The Birth and Bereavement Bundle

...Kathryn Budzinska RNM PGDipPsych
The Grief Centre of Western Australia
Understanding Support Recovery
Food for Thought
Philosophies of GCWA

• The primary function of GCWA is to provide psychological and emotional support to the bereaved,

• without regard as to
  – the relationship of the bereaved to the deceased
  – the manner in which the person died or
  – how long ago the death occurred.
The Objectives

• To inform people about the philosophies and services of The Grief Centre of Western Australia (GCWA)

• To outline the Birth and Bereavement Bundle Model of care that we aspire to provide.

• To discuss outcomes of grief, both transgenerational, personal and professional.
Grief

mother's stories
of heartbreak and hope

Christine Richardson
Support, Understanding and Recovery...

• Time, Space and Compassion
• Knowledge and support:
  – Bereavement Group support
  – Individual Counselling
  – Workshops of various modalities
• Reiki
• Yoga
• Meditation
• *(And one day – massage)*
Referral Pathway

• Self referral, by phone or email
• 08)9444 7659
• www.griefcentrewa.org.au
• Contact with GCWA staff established
• Situation and needs discussed, and plan agreed upon.
• Contact made with appointment coordinator by GC staff
• Counsellor notified and liaises with client
The Birth and Bereavement Bundle

• Referral process as per self referral pathway
• Offer of all modalities
• Individual counselling
• Facilitated bereavement group support
• Birth and Bereavement workshop (9/11/19)
Fig 2. The Public Health Model: Predicted (in brackets) and Actual Proportions for the three risk groups.

6.4% (10%) - High Risk – at risk of complex grief issues. May need referral to mental health professionals

35.2% (30%) - Moderate Risk – in need of some additional support e.g. peer support/volunteer led group

58.4% (60%) - Low Risk – majority of individuals deal with grief with support of family & friends

https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0121101
“I thought the staff who took care of us were fantastic. They were people, not programmed machines in a huge organisation. People who cared, who dared to cry with us, who dared to stand by us in our pain and sorrow. Just totally fantastic.’16(p192)

“…midwives identified that they struggled with the emotional commitment needed, to provide perinatal loss care, as well as with how to communicate openly and share information with women.”

Providing Care for families who have experienced still birth: Comprehensive systematic review
Implications for practice 1.- 41.

7. Training for health professionals is important and can better prepare them to offer appropriate support to parents and families affected by stillbirth at every stage of the experience.

Providing Care for families who have experienced still birth: Comprehensive systematic review
Implications for practice 1.- 41.

“12. Continuity of care is maintained following the initial diagnosis of stillbirth. Parents often wish to continue to see the same health care professionals after the initial diagnosis and have the same staff involved at induction of labour ...”

Providing Care for families who have experienced still birth: Comprehensive systematic review
Monahan’s Model of Bereavement

- To **Understand** – Cognitive, spiritual and emotional
- To **Process** emotional spiritual physical social behavioural
- To **Validate** cognitive spiritual social and emotional
“ Spoiler alert – life is terminal!”

Mike Clouse 2017
“Life is but a journey between two points of nakedness, for some the journey is very long and for some the journey is very short”.

Pastor at funeral service of Baby T.
PAIN
The Physiology of Grief

Pituitary secretes
Adrenocorticotropic hormone (ACTH)
and
Cortisol

ACTH stimulates Adrenalin
→ Fight / Flight / Freeze
Cortisol

Cortisol $\rightarrow$ immunosuppressant $\rightarrow$

$\downarrow$ production of T-lymphocytes $\rightarrow$

$\uparrow$ mortality & morbidity
Long-term stress-response and overexposure to cortisol

• Anxiety
• Depression
• Digestive problems
• Headaches
• Heart disease
• Sleep problems
• Weight gain
• Memory and concentration impairment
A REVOLUTIONARY APPROACH TO
LIVING YOUNGER, HEALTHIER, LONGER

THE TELOMERE EFFECT

NOBEL PRIZE WINNER
Elizabeth Blackburn, PhD
Elissa Epel, PhD

"A classic. One of the most exciting health books to emerge in the last
decade. It explains how we can slow the way we age at a fundamental level."
- ERIC KANDEL, Nobel laureate and author of In Search of Memory
Transgenerational Effects

• Telomeres, at tips of chromosomes, protect genes from damage

• Telomerase protects cells that replicate, reproduce and replenish tissue

• Epigenetics = Telomere length influenced by Mother and Father

• Chronic stress shortens telomeres
Telomeres

• Influenced by genetics & environment (including prenatal)

• “Length is transmitted from mother to infant ...the starting point is the most influential point...

• a critical period... parents can improve their health [&] be influential for their children.”

• Proceed and predict future (ill)health
The Circle of Security Intervention
Enhancing Attachment in Early Parent-Child Relationships
Bert Powell, Glen Cooper, Kent Hoffman, and Bob Marvin
<table>
<thead>
<tr>
<th>Attachment Styles</th>
<th>The child’s general state of being</th>
<th>Mother’s responsiveness to her child’s signals and needs</th>
<th>Fulfillment of the child’s needs (why the child acts the way it does)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure Attachment</td>
<td>Secure, explorative, happy</td>
<td>Quick sensitive consistent</td>
<td>Believes and trusts that his/her needs will be met</td>
</tr>
<tr>
<td>Avoidant Attachment</td>
<td>Not very explorative, emotionally distant</td>
<td>Distant, disengaged</td>
<td>Subconsciously believes that his/her needs probably won’t be met</td>
</tr>
<tr>
<td>Ambivalent Attachment</td>
<td>Anxious, insecure, angry</td>
<td>Inconsistent; sometimes sensitive, sometimes neglectful</td>
<td>Cannot rely on his/her needs being met</td>
</tr>
<tr>
<td>Disorganised Attachment</td>
<td>Depressed, angry, completely passive, nonresponsive</td>
<td>Extreme, erratic; frightened or frightening, passive or intrusive</td>
<td>Severely confused with no strategy to have his/her needs met</td>
</tr>
</tbody>
</table>
Primary and Secondary Losses

Death is the primary loss

Monahan, J. (2019)
Secondary Losses Abound

Hopes and dreams
Loss of the future
Loss of the past
Expectations from self and others
Our Assumptive World
Grief and Guilt

Monahan, J. (2019)
The Siblings of the Deceased

Inhibited grief work of family
Competing with a ghost –
Not given the “full story”
Individuality and freedom
Triggers memories
“does not fit”
Grief and guilt

Monahan, J. (2019)
Worden’s Tasks of Grief

- To accept the loss
- Experience the pain
- Adjust to the new environment
- Reinvest in the new reality
MACOLM:

“Merciful heaven!
What, man!
Ne'er pull your hat upon your brows.
Give sorrow words.
The grief that does not speak
whispers the o'erfraught heart and bids it break.”
Thank You For Your Attention

www.griefcentrewa.org.au

08)9444 7659
References


Epel, E. (2019, August 11)Telomeres, Trauma, and Mindfulness All in the Mind [Audio podcast]


Humanities 2016, 5(2), 21; https://doi.org/10.3390/h5020021


Monahan, J. Parental grief and its impact Australian Centre for Grief and Bereavement Webinar 11/09/2019


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