Perinatal Loss and Psychic Health of a Woman

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INTRODUCTION
This pilot study investigates the relationship between perinatal loss and mental health of women under the specific conditions of the Czech Republic as one of the post-communistic countries in Europe. In this country it was not customary to talk in everyday life about dying and death for decades. Although health care professionals are facing death situations quite often, they are not able to speak with a bereaved person properly about loss of the loved ones. Our study represents one example of difficulties in communication with women who experienced perinatal loss (stillbirth or early neonatal death).

AIM
The mother or both parents in the Czech Republic are in the majority of cases neither given the opportunity to see their dead baby nor to receive any mementos. This pilot study closely examines the impact of this practice on the process of grieving experienced by women after perinatal loss.

PARTICIPANTS AND METHOD
• The sample consists of sixty-four women living in the Czech Republic who suffered from perinatal loss (stillbirth or early neonatal death) between the years of 2007 – 2012.
• The intensity of grief was measured using the Short Version Perinatal Grief Scale – PGS (Lasker, Toedter, Potvin, 1989). PGS is used for the first time in the Czech Republic with the consent of its authors. The sum of the PGS varies between 33 and 165 points. A sum above 91 points indicates possible psychiatric morbidity.
• The second tool was our own questionnaire (Perinatal Loss Questionnaire, Ratislavova, Beran, 2011) focusing on collecting data about offering farewell rituals with babies to women after perinatal loss and having mementos of the babies.

RESULTS
• The PGS had very good internal consistency reliability. Cronbach’s alpha for the czech version of PGS was 0,95.
• In our study 48% of women had PGS score higher than 91.
• Higher score on the PGS was connected with having less control over decisions about rituals (opportunity to see or hold the dead baby) and with not having mementos of the baby. Wilcoxon test was used for statistical analysis.

CONCLUSION
• 48% of women in our study were identified as being particularly vulnerable because of their perinatal loss.
• 45% of women in our study did not make a decision about farewell rituals after perinatal loss themselves. Actually, it may suggest that health professionals are uncertain in the way how to deal with this situation and choose a paternalistic approach in communication with parents.
• Our study shows that women who decided themselves about farewell rituals cope with the perinatal loss better than women who did not have a choice to make the decision.
• There should be more attention paid to the care of women after perinatal loss.

REFERENCES

For further questions do not hesitate to contact the second author by e-mail.
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The kind of loss:
75%
25%
Early neonatal death
Stillbirth

Rituals:
54,69%
18,79%
26,56%

- Saw the baby
- Held the baby
- Did not see or held the baby

Decision about rituals:
39,06%
54,69%
5,39%

- Own
- Personnel
- Other

Mementos:
71,88%
28,12%

- Have some
- Do not have any