

PREGNANCY LOSS & STILLBIRTH: CARING FOR PATIENTS, CARING FOR YOURSELF

The doctors, nurses and other staff of OB/GYN practices share in the experiences of the families that they serve. Most of the time, this means that staff get to share in joyful moments: hearing heartbeats, learning the sex of the baby, seeing the newborns after they are born. However, often enough, this means sharing in the worst moments of these families' lives. Discovering the evidence of pregnancy loss, delivering heartbreaking news and providing services to end non-viable pregnancies all takes a toll on those who work in OB/GYN practices. Staff may feel unsure of what to say to those who have just experienced such a devastating loss. In addition, OB/GYN staff can experience vicarious loss and trauma by witnessing their patients' experiences.

One of the biggest stressors facing providers of those who have lost a pregnancy is deciding what to say to patients in those early moments of grief. The enormity of the patient's loss can evoke a strong discomfort in providers, making it tempting to try to find a way to "fix" the strong emotions or retreat from the patient. While it can be hard to predict what each patient will need, some general guidelines to follow are:

- 1) **Be present.** Resist the urge to retreat from the patient. Make good eye contact. As appropriate, use reassuring touch. Take care not to leave patients alone without the option of having support.
- 2) **Be personal.** Ask if the parents have a name for the baby that they would like you to use. It can be a great comfort to families to have others refer to their stillborn/miscarried child by name.
- 3) **Listen and answer questions.** Having opportunities to ask questions, immediately and for weeks/months to come, is an important part of healing. Getting closure on the "why" of pregnancy loss is healing. Even when there is no clear reason for the loss, parents benefit from feeling welcome to ask questions.
- 4) **Be genuine.** It's okay to be uncertain of how to react to such a difficult loss. One of the more reassuring things that someone can hear is your honest reaction. e.g. "As many times as I've seen this happen, I still find myself struggling to find the words to say."
- 5) **Normalize reactions.** Many parents experiencing a stillbirth will be in shock/denial, wanting to "erase" the loss and pretend the pregnancy and birth never occurred. Numb, angry, sad, anxious—any of these feelings could be expected. Of course, all parents, regardless of emotions, can benefit in the long run from taking the time to be with their baby, hold him and take photos. For parents who don't want to touch or hold their baby, you should let them know that many other parents feel that way but that getting closure in this way is still strongly encouraged.
- 6) **Avoid silver linings.** Health care professionals want to soothe their patients' pain. This can lead providers to feel drawn to encourage patients to see an optimistic view of their situation. However, it is important to recognize the patient's loss and that, while they may want to get pregnant again someday, another child will never replace the one lost. Avoid statements like:
 - "You can always have another!"
 - "At least it was early in the pregnancy."
 - "At least you know you can get pregnant."

FOR PROVIDERS: TAKING CARE OF YOURSELF

Being the “first line” of support to grieving families can take a toll on providers. As a practice, it is helpful to discuss these topics on a regular basis, both to support one another and to identify areas in which more training is needed. Coping with vicarious loss and trauma can be accomplished in much the same way that you cope with personal loss and trauma:

- 1) **Don't take patients' emotions personally.** Those who undergo such a devastating loss may exhibit a wide range of emotions, including anger. It's important to recognize that this is “the grief talking” and not representative of their true feelings towards you.
- 2) **Acknowledge your emotions.** Providers learn to toughen up in response to the hardest part of their job. Pushing emotions away comes at an emotional cost in the long-run. Instead, try to recognize the emotions that have come with your experience of the loss: sadness, self-blame, helplessness. Anxiety is common for those who have witnessed considerable loss and trauma. Witnessing others' losses may change your view of pregnancy, making you anxious about your own or a loved one's pregnancy. Regardless of your feelings, find a way to express those feelings in a safe venue (e.g. with a colleague or loved one, in a journal.)
- 3) **Support each other.** Providers will differ on how much support they want from their colleagues. Checking in with each other after a difficult loss is important. Making time to process the experience is important.
- 4) **Increase your self-care.** It can be tempting to recover from a loss by staying busy, distracting yourself with TV/movies, isolating yourself, drinking alcohol or eating comfort foods. Recognize when you feel pulled into unhealthy activities and make a plan to care for yourself in better ways: exercise, meditation, spiritual/religious practice, time with friends and healthy comforts (e.g. warm bath, massage.)
- 5) **Memorialize the losses.** Parents often find it helpful to create a memory book for their lost baby. OB/GYN providers may find comfort in having a way to memorialize the babies lost in their practice. This could be in a shared journal or in planting a tree for those lost.
- 6) **Know when to get support.** If you are finding yourself having persistent problems with sleep, appetite, mood, motivation, social isolation or addictions, schedule an appointment with a psychologist or other therapist. If you don't feel comfortable seeing someone in your area, consider scheduling in a nearby community. Therapy doesn't have to be a weekly or long-term commitment. Even a few monthly visits could make a big difference in your well-being.

RESOURCES

Mathieu, Francois (2011). *The Compassion Fatigue Workbook: Creative Tools for Transforming Compassion Fatigue and Vicarious Traumatization.*

Wicks, Robert (2005). *Overcoming Secondary Stress in Medical and Nursing Practice: A Guide to Professional Resilience and Personal Well-Being.*

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