

Frequency of Grief Among Women Presenting with Perinatal Loss in Previous Pregnancy and Now Coming For Antenatal Check in First Trimester

Grief Among Women Presenting with Perinatal Loss

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ABSTRACT

Objective: To find the frequency of grief among pregnant women in first trimester who experienced perinatal loss in previous pregnancy.

Study Design: Descriptive Cross sectional Study.

Place and Duration of Study: This study was conducted at the Department of Obstetrics & Gynecology, Services Hospital Lahore from November 2020 to October 2021.

Materials and Methods: 18-40 years of age pregnant women with gestational age < 12 weeks with history of perinatal loss in previous pregnancy were included in the study group. Pregnant women with any diagnosed psychological illness or those not willing to participate were excluded from the study. Females were questioned whether they were feeling guilt or anger for their loss or if they felt nothing about the perinatal loss. HADS score (Hospital Anxiety and Depression Score) was noted. All the collected data was entered and analysed on SPSS version 21.

Results: In our study the mean age was 29.29 ± 6.57 years, the pregnancy loss was noted in 94 (47%) patients and neonatal death was noted in 106 (53%) patients. The grief was found in 147 (73.5 %) patients.

Conclusion: Frequency of grief among women having perinatal loss in previous pregnancy was 53.2% when they presented for antenatal check up in first trimester in new pregnancy.

Key Words: Grief, Pregnancy loss, Neonatal death, Trimester

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INTRODUCTION

Perinatal loss is the loss of fetus during pregnancy. Loss may occur early in pregnancy in the form of miscarriage, ectopic pregnancy or later on in the form of intrauterine fetal demise or intrapartum death. Perinatal loss causes grief but may also cause anxiety and apprehension in regards to the future pregnancy¹. Pregnancy is the time of intense emotional experience by the parents. Parents specially mother hopes and dreams about the baby.

Any adverse outcome may become the root cause of prolonged distress. Support from the caregivers is great source to overcome their grief.²

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Psychological impact of perinatal loss manifests in many ways. Early embark on another pregnancy, maternal anxiety, emotional vulnerability, fear of again going through the same experience of loss are among the few manifestations of emotional distress felt by the woman. This may lead to preterm birth and low birth weight in the subsequent pregnancies.³

A U.K longitudinal study reported that emotional stress of adverse perinatal outcome may influence the next pregnancy and it may even persists afterwards causing disputed maternal attachment and long term emotional and social morbidity.⁴

Perinatal mortality or perinatal death, refers to the death of a fetus or neonate and is the basis to calculate the perinatal mortality rate.⁵ 6.3 million perinatal deaths are reported in a year, globally. Majority of these occur in developing countries. While 27% alone are among the least developed countries.⁶

Grief after the perinatal loss is troublesome in the sense that our society expects only a healthy live baby. Such an outcome is celebrated whereas in case of adverse outcome woman and her partner are left alone to mourn and are usually not extended enough support by the society.⁷ Women are not given the chance to see, hold or kiss the baby. This may complicate the grieving process for the couple.⁸ Clinically grief can be

quantified with Hospital Anxiety and Depression Scale (HADS) scoring. It is a fourteen-item scoring system to measure anxiety and depression. Both anxiety and depression have seven sub-scales. A score from zero to three is given for each sub-scale. We have used this scoring system in our study.⁹

The rationale of this study is to find the frequency of grief among women presenting during first trimester of pregnancy with history of perinatal loss in previous pregnancy. Literature shows that more than 50% females feel grief or undergo stress after perinatal loss.¹ In antenatal clinics, a number of women report with history of perinatal loss. The emotional and psychological aspects related to grief pertaining to previous perinatal loss are usually not given attention by the caregivers. But proper evidence is missing. This study will help to guide the caregivers extend social and emotional support to the mothers to overcome the grief and reduce the anxiety for the outcome of current pregnancy.

MATERIALS AND METHODS

This descriptive cross sectional study was conducted from Nov 2020 to Oct 2021 in the Obstetrics & Gynecology Department, Services Hospital Lahore. Informed written consent was obtained from patients. Sample size of 200 cases were calculated with 95% confidence level, 7% margin of error and taking expected percentage of grief i.e. 53.2% in females presenting with perinatal loss. Pregnant women of 18-40 years of age presenting with gestational age < 12 weeks with history of perinatal loss in previous pregnancy were included in the study group. Pregnant women with any diagnosed psychological illness or those not willing to participate were excluded from the study.

Demographic details (name, age, education, parity, socioeconomic status) were also obtained. Women were interviewed whether they were feeling guilt or anger for their loss or if they felt nothing about the perinatal loss. Their responses were recorded on predesigned performa. Recorded responses were evaluated and HADS score was calculated with the help of psychiatrist. Urdu version was used for better understanding of the patients. If HADS score of > 9 was obtained, then grief was labelled. Data was entered in SPSS 21. Quantitative data such as age was presented as mean and standard deviation. Categorical data like gender, type of perinatal loss and grief, educational status and economic status were presented as frequency and percentage. Data was stratified for age, parity, socioeconomic status, education, type of perinatal loss and inter-pregnancy interval. Post-stratification, chi-square test was applied to compare frequency of grief in stratified groups with p-value ≤ 0.05 was taken as significant. Parity was presented as frequency.

PROFORMA

Frequency of grief among women presenting with perinatal loss during first trimester

Case No: _____ Reg. No.: _____

Date: _____

Name: _____

Age: _____

Parity: _____

Education of female:

Illiterate Matric Graduation

Socioeconomic status:

Low (<10,000Rs/month).

Middle (11-50,000Rs/month)

High. (>50,000Rs/month)

Type of perinatal loss:

Pregnancy loss Neonatal death

Inter-pregnancy interval: _____ years

HADS score: _____

Grief: Yes No

RESULTS

In our study, total 200 patients were enrolled. The mean ages was 29.29 ± 6.57 years with minimum and maximum ages of 18 & 40 years respectively. In this study 54 (27%) patients were with zero parity, 63 (31.50%) patients were with parity one, 46 (23%) patients were with parity two and 37 (18.50%) patients were with parity three. 69 (34.5%) patients were from low socioeconomic status, 61 (30.5%) patients were from middle socioeconomic status (SES) while 70 (35%) patients were from high socioeconomic status. The illiterate patients were 67(33.5%), patients with matric education were 57 (28.5%) and the patients with graduate education were 76(38%). Table no. 1

The study results showed that total patients with age ≤ 30 years were 109 and grief response was noted in 59 out of these 109 cases, similarly the patients with age > 30 years were 91 and grief response was noted in 49 out of these 91 cases. There was no statistically significant difference between the grief response with age i.e. p-value = 0.968. Table no.4

Patients with primary parity were 117 and grief response was noted in 60 cases, while the patients with multi-parity were 83 and grief response was noted in 48 cases. No statistically significant difference was found between the two groups (p-value = 0.360). Similar results with no statistically significant difference were obtained for the grief response with parity, SES and educational status of women. i.e. p-value of 0.360 , 0.767 and 0.344 as shown in Table no.4

Early pregnancy loss was noted in 94 (47%) patients and neonatal death was noted in 106 (53%) patients. Grief was noted in 147 out of 200 (73.5 %) patients (HADS score > 9) and stable emotional condition

(HADS score ≤ 9) was noted in 53 out of 200 (26.5%) patients. Table no.2.

With factor analysis of the pregnancy loss it is seen in our study that among 94 patients with early pregnancy loss grief response (HADS score >9) was noted in 48 out of 94 (51%) cases while HADS score ≤ 9 was noted in 46 out of 94 (48.9%) patients. However from the 106 patients who experienced neonatal death in any previous pregnancy 99 out of 106 (93.39%) cases had HADS score > 9 showing grief and only 7 out of 106 (6.6%) patients had HADS score ≤ 9 depicting stable emotional state. Table 3.

Table No.1: Demographics of patients

Age	Frequency (%)	
	Mean+ SD	29.29+ 6.57
Parity	No Parity	54 (27%)
	One	63 (31.50%)
	Two	46 (23%)
	Three	37 (18.50%)
Education Level	Illiterate	67 (33.5%)
	Matric	57 (28.5%)
	Graduate	76 (38%)
Socioeconomic Status	Low	69 (34.5%)
	Middle	61 (30.5%)
	High	70 (35%)

When the grief response of women with early pregnancy loss (48 out of 94) was compared with grief response of women with neonatal death (99 out of 106)

Table No.4: Comparison Grief response with demographics

Comparison Grief response with age, parity, education, SES, Perinatal Loss and Inter-pregnancy interval				
		Grief Experienced (HADS > 9)	Grief not experienced (HADS ≤ 9)	P value
Age (Years)	≤ 30	59 (29.5%)	50 (25%)	0.968
	> 30	49 (24.5%)	42 (21%)	
Parity	Primary	60 (30%)	57 (28.5%)	0.360
	Multiple	48 (24%)	35 (17.5%)	
Education	Illiterate	34 (17%)	33 (16.5%)	0.344
	Matric	28 (14%)	29 (14.5%)	
	Graduate	46 (23%)	30 (15%)	
Socioeconomic Status	Low	37 (18.5%)	32 (16%)	0.767
	Middle	31 (15.5%)	30 (15%)	
	High	40 (20%)	30 (15%)	
Perinatal Loss Type	Pregnancy Loss	48 (24%)	46 (23%)	< 0.05
	Neonatal Death	99 (49.5%)	7 (3.5%)	
Inter-pregnancy interval	≤ 12 months	59 (29.5%)	53 (26.5%)	0.672
	> 12 months	49 (24.5%)	39 (19.5%)	

DISCUSSION

Pregnancy is a state of hope and aspiration for the future child. Losing a pregnancy or a neonate is usually a very traumatic event for both the woman and her partner. This trauma results into emotional stress and psychological upset. Different studies suggest that abrupt separation of the baby from the mother, can lead

Statistically significant difference was found (P-value < 0.05). Table 4.

Patients with ≤ 12 months inter-pregnancy loss interval were 112 from which grief response was noted in 59 cases, similarly the patients with inter-pregnancy interval >12 months were 88 from which grief response was noted in 49 cases. Statistically insignificant difference was found between the grief response with inter-pregnancy interval i.e. p-value = 0.672. Table no.4

Table No.2: Frequency Distribution of Perinatal Loss & Grief

Perinatal Loss	Frequency (%)	
	Pregnancy Loss	94(47%)
Grief	Neonatal Death	106(53%)
	Yes	147(73.5%)
	No	53(26.5%)

Table No.3: Factor Analysis of grief experienced with type of pregnancy loss

	Early Pregnancy Loss	Neonatal Loss	Total
Grief Experienced	48 (51% of 94)	99 (93.3% of 106)	147 (73.5% of 200)
Grief Not Experienced	46 (51% of 94)	7 (6.6% of 106)	53 (26.5% of 200)
Total	94	106	200

to feeling of uncertainty, sadness and low morale of the parents specially the mother.¹⁰

Grief is an exclusively internal process which follows a set pattern. Emotional response to the loss may result in deviant behaviour such as change in daily routine activities, social withdrawal symptoms, depressive thinking, and denial of the event. Such behavioural patterns may continue for variable time periods.^{1,11}

In our study the grief condition (HADS score > 9) was noted in 147 (73.5 %) patients. In one study, it was observed that about 53.2% females had grief of their perinatal loss (n=62).¹⁶ Another study showed that 6.25% (n=16) had grief (felt guilty) for her perinatal loss.¹² A study by Gisele Ferreira Paris et al. resulted that the presence of grief was higher among Brazilians (35% prevalence) in comparison to the Canadians (12% prevalence).¹³

A study by Anette Kersting et al, reported that grief scores were initially relatively high but declined over the first year. However the 2-year follow-up of the grief process showed that 41 % of cases showed a normal decline of grief scores, the remaining 59% showed different patterns of arrest or delayed resolution of grief. In our study for the group with inter pregnancy interval of more than 12 months, grief was found to be present in 55 % of the patients while resolution of the grief after 12 months was noted in 45 % of patients.¹⁴

With factor analysis of the pregnancy loss it is seen in our study that among mothers who had neonatal loss 93.3% experienced grief while among mothers who had early pregnancy loss 51% experienced grief. One more study by Marianne H. Hutti et al, demonstrated that mothers in the neonatal death group experienced more intense grief when compared with mothers in the miscarriage or stillbirth groups.¹⁵

Social support therefore is of utmost importance for the psychological wellbeing of mothers because grief after the pregnancy loss may persist upto and through the duration of next pregnancy. Social support helps mothers to overcome the grief, reduces anxiety, depression and prepare herself to become the new baby.¹⁶

CONCLUSION

According to our study the frequency of grief among women presenting with perinatal loss in previous pregnancy and now coming for antenatal check in first trimester was 73.5 %.

Author's Contribution:

Concept & Design of Study:	Sadia Aman
Drafting:	Bushra Haq, Saira Riaz
Data Analysis:	Ammara Gill, Wajid Ali, Tabeer Malik
Revisiting Critically:	Sadia Aman, Bushra Haq
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