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Case Report

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Bereavement Care After a Traumatic Stillbirth: A Case Study

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ABSTRACT

Objective: Stillbirth is a challenging experience for many women. This process may get more complicated as the gestational week progresses and healthcare providers' unintended behaviors.

Methods: A qualitative case study.

Results: This case study discussed the postpartum depression that developed after a mother's traumatic stillbirth experience. A 28-year-old mom with a traumatic stillbirth experience and her transformation through her midwife's bereavement care is the main point of the study. Besides routine care midwifery care was also based on spirituality. Her Edinburgh Postpartum Depression Scale (EPDS) score decreased after midwifery care.

Conclusion: In this case study it is suggested that utilizing the spiritual dimension of midwifery in the management of post-stillbirth grief may be helpful.

Keywords: Stillbirth, Bereavement Care, Case Study, Midwifery, Spiritual Care

Introduction

Stillbirth is a bereavement experience and one of childbirth complications (Kelly et al., 2021). Turkey Demographic and Health Survey (2018) stated that 4% of women had at least 1 stillbirth, and 1 out of every 100 pregnancies resulted in a stillbirth between 2013 and 2018. The stillbirth rate is 1 in 160 in the USA and 4.2 in 1000 in England and Wales (CDC, 2021). Additionally, in 35 high-income countries in Europe, one baby in 200 is reported to be stillborn each year (CDC, 2021).

Stillbirth may have a traumatic effect on women (Westby et. al, 2021). Therefore, supportive and respectful midwifery care in this process is as critical as medical treatment (Shakespeare et al. 2020). It is stated that these women could highly benefit from supportive emotional care from midwives and nurses (Palas Karaca and Oskay, 2021). Midwifery care during this period varies by country, there are family healthcare centers in Turkey where mothers can access postpartum examinations (Çatak et al., 2021). However postpartum examinations and contacts can be overlooked after discharge from the hospital. Most women who have stillbirths may not receive adequate support after discharge and may feel alone in this challenging situation.

A stillbirth can be traumatic for the expectant mother, her family, and healthcare professionals (Ker, 2018). Care for those who have lost a loved one is equally crucial, including the parents and any associated healthcare workers. In the past 25 years, there has been a transformation in the psychosocial care of stillbirth (Bereavement Care Standards, 2018). Despite this development, researches have shown that there are similar care and practice procedures and guidelines for postpartum stillbirth care globally (Hughes et al., 2002; Ker, 2018). National standards for grief care following stillbirth do exist in certain high-income countries, such as the United Kingdom (Bereavement Care Standards, 2018) and Ireland (Health Service Executive, 2016), but they could be too resource-intensive to be used in other contexts. Noting that there is a dearth of evidence supporting optimal practice, particularly in low -and middle-income countries (Shakespeare et al., 2020), one of the most obvious similar features is the implementation of postpartum routine care and procedures in these standards and guidelines for grief care following stillbirth within the first six weeks.

Given its high occurrence and its undesirable effects on people, families, and communities on both a mental and physical level, stillbirth is unquestionably a public health concern. In many studies, research has been done on how women and/or parents can manage the post-stillbirth process; for example, Shaohua and Shorey (2021) conducted a meta-analysis study that psychosocial interventions effectively improved depression, anxiety, and grief in parents who experienced perinatal loss. However, healthcare professionals report continuity of midwifery care among the coping strategies reported by women or parents (DiTosto et al., 2021).

In Turkey, the postpartum check is performed six times in the postpartum follow-up care by midwives, three of which are in the early period and three are in the late period. Early-

period postpartum checks are made between 0-1 hour, 1-6 hours, and 6-24 hours following childbirth. The late period postpartum checks are carried out between 2-5 days, 13-17 days, and 30-42 days, which are mostly carried out in the 1st Stage Family Health Centers (Ministry of Health, 2018). Post-stillbirth care is followed the same as a standard postpartum care process. However, women who had a stillbirth are also more likely to experience kind of psychological challenges such as depression, anxiety, stress, trauma, and bereavement (Salenius, 2019; Black, 2020; Gillis et al., 2020; Rumbold et al., 2020; Sarkar et al., 2021). As an outcome, it's critical to do detailed and woman-centred postpartum follow-up checks and care after stillbirths. However, when these women may not attend the community clinic for postpartum counseling or visit less commonly, these mothers may encounter delays and cancellations in their care (Ministry of Health, 2018). Furthermore, when mothers who had live childbirth must attend an additional visit to the healthcare clinic for newborn care and follow-up, more continuity in postnatal care may be provided. In light of these circumstances, this case report highlighted that challenges that may occur even in a traumatic experience like stillbirth might be prevented or coped with more easily if practical midwifery care/support is provided appropriately (Murphy, 2012).

Spirituality in midwifery practice

The pursuit of transcendent meaning, meaning, and relationships with somebody's family, friends, community, society, and the important or sacred are all aspects of spirituality, which are dynamic and essential to humanity. It has three primary sections: connectivity, transcendence, and meaning of life. Spirituality also has many other different aspects, such as spiritual or religious beliefs, rituals and practices, coping mechanisms, distress tolerance, connections to the transcendent, and a feeling of meaning or purpose in life (Weathers, McCarthy, & Coffey, 2016) Despite being distinct ideas, religion and spirituality are related since spirituality may be represented via religious affiliation, religious practices, and religious beliefs. Religion, which can be practiced in both public and private settings and is derived from long-standing institutions and traditions, is an organized system of beliefs, practices rituals, and symbols intended to promote a closeness to the sacred or transcendent (Alvarenga et al., 2021). In the process of attempting to understand and overcome intense pain following the loss of a loved one, the spiritual dimension is also affected. According to a large amount of research, people use spirituality in a variety of mourning scenarios (Alvarenga et al., 2021; Akın, Aksoy & Yılmaz, 2021). These studies highlight the impact of religious and spiritual beliefs on , which have frequently been linked to more effective loss adaptation but may also be seriously affected by the loss. Bereaved persons also experience difficult spiritual sorrow, which is characterized by intense suffering in bereavement that extends beyond just dealing with the loss of a loved one (Weathers, McCarthy, & Coffey, 2016; Akın, Aksoy & Yılmaz, 2021). Midwives engage within the framework of a practical spirituality when considering the significance of accountability and responsiveness in the midwife-woman interaction.

Spiritual midwifery care has positive effects on the postpartum care process, and in this process, the spiritual/spiritual needs of the mother, who has biological, psychological, and

sociological needs, should be considered as a part of spiritual care. Midwives' role also includes spiritual care and managing the process while providing support and care to women. The psychology of religion is an important guide in spiritual care in midwifery practice. Therefore, taking advantage of different disciplines and taking into account spiritual support in midwifery care increases the quality of midwifery care and practices.

Methods

In this case study it was used CARE Guideline to construct and evaluate the research (Riley et al., 2017). All postpartum follow-up checks, care, and intervention/interviews in the study were carried out by Xxxxxx Xxxx Xxxxx working in the institution as a qualified midwife.

Postpartum 4th,8th, 15th, 21st, 35th day and 12th week; the woman's fourth day after childbirth was the day of the first visit. To reach the woman, direct contact information was provided. Direct communication with the midwife was encouraged, and information on how to reach the midwife was supplied. Apart from routine postpartum follow-up care and checks, the woman was supported when required (due to breastfeeding suppression, sleep difficulties, the baby's first cemetery visit, etc.) by connecting by phone. The first postpartum follow-up check was done at home by the midwife. The second follow-up was conducted over the phone, and the third was completed in the health care clinic. The last interview was placed at a café where the mother felt at ease, after the interim interviews were conducted over the phone.

Patient Information

The mother is 28 years old and is a housewife. She has a ten-year educational background. She is a smoker who continued to smoke 4-5 cigarettes per day during her pregnancy. There is no social security. She stays with her husband's brothers, her husband's nephew, and her son during pregnancy and the postpartum months because her husband has not lived with her since the second trimester of pregnancy. He was in prison.

She has never had a surgical operation before. She followed a diabetic diet. Before the pregnancy, there was no history of mental illness.

According to her obstetric history, the mother's first childbirth was a normal birth, and she has a living kid. There is no miscarriage or curettage in this pregnancy. She had two pregnancies, one of which ended stillborn.

The pregnancy was planned. She'd never attended antenatal education classes before. The latest menstrual period was on October 26, 2018. The initial result was 247 mg/dl after a 50 gr glucose load at the 28th week of pregnancy. After being diagnosed with gestational diabetes, she began using insulin. According to the most recent Ultrasonography results, on July 1, 2019, BPD: 34w6d; AC: 34w4d; FL: 35w3d; EFW: 2681±392 g (Table 1).

Table 1. Maternal characteristics

Characteristics	
Working status	Mom at home
Parity	2
Children	One living kid
Gestational week	37 w 3 d
Chronicle disease	Diabetes mellitus - type 1
Social security	None
Antenatal care	Not received

After stillbirth the baby's death was classified as natural. When asked about her stillbirth, the mother stated she went to a public hospital near her house because she was experiencing stomach discomfort in her left leg. She was informed that her baby had died due to the USG done at the hospital. In the second stage of labour, an episiotomy was done. During labour, an induction and an amniotomy were done. She claimed he felt enraged because fundal pressure was too much for her. She described her delivery as "extremely challenging". The childbirth environment was quite chaotic, one of the most distressing aspects of the experience. The most crucial issue was that she felt the health professionals' behaviour was harshing. She mentioned that after she was transferred to the postpartum unit, she experienced discomfort in her ribcage.

Clinical Finding

In the initial follow-up, the mother's physiological findings were; blood pressure 110/70 mmHg; heart rate 86 beats/min; fever: 36.4. C°. Lochia (postpartum bleeding stage) was a serosa. She changed 4-5 pads every day. It was informed that it should be replaced at least every 4 hours to avoid infection. The vulva has been assessed. During the postpartum process, anti-inflammatory medicine was prescribed. She wore a corset for her breasts. Lactation suppression medication was not started. After giving childbirth, the mother stated that she woke up so many times and experienced a falling down sensation while sleeping.

When the mother's bereavement emotions are assessed, she feels a constant sense of emptiness in her stomach and the inability to breathe at times. In addition, there were symptoms of weakness and exhaustion. She also claimed to have difficulties concentrating, having a sleep problem, disconnecting from social environments, crying, reoccurring dreams, and being preoccupied with loss. She expressed sadness, guilt, and a feeling of longing in her words.

Timeline

All postpartum follow-up checks were completed between July and September of this year. In this situation, because there was a bereavement period, four more extra interviews were conducted and recorded in addition to the standard. The follow-up checks lasted around an hour, whereas the additional interviews lasted about 30 minutes on average.

Diagnostic Assessment

In late-period follow-up checks n the postpartum period, the Edinburgh Postpartum Depression Scale (EPDS) should be used regularly (Ministry of Health, 2018). The EPDS scale has a cut-off point of 12 points. The scale's results of 12 and higher suggest the possibility of severe and mild depression (Engindeniz, 1996). The EPDS Scale was used to assess the mother's risk of developing postpartum depression. The woman received an EPDS score of 18 on her first EPDS test.

Information was provided to refer the woman to the psychological support unit of the hospital so that the midwife could receive professional support. However, the mother stated that she does not have social security and that she may have difficulties obtaining professional support from the hospital that can provide free healthcare service so she could not be able to receive support. The midwife explained that she could receive free health care services and free psychological support from the hospital where she gave childbirth. Despite this, she indicated that she didn't want to visit the hospital even for routine postpartum visits. In addition, it was noted that both the family and the woman should receive psychological support in line with the mother's lifestyle and personal information shared with the midwife, and information was given on this issue. However, due to the insufficient economic situation of the mother, the lack of social support, and socio-cultural barriers, the woman could not obtain professional psychological support in this process, and this situation put the mother in a vulnerable position during the bereavement process.

Therapeutic Intervention and First postpartum follow-up check

First and foremost, stillbirth involves a period of bereavement for the mother. During this time of grieving, the mother's midwifery interventions should be designed and implemented. There are various approaches to the bereavement process associated with stillbirth in the literature. Table 2 shows the midwifery practices developed according to the literature research (Peters et al., 2016; Andrus, 2020; Shakespeare, 2020).

Table 2. Planned Bereavement Support

Midwifery Interventions
To provide woman-centred midwifery care, taking a spiritual perspective (For example: Approaching the parents' tragic experiences with emotional, empathy, understanding, and humane reactions, as well as effectively connecting with them.)
Addressing the stillbirth process with both a medical and psychological perspective
Giving women the opportunity to share their feelings and offering respectful midwifery care
To build effectively and empathic communication
To provide training and attention to the requirements of the individual within postnatal care.
Giving the mother training and practice in breathing techniques that can help her cope with stress, worry, and anxiety is an important part of the bereavement process management.

The technique of breathing and exhaling was presented to the mother using demonstrative management to build the mother's awareness of breathing (Nivethitha et al., 2018). The midwife emphasized that breathing via the nose and exhaling through the nose are very effective. In addition, the midwife mentioned that taking smooth and pleasant breaths rather than deep breaths is important. The necessity of the diaphragm's active engagement in breathing was described after noticing the breath taken. The mother was a Muslim woman and she mentioned her pray routines. Because of the spiritual aspect of midwifery, the mother's prayer practice was encouraged and supported. At this point the midwife suggested her to use the breathing techniques with the pray. So she started to use breathing techniques while praying. Prayer process was used by woman in the earlier morning. Her feedback was so exciting.

The midwife allowed the mother to confront her traumatic birth experience and share her feelings. Breathing exercises were extensively applied throughout this procedure. In addition, the midwife offered social support to help them cope with the process and the stress that may arise from this situation. Pietromonaco and Collins (2017) and Grigaityt and Söderberg (2021) defined social support as "all interpersonal interactions that assist the individual in many life changes from birth to death, and social support networks to protect the health". It was made sure that the mother could contact her midwife whenever she wanted, that she could readily communicate her thoughts, and that she could get answers to her questions to provide social support.

Follow-up and Outcomes

Second Interview

The midwife phoned the mother on the eighth day following the delivery. Feedback on the practice of breathing and praying was obtained at the interview, which was held to check the mother's condition. She remarked that these two practices had soothed her.

Second Postpartum Follow-up Check

On the 15th postpartum day, the second follow-up was conducted over the phone. She stated that she could monitor her blood pressure at home, she did not have a fever, and the episiotomy area was more comfortable and painless. The midwife established that the lochia, also known as postpartum bleeding, becomes like lochia alba (final postpartum bleeding stage) based on the information provided by the woman on the phone. The woman said that the postpartum bleeding was minimal and that she changed pads every 4-5 days in a 24-hour cycle. The woman also claimed that she felt more pleasant, her mood was better, and her sleep problems were reduced. The woman also mentioned that she followed the breathing techniques she learned from her midwife and that she believed that breathing techniques helped to reduce the negative consequences of childbirth trauma. She also added that she is now responsible for caring for her first child and playing with her first kid.

Third Interview

This interview was held because the mother called the midwife on the 21st postpartum day. The midwife understood that the woman was anxious and worried at the beginning of this interview, and she supported her in expressing her feelings. The woman stated that she wanted to see her baby's grave, but this request was not appropriate and ignored by the family members she lived with. She added her brother-in-law said to her that she must postpone her baby's grave visit, saying, "You will get worse". The midwife allowed the mother to share her feelings and avoided giving direction in this process. The midwife gave information about the physical, biological, and psychological changes in the first six weeks after birth. Considering this information, when the mother reconsidered her decision, she decided that it would be more appropriate for her to baby's grave visit after six weeks. In this interview, the midwife allowed the mother's feelings and thoughts about the baby's grave shared. At the end of this interview, the woman claimed that she was better and more peaceful because she shared her feelings.

Third Postpartum Follow-up Check

The mother came to the health care clinic on the 35th day for postpartum follow-up. Routine physical assessments are complete. Her blood pressure was 125/76 mmHg, and her temperature was 36.2.C°. Lochia was completed. She stated that she felt better psychologically. Also, she highlighted that the breathing exercises she learned during this midwifery care process made her feel very good about managing the process, and she wanted to continue in the next meeting.

Fourth Postpartum Follow-up Check

The 4th interim interview at 12 weeks postpartum was held in a cafe shop, the location of which was determined by the mother, in line with the woman's request. The woman's external appearance looked very attentive, her body language was quite relaxed, and she had a peaceful smile on her face. The EPDS was also used in the first follow-up was reapplied in this interview. The scale score was decreased to 3 score. While expressing her feelings at this meeting, the woman noted that she wanted to visit her baby's grave and that she was ready for this. She stated that she managed the bereavement process better thanks to midwifery care from a spiritual perspective. The woman, who underlined the importance of both physical and psychological support she received from the midwife during the bereavement process, stated that she survived the process without any psychological damage thanks to this care.

Beliefs about stillbirth from the case perspective

Various beliefs about stillbirth were identified from the case's narrative. The origins of beliefs found in religion. In this study, the woman expressed her belief and reliance on the creator by saying "Allah (God) gave, Allah took" after her stillbirth experience. This expression of the postpartum made us as a midwife think that it would be beneficial to include a spiritual approach in the midwifery care process. For this reason, the midwife said that in breathing exercises, one can read a prayer (to read *the Qur'an* as a holy book) that relaxes the puerperal the most while exhaling. The midwife said that she can pray when she wakes up during the night leaps. The woman, especially during the breathing exercise, stated that she recited the *Surah Fatiha* from the *Qur'an* while she was exhaling and that it relaxed her a lot. She said that she remained only in the moment during the reading process and that she did not remember the trauma or grief she experienced. She also stated that it makes her feel safer after praying during night leaps. She also stated that night leaps gradually decreased with prayer. She stated that she found this support from the midwife valuable throughout the whole process.

Spiritually care perspective from the midwife who gives care in this study

As a midwife, I believe that spiritual support that is sensitive to cultural differences is crucial during pregnancy and the postpartum period. I think that to address this, awareness and understanding must come first. To effectively manage the process if a spiritual approach is required, I obtained spiritual counseling training in addition to my other training while providing midwifery care to pregnant and postpartum women.

A person appears closer the more widely we observe them. By evaluating postpartum spirituality in this study, I was able to construct the best care plan for the woman. I changed my strategy to one that was spiritually facilitating after I discovered that postpartum prioritized her

beliefs. Both the midwife and the new mother benefited from the procedure's support of spirituality. I decided to go the route of empathy when leading this process while doing breathing exercises on my support legs.

I offered prayer including breathing exercises all through the procedure, much the same as my postpartum. When I was doing this, I had the impression that helping others and being kind to them were both beneficial to us and investments in our well-being. Despite my postpartum and the response speeches at the following meeting, I could see that the ideas made the other side feel happy. If the mother was healthy, I could see that having a second young child was beneficial for both the mother and the child. The spiritual approach used in midwifery care accelerates the process for everyone involved, ensures achievement in much less time, and makes everyone satisfied.

Discussion

The majority of international studies in the related literature focused on the causes of stillbirth, prevention of stillbirth, and negative consequences of stillbirth rather than women's bereavement experience after stillbirth (Andrews et al., 2020; Kim et al., 2020; Pekkola et al., 2020). In addition, studies on women's experiences of bereavement after stillbirth were limited to midwifery care given with a spiritual perspective (Boyle et al., 2020; Helps et al. 2020; Shakespeare et al. 2020). Except for mental health, few researchers have examined women with postpartum health who have had a stillbirth (Lewkowitz et al., 2019).

Limitations

Spiritual care after stillbirth is the strengths aspect of this case study. However, situations such as the study's not being generalizable and cultural differences being determinative are limitations.

Conclusion

The case study investigated the effect of spiritual midwifery care on the bereavement process of the woman. The midwife established a trusting relationship for the woman to express and reflect on her feelings while giving care during this process. In all follow-ups and interviews, the midwife provided midwifery care in a spiritual framework without ignoring all the physical and psychological changes that may occur during the postpartum period. In this context, she did breathe exercises with women and created awareness. At the same time, the midwife allowed the woman to blend the understanding of the breath with the woman's belief due to the spiritual aspect of midwifery. To sum up, the postpartum depression level of the woman, who could not receive professional support despite all the recommendations, decreased after the interventions were carried out within midwifery care.

The postpartum period after stillbirth is a very vulnerable process for both the woman and her family, and it is a term that should be followed very closely. Even though this process is not a living baby, midwifery care should be given, considering the postpartum period. For this reason, spiritual bereavement care should be given to these women who have given stillbirth.

Patient Perspective

"…It was essential to me that you came to my house and asked how I was doing, and it was a great support. In this process, you established sincere communication with me and told me examples from life. These examples have been a great strength for me. You supported me to manage this process in the best way possible. It was very valuable for me that you took care of me physically and psychologically and taught me breathing exercises. After I started doing breathing exercises and focusing on positive thoughts with your support, my nighttime sleep interruptions, and sensation of falling during sleep gradually decreased and now I don't experience this sense…"

Ethical Considerations

The patient gave informed consent about the study. It was applied for ethical approval. But the members of the board stated that we could conduct this case study with only informed consent of the patient.

Implications for Practice

The results of this case study may reflect a perspective on bereavement care in midwifery practice. They can plan the care of bereaved women from a spiritual perspective.

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