

BEREAVEMENT AFTER PERINATAL LOSS: Who cares? SANDS does

“Prior to the 1980s it was generally considered in medical circles best for a mother delivering a stillborn baby to be sent home quickly and told to forget the baby and have another. The baby’s delivery was obscured from the mother’s view, as best as possible, on the premise that what the eye did not see the heart need not grieve for. On this basis, mothers’ grief was often unrecognised or, indeed, considered out of place during her postnatal recovery.” (Brabin, 2004).

SANDS (support for parents after early pregnancy and perinatal loss) organisations were founded in all Australian States in the 1980s. In addition to parent support, SANDS organisations have facilitated better models of postnatal care in hospitals, provided information to parents, and advocated for community recognition of the experience and change in associated practices, for example stillbirth registration and maternity payment after a stillborn baby. Over the last 20 years SANDS organisations have reported a resounding shift in the quality of parents’ experience and the issues parents bring to SANDS.



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SANDS parent supporters are trained volunteers who themselves have experienced the loss of a baby. They provide telephone support and may organise group meetings which provide, in a non-judgemental setting, an opportunity for parents to talk about their baby and share their experiences with others. Providing a ‘normalising’ experience, SANDS parent supporters recognise when additional support is needed and referral to professional care can be recommended. Indeed, professional care is not always necessary after bereavement and can serve to ‘pathologise’ a natural process that simply requires, for most, supportive care preferably in their local community.

SANDS also recognises the special bereavement needs that are unique for families after a perinatal loss: that perinatal grief is an undeniable sequelae of current obstetric practices—ultrasound visualisation and genetic testing, for example, make the baby a reality well before mid-pregnancy; and that it is the lack of memories of the baby at birth that will for many, over time, result in a delayed grief reaction. Despite reinforcing the process of grief these memories serve to promote a process of healthy grief ‘resolution’ that declines over time.

SANDS specialised support recognises the importance of:

- beautiful photography for the once-in-a-lifetime event and memories of the baby;
- gentle encouragement to see, hold and spend time alone with the baby;
- a meaningful funeral for the baby;
- recognition that strong feelings of missing and longing will last for years; and
- having another baby for his/herself: not as a way of avoiding grief.

These and other issues are understood by SANDS parent supporters and are reinforced in resources like *Your baby has died... A guide for parents whose baby has died before, during or soon after birth*—a practical guide that takes parents through the experience. This valuable resource is available by contacting SANDS (www.sands.org.au) SANDS cares: SANDS is in the front line of a support process of ‘best practice’ care after a baby has died.

References

- Brabin PJ (2004) To see, or not to see: that is the question. Challenging good-practice bereavement care after a baby is stillborn: The case in Australia. *Grief Matters: Aust J Grief and Bereavement* Winter, 7(2), 28-33
- Crowther R and Brabin PJ (2003) *Your baby has died... A guide for parents whose baby has died before, during or soon after birth*. 4th Ed. Melbourne: SANDS(Vic)
- Giles PFH (1970) Reactions of women to perinatal death. *Aust NZ J Obst Gynae*, 10, 207-210