

THE ORGANIZATION OF PSYCHOLOGICAL HELP FOR MOTHERS WITH STILLBIRTH IN THE UNITED KINGDOM AND UKRAINE

¹Warrington NHS Trust, UK

²Odesa National Medical University, Odesa, Ukraine

Purpose: to illustrate the importance of psychological support to families who experience the loss of their unborn child at any stage of its development.

Materials and Methods The trial is based on experience and practice of multiple NST Trust in North West region of the UK.

Results. The main idea of this article is to illustrate the process of highly qualified and compassionate help British mothers with stillborn receive while inpatient, before and after delivery as well as after being discharged. Once the baby is born, mothers and their families would continue receiving professional psychological support to help them to return to their as much as possible normal life. She would receive multiple consultations and counselling after the events. Occasionally the follow up might last up to 12 months.

The article highlights the importance of exchanging the knowledge and experience between two countries as well as active involvement of other members of multidisciplinary team: midwives, psychologists, obstetricians with a special interest in mental health and general practice doctor who will take over once women is discharged after follow up.

Also the cooperation of British and Ukrainian obstetricians, exchange of knowledge and experience could improve obstetric services and have positive effects on mental health of Ukrainian women and their families who experience pregnancy loss. The further collaboration will help to realize that learning from already established British system of helping mothers who experienced stillbirth could significantly improve Ukrainian obstetric service in the field.

Conclusions. It is important time when Ukraine is undergoing active medical transformation in order to modernize the provision of medical services. By learning from international colleagues Ukrainian medicine could benefit from introducing the positive experience in management and provision of psychological support to women with pregnancy loss regardless of gestation.

KEY WORDS: miscarriage; stillbirth; intrauterine death; grieving parents; psychological support; mental health in obstetrics; UK; Ukraine.

Introduction Until the 1960's a UK stillborn baby was usually buried in a communal grave alongside other such babies. The hospital organized the burial and most parents did not know where the baby was buried. The baby was usually taken away before the mother could hold it or to say goodbye. Subsequent multiple research, feedback and resultant changes into practice, illustrated that mums crave that short time spent with the baby. It helps them to form future memories and to ease the bereavement process. Regardless of the cause of death – unexplained sudden intrauterine death or as a result of medical termination for fetal abnormalities, mothers require psychological support and counselling. Despite the XXI century and advanced medical practice not everyone is ready to speak openly about stillbirth. Modernization and improvement to the Ukrainian System of Health Service should allow for the provision of high quality services for this group [1].

Unfortunately, worldwide statistic illustrate that one out of 200 babies are stillborn.

In Ukraine the figure was 4.5 babies out of 1000 in 2019.

The purpose of the article: to illustrate the importance of psychological support to families who experience the loss of their unborn child at any stage of its development; to state the need to provide psychological assistance to the women and/or couples who have experienced the death of the fetus at any stage of its development of intrauterine life.

Materials and Methods. The trial is based on experience and practice of multiple NST Trust in North West region of the UK.

Results and Discussion. More than 60 years ago British National Health Service introduced care pathway for women with stillborn which is activated the moment diagnose is made. The medical staff of maternity units across the UK is familiar with the pathway and it has been vigorously followed.

The program "Each Baby counts" by the Royal College of Obstetricians and Gynaecologists is a national quality improvement program which was designed to reduce the number of stillbirth and early

neonatal death as well as to reduce the number of babies suffered as a result of birth [2].

Breaking bad news is not an easy process; therefore the medical staff start learning the skills in Medical University and continue practicing after graduation during multiple learning seminars and meetings as well as by the bedside. Highly specialized bereavement midwives provide individual support for each patient during the admission and follow them up for up to 12 months after the discharge [3].

Once a diagnosis of intrauterine death has been made the mother has the option to remain in hospital until after delivery or to go home for a couple of days. The time is important for mother to absorb the bad news and it is the time when she starts the first of the five stages of grieving. She is vulnerable and requires a lot of support from family and medical staff. A sensitive approach is required to identify her wishes and desire in regards to delivery and afterwards care for herself and the newborn. Occasionally she is not openly expressing her wishes due to vulnerability, being anxious and sad and scared at the same time. Highly qualified staff is familiar with the presentation and are trained to care for mums in a sensitive manner. Both parents are given leaflets with detailed information of delivering the baby and postnatal care.

The baby's dad might remain with the mother during the delivery and after if they want. There is a specially designed room for the parents, which is located in a quiet corner of the Delivery Suite to ensure mum would not hear the other newborns as it might aggravate her already immeasurable grief and psychological trauma. The clinical care for mother during the delivery is the same as for other women.

After delivery, the couple is given options to see the baby straight after, or after the baby has been examined, cleaned and dressed by the midwife. The baby usually remains in the room with the couple in a cot with a cooling mattress until mother is discharged home. However, some parents opt not to see the baby at all and their wish is respected as well. It might be hours or days before saying the last goodbye. The mother decides how long time she needs to stay with the baby. She might hold the baby, dress it and form memories for the future. Occasionally parents take the baby home for a couple of days if clinically appropriate. Whilst inpatient, the mother has an option to see the chaplain and to have a service for the baby. The parents are offered a memory box to take home. The box would contain a memory card with the baby's photo, handprints and footprints of the newborn, a candle, one of the two identical teddies, (the second one will go with the baby), little toy (an angel), and a little book with poems about love between mother and the baby.

Mothers are also given:

- A certificate of death if the baby was born after the 24 weeks of gestation or a certificate which

acknowledges the baby's birth if it was born between 16 and 24 weeks of gestation. The second one has no legal right, however it is important for the mother to acknowledge that the baby was born and existed.

- Information about websites and support groups. The largest one, SANDS. It is a registered charity which started as a small group of grieving parents in 1978 to provide information and support for anyone who was affected by stillbirth or neonatal death.

- Information on further histological and post mortem investigation of the baby and placenta. Some parents agree to proceed with the full post-mortem examination; some would choose only placental histology.

The process of burial or cremation is also discussed prior to discharge. The Hospital offers communal cremation with a service within a designated part of the cemetery. The parents and other members of the family are invited to attend.

After discharge, the mother is followed up by the bereavement midwife in the form of a telephone consultation, face-to-face consultation, with each parent separately and /or together, depending the couples need. The purpose of the following counseling is to identify the degree of posttraumatic stress disorder and to plan its management. In many cases distraction therapy such as exercise or acquiring new skills, cooking, knitting, etc would help the mother to ease the grieving process. In most of the cases both parents would require time off work, and time scale would vary depending the individual needs and recovery process.

The parents, as a couple, might require separate counseling. Statistics illustrate that couples who experienced stillbirth are at 40% higher risk of separation compared to the couples whose baby was born alive and healthy.

The 6 weeks postnatal mother is offered an appointment with her obstetrician to discuss the results of the post-mortem examination, to review her recovery and to discuss additional care for future pregnancies.

Conclusions. Stillbirth is a dreadful trauma which nobody wants to experience. Clearly this group of patients need highly professional support which, at the present time, is not available in all countries worldwide, Ukraine included. The mothers in the United Kingdom are grateful they had this short time with their baby alone. From experience, they find it comforting to know for years ahead they had a chance to tell the baby it was wanted and loved. It eases their grief.

The development of modernized maternity service would only be possible with the presence of structured care program of the most vulnerable mothers [4].

Prospects for future improvement of the service and research is the opinion of the authors that the Ukrainian Maternity service and Ukrainian

mother's mental health and wellbeing could benefit from the progress the United Kingdom has made since the late 1960s and onwards. The experience

of Obstetricians and Gynaecologist of different countries in this problem as well as in another professional problems should be shared.

List of literature

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ОРГАНІЗАЦІЯ ПСИХОЛОГІЧНОЇ ДОПОМОГИ ЖІНКАМ З МЕРТВОНАРОДЖЕННЯМ У ВЕЛИКІЙ БРИТАНІЇ ТА В УКРАЇНІ

I. I. Томпсон¹, О. М. Надворна²

¹Варрингтонський медичний центр, Велика Британія

²Одеський національний медичний університет, м. Одеса, Україна

Мета: вивчити досвід психологічного супроводу та психологічної підтримки жінок з мертвнонародженням у Великій Британії.

Матеріали і методи. Проведено аналіз психологічного супроводу жінок з мертвнонародженням, подружніх пар на всіх етапах цього психотравмуючого процесу, які мешкають та отримують медичну допомогу у Великій Британії. Використано метод ретроспективного аналізу.

Результати. У статті обґрунтовано необхідність надання психологічної допомоги тим жінкам та/або парам, які пережили факт загибелі внутрішньоутробної дитини на будь-якому етапі її розвитку. Описано елементи психологічної підтримки матері та подружніх пар на всіх етапах ведення вагітної та породіллі з мертвнонародженням. Медичний персонал проводить активне спостереження за жінками протягом 12 місяців після мертвнонародження, надаючи їм як медичну, так і психологічну підтримку. Лікарі різних країн повинні обмінюватись досвідом стосовно ведення та психологічної підтримки жінок та подружніх пар, які мали досвід пережити смерть дитини, яка перебувала в матці. Необхідно переймати досвід у наших колег з Великої Британії надавати повноцінну та професійну допомогу цим парам та/або жінкам на всіх етапах цієї події.

Висновки. Україна як країна, що проводить активну медичну трансформацію з метою модернізації надання медичних послуг, повинна брати до уваги позитивний досвід колег з проблеми ведення та надання психологічної допомоги жінкам із завмерлою вагітністю.

КЛЮЧОВІ СЛОВА: завмерла вагітність; мертвнонародження; психологічна підтримка; Велика Британія; Україна.

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Томпсон Інна Ігорівна – лікар акушер-гінеколог, Варрингтонський медичний центр, Велика Британія; тел.: +44(019) 2566-23-76 (секретар J. Stubb).

Надворна Ольга Миколаївна – доцент кафедри акушерства і гінекології Одеського національного медичного університету; тел.: +38(048) 787-76-88.