

Stillbirths, infant deaths lead to anxiety, guilt and stress among obstetricians

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Nearly one in 10 obstetricians in a new study has considered giving up obstetric practice because of the emotional toll of stillbirths and infant deaths.

Three-quarters of the 804 obstetricians who responded to a survey by researchers at the University of Michigan Health System reported that the experience took a large emotional toll on them personally.

"Our survey reveals that perinatal death has a profound effect on obstetricians, and 8 percent had considered giving up obstetrics because of the emotional difficulty of caring for patients with perinatal death," says lead author Katherine Gold, M.D., MSW, of U-M's Department of Family Medicine and Department of Obstetrics and Gynecology.

"We know that stillbirth and infant death are traumatic events for families; this study suggests that they are also traumatic for the physician."

The study appears in the July issue of the journal *Obstetrics & Gynecology*.

Approximately 15 percent of pregnancies end in early losses (before 20 weeks gestation). In the United States, 1.3 percent of pregnancies end in either stillbirth (losses after 20 weeks but before delivery) or infant death (deaths in the first year of life, most of which occur in the first week). On average, the typical obstetrician performing 140 deliveries a

year could encounter nearly two dozen women with a miscarriage and one to two with stillbirth or infant death, the study says.

"Obstetricians want to see a healthy baby. When a fetus or baby dies, the loss can be devastating for the physician," Gold notes. "Half of the time, the medical cause of a stillbirth is unknown, but physicians still may struggle with feelings of guilt or self-blame.

"When a fetus or baby dies, we focus on the family's needs, but obstetricians are often struggling with their own emotions too."

The threat of lawsuits also weighs heavily on physicians. Stillbirths are the number two reason for lawsuits against obstetricians in the United States, preceded only by allegations involving births with adverse neurologic outcomes. In the study, 43 percent of obstetricians who responded said they had worried about disciplinary or legal action due to a perinatal death with no identified cause.

Improved physician training would help obstetricians, according to a majority of the study's respondents. Physicians who said they'd had adequate bereavement training were less likely to report that they had considered giving up obstetric practice because of the emotional difficulty of perinatal death, the study notes. Physicians who perceived their own training as adequate were less likely to worry about disciplinary or legal action when cause of death was unknown.

"As physicians, we get a lot of training in medicine but little in death and bereavement. Sudden and unexpected losses can be terribly difficult both for families and for the physicians involved in caring for the family," Gold says. "This study shows that stillbirths and infant deaths can have profound and persistent effects on obstetricians. We need to find ways to help both families and physicians cope with these devastating events."

Two-thirds of physicians supported training by formal presentations or seminars, and nearly half recommended informal gatherings for physicians to discuss difficult experiences. Many respondents suggested that a meeting with bereaved parents could serve as a useful training strategy as well as a way of helping physicians cope with their own feelings about the loss.

Source: University of Michigan

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