Stillbirth: Psychosocial Implications of an Unrecognized Issue

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Abstract: The present study examines the psychosocial implications of experiencing a stillbirth. This theoretical study analyzes the existing scholarly data of this unrecognized issue. A systematic review was adopted for this study to address the research questions presented as well as to examine any links, inconsistencies, or gaps in the information offered. The present study examines what psychological impact the hospital response to a stillbirth has on the parents. A review of the psychological consequences that may result from experiencing a stillbirth is presented. Finally, an analysis of the psychological impact on parents during and after a subsequent pregnancy, and the impact on live-born children in regards to development and attachment is given.

Keywords: stillbirth, complicated grief, perinatal loss

Stillbirth is one of the most misunderstood types of loss. A stillbirth is the loss of a baby before or during delivery (Randolph, Hruby, & Sharif, 2015). It is a traumatic event that has received little attention among clinicians and researchers during the past decade (Silver et al., 2007). Compared to other health issues such as HIV/AIDS, hepatitis, and sudden infant death (SIDS), stillbirths are not acknowledged as a public health concern (Cacciatore, 2009). Even though statistics indicate that each day more than 7,300 babies are stillborn worldwide, the lack of recognition on this issue leads to the perception of the deaths of these infants to be considered a non-event or an invisible death (Cacciatore, Froen, & Killian, 2013; Froen et al., 2011). The disenfranchised loss that parents, in particular mothers, face could contribute to psychological distress following a

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stillbirth. The grief and distress that parents endure following a stillbirth requires exploration in order to understand the immediate and long-lasting effects of this disenfranchised loss (Campbell-Jackson, Bezance, & Horsch, 2014).

Grief resulting from a stillbirth is especially vulnerable to being disenfranchised. Doka (1989) defines disenfranchised grief as the "grief persons experience when they incur a loss that is not or cannot be openly acknowledged, publicly mourned, or socially supported" (p. 103). For socially recognized deaths, there is a great deal of support given to the individuals coping with the loss. However, often following a stillbirth, parents are not provided the same amount of care and aid due to the fact that they are the only ones to have created an attachment to the child (Human et al., 2015).

The death of a child brings with it a great deal of grief and pain. "While most infant and child deaths are socially recognized as traumatic and worthy of mourning, stillbirth is generally treated as a non-event that is not as weighty as the death of a live-born child" (Cacciatore, Froen, & Killian, 2013, p. 343). Modiba and Nolte (2007) reported that mothers who were coping with a stillbirth wanted to have their losses recognized and validated, and desired for people to be compassionate and offer support just as they would during a normative loss. However, due to the fact that often the loss from a stillbirth is not acknowledged, many women cope with their grief in silence, and feel ashamed of what they have been through, adding to the psychological difficulties of their losses (Cacciatore, 2013). It is important that women have the opportunity to address grief and psychological sequelae related to stillbirth through professional mental health services.

The Current Study

In the present study, an examination of how hospital staff can affect parents coping with a stillbirth was performed, as this is typically the first point of contact between health services and those experiencing a stillbirth. An assessment was done regarding how contact with the stillborn child following birth impacted parents. A review was done of how the lack of recognition and validation of perinatal loss has led to the perception of stillbirth as an insubstantial occurrence. An analysis is provided regarding how societal beliefs about stillbirth have affected parents, in particular mothers, impacting their ability to cope with grief, risking maladaptive adjustment and psychopathology which can continue into a subsequent pregnancy (Cacciatore, Froen, & Killian, 2013). Furthermore, how the previous, often unresolved loss will impact the

future live-born child, and his or her attachment with the grieving parents will also be explored.

The research questions which guided this study are as follows:

1. What psychological impact does the hospital response to a stillbirth have on the parents?
2. What are the psychosocial consequences that may result from experiencing a stillbirth?
3. What is the psychological impact on parents who have a subsequent pregnancy? And what is the impact on live-born children in regards to development and attachment?

Theoretical Framework

The theoretical framework in which this study was encompassed was that of attachment theory. Attachment theory has particular relevance to the loss experienced in stillbirth (Cacciatore & Bushfield, 2007). Bowlby (1969) claimed that it was important that one work through the pain that he or she is enduring rather than attempt to avoid it. He alleged that healing from a terrible loss involves effort, time, and aid from others. His theory of attachment is significant to the issue of stillbirth because he emphasized the connection that a mother may have between herself and her stillborn child. Attachment theory provides insight to the nature of grief and mourning (The Perinatal Society of Australia and New Zealand, 2014).

The loss of attachment between mother and child is the basis for parental grief (The Perinatal Society of Australia and New Zealand, 2014). It is vital to comprehend that attachment to a baby is often enhanced prior to the birth. This can begin as early as when parents are planning on conceiving their child, and when the pregnancy is confirmed. Also, in the advancement of medical technology, parents are able to deepen their connections with their unborn baby. This is done through the utilization of pregnancy ultrasounds where the parents can see images of their baby on several occasions, strengthening their bond and attachment.

Attachment can also be enhanced with a mother's perception of fetal movement (Alhulsen, 2008). The effect of how fetal movement can influence maternal-fetal attachment was examined in a randomized sample of 213 women (Brandon, Pitts, Denton, Stringer, & Evans, 2009). The study revealed that attachment scores on the Cranley scale of maternal-fetal attachment increased as a result of fetal movement counting. However, increases in attachment can also lead to intensifying the grief and pain for parents when their child is stillborn (The Perinatal

Society of Australia and New Zealand, 2014). Therefore, while fetal movement created a greater attachment between mother and child, it also led to an increase of emotional pain over the loss.

Methods

This study utilized a theoretical study as the research approach to analyze existing scholarly data on the effects of stillbirth. This form of study will aid in developing a better grasp on the subject and provide new interpretations on the current scholarly literature (Creswell, 2013). A theoretical study involves the collecting and examining of existing literature that will assist to provide answers to the research questions presented. This research approach was employed to assess studies on stillbirths in order to gain a better understanding on the psychological effects associated with this experience.

A systematic review was adopted for the present study to address the research questions presented. Cronin, Ryan, & Coughlan (2008) reported that systematic literature reviews are a definitive method of reviewing the literature in a specialized subject area. This method of study was deemed appropriate for this literature review due to the specificity of the subject of stillbirth and it being an unrecognized issue. A systematic review identifies the associations, inconsistency, and gaps in the literature and discusses the reasons for these (Cooper, Hedges, & Valentine, 2008). This allowed a thorough analysis on the data collected on stillbirth and the discrepancies found in the scholarly literature to be discussed.

Participants

The target participants utilized in this study were primarily women eighteen years or older who had experienced a previous loss. Men were also examined in the study; however, the main focus remained on the experiences of women after a stillbirth. The participants in the study were both married and single and of various ethnic backgrounds.

Results

Stillbirths are one of the most unrecognized forms of loss. Each day, more than 7,300 babies are stillborn worldwide (Cacciatore, Froen, & Killian, 2013). Although stillbirths occur more often than some important public health concerns such as HIV/AIDS, Hepatitis B, and SIDS, they are not given the same amount of public attention and awareness (World Health Organization, 2006). Due to the lack of attention and concern over

the issue of stillbirth, it is considered to be "one of the most shamefully neglected areas of concern" (Darmstadt, 2011, p.1550).

Stillbirths are a complex and multifaceted issue that require more attention among researchers and clinicians. Albeit this loss is often disenfranchised, scholarly literature suggests that its effects are just as significant as a child's death after birth and undoubtedly worthy of the same societal recognition (Cacciatore, 2013). It is imperative that the loss of a stillborn baby be recognized and validated and not looked upon as a non-event given the important psychological sequelae it can have on the parents and future child if left untreated. Removing the stigma from the issue of stillbirth and providing support to parents grieving from this devastating loss will prevent parents from coping with their pain in isolation and silence. It is important to comprehend that the grief associated with stillbirth is devastating and if left unresolved can lead to psychological distress such as anxiety, depression, and post-traumatic stress disorder (Campbell-Jackson, Bezances, & Horsch, 2014). The psychological distress may continue during a subsequent pregnancy and affect the health and parental attachment with the new child.

The purpose of this theoretical review was to collect and analyze existing scholarly literature on the effects of experiencing a stillbirth and how these effects could impact a subsequent pregnancy and the live-born child. A systematic review was implemented in order to examine any links, inconsistencies, or gaps in the information offered (Cooper, Hedges, & Valentine, 2008).

Research Question One

The first research question presented was, "What psychological impact does the hospital response to a stillbirth have on the parents?" The standard of care offered in a hospital setting can greatly affect the psychological well-being of parents experiencing a stillbirth. The hospital setting is the initial contact that grieving parents have with healthcare services. Professionals in hospitals have only one opportunity to provide care that fosters the emotional, clinical, and psychosocial well-being of parents coping with the loss of their baby (Downe et al., 2016). Parents who are experiencing a stillbirth are in an emotionally aroused state. It is vital that hospital staff be aware that their actions can cause elevated levels of distress from the grieving parents, and that the parents' experiences can remain in their memory for decades after their loss,

affecting their psychological welfare in a negative manner (Nillsen & Harris, 2009).

In the comprehensive review by Peters et al. (2016) on the meaningful care for families experiencing a stillbirth, parents reported that they desired genuine care presented by the healthcare professional. Displaying empathy by the healthcare staff is imperative for the grieving parents because it recognizes and validates the immense loss that the parents are experiencing. A lack of a caring milieu by the staff can reinforce the notion that stillbirths are an invisible loss, exacerbating the parents' feelings of loneliness and angst (Cacciatore, 2010).

When analyzing the findings on the care provided to grieving parents in a hospital setting, the results indicated that the healthcare system often fails to provide effective care necessary for the coping process (Horton & Samarasekera, 2016). This failure to provide adequate care was determined to be due to two reasons. The first cause for the lack of effective care was that hospital staff were ill-equipped to support parents experiencing a stillbirth (Kelley & Trinidad, 2012). A systemic change needs to take place in order for grieving parents to receive better care in a hospital setting (Cacciatore, 2010). It is vital that medical schools and training programs in obstetrics, as well as continuing education programs for established healthcare staff, provide more specialized training on the bereavement needs of parents experiencing a stillbirth (Kelley & Trinidad, 2012). Education programs focusing on death and grief may prove to be beneficial in assisting hospital staff to become more comfortable and competent in providing effective care to parents coping with a perinatal loss.

The second explanation for why the healthcare system often fails to provide adequate care to parents experiencing a perinatal loss is the difference in perception between parents and hospital staff on the issue of stillbirth (Lee, 2012). Women and couples who have experienced a stillbirth view themselves as parents who are grieving the loss of their child, whereas some hospital professionals perceive them as people who have endured a loss, but not necessarily parents who have lost a child (Kelley & Trinidad, 2012). The findings indicated that some healthcare professionals view a stillbirth as a medical event, whereas parents are attempting to cope with the paradoxical coalescence of the birth and death of their child (Downe et al., 2013). There is a significant discrepancy in the manner in which parents and healthcare professionals view a stillbirth and this can lead to the needs of the grieving parents being unmet.

Parents who are mourning their stillborn child are demonstrating the phenomenon of attachment theory. The attachment to a baby is often enhanced prior to the birth. This bond can commence as early as when

parents are planning to conceive their child and when the pregnancy is actually confirmed (The Perinatal Society of Australia and New Zealand, 2014). The bond and attachment between parents and child may also strengthen due to the advancement of medical technology. Couples are able to view ultrasound images of their child, and observe through the gestational process the growth and development of their baby.

Attachment can also be enhanced with a mother's perception of fetal movement (Alhulsen, 2008). In a study conducted by Brandon and colleagues (2009), the authors found that attachment scores on the Cranley scale of maternal fetal attachment increased as a result of fetal movement counting. Conversely, while fetal movement increased the level of attachment between mother and child, it did also augment the level of emotional pain over the loss of the stillborn child (The Perinatal Society of Australia and New Zealand, 2014). It is vital that hospital staff understand the attachment that occurs between the parents and child prior to birth. It will aid them to recognize and validate the grief that the parents are enduring over the death of their child and not rob the mothers and fathers of their identities as parents due to their child not surviving birth (Kelley & Trinidad, 2012).

The healthcare setting is also where parents are provided the opportunity to hold and have contact with their stillborn baby. The research results showed that there were inconsistent findings on whether contact with the stillborn child would be detrimental to the grieving parents (Hennegan, Henderson, & Redshaw, 2015). Parents who chose to have contact with their stillborn child and say goodbye presented with lower levels of grief and depression (Wijngaards-De et al., 2008: Bennett et al., 2008). Contrary to these results, the study conducted by Hughes et al., (2002) reported that mothers who had contact with their stillborn baby presented with greater depressive symptoms than mothers who did not and the depressive symptoms impacted their subsequent children. A reason for the findings by Hughes et al., (2002) could be that these women were not sufficiently prepared for the contact with their child (Radestad & Christoffersen, 2008). Although some studies in the theoretical review demonstrated that contact with the stillborn baby resulted in lower levels of grief and depression, it may be that forcing a woman to have contact with their stillborn child when they do not want to could result in a potentially traumatic experience (Gravensteen et al., 2013). Research findings appear to be mixed in this area. Further research studies with sound methodologies are needed to further explore this aspect. It is vital that healthcare professionals discuss the risks and benefits to parents about seeing and having contact with their stillborn child so that the parents themselves can make an informed choice (Rhyninks et al., 2014).

Parents who choose to have contact with their stillborn child need to be adequately prepared before the contact and healthcare staff need to support them and follow up with them after they say their final goodbyes to their deceased child. This additional support and care may assist in minimizing possible detrimental mental health effects.

Research Question Two

The second research question was, "What are the psychosocial consequences that may result from experiencing a stillbirth?" The research found that parents who have experienced a stillbirth often do not find themselves supported by their social environment. The studies revealed that the lack of social support received from friends and family may be due to two factors. The first factor is that the life of a stillborn child may not be viewed as worthy as that of a child born outside of the womb (Lee, 2012). This concept was also made evident when examining how the standard of care in a hospital setting can affect the parents' grief process. As previously found, physicians consider the loss of a child after birth more traumatic than that of a stillborn baby (Kelley & Trinidad, 2012). The same viewpoint on the gravity of loss of a stillborn child can be seen in friends and family.

The second factor as to why grieving parents are provided a lack of social support over their loss may be due to the parents being the primary individuals who have developed an attachment to the child while *in utero*. This attachment may have been augmented by the multiple fetal ultrasounds that are performed during customary prenatal care, or the feelings of fetal movements that allow parents to connect with their child (Kersting & Wagner, 2012). This increase in attachment levels between the parents and child results in greater levels of grief after loss which may not be understood by the parents' social environment who have not had the same degree of connection with the stillborn baby (The Perinatal Society of Australia and New Zealand, 2014).

The findings in the theoretical review revealed that a lack of social support leads parents to cope with their grief in isolation. This isolation experienced by the grieving parents is associated with poorer mental health following a stillbirth (Crawley, Lomax, & Ayers, 2013). There are several reasons why the isolation experienced by grieving parents may be related with poorer mental health after a perinatal loss. The first reason is that the deafening silence that parents face is a state that was not chosen by them but imposed by external circumstances (Scott, 2011). The lack of choice can reinforce feelings of helplessness which is often already felt by the mother after the passing of her baby. The second reason is that

the inability of the social environment to recognize and validate the loss experienced by the parents results in grief responses being hindered, leading to an unhealthy grieving process. Parents are not able to share their experiences, making it difficult to adapt their narrative identities in a healthy manner to include their baby and themselves as parents (Crawley, Lomax, & Ayers, 2013). The third reason is that a lack of recognition from the social environment gives mothers the sense that their baby's life is not of value, therefore signifying that the mother herself lacks usefulness. (Cacciatore, 2013). These feelings of uselessness can be reinforced by mothers themselves who often blame themselves for the passing of their stillborn baby. Mothers may place the blame upon themselves for the death of their child believing it was their own bodies that failed to complete a basic biological function. The self-blame experienced by mothers can predict grief intensity and can contribute to the psychological effects following a perinatal loss (Barr, 2012).

Women who have experienced a stillbirth are at a high risk for depression (Randolph, Hruby, & Sharif, 2013). The depression presented in women who have undergone loss is greater than women who have not. The depressive symptoms can greatly affect a woman's health by increasing their risk for heart disease, diabetes, and premature mortality (Huberty, Coleman, Rolfsmeyes, & Wu, 2014). Deteriorating relationships between couples stemming from a stillbirth can also contribute to high rates of depression (Cacciatore, 2013). The risk of a partnership terminating was four times more likely among women who had a stillbirth than compared to women who had live births (Turton et al., 2009). Mothers and fathers express their grief differently, resulting in partners not feeling as though their needs are being met. Men often turn to sexual intercourse as a means to connect with their significant other, whereas women find it difficult to be intimate due to beliefs that it would be a betrayal to the child that was lost (Dyregrov & Gjestad, 2011). Furthermore, mothers often internalize their feelings of grief and are less likely to share their pain with their partners (Cacciatore, 2013). This internalization of feelings by women may be reinforced by the lack of recognition and validation by others for the loss of the child. If the mother's social environment does not acknowledge the loss, then the mother will continue to feel alone in her grief, and will continue to cope in isolation.

Research Question Three

The third research question presented was, "What is the psychological impact on parents who have a subsequent pregnancy? And what is the

impact on live-born children in regards to development and attachment?" A stillbirth is a distressing event and can result in long-term psychological effects (Gravensteen et al., 2012). Becoming pregnant too soon after experiencing a stillbirth can result in grief being unresolved (Lamb, 2002). The unresolved grief may present as psychological distress during a subsequent pregnancy. Parents who have experienced a previous stillbirth present with higher levels of psychological distress during their subsequent pregnancy than women who do not have a history of perinatal loss (Armstrong, 2002).

Anxiety was found to be a common psychological issue in a subsequent pregnancy for mothers who had previously experienced a perinatal loss (Sutan & Miskam, 2012). The findings showed that pregnancy anxiety was greater in women with a history of loss than women who have not experienced a loss (Armstrong, 2002). The results showed that two factors augmented the level of anxiety during a subsequent pregnancy. The first factor was if the mother assigned fetal personhood to the previous loss (Cote-Arsenault & Dombeck, 2001). The second factor was if the mother believed themselves to be the primary person in charge of the health of the baby. This second factor may be associated with research question two, which focused on the psychosocial effects of a stillbirth. During the analysis of research question two, the study found that the cause of death in 60% of stillbirths were attributed to maternal health conditions or were found to be undetermined during a postmortem autopsy (Cacciatore, Froen, & Killian, 2013). As a result, the research found that mothers often present with self-blame due to believing that it was their own bodies failure to complete the biological function of birth. The feelings of failure and self-blame from the previous loss may reflect and contribute to the increase of anxiety felt by a mother during the subsequent pregnancy. The mother believing that she is the primary person who is responsible for the well-being of her baby during the subsequent pregnancy may present with greater levels of anxiety due to the lack of confidence in her body's ability to birth a live child.

Post-traumatic stress disorder is another significant issue that has been found to occur in women with a history of perinatal loss during a subsequent pregnancy. Turton and colleagues (2001) conducted a qualitative study on the correlates and predictors of post-traumatic stress in pregnancy after stillbirth, and found that there was an increased risk for mothers to experience PTSD. Turton et al., (2001) also reported that women who conceived within one year of their loss presented with higher rates of PTSD. The finding by Turton and colleagues (2001) coincides with the information presented by Lamb (2002) that becoming pregnant too soon after experiencing a stillbirth can result in grief issues being

unresolved. It is vital that mothers cope and treat their grief prior to the conception of a subsequent pregnancy in order to prevent further distress.

Unresolved psychological issues during a subsequent pregnancy can result in negative obstetrical outcomes. Babb and colleagues (2016) reported that anxiety during pregnancy has been linked to low birth weight, fetal distress, and neonatal care unit admission for the infant. The authors also stated that depression during pregnancy is associated with a greater risk for the mother in terms of developing preeclampsia, excess weight, and caesarean delivery. Not only do mental health issues experienced during a pregnancy affect the mother, they can also impose a great deal of harmful effects on the newborn baby, as well (Schetter & Tanner, 2012). Newborns exposed to maternal depression can present with more crying, are less aware, and display more symptoms of stress than infants born to non-depressed mothers (Diego et al., 2004). Elevated levels of PTSD, anxiety, and depression symptoms during pregnancy can negatively impact the neurodevelopment and cognitive development of infants (Turton, Hughes, Evans, & Fainman, 2001). The impact of untreated mental health disorders during a subsequent pregnancy can continue to affect the new child as they develop (Babb et al., 2016). Children exposed to maternal depression often present with externalizing problems and a reduction in their verbal capacity (Barker, Jaffee, Uher, & Maughan, 2011).

In regards to how symptoms associated with a previous perinatal loss affect mothers after a subsequent pregnancy during the postpartum period is not yet well understood. There are conflicting findings on how the symptoms associated with a previous perinatal loss affect mothers after the birth of a live child. A study conducted by Blackmore and colleagues (2011) found that depression and anxiety symptoms continued for mothers with a history of loss even after the live birth of a subsequent child. The authors reported that these symptoms persisted well after what would be considered the postnatal period. However, conflicting studies by Armstrong and colleagues (2009) and Cholenta and associates (2014) stated that psychological symptoms decreased following the birth of a live child. Due to the contradictory results found, further studies need to be conducted to see the effect of anxiety and depressive symptoms in the postpartum period following the birth of a healthy child. An important factor for researchers to consider is the time since the loss occurred and the conception of the subsequent child. Not only is the time since the loss an important factor, but also whether the mother obtained effective treatment for any unresolved grief or psychological distress prior to the conception of the new child.

Due to a lack of scholarly literature on stillbirth, the way in which a perinatal loss may affect prenatal attachment in a subsequent pregnancy is not yet well understood (Campbell-Jackson, Bezance, & Horsch, 2014). The limited studies on this issue found that attachment did occur during a subsequent pregnancy in women with and without a history of loss (Tsartsara & Johnson, 2006). Interestingly, when examining the levels of attachment following the birth of a live born child after experiencing a perinatal loss, the results demonstrated that unstable attachments were found between mother and child (Hughes et al., 2001). The research found that the basis for the development of disruptions in attachment between mother and subsequent child may be due to unresolved grief experienced by the mother after a perinatal loss (Turton et al., 2009). Therefore, the findings demonstrated that not only does the issue of unresolved grief affect the subsequent pregnancy and well-being of the new child in terms of obstetrical outcomes and development (i.e. neurodevelopment and cognitive development), but it can also impact the attachment between the mother and new child after birth. It is imperative that parents, in particular mothers, address their unresolved grief so that the subsequent new child is not negatively affected by the psychological distress presented during the gestational process and so that healthy attachments can be formed. Although findings are mixed as to how grief affects the subsequent pregnancy, findings do confirm that the grief and psychological sequelae are present, reinforcing the great need for this issue to be further understood and addressed.

Researchers and clinicians must comprehend the importance of attachment in treating perinatal grief and how it may affect the new baby following a subsequent pregnancy.

During a subsequent pregnancy after loss, the parental relationship and attachment to the baby who passed is often rebuffed (O'Leary, 2004). This may influence the manner in which the parents attach to the new baby. Parents may continue to grieve for the stillborn child rather than anticipating the birth of the new baby. The unresolved grief over the lost child may be an obstacle that can affect the attachment with the new baby. Parents coping with a previous loss may find it difficult to parent two babies due to possessing parental emotions for the baby who passed and developing attachment to the new baby during a subsequent pregnancy (O'Leary, 2004).

The attachment that parents may possess with their stillborn child cannot be renounced, but can be altered in a manner that will allow for the parents to develop attachments with the new baby (O'Leary, 2004). Kamm and Vandenberg (2000) found that grief and attachment take place concurrently for parents during a subsequent pregnancy. It is important

for mental health professionals to acknowledge how the prior perinatal loss is impacting attachment during the subsequent pregnancy (O'Leary, 2004). This meaningful conversation will aid in parents understanding that they are still parents to their stillborn child, and that their death did not end their relationship as parent and child.

Assisting parents in their expression of grief over their stillborn child and attachment with the new baby aids in maintaining the space in the family where the lost child would have been (O'Leary, 2004). Preserving a connection with the stillborn child within the family is a beneficial form of adaptation that will allow for emotional energy to cultivate new relationships. This will permit the new life to be acknowledged because the deceased baby is still being remembered, and parents will not feel that the new baby is erasing the love or taking the place of their stillborn child. As the subsequent pregnancy continues, the behavior of the new baby becomes enhanced, resulting in the baby making his or her presence known to the parents (O'Leary, 2004).

For a subsequent pregnancy to be a healthy process, parents should be given support to grieve their prior perinatal loss. Parenting interventions utilized to enhance the maternal-fetal relationship and attachment are vital when trying to help parents understand their emotions during a subsequent pregnancy (O'Leary, 2004). Research has demonstrated that fetal movement is a key factor in attachment (Alhulsen, 2008). When the mother begins to feel fetal movement during the subsequent pregnancy, this may result in the her being reminded of the stillborn child, and may result in the mother feeling like she is being disloyal to the baby who passed. As the gestational process continues and the new baby develops, the parents will understand that avoiding attachment to the new baby will not protect them from the pain of loss (O'Leary, 2004). It is important that the parents address these issues and understand that the new baby is not the baby who passed, and comprehend that they remain parents to the stillborn child. It is vital that parents are educated on the abilities and existence of the new baby to assist them in comprehending that a prenatal relationship is beginning to form (O'Leary, 2004). However, it is also significant that parents are aware of the abilities that the child who passed possessed in order for them to understand that these are two different entities, and the relationship to the deceased child does not need to end in order to embrace the new baby.

Limitations of Theoretical Study

The most limiting factor of this theoretical study was the lack of diverse samples utilized in the research conducted. More studies should examine how groups of various ethnic and cultural backgrounds are affected by the issue of stillbirth (Hennegan, Henderson, Redshaw, 2015). Enlisting individuals with lower annual incomes will aid in understanding how people who have experienced a perinatal loss cope with their grief when having to also deal with socioeconomic stressors (Armstrong, 2004). Exploring how relationships factor in the process of grief is also significant. The research stated that partnership termination is greater in couples who have had a perinatal loss (Turton, Badenhorst, Pawlby, White, & Hughes, 2009). Therefore, it is imperative to examine how parents not in partnered relationships cope with a stillbirth (Armstrong, 2004).

Implications for Professional Practice

It is vital to create awareness to de-stigmatize the issue of stillbirth and treat those coping with such loss with compassion and understanding. This process begins with healthcare professionals in a hospital setting and the manner in which they treat parents experiencing a perinatal loss. Physicians and staff should obtain education and training on the needs of bereaved parents following a stillbirth (Kelley & Trinidad, 2012). It is imperative to have counselors and mental health professionals that are trained and well versed in the field of perinatal loss available at hospitals and clinics where a woman may experience a loss and will need to seek the assistance of a professional. More research should be conducted to see how to best meet the needs of individuals of various ethnic and cultural backgrounds coping with loss. There is not a universal manner to treat all parents experiencing a perinatal loss. Each person must be treated individually to best provide the most effective care. Also, parents of stillborn children must play an active role in assisting healthcare professionals on the issue of stillbirth (Kelley & Trinidad, 2012). They can communicate what interventions appeared to be most useful, and what areas of weakness need to be improved. They can function as community hospital liaisons, who will assist in providing feedback to strengthen the care given to parents coping with a stillbirth.

Healthcare professionals play a vital role in the care received by parents who have experienced a perinatal loss. However, it is also imperative that grieving parents who are coping with unresolved grief obtain mental health treatment. Some parents who are coping with a

stillbirth are void of social support which could allow them to openly communicate their feelings about their loss. This results in the parents coping with their pain in silence and isolation. The unresolved grief can manifest into psychological distress which may occur during a subsequent pregnancy and affect the health of the new child. In order to resolve the grief experienced by some bereaved parents, therapeutic interventions may be deemed as an effective approach. Counselors can assist parents to express their emotions in a safe environment, acknowledge their losses, normalize grief, and provide ongoing resources (Randolph, Hruby, & Sharif, 2013). Counselors can also screen for symptoms of any psychological issues and develop treatment plans to treat these indicators accordingly and effectively.

Pregnancy following a perinatal loss can be a very stressful event. It is vital that healthcare staff conduct a thorough obstetric history of patients in terms of previous losses (Hill, DeBackere, & Kavanaugh, 2008). Physicians need to examine how patients are coping with the subsequent pregnancy and if the prior loss is having any effect on the health of the mother. By recognizing a mother's previous loss, the physician is also validating the loss of the child. This may provide an opportunity for the mother to express whether she is demonstrating any psychological distress that may result in negative obstetrical outcomes and affect the health of the new child. For patients who are experiencing greater levels of psychological distress, physicians can recommend more prenatal visits in order to monitor the effects of these symptoms on the health of the mother and new child (Lamb, 2002). It is important that OBGYNs provide a psychological screening for expecting mothers with a prior loss to ensure that they are functioning in a healthy manner and are being provided with the care they need. By having healthcare providers proactively address the effect of the previous loss they can facilitate a positive transition during the subsequent pregnancy. It is also important that psychologists and mental health professionals screen mothers after the birth of the new child to see if they are experiencing any distress related to the prior loss that can be addressed before the mother is discharged. This will allow for the mother to address any feelings or concerns that she may be having and will allow for a treatment program that can assist her in any new developing feelings or concerns about attachment that may be presented following the birth of the new child.

Conclusion

The purpose of this theoretical review was to collect and analyze existing scholarly literature on the psychosocial effects of experiencing a

stillbirth, and analyze how these effects could impact a subsequent pregnancy and the live-born child. As a result of the information presented, the issue of stillbirth can no longer continue to be a neglected topic in the field of psychology. It is imperative that researchers and clinicians utilize more measures to understand this multifaceted issue in order to create effective interventions to treat parents coping with this tremendous loss.

Researchers and clinicians need to also comprehend the importance of utilizing the theory of attachment when treating parents who have experienced a stillbirth. Bowlby (1969) emphasized the significant attachment that a mother and child have with one another and how this bond is created prior to birth. When grief responses are hindered, as they are during a stillbirth due to a lack of recognition and validation of the loss, the grief experienced by the parents becomes inhibited (Bowlby, 1980). As a result, parents grieve in isolation and a healthy grieving process does not occur. The inability of the parents to express and communicate their grief openly results in unresolved grief. The unresolved grief can manifest into psychological distress and be carried on to a subsequent pregnancy affecting not only the health of the mother and child, but interrupt the formation of healthy attachments with the new child after loss.

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