

Opinions of caregivers on supporting couples in perinatal bereavement at the Kintambo Maternity Hospital, Kinshasa, Democratic Republic of the Congo

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ABSTRACT

Introduction

Maternity units are supposed to be places that welcome new life, but sometimes things do not go as hoped. Many mistakenly believe that the death of a baby, known for only a few hours or days, has less impact than the death of an older child. However, the sense of loss experienced by parents is equally profound.

Purpose

The objective of this study was to assess the opinions of caregivers on supporting couples in perinatal bereavement at the Kintambo Maternity Hospital in Kinshasa, Democratic Republic of the Congo.

Methods

This descriptive study was conducted at the Kintambo Maternity Ward in Kinshasa, focusing on caregivers' opinions regarding the support of couples during perinatal bereavement. A survey was used to explore the issue and collect data, aiming to describe and understand the phenomenon from the perspective of those involved. Additionally, face-to-face interviews were employed as a data collection technique, allowing caregivers to express their views.

Results

The results show that 56% of the caregivers interviewed were men and 46% were women. However, 41% of caregivers expressed a favourable opinion regarding the support of couples during perinatal bereavement, while 59% expressed an unfavourable opinion. Furthermore, 25.4% of caregivers believed that emotional involvement is an obstacle to supporting couples, 20.3% lacked in-depth knowledge about perinatal bereavement support, 35.5% showed a lack of empathy, and 18.6% of caregivers displayed a lack of psychological stability.

Conclusion

Supporting a couple during perinatal bereavement is challenging and requires a range of personal skills and significant self-awareness. A caregiver, dealing with both their own emotions and those of the couple, can be a custodian of suffering. It is essential for caregivers to harness their emotions positively, using them as a strength rather than fearing them, in order to better understand and care for those in mourning.

INTRODUCTION

Perinatal bereavement is complex due to its multiple implications for patients. Its impact is often poorly understood and minimized by those around the parents, leading to inadequate support. Professional support, however, breaks the isolation of parents and allows them to express their suffering, promoting a healthy progression of grief. This support improves understanding within the couple and reduces the negative repercussions on the family. It has continuous benefits during subsequent pregnancies (Frechette Piperni, 2008).

Mourning is one of the most painful experiences that humans must face in their lifetime. However, mourning cannot be reduced to mere moral pain; it is a complex phenomenon that shakes the bereaved to their core before they can sufficiently reorganize their everyday life. One may cope alone or with the help of others, but never without making essential adaptations and rehabilitations (Skaff, 2015).

Zech (2006) estimates that during the 20th century, reactions and processes of mourning were increasingly perceived and conceptualized as abnormal, pathologized when they were deemed unusual, too long or short, too intense, or insufficient. Zech further explains that mourning is linked to the essential attachment between human beings, an attachment that has been phylogenetically and ontologically selected for our survival and development. The humanist perspective, which is person-centered and experiential, allows us to consider reactions and processes of mourning in a more comprehensive and human way. In such situations, feelings of ambivalence towards the deceased often resurface, with the deceased often being idealized, and emotions such as guilt and anxiety linked to abandonment becoming prevalent. Difficulty in overcoming the challenges of loss, particularly emotional restructuring, forces the bereaved to accept their grief, suffer through it, and adapt to a new life. Sometimes, severe depressive disorders arise, signalling pathological mourning (World Health Organization [WHO], 2022).

The particularity of perinatal mourning lies in the fact that death occurs at a moment that was meant for the arrival of life. Perinatal death can occur during pregnancy, at birth, or within the first seven days of life. It is not a mourning of

the past but of a future that will never happen—a mourning for a life that will not be lived (WHO, 2021). During this period, the object of mourning is hidden from the parents' psychic representation. Often, a midwife is one of the only people to see, touch, or handle the stillborn baby. In this role, midwives are privileged witnesses to the child's existence (Alex Kollo, *Coaching & Tools*, Maltby, & Baynton, 2023).

For parents, the death of their baby is a painful and tragic experience on an emotional level. Therefore, the role of a psychologist, and sometimes a nurse, becomes crucial in building a pathway to help guide the parents through this difficult stage of life. Advances in neonatal care confront us with a medical system that is powerful, yet powerless in the face of death. Despite much progress, the legal denial of the existence of babies who died prematurely persists. In the absence of a technical or legal response, the personalized sharing of emotional experience becomes invaluable for both parents and caregivers.

Supporting bereaved parents is a challenge for healthcare teams. The sadness of the parents is palpable and sometimes contagious. Painful and intense emotions often lead caregivers to react in contradictory ways. As Weber et al. (2014) notes, caregivers, "Prisoners of a double bind that is indeed difficult to metabolize, tend to respond with hyperactive compassion at first, and with flight or aggressiveness afterwards." The time required for bereavement can differ greatly from the time of tolerance among those around the parents and the healthcare teams. The moments to speak and the moments to listen are not always aligned. "Bereavement is not just a time of pain nor a time of confronting impossible repair; it is a moment of reorganization of relationships within a family and of resonance in personal and professional networks" (Weber et al., 2014).

According to the WHO (2022), psychotherapeutic support for a couple in perinatal bereavement aims to facilitate the psychological birth of the baby, despite its physical death, and to promote the process of separation between the mother and her child. This process can take even more time when the baby has died in utero. Mothers may need to pause, talk, or withdraw to process what is happening within their bodies, while fathers may wish to move on

more quickly, feeling helpless in the face of their partner's pain. Fathers may express their feelings by trying to move forward rather than dwelling on the loss, even though they are suffering. This support addresses the differing experiences of the mother and father, allowing them to confront death at the very moment life was expected. It also acknowledges the existential questions and emotions unique to each parent. Moreover, a new pregnancy can sometimes awaken anxieties about a possible tragic outcome, becoming a source of suffering rather than relief (Sani & Bacqué, 2019).

Maternity units are meant to welcome life, but sometimes that does not happen as expected. Many people mistakenly believe that the death of a baby, whom they have known for only a few hours or days, has a lesser impact than that of an older child. However, the feeling of loss for parents is equivalent. Understanding the death of an only child—especially one long-hoped-for by a couple—requires caregivers to comprehend the different dimensions involved in supporting a couple through perinatal bereavement. No study has yet addressed this issue in the city of Kinshasa. The aim of this study is to assess the opinions of caregivers on supporting couples through perinatal bereavement at the Kintambo Maternity Ward in Kinshasa, Democratic Republic of the Congo.

METHODS

Study Environment

This study was conducted at the Kintambo Maternity Ward in the city-province of Kinshasa, Democratic Republic of the Congo.

Population and Sample

The study population consisted of 150 caregivers (nurses). During the study period, the sample included 100 caregivers who supported couples through perinatal bereavement. The sampling technique used was non-probabilistic convenience sampling, where we selected caregivers who were available and experienced in caring for pregnant women and newborns. The eligibility or inclusion criteria for participation included all caregivers working in the Kintambo Maternity Service, present on the day of the survey, and voluntarily agreeing to participate in the study.

Data Collection

This was a descriptive study. The survey method was chosen to understand the problem and collect data to describe and explore the experiences of the participants. Face-to-face interviews were used as the data collection technique, as they allowed each respondent to express themselves fully. In the social sciences, field surveys are the appropriate methodological procedure for empirical research. This process allows for the collection of information related to societal, economic, and spatial phenomena for analysis. It aims to observe and understand social phenomena such as behaviors, relational systems, consumer habits, attitudes, and opinions (Talbot, 2017).

Ethical Considerations

The study protocols were approved by the management team. As this was a descriptive study, we obtained authorization from the management office of the Kintambo Maternity Hospital, located in the commune of Kintambo. Anonymity and confidentiality were maintained during data collection and processing.

Data Analysis

The collected data were analyzed and processed, entered into Microsoft Excel 2010, and further analyzed using SPSS software to determine frequency.

RESULTS

Table 1:
Distribution of Caregivers by Gender

| Sex | Frequency (n=100) | % |
|----------|-------------------|----|
| Male | 56 | 56 |
| Feminine | 44 | 44 |

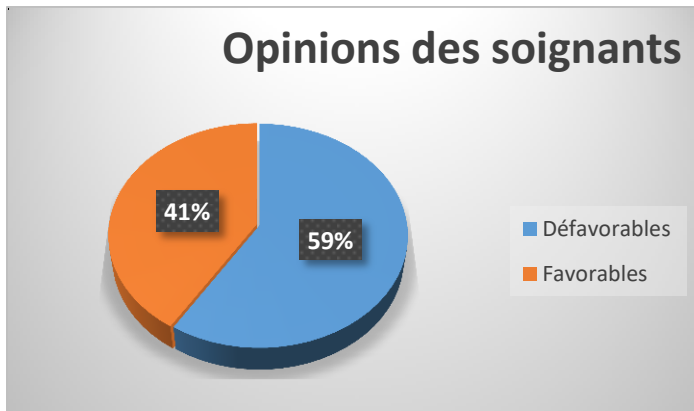
It appears from this **Table** that 56% of respondents are male, and 44% are female.

Table 2:
Distribution of Respondents on the Existence of Caregiver-Couple Dialogue Regarding Support for Perinatal Bereavement

| Existence of caregiver-bereaved couple dialogue | Frequency (n=100) | % |
|---|-------------------|----|
| Yes | 71 | 71 |
| No | 39 | 39 |

In this **Table**, we observe that 71% of caregivers actively engage in caregiver-bereaved couple dialogue.

Graph 1:
Opinions of Caregivers Regarding Support for Couples in Perinatal Mourning



This **Graph** shows that 41% of caregivers expressed a favorable opinion on supporting couples during perinatal bereavement, while 59% expressed an unfavorable opinion.

Table 3:
Distribution of Caregivers on the Reasons for Their Unfavorable Opinion Regarding Supporting a Couple in Perinatal Bereavement

| Reasons for the unfavorable opinion to support a couple in perinatal mourning | Frequency (n=59) | % |
|---|------------------|------|
| The emotion | 15 | 25.4 |
| Lack of in-depth knowledge of the subject | 12 | 20.3 |
| Lack of empathy | 21 | 35.5 |
| Lack of psychological balance among caregivers | 11 | 18.6 |

This **Table** reveals that 25.4% of caregivers believe that emotions are an obstacle to supporting couples, 20.3% lack in-depth knowledge on the subject of perinatal bereavement, 35.5% lack empathy, and 18.6% lack psychological balance.

Table 4:
Distribution of Caregivers on the Reasons for Their Favorable Opinion Regarding Supporting a Couple in Perinatal Bereavement

| Reasons for the unfavorable opinion to support a couple in perinatal mourning | Frequency (n=41) | % |
|---|------------------|------|
| It is preparing the couple to pull themselves together, discern and admit the tragedy | 19 | 46.3 |
| Explain to the couple the usefulness of giving the baby's identity and importance despite its disappearance | 10 | 24.3 |
| Be available alongside the couple to provide unwavering medical support | 12 | 29.2 |

This **Table** shows that 46.3% of caregivers sufficiently prepare couples to cope, discern, and accept the tragedy of perinatal bereavement. Additionally, 24.3% of caregivers explain the importance of giving identity and significance to the baby despite its loss, and 29.2% of caregivers provide medical support alongside the couple.

DISCUSSION

Our study shows that 56% of caregivers are male, while 44% are female. We believe that when it comes to supporting couples through perinatal bereavement, favorable trends can be influenced by both male and female caregivers. However, attachment to emotion poses a barrier, as the [World Health Organization \(WHO, 2022\)](#) asserts that mourning is an individual experience, with each person processing emotions differently during a loss.

Regarding the existence of dialogue, our study indicates that 41% of caregivers actively support couples experiencing perinatal bereavement. While this is encouraging, 59% of caregivers do not provide this support, raising concerns about their level of mastery in addressing grief. According to [Dumoulin and Bayle \(2017\)](#), caregivers must help parents acknowledge the reality of a deceased baby, even when society does not fully recognize the baby's significance if it dies during pregnancy or shortly after birth. The [WHO \(2022\)](#) emphasizes that caregivers must be trained to support couples and address their psychological health, particularly in the context of reproductive health, through capacity building.

Dialogue is crucial because couples often negatively perceive the value of support during bereavement, especially when dealing with the loss of a long-awaited baby. This shock and denial can make it difficult for couples to process the loss. Caregivers play an important role in gradually helping couples accept the tragedy. As [Tarquinio and Montel \(2014\)](#) point out, caregivers' actions during such moments are often more comforting than words, as gestures provide reassurance to the bereaved.

In our study, 59% of caregivers expressed an unfavorable opinion, while 41% had a favorable opinion regarding supporting couples through perinatal bereavement. These findings align with [Curtet's \(2020\)](#) assertion that perinatal bereavement is not sufficiently recognized in society, and care for grieving parents could be optimized, even in France. The death of a newborn requires significant mourning, and the family, along with the healthcare team, must fully grasp the reality of the loss. Caregivers play a critical role in this process, as they must support the parents.

It is also challenging for caregivers to detach their emotions from those of the grieving parents. As [Diane de Wailly \(2014\)](#) suggests, the emotional experiences of caregivers resonate with those of the patients, leading to a complex interaction between the two. The fetus, as an object of care, can evoke deep-seated emotions in caregivers, as it reminds them of their own prenatal history, described by [Freud \(1919\)](#) as a “strangely disturbing thing” (as cited in [de Wailly, 2014](#)).

This study also shows that among caregivers with an unfavorable opinion, 25.4% believe that emotions hinder their ability to support couples, 20.3% lack in-depth knowledge on perinatal bereavement, 35.5% lack empathy, and 18.6% lack psychological balance. According to [Gratadour \(2017\)](#), the announcement of a death is often poorly received by women. Although postpartum hospitalization provides some relief, communication between healthcare providers and the family remains a challenge, with few follow-up proposals after hospital discharge, leaving couples feeling isolated.

A study conducted in France revealed additional challenges caregivers face in supporting couples through perinatal bereavement. These challenges include unfavorable socio-economic conditions leading to inadequate pregnancy monitoring, family breakdowns, and social isolation. The study found that 7% of women lacked social security at the start of pregnancy, and 9% were beneficiaries of state medical aid. Communication issues were also identified, with 15% of women needing an interpreter, and 9% reporting problems with comprehension. Half of the women interviewed reported difficulties in accessing or affording care ([Obstetric, Perinatal and Pediatric Epidemiology Research Team \[EPOPé\], 2015](#)).

CONCLUSION

Despite the gradual integration of palliative care in the DRC, especially in Kinshasa, grief resulting from perinatal death is not widely recognized in family, social, or medical contexts. The opinions of caregivers on supporting couples through perinatal bereavement reflect the complexities involved in this type of care, which requires significant emotional and personal resilience.

Caregivers must learn to manage their emotions and transform them into a strength, using them to better understand and care for the bereaved couple. The satisfaction of parents with the care they receive, as well as the quality of the couple’s relationship, are protective factors for mental health. This study suggests that health authorities should focus on improving the quality of care and stillbirth prevention practices, raising awareness and education on perinatal bereavement, enhancing community support, improving data collection and reporting, and prioritizing research on the subject.

Ethics Approval: The study protocols were approved by the management team because the institution had no formal ethics committee at the time of the study.

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