

TTAC

NYC Early Childhood
Mental Health

Training and Technical Assistance Center



Providing Mental Health Informed Care for Families Experiencing Miscarriage and Perinatal Loss

Presented by Evelyn Gama, LCSW, from The Motherhood
Center

Who We Are

The New York City Early Childhood Mental Health Training and Technical Assistance Center (TTAC), is funded by the NYC Department of Health and Mental Hygiene (DOHMH)

TTAC is a partnership between the New York Center for Child Development (NYCCD) and the McSilver Institute on Poverty Policy and Research

- **New York Center for Child Development** has been a major provider of early childhood mental health services in New York with expertise in informing policy and supporting the field of Early Childhood Mental Health through training and direct practice
- **NYU McSilver Institute for Poverty Policy and Research** houses the Community and the Managed Care Technical Assistance Centers (CTAC/MCTAC), which offer clinic, business, and system transformation supports statewide to all behavioral healthcare providers

TTAC is tasked with building the capacity and competencies of mental health and early childhood professionals through ongoing training and technical assistance

<http://www.TTACny.org>



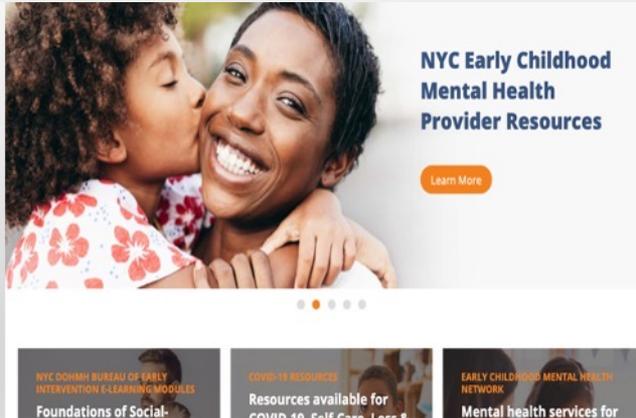
Updated TTAC Website

A Selection of Features:

- Seamlessly filter, toggle and search through upcoming and archived content, trainings and resources
- View videos, slides, and presenter information on the same training page
- Contact the TTAC team by clicking on Ask TTAC and filling out our Contact Us form
- And more!

Have questions or need assistance? Please contact us at ttac.info@nyu.edu and we'll be happy to assist you

Explore all
the provider
resources at
ttacny.org





THE
MOTHERHOOD
CENTER *of New York*

Caring For Pregnancy Loss

The Motherhood Center's

Mission

The Motherhood Center aims to effectively diagnose and treat those suffering from perinatal mood and anxiety disorders (e.g., Postpartum Depression).

Our Services

- 🌀 5 days a week
- 🌀 5 hours a day
- 🌀 Group therapy
- 🌀 Dyadic therapy
- 🌀 Individual therapy
- 🌀 Medication management
- 🌀 Couples counseling
- 🌀 Partner's support
- 🌀 Art therapy, infant care, yoga

The Day Program

*Partial
Hospitalization
Program*





**Outpatient
Treatment**

**Support &
Education**

Our Services

- ❖ Individual therapy
- ❖ Medication management
- ❖ Trying to conceive consultations

-
- ❖ Support groups
 - ❖ Monthly provider seminars
 - ❖ New and expecting
mother/birthing parent webinars

Our Provider Website

Your partner in perinatal mental healthcare.

- 🔗 Online patient referral form
- 🔗 Free PMAD training registration
- 🔗 Maternal Mental Health seminars
- 🔗 PMAD and Day Program brochures
- 🔗 PMAD research, education, and support resources

Visit our provider website:

www.providers.themotherhoodcenter.com



Caring for Pregnancy Loss



Learning Objectives

- ❖ Define the basics of pregnancy loss, including types of loss and the medical experience of pregnancy loss
- ❖ Recognize symptoms of pregnancy loss
- ❖ Understand the mental health implications that can occur with pregnancy loss for the birthing person and the family system
- ❖ Understand evidence-based and culturally competent treatment and support of pregnancy loss-related mental health needs
- ❖ Identify the importance of rituals and anniversaries for the integration of pregnancy loss-related grief
- ❖ Recognize the complexity of pregnancy after loss
- ❖ Resources for supporting pregnancy loss

Questions For Discussion

- ❏ What have you witnessed in your professional experience of supporting loss? What did you wish you knew or what questions arose for you in terms of supporting individuals and families?
- ❏ How would you define our culture's orientation towards grief? What cultural differences have you noticed in your work with diverse populations?
- ❏ How does the construct of motherhood and our views about pregnancy affect our responses to pregnancy loss? What beliefs or values come into play when we respond to pregnancy loss?
- ❏ Who do you feel pregnancy loss affects in the family system?

Overview of Pregnancy Loss

- ❖ 10%–25% of all pregnancies end in miscarriage, making it a common early pregnancy complication
- ❖ 2-3% of 2nd trimester pregnancies will be lost, a rate much lower than in the first trimester
- ❖ Once a pregnancy gets to ~20 weeks gestation, less than 0.5% will end in a fetal demise
- ❖ Rates of stillbirth are ~1 in 160 per live birth
- ❖ 23,000 babies are born still each year in the U.S (900 per year in NYC), with disparities by race



Overview of Pregnancy Loss

- ❖ It is important to acknowledge that rates of pregnancy loss are higher for women of color
- ❖ Specifically, the rates of stillbirth are more than twice as high for non-Hispanic black women.
- ❖ The reasons for this increased rate of pregnancy loss in women of color need to be addressed at all levels of related policy and maternal and fetal care. For our purposes today, it is important that our support and treatment for pregnancy loss is culturally competent, inclusive, and accessible.



Types of Pregnancy Loss

- ❖ **Miscarriage or early loss** – technically any loss before a gestational age of 20 weeks; some people separate miscarriage as first-trimester loss only and call loss after the first trimester but before 24 weeks fetal demise
 - ❖ Miscarriage can also be molar pregnancy, blighted ovum, ectopic pregnancy, chemical pregnancy
 - ❖ With a miscarriage – you can have a missed miscarriage, an incomplete pregnancy loss, or a complete spontaneous pregnancy loss
- ❖ **Unsuccessful IVF cycles**
- ❖ **Loss of one or more multiples or a medical reduction**
- ❖ **Therapeutic/Medical abortion** – abortion of fetus for medical reasons usually prior to 24 weeks; often a wanted pregnancy and experienced as a loss; other abortions can also be experienced as a loss as well
- ❖ **Stillbirth** – intrauterine death of fetus at 24 weeks gestation or later
- ❖ **Neonatal Death** – the death of a live-born fetus within 28 days of birth

Medical Treatment of Pregnancy Loss

- ❑ In the first trimester, the pregnant person may be given options:
 - ❑ They can (sometimes) wait for the miscarriage to pass naturally
 - ❑ Medication-induced (Cytotec)
 - ❑ D&C or D&E
- ❑ Sometimes navigated alone after the initial instructions from the OB or the procedure or delivery
- ❑ In one study, though 90% of women desired specific follow-up care from their physician or physician's office, only 30% felt they received any follow-up care or calls
 - ❑ This may reflect time constraints and/or lack of training as well as the lack of referrals for mental health care

Medical Treatment of Pregnancy Loss

- ❖ **Second-trimester** loss usually requires a D&C or vaginal delivery
- ❖ **Third-trimester** loss requires a vaginal delivery or a C-section if indicated
- ❖ **Follow-up care** after this type of loss depends on the OB; there is usually at least one post-procedure visit but not always
- ❖ If the baby is delivered, the family may have to make the choice to see the baby or be given pictures, to make footprints, and to hold the baby or not
- ❖ The family may have to make arrangements for burial or cremation
- ❖ In my experience, most families are not provided with any resources for emotional or mental health support.

Navigating After Loss: Physical Symptoms of Grief

All Loss

- ☒ Fatigue
- ☒ Sleep disturbances
- ☒ Appetite changes
- ☒ Weight changes
- ☒ Restlessness
- ☒ Headaches
- ☒ Dry mouth
- ☒ Palpitations
- ☒ Body aches

Pregnancy Loss

- ☒ Cramping
- ☒ Nausea
- ☒ Bleeding (often more than expected)
- ☒ Passing clots or other fetal material
- ☒ Hormonal shifts
- ☒ Recovery from labor or C-section
- ☒ Milk coming in

Navigating After Loss: Emotional Symptoms of Grief

- ❑ Shock/Denial
- ❑ Irritability
- ❑ Resentment/Anger
- ❑ Sadness
- ❑ Decreased Self Esteem
- ❑ Guilt
- ❑ Preoccupation With Loss
- ❑ Withdrawal From Activities
- ❑ Time Confusion
- ❑ Sense of Failure
- ❑ Depression
- ❑ Mood Swings
- ❑ Isolation
- ❑ Difficulty Relating to Others
- ❑ Fear of TTC Again or Desperately Wanting to Be Pregnant Again

Pregnancy Loss Is...

- ❖ Often, an invisible/ disenfranchised loss
- ❖ Often involves grief + trauma
- ❖ Often, loved ones and providers encourage a woman to move on
 - ❖ “You are young; you will have another pregnancy”
- ❖ It is the loss of what was expected – timeline and schema around pregnancy and birth as well as the loss of a projected reproductive narrative
- ❖ Can be a confusing loss. Not every pregnancy is wanted. There can be relief or ambivalent feelings. Sometimes, though, the person later feels grief

Phases of Grief

- ❖ **Initial loss** – shock, denial, disbelief, going through the motions
- ❖ **Acute loss** – disorganization, sadness, anger, withdrawal, loss of pleasure, changes in appetite or activity, irritability, guilt and magical thinking
- ❖ **Healing and Integration** – cope with symptoms, identify narratives or beliefs, magical thinking, anger, guilt. Consider stuck points. Bring in supports if appropriate
- ❖ The goal is not to “end” or limit the grief but to support the integration of the grief. This might look like reconnecting with partners, family or friends, enjoyment of life without guilt. Sometimes it looks like a future pregnancy or engaging a pregnancy or living child while still connecting with the loss.

Mental Health Effects of Pregnancy Loss

- ❖ Nearly all women who experience a miscarriage have an initial period of emotional distress lasting approximately six weeks.
- ❖ Nearly 20% of women who experience a miscarriage become symptomatic for depression and/or anxiety; in a majority of those affected, symptoms persist for 1 to 3 years, impacting quality of life and subsequent pregnancies.
- ❖ One in three women who experience a pregnancy loss meet the criteria for PTSD one month after the loss.



Risk Factors for Depression After Loss

- ❖ Loss of planned pregnancy
- ❖ Women of color are at an increased risk
- ❖ Lower socio-economic status
- ❖ History of infertility
- ❖ Previous pregnancy loss
- ❖ Childlessness
- ❖ Poor social support
- ❖ Prior history of depression, anxiety or trauma
- ❖ Partner relationship strained

Loss Affects The Family System

- ❖ Remember that loss affects the birthing person and the entire family system.
- ❖ Partners, in particular, are often unrecognized in their grief and may not receive support for subsequent mental health needs.
- ❖ Male partners might be more likely to engage in avoidant coping or in detrimental compensatory behaviors such as anger, irritability, absence from the family, or the use of substances.
- ❖ Siblings may also need support, and parents often need language to help them understand or parenting support when coping with behavioral responses.

Treatment After Loss

- ❖ Treat the symptoms but understand the grief – no imposed timeline
- ❖ Supportive therapy and therapeutic holding for grief and feelings in a subsequent pregnancy
- ❖ When we see complications of grief, such as depression, anxiety, OCD, or trauma – we target these complications
- ❖ CBT, CPT, EMDR, and treatment for OCD needs to be delineated from magical thinking
- ❖ Peer support groups and peer mentoring programs

Treatment After Loss: Dos and Don'ts

- ❑ Invite the loss in
 - ❑ Hold space for the loss actively
- ❑ Client/Family led, but therapist invites/makes space
- ❑ Tell me about your loss experience
- ❑ Tell me about your supports
 - ❑ What if anything is missing
- ❑ Ask if they'd like to share babies name or mementos
- ❑ Rituals/Anniversaries



Barriers To Good Relationships

- ❖ Don't impose your own feelings or make interpretations about how they should best cope. No matter how helpful you think it might be for them to see something a certain way, we remember how it feels to have advice imposed on you or for someone to tell you how to feel.
- ❖ Along these same lines, don't state that this was meant to be or that the body knew what to do; Loss does not always feel rational or have a reason. Sayings like this are meant to be comforting but can lead to the patient feeling misunderstood or can limit their ability to state their feelings.
- ❖ Do not make assumptions based on your own cultural lens. What might look like reticence to you might be a cultural value of grieving within one's own family. What might look like avoidant coping might represent self-preservation if one needs to return to work or other children.

Cultural Considerations in Pregnancy Loss

- ❑ Many cultures have their own understandings and meanings of pregnancy loss. What have you encountered in terms of cultural interpretations of loss?
- ❑ Here, you will find just a few of the many considerations with respect to culture and loss:
 - ❑ What is the timeline for burial?
 - ❑ What are the expectations of the grieving parent?
 - ❑ What kinds of support are utilized in this culture? What stigmas might be barriers to support?
 - ❑ What level of formality is preferred in this culture regarding loss counseling? Where would counseling take place, and who in the family would be included?

Navigating After Loss

Rituals and Anniversaries

- ❖ When navigating pregnancy loss – the timeline of the pregnancy comes into play – milestones, due dates, other people’s pregnancy announcements or births can all cause a reoccurrence or resurgence of grief
- ❖ A birthing person might recognize the anniversary of the day they found out the baby had died or was not growing or the day of their miscarriage or stillbirth
- ❖ They may experience sadness, anger, dread, anticipatory anxiety, etc.
- ❖ Partners may or may not be aware of an anniversary or may be grieving differently
- ❖ Other people often forget the due date or the anniversary, leading to further isolation

Navigating After Loss

Rituals and Anniversaries

- ❖ In your treatment plan or interaction with the family, you can ask about important dates. You can also do so once you have established rapport.
- ❖ Support clients in planning ahead and in enacting a ritual if they choose or a self-care plan
- ❖ Bring partners in or support the birthing person to communicate their needs and feelings to loved ones
- ❖ Give permission to cope in any way they desire. Examples I have seen include attending a grief retreat, planting a tree, lighting a candle, making plans to be with a specific loved one or friend, going to a smash room, and getting a massage or acupuncture for the birthing person
- ❖ Consider cultural sensitivity and faith as led by the client

Navigating After Loss Supports

After a loss, women are often navigating the loss as well as hopes of becoming pregnant again. Some women are told by their support system or their care providers that being pregnant again is the best way to move on from the loss. For some women, this is true. For many, though, the journey to be pregnant again and any subsequent pregnancy is impacted by the grief and trauma of their loss.

Pregnancy After Loss

- ❖ Many women are pregnant again within one year of loss
- ❖ Up to 68% of women state they are still emotionally affected by pregnancy loss two years later; 25% will meet the criteria for clinical depression one year after a loss
- ❖ Contrary to popular belief – becoming pregnant again is not a protective factor against mental health symptoms such as depression and anxiety
- ❖ A new pregnancy often leads to an increase in emotional distress

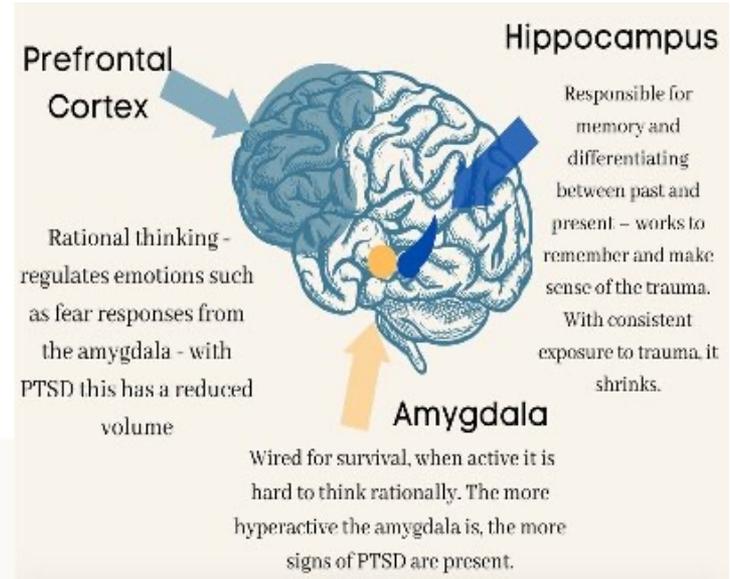


Pregnancy After Loss

- ❖ Pregnancy after loss is a time of very confusing feelings
- ❖ Anxiety is common in pregnancy after loss; the patient is often balancing hope and grief
- ❖ The patient may be waiting for specific milestones – end of first trimester, genetic testing, anatomy scan or just to surpass the week of their previous loss
- ❖ There is a loss of innocence or hopefulness at times that family members and society at large may not understand
- ❖ Even within the medical system, the patient may experience triggers or be misunderstood.

Pregnancy After Loss Trauma and the Brain

- ❖ Pregnancy after loss sometimes means revisiting traumatic memories.
- ❖ Appointment rooms, ultrasound technicians, milestones etc. , can trigger traumatic memories of the loss.
- ❖ Trauma responses in this “joyful” time can be misunderstood or dismissed even by medical providers.
- ❖ Clients might experience shame or isolation if their experience does not align with expectations from others.



Pregnancy After Loss Partner With Your Client

- ❏ Meet them where they are and accept their own belief systems and worldviews.
- ❏ Understand clients might have two feelings at once. They might be excited and also scared. Happy but also still grieving
- ❏ Let your client lead. Mirror their language about the previous loss. As we all know, loss can be uncomfortable to sit with. We often want to fix it or rush people into feeling better. The gift you can give, though is to sit with them in their grief and not have expectations for them to be on a certain timeline.
- ❏ Use open-ended questions: Tell me about your experience. Tell me how you are coping day to day. Who are your supports at this time?

Resources and Organizations

- 🌀 ***Mount Sinai Perinatal Bereavement Program***
 - 🌀 <https://www.mountsinai.org/care/obgyn/services/support-programs/perinatal-bereavement>
- 🌀 ***National Council of Jewish Women of New York***
 - 🌀 http://ncjwny.org/services_plsp.htm
- 🌀 ***PUSH For Empowered Pregnancy – Stillbirth-focused advocacy and support organization***
- 🌀 ***The Rainbow Clinic at Mount Sinai – Dr. Joanne Stone***
- 🌀 ***Griffin Cares – Peer mentoring and support group***
 - 🌀 <https://griffincaresfoundation.org/>



Books and Resources for Families

- ❖ *Empty Cradle Broken Heart: Surviving the Death of Your Baby*
❖ by Deborah L. Davis
- ❖ *Unexpected: Real Talk On Pregnancy Loss*
❖ by Rachel Lewis
- ❖ *The Miscarriage Map: What to Expect When You Are No Longer Expecting*
❖ by Sunita Osborn
- ❖ *What God is Honored Here?: Writings on Miscarriage and Infant Loss by and for Native Women and Women of Color,*
❖ by Shannon Gibney and Kao Kalia Yang

Books for Children

📖 *The Invisible String*

📖 by Patricia Karst

📖 *Dear Star Baby*

📖 by Malcom Newsome

📖 *There Was A Baby*

📖 by Laura J Camerona

📖 *Something Happened*

📖 by Cathy Blanford



Q&A



Thank You

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