



LETTER/CARTA AO EDITOR

Grief Following Gestational Loss: Providing Adequate Support Luto Após Perda Gestacional: Prestar Apoio Adequado

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Dear Editor,

The loss of a pregnancy through miscarriage or stillbirth is typically an unexpected and highly distressing event for parents. It is a relatively common phenomenon, with a pooled risk of miscarriage estimated at 15.3% of all recognized pregnancies.¹ In 2021, Portugal registered 3.4 perinatal deaths per 1000 live births.²

Death in any form may be overwhelming to those bereaved. However, pregnancy and newborn loss is unique in several ways, for it involves the added loss of parental identity and the idealized baby and family. This experience is often further complicated by society's dismissal of such a short-lived life, as the parents' bonds with the child have developed predominantly in utero. In fact, this phenomenon is often referred to as a disenfranchised grief,³ meaning a loss that is not or cannot be acknowledged, publicly mourned or socially supported. Although literature has consistently documented the negative impact of this sort of experience on the parents and the family, it is still a sorrow largely unrecognized also by healthcare providers.⁴

As most phenomenological studies demonstrate, there are significant gaps in the psychosocial components of miscarriage and stillborn care, including a lack of clarity in

communication about the loss and next steps, a lack of empathy, an invalidation of grief and a failure to attend to emotional needs.^{4,5}

Since healthcare providers are most often the patient's first point of contact as they experience the loss, it is imperative to meet their needs more adequately. The authors propose a set of measures aimed at improving support, including (1) to promote healthcare providers' education regarding communication skills and delivery of bad news; (2) to provide parents with adequate information; (3) to avoid placing the bereaved in the maternity area as if they were parents of healthy babies; (4) to legitimize the loss, make time to say goodbye and provide access to mourning rituals if desired; (5) to convey empathy and be sensible to spiritual and cultural beliefs; (6) to identify risk factors for pathological grief reactions, such as anxiety and depressive disorders or post-traumatic stress, providing access to mental health services when appropriate and (7) to implement mutual-help groups for bereaved parents.

It is within our reach to make this experience less disturbing for the bereaved, not the opposite. The way one gives support matters.

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