

Empowering Nurses and Midwives with Psychological First Aid Skills: A Crucial Step in Supporting Mothers After Stillbirth

Zahra Saboohi^{1*}, PhD 

¹Department of Health Services, School of Public Health, Iran University of Medical Sciences, Tehran, Iran

*Corresponding author: Zahra Saboohi, PhD; Iran University of Medical Sciences, Hemat Highway, Near to Milad Hospital, Tehran, Iran. Tel: +98-9128556058; Email: saboohizahra2020@gmail.com

Received: December 06, 2024; Revised: January 02, 2025; Accepted: January 04, 2025

Keywords: Psychological First Aid, Stillbirth, Nurse, Midwife

How to Cite: Saboohi Z. Empowering Nurses and Midwives with Psychological First Aid Skills: A Crucial Step in Supporting Mothers After Stillbirth. Women. Health. Bull. 2025;12(2):146-148. doi: 10.30476/whb.2025.105043.1328.

Dear Editor

Stillbirth, the death of the fetus after the 20th week of pregnancy, is one of the bitter and influential events during pregnancy, which has severe psychological consequences for parents, especially mothers. According to the World Health Organization (WHO), a stillbirth occurs every 16 seconds, affecting nearly 2 million babies annually, most of which are reported in low- and middle-income countries (1). Depression, anxiety, and post-traumatic stress disorder (PTSD) are among the common psychological complications for mothers after experiencing stillbirth, which also threatens the general health of the family (2). Unfortunately, in many countries, there are no frameworks to provide adequate psychological support to mothers after stillbirth (1).

1. Change in Care Approaches

In the past, some health systems believed that stillbirth was an event to be forgotten, and that parents should not communicate with their deceased baby. This belief led to parents being deprived of the opportunity to see or hold the baby. However, recent research has shown that mothers have an emotional relationship with their fetus since pregnancy, and seeing and touching the baby can help the mourning process (3). Despite these findings, many low- and middle-income countries have no standard protocols for adequately managing these bereavements.

2. The Role of Nurses and Midwives

Nurses and midwives, as the first people in

contact with bereaved mothers, play an essential role in providing psychological support. The World Health Organization (WHO) emphasizes that midwives should provide informed and compassionate care to mothers. Still, in the face of stillbirth, this role requires more advanced skills, including the ability to provide psychological first aid (4). Research showed that if proper psychological support is not offered, mothers may face serious mental problems. This is even though many health personnel cannot provide this support properly due to the lack of specialized training (5).

3. The Necessity of Specialized Training for Nurses and Midwives

Given the importance of psychological support after stillbirth, the need for specialized training in this field for health personnel is very noticeable. Mothers who experience stillbirth need continued psychological support even after discharge from the hospital (6). A study in Iran indicated that the unprofessional treatment of health workers can cause more harm to parents (7). Therefore, the design of bereavement care programs should be done taking into account the cultural context and the severity of the trauma (8).

4. A Successful Educational Model

The IMPROVE (Improving Mental Health and Psychosocial Outcomes for Vulnerable and Embattled Populations) workshops are a successful model for providing psychological training to health personnel. These workshops equip health professionals with the skills needed to manage psychological crises and have been implemented

in countries such as Australia, Canada, and the United States. However, there is limited evidence of their application in low—and middle-income countries where stillbirth rates are highest. Introducing IMPROVE workshops in such settings could significantly improve healthcare quality and reduce the adverse psychological effects of stillbirth (9).

5. Suggestions for Improving Care

To improve the quality of maternal care after stillbirth, low- and middle-income countries should develop national educational programs on psychological support. Many trainings, such as psychological first aid training, do not require complex facilities and can be implemented cheaply (10). These trainings should be integrated into maternal health and mental health programs in health systems.

Conclusions

Supporting mothers after stillbirth is not only a moral duty but also crucial in terms of mental health and reducing the economic burden caused by long-term psychological problems. Nurses and midwives must acquire the necessary skills to provide psychological first aid to bereaved mothers. These trainings should be implemented as part of national mental health and maternal care programs in developing countries.

Conflict of interest: None declared.

Authors' Contribution

Conception of the study, drafting and revising. The author read and approved the final manuscript and agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

References

1. Peracchini M, Agostini A, D'Angelo A, Sicignano T, Santoni G, Finale E, et al. The psychological support for women who underwent a stillbirth during their pregnancy: the quality of midwifery care. *Riv Psichiatr.* 2023;58(4):143-153. doi: 10.1708/4064.40476. PubMed PMID: 37409431.
2. Herbert D, Young K, Pietrusińska M, MacBeth A. The mental health impact of perinatal loss: A systematic review and meta-analysis. *J Affect Disord.* 2022;297:118-129. doi: 10.1016/j.jad.2021.10.026. PubMed PMID: 34678403.
3. Hildingsson I, Berterö C, Hultcrantz M, Fredriksson MK, Peira N, Silverstein RA, et al. Support interventions to reduce psychological distress in families experiencing stillbirth in high income countries: A systematic review. *Women Birth.* 2024;37(2):296-302. doi: 10.1016/j.wombi.2024.01.007. PubMed PMID: 38242808.
4. Unicef. A neglected tragedy: The global burden of stillbirths 2020; 2020. Available from: <https://www.unicef.org/reports/neglected-tragedy-global-burden-of-stillbirths-2020>.
5. Ssegujja E, Ddumba I, Andipatin M. An exploration of health workers' experiences in providing bereavement care to mothers following a stillbirth: results from a subnational level health system in Uganda. *BMC Pregnancy and Childbirth.* 2023;23(1):588. doi: 10.1186/s12884-023-05913-x. PubMed PMID: 37592205; PubMed Central PMCID: PMC10433559.
6. Bakhbakhi D, Siassakos D, Davies A, Merriel A, Barnard K, Stead E, et al. Interventions, outcomes and outcome measurement instruments in stillbirth care research: A systematic review to inform the development of a core outcome set. *BJOG.* 2023;130(6):560-576. doi: 10.1111/1471-0528.17390. PubMed PMID: 36655361.
7. Hamzehgardeshi Z, Ansari F, Khoori E. Parents' experiences of care offered after stillbirth: available, accessible, acceptable, equitable and effective care. *Evid Based Nurs.* 2022. doi: 10.1136/ebnurs-2021-103436. PubMed PMID: 35760446.
8. Chen L, Qian Q, Zhu Y, Zhang X, Zhang Y, Jiang F, et al. Experiences and needs of Chinese women after a stillbirth: a qualitative phenomenological study. *BMJ Open.* 2024;14(9):e088079. doi: 10.1136/bmjopen-2024-088079. PubMed PMID: 39231550; PubMed Central PMCID: PMC11407222.
9. David AE, Wojcieszek A, Flenady V. Striving for Best Practice in Care After Stillbirth. *J Womens Health (Larchmt).* 2024;33(9):1154-1155. doi: 10.1089/jwh.2024.0477. PubMed PMID: 38842437.

10. Qian J, Sun S, Wang M, Liu L, Yu X. Effectiveness of the implementation of a perinatal bereavement care training programme on nurses and midwives: protocol for a mixed-method study. *BMJ Open*. 2022;12(8):e059660. doi: 10.1136/bmjopen-2021-059660. PubMed PMID: 35918109; PubMed Central PMCID: PMC9351341.