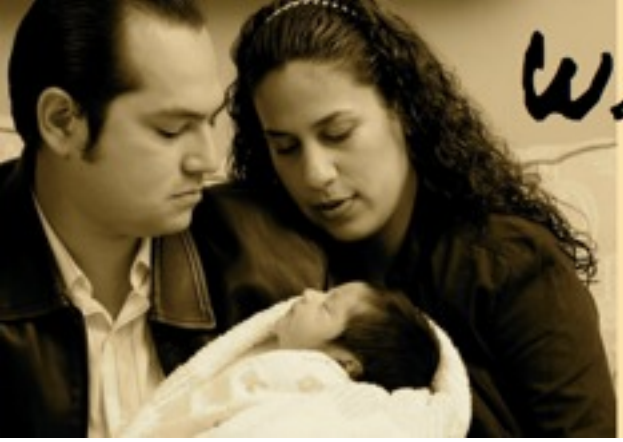

What does the research say is best?

Information and resources for bereaved parents about the option to bring your stillborn or deceased baby home.

Even though bringing your deceased baby home is a common practice in many parts of the world, there has not been a lot of research conducted on the topics of bringing a stillborn or deceased baby home, seeing or holding your deceased or stillborn baby, or inviting your deceased or stillborn baby to be viewed by friends and family. The following studies have been done and these are their findings:

Statham et al (2001) studied parents who had had a termination for fetal abnormality. They found that parents who had initially been ambivalent or scared of seeing their baby, but chose to see their stillborn baby in the end, were grateful afterwards for the opportunity to see their baby. Some parents chose not to see their baby. 81% of the 104 bereaved parents reported that they knew they'd made the right decision - whether their decision had been to see their baby or to not see their baby. Only 1 of the 65 women who saw their babies said that she was not sure if that was the right decision for her, but 6 of the 20 bereaved mothers who did not see their babies felt unsure that it was the right decision for them, and 3 of the bereaved mothers who did not see their babies reported that they now felt that they had made the wrong choice. Bereaved parents who had chosen not to see their stillborn baby were more likely to regret their decision than bereaved parents who had chosen to see their stillborn baby.

Hughes, Turton, Hopper & Evans (2002) reported that behaviors that promote contact with the stillborn infant were associated with more depression, anxiety and PTSD, and a greater likelihood of the next-born infant displaying disorganized attachment behavior a year after subsequent successful pregnancy. But having a funeral and keeping mementoes were not associated with worse outcomes. This research found that many parents were in shock and were encouraged to view or hold their stillborn baby, sometimes against their wishes. The authors concluded: "We believe that when parents have a stillbirth, their wishes about psychosocial management should be respected. Our results suggests there is no justification for telling parents that not seeing their dead baby could make mourning more difficult, and that those who are reluctant to see and hold their child should not be encouraged to do so" (Hughes et al, 2002, p. 118).

Surkan et al (2008) explored various options after stillbirth, including: seeing the deceased baby after delivery, holding the baby, kissing or caressing the baby, dressing the baby, keeping a photo of the baby, keeping tokens of remembrance, putting an obituary in the paper, cremating the baby, having a gravestone for the baby, knowing where the baby was buried, seeing the baby in a coffin, having a name-giving ceremony for the baby, and having a funeral or other ritual for the baby. None of these options were associated with depression, which means that there was no evidence of a simple causal relationship between depression after stillbirth and exercising or not exercising any of these options. However, their study found that, when a mother wished to spend more time with her deceased baby and was not able to exercise this choice, this increased her risk of depressive symptoms in the 3 years after her loss sevenfold.

Cacciatore et al (2008) reported that seeing and holding their stillborn baby was associated with fewer anxiety and depressive symptoms in mothers of stillborn babies. However, mothers who had seen and held their stillborn baby and were pregnant again had more depression and anxiety. The researchers concluded that the beneficial effects of seeing and holding their stillborn baby may be temporarily reversed during a subsequent pregnancy.

Radestad et al (2009) found that holding a stillborn baby born after 37 weeks of gestation had a beneficial effect overall for the bereaved mother. Mothers who did not hold their baby that was stillborn after 37 weeks gestation had increased risks of headaches and unsatisfactory sleep. However, for babies stillborn between 28

and 37 weeks, the effects on the bereaved parents of holding the stillborn baby were unclear. They also found that the mother was less likely to hold her baby if she perceived that medical staff were not supportive enough, and if she had lower education levels.

Avelin et al (2012) asked 411 bereaved parents about their advice in regards to supporting older children after a stillbirth of their sibling, based on their family's experiences. 93.7% of the families let their children see their stillborn baby and 76% let their children hold their stillborn baby. Parents advised that children's resources should be taken into account and their wishes respected, but children should be invited to see and hold the stillborn baby and participate in funeral rituals.

Summary

The findings of all of these studies should be treated with caution because most have quite small samples, and most used cross-sectional correlational designs which do not tell us the causal direction and may have mediating factors that are not accounted for. In other words, the study can't tell us whether seeing or holding a stillborn baby caused depression/ anxiety or PTSD, just that there are significant relationships between seeing or holding a stillborn baby and depression/ anxiety/ PTSD. There may be other factors that are responsible for this relationship, such as attitudes and approaches of health professionals, how the option to see or hold the stillborn baby was offered, whether the death was expected or unanticipated, how friends and family reacted, whether spouses were present and supportive, whether the parent had expressed a desire to hold their stillborn baby, whether mothers were under the effects of medication at the time, whether the birth was traumatic, the gestation age of the stillborn baby, etc. These are all situational factors that create your and your family's unique experience of the choice to see or hold or bring home your stillborn baby.

Most of these studies also do not consider cultural or religious differences that might impact the way that families feel about seeing, holding or bringing home their stillborn or deceased babies. After-death rituals and the experience of grief can vary a lot from one culture to the next, and from one family to the next, so we should not generalize the results of these studies.

What we can take away from this research is that the effects of seeing, holding and/ or bringing a stillborn or deceased baby home may vary widely, and this is probably because individual bereaved parents may have different personal and social resources. They may also have had different past experiences with death and grief, and they may make different meaning of the events. Bereaved parents should not be advised that seeing, holding or bringing home their stillborn or deceased baby is a "better" choice as this can make them feel pressured, anxious, guilty or ashamed of about the experience. Exercising decisions that are in alignment with their own wishes is what seems to be beneficial for bereaved parents, while being coerced or pressured about their decisions may be very detrimental for bereaved parents. What is most important is that bereaved parents are given information about all of the options and supported to choose the options that feel right for them.

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