

Grief and compassion in the birthing suite

February 25 2016, by Fiona McGill



Credit: Flickr/Tasiana Vdb

Midwives devote their careers to delivering healthy newborns into the arms of their parents. But what happens when things go wrong and the long-awaited baby is not born alive?

In Australia, there are an estimated 2.7 stillbirths per 1000 births

annually – that is more than 2,000 babies a year. Globally, more than 2.5 million [babies](#) are stillborn each year.

Mothers, fathers and extended families are left bereft and distressed. And midwives, trained for the noisy exuberance of the delivery suite and the rollercoaster care roster of an infant's first days, must deal with another world – one that is quiet and still, save for heartbreaking sobs.

"In midwifery 99 per cent of births are joyous – sometimes they may be scary but by and large they're joyous," says Professor Caroline Homer, director of the Centre for Midwifery, Child and Family Health at UTS.

"But when midwifery is black, it's really black – there's not a lot of grey in the birthing suite."

UTS midwifery student Zoe Streatfeild attended a stillbirth during her second-year prac at a small Sydney hospital.

A 34-year-old woman, pregnant with her third child, reported her baby had stopped moving and an ultrasound confirmed there was no heartbeat. She was induced at 7am the next day and about 90 largely silent minutes later, her baby was stillborn.

"The mum was keen to get it going and there was only the doctor and midwife there so I asked to go in," says Streatfeild. "The labour was really fast and without her family there I was her support person."

Looking back on the day, Streatfeild says it was "almost a nice experience ... making the best of the situation we had.

"I was in and out all day, looking after the new mother who'd just been through a labour and birth. She held her baby until the afternoon – her husband came in, and her parents and siblings. The baby was dressed and

we did photos, handprints, footprints ... recording memories as you would with any newborn."

Professor Homer says stillbirth requires empathy and sensitivity from the midwives charged with caring for the woman and her family. "The things we as midwives say in the early days are really important and we know they stay with the families for a long time," says Professor Homer.

"In a stillbirth situation there are two things to say: 'I'm very sorry for your loss. And 'what is your baby's name?' In that way, the midwife is showing she's not afraid to enter the woman's grief – and the women genuinely want to talk."

A powerful innovation in training midwives at UTS is to have families tell students their stories of loss with all the raw sadness that entails.

"It's the power of experiential learning - walking alongside women because that's where you learn the most," says Professor Homer."

At the same time, bereavement care is important for [midwives](#) themselves. Writing in The Lancet, for its recent series "Ending preventable stillbirths", Professor Homer said: "Supportive bereavement care can help families deal with their loss and also help the health-care professional address her or his own feelings of distress and sadness after a stillbirth."

As a UTS student, one of the most significant classes registered midwife Lilli Harrison attended was "taught" by a grieving young couple.

"We had done a unit on grief and loss and I knew the statistics but no amount of learning can prepare you for the look on the faces of a family experiencing grief at a time that should be so joyful," says Harrison, now

on maternity leave and caring for her own baby.

"The couple's story was beautiful and the entire class cried. Textbooks can't make you feel like that which is why I think it was one of the most important classes I attended. It inspired me."

Provided by University of Technology, Sydney

Citation: Grief and compassion in the birthing suite (2016, February 25) retrieved 20 February 2023 from <https://medicalxpress.com/news/2016-02-grief-compassion-birthing.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.