practices is important

A framework for providers

- Coming together – meeting the family
- Communication and consideration
- Contact
- Consultation

Coming together

- Meet as soon as possible with the family
- Inform parents together if possible and appropriate
  - Privacy is important
  - Involve support person if appropriate
- The baby should be present if possible
- Allow the parents to take their time
- Provide privacy for parents after the meeting
Communication and consideration

- Express sorrow for the loss of their baby
  - Saying “I’m sorry this happened” is not a confession of guilt
- Sit at eye level
- Call the baby by name
- Ask parents what information they want/need
- Avoid medical jargon or insensitive phrases
- Don’t rush
- Show relevant pictures
- Provide written information

Contact

- Do not be afraid of physical contact if accepted by parents
  - It is OK to display emotion
- Enable and support parents to express their feelings
- Learn to be comfortable with silences

Consultation

- Many families report receiving inadequate emotional support from their health care provider
- Specific psychological support depends on circumstances, context and needs of the family
- Involve social work/counsellors to help parents and support siblings
- Do not underestimate effects of grief on staff
Using a checklist

- A check list should be used to ensure all aspects of the family’s care are managed including:
  - mementos, photographs, death certificate, autopsy request, funeral arrangements and appropriate testing and follow up
- Remember to still personalise care even with a checklist

Discussing post-mortem

- Important to better understand causes of stillbirth
  - Up to 30% stillbirths are unexplained
  - Less than 50% have a post-mortem
- Need to audit care, document and research outcomes to better identify risks and develop preventative measures

Recommended investigations

<table>
<thead>
<tr>
<th>Fetus/baby</th>
<th>Mother</th>
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<tbody>
<tr>
<td>Amniotic fluid analysis</td>
<td>Amniocentesis at time of diagnosis of abnormalities</td>
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<tr>
<td>Post-mortem</td>
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<td>Clinical photographs</td>
<td>Thrombophilia workup</td>
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<tr>
<td>Fetal karyotype analysis</td>
<td>Placental examination</td>
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<td>(cord blood, placenta and cord</td>
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<td>or fetal tissue)</td>
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Follow up and future pregnancies

• Follow up appointment made prior to discharge
• Single point of access and continuity of carer useful
  – Additional support in next pregnancy
• Early induction in subsequent pregnancy needs to be weighed against risk of preterm birth

Health Care Providers

• Staff may have little time to grieve as they move on to care for another woman
• May compartmentalise grief to manage later
  – Unresolved grief may affect the way they cope
• May experience guilt or responsibility for outcome
• Can have fears of litigation
• May respond by withdrawing from parents

Dealing with birth crisis

• There are a number of strategies that are useful for the wellbeing of health care providers including:
  – Reflection and review
  – Emotional and practical support
  – Access to counselling services
  – Initial and ongoing education and training
  – Policies and guidelines to support staff
Summary

- Birth crisis is unexpected and difficult for all involved
- Begin open, honest communication immediately
- Do not become defensive or prematurely admit to wrongdoing as a means of resolving own grief
- Utilise other health care professionals
- Ensure appropriate follow up for families and staff