Perinatal Loss: considerations for treatment of prolonged grief



13 June 2025





Introductions





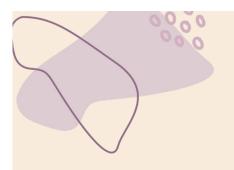
Dr Sarah Healy Perinatal Clinical Psychologist Clinical Director. The Perinatal Psychology Co-Founder,

The Pearl Institute of Perinatal Psychology



Dr Kyla Vaillancourt Clinical Psychologist Clinical Academic Research Fellow Associate with the Perinatal Psychology Practice







Our Aims

To define perinatal loss and describe how grief in this context may differ from other forms of bereavement

To describe common psychological impacts of perinatal loss

To describe clinical considerations for assessment and therapeutic support





HOUSEKEEPING

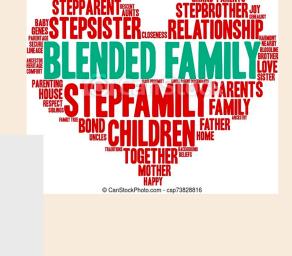












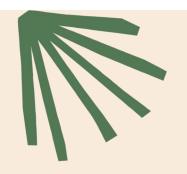






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Darwin, Z., Domoney, J., Iles, J., Bristow, F., McLeish, J., & Sethna, V. (2021). Involving and supporting partners and other family members in specialist perinatal mental health services: Good practice guide. NHS England.



Definitions

Perinatal: "peri" = around, "natalis" = of or pertaining to birth

Prenatal/antenatal= during pregnancy, before birth Postnatal= after birth Intrapartum= period during labour and childbirth

You might also hear "partum" instead of "natal"- antepartum, postpartum

In relation to mental health, 'perinatal' usually refers to the period from conception up until the end of the first postnatal year

Sometimes extended to the end of the second postnatal year ('first 1001 days')

UK Context:

NHS Perinatal Mental Health Services



NHS Talking
Therapies for
Anxiety and
Depression



Maternal Mental Health Services



Community
Perinatal
Mental Health
Teams



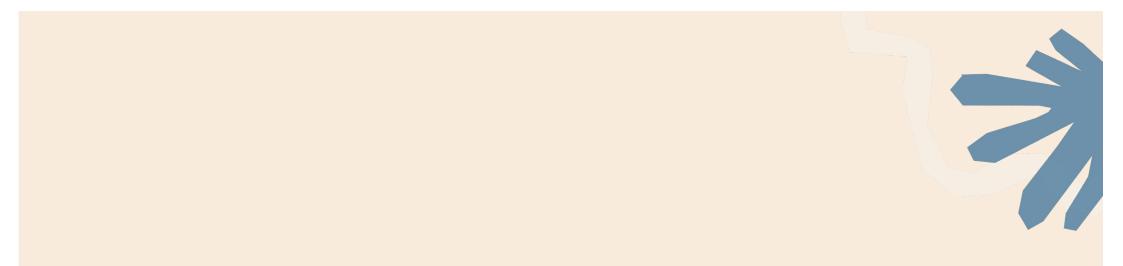
Mother and baby inpatient units



Parentinfant services



Neonatal Intensive Care Services





Types of Perinatal Loss

Miscarriage
Ectopic Pregnancy
Termination for medical or non-medical reasons
Stillbirth
SUDI/ SIDS
Neonatal death
Loss of fertility
Separation from babies / children taken into care

Loss of identity

Other bereavement during the perinatal period

Often accompanied by "non-death losses"

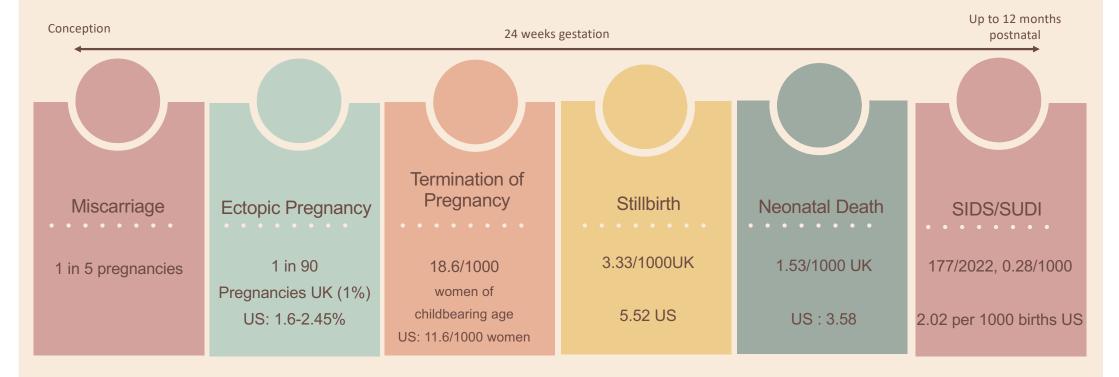
Loss of idealised/healthy child

Loss of imagined experience of pregnancy/ birth/feeding/postnatal period

Loss of friends, social group

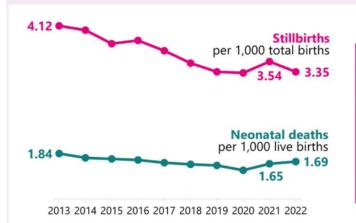
Loss of previous relationship to past physical body

Types of loss we will be covering today



1 in 4 pregnancies end in loss

1. Stillbirth rates decreased across the UK in 2022, but neonatal mortality increased



Country	2021	2022	
UK & Crown Dependencies	3.54	3.35	
England	3.52	3.33	
Scotland	3.27	3.31	
Wales	3.88	3.63	
Northern Ireland	4.09	3.49	

Stillbirths per 1.000 total births

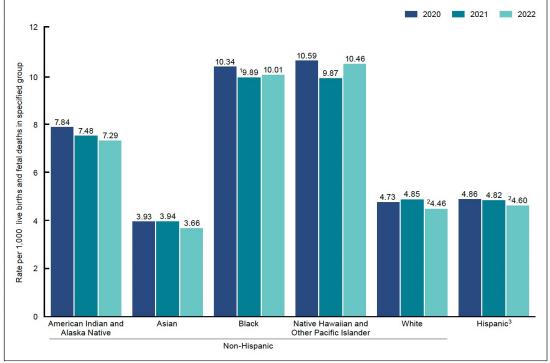
Neonatal deaths per 1,000 live births				
	Country	2021	2022	
	UK & Crown Dependencies	1.65	1.69	
	England	1.60	1.67	
	Scotland	1.91	1.59	
	Wales	1.70	1.91	
	Northern Ireland	2.46	2.29	

4. Despite recent improvements, inequalities in mortality rates by deprivation and ethnicity remain



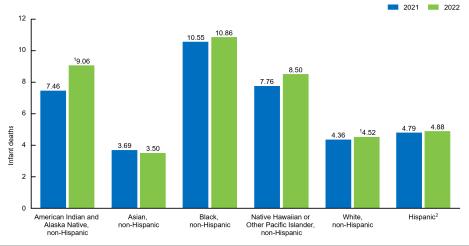
Source: MBRRACE-UK Perinatal Mortality Surveillance Report for births in 2022

Figure 2. Fetal mortality rate, by race and Hispanic origin of mother: United States, final 2020 and 2021 and provisional 2022 data



Significantly lower than 2020 (p < 0.05), Significantly lower than 2021 (p < 0.05), "People of Hispanic origin may be of any race, SOURCE: National Center for Health Statistics, National Vital Statistics System.

2. Infant mortality rate, by race and Hispanic origin: United States, 2021 final and 2022 provisional



¹Significantly different from 2021.
²People of Hispanic origin may be of any race.
SOURCE: National Center for Health Statistics, National Vital Statistics System, linked birth/infant death file.

Video



What is unique about grief following perinatal loss?

What is unique about perinatal loss?



Stage in the life cycle



Connection to physical body



Nature of relationship

Stage in the life cycle

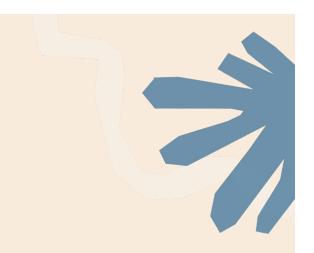
- Death where expecting joy and new life
- Pressure to become pregnant again
- Feeling left out, left behind, hurt, angry, failure
- Shared loss with partner and family

Connection with physical body

- The mother's body is part of the baby's creation, growth and protection
- Unanswered questions/reasons and future uncertainty
- Physical experiences and responses
- Moral and ethical dilemmas
- Blame, shame, failure, sense of personal responsibility
- Physical reminders / triggers

Nature of relationship

- Relationship is still forming
- Memories may not be like memories of other relationships
- Grief for imagined future, imagined child and identity
- Lack of rituals and recognition by others



Impact of perinatal loss

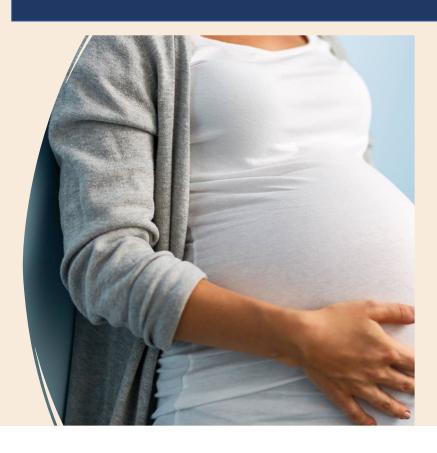


Impact on Individual



- Anxiety or depressed mood
- Rumination and/or pre-occupation with circumstances around the loss
- Emotional and behavioral avoidance
- PTSD or OCD symptoms
- Prolonged or Complicated grief response
- Difficulty trusting others, inc professionals
- Shattering or confirmation of beliefs about self, others, world, future
- Difficulty in allowing positive emotions or safely managing negative emotions
- Anger, loneliness, isolation, numbness, detachment
- Excessive self-blame, shame, guilt
- Hopelessness, suicidal ideation, self-harm
- Functional impairment (social, occupational, self-care, parenting)
- Future child-bearing decisions and experiences

Subsequent Pregnancies



- Anxiety
- Difficulties with uncertainty of pregnancy
- Difficulties managing risk (e.g. what I eat, what I do)
- Seeking a high degree of control, excessive checking and reassurance seeking
- Pre-existing PTSD or re-emergence of trauma symptoms
- Grief and wanting to remain close to baby that was lost, feelings of conflict around this
- Detachment from foetus/baby
- Not wanting to feel positive emotions
- Intrusive, obsessional thoughts
- Fear of Childbirth/Tokophobia
- Postnatally: baby's breathing, triggers around anniversaries, bonding

Interacting with others following loss



- Sharing the news, having to do this repeatedly
- Managing the reactions of others
 - Insensitive responses, lack of empathy
 - Their own grief
- Feelings of guilt about the impact on others, particularly family
- Change in relationship with friends
- Friends/families with babies of the same age or who are pregnant
- Colleagues
- Acquaintances How many children do you have? Did you have your baby?
- Dealing with health care professionals, particularly around another pregnancy
- Talking to other children

Couple Relationship





Couple relationships have a higher rate of dissolving after miscarriage or stillbirth, compared with live birth.



Shared nature of loss- key source of support but also can be a trigger for distress.



Different styles of grieving. Making space for one's own grief at the same time as supporting a partner/family member.



Impact of loss on all aspects of relationship, including sex and intimacy.



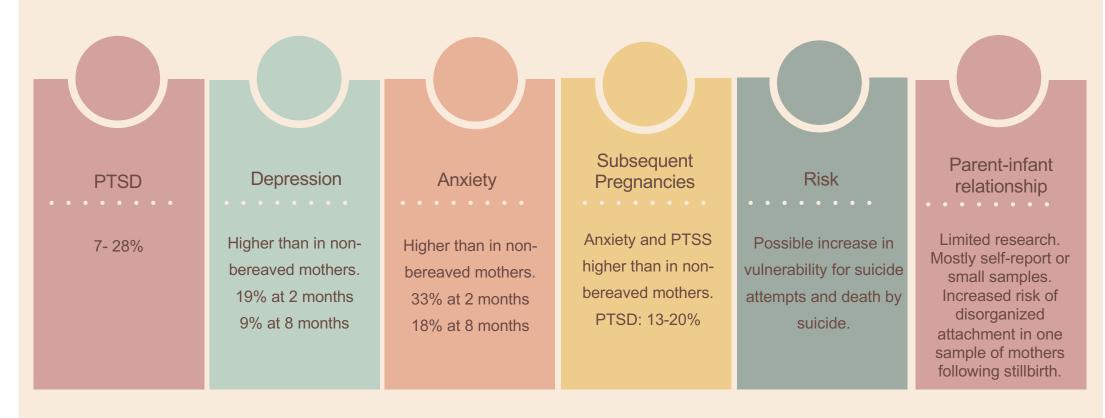
Either or both partner's previous experience of loss / trauma / "unresolved" issues.



Implications for future pregnancies that affect both partners. May have different childbearing goals.



Impact of Perinatal Loss on Mental Health



Need for higher-quality research in some areas

Prolonged Grief & Perinatal



Limited Evidence

Only aware of one study (Kersting et al., 2007) that used clinical interview (following Complicated Grief Module, pre DSM-V) in women following termination for foetal anomaly – prevalence of 14% at 14 months post-loss

Self-Report Measures

Varying prevalence ranging from 12-50% in studies which have used self-report instruments (samples recruited from charitable organisations).

Guilt & self-blame following perinatal loss has been associated with more complicated grief symptoms.

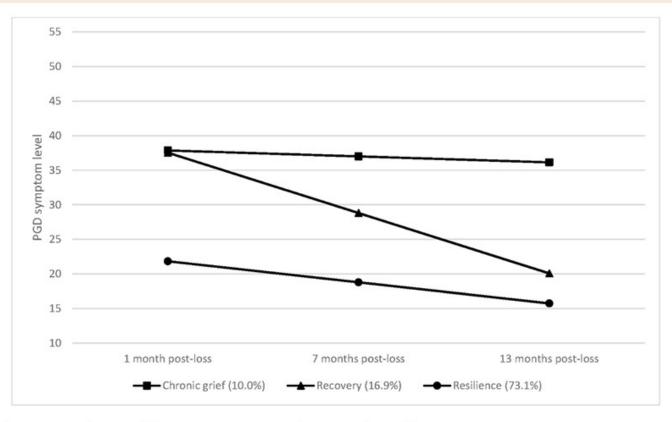
Need for more research!

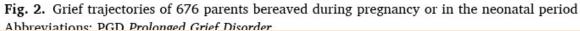
A recent systematic review of the literature about complicated grief following perinatal loss (Zhang et al., 2024) found only 10 studies! A mix of survey and qualitative studies. Only one (above) using diagnostic criteria.

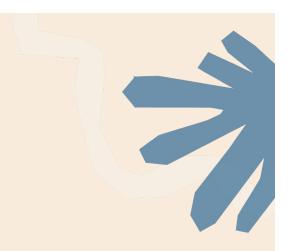


PGD-13 over time

Mørk, S., Hvidtjørn, D., Möller, S., Henriksen, T. B., O'Connor, M., & Bonanno, G. A. (2023). *Grief trajectories after loss in pregnancy and during the neonatal period.* Journal of Psychiatric Research, 168, 293-299.







Considerations for treatment



Current State of Research

CBT

RCTs for internet delivered CBT for perinatal CG.

IPT

IPT

RCTs support treatment for major depression following perinatal loss and sub-syndromal depression following miscarriage.



Psychosocial interventions

Meta-analysis of RCTs for a range of psychosocial interventions - support for reduction of anxiety, depression and grief, but overall quality of studies is poor.



Exposure in Pregnancy

No evidence of adverse outcomes, untreated mental health problems carry risks for the infant.



Couples

Poor quality and very few studies, mostly focused on counselling, some possible benefits in relation to treating grief and depression.

Helpful Questions During Assessment

How many pregnancies have you had?

How did you discover you were having a miscarriage/stillbirth?

Where did it happen? What treatment did you receive?

What was your physical experience of the loss?

Did you know the sex of the baby?
Did you name the baby?

Were you able to hold your baby? Take photos or any other memory making?

In your family or culture, are there any rituals or traditions when a person dies?

How was your physical recovery?

Was there a post-mortem investigation? Did you have the option of a ceremony or funeral?

Do you have flashbacks or intrusive memories of the loss?

How would you like me to refer to your loss when we are talking about it together?



Consider Perinatal Context

Timing, what is most important now

Physical and emotional changes or tasks currently and upcoming

Culture, religion and spirituality

Who else is around?

Personal relationships, impact of loss on these

Other professionals

Holding in mind baby or other children

How might treatment support positive relationship with existing children or future children?

How do they want this event to be a part of their story and life moving forward?



Relationship with baby: pregnancy & postnatal

Anxiety and struggling to bond with baby is very common in pregnancy following loss

Not necessarily a sign of difficulties that will persist

Treating maternal mental health problems in pregnancy is one of the best things we can do for developing foetus and to help relationship post-natally

Review once baby is born, potential challenges may include:

- Hypervigiliance/overprotection/anxiety/obsessive behaviours (e.g., checking) related to baby's well-being
- Conflict between relationship with baby who has died and baby who is alive
- Cut-off / disconnected



Our own perinatal journey



Our own experience with loss and grief

Impact of work on us as health professionals



Repeated stories of trauma and loss- vicarious trauma, burnout



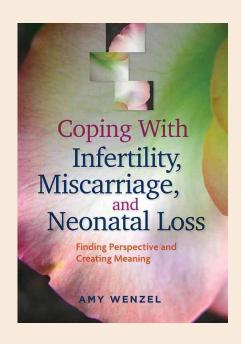
Moral injury- meeting need and offering care we want in systems we are in

Love came first...

You don't move on after loss, but you must move with. You must shake hands with grief, welcome her in, for she lives with you now. Pull her a chair at the table and offer her comfort. She is not the monster you first thought her to be. She is love. And she will walk with you now, stay with you now, peacefully. If you let her. And on the days when your anger is high, remember why she came, remember who she represents. Remember. Grief came to you my friend because love came first. Love came first.

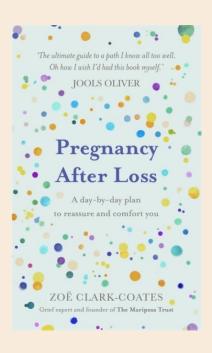
Words and art by Donna Ashworth

Relevant Books



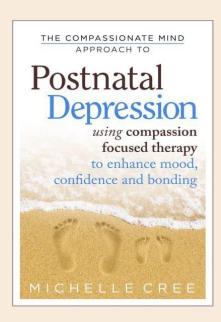
Coping with Infertility, Miscarriage and Neonatal Loss

Amy Wenzel



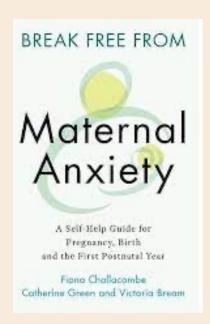
Pregnancy after Loss

Zoe Clarke-Coates



Compassionate
Mind Approach to
Postnatal
Depression

Michelle Cree



Break Free from Maternal Anxiety

Fiona Challacombe, Catherine Green, Victoria Bream

Upcoming Course Free Resource Library

Jan 30

Using Exposure Based Approaches in the



Prof Heather O'Mahen & Dr Sarah Healy

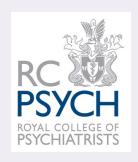


https://pearlperinatal.com/training/









Elearning course

Anxiety disorders in the perinatal period €

RCPSYCH Learning Hub









QUESTIONS?

Sarah Healy sarah@perinatalpsychologypractice.co.uk www.linkedin.com/in/dr-sarah-healy-perinatal

Kyla Vaillancourt kyla@perinatalpsychologypractice.co.uk www.linkedin.com/in/kyla-vaillancourt-0aa76539

THANK YOU!