

Spirituality and bereavement in perinatal death: a narrative review

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Abstract

Perinatal death, understood as the death of a fetus between 28 weeks or more of gestation and a live birth less than 28 days old, involves multidimensional aspects of family suffering. Among the existing strategies for dealing with this suffering, spirituality, understood as a personal search for understanding human existential issues and their relationships with the sacred and transcendent, can be a way of giving new meaning to this grieving process. Investigate the influence of spirituality on family bereavement resulting from perinatal deaths. A search was carried out on PUBMED using the DeCs/Mesh descriptors “Bereavement”, “Perinatal death” and “Spirituality” in June 2023. 14 articles were included in this narrative review. Performing rituals that honor the baby’s memory, identifying them as a member of the family, favors the process of elaboration and acceptance of bereavement. Self-reflection about the process of loss becomes inherent to re-signify perinatal bereavement as a “natural human experience”. Furthermore, spirituality represents a means of strengthening and giving new meaning for both the mother and family members in the face of the suffering experienced. Finally, there is a lack of qualified health and religious professionals who can systematically approach and improve the process and quality of care for maternal loss. The experience of perinatal bereavement can take on new values and meanings when recognized, respected and assisted by professionals qualified to address the topic, with spirituality being an important aspect in the elaboration of maternal bereavement.

Keywords: Bereavement. Perinatal Death. Spirituality.

INTRODUCTION

Perinatal death, understood as the death of a fetus between 28 weeks or more of gestation and born alive at less than 28 days of age¹, involves multidimensional aspects of human suffering, reaching dimensions that go beyond psychological aspects, including social, family, educational and assistance issues^{2,3}.

Bereavement is understood as a natural process of emotional, cognitive and behavioral recovery and adaptation of a person resulting from a significant loss⁴, composed of consecutive or non-consecutive phases, which

are denial, anger, bargaining, depression and, finally, acceptance³. During the grieving process, the individual may suffer eating and sleeping disorders, worsening of chronic illnesses and decreased quality of life. They may also suffer from anxiety, depression, post-traumatic stress disorder and other health problems^{3,4,5}.

Among the existing strategies for dealing with this suffering, spirituality, understood as a personal search for understanding human existential issues and their relationships with

the sacred and transcendent, can be a way of giving new meaning to this grieving process and, consequently, strengthening the individual who is facing this painful process^{2,3}. Religiosity and beliefs are conditions that can contribute to spirituality becoming a path of maternal redefinition in the face of the death of their children³.

The correlation between spirituality and perinatal death involves the qualification of heal-

th professionals, chaplains and religious people who provide assistance from the gestational period, the moment of birth, in the confirmation of neonatal death and in assisting families in the face of the anguish of the event^{3,6,7}.

Observing the impact of perinatal death on the family of the fetus, the objective of this article was to investigate the influence of spirituality on family mourning resulting from perinatal deaths.

METHODOLOGY

This is a narrative review in which a search was carried out in the PUBMED database using the DeCs/Mesh descriptors “Bereavement”, “Perinatal death” and “Spirituality” joined by the Boolean operator “AND” in the months of June and July of year 2023. There was no restriction on the search period and

no filters were applied, resulting in a total of 25 articles.

After reading the abstracts, 11 articles were excluded for the following reasons: systematic or narrative reviews and not suiting the article's theme. Therefore, 14 articles were included in this review.

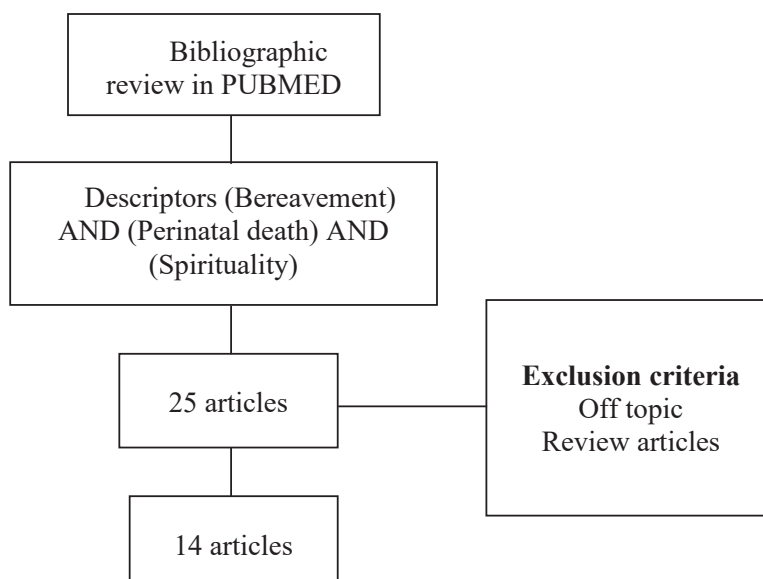


Figure 1 - Article methodology, 2023.

RESULTS

14 articles were included in this bibliographic review, summarized in the table below, which includes the author and year of publication, type of study and the main results brought by the article.

Table 1 - Author and year, type of study and main results of the articles included in this bibliographic review found in the PUBMED database in the period June and July 2023, as described in the methodology, 2023.

Author and year of publication of the article	Type of study	Main article results
Brown Y, 1993 ⁸	Case series	The article emphasizes the need for individualized, respectful and meaningful care in the face of perinatal loss, supported by a conceptual framework that integrates theory, research and practical experience.
Uren TH, Wastell CA, 2002 ⁹	Qualitative study	The study analyzed the psychological impact of perinatal grief on 108 women. The results supported the conceptualization of grief as an interpretive phenomenon, triggered by the loss of a primary attachment figure, which, in turn, undermines fundamental life purposes and implies the need to reestablish meaning.
Swanson PB, Pearsall-Jones JG, Hay DA, 2002 ¹⁰	Mixed study	The study explored how bereaved mothers of twins with a surviving twin cope with the loss. Interviewing 66 mothers, the study showed that bereaved mothers of twins scored higher on grief scales than mothers of singletons and that spiritual beliefs and finding meaning in loss were positively related to emotional adjustment. Despite the trauma, most mothers integrated their losses into their lives, offering support recommendations.
Cowchock FS, Lasker JN, Toedter LJ, Skumanich SA, Koenig HG, 2009 ¹¹	Longitudinal study	This study analyzed how religious beliefs and practices can influence grief after pregnancy loss. Assessing 103 women for at least 1 year after loss, the study showed that while specific aspects of religiosity may not predict grief, religious struggle, continued attachment to the baby, and negative responses can intensify the severity of grief after gestational loss.
Swanson PB, Kane RT, Pearsall-Jones JG, Swanson CF, Croft ML, 2009 ¹²	Mixed study	The study covered 52 Australian couples who faced the loss of at least one member from a multiple birth, with at least one survivor, using the <i>Beck Depression Inventory II</i> , <i>Perinatal Grief Scale</i> and interviews. Mothers reported more depression and grief than fathers at the time of loss, and both painfully reported the death of the twins, however, fathers were not encouraged to express emotions. The strength of spiritual beliefs increased after the loss, and depressed mothers sought spiritual support.

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Author and year of publication of the article	Type of study	Main article results
Cowchock FS, Ellestad SE, Meador KG, Koenig HG, Hooten EG, Swamy GK, 2011 ¹³	Mixed study	The study involved 15 women pregnant after a traumatic loss late in pregnancy, due to fetal death or severe abnormalities. Half of the women showed high levels of grief. Psychometric results indicated elevated scores on several scales, including active grief, post-traumatic stress symptoms, depression, and anxiety. Religiosity was negatively associated with hopelessness, suggesting that religiosity may play a significant role in maternal coping during pregnancies following traumatic loss.
O. Noizet-Yverneau, Deschamps C, Lempp F, I. Daligaut, G. Delebarre, David A, <i>et al.</i> , 2013 ¹⁴	Observational study	The study looked at the use of memory boxes in a neonatal and pediatric intensive care unit over the course of a year. Thirty-nine nurses and doctors responded to the survey, indicating that memory boxes were appropriate for cases of neonatal death and useful for assisting bereaved parents. Although most caregivers found the boxes useful for families, there were some restrictions mentioned, such as the symbolic impact of the box resembling a coffin.
Nuzum D, Meaney S, O'Donoghue K, 2014 ¹⁵	Mixed study	The study investigated the provision of spiritual care to bereaved parents after stillbirth in Irish maternity hospitals, also analyzing the impact of this experience on healthcare chaplains. 20 chaplains participated, 60% of whom were formally accredited, but only one was trained in perinatal grief. It was concluded that diversity in the provision of spiritual care can affect the quality and depth of care, while chaplains face challenges to personal faith. Recommendations include continued education and more support for chaplains.
Rosenbaum JL, Smith JR, Yan Y, Abram N, Jeffe DB, 2014 ¹⁶	Randomized clinical trial	The study investigated the impact of a neonatal grief support DVD on parents' grief following the death of their baby in the Neonatal Intensive Care Unit. Although the initial analysis was not significant, the 18 parents who watched the DVD reported an increase in grief after 3 months compared to those who did not watch it and the control group. This increase in grief was negatively associated with social support and spiritual/religious beliefs.
Nuzum D, Meaney S, O'Donoghue K, Morris H, 2015 ¹⁷	Qualitative study	The study addresses the spiritual and theological issues faced by healthcare chaplains when providing care to parents following the perinatal loss of an infant. 20 chaplains from 17 maternity hospitals in the Republic of Ireland participated. Suffering, doubt and presence were the main theological themes raised by chaplains after perinatal death. The study recommends theological reflection as a supportive and necessary tool for perinatal health.

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Author and year of publication of the article	Type of study	Main article results
Camacho-Ávila M, Fernández-Sola C, Jiménez-López FR, Granero-Molina J, Fernández-Medina IM, Martínez-Artero L, <i>et al.</i> , 2019 ¹⁸	Qualitative study	In this qualitative study carried out in hospitals in Southern Spain, 13 mothers and 8 fathers who had faced perinatal loss in the last five years were interviewed. The grieving process following perinatal loss was explored, revealing three main themes: the anticipation of the baby's death, the emotional shock of losing and giving birth to a stillborn, and the need to give the baby an identity and legitimize the grief. The importance of offering immediate empathetic support, facilitating farewell rituals and helping parents create meaningful memories is highlighted. The fundamental role of midwives in the grieving process is emphasized, highlighting the importance of their assistance and support.
Fenstermacher KH, Hupcey JE, 2019 ¹⁹	Qualitative study	The study examined the perinatal grief support needs of 8 urban Black adolescent women ages 18 to 21. It identified the demand for culturally sensitive support at crucial points in the grieving process, highlighting the importance of accurate information, compassionate communication and family and community support. Mementos, such as photographs and footprints, were valued. The results indicate that nurses play a crucial role in providing consistent care, empathetic communication, and anticipatory guidance, facilitating the grieving process and promoting the search for meaning.
Das MK, Arora NK, Gaikwad H, Chellani H, Debata P, Rasaily R, <i>et al.</i> , 2021 ²⁰	Qualitative study	The study addressed the impact of grief following stillbirth or infant death on Indian parents, highlighting open expressions of grief by mothers, while fathers often internalized the grief. Feelings of guilt, repercussions on marital relationships and psychological disturbances were observed, with coping strategies such as involvement in daily activities and spiritual practices. Financial difficulties and lack of family support amplified the intensity and duration of grief. About 57.5% of mothers and 80% of mothers with stillbirth experienced severe grief after 6-9 months. The study highlights the need for culturally sensitive grief support to mitigate lasting impacts in India.
Sergi C, Tomy Mullur, 2022 ⁶	Qualitative study	The article emphasizes that, even with technological advances and preventive measures, perinatal loss may remain unexplained. It highlights the importance of culturally sensitive discussions in medicine and the need to recognize religious and spiritual feelings, which are often marginalized. The critical role of chaplains in the well-being of families and clinicians is highlighted, highlighting the importance of spiritual and theological responses for parents bereaved by stillbirth.

DISCUSSION

Studies on perinatal grief employ a variety of methodologies, including the use of scales such as the *Perinatal Grief Scales* (PGS), *Beck Depression Inventory 2nd Edition* (BDI), *Spiritual Orientation Scale* (SOS), *Brief Symptom Inventory* (BSI) and *Adult Attachment Scale* (AAS)^{9,10,12,13}. Brown⁸ highlights the importance of sociocultural, spiritual, psychological and physiological variables in understanding perinatal death, promoting family support interventions and facilitating perinatal grief.

Meanwhile, Uren *et al.*⁹ discuss a phenomenological approach, using PGS, BDI, SOS, BSI and AAS, adopting a continuous view of the manifestations of grief and emphasizing the lack of normative information about long-term psychological sequelae. Swanson *et al.*¹⁰ positively associate spiritual beliefs and the search for meaning with acceptance, while Cowchock *et al.*¹¹ and Swanson *et al.*¹² explore the relationship between religiosity and PGS.

Studies by Nuzum *et al.*¹⁷ address the provision of spiritual care after stillbirth, highlighting the need for training in perinatal grief for chaplains. Furthermore, qualitative studies, such as those by Rosenbaum *et al.*¹⁶, Camacho-Ávila *et al.*¹⁸, Fenstermacher and Hupcey¹⁹, Das *et al.*²⁰ and Sergi and Tomy Mullur⁶, explore the experience of perinatal grief and the need for spiritual support through interviews, focus groups and phenomenological analysis.

CONCLUSION

In conclusion, research on perinatal bereavement reveals a diverse approach, utilizing a variety of methodologies and scales to understand the psychosocial and spiritual complexities associated with perinatal death. Recognizing the influence of sociocultural, spiritual, psychological and physiological variables highlights the need for interventions

that address these aspects holistically. Studies also highlight the importance of rituals to honor the baby's memory, including identification as a family member, and encourage practices such as diaries, memory boxes and family support to facilitate the process of working through and accepting grief^{6,8,14,18}. Self-reflection about the process of loss becomes inherent to re-signify perinatal grief as a "natural human experience"⁹. Furthermore, spirituality represents a means of strengthening and resignifying both the mother and family members in the face of the suffering experienced^{9,10,11,12,18,19,20}.

Clear and compassionate communication from health professionals, the presence of midwives, nurses and chaplains are highlighted as fundamental to adequate support for bereaved families^{6,18,19}. Sociocultural and religious support is identified as reducing the psychosocioeconomic repercussions caused by perinatal death²⁰. Conversely, lack of family support, religious resistance, continued attachment to the deceased child, and financial strain were associated with more severe grief^{11,16,20}.

A bias identified in studies is the incongruity between the professional's belief and the practice of care¹⁴. Furthermore, the lack of qualified health and religious professionals to systematically address maternal loss highlights the need for a more qualified and consistent approach to supporting perinatal grief^{15,17}.

that address these aspects holistically.

The importance of rituals to honor the baby's memory, along with practices such as diaries and memory boxes, emerges as a significant element in the process of elaboration and acceptance of perinatal grief. Promoting self-reflection and reframing grief as a "natural human experience" indicates an

integral approach to dealing with this specific form of loss.

Spirituality emerges as a significant means of strengthening and redefining meaning for bereaved families, suggesting the importance of including spiritual aspects in the support offered. Furthermore, clear and compassionate communication from healthcare professionals, as well as the presence of midwives, nurses and chaplains, are highlighted as fundamental to providing adequate support to bereaved families.

However, challenges such as the incongruity between professional beliefs and care practices, the lack of qualified professionals and religious resistance highlight the need for a more qualified and consistent approach to supporting perinatal grief. The identification of factors associated with more severe grief, such as lack of family support and financial tensions, highlights the importance of approaches that consider not only the emotional aspects, but also the social and economic contexts of bereaved families.

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