

Parental Response to Perinatal Loss: Psychological Effects, Coping Strategies and Cultural Influences

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Abstract: Perinatal loss (PNL) causes profound grief to parents. In more than half the cases of PNL, parents go on to experience complicated grief. This persists longer than ordinary grief and is characterized by depressive symptoms, anxiety as well as symptoms of trauma. The aim of the study is to add insight on the profound effects of PNL on parental wellbeing, by shedding light on how grief and emotional struggles interact with cultural beliefs and practices when parents experience PNL. This research also aims to highlight the need for culturally sensitive emotional psychotherapeutic support, to ease the grieving process, promote healing and encourage resilience in the face of PNL. Through a review of existing literature this study examines the psychological effects of PNL on parents and the various coping strategies they use to overcome the effects of the loss. It also looks into select cultural beliefs and practices related to PNL, and their influence on the experience and coping strategies parents use to cope with PNL. This study emphasizes the importance of providing emotional support to parents experiencing PNL. Additionally, it recommends that those that provide such support be culturally sensitive and aware, educating themselves on the cultural underpinnings of the PNL experience for the family, in order to provide appropriate and effective care to each family that experiences PNL.

Keywords: coping strategies, cultural influences and practices, culturally sensitive, perinatal loss, psychological effects.

1. Introduction

World Health Organization (WHO), 2006 defines perinatal loss (PNL) as the loss of pregnancy or death of a baby between 28 weeks of gestation and seven days after birth. Other authors consider a different time period; between 22 weeks of pregnancy and one year after birth, while others consider all loss of pregnancy or a baby during their first year of life (Kersting & Warner, 2012; Delgado et al., 2023). Perinatal loss (PNL) is a fairly common occurrence, affecting one in 10 women, yet one that causes profound grief to the parents and the family. Grief arising from PNL sometimes persists and develops into complicated grief, negatively affecting the parents' ability to function in other spheres of their lives. Symptoms such as extreme sadness, insomnia, anxiety and loss of interest in anything, loss of appetite, isolation and flashbacks have been reported following PNL (Delgado et al, 2023). Those who experience PNL employ various strategies to cope with the

intense emotions. Cultural beliefs and practices greatly influence these strategies and their effect of the bereaved parents. While some beliefs and practices support the parents cope with the loss, others can exacerbate the negative emotions by alienating and placing blame on the mother or the parents (Kigali, 2016).

This paper explores the psychological effects of PNL on parents, parental coping strategies in perinatal loss, various cultural beliefs and practices related to PNL; how these influence the experience of PNL for the parents; and how cultural sensitivity on the part of psychotherapists supporting parents through the experience can enhance the process of psychotherapy and improve outcomes for the bereaved parents.

2. Background

According to a recent United Nations International Children's Emergency Fund (UNICEF, 2024) report, there are 17 newborn deaths worldwide for every 1000 live births. Valenzuela et al. (2023) add that there are 5.54 perinatal deaths for every 1000 births in the United States. Further, Cherian et al. (2022) in a non-concurrent ten-year cohort study carried out in South India found that the rate of PNL decreased from 32 fatalities per 1000 births in 2008, to 11 deaths per 1000 births in 2017. Additionally, Akombi and Renzaho, (2019), in their meta-analysis of available cross-sectional data, sought the rate of PNL in Sub-Saharan Africa as at 2015. The study highlighted the Sub-Saharan Africa PNL rate as 34.7 deaths in every 1000 births. In East Africa, they found the rate to be 34.5, with Uganda having a rate of 37.64, Tanzania, 39.46 and Kenya 28.28 perinatal deaths in 1000 births. This was against global rates of 37.4 perinatal deaths in 1000 births, with South Asia and Sub-Saharan African accounting for 95% of those deaths.

A number of risk factors for PNL have been found in recent studies. A meta-analysis on the perinatal death rate in Sub-Saharan Africa (SSA) conducted by Akombi and Renzaho (2019) found that a mother's individual variables and environmental factors combine to determine her risk of PNL. The research stressed that the mother's health, especially her nutrition, was a major influence and that environmental factors including the accessibility of healthcare and environmental

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sanitation had an impact on these. Inadequate access to and quality of pediatric and prenatal care for moms and their infants was also highlighted as a risk factor for PNL. In addition, Getiye and Fantahun (2017) conducted a study in Ethiopia and identified birth intervals of less than two years, preterm delivery, a mother having anemia, foetal abnormal development, low birth weight and previous experience of PNL, as factors that increased the risk of PNL. Cherian *et al.* (2022) add that maternal hypertension, multiple foetus pregnancies, premature delivery, abnormal development of the baby and breech delivery are some of the factors responsible for PNL.

3. Psychological Effects of Perinatal Loss on Parents

Experiencing loss, such as perinatal death deeply impacts the emotional wellbeing of parents. Loss of a child is considered one of the most stressful life events. The Social Readjustment Rating Scale ranks the loss of a close family member fifth among the most stressful life events (Holmes & Rahe, 1967). Mills and colleagues (2014) conducted a study that aimed to explore the effects of perinatal loss on parents. Their research spanned across four countries including the USA, Canada, Australia and Taiwan. The study findings revealed that mothers often experienced anxiety and concern as they approached the stage in pregnancy where their previous baby had passed away. The anticipation of checkups and ultrasound scans also triggered increased stress due to fears of complications. Further, the emotional rollercoaster of subsequent pregnancies frequently strained relationships with their partners, and among couples, disagreements often arose from differences in how emotions were communicated. Women tended to be more expressive while men tended to suppress their feelings in line with norms. Moreover, family and friends sometimes mistakenly believed that a new pregnancy would help grieving parents 'move on' from their loss and embrace happiness for the future creating a sense of isolation for the parents, within their support systems.

A study conducted by Kersting and Warner (2012) on grief intensity experienced by parents following PNL found that the grief experience was similar to that experienced following the death of any other close family member. Moreover, the study revealed that for the loss of family members, grief symptoms subside in intensity over the period of one year following the loss and have declined substantially by the end of the second year. However, in 59% of the cases of PNL, the grief that results from the loss develops into complicated grief, especially where the loss was sudden and traumatic. Symptoms of grief include withdrawal from social interactions, emotional numbness, intrusive thoughts and longing. Grief is described as complicated when these symptoms persist over a long period of time, are pervasive and disrupt normal functioning. Lin and Lasker (1996) found that 41% of mothers who experience PNL exhibit normal resolution of grief, while 59% experience complicated grief. Grief following PNL has unique characteristics; mothers may experience guilt and self-blame, perceiving themselves somehow responsible for the loss of the pregnancy or death of the child, sometimes feeling that their

bodies failed. Where mothers engaged in activities harmful to pregnancy like smoking or taking alcohol or were ambivalent toward the pregnancy, the feelings of guilt are intensified.

Kleir *et al.* (2002) considered the factors that contribute to the development of complicated grief; these include pre-existing relational problems, the absence of other live children and poor social support. Another predictor is the level of investment the parents had in the pregnancy. Where the child had already been named and elaborate preparations made in anticipation of the new baby, the chances of developing complicated grief were found to be higher. However, the length of gestation did not have a correlation to the intensity of the grief, with grief being similar in early and late-stage pregnancy.

Other psychological effects of PNL include depression and anxiety, post-traumatic stress disorder (PTSD), sleep disorders and postpartum depression (Delgado *et al.*, 2023). According to Njiru (2021) 20% of mothers who experience PNL develop a psychiatric disorder, the most common of which is depression and anxiety. In 1-2 out of 1000 mothers, the condition progresses to postpartum psychosis disorder (PPD). PPD can develop abruptly, 14 to 30 days following PNL. PPD has been found to negatively affect future pregnancies and the mother's relationship to her subsequent babies.

According to Wing, *et al.* (2001), mothers and fathers grieve differently in PNL. Whereas mothers cry and express their emotions, the fathers tend to internalize, deny the grief and distract themselves. Fathers' period of grieving is also typically shorter. Yet, this is not to be taken to mean that they do not grieve, only that they grieve differently. In times of PNL, men have the added responsibility of supporting their wives, while also experiencing their own grief. The different ways in which the two genders grieve PNL, coupled with the expectation of support can pose a risk to the relationship, causing misunderstanding due to perceived lack of support. Gonzalez *et al.* (2023) reviewed literature on paternal experience of PNL. Fathers in the studies expressed feeling overlooked and unacknowledged by healthcare providers despite experiencing symptoms similar to the mothers; they reported experiencing feelings of sadness, helplessness, and hopelessness, emptiness, anger, guilt, depressive symptoms and anxiety. However, they felt inhibited in the expression of these emotions due to social expectations, and that they maintain a stance of strength to support the mothers and families. They reported that giving in to the symptoms would compromise their ability to carry perform their roles in the family as protectors and providers. The symptoms affected their effectiveness in their jobs as well as their relationships with their families.

4. Parental Coping Strategies in Perinatal Loss

To cope with PNL, parents use various strategies that range from that self-motivation to diversional activities that help them escape the intense emotions. Sarat Onaolapo *et al.* (2020) report that while some parents rely on the religious belief that God knows best and that the PNL would serve a greater purpose, some parents comfort themselves with the knowledge that it is a common, though painful occurrence, not unique to them. Support from the partner and the community was identified as

important in helping cope with the loss.

Fernández-Basanta *et al.* (2020) conducted a systematic review of studies on coping strategies parents use following PNL. The studies reviewed had been carried out in different cultural settings; Israel, Ireland, United States of America, India, Jordan, Brazil, United Kingdom Denmark and Australia. In majority of the studies, the participants were women, but a few had both mothers and fathers and one had fathers only. There was a consensus view across all these cultures that PNL throws the parents into emotional turmoil, and to remain afloat, they needed to employ various strategies.

The strategies identified in the study were searching for meaning in the loss, connecting to the child and their memory, talking about the experience, looking to the future and avoidance. In the search for meaning, some parents turned to religion; where the purpose was divine purpose, the parents leaned into religion for comfort. Among the Indian and Arabic parents, where religion indicated that the PNL was a punishment for some wrongdoing, some parents denounced the religion as it was aggravating their pain. Talking to others who had gone through similar experiences helped parents feel less isolated in the experience of PNL and helped them cope. Some parents sought ways to connect with the deceased baby and create memories by for example getting a tattoo done in their memory, creating a pregnancy diary, planting a tree etc. this was especially helpful where the loss was socially unacknowledged. Funeral ceremonies were also found to provide a form of closure, allowing the parents to forge forward into the future. Yet others coped by avoiding the pain related to the loss. They reported doing this by distracting themselves by engaging in social activities, getting back to work and focusing on the care of other children of the home.

5. Select Cultural Beliefs and Practices around Perinatal Loss

Culture has been defined as the composite of the shared beliefs, values and practices of a community that have developed over time and have come to define that community. Culture governs how individuals within that community conduct themselves by prescribing acceptable behavior (Andary *et al.*, 2003). Culture plays a significant role in shaping beliefs, attitudes and practices around life events such as birth and death. In the case of PNL, culture influences beliefs regarding the loss and prescribes practices and rituals following the death, social support and how it is provided as well as how the bereaved are to act. The cultural beliefs therefore have a bearing on the parents' coping and adjustment to the loss. These vary widely among different communities.

Some cultures have specific rituals and practices for mourning PNL, while for others, the beliefs and stigma they associate with PNL seems to encourage concealment of emotions. For example, in the Indian culture, grief following PNL is not recognized and mothers are expected to be stoic through the experience, without expressing emotions; they are not allowed to see the bodies of their deceased baby. Despite these cultural expectations, studies indicate that mothers still experience intense feelings of sadness following the loss, yet

have to suppress them due to the dictates of culture (Roberts *et al.*, 2012).

In communities where the life of the baby is acknowledged and honored, there are rituals that serve several purposes, including facilitating the grieving process, honoring the memory of the child, and providing social support to the bereaved parents. There are specific ceremonies or rites conducted to mark the loss of a child, such as funerals, memorial services, or religious ceremonies. Religion and spirituality also play a significant role in coping with perinatal loss. Many religious traditions offer rituals, prayers, and scriptures that provide comfort and solace to grieving parents. For example, in Islam, there are specific funeral rites for stillborn infants, including bathing, shrouding, and burial according to Islamic customs (Shaw, 2014).

Kiguli, *et al.*, 2015, in a study conducted in Uganda found that in perinatal deaths, burials are conducted hurriedly, typically the day following the death, and are not accorded public mourning like in the case of the death of an older child or adult. Indeed, among the Basoga of Uganda, the loss and subsequent burial is kept a secret from the community, in an attempt to hide the "curse". Where the baby had visible deformities, the stigma attached is even greater. The rituals around the event are minimal and the community support, ordinarily accorded to bereaved families is not extended to families that experience PNL.

Another cultural factor highlighted by Kiguli *et al.* (2016) that complicates grief in some African communities is the value placed on fertility and motherhood. Women's identity and value is closely related to their ability to get children. Women who experience PNL bear the additional burden of not only grieving the loss of their child, but the perceived reduction in value. Their sense of identity as women is also negatively affected. With the loss of status and respect, these mothers are shunned and experience isolation, further complicating their grief experience. African communities treat first and subsequent PNLs differently; a mother experiencing a first PNL could receive a level of support from extended family and neighbors, however, for repeated losses, women are blamed, support wanes and reasons of witchcraft are proffered. The extended family begin to encourage the husband to get another wife.

Ayebare *et al.* (2021) conducted a qualitative study in Kenya and Uganda on the impact of cultural beliefs and practices on parents' experiences of bereavement following stillbirth. The themes from the study were "gathering around", referred to as social or community support in this paper, "against custom", denoting the central role played by culture in prescribing what can and cannot be done when there has been a PNL, "God's plan and witchcraft". Culture dictated whether or not the mother could see or touch the body of the deceased baby, whether the baby could be named or not and the burial rites that would be performed for the baby. In some cultures, the mothers could not see the body of the baby and the attendant belief was that if she saw her stillborn child, she would have repeated experiences of PNL. However, despite believing and abiding by the cultural requirement not to see or touch the baby's body, mothers still experienced regret at the opportunity lost to create a vivid

memory of the child and to release and let them go.

Ayebare *et al.* (2021) further explain that burial rites are different in perinatal deaths, with the burials being conducted very soon after death with very few mourners and minimal formalities. Stillborns are not always buried, but sometimes left to the hospital to dispose. The speed around burial is due to cultural taboos and meant to maintain secrecy regarding the loss. There are cultures in which burial is done by older women, past child bearing age, due to the belief that any person who handles the body of a perinate will become infertile themselves. Parents, especially the mother are excluded from the burial due to the belief that participation would lead to infertility. This non participation can result in complicated grief, the mother having missed an opportunity to participate in the burial ceremony, known to help in bringing closure and contributing to resolution of grief. Some excluded parents have expressed worry related to how the body of their beloved child was handled in their absence. This concern on whether the baby was accorded their due respect also has the potential to complicate the grieving process.

Culture also dictates where babies should be buried, with patriarchal societies largely dictating that babies be buried at the father's home. Burying in public cemeteries is against some cultures. Single mothers suffer greatly from this culture, as they do not have a husband in whose home the baby can be buried. Lack of money to transport the body home for burial becomes an additional stressor to the parents. When forced by circumstances to bury in public cemeteries, they live expecting harm to befall them for not following cultural requirements. Yet in other cultures, a baby cannot be buried at home, where those who once lived are buried. There is a belief that a baby who did not cry does not have the ability to communicate in the spirit world so has to be buried away from home. This leaves the parents feeling like they abandoned their child by burying them in a public cemetery. As can be seen from the cultural practices discussed here, these beliefs on burial rites and practices make demands on the bereaved, yet remove the community support that they would have relied on to meet those requirements, thus increasing the levels of stress of an already grieving family.

Additionally, some cultures hold the belief that miscarriages and perinatal deaths are the result of witchcraft, are a punishment for non-observance of some revered cultural practices and are a bad omen, further complicating the experience of PNL, especially for the mother. Other African cultures attribute the PNL to immorality, like the pregnant woman getting intimate with a man, not the father of the baby she carries. These beliefs cause the community to shun a mother who experiences PNL, thus denying her the community support needed to overcome the effects of the PNL experience. Where experiencing PNL is considered a bad omen, the mothers are often abandoned by their partners and families, with the partner being encouraged to marry another wife (Kiguli, 2016).

In many African cultures, a stillborn is not considered human, and is referred to as an "it", a "thing". It is telling that most African languages do not have a term for a stillborn, only referring to the stillborn as a thing. They are therefore not named and cannot be accorded traditional burial rites. A baby

is considered human only if they cried after birth. Naming confers identity so to be denied a name is to have the baby's existence denied and the stillborn is considered to never have been, that they never existed. It is also considered a bad omen to give a family name on one who did not live. This lack of acknowledgement of the life lost invalidates the grief experienced by the family, further complicating their experience with grief (Haws, *et al.*, 2010).

Among the Lango of Northern Uganda, the traditional belief was that PNL occurred due to behavior that went against social norms by the parents like adultery, incest or other violation of taboos. Disrespect to elders could also result in them pronouncing a curse that could lead to PNL. It could also be the result of witchcraft perpetrated against the family by jealous others or someone who hated them or just had bad intentions. Due to this belief, pregnant mothers were not allowed to move around unnecessarily to avoid instances of exposing themselves to people who could perpetrate witchcraft against them. The rituals and burial practices for PNL are similar to those of an older child or adult among the Lango and are meant to honor the memory of the deceased baby. They are buried in the home of the paternal grandfather and the grave is guarded for three to four nights, with a bonfire kept burning throughout the period and family and friends remaining in the compound in that time. During this period, the parents of the child receive comfort and encouragement from community members. They are encouraged to get pregnant again soon after the loss. Where a woman experiences multiple PNLs, there are rituals performed on subsequent babies to break the omen. The child is named outside of the clan, is passed under the barn by the midwives and their ears are pierced. It is believed that these rituals protect babies born following a PNL (Arach *et al.*, 2023).

Religious beliefs have been found to be a source of comfort. In a study by Thearle *et al.* (1995) regular church attendance and participation in religious practices was associated with reduced levels of depression among mothers who experienced PNL. Religious communities provide support in times of PNL, such support being key in helping the family come to terms with the loss, adjust and accept it. Additionally, parents who believed that everything that happens is allowed by God for a greater purpose were able to find comfort in that belief. Benore and Park (2004) highlighted the belief in continued connection to the deceased baby as supportive in the process of grieving PNL. On the other hand, religious beliefs have also been a source of helplessness and hopelessness, that God earmarked just one's child for death before even experiencing life. Some parents struggle to comprehend why a loving God would allow such suffering, and the death of an innocent life. Additionally, some Christian denominations do not acknowledge babies who were not baptized, hence decline to accord Christian funeral and burial rites (Peters, 2015; Cowchock *et al.*, 2010).

6. Implications for Psychotherapy

As earlier indicated, PNL, like any other death of a close family member causes grief to the family and in more than half of the instances of PNL, the grief develops into complicated grief, with the symptoms of grief prolonging and compromising

functioning. Psychological symptoms that can develop include depression, anxiety, PTSD and sleep disorders. A study conducted by Njiru (2021) in Kenya found that despite these psychological effects of PNL, public hospitals do not have grief counselors, counselling rooms or a protocol developed to guide psychological support for families that experience PNL. News of PNL is broken by doctors and nurses/ midwives who have no training or skills to provide emotional support parents receiving such news. Similarly, a study by Anaolapo *et al.* (2020) conducted in Ghana on the PNL coping strategies found that there were no formal support systems to support perinatally bereaved parents.

Psychological support is required for families that have experienced PNL. Psychotherapy in such instances aims at helping them accept and adjust to the loss. Peters *et al.* (2015), emphasize on the need for culturally sensitive psychotherapy in these instances. They argue that in order to provide effective psychotherapy to families experiencing PNL, psychotherapists need to carefully consider the cultural factors that underpin their clients' PNL experience. Further, cultural issues also affect help seeking behavior among the bereaved; cultural stigma around mental health and psychotherapy can deter people from seeking help. With awareness and sensitivity to these cultural dynamics, a therapist can provide a safe and supportive treatment setting that respects a client's cultural values and beliefs.

Cultural misunderstandings, biases and misconceptions can undermine psychotherapy or even exacerbate a client's emotional pain. To avoid this trap, therapists have to address the unique cultural issues that surround the parents who have experienced PNL. Culturally sensitive assessment can help therapists identify challenges, impediments and risk factors associated with a client's specific culture, as well as strengths that can support the process of therapy. This cultural awareness enriches the treatment plan and equips the psychotherapist to provide effective support and avoid causing unintended harm (Ng, 2021).

Cultural beliefs and practices can either be supportive or inhibitive in processing the grief associated with PNL. Where they are supportive, the therapist can encourage the grieving family to lean in to such support, and also draw from such supportive beliefs and practices to provide culturally acceptable therapies. For example, where culture mandates older women to support grieving mothers, the psychotherapist can encourage the mother to find comfort in such support (Kiguli *et al.*, 2016). Where cultural beliefs and practices enhance stigma and complicate the grieving process, cultural sensitivity allows the therapist to address the psychological effect of the specific beliefs and practices. For example, a mother may be experiencing anxiety at the prospect of the husband taking on another wife, that being what their culture will expect of a man whose wife experiences multiple PNLs. This source of anxiety will need to be specifically addressed (Sarat *et al.*, 2020). Another example is where a mother is stuck in grief, having been denied the opportunity for closure by the cultural practice where mothers are not allowed to see, handle or participate in the burial of their baby. Understanding this aspect of the mother's culture can provide insight to the therapist into reasons

inhibiting processing of grief and specifically address them. In cultures that disregard and fail to acknowledge the grief and psychological effects PNL a psychotherapist has to be careful not to minimize these effects in therapy and thereby exacerbate the negation of emotions perpetuated by culture but acknowledge without pathologizing the perinatal grief. The role of therapy is to create a therapeutic environment in which these emotions are validated so that parents can grieve their loss within a society that does not recognize PNL (Ayebare, *et al.*, 2021).

A client centered approach, that acknowledges and respects cultural diversity, characterized by cultural humility on the part of the therapist will go a long way in creating a therapeutic environment in which such culturally sensitive psychotherapy is provided. The therapist has to go further and educate themselves about diverse cultural perspectives on PNL, appreciate their own cultural beliefs and biases they may hold, and be aware of how these can interfere as they support clients of divergent cultures (Ng, 2021).

The process of such therapy begins by incorporating a cultural assessment component in the clinical interview. Through this, the therapist is able to gain an understanding of clients' cultural backgrounds, their beliefs and values, and how they cope with PNL. The therapist explores client cultural and religious beliefs, which inform in the setting of culturally informed treatment goals, collaboratively with the client. These goals integrate the client's cultural beliefs and practices. Interventions are also adapted to meet the unique needs of the client, honoring their culture and utilizing the cultural resources and strategies that support processing of the grief from PNL (Markin, 2018).

7. Conclusion

Cultural factors relating to PNL have been found to play a key role in the manner in which the affected family processes the loss and attendant grief. Supportive cultures have beliefs and practices that support honoring, memorializing and grieving the deceased baby, while providing support to the family. Cultures that either do not recognize the existence of the baby as a person, or attach beliefs that stigmatize the bereaved not only fail to support the grieving family, but exacerbate the grief through practices that victimize them. To effectively support families through PNL, psychotherapists need to have a posture of cultural humility, be culturally sensitive and develop their cultural competencies. In this way, they will equip themselves to address cultural issues that impact on their clients' experiences with PNL. Culturally sensitive psychotherapy modalities, adapted to clients' cultural backgrounds can help to ease the grieving process, promote healing and encourage resilience in the face of PNL.

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