

Effects of Previous Termination Experience on Subsequent Pregnancies and the Role of The Midwife

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Note: Much of the material in this paper is equally useful for any health, welfare or counselling practitioner. For this presentation I have drawn on my experiences counselling clients with a past termination, and pregnant with a previous termination experience. I am also using material from research articles, sourced through the Otago Medical Library and the internet, and other reading material which feature in the Bibliography. In researching this topic I found much written around perinatal loss in general, but fewer articles dealing specifically with the effects of previous termination on subsequent pregnancy, in terms of psychological effects, which is what I am interested in here.

Termination may be similar to other perinatal losses in many ways, however impacts can be more complicated and situations more complex, for reasons that:

- Terminations are artificially induced pregnancy losses; it's an unnatural death event and there is an element of intentionality around it
- There is a decision-making process and outcome, but the decision is often made in crisis and based on fear, rather than an autonomous choice..... There may be questions around informed consent or informed compliance depending on the situation.
- There are various political, moral, cultural, social and relational sensitivities, contexts, dynamics and dilemmas surrounding termination
- There is often stigma, shame, secrecy attached to pregnancy terminations
- There are often perceptions and judgements by the person themselves or others, which can shift and change over the course of the process and beyond

The situation and experiences for men also requires consideration

If he was the father in the termination scenario, what was his involvement or lack of involvement in the decision, the event and afterwards, and what did or does that mean for him and for her? How has he dealt with or not dealt with his own experiences and reactions, and what bearing might this have on the current situation?

If he was not the father at the time, does he know about the termination? What are the implications of his knowing of not knowing? In either case, what are his needs in the current pregnancy?

But the focus of this paper is on women affected by their termination experiences, who may suffer pregnancy anxiety as a result in their subsequent pregnancies. I will share the story of one such woman, look at aspects of grief and trauma, offer a model to use with pregnant women with past termination experiences and give some recommendations.

One client's story (some details altered to protect

privacy):

K is a young woman in her mid 20s. She had an abortion at 16, heavily decided by her family and pressure from her boyfriend, who threatened to leave her if she didn't have an abortion. He left within a few months after the abortion. Following the abortion "I pulled myself together, finished high school and got a job. Life went on. But deep inside I felt something was missing."

Through a friend she joined a church in her early 20s, where she met the man who later became her husband. At 22 she had an ectopic pregnancy requiring emergency surgery. She described it being "an unreal experience, hugely traumatic", and felt she was "being punished for her previous abortion".

She married and became pregnant..., very much a wanted child. Believing now she was "doing things right" she was horrified to miscarry at 10 weeks gestation. She came for counselling at the behest of her husband.

She presented despairing and inconsolable, had a low self-esteem, lacked a sense of self-worth and self-confidence. The miscarriage reinforced her sense of failure as a mother, and she was consumed with regret, guilt and shame. She worried there was something terribly wrong that she could not carry a pregnancy to term, and believed her reproductive system was somehow damaged through the abortion. She seemed trapped in a victim cycle. She had a fear of judgement from others, but her own self judgement was huge. She was depressed and socially withdrawn. Self-loathing and over-eating were also issues. She was struggling to cope with work, felt people were not respecting her and responding well to her in her role. She lacked assertiveness, believed she did not deserve good in her life, including her loving husband.

We journeyed through the 10 Step Programme we use in P.A.T.H.S. to unpack the termination experience, and to address grief and trauma issues.

We discussed the situation around her becoming pregnant, looked candidly at the relationship and what she was looking for at that time, which was someone to see "me" and "love" me. We mapped out all the influences and pressures around the decision. This helped to balance her view of the situation then, and enabled her to shift out of an all-consuming self-blame cycle for what happened.

As we addressed the abortion day itself her natural grief was triggered, and she acknowledged the loss of her offspring, her loss of innocence, the loss of her dreams amongst other things. We explored grief and her particular ways of grieving, and she was able to find a way of expressing her grief. Encouraging her to affirm herself, validate her feelings and own her experience was huge. Being able to view her situation more objectively also enabled her to feel compassion for herself. She was slowly able to see the bigger picture and realise she was no longer powerless to direct her life.

We uncovered hurts associated with her growing years, and with her pregnancy-baby loss experiences, and addressed some of the anger she held onto. She worked

to forgive those involved in the original abortion scenario who encouraged her to terminate and did not support her preferred choice at the time. She struggled for some time to forgive herself.

She constantly bargained with God, and was testing God – she thought if she was truly forgiven she would be granted her wish to have a child. She desperately wanted to become pregnant and would be sad and frustrated each month when she wasn't and it seemed to become something of a self-fulfilling prophecy, for deep down she still believed she didn't deserve another chance.

Following work around the termination loss we dealt with the ectopic and miscarriage losses using a similar process. Therapy continued over two years. In that time she was desperate to become pregnant again but each month was disappointed. She had all but given up hope.

As she was able to fully grieve these losses and discover what they meant for her personally, and identify and deal with the traumatic aspects, she appeared to develop a more realistic view of her situation and a stronger sense of self. I supported her embracing her rightful role and sense of motherhood with each loss. She named each child and they each now hold a place in her heart and life.

When she became pregnant six months ago she was over the moon. She vasculated from being overjoyed to highly anxious, expecting something bad would happen to ruin her joy. The counselling shifted to dealing with major fears that something would go wrong and she will again be facing another loss. She has learnt to express her feelings, reframe her experiences, and be more assertive. She has been learning deep breathing techniques, relaxation and grounding exercises, and CBT techniques in order to stay more in the present, separate out the current pregnancy experience from the previous ones, deal with emotions and disconnect from triggers.

K has needed much reassurance that things were proceeding normally. The scans have been hugely important as has been her midwife's explanations of where things are at and how things are going and her willingness to spend time hearing her feelings and concerns. She is beginning to look forward, is hopeful about the future and, at six months is starting to believe this baby will really come, and is allowing herself to prepare the nursery.

We have done some work around her fostering a healthy attachment to this child. She is becoming more excited and is more ready now to welcome this child. She remains anxious when looking ahead to the time of the birth, still worrying something bad might happen and she will be left bereft once more. I am inviting her to look at what she needs to be as relaxed as possible for the birth. Her need to know what is happening at each stage of the process is important. So helping her find ways to be assertive and also to get her husband to be her advocate if necessary is helpful. I have encouraged her to be open and up front with her midwife about her anxieties and to be prepared to ask for what she needs, to not be afraid to ask questions.

One of her big issues is having things done to her without full explanation or consent and full understanding on her part. She is beginning to see and accept her part in ensuring her needs are met, and this is proving to be a big shift.

Also she is recognising what things around medical aspects may be triggers for her from her past experiences. She can recognise what was associated with previous experiences and is using some techniques to disconnect from triggers. She will also inform her midwife of her triggers, and ask for help and support when these occur.

She has the usual anxieties about being a "first time parent" as although she has had three pregnancies previously, this will be her first live child that she can nurse and parent. We have talked about what might be helpful, some resources for her and her husband and what supports are available for her after birth care. Again I have encouraged her to ask her midwife and doctor any questions she might have and not hold back.

When we ask people how they are, they often respond FINE. Yet hidden inside can be deep pain and emotions, which have not been heard, nor sometimes even acknowledged by the person themselves. Asking pertinent questions when enquiring after a client's reproductive history can be critical in identifying unresolved grief and trauma relating to a previous termination and/or perinatal losses. This can take time but can help uncover factors that might contribute to pregnancy anxiety in the current situation.

Open Questions like:

- How many pregnancies have you had? Any losses or terminations?
- Do you think about the termination/loss often? What happened?
- When you think back to the loss/termination what do you feel?
- Was there anything painful, difficult or upsetting through that experience?
- How were you supported?
- Has there been grief? What was / is the grief about for you? How did / do you deal with your grief?
- How are you now with it?
- What did you notice changed for you after the termination or loss – physically, mentally, emotionally, spiritually, in your life and relationships?
- Do you have worries and concerns about being pregnant now?
- How do you think what happened then may be affecting how you feel about this pregnancy?

Other thoughts:

- Reassure her that nothing is too silly or insignificant to share or ask.
- Gauge how much of her happiness is tied up with this new pregnancy.
- Wonder in time how ready is she to welcome this baby into her arms.

specific time frame, and for some, it is never complete. There is usually an acute period, but as grief becomes integrated there may still be some moments of sadness but the person can usually resume a fulfilling life. (Tania Morre et al, Interconception Care for Couples After Perinatal Loss: A Comprehensive Review of the Literature, The Journal of Perinatal Nursing, Jan-March 2011, 44-51)

Not every termination is experienced as a traumatic death, and for some women, such events may not even be considered as losses. However, for those who view the experience as the death of their preborn the impact cannot be underestimated. Grief is about individual losses and changes. It may be about the loss of a baby, but, there may also be lost hopes, dreams, relationships; a lost sense of self esteem or self worth; loss of confidence, loss of trust, loss of security; loss of identity, loss of a role....

Grief from a past termination is often stalled as it remains by and large a disenfranchised grief and may go unacknowledged and not be well supported socially.

When supporting clients to work through issues of grief and trauma I find it helpful to look at these aspects in terms of continuums (see Diagram 1). To understand the signs of symptoms of grief and trauma for the individual, and to determine the levels of grief and trauma and what each relates specifically to. What are the particular losses and changes impacting this person, and what was the person's perception or experience that was traumatic for them? Some of the women you may encounter in your role as midwives may benefit from the opportunity to process some of the grief and trauma associated with a past termination in order to help them move forward and better engage with the current pregnancy and ensure a healthy attachment to their baby.

The potential for trauma exists for all women undergoing a pregnancy loss, depending upon how the event is defined by the woman." (Speckhard, A "Traumatic Death in Pregnancy: The Significance of Meaning and Attachment" , p 71 in the book Death and Trauma: The Traumatology of Grieving, Figley, C.R., Bride, B.E., Mazza, N., Taylor & Francis 1997)

For those who perceive their terminations as traumatic, it is so. When trying to understand past termination trauma responses these determinants or risk are areas worth looking at:

- **The degree of attachment** (strength, valency, consistency) Speckhard and Rue (1992, 1993) "asserted that the degree of attachment in pregnancy is very often predictive of the degree of traumatization that occurs when a pregnancy fails or is voluntarily terminated." (P 75 "Traumatic Death in Pregnancy, Speckhard, A.) Attachment begins in pregnancy, not at birth and the interruption of the pregnancy therefore disrupts the bond.
- **Ambivalence** around a previous termination decision may point to a level of attachment extended into the pregnancy even though termination was the decided upon outcome. In our experience, the greater the ambivalence at the time of the decision, the greater the attachment and risk of negative reactions.
- **The degree of humanity** that was perceived as present in the fetus/embryo and is now perceived, and the interaction of the two. What was the level of humanity she or others attributed to the embryo, foetus or baby, at the time and now?
- **The degree of human volition** involved is significant, both where she made the decision and feels responsible or to blame, or where others pressured or coerced her into it and she felt powerless.
- **The degree of violence** perceived. Some who witness the delivery of a dead foetus or parts of a foetus may be more deeply traumatised. Others may have dreams about the termination and worry about the embryo/foetus being dismembered and/or feeling pain.

There may be **symbolic meanings** connected to both the experience of the pregnancy and its loss

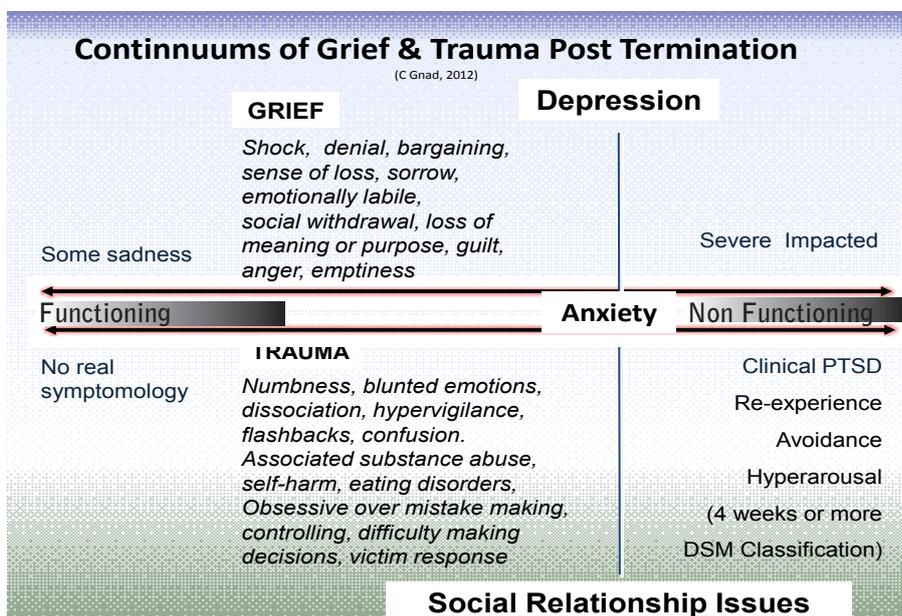


Diagram 1: Continuums of Grief and Trauma Post Termination

that have been incorporated into the identity of the bereaved individual e.g. I was a mother, I failed as a mother; I was pregnant, I terminated, I don't have a right to grieve, I don't deserve to be a mother now.

As a health practitioner dealing with a pregnant woman with a past termination experience, it is important to not assume anything from our own perspective but to continually check what is happening for our client and invite sharing of her experience and view if we are to serve her best interests, and ensure her safety, positive engagement and experience in the process progress through her present reality.

Pregnancy after perinatal loss is characterised by guarded emotions, anxiety about this pregnancy, marking off the progress of the pregnancy in terms of fetal development and safety, and individual ways of coping to meet the tasks of pregnancy by seeking out or avoiding various behaviours...

(Denise Cote-Arsenault, "Impact of Perinatal Loss on the Subsequent Pregnancy and Self: Women's Experiences, JOGNN, Vol 28, No. 3, 274-282; 1999)

This is also true for pregnancy with a previous termination. Where there has been a past termination the factors contributing to pregnancy anxiety can be more complex and problematic and may need to be teased out.

This model of the impact of perinatal loss on subsequent pregnancy (see Diagram 2 - bold lines and words added) could equally be used for those pregnant with a past termination, in offering insight into aspects to be aware of and which may need attention. This may apply to both earlier and later stage terminations. I have added the bold arrows to signify and highlight there is compounded effect with multiple losses.

In looking at the current pregnancy then, where

there is pregnancy anxiety, some aspects worth considering:

- **Significant points in time:** there may be significant points of time associated with the pregnancy and termination, and those who terminate may be very conscious of the passage of time around the pregnancy, hoping to go well beyond the termination stage.
- **Ways of coping:** this will vary from person to person. Some may have framed up the previous experience and can embrace this pregnancy without a problem, but some will struggle as consciousness of what transpired before may surface. For some a subsequent pregnancy may trigger unwelcome reminders of their termination experience – appointments, hospital visits, clinical procedures, things that are spoken about around pregnancy. Also sights, sounds and smells may trigger negative emotional reactions. What people did or didn't do can precipitate reactions if similar situations occur.
- **Safe passage:** Some women who have had terminations are overly worried that there may have been damage to their reproductive systems, especially where there was surgical intervention. For those who experience regret, guilt and shame, their may be deep worry that something will go wrong with the pregnancy, or the baby. Where there are feelings of being somehow undeserving, or a fear of punishment, this can affect their view of safe passage. Much assurance is needed, and scans and monitoring can help assuage fears that anything is amiss.
- **Social Acceptance:** Who is supportive of this pregnancy? How does that compare to the previous pregnancy? Who knew about the termination and who didn't, who knows and who doesn't and is secrecy over the termination an issue? What does the past termination mean for her, for the couple or family? Whether to disclose the past termination

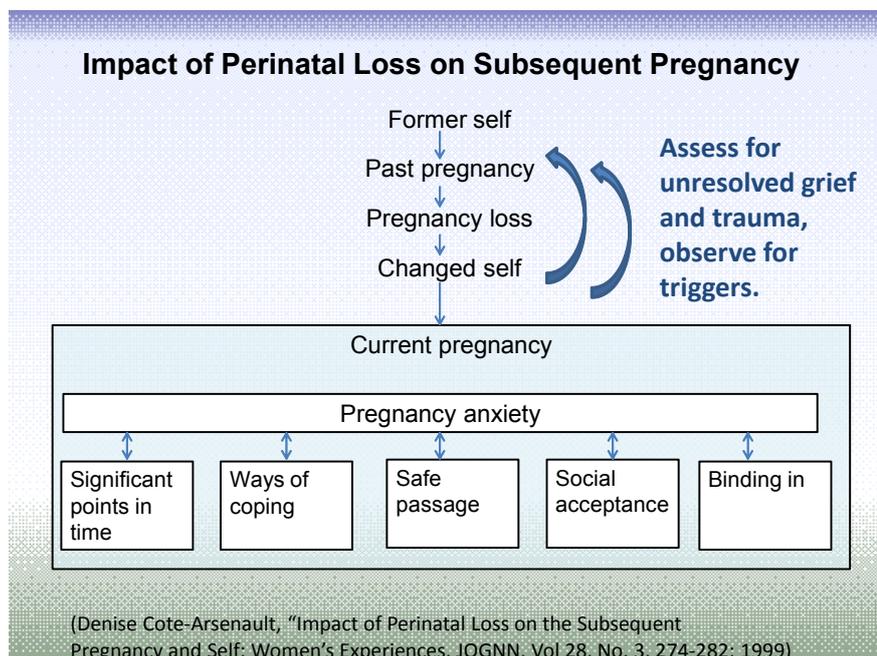


Diagram 2: Impact of Perinatal Loss on Subsequent Pregnancy

now can be a major issue and it can also be challenging for midwives, who are made complicit in holding the secret.

- **Binding In:** Rubin (1984) talks about the mother's connection to her foetus and the interplay between mother and baby as binding-in. Binding-in has an objective component which are the indicators of the baby's presence, such as foetal growth and movement, or hearing the heartbeat, which made the baby more real. The subjective component is the sense of closeness to the baby and how that makes the mother feel. Depending on the person and the termination scenario binding-in may be effective or compromised. It can be hard for a mother to attach to her developing preborn offspring where she fears something will destroy this opportunity, or where she is clouded by feelings of being undeserving. For some there is a block to being able to enjoy this baby doing what her lost child did not have the chance to do. Where there was significant attachment in the earlier pregnancy that was terminated, this pregnancy may trigger acute grief for the woman which needs to be supported.
- For those with a number of perinatal and/or termination losses, the picture unfolding is more complex and may need comprehensive and skilled therapeutic work to untangle. The midwife needs to understand the significance and meaning of the loss (or losses), both then and now.
- Also it can be helpful to gain insight into the level of parental attachment at the time of the termination and now. Make no assumptions – find out from the client. One cannot presume that earlier stage terminations are necessarily less significant or that there is less attachment than later stage ones, though commonly later stage terminations are associated with greater attachment and can incur greater grief.

The midwife needs to respond to any questions the woman, or couple, may have about their perception of the events that occurred during and after their termination, being aware that perceptions may be misconstrued when persons are highly stressed or distressed.

She needs to assess the client's or couple's ability to be assertive, to ask for what she/they need(s) or voice concerns; and the individual and couple's ability to articulate both positive and negative feelings towards people who were involved in the previous experience.

An ability to express feelings empowers couples, moderates the intensity of their grief and allows them to alter their behaviour, and provides them with therapeutic support. (Tanya Moore, "Interconception Care for Couples After Perinatal Loss: A Comprehensive Review of the Literature")

Consider referral of clients who show signs of grief or trauma associated with a past termination or perinatal loss. Use Perinatal Mental Health Pathway - (PMH) Local Referral Pathway –by Dr Jane Allan and Perinatal Mental Health Team Taranaki DHB – presented by Patrick Morris at this Conference.

Although DHBs offer counselling some clients may not

wish to return to the clinical setting for counselling, in which case referral to P.A.T.H.S. or private counsellors may be preferable.

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