

Meeting the Needs of Parents Pregnant and Parenting after Perinatal Loss. Joann O’Leary and Jane Warland. London and New York: Routledge. ISBN: 978-1-138-65506-5, (hbk) 978-1-138-65507-2 (pbk), 978-1-138-62277-4 (ebk)

My grandmother told me a story about the stillborn baby she delivered in the upstairs bedroom of our house, in the 1920’s. A part of the story that never left me was her characterization of my grandpa as a hero that night. He blocked the removal of the baby (the funeral man was waiting in the foyer) until granny woke up and could say a proper good-bye to their child. It also never left me that no one in the family or the neighborhood spoke of this death ever again. And no one ever gave a thought to the impact of this loss on the next baby to be born: my mother.

Joann O’Leary and Jane Warland have set themselves to the task of reporting what we have learned since then, and they have done it with superb clarity and completeness. They make plain why grandpa took the action he did (and took no other conscious actions whatsoever); why the neighbors closed their blinds and their mouths to this tragedy at 317 SW 5th Street; and why my mom—not yet born—never thought she could bring it up. O’Leary and Warland not only shed enormous waves of light on the dynamics in these situations, they make practical suggestions about how we—from hospital staff to pastors to extended family members—might manage to do a much better job of looking after everyone affected by infant loss.

The book is full of nuanced but clear treatment of issues often left unresearched. For example, prenatal attachment—without with there would *be* no bereavement—is treated not as controversial “issue,” but as an established fact, something obvious, at least to mothers.

Attention is given to the how maternal (and paternal!) identity changes, following the loss of a baby. I found myself thinking about how confusing it must have been for my grandmother, who was a woman of considerable power, to notice that she wasn’t “getting over” the loss of her first daughter as quickly as others expected. She couldn’t have articulated, then, that her role as a parent wasn’t over when that baby died. She was never the same, but not because she was inadequate at grieving. It would affect her sense of self, her silent fears during subsequent pregnancies, and even her attachment to my mother, born just a year later. Only now, as I write this—with the enlargement of my perspective made possible by this remarkable book—do I realize just how this loss of a child in the 1920’s rose up in *both* granny and grandpa when their oldest son was killed, 20 years

later, in the war. I was born just a few weeks after *that* loss smacked my family.

It is rare in standard discussions of miscarriage and stillbirth for consideration to be given to the death of one twin while the other lives—a particularly confounding circumstance of simultaneous loss and retention. How do mothers and fathers grieve the loss of one baby, while continuing the psychological/developmental tasks of pregnancy relative to the remaining baby? What does it mean to carry a deceased baby inside one's body, alongside a living one, all the way to term? Might we now understand why a mom might be ambivalent about delivery: the event that will bring new life into the sunshine, but will sever the physical connection to the deceased child forever? And what of the vague sense, in the surviving child, that there was something awful—or, at least, odd or hidden—about their own birth? O'Leary and Warland sensitively address all of these questions, with time left over to acknowledge the profound fact, for the surviving child, that the twin relationship in the womb will always have been the *first* relationship.

This discussion of loss in multi-fetal pregnancies has an important context, of course; technology (particularly that brought to bear on problems of infertility) has caused an enormous increase in twin and higher order multiple (HOM) pregnancies since the 1980's. And this has presented us with another set of issues in pregnancy loss created by the now-available option of voluntary fetal reduction in multi-fetal pregnancies. The authors courageously address the matter of grief in circumstances that involve *choice*, making clear that making a choice does not obliterate the sorrow that may accompany the choice. They report that even parents themselves have a hard time holding on to the idea that their decision to do a reduction (MFPR) does not disqualify them from genuine feelings of loss. Other parents and family members can be astonishingly insensitive about the matter of choice vs. bereavement (a false dichotomy, in the first place). In the marvelous section on the value of support groups, it is noted that many parents who made a MFPR choice feel judged and unwelcome in such groups.

Perhaps one of the great strengths of this book is its attention to the children born subsequent to a loss, beginning with the suggestion that bereaved parents are different (not *less than*, just *different*) than non-bereaved parents. They may attach differently. In a study of one-year-olds who had been born after a loss, it was found that the rate of disorganized attachment was three times greater than in a non-bereaved population of one-year-olds. Parents may find it more difficult to claim their subsequent babies as their own, tending to see them, instead, as "on loan." They may be overprotective, finding it difficult to allow their children to be children. While not claiming that all subsequent children feel this way, the authors quote one adult who testifies to how things were, in her particular family:

I was born into a grieving family. Although I had always known I was loved, I had felt that, as a young child, I was held at arms' length. It also explained why my first memories of my parents' faces were of pain (p. 191).

The other children in the family—both those who were alive at the time of the loss and those born subsequently—may pretend to be unaware, but they rarely are. The authors quote one mom:

Recently when Sarah was quite sick with a high temperature, Gregory said, "She looks pale, like Emma. Is she going to die, too?" (p. 175)

But this does not mean that the children are riddled with fears, or that the parents are crippled by their sorrow and remembrance. The authors speak of "post-traumatic growth" (p. 192), and note its manifestation in increased empathy and nurturance, and comfort around people who are sad, in the children. They quote one adult, born after an infant loss in her family:

A friend of mine lost a child to SIDS about eight and a half years ago. A lot of her friends didn't know what to say and avoided her at the grocery store. They were just scared or found it too painful to address her...I just felt so pulled towards her (p. 193).

I find no shortcomings in this wonderful volume. It's organized in such a way that it can—and will, I predict—be used as a handbook, with the page corners turned down and the spine bent. It's up-to-date, thorough, and imminently practical. There's even a chapter on "Holistic Health Care for Bereaved Parents" with ideas about the practical uses of yoga, massage, mindfulness, and guided imagery—and the central role of spirituality, for some—in living with loss. Not only is there a chapter about fathers and some of the unique ways they grieve, but fathers are included throughout, as if they are actually people who are fully present and responding—and not just functional helpers and supporters.

Perhaps most importantly, to me: One can tell that the authors have spent countless hours, over many years, with both bereaved parents and with their other children—including children not even born when the death occurred. There is an authenticity to their reports that makes the case: This is hard, it doesn't stop at a predictable moment, it affects each person differently, it affects those living at home, and it affects those who will later occupy the same uterus in which death has occurred. It affects men who try to pretend

it doesn't, and it affects men who are starving for recognition that it does. It hangs around when one is sure it has left the building, and it pops up at the oddest times. It tears at the fabric of personal and parental identity, and it builds new identities that may be more nurturing and hope-filled than the previous one was. It changes how we think about ourselves, about our own authority, about how much we can stand.

O'Leary and Warland have made a major contribution to prenatal and perinatal psychology, as well as to obstetric and pediatric practice and to public understanding.

Reviewed by Michael Trout