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RE: Select Committee on Stillbirth Research and Education

We write to you as researchers who have undertaken a number of projects specific to pregnancy loss (including stillbirth) in the Australian context. Our research findings speak to two specific areas that may be of interest to the Committee: 1) healthcare responses to those who experience stillbirth, and 2) the impact of stillbirth on Australian men. We address each of these in turn, considering implications for research and practice in Australia.

In our study of heterosexual women who had experienced a pregnancy loss (including stillbirth), we found that all reported negative interactions with healthcare providers. During and following their stay in hospitals, women reported experiencing poor doctor-patient communication, a lack of specialised services, and a relative lack of follow-up care from their healthcare providers. In terms of doctor-patient communication, the majority of women reported that healthcare professionals kept a certain level of emotional distance, maintaining a generalised, medically-driven dialogue which the participants experienced as downplaying the lived reality of their loss. Participants also reported that a lack of specialised services meant they faced long waiting periods in emergency apartments, with placement in maternity wards worsening emotional suffering. Finally, our research indicated that women felt more support was available following later-term loss rather than miscarriage, despite the fact that evidence suggests that gestational age does not affect long term mental health outcomes.

In terms of recommendations derived from this study, we suggested that the establishment of services such as Early Pregnancy Units, which have successfully offered specialised responses for women experiencing pregnancy loss in the United Kingdom, could prove an effective strategy in Australian hospitals, and that this support should also be offered to women who experience miscarriages (e.g., up until 20 weeks gestation) as well as later term loss, should they desire it. We also recommended that individually-tailored follow-up care – whether this be in the form of referral to psychologists, community support groups, online forums or appropriately-timed phone calls or home visits – is of particular importance to ensure women do not feel alone. Hospitals in the United States have trialed the implementation of early fetal bereavement packages for staff to provide to patients, which have been found to improve nurse's confidence and the sense of compassion and care for patients following discharge. Such packages might be usefully implemented in the Australian context.

More recently, we have conducted a study of Australian men who have experienced a pregnancy loss, including stillbirth. This study found that whilst that the feelings

associated with pregnancy loss are often very similar between men and women, the manifestations of these feelings are typically different. Specifically, findings indicate that men typically feel as though they need to take on a 'supporter' role for their female partner, which may come at the expense of their own health and wellbeing. In addition, the findings indicate that pregnancy loss may lead to a loss of identity related to the anticipated father role, and that some men may engage in unhelpful coping strategies (such as excess drinking). The specificity of men's experience can be exacerbated in research on the topic, specifically when men's views are canvassed via their female partners, or when men are only interviewed alongside their female partners. This can mean that men's views are seen as the same as women's, or simply are not heard.

In terms of recommendations, we suggested that future empirical research would benefit from longitudinal studies with an increased focus on the negative impacts of pregnancy loss on health and wellbeing that men may experience, for example physical health. We also recommended that future studies include a focus on men from varying cultural and religious backgrounds to consider how the impact of a pregnancy loss may differ in relation to culture. Culture can strongly influence and define grieving processes. With this in mind, it is important to understand how men from varying cultures are impacted upon by grief following a pregnancy loss, and how they deal with this grief in their specific cultural contexts. It is also vital to explore pregnancy loss from the perspective of non-heterosexual and/or transgender men, as research with these populations is lacking.

In sum, these two projects suggest that in the Australian context we need both a research and practice agenda that focuses on differing experiences of pregnancy loss (including stillbirth), and greater capacity within the healthcare system to meet the needs of people who experience the loss of a child. Given that poor mental health outcomes arising from the experience of pregnancy loss including stillbirth can detrimentally impact upon an individual's capacity to engage in daily life, attention to the needs of individuals following pregnancy loss is likely to make a significant impact upon their capacity to process loss and grief. We are more than happy to provide any further information from our research that may be of use to the Committee.

Yours Sincerely,

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