

Case 3

Beth is a 32 year old married woman who is referred to the Specialist Clinical Psychology Service (Obs and Gynae) following the stillbirth of her son. The referral was from the labour ward. She had delivered her baby the day before. The baby had died at 29/40. Beth had been induced but the induction was prolonged. Midwives were very concerned about her because she had a history of depression and had been on antidepressants in the past for 6 mths. They had noted that she had seemed emotionally unresponsive during the delivery and post-delivery, for example she had not cried.

Beth had planned her pregnancy and had used ovulation sticks to track her ovulation. She was pregnant the following month. She smoked and drank moderately but gave them up immediately. She ensured she attended all antenatal appointments and went to NCT classes. Towards the end of her pregnancy she spent time researching baby equipment on-line and bought everything she needed to prepare for her baby. "everything was considered and chosen for T". Beth worked throughout her pregnancy. She worked long hours, often not leaving until a job was completed. Beth was very stressed at work. She had wound down and disengaged from her work as she had not planned to return after maternity leave.

In her 30th week of pregnancy Beth experienced some pain under her chest. It was on a Monday. She was at home alone. Her husband was working abroad. She contacted her NCT group leader who said it was probably nothing but to call Triage. She called Triage who also said probably nothing to worry about but to come in if she wanted to. Beth put off going to Triage until the Thursday morning because she was busy at work. She went in on her own because she expected to be reassured that all was well.

Beth was told that there was no heartbeat. She was in shock. She called her husband and mother. Beth was admitted and induced. The induction was prolonged. She delivered her son. She initially was unable to look at him for 24 hours but eventually held him. Beth had hand and foot prints taken as well as photos.

Beth was discharged home after 3 days. There was a planned follow-up meeting with the consultant 3 weeks later. Beth and her husband had a cremation 2 weeks after discharge. Beth developed shingles. Her husband returned to work after a month of leave. Within 2 months after giving birth Beth had the post-mortem results. There was no underlying reason for the stillbirth.

Beth blamed herself for not going to Triage sooner. She believed she had let her son down by not taking care of him. He was everything to her. Beth said that everything had been perfect: - It was going to be the perfect wedding anniversary present. Everything had felt so right. Beth had planned to give 100% to being a mother. Beth said she needed to be over it as her husband was going away again and she needed another baby.

Beth found it difficult to function day to day. Unless she had to go to an appointment she did not get up in the morning and did not get dressed. She reduced contact with friends who she believed did not understand what she had been through and made sure she did not get updates on social media from friends and acquaintances that had new babies. Beth avoided anywhere where she thought she would come into contact with a new baby. She was very tearful on a daily basis. Beth's husband was supportive but Beth was concerned that he was not grieving. His work was very consuming.

Beth wanted to get pregnant again and decided that she only wanted to do things to help herself that would help her to get pregnant. Beth consulted with the Consultant Obstetrician re antidepressant medication that was safe for pregnancy. Beth conceived again. At around 4 weeks she started to bleed. She went to her GP her said that she was probably miscarrying and to rest.

Beth wanted to know what was happening and went to the EPAU. For 10 days it was unclear whether she was miscarrying. She had a number of scans and blood tests. Beth was back and forth to the hospital. She was given a final diagnosis after 10 days and had a D&C to remove the contents from her womb. There was an extremely small chance some products could be missed. This happened to her and a week later she came into hospital for a further procedure. Beth felt very hopeless and helpless. She believed that life was unfair. Her experiences consolidated Beth's belief that 'bad things' happen to her because she had been in the small % a number of times.

Beth did conceive again. Near her due date her closest friend and the person who understood her died from cancer. Beth gave birth but was traumatic as in a great deal of pain from a vaginal haematoma and thought she was dying. Beth was discharged home but came back to the neonatal unit as son had severe jaundice. When he was admitted there was concern about his on-going development. Beth was highly distressed. On the neonatal ward Beth had some unusual experiences. Whilst using the breast pump she could hear it beeping and heard it say "get down, get down". She also thought she saw a white cat and thought of it as a spirit. (Just before the birth of her son her own cat had been unwell and she had had to take it to the vet. She was very worried about its wellbeing). Beth was terrified about taking her eyes off her son because she thought he may die. She had not slept for a couple of days. Beth was seen by the Obstetrician who referred her to the PMHT given the level of her distress and unusual experiences.

Relevant Background:

Beth is an only child. Father left when she was age 2.

She has a close relationship with her mother. A supportive relationship with her husband whose coping style is avoidance.

Beth excelled at school. She enjoyed competitive sports. Only encouraged to do things if she was going to be good at them.

Beth's Grandfather died suddenly when age 8. He was her father figure.

Didn't achieve A levels she wanted for her chosen career so re-sat everyone. Wasn't able to pursue the career she wanted - "soul destroying".

When applying for jobs post degree would spend days completing forms.

Went through a period of struggling to get a job no matter how hard she tried and became depressed and was prescribed antidepressants.

In current job, worked long hours and did not leave until job was completed. Described taking hours to write an email as lines had to align.

Has a dog and cat. Is very worried about their wellbeing.

Beth is anxious and risk averse.

She is very anxious when she tries something new if has not researched it and knows what to expect.

Question

What psychological factors may have left Beth vulnerable to developing a complicated bereavement reaction?

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