



Counseling and  
Consulting, LLC®

## Pregnancy Loss and Infant Death: Understanding Grief and Trauma

by Cynthia Good Mojab, MS, IBCLC, RLC, CATSM  
www.lifecirclecc.com • 503-615-0845

The loss of a baby during pregnancy, during birth, or after birth can be an indescribably painful and devastating experience. In the beginning, mothers and fathers may feel a sense of disbelief, numbness, and shock. They may feel like their dreams for the future have been cruelly wrenched from them. They may experience guilt and ask unanswerable questions: Why my baby? Why me? Their arms and hearts may ache with emptiness. The reactions of friends and family, co-workers and strangers may reflect ignorant insensitivity or the deepest compassion. Unfortunately, many societies do not fully recognize pregnancy loss and infant death as real losses, often leaving bereaved parents feeling invalidated and alone in their grief. Parents may feel great pressure to act as though they have “moved on” when they are actually still grieving and they have been changed forever by the living and the dying of their baby. They may quickly realize that few people are able to listen to them and to support them in their grief. Learning about the normalcy and healthiness of grief can be a critical step in finding ways to grieve well.

Grief is the normal, healthy, healing, and painful process through which we learn how to continue living after a loss. Its emotional symptoms include sadness, anger, loneliness, guilt, anxiety, helplessness, shock, numbness, and yearning.<sup>1</sup> When death brings freedom from an unbearable situation, such as watching a baby suffer, grief can also include feelings of relief—often accompanied by guilt about feeling that relief.<sup>1</sup> Feelings of guilt can be intense when a parent had not yet had the chance to resolve ambivalent feelings, such as about a poorly-timed pregnancy or parenting a child with a congenital disorder, before the loss occurred. Many mothers and fathers do not realize that becoming a parent is such a complex, life-altering experience that mixed feelings are normal, common, and healthy—and most certainly are not the cause of pregnancy loss or infant death.

Grief and depression have similar symptoms, but they are not the same thing. Symptoms of clinical depression include a decreased interest in normal activities, irritability and anger, sleep disturbances, difficulty concentrating, thoughts of death, persistent sadness, changes in appetite and weight, psychomotor retardation or agitation, loss of energy or fatigue, and feelings of worthlessness or excessive guilt.<sup>2</sup> Many people, including mental health practitioners, do not understand the normalcy and healthiness of grief. A crying mother who is having difficulty sleeping after a loss is normal and mentally healthy. A sad father who does not feel energetic after a loss is normal and mentally healthy. Yet because the symptoms of grief and depression overlap, others may believe that pharmacological treatment of grief is necessary. Because grief is not the same thing as clinical depression, the attempt to eliminate symptoms of grief via medication can actually delay grief to the detriment of a parent’s physical and emotional health. It is also important to know that depression can be precipitated by loss and that grief and depression can co-occur. A mental health practitioner with specialized training and experience in grief counseling is better able to make the distinction between grief and clinical depression—and to facilitate grief in the context of counseling—than a professional without such training.

In addition to experiencing grief after pregnancy loss or infant death, bereaved parents may experience traumatic stress reactions. Clinically speaking, if a parent experienced intense fear, helplessness, and/or horror in response to a threat to the baby’s life, serious injury to the baby, threat to the baby’s physical integrity, or the baby’s death, then his or her experience of

pregnancy loss or infant death has been traumatic.<sup>2</sup> If a mother felt intense fear, helplessness, and/or horror in response to her own physical and emotional experience of miscarriage or stillbirth, then she has also been traumatized in the birth experience.<sup>3</sup> Humanly speaking, if a parent feels that his or her experience of pregnancy loss or infant death was traumatic, then it was. A bereaved parent's symptoms of traumatic stress can include repeatedly re-experiencing the baby's death through intrusive thoughts, nightmares and flashbacks; persistently avoiding people or things associated with the baby and/or the baby's death; a sense of emotional numbness, such as an absence of feelings of love for loved ones; and persistent symptoms of increased arousal, such as insomnia and anxiety for the safety of surviving children. If these symptoms last for more than four weeks and result in significant distress and impairment of functioning, the criteria for posttraumatic stress disorder (PTSD) may be met. If symptoms occur within four weeks of the loss and last between two days and four weeks, the criteria for acute stress disorder (ASD) may be met. Parents experiencing traumatic stress symptoms after the loss of a baby should consult a mental health practitioner for diagnosis and treatment.

Bereaved parents must find their own path through grief and trauma. No two losses are the same, no two parents respond in exactly the same manner, and no two parents move toward healing in exactly the same way. Some mothers and fathers find adequate support among their family and friends. Others find that the most effective support comes from fellow parents who have lost a baby. Mental health practitioners specializing in grief and loss can be very effective sources of support and information, whether the loss has just occurred or a parent has been feeling "stuck" in his or her grieving for a long time. An increasing array of resources related to pregnancy loss and infant death is available in print, on the internet, and in many communities.<sup>4</sup> All parents surviving the loss of a baby need and deserve companionship on their journey. In societies that emphasize independence and that don't fully recognize pregnancy loss and infant death as real losses, it can take courage to reach out for support. Doing so is wise: support can help parents survive the loss of a baby, honor his or her memory, and learn how to live again.

## References

<sup>1</sup> Worden, J. *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner*. Springer Publishing Co. 2002.

<sup>2</sup> American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders* 2000.

<sup>3</sup> Good Mojab, C. *When Birth is Traumatic*. Hillsboro, OR: LifeCircle Counseling and Consulting, LLC 2005. URL: [http://www.lifecirclecc.com/files/When\\_Birth\\_Is\\_Traumatic.pdf](http://www.lifecirclecc.com/files/When_Birth_Is_Traumatic.pdf).

<sup>4</sup> *Pregnancy Loss and Infant Death* resource list on the website of LifeCircle Counseling and Consulting, LLC. URL: <http://www.lifecirclecc.com/preglossdeath.html>.



Cynthia Good Mojab is a Clinical Counselor and an International Board Certified Lactation Consultant. She is a member of *Mothering* magazine's Expert Panel, answering questions about breastfeeding and maternal mental health. She is Certified in Acute Traumatic Stress Management and is a member of the American Academy of Experts in Traumatic Stress. She is also a nationally recognized speaker and author on topics related to breastfeeding, parenting, culture, and psychology. Through her private practice, LifeCircle Counseling and Consulting, LLC in Hillsboro, Oregon, Cynthia offers in-person and telephone services addressing the needs of women during their reproductive and parenting years, as well as the educational needs of health care providers working with women. For more information, please call 503-615-0845 or visit [www.lifecirclecc.com](http://www.lifecirclecc.com).