

SUPPORTING WOMEN, FAMILIES, AND CARE PROVIDERS AFTER STILLBIRTH

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Stillbirths are responsible for 2.6 million deaths per year.¹ Each stillbirth is accompanied by great sadness and often distress, not only for the woman, father, and families,² but also for the health professionals, especially midwives, who attend them. Midwives are particularly affected because they are usually the ones who attend the births and provide social and emotional support to the family, before and after the birth. The *Lancet* Series on Ending preventable stillbirths^{1,3} highlights both the actions that can reduce the risk of intrapartum stillbirths, including skilled attendance at birth and facility delivery, and also the importance of bereavement care.

Midwifery can provide high quality, respectful maternal and newborn care that focuses on the needs of women and newborn babies by promoting optimum neurophysiological, social, and cultural processes and strengthening women's capabilities in a positive and supported way.⁷⁻⁹ These requirements are set out in the Quality Maternal and Newborn Care Framework in *The Lancet's* 2014 Midwifery Series, which detailed the values, philosophy, organisation, and care needed for women and newborn babies.⁷

The *State of the World's Midwifery Report*¹⁰ has shown that midwives can provide 87% of essential maternal and newborn health interventions,¹¹ including family planning, and can ensure access to specialist and comprehensive emergency care when necessary. The *Lancet* Series on Midwifery⁷⁻⁹ showed that the number of stillbirths would be reduced if there was increased coverage of the interventions delivered by midwives—even a moderate 10% increase would result in a 26% reduction in stillbirths in low-income countries.¹² Midwives who are educated, regulated, and well networked into a functional health system are the most cost-effective providers of the essential interventions¹¹ that help prevent maternal and newborn deaths and

stillbirths. Investment in midwifery within a functional health system with access to effective consultation and referral will save lives of mothers and babies.

Although effective midwifery care will reduce the number of stillbirths, the care of women and families who experience stillbirth remains crucial. How health systems support and respect the affected family is a core component of how they will recover from their loss. Essential bereavement care is at the heart of this recovery process and midwives should respect the individuality and diversity of parents' grief, show that they recognise and value the baby (eg, by using the baby's name), provide information in a parent-centred way, and enable the creation of memories for the parents.^{13,14} Staff need to show sensitivity and empathy, validate the emotion of parents, provide clear information, and be aware that the timing of information could be distressing.¹⁵ Supportive bereavement care can help families deal with their loss, and can also help the health-care professional address her own feelings of distress and sadness after a stillbirth (panel).

The response of the health system to the care of women who experience stillbirth and the health professionals who attend affected families is a marker of a health system's overall performance and can contribute to the resilience and long-term retention of the workforce. All health-care providers need training to ensure that they are equipped to provide appropriate care after a perinatal death and access to debriefing and professional support for themselves.

Being with women who experience stillbirth is emotionally challenging for health professionals. Cultural beliefs in some countries, such as not naming the stillborn baby, burial rituals which involve parents having to bury their stillborn baby, and no public mourning for the lost child, can make it difficult for women and their families to come to terms with the loss, as well as for health professionals who are expected to respect these beliefs. Bereavement training must therefore be included in midwifery education. Students are often protected from caring for families who have had a stillbirth because of their inexperience. Thus, student midwives have little preparation for stillbirths and are often unable to adequately support women or one another when the time comes to provide care. Stories from mothers and fathers who have experienced stillbirth can be a useful way to facilitate learning in midwifery education¹⁶ by giving students insight into the perspectives of affected families.

Bereavement care and support for health-care providers is important in all contexts and countries. When such support is missing due to scarce resources, the burden of loss is even greater for the women and families, as well as for the midwives, doctors, and nurses who attend them. Attention must be given to the care of both families and the health professionals who attend them to ensure that the burden of grief after a stillbirth does not affect the capacity to provide quality care to women and newborn babies.

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- 1 Frøen JF, Friberg IK, Lawn JE, et al, for *The Lancet* Ending Preventable Stillbirths Series study group. Stillbirths: progress and unfinished business. *Lancet* 2016; published online Jan 19.
- 2 Darmstadt G. Stillbirths: missing from the family and from family health. *Lancet* 2011; **377**: 1550–51.
- 3 Lawn JE, Blencowe H, Waiswa P, et al, for *The Lancet* Ending Preventable Stillbirths Series study group with *The Lancet* Stillbirth Epidemiology investigator group. Stillbirths: rates, risk factors, and acceleration towards 2030. *Lancet* 2016; published online Jan 19.
- 4 Heazell AEP, Siassakos D, Blencowe H, et al, for *The Lancet* Ending Preventable Stillbirths Series study Group, with *The Lancet* Ending Preventable Stillbirths investigator group. Stillbirth: economic and psychosocial consequences. *Lancet* 2016; published online Jan 19.
- 5 Flenady V, Wojcieszek AM, Middleton P, et al, for *The Lancet* Ending Preventable Stillbirths study group and *The Lancet* Stillbirths In High-Income Countries Investigator Group. Stillbirths: recall to action in high-income countries. *Lancet* 2016; published online Jan 19.
- 6 de Bernis L, Kinney MV, Stones W, et al, for *The Lancet* Ending Preventable Stillbirths Series study group with *The Lancet* Ending Preventable Stillbirths Series Advisory Group. Stillbirths: ending preventable deaths by 2030. *Lancet* 2016; published online Jan 19.

- 7 Renfrew M, McFadden A, Bastos H, et al. Midwifery and quality care: findings from a new evidence-informed framework for maternal and newborn care. *Lancet* 2014; **384**: 1129–45.
- 8 ten Hoop-Bender P, de Bernis L, Campbell J, et al. Improving maternal and newborn health through midwifery. *Lancet* 2014; **384**: 1226–35.
- 9 Van Lerberghe W, Matthews Z, Achadi E, et al. Country experience with strengthening of health systems and deployment of midwives in countries with high maternal mortality. *Lancet* 2014; **384**: 1215–25.
- 10 United Nations Population Fund, International Confederation of Midwives, WHO. State of the world's midwifery. Barcelona: United Nations Population Fund, International Confederation of Midwives, World Health Organization, 2014.
- 11 The Partnership for Maternal, Newborn & Child Health. A global review of the key interventions related to reproductive, maternal, newborn and child health. Geneva: The Partnership for Maternal, Newborn & Child Health, 2011.
- 12 Homer C, Friberg I, Dias M, et al. The projected effect of scaling up midwifery. *Lancet* 2014; **384**: 1146–57.
- 13 Flenady V, Boyle F, Koopmans L, Wilson T, Stones W, Cacciatore J. Meeting the needs of parents after a stillbirth or neonatal death. *BJOG* 2014; **121** (suppl 4): 137–40.
- 14 Hennegan J, Henderson J, Redshaw M. Contact with the baby following stillbirth and parental mental health and well-being: a systematic review. *BMJ Open* 2015; **5**: (e008616).
- 15 Peters M, Lisy K, Riitano D, Jordan Z, Aromataris E. Caring for families experiencing stillbirth: evidence-based guidance for maternity care providers. *Women & Birth* 2015; **28**: 272–78.
- 16 Smith R, Homer A, Homer D, Homer C. Learning about grief and loss through Harper's story. *MIDIRS Midwifery Digest* 2011; **21**: 19–21.