



***Carrying On:***

**Treating patients who've lost a  
pregnancy**

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# Personal and Professional Journey

- Surprise at the complicated bereavement after pregnancy loss
- Complications led to a desire for healing and helping others
- Decision to create a resource
- Timeline for recovery and professional outreach
- Importance of topic to the field of psychotherapy
- Integration into the body of knowledge on trauma and loss

# Importance of Pregnancy Loss

- Prevalence: How common is it?
  - 15-20% of pregnancies miscarry (American Pregnancy Association, 2007)
  - After age 35, incidence increases (Ibid)
- Traumatic aspects: What's the big deal?
  - Aggrieved mothers often told to just try again (i.e., Phend, 2010)
  - General lack of outreach for psycho-spiritual support; mainly medical/fertility issues addressed (Ibid)
  - Lack of education on psychological needs of aggrieved mothers (Ibid)
  - Biopsychosocial-spiritual issues (American Pregnancy Association, 2008, MedlinePlus, 2010)

# Facilitating Psychoeducation on Pregnancy Loss

Miscarriage v stillbirth: What's the difference?

Pregnancy loss within the first 20 weeks v after 20 weeks (Healthline, 2002)

Ambiguous loss/Disenfranchised grief/Complicated bereavement: a working definition

Hidden/frozen sadness and traumatic mourning that is socially minimized/unsupported/unrecognized (Doka, 1989; Boss, 2000; Ellifritt, Nelson, & Walsh, 2003)

# Clinical Treatment: Talk therapy, Bibliotherapy, & Journaling

- Use individual and group work for psychospiritual healing and recovery
- Traumatic symptoms can greatly decrease and benefits can accrue with structured journaling (Ullrich, 2002)
- Bibliotherapy re-visits the process with the intent of exploring particular aspects of the loss, allowing therapeutic change to come with conscious insight
- Use journaling to work with, rather than against, defenses
- Use groups to make dealing with the loss less unpleasant through sharing and caring, supportive and nurturing experiences
- Use individual talk therapy to comfort and deal with re-triggering of other death experiences
- Resources and referrals provide essential support:
  - [www.carryingon.yolasite.com](http://www.carryingon.yolasite.com)
  - <http://nationalshare.org/>
  - [SharingParents.org](http://SharingParents.org)
  - [Helping After Neonatal Death \(HANDonline.org\)](http://HelpingAfterNeonatalDeath.org)
  - [American Pregnancy Association \(AmericanPregnancy.org\)](http://AmericanPregnancy.org)
  - [RESOLVE.org](http://RESOLVE.org) (for infertility)
  - [CompassionateFriends.org](http://CompassionateFriends.org)
  - [Hygeiafoundation.org](http://Hygeiafoundation.org)
  - [Grievingforbabies.org](http://Grievingforbabies.org)

# Summary and Conclusions

- Main points to take home
  - Pregnancy loss can have traumatic sequelae
  - Treatment for traumatic symptoms can be effective
  - Journaling is a helpful tool for this treatment
- What we have learned together
  - A bio-psychosocial and psychospiritual approach can be helpful with pregnancy loss patients
  - Journaling walks patients through the biopsychosocial and psychospiritual/symbolic aspects of healing and recovery

# Post-Presentation Quiz

- Who is likely to have a complicated bereavement after pregnancy loss?
- What are some common complications?
- Where can patients turn for recovery support?
- When might you use journaling as a resource?
- Why is it important to deal with pregnancy loss?
- How might we assist and educate the patient who feels traumatized by the loss?