Nurse Researcher Seeks Ways to Help Couples through Precious Pregnancies

Most pregnancies are quite normal and result in a healthy baby. But, this is not always the case. My research focuses on situations where there has been a pregnancy loss—miscarriage, stillbirth or newborn death—or an anticipated one. This occurs more frequently than people think, up to 20% of all conceptions end in loss. There are many things that health care providers, including nurses, can do to impact the parents’ experience. Pregnancy loss can have long term impact on parent’s mental health, future parenting, and relationships. Therefore, research in this area is essential to understanding what parents go through, and the best approaches to caring for these parents and themselves as care providers, since these are stressful encounters.

My current study, with physician co-investigator, focuses on the parental experiences of learning during their pregnancy that their unborn baby has a diagnosis that is fatal. This is indeed a profound crisis. The parents included in the study have chosen to continue their pregnancy, have been interviewed up to 5 times over 6 months. Not only have we been learning about these impressive parents, we are learning about what doctors, nurses, genetic counselors, sonographers and other providers have done that is helpful but also those things that have increased parents’ burden. This line of study has not been published before so it will contribute to provider knowledge for working with these families.

Parents have shared with us how they reacted to hear that something is drastically wrong with their baby. They are in shock at first, because they thought that everything was fine with their pregnancy, but the near-routine testing during pregnancy can detect fetal abnormalities mid-pregnancy. Learning that their growing fetus has a life-threatening condition is “like a bomb exploding” out of nowhere. Parent’s accounts include their need to understand their baby’s condition, so they immediately Google search on the internet. Then they go from one specialist to another to get professional opinions of their baby’s condition, which is evaluated as the pregnancy continues. Parents must decide who to share this news with, and how to do it. They also have decisions about where to receive further care, how much intervention they want to do surrounding the time of their child’s birth. Palliative care is often an option parents hear about, which is focused on comfort care rather than intervention care to try to save the baby.

Teaching others about the impact of pregnancy loss with the goal of improving care to pregnant families is a major goal. This teaching occurs with our nursing students as well as through research presentations and publications. I do a lecture with our undergraduate students on grief and loss in childbearing and do seminars with graduate students on the topic and how to conductive qualitative studies.

We are now preparing for the upcoming International Perinatal Bereavement Conference in San Antonio; many who care for these families will be there. Our new knowledge will be part of our talks: “Added Burden vs Caring Guidance: Parent Interactions with Health Care Providers with known Lethal Fetal Diagnoses” and the “Social Aspects of Pregnancy with a Lethal Fetal Diagnosis.”