

# Dealing with the Melancholy Void: Responding to Parents Who Experience Pregnancy Loss and Perinatal Death

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## Introduction

I go about my domestic duties in mourning, sighing over the melancholy void that death has made . . . There sits her empty cradle . . . I shall never see her sleeping there again.<sup>1</sup>

This was one woman's reaction to the death of her baby in the first half of the nineteenth century. Her grief and despair are timeless. However, the understanding and compassion shown to miscarriage and perinatal death is now very different.

Although such loss does not respect age, previous fertility or wealth, women living in poverty are at most risk.<sup>2</sup> The impact on the mental health of parents depends on a number of variables, including prior mental health, relationship between partners, culture, gender identity, medical and social support and religion. This chapter explores how the support provided to those experiencing loss reflects many of the seismic societal changes taking place on a broader canvas from the 1960s onwards.

## Contribution of Legislation in Marking Change

Legislation in the last fifty years has marked both advances in medical science and changing attitudes towards pregnancy, parenting and the loss of a baby. It continues to do so. Stillborn babies had no legal existence prior to 1927 in England and 1939 in Scotland. 'The stillborn were thus treated as if they had never existed, and registered as neither a birth nor a death.'<sup>3</sup> The Stillbirth (Definition) Act 1992 extended the definition of stillborn from lost after the twenty-eighth week of pregnancy to lost after the twenty-fourth week. Those born earlier are not registered and there is no legal requirement for burial or cremation. Attitudes, however, continue to change. 'In recent years, with greater understanding of the significance of the death of a baby at any stage of pregnancy, more babies born before 24 weeks have been formally buried or cremated.'<sup>4</sup>

Medical terminology and its wider use have evolved; abortion originally described pregnancy loss without clarifying whether it was spontaneous or induced. Change began with the Abortion Act 1967, allowing women greater legal access to abortion services and the Guidance on the Act was updated in 2014.<sup>5</sup> Women who experienced a spontaneous miscarriage were thus able to talk to their doctor without fear of being criminalised and those seeking terminations could be referred to expert and safe clinical services. It was not until the 1980s with the development of ultrasound, enabling the foetus to be seen, that doctors consciously began using the term miscarriage to refer to early pregnancy loss.<sup>6</sup>