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Research Article

A Study to Assess the Level of Grief Perceived by the Women with Late Pregnancy Loss and its Associated Factors Before and After Bereavement Counselling

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Abstract

Background: Pregnancy loss is the traumatic life event in which the women undergo lot of physical and emotional turmoil. Grief is the common reaction to bereavement. During the grieving process the Nurse-Midwives make difference in meeting their needs to prevent grief related complications. The main objective of the study is to assess the level of grief and its related problems among women with pregnancy loss.

Materials and Methods: The study design was descriptive. The setting was Obstetrics and Gynaecology ward of Christian Medical College, Vellore, South India. The population was primi and multi para women who delivered stillborn babies after 22 weeks of gestation. Computer generated Random Sampling was done and the instrument used was Perinatal Bereavement Grief Scale. Descriptive and inferential statistics were done to analyze the data.

Results: The findings of the study revealed that the level of grief was severe and moderate in 22% women and mild in 56% of women. Grief was highly significant (p-value <0.01) in women with gestational age between 29-37 weeks and working women compared to house wives. The kinds of grief experienced were physical, psychological and social. The symptoms of physical grief were sleeplessness, feeling of having empty space and wishing to hold the baby. Some of the psychological feelings were longing for the baby, feel guilty and upset. Social grief expressed as others may not respect, Uncomfortable to face husbands and in laws.

Conclusion: Women with pregnancy loss were found to have grief in different level. Counseling the women as early as possible can reduce the complicated grief related problems.

Keywords: Bereavement, Counselling, Grief, Late Pregnancy Loss, Women

Introduction

Pregnancy is a gift from God which is valued more than a gold. Pregnancy is precious and make it safe was the slogan to all the people in the society. Pregnant women are so much respected in the community by the family and friends. The way they cared are wonderful by the family. The traditions and customs are never forgotten. In South India, a ceremony is arranged at 28 weeks of gestation to share the joy and happiness of being promoted from just being a couple to parents. The relatives and friends are invited for the function which is known as “Baby Shower”. They bless the pregnant woman, give gifts and place bangles in her hands to keep her cheerful till delivery. Also, people believe that the tinkle of the bangles gives acoustic stimulation

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to the baby and keep it in good condition. The dreams of the women are enormous and when pregnancy loss occurs before or after the baby shower, they are deeply affected emotionally. The unanticipated and sudden loss of a pregnancy can be a devastating and traumatic experience resulting in high levels of psychological morbidity. Study reports that the psychiatric morbidity following perinatal death varies from 13% to 34% among mothers suffering with perinatal bereavement.[1]

Women with pregnancy loss grieve for a long time but the intensity differs from one individual to another. Clauss' study to identify the psychological impacts of perinatal loss on mothers reported that 65% of women had moderate to severe levels of grief and 35% had lower levels of grief, immediately after the loss.[2] Grief is a physical, emotional, social and cognitive response to the death of a loved one.[3] It is defined as primarily an emotional reaction to bereavement, incorporating diverse psychological and physical reactions.[4] Parents who lost their children were interviewed by Keesee and his team to predict the intensity of grief due to the loss. Their results showed that the parents had normative grief to severe grief stemming from various reasons associated with the death of their child.[5]

Intervention in the form of support by a grief worker in a specifically designed programme can prevent long term mourning difficulties.[6] Recently, research on grief and the special needs of bereaved parents changed the perspective of caring to protective and supportive. The central focus of bereavement interventions is to assist families in healing by helping them make meaning of their losses.[7] In a study done by Murphy and Johnson on parents' reactions following bereavement they found that by twelve months post death only 12 percent had found meaning in their child's death. Sixty months post death, 57% had found meaning where as 43% had not. However, parents who had attended bereavement support groups were four times more likely to find meaning than parents who did not attend. Religious beliefs were significant, as those who believed it was part of God's plan experienced some relief in that view.[8]

Nurses are in a unique position to provide bereavement counselling to women with pregnancy loss. They are in a pivotal position to take on this task by positively addressing the emotional needs of these women and their spouses. There are many studies done on psychological aspects of pregnancy loss in abroad but limited studies have been done in India. A review of the literature shows that most of the studies related to psychological aspects of early pregnancy loss rather than the late pregnancy loss. The investigator was working in the maternity department for many years and felt the need for the study and undertaken it.

Objectives

The objectives of the study were:

- To assess the level of grief perceived by the women with late pregnancy loss before and after bereavement counselling in control and experimental group
- To compare the pre and post assessment mean scores of griefs in control and experimental group
- To compare the pre and post assessment mean scores of grief subscales between experimental and control groups
- To find association between the level of grief and elected demographic variables
- To relate the risk factors associated with grief due to late pregnancy loss

Hypothesis

H_1: Women with late pregnancy loss receiving bereavement counselling experience lower levels of grief than those who receive standard care with a significant level of $p<0.05$.

H_2: Grief experienced by the women with late pregnancy loss is associated with selected demographic and clinical variables with a significant level of $p<0.05$.

H_3: Socio demographic and clinical variables of women with late pregnancy loss will have a correlation with their levels of grief.

Materials and Methods

An experimental approach with pre-test and post-test control group design was used to study the effect of bereavement counselling on grief associated with late pregnancy loss in women. The research was conducted in Obstetrics and Gynecology (OG) Department of the Christian Medical College, (CMC) Vellore, South India for a period of one year. This study was approved by the Institutional Review Board of CMC, Vellore. The sample size was 45 in each group. Sample size was calculated based on the findings of the pilot study. Hypotheses testing of two means was used to estimate the sample size.Women who fulfilled the inclusion criteria were selected by the investigator and the names referred to the Charge Nurse for randomization who was the research assistant. She allocated the participants into either control group or experimental group using computer generated random numbers. The investigator visited the ward, identified the participants and established a rapport, obtained informed consent. The baseline data was collected by interview using a structured questionnaire.

The Perinatal Bereavement Grief Scale was used to measure the grief which was developed by the investigator and the CVI was 0.80. The instrument consisted of 22 items with a four-point rating scale and with 3 subscales namely physical, psychological and social. After collecting the baseline data, the grief was assessed within 24 hours of pregnancy loss using the standardized instruments for both experimental and control groups. Bereavement counselling was provided individually to the experimental group and standard care was given to control group. The languages used were

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Tamil & English. The investigator provided three sessions of bereavement counselling for about 30 to 45 minutes per session. The first session was given a minimum of 12 hours after delivery and within 24 hours after the baseline assessment. The second session was provided at the time of discharge. The third session four to six weeks after discharge during the follow up in the outpatient department and the post-intervention assessment was done for both groups by the second assessor who was trained on the assessment instruments, the inter-rater reliability score was 0.995 and she was blind to the study group. Data was analyzed using descriptive and inferential statistics.

Results

Findings Related to Baseline & Clinical Data

There were no significant difference between the experimental and control group in any of the demographic characteristics. The majority of both groups of women belonged to the age group 25–30 years (experimental group 82% control group 75.6%). In each group more of the women had reached secondary school education than either primary or tertiary levels. (Experimental group 44.4% controlgroup 53.3%). A majority of both groups were housewives (experimental group 84.4%, control group. 91.1%). The largest income category for both groups was "above Rs.5,000 per month" (experimental group 46.7 control group 51.1%). A majority of the women in both groups belonged to a joint family (experimental group 80% control group 71.1 %). Regarding the clinical data, the mean gestational age of women with late pregnancy loss in experimental and control group was 32.49 and 29.29 respectively. Majority of the women (66.7%) in the control group were primi para whereas in the experimental group, while (46.7%) were multipara. Among the multipara in the control group and experimental group, 84.5% and 55.6% did not have a previous child respectively. Although the participants were randomly allocated between the control and experimental groups, disparities existed in some of the above variables. They could not be ignored since it was allocated randomly.

Findings Related to Profile of Level of Grief

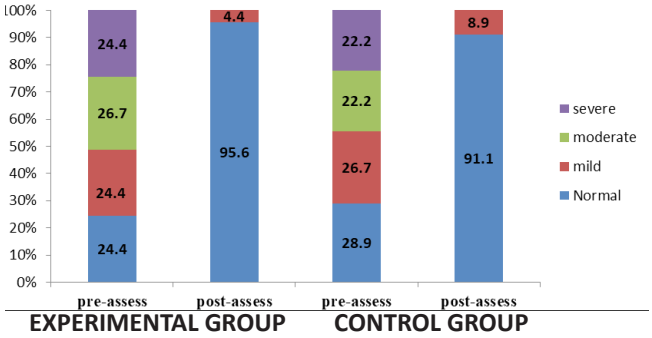

Figure 1.A compound bar diagram depicting the distribution of levels of grief before and after counselling in experimental and control group

Figure 1, shows that in both groups the level of grief had drastically reduced between the times of pre and post assessment. However, the effect is more marked in the experimental group, which started with a more pronounced grief profile but ended with only 4.4% of participants reporting any form of grief compared to 8.9% in the control group.

Table 1.Comparison of pre-assessment and post-assessment mean scores of grief in control and experimental group

N (n1+n2)=90

Groups	Pre Mean±SD	Post Mean±SD	Mean change	95% CI	't'	df	p-value
Control group	59.56±8.39	46.66±7.00	12.89	10.6 to 15.2	11.62	44	<0.001
Experimental group	62.6±7.35	41.66±6.97	20.93	18.52 to 23.39	17.35	44	<0.001

Table 2.Comparison of pre-assessment mean scores of grief subscales between experimental and control groups

N (n+n_2)=90

Grief sub-scales	Experimental group (n_2=45) Mean±SD	Control group (n_1=45) Mean±SD	Mean diff.	95% CI	't'	df	p-value
Physical	21.87±2.87	21.15±2.81	0.711	-0.47 to 1.9	1.188	88	0.24
Psycho-logical	26.24±3.8	24.96±3.94	1.29	-0.33 to 2.92	1.575	88	0.12
Social	16.24±3.12	15.04±3.47	0.478	-1.68 to 0.22	-1.531	88	0.13

Table 3.Comparison of post-assessment mean scores of grief subscales between control and experimental groups

N (n+n_2)=90

Grief sub-scale	Experimental group (n_2=45) Mean±SD	Control group (n_1=45) Mean±SD	Mean diff.	95% CI	't'	df	p-value
Physical	14.47±2.55	15.71±2.56	-1.24	-2.31 to -0.174	-2.310	88	0.02
Psycho-logical	17.44±3.45	20.22±3.46	-2.77	-4.22 to -1.33	-3.813	88	0.001
Social	10.40±2.21	11.13±2.32	-0.73	-1.68 to .0.22	-1.531	88	0.1

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The data presented in Table 1, shows that the pre and post assessment of mean scores of griefs in both groups are statistically significant but the mean change is high in experimental group compared to control group.

The data presented in Table 2, shows that the mean difference was not statistically significant, so the two groups can be regarded as broadly similar.

The data presented in Table 3, reveals that the differences in mean scores for the physical aspects of grief were statistically significant and that for psychological aspects of grief was statistically highly significant.

Findings Related to Association of Grief with Individual Characteristics

Regression analysis was done to associate the psychological problems with individual characteristics. In univariate analysis, family, gestational age and the groups were significant after adjusting for age, education, income, occupation, family, gestational age, obstetrical score, previous child and congenital anomaly. Multivariate analysis was done on the significant variables and showed that the nuclear family had 3.97 units reduction in grief which was statistically significant (p-value=<0.05, CI=0.22 to 7.71).

Adjusted value for gestational age was not significant. In South India, joint families are more common than nuclear and the family members' personality is unique. The woman with late pregnancy loss compares herself with others in the family; members in the family may use harsh words about late pregnancy loss. Other family members may have children, whenever the bereaved woman sees the other children, she grieves over her loss. In the nuclear family such problems are less and the grief level may not be as high as women in the joint family. Studies have to be done to strengthen the findings. Though the joint family support systems are supposed to be protective and supportive, it seems they were not as per the study findings. During the interview women with late pregnancy loss were clearly scared of their mother in law and sisters in law. When such women go home, they grieve over the loss even more.

Among the groups, experimental group had -7.9 units reduction in grief. The intervention effect (experimental versus control) was independently related to the change in grief score (p=<0.001, CI=-11.24 to -4.55) after adjusting with gestational age and obstetrical score. The percentage of variation in the changes in grief score was 27.5%, explained by gestational age, obstetrical score and group effect.

Findings Related to Risk Factor Analysis

Binary logistic regression was carried to identify the risk factor for grief. However, only gestational age at 29-37 weeks of gestation was found to be a risk factor for developing grief compared with 22-28 weeks of gestation (OR=0.06, p-value 0.02, 95% CI 0.01 to 0.63) after adjusting for age, occupation, income, family, obstetrical score and congenital anomaly respectively. Similar findings were reported in another study where later gestational length was associated with greater grief intensity.[9] Similarly after adjusting for age, gestational age, income, family and obstetrical score working mothers had a higher risk of grief when compared with house wives (OR=0.12, p-value=0.02, 95% CI=0.02 to 0.70).

Discussion

Women with late pregnancy loss experience grief and the magnitude of it will differ from one person to another. In both control and experimental groups, a similar number of women experienced grief at various magnitudes (mild-26.7% & 24.4%), moderate-22.2%, 26.7% and severe-22.2%, 24.4). This finding was similar to the study done by Clauss, who reported that women experienced moderate to low level of grief following perinatal loss.[2] Keesee also states that parents who lost their children had normative grief to severe grief which he found was related to the reasons for the death of the children.[5] The pre and post assessment of mean scores of grief in both groups are statistically significant as the mean change is high in experimental group compared to control group.

Physical Grief

Twenty-five women (55.6%) belonging to the experimental group experienced severe to moderate levels of grief as assessed by the physical subscale. Similar levels of grief were experienced by 20 (44.4%) participants belonging to control group. Women experienced physical grief in different ways like sleeplessness, feeling of having empty space and wishing to hold the baby.

Sleeplessness was experienced by 53% women "most of the time" in both groups during pre-assessment. The women reported that they did not get sleep in the night. Even when they slept, their sleep was disturbed by dreams about the baby, or they woke up suddenly thinking of the baby. Similar findings have been reported in the literature.[11-16]

During pre-assessment it was also observed that majority (experimental - 78% & control group - 71%) of participants said that they felt an "empty space" following the loss. Women stated that when the baby was inside the womb, they felt an attachment as the foetus was moving. Following the loss, they had the feeling of emptiness, especially when they awoke suddenly from sleep. This finding is consistent with various other studies, which state that majority of the women expressed that they woke up thinking that child was alive and felt emptiness when they remembered the real situation.[14,17-19]

During pre-assessment in both groups, majority of the women (experimental 56% & control 49%) stated that most of the time they were thinking of holding the baby. This suggests that they had not yet accepted the loss. The women who had held and seen their babies expressed that they had some satisfaction after looking at the baby and

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were able to remember the face of the child. This finding was supported by the study done on parents' experiences with hospital care after perinatal death stated that the parents of stillbirth appreciate the time and the contact, they had it with a still born babies.[20] Those who had not seen the baby cried so much and said that they regretted not having this opportunity. In one study bereaved mothers who had not spent as much time with their baby after stillbirth as they wished experienced a seven times greater risk of developing depressive symptoms. Studies have reported that women who had seen and held their stillborn babies had fewer anxieties and depressive symptoms compared with women who had not seen or held their baby.[21-24]

Psychological Grief

Regarding psychological grief during pre-assessment, nineteen women (42.3%) in the experimental group and seventeen (37.8%) women in the control group experienced severe to moderate psychological grief. Some of the psychological feelings experienced by these women "most of the time" were: "longing for the baby", "feel guilty" and "upset".

A large majority of women who had recently experienced late pregnancy loss mentioned that they were longing for the baby "most of the time" (78% experimental group and 73% in the control group). These women literally cried over the issue saying that they had been looking forward to having the child; the family had been very happy when she became pregnant; their spouses had showed a lot of concern during pregnancy. Now the loss was unbearable, and everyone in the family was unable to accept it. They also mentioned that when they hear the cry of the babies in the ward and see a cradle for a baby, it hurts them deeply. It was also mentioned that they felt that they lost something great in their life. Several other studies have reported that the feelings of "missing" and" longing" are an important part of the perinatal bereavement grieving process.[13, 14, 16]

Another salient feature was feeling guilty. It was mentioned by 64%of the women in both groups as "most of the time". The reasons could be that they would have been thinking of the causes of late pregnancy loss given to them by the obstetrician such as irregular check-up, failing to monitor the foetal movement, and not realizing the expected date of delivery. These women expressed during the pre-assessment that they felt guilty for not being more careful in these matters. Other studies have also reported that women often feel guilty after the loss of their baby. Some studies reported that women who had late pregnancy loss felt guilty that they did not realize the importance of monitoring the baby's kick chart and attending regular antenatal follow up.[13,14,17,18,26]

A majority (80% experimental group and 71% control group) of the women mentioned that most of the time they were very upset about the loss. They kept on saying that the unanticipated and sudden loss of the baby was a misfortune to the family. Most of the women did not feel like talking to their family members or even to health personnel. Studies have highlighted that feeling upset and sad about the late pregnancy loss can stay in the mind for a long time in all bereaved women.[13,16,27-29]

Social Grief

Regarding the social subscale, eleven (28.9%) women in the experimental group and twenty (44.4%) women in the control group experienced moderate to severe social grief. Certain items in the subscale were highlighted in most of the time. They were "Others may not respect", "Uncomfortable to face husbands and in laws". Among all the items, "others may not respect" were felt "most of the time" by 33% of both groups of women. Some of the women stated that they were worried about going home. When asked about this they said that they were afraid that their relatives and the neighbourhood women would look at them differently. There is a cultural belief in Tamil Nadu that it is unlucky for a pregnant woman to come into contact with a woman who has had a still birth. Therefore, they would not allow any pregnant women to see or meet a woman who had suffered late pregnancy loss, and would restrict her from attending any function outside her home, where pregnant women might come to attend.

Association of Grief with Individual Characteristics

Regression analysis was done to associate the psychological problems with individual characteristics. In univariate analysis Family, Gestational age and the groups were significant after adjusting for age, education, income, occupation, family, gestational age, obstetrical score, previous child and congenital anomaly. Multivariate analysis was done on the significant variables and showed that the nuclear family had 3.97 units reduction in grief which was statistically significant (p-value=<0.05, CI=0.22 to 7.71).

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Among the groups, experimental group had -7.9 units reduction in grief. The intervention effect (experimental versus control) was independently related to the change

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Risk Factor Analysis

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Conclusion

Pregnancy loss is a traumatic life event and a most painful form of bereavement which frequently leads to psychological morbidities. The results clearly showed significantly better improvements in these problems amongst women provided with bereavement counselling, relative to those given standard perinatal bereavement care. Women benefit from individually focused counselling and cope better with their grief in the immediate future, with in the family and in relation to the people in their surroundings. Nurses play a vital role in supporting these women and they must be sensitive to the psychological problems experienced by the women. Training on bereavement counselling to the staff nurses can enhance the quality of care given to women with pregnancy loss. Though these problems are difficult to remove completely, it is possible to minimize their effects and reduce the time taken for recovery by appropriate counselling.

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Conflict of Interest: None

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