

Extended Abstract

## Culture of silence: Midwives, obstetricians and nurses experiences with perinatal death

**Beate Andre, Raija H T Dahlø**  
*Norwegian University of Science and Technology*

**Background:** Health care personnel's experiences of grief and painful emotional involvements in situations facing perinatal death has attracted woefully little research and attention. In order to provide high standards of care for patients and their families, health care personnel needs to express their emotions in these situations in an adequate way. Midwives, obstetricians, and the assistant nurses, as well as other healthcare professions, are exposed to stress at work. Critical events may lead to extreme stress for healthcare professionals. Perinatal death is defined as a stillbirth occurring at  $\geq 22$  completed weeks of gestation, a death during birth, or a death during the first week of life. Encountering perinatal death has a severe influence on healthcare personnel. Common reactions are worry, strain, blame, and self-blame. The absence of acknowledging the responses among midwives, obstetricians, and nurses appears to be most provoking and can cause suppression of emotions. This may further lead to unprocessed sad experiences and low self-confidence among concerned professionals. Withdrawal and rejection were shared responses to perinatal death among healthcare professionals. These responses may further influence the care and support they offer to the grieving relatives. Previous literature have highlighted the need of supporting healthcare professionals by providing them training in communication with grieving relatives and support from supervisors to handle their responses in a more successful manner. **Aim:** The main aim of this study is to explore how midwives, obstetricians and nurses experience perinatal death and what characterizes these experiences. **Method:** This review study was designed through systematic examination methods to detect articles in English and Scandinavian language that describe midwives, obstetricians and nurses experiences with perinatal death and factors that characterize these experiences. Only ten articles met these inclusion criteria. A qualitative method was used to describe and comprehend the phenomena. **Findings:** The following categories emerged from the data: Emotional implications, change in culture, education and training, hierarchical issues, support and learning from others. Emotional implications when facing perinatal death were reported in all the ten articles. **Conclusion:** This study revealed that withdrawal from the situation and denial were common reactions to perinatal death among health care personnel. These reactions may lead to a lower quality of care for the bereaved parents. Findings in this study indicate that the problem is related to culture and to accept this as a problem and challenge. Emotional reactions among health care personnel to perinatal death must be fully acknowledged and normalized.