

Professionals - Perinatal Grief

Perinatal Grief | Information for Professionals

What is perinatal grief?

Perinatal Grief is a type of grief that occurs after the death of a baby (either by miscarriage, ectopic pregnancy, termination, or stillbirth) during pregnancy, birth, or the first month after their birth. Similar to other forms of grief, the death of a baby can cause bereaved parents acute emotional distress.

What does perinatal grief feel like to the patient?

Bereaved parents will often fluctuate through the five Stages of Grief: Denial, Anger, Depression, Bargaining, and Acceptance (Kubler-Ross). Grieving is a very individualized experience and the grief process is rarely linear.

- **Denial:** Your patient may present with shock, disbelief, and confusion. They may question you repeatedly, wondering if the loss actually happened.
- **Anger:** While they blame themselves for the loss, they also may appear angry and question “why me?” or “why did my body fail?” The patient may voice frustration with their higher power. They may focus their anger on you and question your professionalism.
- **Depression:** Your patient may display helplessness and isolation from peers or family systems. They are struggling to find emotional resilience for their partner grieving the loss of the future.
- **Bargaining:** During this stage, feelings of guilt might lead the patient to avoid feelings of grief through negotiation (e.g., “I promise to be a better person if I get pregnant again and do not have a repeat loss”). They might also experience “what if” and/or “if only” feelings, such as, “What if I had gone to the doctor sooner? Then maybe my baby could have been saved.”
- **Acceptance:** At this phase, there is reconciliation of the loss, a restored capacity to feel pleasure, exploring alternative family planning options.

How does perinatal grief differ from other forms of grief?

The major difference with perinatal loss is that the death is of someone who has not been born yet or was not living a long time. Perinatal loss involves not only the physical loss of a baby, but also the emotional loss of an envisioned future.

Screening options

When screening for perinatal grief, we recommend using the following tools:

- The Perinatal Grief Scale

- The Edinburgh Postnatal Depression Screen (EPDS)
- The Patient Health Questionnaire-9 (PHQ-9)

Non-pharmacologic treatments

There are ways you can care for the birthing individual and their support person if the death of the baby occurs in a clinical setting:

- Provide empathetic, empowering, and individualized care: (e.g. spend extra time with the family, express that all feelings are welcome, do not pathologize intense grief reactions). Feel comfortable showing that you, too, feel the loss (if you do).
- If appropriate, offer parents the opportunity to view, touch, hold, and name their dead baby. For many individuals, this can be an important aspect of the grieving process.
- When they are ready to receive it, share a list of referrals for individual, group, or couples counseling.
- Cognitive behavioral therapy (CBT) is a common orientation used for treating patients experiencing pregnancy loss.
- Schedule a follow-up within 10 days of a perinatal loss.

Pharmacologic treatments

Antidepressants are typically prescribed for depressive reactions associated with bereavement. It is not beneficial to the patient to medicate away their feelings, but if their functioning is compromised, medication may be called for.

The best treatment for perinatal grief is psychotherapy but the combination of psychotherapy and medication may be warranted if therapy alone does not address the patient’s maladaptive grief responses.

Medication	Starting Dose	How to Increase	Therapeutic Range
Sertraline (Zoloft)	25 mg	Increase to 50 mg after 4 days. Increase to 100 mg one week later.	50-200 mg
Fluoxetine (Prozac)	10 mg	Increase to 20 mg after one week.	20-40 mg
Citalopram (Celexa)	10 mg	Increase to 20 mg after one week.	20-40 mg
Escitalopram (Lexapro)	5 mg	Increase to 10 mg after one week.	10-20 mg

NOTE: For all of these medications, temporary side effects can include: nausea, constipation, diarrhea, unsteadiness, grogginess, headaches, dizziness, dry mouth, and vivid dreams. Prolonged side effects can include: weight gain, increased appetite, low libido, anorgasmia, and insomnia.

Citation

Kübler-Ross, E. (1969). On death and dying. New York, NY: Macmillan Publishing.

Resources to Share with Your Patients

Perinatal Grief Information for Parents