

Perinatal loss, whether through miscarriage, stillbirth, or neonatal death- may be a deeply traumatic event that affects families physically, emotionally, and psychologically. Unlike other types of grief, perinatal loss is unique because parents are mourning the loss of a future they had envisioned. It may bring profound feelings of emptiness, isolation, and, at times, self-blame.

In this blog, we explore the emotional toll of perinatal loss, including grief and anxiety, the challenges women and their partners face, and the coping strategies that can help navigate this heartbreaking experience.

Understanding Perinatal Loss and Its Unique Grief

Perinatal loss includes fetal loss (miscarriage or stillbirth) and neonatal loss (death within the first 28 days of life). The grief associated with these losses is distinct because parents often bond with their baby long before birth. From early pregnancy, they envision a life with their child, making the loss not just about the baby, but also about the shattered dreams, hopes, and identity as parents.

Anticipatory Grief

Anticipatory grief occurs when parents are aware that their baby may not survive due to medical complications diagnosed during pregnancy. Unlike traditional grief, which follows a loss, anticipatory grief is experienced as parents attempt to balance hope with the reality of impending loss. This type of grief can cause:

- Heightened stress and anxiety
- Feelings of helplessness and despair
- Emotional detachment as a protective mechanism
- Struggles with decision-making about medical interventions

Isolation

Women who experience perinatal loss often feel isolated in their grief. Society tends to minimize pregnancy loss, treating it as a private sorrow rather than a significant life event. This lack of acknowledgment can lead women to internalize their pain, feeling as though they must "move on" quickly or suffer in silence.

Common Emotional Responses:

- Guilt and Self-Blame – Questioning if they did something wrong.
- Anxiety and Fear – Overwhelming fear of future losses.
- Depression and PTSD – Increased risk of postpartum depression and posttraumatic stress disorder.
- Social Withdrawal – Feeling isolated due to lack of understanding from others

FEBRUARY: LOVE AND LOSS

Addressing Perinatal Loss: The Emotional Toll and Path to Healing



Partners

Partners too, experience intense grief, but they often process it differently. Societal expectations may pressure them to remain strong for their grieving spouse, suppressing their own emotions. This can create emotional distance in the relationship.

COPING STRATEGIES FOR PERINATAL LOSS

There is no "right way" to grieve, but the following strategies may help:

1. Seeking Behavioral Health Support

Therapy can provide a safe space to process grief and develop resilience. Cognitive Behavioral Therapy (CBT) and mindfulness-based approaches have been shown to help individuals struggling with perinatal loss.

2. Finding Support Groups

Connecting with others who have experienced similar losses can provide comfort and validation.

3. Engaging in Self-Care

Grief is physically exhausting. Eating nutritious foods, staying hydrated, engaging in gentle movement (such as walking or yoga), and allowing time for rest are essential for healing.

4. Memorializing the Baby

- Creating a lasting tribute to the baby can be a source of healing. Ideas include:
 - Planting a tree or garden
 - Writing letters or journaling
 - Donating to a cause in the baby's name

5. Seeking Fertility Counseling for Future Pregnancies

For those who wish to conceive again, working with a reproductive endocrinologist and mental health professional can help navigate the emotional complexities of pregnancy after loss.

HOW COUPLES CAN GRIEVE TOGETHER:

Seeking
Counseling as
a Couple

Creating Rituals-
Memorializing the
baby together

Open and
Honest
Communication

Regular Check-
Ins
"How are you
coping today?"

The Role of Healthcare Providers in Supporting Families

Healing from perinatal loss requires a collaborative approach. Mental health professionals, reproductive endocrinologists, and primary care providers (PCPs) should work together to offer comprehensive care. This includes:

- Screening for Depression and PTSD – Routine mental health screenings should be part of post-loss care.
- Providing Compassionate Counseling – Healthcare providers should validate parents' grief rather than minimize it.
- Offering Resources and Referrals – Connecting families to grief counselors, infertility specialists, and support groups is essential.

Colorado Women's Behavioral Health and Wellness offers a range of specialized services, including:

- Individual Therapy to process grief and build coping strategies.
- Medication Management to address depression, anxiety, and other mental health needs related to perinatal loss.
- Fetal Loss Group specifically for individuals who experience loss in the second or third trimester.
- Neonatal Loss Group to provide community and guidance for those coping with neonatal loss.
- Couple's Therapy to help couples navigate their grief together, strengthening communication and emotional connection.

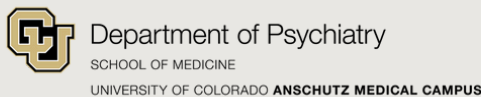
Additional local and national level resources include:

- Postpartum Support International (PSI)
- Pregnancy After Loss Support (PALS)
- Share Pregnancy & Infant Loss Support
- The Compassionate Friends

BREAKING THE SILENCE AROUND PERINATAL LOSS

Perinatal loss is a deeply painful experience, but it should never be suffered in silence. By fostering open conversations, improving healthcare support, and validating grief, we can create a more compassionate society for those navigating this profound loss.

If you or someone you know is struggling with perinatal loss, reach out for support. You are not alone, and healing is possible.



Women's Behavioral Health and Wellness

CONTACT US:

WBHW@CUANSCHUTZ.EDU

303-724-1646

[WEBSITE](#)

References:

1. Gold, K. J., Leon, I., Boggs, M. E., & Sen, A. (2016). Depression and posttraumatic stress symptoms after perinatal loss in a population-based sample. *Journal of Women's Health, 25*(3), 263-269. [Coping not alone, and healing is possible.](#)
2. Kersting, A., & Wagner, B. (2012). Complicated grief after perinatal loss. *Dialogues in Clinical Neuroscience, 14*(2), 187-194. [Coping not alone, and healing is possible.](#)
3. Lang, A., Fleischer, A. R., Duhamel, F., Sword, W., Gilbert, K. R., & Corsini-Munt, S. (2011). Perinatal loss and parental grief: The challenge of ambiguity and disenfranchised grief. *OMEGA - Journal of Death and Dying, 63*(2), 183-196. [Coping not alone, and healing is possible.](#)
4. Hutti, M. H., Armstrong, D. S., Myers, J., & Hall, L. A. (2015). Grief intensity, psychological well-being, and the intimate partner relationship in the subsequent pregnancy after perinatal loss. *Journal of Obstetric, Gynecologic & Neonatal Nursing, 44*(1), 42-50. <https://doi.org/10.1111/1552-6909.12539>
5. Brier, N. (2008). Grief following miscarriage: A comprehensive review of the literature. *Journal of Women's Health, 17*(3), 451-464. [Coping not alone, and healing is possible.](#)
6. Badenhorst, W., & Hughes, P. (2007). Psychological aspects of perinatal loss. *Best Practice & Research Clinical Obstetrics & Gynaecology, 21*(2), 249-259. <https://doi.org/10.1016/j.bpobgyn.2006.11.007>
7. Cacciatore, J. (2013). Psychological effects of stillbirth. *Seminars in Fetal and Neonatal Medicine, 18*(2), 76-82. <https://doi.org/10.1016/j.siny.2012.09.001>