Compassionate Clinical Practice: Supporting Men Following Perinatal Death

Conference or Workshop Item

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COMPASSIONATE CLINICAL PRACTICE: SUPPORTING MEN FOLLOWING PERINATAL DEATH

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Despite improvements in maternity health care services and neonatal intensive care units in the last few decades, over 7 million perinatal deaths occur worldwide each year (Flenday et al, 2014).

England and in Wales, 1 in every 200 babies is stillborn.

1 in every 300 dies in the first four weeks of life.

Most common form of mortality in early life (ONS, 2014; Redshawe et al, 2014).
Anxiety, depression, post traumatic stress disorder (PTSD) and risk of suicide (Gold et al, 2010; Kagami et al, 2012).

Much less is known about the impact of this trauma for father’s (Christiansen, 2017; McCreight 2004, ).

Focus on gender differences with men reportedly experiencing less traumatic symptoms when compared with mother’s (Christiansen, 2017).
Key transitions into fatherhood
Active and significant role of contemporary father’s in parenting
Increased infant attachment - ultrasound scans, prenatal classes
Add to identification as a father
Father’s may be at risk of experiencing intense grief
Father’s are less likely to appear in bereavement studies even when invited
Men do grieve

- Employment difficulties, financial debt, increased substance use (Burden et al., 2016).
- Use alcohol to manage their loss
- Anxiety and depression checklists may not pick up on symptoms of mental distress.
- Lower levels of grief reported by fathers in many quantitative studies
- Interpreted as ‘grief suppression’ since they downplay their grief
- Due to societal expectations
- Role as being one of support (Burden et al., 2016, Murphy, 1998).
“My wife, Sophia was still ill after our baby Lilly, had been born and I found myself going between my wife and the baby, not really sure where to be. I was with Lilly while all the people were around her talking about her prognosis and going back to feed the information to my wife. She was asking a lot of questions and desperately wanted to see her baby. She was upset and so was I. I was just about ready fall apart but the thought of crying of other people had me fighting hard with myself. I tried to rationalise it but kept busy instead dealing with all the questions from family. The questions were directed towards Sophia. I began to feel like I wasn’t involved. I had already done enough to talk myself out of the grief I was feeling but each question concerned Sophia and the baby my underlying belief confirmed – as a man I wasn’t supposed to cry, I had to be strong and not to feel.”
Father’s accounts

“ I feel that I should have managed the death of my daughter more like a man. I cried, but my wife’s family just got mad at me and said I should man up and get a hold of myself, your wife needs you.”

“ I feel that loss is owned by the women and not by the men. In my experience people seem to think that men don’t grieve. I found it immensely difficult to articulate verbally how I felt.”

“ I have felt really lonely in my grief, no-one talked to me about it, everyone seemed concerned for my partner. That is quite right but I was somehow lost in all of it.”
Men’s role remains peripheral
Their role is to support for the partner.
Fathers may underplay their grief
A need to ‘appear strong and supportive for their partners’.
Their sense of shock, loss and grief – internalised
Hopes of the future and expectations lost
Invisibility of perinatal loss
Claiming one’s grief for it to be recognised
Sensitive care after perinatal loss involves facilitating the grieving process.

Encouraging parental expression of grief and facilitating memorialisation practices.

Men want their child personified as a human being.

Creation of memories an important factor in recovery (taking handprints, footprints, holding the baby).

Since 2007 studies challenge clinical guidelines.

Initiatives critiqued for being a ‘tick box’ exercise.
“They kept asking us what do we want to do the body? We had no idea, because it wasn’t what we expected. It wasn’t until the bereavement officer explained things in a calm way that we were able to think.”

“We were told well we don’t know what happened and it is probably for the best because he would have been severely disabled.”

“There didn’t seem to be much time to have with our baby, it felt rushed and they needed the bed. That felt pretty crass. I have since learnt that this is not something which happens to everyone.”
Care and impact on grief
How to respond to silent voices?
Father’s want to be seen as more than supporters and comforters
Father’s want to be acknowledged
Value and appreciated staff who collected ‘tokens of remembrance’, to spend time with their child
Fathers’ also have strong feelings of warmth, pride, tenderness
CONCLUDING REMARKS

- Father’s are vulnerable too
- But don’t report feelings of anxieties and depression
- Opportunities to learn firsthand experiences
- Hard for clinicians too
- Recognise what has been lost – fatherhood, a future
- Social and cultural influences
- Practices and responses live on in memories
Thank you to all the parents who took part in this research and to their children who will always be remembered.