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Register your interest



MHPN WEBINAR

Wednesday 28th June 2023

Supporting the mental health of bereaved parents after miscarriage, stillbirth and neonatal deaths

Tonight's panel



Bonnie Carter (OAM)
Peer Worker / Lived
Experience



Dr. Nicole Hall
General Practitioner



Eliza Strauss
Bereavement Midwife



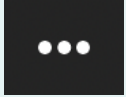
Dr. Matthew Roberts
Psychiatrist
Psychotherapist



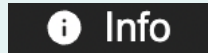
Facilitator:
Prof. Steve Trumble
General Practitioner

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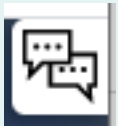
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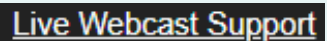
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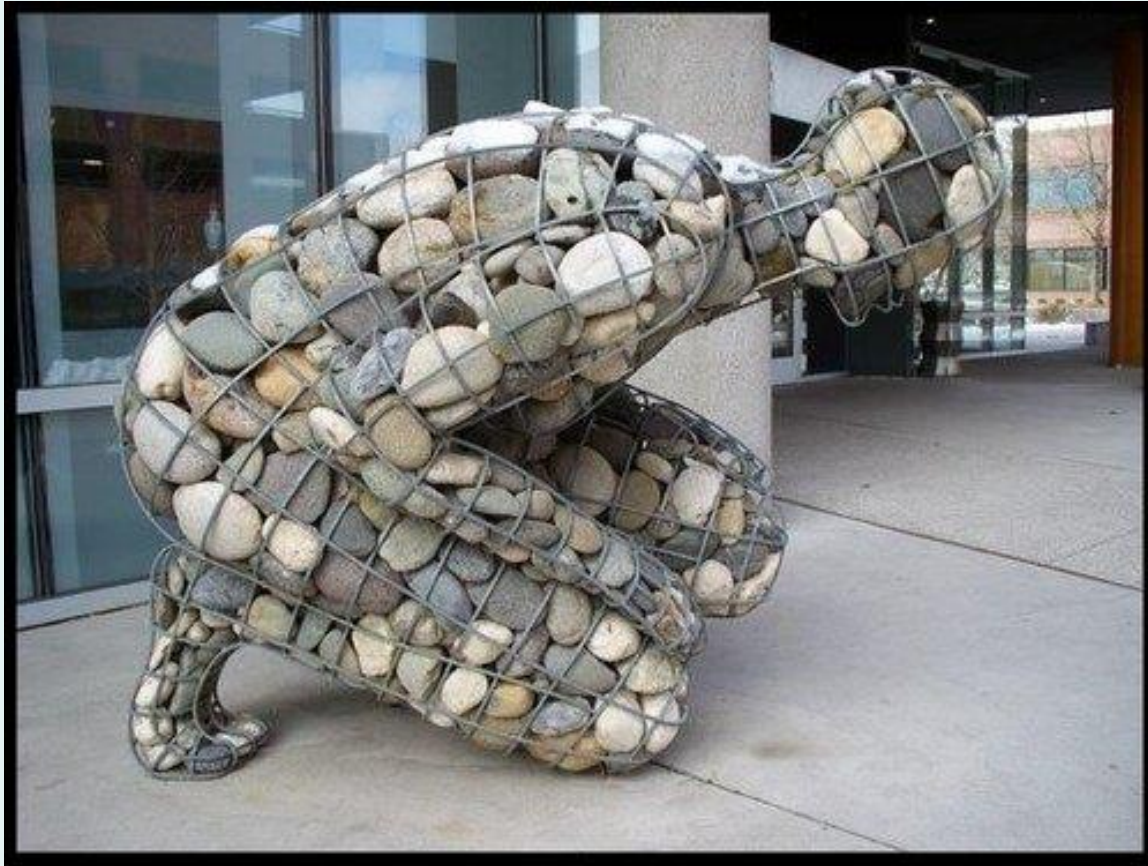
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Learning outcomes

This webinar will provide participants with the opportunity to:

- Describe the complex relationship between grief and loss, and mental health for bereaved parents after miscarriage, stillbirth and neonatal death.
- Discuss the risk factors and warning signs of mental illness for people experiencing grief and loss after miscarriage, stillbirth and neonatal death.
- Discuss ways to guide conversations and identify strategies to support bereaved parents' mental health.
- Outline strategies to assist health practitioners make appropriate referrals to support the mental health of bereaved parents after miscarriage, stillbirth and neonatal death.

A Peer Worker / Lived Experience Perspective



THE MESS AND DISORDER OF GRIEF AFTER BABY LOSS

Deep heartache
Intense emotions
Confusion
Disappointment
Sadness
Foggy brain
Nerve pain
Aching joints
Clenched jaw
Inconsolable crying
Anger
Frustration
Overwhelm
Empty
Numb
Cold
Guilt
Frightened
Mortality fears
Fear of more loss or trauma
Anxious
Short Tempered
Impatient
Exhausted
Claustrophobic
Night terrors
Sleeplessness
Self-deprecating

And the list goes on and on.... Moving up and down the list, in ebbs and flows, forever more in that parents life.



Bonnie Carter OAM

A Peer Worker / Lived Experience Perspective

Guiding Conversations

It takes a village to raise a child. How do we strengthen that village when a baby or child dies?

That village includes **YOU**, the health care team is paramount

- Decision making
- Options
- Communicating



Bonnie Carter OAM

A Peer Worker / Lived Experience Perspective

Back to our (harsh) reality

Saying goodbye and coming home

- Leaving the hospital
- Empty handed – the longest walk down that hospital corridor
- Returning homing - a very silent nursery

Red Nose: Hospital to Home Program



Bonnie Carter OAM

A Peer Worker / Lived Experience Perspective

Facing the Future

Grief always outlasts sympathy

- Interactions with others
- Dates and anniversaries
- Connecting with other parents who “get it” – especially online
- Seeking out and connecting with support services
- Return to Work – back to the real world, living in the ‘new normal’

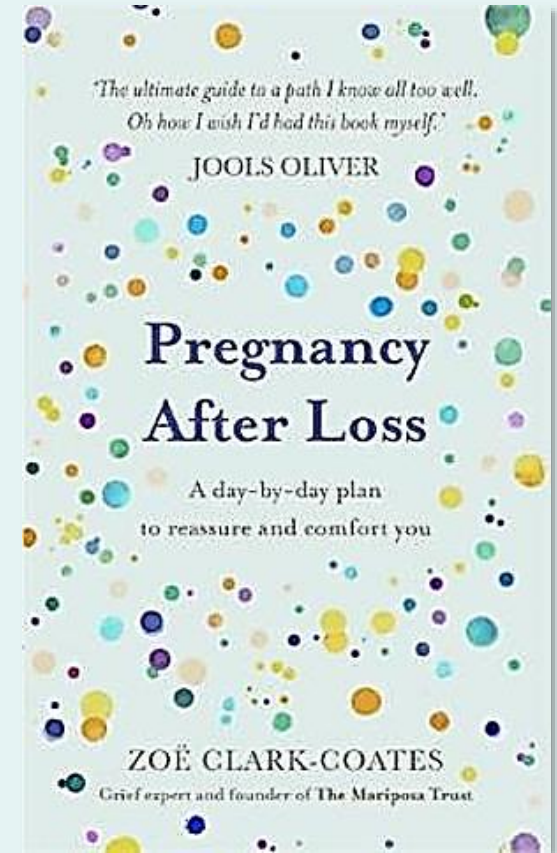


Bonnie Carter OAM

A Peer Worker / Lived Experience Perspective

MYTH: “Lightning never strikes twice in one place...”

- Compounding effects of loss after loss – the thickness of grief cannot be underestimated.
- This compounding effect can take a hold on families in future pregnancies – there ain’t no such thing anymore as a “safe zone” in pregnancy.
- Pregnancy after loss is:
 - *Mentally preparing yourself for the worst*
 - *Being terrified to connect with this new pregnancy and this baby*
 - *Desperately hoping but cautiously waiting (9 months feels like 9 years)*



Bonnie Carter OAM

A GP's Perspective

LISTEN!

- Listening to what a patient has to say and how they are feeling is powerful.
- Empathy is key.



Dr. Nicole Hall

A GP's Perspective

Allow time for Questions

- Expect 'why' questions as part of counselling.
- Respect the patient, their family and GP by contacting GP to inform them of negative outcomes and provide information on clinical situation if available (including autopsy results).



Dr. Nicole Hall

A GP's Perspective

Grief is normal

- Everyone grieves differently.
- Schedule regular follow up appointments.



Dr. Nicole Hall

A GP's Perspective

Treatment options

- Memory banks- photos of baby, imprints etc.
- Psychology- perinatal psychology.
- Watch for symptoms which warrant urgent +/- psychiatry review.



Dr. Nicole Hall

A GP's Perspective

Next Pregnancy

- Period of stress/anxiety mixed with excitement.
- Offer regular review and support.
- Be aware of deteriorations in mental health.



Dr. Nicole Hall

A Bereavement Midwife's Perspective

What came before?

What is Melissa & Cameron's story before this loss?

- A difficult lead up to this pregnancy with Oliver

What did Cameron and Melissa need?

- Validation, normalisation
- Asking what they needed
- Not to be 'primed' with false reassurance
- No platitudes



Eliza Strauss

A Bereavement Midwife's Perspective

The Time-Line

The Time-Line:

- Rupture of membranes → diagnosis → birth = less than a day

A knee-jerk reaction to go home quickly –

- Left the same day as Oliver's birth
- No memory making opportunities
- No postmortem

Can affect the grief trajectory



Eliza Strauss

A Bereavement Midwife's Perspective

The Response

Early Responses

- Intense feelings - shock, fear, sadness, overwhelm, 'couldn't believe this was happening again'
- Fear of the unknown
- Loss of control
- Difficult to make decisions – head in a fog



Eliza Strauss

A Bereavement Midwife's Perspective

How Could This Have Been Different?

Following labour & Birth ... Slow everything down

- Ask them what is important now
- Reassurance - can return to hospital or take Oliver home with them?
- Revisit conversations after birth or after discharge eg. PM, spending time with Oliver
- Offer to Damage control regarding GP notification



Eliza Strauss

A Bereavement Midwife's Perspective

The Importance of Memory Making

Memory Making – It's never too late!

- Acknowledges parenting
- Creates a new & ongoing relationship with their deceased baby
- 'Pack' memories for their future

“For many parents, it is the experience of parenting, not mementos, which is the most valuable in the creation of a bond”. (Koopmans et al, 2013)



Eliza Strauss

A Bereavement Midwife's Perspective

Memory Making Ideas

- Naming the baby.
- Making a memory folder with the baby's birth details, date, day of birth, measurements, ID bracelet etc
- Apply for Early loss recognition certificate or Birth Certificate
- Planning a Funeral or cremation
- Memorial space in house
- Heartfelt – touch up service
- Lighting of candles
- Planting a tree
- Journaling (writing to the baby)
- Creating a memorial garden, memorial sculptures, plaques
- Tattoo
- Visiting of grave or memorial site at times of significance
- Making a video journal
- Raising money in the baby's name for not for profit or hospital
- Donating a cuddle cot to a hospital
- Running marathon to raise money in the baby's name
- Family rituals on the baby's anniversary
- Christmas tree angel representing the baby



Eliza Strauss

A Psychiatrist / Psychotherapist Perspective

Perinatal Loss, Grief and Mental Health

- Grief converts news of loss into felt reality (how to be) in a changed world (eg. dreams of spinal injury patients)
- Mental health of bereaved depends greatly on how their particular grief process is supported
- 'He who has a why can bear almost any how' Nietzsche



Dr. Matthew Roberts

A Psychiatrist / Psychotherapist Perspective

Mental Illness in the context of Perinatal Loss and Grief

- Care to strike balance between not unnecessarily pathologising, and not missing major mental illness.
- Grief vs Major Depression vs PTSD etc
- Risk factors: eg. social stressors/supports, past or current mental ill health, past losses, AOD.



Dr. Matthew Roberts

A Psychiatrist / Psychotherapist Perspective

Working with bereaved parents

- Make a safe space for someone grieving to talk/be. Allow time (30min at least) if tolerable for them.
- Prioritise their experience (including questions/concerns) over issuing education.
- Recognise that bereavement is complex, and that it's common to finish a session feeling there's much left unaddressed.



Dr. Matthew Roberts

A Psychiatrist / Psychotherapist's Perspective

On-referral

There's almost no loss, adversity, trauma or suffering that can't be helped by the right team in good communication.

Don't assume you can't be helpful if you don't specialise in this area.

Consider all affected by perinatal loss: parents, other children, grandparents etc.



Dr. Matthew Roberts

A Psychiatrist / Psychotherapist's Perspective

Dads and grief

- Psychological birth is 50:50, so too the psychological loss.
- Much of this may not be conscious for men raised to shut down inner experience, but it's fair to assume that their bodies know about the loss.
- Acceptability of help for each different dad is key; asking is a great start.



Dr. Matthew Roberts



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Q & A



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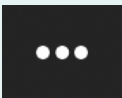
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- Supporting clients/patients with PTSD to participate in good work on Tuesday 11th July at 7.15pm

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