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Perinatal Loss ; Concept Paper

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Abstract: *There are varying perceptions and definitions regarding perinatal loss among service provider and parents who had perinatal loss.*
The objective of this paper was to have an in depth description and explanation of the concept perinatal loss concept for the purpose of developing an assessment tool for women who have had perinatal loss and standardize the treatment.
Methodology
Walker&Avanti (2011)strategic method of concept analysis was used to analyze the concept of interest. The following search engines Google scholar, Pub med and Medline were utilized to select16 articles relevant to the concept of interest
Results
Authors were defining physical loss ignoring other domains like emotional and psychological loss
Conclusion
Perinatal loss should take on board on psychological emotional and economic loss
Key words; *Perinatal Loss*

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I. Introduction And Background

According (WHO, 2014) the definition of perinatal loss is loss of pregnancy at 22weeks of gestation to 1 week post- delivery. Perinatal deaths encompass both still births which are fetuses delivered without signs of life and early neonatal death which refers to live born babies that die in the first week after birth (WHO, 2006).

The overall prevalence perinatal loss is 15% to 27 % for women aged between 25 and 29 increasing to 75% in women older than 45 years with elevated risk for women who have lost a previous pregnancy (Badenhorst & Hughes, 2006). In 2007 in the United States of America the infant mortality rate was 6,9% per 1000 live births (Badenhorst & Hughes, 2006).

Expecting parents encounter psychological and emotional experiences as they go through the grieving process following perinatal loss (Badenhorst & Hughes, 2006). Perinatal loss is also defined as the death of fetus weighing 500g or more at 22 weeks of gestation or the death of an infant between birth and the end of neonatal period or fetal death after 24 completed gestation and before 6completed days of life (Mosby, s Medical Dictionary, 2012).

After the loss some woman may or may not have emotional or psychological attachment with pregnancy or the baby depending on the gestation of pregnancy. Loss of a pregnancy or death of an infant is an acute and distressing experience for mothers and fathers who planned for and expected a normal healthy infant as the outcome

Parents encompasses many difficult emotions, including loneliness, emptiness, yearning; guilt, anger, and fear; disorganization and depression; and physical symptom. Common response during this phase of grief is anger, resentment, bitterness, or irritability fear and anxiety. Grandparents can have emotional pain witnessing and feeling immense grief of their child and are angry that they are alive and the grandchild is not.

Nurse caring for one of these patients needs to keep in mind that they have an entire family to minister to, including and especially grandparents and siblings. Woman view perinatal loss differently. Some women show no emotional and psychological attachment especially if the perinatal loss happened before quickening while others may fail to cope with the loss resulting in stress. The situation may be worsened if management of such women is not individualized.

From researchers point of view there is no standard care for woman who had perinatal loss. The care is erratic and inconsistence and incomplete hence the need to produce a standardized tool.

The researchers observed that health workers at times do not involve the immediate family members like the husband, siblings and close relatives. These people must be involved as they form supporting structures of the woman when discharged home. Most health facilities appeared to have no discharge plan and usually

follow ups are not done. The loss of baby has been recognized as a very difficult life experience which can often cause complicated grief reactions that risk negatively affecting psychological and physical wellbeing of parents (Human. et al., 2014).

The sudden occurrence of unexpected event results into varied nature and severity of grief reaction. It varies from individual to individual and depends on factors like duration of pregnancy, type of loss, history of similar incidences in past, presence of living issues in the family, duration of married life, bonding between spouses and support of family members, relatives and friends after the pregnancy loss **(**Human et al., 2014).

Pregnancy loss may be due to first and second trimester miscarriages, ectopic pregnancies, second trimester genetic terminations and natural losses, the demise of one baby in a multiple gestation, a full term stillborn, and the death of a baby soon after it is born. Pregnancy loss occurs in almost 10-15 % of pregnancies (Human et al., 2014).

Recent Statistics on perinatal deaths indicate that estimated 3,3million stillbirths and 2,8million early neonatal deaths occur worldwide every year 98 % occur in low and middle income countries (WHO, 2014). The main contributory factors of prenatal loss include preterm birth, low birth weight, fetal growth restriction and congenital abnormalities (WHO, 2014).

Perinatal loss may cause major emotional problems in adjustment during bereavement period. Feeling of unpreparedness to face painful reality of the loss, denial, and feeling that their world no longer makes sense are commonly expressed (Sutan et al., 2010).

Pregnancy loss is a condition where in there is termination of pregnancy with adverse fetal or neonatal outcome. It leads to psychological and emotional upset to the couple and the close associates of the family (Vidyadhar et al., 2007).

The effects of perinatal loss are at times unrecognized, at times invisible, and at times denied. The purpose of this review was to find out whether there was any package offered to the woman following perinatal loss, to determine whether the family and siblings are involved, duration of grief and any follow ups done after the woman has been discharged to offer psychological support.

In South Africa grief following miscarriage, stillbirth or neonatal death was particularly to be disenfranchised. Mothers who suffered perinatal loss expressed the wish that people should acknowledge their losses, considerate and sensitive, be sympathetic listener and offer emotional support (Modiba & Nolte, 2007).

Death of an infant in utero or at birth has always been a devastating experience for the mother and of concern in clinical practice. Infant mortality remains a challenge in the care of pregnant women worldwide, but particularly for developing countries and the need to understand contributory factors is crucial for addressing appropriate perinatal health (Feresu et al., 2005).

Prevention of perinatal deaths is critical, especially those associated with low birth weight and preterm birth, since intuitively, infants who are born early or small have increased risk of morbidity and mortality. Ensuring a safe and healthy delivery for both mother and child is a priority of the Zimbabwe health care delivery system and is an essential component of safe motherhood initiatives (Feresu et al., 2005).The perinatal mortality rate is 29 per 1,000 live births in Zimbabwe. Of these perinatal deaths 50 percent occur within the first 24 hours (UNICEF, 2010-2015).

Parents go through a period of grief and mourning after a perinatal loss (Hill et al., 2008). Parental mourning is an enduring process that is complex and individual grief can be severe, complicated, and enduring and show many variations in emotional state over an extended period.

Several factors are associated with high perinatal mortality rates and these include birth interval less than two years, preterm delivery, anemia, previous history of early neonatal death, poor antenatal clinic attendance during pregnancy, maternal age, an multiple pregnancies and low birth weight babies (Getiye&Fantahun, 2017).

Problem statement

There are varying perception about the definition of perinatal loss among service providers. Different authors defined perinatal loss differently as some authors define perinatal loss focusing on physical loss with no consideration of the emotional and psychological dimensions. From the researcher's point of view, there is no clear standardized definition of perinatal loss hence the need to harmonise the definition. The care is erratic, inconsistence and incomplete hence the need to produce a standardized assessment tool to manage women who had perinatal loss.

Objective

The objective of the concept paper was to have an in depth description and explanation of perinatal loss in order to harmonize and standardize care.

The significance of concept

In depth description of the concept will help to standardize management of women following perinatal loss as the current care is erratic, inconsistence and incomplete.

Purpose of Analysis

The aim of this paper was to describe perinatal loss that is its antecedents, attributes and consequences for the purpose of developing an assessment tool for care of women who had perinatal loss

.Literature search

Literature research was done from 4 July to 4 August2018 and 16 articles wereretrieved. 12articles from 2000 to 2018were settled for analysis and the following search engines Google scholar, Pub med and Medline were used, as outlined in the below table:

Table 1

Author	Source	Definition	Antecedent	Attributes	Comment
Bardenhorst& Hughes, 2006	Journal	Loss of pregnancyat 22weeks of gestation to 1 week post delivery	Nil	Neonatal Stillbirths	Definition zeroed on physical loss
Copper M & Fraser D 2012	book	nil	age	Abortion	Definition zeroed on physical loss
Human et al 2014	journal	Pregnancy loss , miscarriage, ectopic pregnancy and natural losses	nil	Psychological loss Physical loss grief	No antecedent of perinatal loss
Feresu, 2005	journal	Death of an infant in utero	nil	nil	No antecedents and attributes
Martingly J 2016	Journal	Death of infant within 28 days of delivery	nil	nil	No attributes and antecedents
Modiba& NOLTE 2007	journal	nil	nil	Emotional support miscarriage stillbirths, grief Neonatal deaths	Perinatal loss not defined
Mosby dictionary 9thed 2009	Dictionary	Death of a fetus weighing 500g and more at 22weeks gestation	nil	Neonatal death	No antecedents in perinatal loss
WHO 2006	Journal	nil	age	Psychological emotional loss	Perinatal loss not defined
WHO 2016	Journal	nil	nil	Still births Neonatal deaths Preterm birth	Perinatal loss not defined and no antecedents
Sutan et al 2010	journal	nil	nil	Denial pain	No definition and antecedents of perinatal loss
Vidyadhar B et al 2007	journal	Termination of pregnancy with fetaland neonatal outcome	nil	Psychological and emotional upset	No antecedents of perinatal loss

METHODOLOGY

Walker &Avanti's strategic eight step method of concept analysis was used in analyzing the concept of perinatal loss and these steps of concepts include: selection of the concept, defining attributes of the concepts, identifying antecedents of the concept, identifying the consequences of the concept, constructing a model case and identifying the empirical referents of the concepts (Walker & Avanti, 2011).

Definition of perinatal loss according to other authors

Perinatal loss was defined as the death of fetus weighing 500g or more at 22 weeks of gestation or the death of an infant between birth and the end of neonatal period or fetal death after 24 completed gestation and before 6completed days of life (Mosby' s Medical Dictionary, 2012).

According WHO (2006) the definition of perinatal loss is loss of pregnancy at 22weeks of gestation to 1 week post- delivery.

WORKING DEFINITIONS

According to this paper, perinatal loss means the emotional, spiritual, physical, psychological, social loss or experience a woman endure after the loss of pregnancy at 22 weeks of gestation up to seven days post -delivery.

DEFINING OF ANTECEDENT

Walker and Avant postulate antecedents as preliminary events that should be present before occurrence of concept of interest (Walker& Avanti, 2011).

Age

In the context of this paper perinatal loss antecedents include maternal age below 18 or above 35 years, below 18 years can lack the knowledge on importance of booking the pregnancy early.

Socio economic factors

Low socioeconomic status can increase the risk of adverse pregnancy outcome. Woman with low socioeconomic status are less likely to receive prenatal care due to lack of money to book the pregnancy (Kim et al., 2018).

Cultural and religious beliefs

Some apostolic sects do not allow their women to have institutional deliveries contributing to perinatal loss.

Lack of resources/ services

Some women deliver at home or reach health facilities late during labor because of the long distance to the nearest health facility. In addition, lack of trained health care personnel and material resources can contribute to perinatal loss(Gupta & Goel, 2012).

Early discharge plan

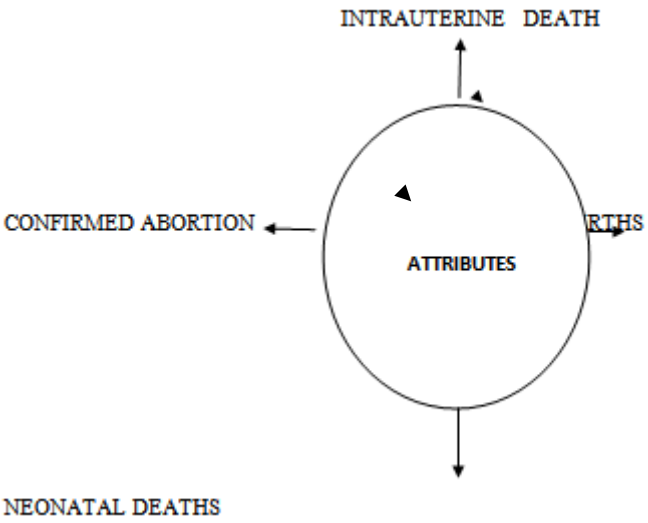
The World Health Organizations recommends that women who have uncomplicated vaginal delivery stay in hospital for at least 24 hours after birth. The first 24 hours after birth are critical for monitoring and detection of problems on both baby and the mother's health (Harrington, R. 2016). The baby will have a thorough physical examination by a doctor and midwife to detect any abnormalities before discharge that may contribute to perinatal loss.

DEFINITION OF ATTRIBUTES

Attributes are those characteristics that describe the concept of interesting in a more tangible way (Walker & Avanti, 2011).

The literature review helped to identify attributes of perinatal loss which are confirmed abortion, stillbirths, neonatal deaths and intrauterine death.

Figure 1



Confirmed abortion

An abortion is the termination of a pregnancy by the removal or expulsion of an embryo or fetus from the uterus before fetus is viable. An abortion can occur spontaneously due to complications during pregnancy or can be induced (Myles, 2012).

Still births,

Stillbirth is loss of a baby which occurs after the 20th week of pregnancy in which the baby dies before being born (Danielsson, 2018).

.Intrauterine death

The loss of a fetus at any stage in utero (Martingly, 2016).

Neonatal deaths

The death of a baby within 28 completed days of life (WHO, 2016).

Psychological, social and economic loss

Following perinatal loss a woman can exhibit grief through suicide ideation or psychosis. Woman with unmanaged grieving process can deny the death of baby. She has anger and anxiety and is psychologically unstable (Vidyadhar, 2007).

After the loss some woman may or may not have emotional or psychological attachment with pregnancy or the baby depending on the gestation of pregnancy.(Vidyadhar, 2007).

II. Discussion

The aim of this paper was to describe perinatal loss that is its antecedents, attributes, and consequences for the purpose of developing a standardized tool for management of woman who had perinatal loss. In context of this paper perinatal loss was defined as the emotional, spiritual, physical, psychological, social loss or experience a woman endure after the loss of pregnancy at 22 weeks of gestation up to at seven days post-delivery.

The definition of perinatal loss by most studies did not assign antecedents and attributes to the term perinatal loss for the purpose of clarifying the concept. Most studies focused on perinatal loss basing on physical loss only disregarding the spiritual, emotional, psychological and social aspect.Vidyadhar(2007) described perinatal loss as a condition where there is termination of pregnancy with adverse fetal or neonatal outcome. While Human et al (2014) described perinatal loss as due to first and second trimester miscarriages, ectopic pregnancies, genetic terminations and natural losses. There was no in depth description of perinatal loss since the emotional and psychological aspect of the loss was not included in the above definitions. WHO (2016)defined perinatal loss as loss of pregnancy at 22 weeks of gestation to 1 week post -delivery. The above definition of perinatal loss only focused on physical loss disregarding the emotional and psychological aspect.

CASES

A model case is an ideal case that encompasses all attributes or traits of the concept of interest (Walker & Avant 2011).

Model Case

A 17 year old woman had perinatal loss at general hospital at 34 weeks gestation. The woman was not booked due to lack of moneybecause the husband had denied the pregnancy therefore no investigations were performed except for HIV which was done on admission. She received no education on danger warning signs or signs of labor. The woman reported to the clinic when she experienced labor pains. On admission vaginal examination was 10cm dilated and no fetal heart was heard. Within 30 minutes the woman delivered a macerated still birth. Baby was shown to mother and no bereavement counseling was done.

The immediate family, husband and siblings were not counseled. The woman was admitted in the postnatal ward with mothers who had babies. The woman did not receive spiritual, emotional and psychological support.

Analysis

The woman failed to book her pregnancy due to financial constraints hence did not receive relevant care which included information on danger warning signs of pregnancy. She suffered physical, spiritual and psychological loss. No psychological and emotional support was rendered to the woman and her immediate family following the perinatal loss. No attributes were included in the above model case.

Boarder line case

The borderline case has some of the critical attributes for the concepts of interest but not all according to (Walker & Avanti, 2011).

A 25 year old woman had perinatal loss at 38 weeks gestation of age at a City Council Clinic. The woman booked her pregnancy at 28 weeks and attended 3 antenatal visits. She therefore received education on danger warning signs of labor.

The woman reported to the clinic when she experienced labor pains. On arrival at the clinic, vaginal examination was done and she was 8 cm dilated. She was admitted into the labor ward. Labor progress was

monitored using a partogram. When the woman was fully dilated, baby developed fetal distress and an ambulance was called and it delayed for an hour. The woman later progressed to fresh still birth before the ambulance had arrived to take her to the nearest hospital. Bereavement counseling was done and the baby was shown to the mother. The priest was not called to pray for the baby before it was taken to mortuary.

Analysis

Following the perinatal loss, woman received psychological support through bereavement counseling. However some important attributes were missing. The woman did not receive spiritual and emotional support and even the immediate family did not receive any counseling.

Contrary case

A Contrary case does not include any of the attributes of the concept (Walker & Avanti, 2011)
A 30 year old woman delivered a baby who later after one month of delivery

Analysis

This is a contrary case as this woman delivered a live baby who later died after one month of delivery. Perinatal loss is loss of pregnancy after 22 weeks of gestation up to six days post- delivery. No attributes were included in the contrary case.

Empirical referents

According to Walker and Avant (2011), empirical referents of concepts are classes or categories of actual concept that by their existence demonstrate the occurrence of the concept. In the context of this study the empirical referents which are fundamental to perinatal loss are: still births, neonatal deaths, miscarriage and confirmed abortion.

Consequence of perinatal loss

Increased incidence of depressive symptoms, guilt, prolonged grieving, and feelings of loss.
Depression in subsequent pregnancies, prolonged grief reactions and marital disharmony that can lead to separation and divorce.
Depressed mothers often feel guilt and shame at losing their unborn babies.
Isolation from friends, extended family members, and others in their social networks leaving them more emotionally vulnerable.
Woman often gets blamed for the loss and has loss of trust in the world.
Lose of sense of belonging and closeness with partner.

Recommendations

Following perinatal loss women should be given emotional and psychological support. Since the care which is rendered to the woman who had perinatal loss is inconsistence, erratic and incomplete, the aim of the paper was to produce a standardized tool for management for the women. Health workers when rendering care to women should be considerate on the psychological and emotional aspect of the woman and must include families and siblings in the counseling sessions as they are also affected by the loss.

III. Conclusion

The purpose the of writing this paper was necessitated by the need to standardize and define perinatal loss and produce a standardized tool for management of women following perinatal loss since the care was erratic, inconsistence and incomplete. In the context of this paper perinatal loss attributes were identified as an abortion which is the termination of a pregnancy by the removal or expulsion of an embryo or fetus from the uterus before fetus is viable. An abortion can occur spontaneously due to complications during pregnancy or can be induced (Myles, 2012). Stillbirth is loss of a baby which occurs after the 20th week of pregnancy in which the baby dies before being born (Danielson, 2018) . Intrauterine death is the loss of a fetus at any stage in utero (Martingly, 2016). Neonatal death is the death of a baby within 28 days of life (WHO, 2016). Health workers when rendering care to women who had perinatal loss should be considerate and look into the psychological and emotional being of the woman. Counseling should be offered to the woman and the entire family including grand parents and siblings as they are also affected by the perinatal loss. There was no standard care for woman who had perinatal loss in different health facilities. Some facilities admitted these women with other woman had babies others they separated them. The concept analysis provided the definition, attributes, antecedents, consequences and empirical referents of perinatal loss.

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