Bereavement Program Innovations That Support Maternal Mental Health

Rana Limbo, PhD, RN, CPLC, FAAN
Associate Director,
Senior Faculty Consultant
Resolve Through Sharing®
rklimbo@gundersenhealth.org

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Acknowledgement

- Deborah Rich, PhD, LP, CPLC
- Founder, Shoshana Center for Reproductive Health Psychology
- Owner, MommaCare™ Training and Consultation
- Resolve Through Sharing National Faculty
- www.shoshanacenter.com
- deb@shoshanacenter.com

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Objectives

- Define annual statistics in the US for miscarriage, stillbirth, and newborn death.
- Describe two potential effects of perinatal bereavement associated with maternal mental health.
- List three bereavement program innovations designed to support the mental health of mothers whose baby dies.

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The speaker declares no conflict of interest.

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Resolve Through Sharing

A Few Facts

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RTS Foundational Courses

- Bereavement Training
  - Perinatal
  - Neonatal and Pediatrics
  - Pediatrics and Adult
- Coordinator Training

www.resolvethroughsharing.org/education

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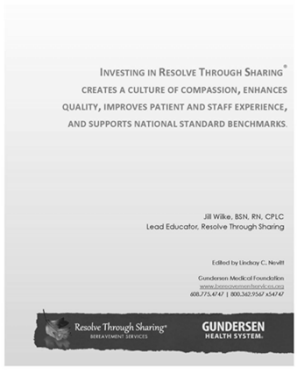

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The Reach of *Resolve Through Sharing®*

- All 50 United States
- Canada
- Ireland
- New Zealand
- Numerous military bases in Europe and Asia

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Evidence-based Interventions in Perinatal Bereavement

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Best Practice for Perinatal Health

Perinatal Loss	Perinatal Mental Health

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WHO and Ariadne Labs Release Safe Childbirth Checklist

- Ariadne Labs
  Brigham and Women's
  Harvard School of Public Health
  http://www.bostonmagazine.com/health/blog/2015/12/07/safe-childbirth-checklist/#.VoK5crptN2I.email

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Statistics

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Incidence of Perinatal Loss

Miscarriage	10-25% confirmed pregnancy
Ectopic Pregnancy	64,000
Molar Pregnancy	6,000
Stillbirth	26,000
Newborn Death	19,000
Birth Defects (infancy)	5,100

(Macdorman, Kimeyer, & Wilson, 2012; Matthews & Macdorman, 2011; March of Dimes: www.marchofdimes.com; Murphy, Xu, & Kochanek, 2013; Silver, Branch, Goldenberg, Iams, & Klebanoff, 2011)

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Standard of Care

- Relationship-based care and staff education
- Interprofessional
- Family as central to decision making
- Keepsakes
- Photography
- Follow-up

(Limbo & Kobler, 2010; Rosigno, Kavanaugh, Savage,20xx; Wilke & Limbo, 2012)

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MCN, The American Journal of Maternal/Child Nursing

(Limbo & Kobler, 2010)

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Layered Relationships

- Baby
- Parents
- Siblings
- Other family members
- Close friends
- Healthcare providers

(Limbo & Kobler, 2010) 16

Relational Care: Swanson's Theory of Caring

- Maintaining belief
- Being with
- Knowing and relating
- Doing for
- Enabling or empowering

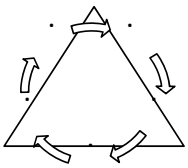
(Adolffson, 2011; Wojnar, Swanson, & Adolffson, 2011) 17

Guided Participation

- A relationship-based method for competency development
- Includes a guide and novice
- Guide more knowledgeable in a certain area
- Both are resourceful
- Clinical application developed by Dr. Pridham

(Pridham, Limbo, Schroeder, Thoyre, & Van Riper, 1998) 18

Issues
Disturbing or challenging situations, problems to be solved or goals to be reached



Competencies
- Being with others, having presence
- Knowing and relating to self and others
- Doing the job or task
- Communicating
- Regulating emotions

Processes
- Getting and staying connected
- Joining and maintaining attention
- Bridging
- Transferring responsibility

Issues Triangle used with permission from ©Guided Participation Institute, University of Wisconsin-Madison School of Nursing, 600 Highland Ave., Madison, WI, 53792.

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Guided Participation: Competencies, Issues, and Processes

Competencies
- Being with
- Knowing and relating
- Doing the task
- Communicating
- Regulating emotions

Issues
- Grief and sadness
- Problem solving re: baby care
- Relationship problems

Processes
- Getting and staying connected
- Joining and maintaining attention
- Bridging
- Structuring
- Transferring responsibility

(Pridham, Limbo, Schroeder, Thoyre, & Van Riper, 1998)

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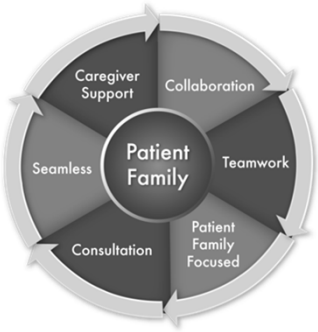
Interprofessional Care



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(Limbo, Glasser, & Sundaram, 2014)

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Relational Learning

- Nurses: Highest anxiety about caring for dying or bereaved
- Skill building
- Empathy
- Parallel process
- Compassion
- Importance of *being*
- Continuing education consistent with organization's mission & strategic plan

(Browning & Solomon, 2006; Limbo, 2013; Peters et al., 2013; Wilke & Limbo, 2012)

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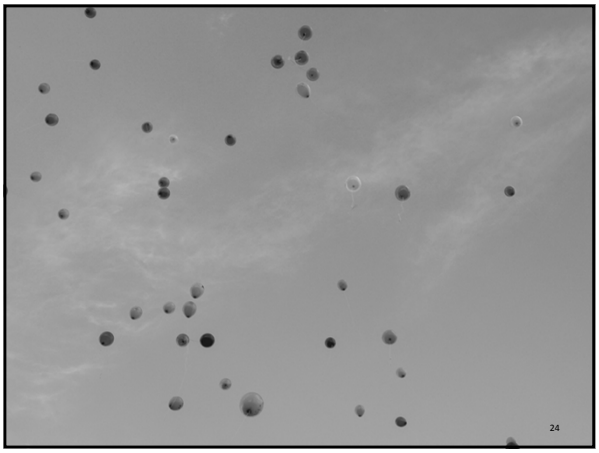

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Maternal Mental Health
and Perinatal Bereavement

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Overview

- Normal perinatal bereavement
- Complicated or prolonged grief
- Pregnancy loss and traumatic response
- Postpartum in subsequent pregnancy
- Research updates
- Current controversies
- Effective therapeutic interventions

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Themes of Miscarriage

- Turmoil
- "Being Sure"
- Adjustment
- Resolution

(Limbo, Glasser, & Sundaram, 2014; Maker & Ogden, 2003)

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Complications and Traumatic Response

- Birth accident
- Maternal emergency
- Medical negligence
- Poor patient experience
  - Miscarriage
  - Stillbirth
  - Medical interruption
  - Neonatal death

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What Does Research Tell Us

- Population samples versus recruitment
- Urban/low income versus privileged
- Pregnancy history
- Mental health history
- Timing of subsequent pregnancy
- Quality of patient care

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Complicated or Prolonged Grief

- Insecure preoccupied attachment
- Social support
- Quality of the current partnership
- Gestational age is NOT a predictor
- Guilt and shame proneness
  - 45% of variance in late grief in women
  - 63% of variance in late grief in men

(Barr, 2004; Scheidt et al., 2012)

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Pregnancy After Loss (PAL)

- 85% of women experience PAL within 18 months
- Comparison of pregnancy and postpartum functioning of women with and without history of pregnancy loss
- Is previous pregnancy loss a predictor or risk factor?
- For depression? Anxiety? PTSD?

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What Does Research Tell Us

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Caucasian Middle Class Stillbirth

- TOTAL sample – no significant difference in rates of depression.
- 76% of sample with no MH history – RR 6.8 of depression at 6 months post loss.
- Of those, 17.6% had EPDS scores ≥ 12 at 24-36 months post loss – 3-fold increase.

(Hogue et al., 2015)

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Swedish Medical Birth Register

Depression Risk

- RR 6.9 (7-fold) women who were not with their babies as long as they would have liked.
- RR 2.8 (3-fold) women with no PAL compared to women who become pregnant again within 6 months.
- RR 2.2 (double) stillbirth in third pregnancy
- RR 6.7 (7-fold) stillbirth in 4th or later pregnancy

(Surkan, 2008)

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Urban, Minority, and Poor Women

- Higher incidence of pregnancy loss
- Higher baseline of untreated MH
- High comorbidity of depression & anxiety
- Loss type not predictive
- Cumulative losses predict perinatal anxiety
- Overall trauma burden

(Giannandrea, Cerulli, Anson, & Chaundron, 2013)

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Miscarriage and Postpartum PAL Two Longitudinal Studies

- Women with no MH history
- Similar incidence of depression during pregnancy and at 6 and 12 months PP
- Higher risk of depression at 1 month PP as measured by the EPDS
- Does not persist
- Symptom reduction by 9-12 months PP

(Bicking Kinsey, Baptiste-Roberts, Zhu, Kjerulff, 2014; Lok, Yip, Lee, Sahota, Chung, 2010)

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Pregnancy Loss and Intrapartum PAL Two Population Studies

- Increased risk of PMADs during pregnancy but not after healthy birth
- Increased risk of PMADs persists beyond birth of healthy baby

(Blackmore et al., 2011; Gong et al., 2013)

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Jill and Jen

- Long road to getting pregnant
- Guilt from not recognizing signs of pre-term labor
- Inconsistent care regarding inclusiveness
- Strong support from MD, CNS, friends

(Adolfsson, 2011)

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The Diagnosis Controversy – or What Are We Measuring?

- Prolonged or complicated grief
- Depression
- Anxiety and PTSD
- Excessive worry
- Stressful life events
- Population-specific screening and diagnostic tools

(Chojenta et al. 2014; Price & Masho, 2014)

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Effective Interventions: Common Trajectory

- Interconception care
- Anticipatory guidance
- Psychoeducation
- Social support
- Guided participation

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Nutrition

- mothertobaby.org (formerly OTIS) - text **855-999-3525**, phone **866-626-6847, email link, chat link** and printable factsheets
- motherisk.org - also via email and phone **1-877-439-2744** Motherisk Helpline

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Summary

- SSRI exposure during pregnancy and risk of poor fetal outcomes
- A balanced risk-benefit view – untreated illness is not without risk
- Lack consistent and meaningful associations across studies
- Lack study design that controls for confounding variables of drug exposure + exposure to underlying illness
- Lack evidence of statistical significance above and beyond population incidence

(Reported summary of international expert opinion. Communication with Deborah Rich, PhD)

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Q&A

Clinician Challenge:

- Can clinical practice and body of knowledge shape research?
- How can we accelerate dissemination of information from research to practice?
- From professional to lay community?

deb@shoshanacenter.com

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Feeding Support Project (FSP)

Karen Pridham, PhD, RN, FAAN, [PI]

- PhD work as research assistant
  - Intervention nurse: guided participation
  - Parents and infants: 23-27 weeks
  - Feeding and growth
  - Video playback, feeding logs, field notes
  - Previous research: mothers of full-term infants, relationship competencies

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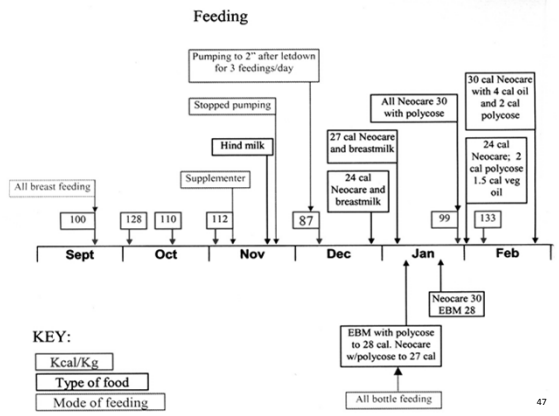

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Ann and Betsy

- Feeding at 4 and 8 months
- Issue: Mother's emotions and their effect on caregiving
- Competency: Regulating emotion, being with the baby
- Process: Joining attention around mother's need for self-care

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Feudtner's Questions: Pearls of Hope

Given what you are now up against, what are you hoping for?

Do you mind telling me what else you might be hoping for?

(Feudtner, 2009)

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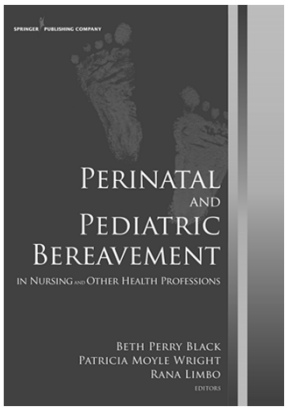

(Limbo & Kobler, 2016)

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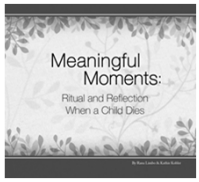
Importance of Ritual in Relationship

Ritual flows from relationship. Relationship forms the bridge from suffering to hope. Hope transforms.



(Limbo & Kobler, 2013)

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Emily's Story

Emily's life, although short, brings to all of us the message of being in relationship.

Watch the number of people touched by Emily's brief life.

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Resources

- aftertalk.com [blog chat: 2.4.16]
- nowilaymedowntosleep.org
- perinatalbereavementconference.org [9.28 – 10.1.2016]
- perinatalhospice.org
- plida.org
- resolvethroughsharing.org
- shoshanacenter.com

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