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A Thorough Review of Posttraumatic Growth following Prenatal Bereavement

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Description

Perinatal death is defined as the loss in pregnancy, including early miscarriage (i.e., during first trimester of pregnancy up to 12 weeks), late miscarriage (i.e., during second trimester at 13–23 weeks) and stillbirth (i.e., defined as intrauterine death after 24 weeks gestation. Many researchers extend this period to include delivery, and up to 28 days after the birth of the baby. In terms of risk factors, maternal physical and mental health is essential variables since the presence of psychological distress during pregnancy may increase fetal loss. Although perinatal mortality and late neonatal death have been progressively decreasing worldwide the global prevalence rate of perinatal loss in 2015 was 2.7 million [1].

Losing a child is one of the most devastating things that a parent can experience in their lifetime. It is a major traumatic event that may has serious long-term consequences for the parents' psychological health. In this type of bereavement, it is common to experience shock, concentration difficulties, or recurrent thoughts about the event, which are often accompanied by feelings of guilt, sadness, and irritability, as well as avoidance behaviours of medical situations or any scenario involving pregnant women and children. Perinatal losses may also have a great impact on their identity as a mother. In the case of men, they usually have difficulty in expressing their emotions, less need to talk about what happened or a higher tendency to feel loneliness, helplessness, and anger [2].

Social and cultural factors may also affect this bereavement. As the loss may not always be recognised socially, parents can be left to grieve in isolation which may affect their psychological adjustment. A recent study revealed that 50% of women felt at least partially responsible for the death of their baby with only 33% of them reporting receiving social support from their close environment, while 72.9% stated that they felt their grief was invisible to society. The intensity of grief peaks six months after the loss, but tends to decrease thereafter, up to 12 months. However, people who suffer a perinatal loss may continue to experience depressive and anxiety symptoms (10-30%) or posttraumatic symptoms (7-28%) observed that 41% of participants showed a decrease in psychological symptoms associated with bereavement two years after the loss. However, 59% of participants displayed complicated grief, characterised by symptoms that are more disruptive, generalised, or long-lasting than a normal grief response [3].

Posttraumatic growth (PTG) is defined as the positive psychological change experienced after facing highly challenging life circumstances. It is worth mentioning that PTG does not replace the grieving process and the pain of loss. Coping with bereavement may also provide a context for significant positive change, so that growth and psychological symptoms may still coexist. The psychological processes activated to cope with these traumatic events are similar to those promoting positive changes. As previously mentioned, a traumatic event may violate core beliefs about oneself and the world, such as the controllability and safety of the world, or one's own identity. PTG theory posits that when a discrepancy between general beliefs and the specific meaning of a particular event occurs, people strive to reduce this discrepancy by reconstructing those beliefs. When an adequate meaning is found or created, this may lead to better psychological adjustment [4].

However, an inadequate or unproductive meaning reconstruction process may generate ruminative or maladaptive thoughts, affecting the individual's functioning presented a Model of Growth in Grief to understand how losing "a close other" may result in the acknowledgment of a number of positive changes. However, rumination can be intrusive (i.e., spontaneous and automatic thoughts that tend to occur after the event) or deliberate (i.e., voluntary and intentional thoughts that arise when the intensity of the initial impact decreases). Deliberate rumination is associated with PTG, but intrusive rumination tends to generate a lot of distress, especially if it is prolonged over time. Besides cognitive processes, there are also some emotional or experiential factors that promote PTG. Feeling positive emotions during the process may help parents experience PTG after adversity. Also, social and cultural constructs, such as values or norms, may affect the meaning and interpretation of the traumatic experience.

The study of PTG has mostly focused on people who have experienced physical illnesses such as cancer domestic accidents sexual abuse gender-based violence childhood adversity trauma following war or natural disasters among other conditions. There is little research that focuses on PTG following miscarriage, foetal diagnosis, stillbirth, or neonatal death. Despite this, some evidence already suggests that growth is an important outcome following perinatal loss. The aim of this systematic review was to assess the available evidence of studies investigating posttraumatic growth in people who have suffered a perinatal loss [5].

Acknowledgement

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Conflict of Interest

None.

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