Grief Enriched Us: A Model of Perinatal Loss Support

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ABSTRACT

This article provides an example of the clinical application of one of the Lamaze International's Institute for Normal Birth evidence-based care practices. The practice of keeping mother and baby together, even in unusual circumstances, enhances family relationships and provides for positive lifetime memories.

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The Lamaze Institute for Normal Birth recently began the promotion of six specific, evidence-based care practices that encourage and promote normal birth experiences (see Box). Perinatal educators and health-care providers can advocate for these care practices, even in situations where the birth outcomes are unexpected. Adopting the six care practices can provide a framework for promoting normal birth experiences, regardless of the birth situation.

The following first-person account describes how the practice of keeping mother and baby together, even with an impending neonatal death, enhances family ties and provides a foundation for lifetime healing memories.

A PROFOUND MOMENT

As I entered the patient's room to begin my shift as a registered nurse, I noticed two preschool-aged children making handprints. Julie, the neonatal intensive care nurse, was deep in conversation with the children as she explained to them that they

would put their handprints in the mold next to their baby sister's. Both of the children excitedly shared that their baby sister was alive now but soon was going to heaven to be with Baby Jesus.

BOX

Lamaze International's Six Evidence-Based Care Practices That Promote, Protect, and Support Normal Birth

1. Labor begins on its own
2. Freedom of movement throughout labor
3. Continuous labor support
4. No routine interventions
5. Non-supine (e.g., upright or side-lying) positions for birth
6. No separation of mother and baby, with unlimited opportunity for breastfeeding

For more information on Lamaze International's six care-practice papers, log on to the organization's Web site (www.lamaze.org), visit the Lamaze Institute for Normal Birth site (www.normalbirth.lamaze.org), or call Lamaze International toll free at 800-368-4404.

For more information on Lamaze International's six, evidence-based care practices that promote, protect, and support normal birth, log on to the Web site of the Lamaze Institute for Normal Birth (www.normalbirth.lamaze.org). Also, each of the six care practice papers, along with commentary by leading childbirth educators and health-care providers, is presented in the entire issue of *The Journal of Perinatal Education* (2004), Volume 13, Number 2.

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Clinging to each precious moment with their baby, this mother and father were allowed to parent at this sacred time.

When I walked farther into the postpartum room, my eyes were drawn to a baby crib from the pediatric unit. The crib was empty except for a few colorful baby blankets. Next to the crib was a baby ventilator making those distinctive sounds only heard in an intensive care unit. I followed the tubing from the ventilator to a precious, full-term baby girl held so carefully by her softly weeping mother, Becky. Here in this postpartum room, a family was caring for each other as only a grieving family can. The mother spoke softly to her baby as the father, grandparents, aunts, uncles, and cousins shared in this family time. Some in the room were crying, some were taking pictures, others talked quietly among themselves. Meanwhile, the baby's cousins, ages 1–4 years old, ran about the room, seemingly unaware of the significance of the situation. The noise of the ventilator was a constant reminder that the outcome for this baby was grave, while the presence of the pastor served as an illustration of how sacred these moments were.

Becky, the mother, was still connected to many tubes. Her tubes were not lifesaving but were there to monitor her recovery status and to control the physical pain of a cesarean birth. Nothing, however, could take away the pain of what was about to happen—the pain of losing a baby. Becky allowed each person in the room to share a part of the grief. First, Grandma was able to hold the baby as a picture was taken, and then it was Grandpa's turn. Grandpa found the pain too much to contain as the tears ran down his face. Additional pictures of the immediate family were taken. The

loud thundering grief spoke of what would be missed by not seeing all the hopes and dreams for this baby fulfilled. Then, almost on cue, each extended family member, along with the baby's brother and sister, said one last goodbye and left the room.

The soft crying of the mother was deafening as she clutched her baby to her breast while the pastor spoke words of comfort. Lost in his own grief, the father never left his wife's side. Ominous sounds of the ventilator continued, but the baby's death was imminent. Clinging to each precious moment with their baby, this mother and father were allowed to parent at this sacred time.

CONCLUSION

By keeping Becky and her baby together, this family received strength, love, and permission to grieve, mourn, and, above all, to hope again. The significance of the Lamaze care practice of keeping mother and baby together became even more powerful to me after this experience.

EDITOR'S NOTE

It is my hope that publishing this poignant story can serve as a model for the care that should be offered to other families facing similar circumstances. The story provides a vision of how to support families to acknowledge even a brief life as a basis for facing their grief and as a prelude to beginning the healing process.

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