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VISUAL AND HAPTIC CONTACT OF WOMEN WITH A STILLBORN BABY

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Abstract

The paper deals with the possibility of visual and haptic contact of a woman/parents with a stillborn baby. It mentions the historical connection of the approach to saying farewell to a stillborn baby, and new findings about the influence of contact with a stillborn on women's mental health after perinatal loss. Decision making on physical contact of parents with their stillborn baby is highly influenced by their natural need to see the child, but also by the behaviour, attitude and approach of the medical staff. The research results of the farewell ritual through visual or physical contact with a stillborn baby from the Czech Republic are considerably different from the data presented by specialists from "western" countries. Especially the approach of medical staff seems to have influence.

The author stresses the provision of a free and informed choice for parents after perinatal loss, the right communication of medical staff with parents and the quality of visual and haptic contact of parents with a stillborn baby.

Key words: *stillbirth; contact with a stillborn; informed choice*

REVIEW

INTRODUCTION

Since ancient times, the rituals connected with the death of a close person have been a part of most cultures and are called the rituals of transition. People feel the border between life and death as a significant and dangerous one, therefore it is necessary to protect it and treat it (Komaromy 2012). The word ritual comes from the Latin, *ritus*, which is a ceremony, order or custom. A ritual of transition has a protective, supportive function and shall provide a feeling of control over the situation. It is a model of an individual or collective way to behave, which is based on received or traditional rules and which enables the individuals to cope with a standard social situation and cope with the social role. The rituals used in a given society are not constant, they develop and change.

In the second half of the 20th century, in the Czech Republic, at a time when childbirth moved from homes to maternal hospitals, a ritual of "disappearance of a stillborn baby" began to be applied. This ritual was constructed by the medical staff with the aim to minimize parents' psychological suffering after perinatal loss. The newborn was carried out of the delivery room quickly in order not to allow the woman to see her child and she often did not receive any information on the child's size, weight, and sometimes not even the sex. A ritual in such a situation which is not usual plays such a social power that an individual almost always conforms to it and accepts the role which is expected from him or her. Before 2000, women in the Czech Republic tried to fill the role of the mourning mother who should put aside her sorrow and replace the child by another pregnancy as soon as

possible. Filling such a role, however, often contradicted the natural feelings of women, grief persisted and talking about it was not socially acceptable. Even after years the women with such an experience sometimes returned to that experience and regretted that they couldn't see their baby and that they still don't know what their baby looked like.

Visual and haptic contact of a woman with a stillborn baby

In "western" countries the ritual of saying farewell to a stillborn after perinatal loss has developed and altered more quickly because society and medical staff respond actively to parents' needs and wishes. Already in the 1970's to the 1980's a ritual "to see, recognize and say goodbye to a child" began to be applied. At the end of the 20th century the ritual was enriched by a child's bathing, dressing, and bringing the child home. The expectation that women and parents may profit from the fact that they will see and nurse their stillborn became a part of the new "orthodox opinion" on grief (Komaromy 2012). Generally, an experience of medical staff with stillbirth or with death of a newborn is considered to be traumatic and sad, therefore medical staff perceive any professional standards and procedures for such a situation with mercy. They already know how to behave in such a situation, what to say, what to recommend. The opinion that the ritual of saying farewell to a stillborn is helpful for parents' mental health and in "western" countries led to the situation that medical staff recommended the parents after perinatal loss this ritual and in this way a social pressure for realisation of this ritual was achieved. Again the parents' behaviour adjusted to the demands of the social surroundings – medical staff. Even in this case, however, the effect was not perfect. Several studies and research also describe the negative effects of the stillborn farewell ritual on a parents psyche. Some parents, for example, felt unhappy during the ritual of bathing and dressing their stillborn, but they conformed to it because they were feeling that they were expected to do it (Cameron et al. 2008). Hughes and Turton (2002) describe the negative effects of the ritual on the next pregnancy of women after a perinatal loss. Women who are pregnant again and who held their stillborn in their arms after labour were more depressed than women who only saw the stillborn. Pregnant women who saw their child were more anxious and showed more signs of post traumatic stress disorder (PTSD) than the women who did not see them. Komaromy (2012) describes the ambivalent feeling and dilemma of one woman over the ritual of saying farewell to her stillborn. While holding the child in her arms she was feeling special feelings because her baby looked like he was just sleeping, he was dressed in a dress like a healthy child. Although she knew that he was dead, it was "as if he would have been" alive. The child, despite being biologically dead was "socially alive" in this limited time which the midwife confirmed as the time and space for saying goodbye (Komaromy 2012). Logically, a stillborn doesn't need to be dressed and held in the arms, it is a socially constructed ritual. It is evident that medical staff knowingly or unknowingly influence the behaviour of women after perinatal loss. A woman's feelings may not then be authentic but influenced by expectations on the part of medical staff.

The experience of women after the perinatal loss in "western" countries is for us important. Despite the fact that the trend in maternal hospitals in the Czech Republic slowly changes, the contact with a stillborn for Czech women is statistically much less frequent than in "western" countries. According to research in "western" countries, 80–90% of women have seen their stillborn (Cacciatore et al. 2008, Avelin et al. 2012, Erlandsson et al. 2013). In research in the Czech Republic only 41.4% of women have seen them (Ratislavová et al. 2015). The midwives in the Czech Republic instead avoid the rituals of saying farewell to a stillborn and keep applying the old approach to the "child's disappearance" and suppression of grief.

State of the present scientific findings about the influence of a contact with a stillborn on the mental condition of women

The research of Rådestad et al. (1996, 2009, 2011), Cacciatore et al. (2008), Erlandsson et al. (2013) and Gravensteen et al. (2013) refers to a positive long term effect that has the visual and physical contact of women with the stillborn (born after 37th week of pregnancy) on their mental condition (occurrence of

anxious and depressive symptoms, PTSD). In 2011 the experts in care of parents after the perinatal loss from many countries issued a recommendation which unambiguously supported the possibility of contact of mothers/parents with a stillborn (Warland and Davis et al. 2011). No scientific study has confirmed yet that discouraging parents from their contact with a stillborn would be a benefit for their mental health considering the long term aspect. In 2013, the Cochran database published a survey about supporting mothers, fathers and families after the perinatal loss, where the conclusion states: *"Despite a lack of experiential evidence and research the study published on this topic generally agrees with the fact that seeing and holding a stillborn in the arms is important to most, but not all of the women, and medical staff should be aware of this fact and should sensitively respond to individual needs and wishes of each family"* (Koopmans et al. 2013, p. 5).

Influence of midwives approach to a woman's contact with a stillborn

The research of Cacciatore et al. (2008) proved the connection between women's mental condition and the behaviour of medical staff during a stillbirth respectively, the way in which the ritual of a farewell to a stillborn was offered at the time of perinatal loss. It was established that in mothers who have felt that it is not just their choice to see their child, the occurrence of depressive symptoms is lower. Verbal and nonverbal signals that the medical staff send may influence in a certain way a mother's attitude and perception such a situation as a normal one. If medical staff react so that seeing and holding a stillborn is equal to seeing and holding a newborn, a mother's attitude and reaction are positive. Rådestad et al. (2011) have established at evaluation care after a stillbirth that women appreciate being encouraged to see, hold and spend time with their stillborn. The research of Erlandsson et al. (2013) examined mothers' feelings in relation to how their stillborn were presented to them. The research file was formed by 668 Swedish women who saw or held their stillborn. The file selection was based on willingness, and the research was carried out via the internet. Within their research 54% of midwives asked the women if they want to see their stillborn, 32% of midwives offered the women their stillborn without any previous question, 12% of women had to ask to see their stillborn and 0.4% of women felt being under pressure by medical staff to see/hold their stillborn. The women assessed their feelings during the look at their stillborn at the scale concerning their feeling as natural, good, unpleasant or whether they were scared. The least scared felt the women who were offered their stillborn without any question. The same group felt less unpleasant compared to the group of women who were asked if they wanted to see their stillborn. Another result (not however statistically significant) was that women felt natural and better when the stillborn was offered to them, compared to women who were asked. Finally Erlandsson et al. (2013) advise that midwives don't ask women whether they want to see their stillborn because this question can associate the abnormality of the situation and may lead to doubts. A reason to preferred the situation when a stillborn is automatically offered to parents to contact is also a qualitative research by Rådestad and Christoffersen (2008) from Norway. In this research parents often spontaneously refused the offer after the question: *"Would you like to see your child?"*. But after a certain time when they were considering their decision, they changed this decision. This time that ran from stillbirth to the decision on contact led to many changes on the stillborn body. For the first 30 minutes the body is warm and soft as in a healthy newborn. After more than 30 minutes the stillborn is cold and his colour changes. Therefore Rådestad and Christoffersen (2008) advise not to loose the first 30 minutes after a stillbirth and to offer actively contact to parents.

In the Czech Republic, however, midwives' procedures and approach to woman's contact with her stillborn considerably differ. The main reason why the women in the Czech Republic do not see or hold in their arms their stillborn is that this possibility is not offered to them by medical staff (Ratislavová et al. 2012). Behaviour of medical staff to women after perinatal loss is often doubtable and their communication seems to be paternalistic. The dominant position of medical staff in their relationship with a patient enables the medical staff to decide on what to say to parents and how to give support to them. It

is however, necessary to draw attention to the fact that it cannot be assumed what will be the best solution for the particular woman, the particular parents, what will help them or what will be important for them (Wocial 2000, Komaromy 2012). Patients' co-decisions on care and their active participation in nursing care (then also rituals after perinatal loss) is one of the basic patient rights. Despite the mentioned recommendation, Erlandsson et al. (2013) state that only a free informed choice is a correct solution during the offer of rituals of farewell to a stillborn after perinatal loss.

Free informed choice

Informed patient choice (consent) must meet three basic requirements: it must be educated, qualified and free (Haškovcová 2007). A patient should have a sufficient insight into the problem to be able to decide by himself and not to be influenced by somebody else (a midwife, physician, family member). Some patients can find it difficult and they will demand time for making their decision, discussion with their close ones or the advice of medical staff.

Possibility of an informed choice and independent decision is for women one of the tools to regain personal control in case of perinatal loss. The fact that women can decide on the situation by themselves gives them sense of safety, sense that they have their life at least partly in their hands. To allow women to use any choice, they must get a chance, space, time and information.

Factors that influence the decision of women after perinatal loss on contact with a stillborn are inner (inner longing or need of women to recognize their child and know what he looked like, on the other hand fear and anxiety about contact with a stillborn) and external (emotional support of close social surroundings, enough skilled information and relationship with a midwife/physician). Women's fear and anxiety about contact with a stillborn (inner factor) are often very strong and without simultaneous support of the closest family and medical staff (external factor) the women are not able to make physical contact with the baby, which they often regret later. The influence of behaviour of medical staff on implementation/failure of rituals is very strong. Koopmans et al. (2013) mention that women who do not have support of medical staff during the physical contact with a stillborn, have a four times smaller probability to see or hold their baby in their arms than women with the support of medical staff.

Behaviour of medical staff is a very important suggestion for behaviour of parents after perinatal loss. Medical staff, especially midwives and their expectations, are a significant source of information for parents. Women perceive very carefully the nonverbal manifestation of medical staff and they often follow them during decision making on rituals of farewell to a stillborn. Experience of Czech women is often such that the behaviour of midwives more often discouraged physical contact with a stillborn than supporting it. Later it often led to women's dissatisfaction with a decision on failure of ritual of farewell, to sense of guilty, failure as well as to objections to midwifes care (Ratislavová et al. 2014).

Warland and Davis et al. (2011) who published a unified attitude to the question of mothers contact with a stillborn baby, supported by many professional companies as well as co-operative parents organizations, mention that medical staff should not ask: *"Would you like to see your child...?"*. They should reflect on the natural parents need to see and held their baby. It means orally as well as in writing to inform parents about their possibilities, discuss their feelings and even before stillbirth give them time to think.

According to Robinson (2014) we cannot assume which way of coping with the grief after perinatal loss is the right one. Some parents can appreciate the physical contact with a stillborn, it can strengthen the bond between them and the child – confirm the reality of loss. For other parents this ritual can be traumatic and evoke a more intensive grief. Midwife care should be focused on a discussion of options, providing information on the meanings of saying goodbye for the process of grieving. Even Komaromy (2012) emphasizes that the care of parents in this unusual situation should be controlled and limited by the professionals, however, at the same time he considers to be the most important activity parents' direct involvement into the process of nursing care. Parents together with a midwife should find out which of the possible ways is the best one for them. In

case of decision making on rituals of farewell to a stillborn, woman's consent expressed orally or implied is sufficient.

Quality of visual and haptic contact

Women after perinatal loss perceive behaviour of medical staff and appreciate most a personal approach, "humanity", authentic manifestations of emotion, providing support and help. Support from medical staff is one of the main factors which influence woman's decision on rituals of farewell but also their satisfaction with care during it. Medical staff should interact with the woman, parents and the stillborn with respect, they should consider the situation to be a real ritual (ceremony). A ceremonial behaviour strengthens fellow feeling, forms deep emotional experience and supports mental catharsis. This approach of medical staff could be included in the term spiritual care.

In the Czech Republic women often regret their lack of time to say farewell to a baby. They feel that medical staff create an idle stress on finishing the ritual. Rådestad et al. (1996) mention the results of research of 380 women after a stillbirth in Sweden. The possibility to see and be with a stillborn for only a limited time (not as long as women wished) and the impossibility of gaining concrete reminders of the baby increase the risk of the occurrence of anxious and depressive symptoms in women after a stillbirth. In the research of Säflund and Wredling (2006) in Sweden parents spent from 10 minutes to 10 hours with their stillborn in the delivery room. The bigger the weight of a stillborn, the more time the parents spent with them. In this respect the needs of women/parents will obviously be very individual. Parents should have enough personal space and time to say farewell to a child but a midwife should be patiently near, she should feel parents reaction including feeling of doubt or stress and offer possible solution.

In the Czech Republic we have not yet had too much experience with common care of parents and medical staff of the stillborn body (bathing, getting dressed) and taking the stillborn body home. In the research of Avelin et al. (2012) 2.3% of women took the stillborn body home before a funeral. Charles and Kavanagh (2009) advise to ask the parents and give them a choice. A discussion on this topic can be unpleasant for medical staff but they should not avoid it.

CONCLUSION

The results of the research of the ritual of farewell through visual or physical contact with a stillborn from the Czech Republic are considerably different from the data presented by the specialists from "western" countries. Especially behaviour, aptitude and approach of medical staff has the influence.

In the Czech Republic, medical staff should lay stress on providing free informed choice to parents after perinatal loss. An informed choice is important not only for reasons of patient rights. In this case the possibility of choice gives women/parents a certain power – power to decide on their further situation (which they could not affect). It is a possibility for not being helpless and get this unusual situation stepwise under a certain control. Thereby they need information, space and time from the medical staff.

CONFLICT OF INTEREST

The author has no conflict of interest to disclose.

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