

Most people who may need abortions for medical reasons resent being put in the same category as those who use abortion as a means of birth control. They are also angry at pressure groups seeking to eliminate the possibility of legal abortion.

Supporters of genetic counseling and diagnosis point out that ninety-five percent of fetuses are found to be normal. Because of tests such as ultrasound and amniocentesis, parents who might otherwise have avoided pregnancy or automatically have had an abortion are now able to have healthy children. As one report stated, the "Russian roulette atmosphere" for couples who fear birth defects can now be eliminated.

Although parents who do have an abortion believe that it was the right decision, they are shocked and overwhelmed by the experience. They may have a very difficult time talking out their feelings with others and making the event real for themselves. They may feel that they will be criticized rather than supported, that no one will understand or sympathize with their grief. As one woman said:

It was very hard to talk to anyone about it. When I did tell someone, it seemed they were either shocked or else they tried to tell me it was all for the best. No one understands that I miss that baby. He was so much a part of me.

The feelings expressed by this woman will be experienced by a growing number of couples as the practice of prenatal diagnosis increases. Yet limitations on the accessibility of abortion services are likely to augment the frustrations of families who desperately want to have a healthy child. As the dilemmas surrounding the creation, the ending, and the quality of life continue to be subjects for public debate, they will also continue to be sources of personal anguish for many families.

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### Stillbirth

"To everything there is a season, and a time to every purpose under the heaven. A time to be born and a time to die." These well-known words from the Bible affirm the expected order of life. Between birth and death there is a time to live, "a time to sow and a time to reap . . . a time to weep and a time to laugh." But when the time to be born is also the time to die, when the beginning of life is the same as its end, when the time to love never comes, then this order is violated. The cry of the longed-for baby becomes a sob of bereavement from the family; the anticipated baptism becomes a dreaded funeral. This is a stillbirth.

They hung a bright yellow butterfly from the ceiling and declared the baby's room ready. He had labored for weeks on sanding and painting the crib. The drawers were filled with tiny undershirts and night clothes, the changing table stocked with pins and lotion. Together they wound up the mobile over the crib and once again listened to the music of "Winnie the Pooh." The baby would love this room, so full of colorful things. Satisfied with their work, impatient for the last few weeks of waiting to be over, they went to bed. As he had done every night for months, John leaned over and whispered into Glenda's navel, "Good night, Robert or Elizabeth."

Glenda and John's experience illustrates some of the feelings and events that can occur in the case of a stillbirth. They had

been married four years and felt they were ready to start a family. In the eighth month of her pregnancy Glenda quit her teaching job. John, although worried a little about losing the income from Glenda's teaching, looked forward to their first son or daughter. Like most women, Glenda remembered almost every detail as she recounted her experience five years after the events:

Time seemed to stop as my due date approached. The big day came and passed and still there was no sign of labor. I was so large and uncomfortable that I rarely went out of the house. I was not used to staying home and now I was very impatient. Two weeks passed and I went into the hospital for a stress test because of the risk that a baby more than two weeks overdue might not be getting enough oxygen and nutrition through the umbilical cord. The test results showed no problems, and John and I went back home to wait. The doctor said he did not want to induce labor or perform a Caesarean because of the risks involved, and we agreed. We were looking forward to having a natural childbirth experience. The pillows and the bag of items that the Lamaze instructor had suggested were already in the car, and the suitcase was packed. But we became increasingly nervous as each day slowly passed. Finally I went into labor.

I was very excited but calm—I was really doing it! The contractions were five minutes apart; I watched some television and called John to tell him to come home. Then I ate a little bit of Jell-O, like I was supposed to. The contractions were about three minutes apart. John came running home after closing his store and we went to the emergency room at the hospital as planned. My labor was going fine but then, when the nurse checked the baby's heartbeat, she didn't hear anything. She was very calm and said, "Just a minute, I have to get another instrument to check this further." And then she left the room. I was not worried. Sometimes my doctor, during previous prenatal exams, had had trouble finding the heartbeat.

The nurse came back with the doctor, who was as white as a ghost. I asked him why he was so white, and he remarked that he had not been in the sun lately. He examined me and said I was almost ready to give birth. They rushed me to the labor room and attached another fetal heart monitor. There was still no sign of a heartbeat! All the nurses were rushing around. They tossed my Lamaze bag on a counter and threw my pillows away. I knew something was wrong. I found the courage to say to the doctor,

"If there is anything wrong you have to tell me, because we are going to have to deal with it and I have to know." He said sadly. "We are expecting the worst."

John and I looked at each other—neither of us could say a word. It was as if we were paralyzed. I kept thinking, How am I going to tell my mom? I wasn't crying at first. I couldn't quite believe it and was hanging on that slight chance that the baby was all right. I was not given any anesthesia because the doctor thought that there was a small possibility of the baby's being alive and believed it was best that I go ahead with a natural delivery.

The labor was long and painful, and although the doctor was not there very much, the nurses were really helpful and understanding. John said I carried on terribly, that I was crying and saying things like "This is for nothing." I felt pretty bad, and I was just waiting for it to be over; it was just a useless formality that had to be gone through. Finally, the baby was delivered, and from the reaction of the doctor and nurses I knew it was dead. John told me the baby was a boy.

I wanted to see my baby after he was delivered, but John wasn't so sure that I should. When the nurse suggested that it would be good for us to see and hold him, John agreed. We waited as the baby was washed, dressed, and wrapped in a blanket. I was extremely anxious while we waited. The nurse talked with us then and told us that because he was overdue his skin would be peeling.

Finally they brought the baby in. He was all wrapped up in a blanket and the nurse gave him to me to hold. I wanted to see him without the blanket to see if he was really all right. I asked if I could look at his feet and the nurse unfolded the blanket a little so I could see them. I really wanted to see him completely without the blanket but I was too embarrassed to ask. He looked just like he was sleeping.

The nurse stayed with us the entire time that we held our baby. Although she was very nice and helpful, I wish she had left and given us some time to be alone with our baby. Of course, we never thought to ask her.

We looked carefully at all of his features—he had John's nose and my mouth and chin. Then we returned him quickly to the nurse. We felt so awkward and unsure about what we were supposed to do. But I'll always remember how he looked. He was a perfect baby—just beautiful.

Until the past few years, stillborn babies were kept hidden from their parents, and the experience Glenda and John had in

seeing their son would have been unusual. Even during normal birth, fathers were not allowed in the delivery room, and mothers were either under anesthesia or covered with a drape to hide from them any view of the baby as he or she was being born. In addition, it was generally believed that seeing a dead infant would leave an imprint on the parents' minds that could cause even more grief. And it was easier for members of the medical staff not to face their own anxieties concerning stillbirth. Recently, however, many medical professionals have found that seeing and holding the baby helps the parents face the reality of what has happened and begin the normal mourning process.

Dr. Emanuel Lewis, a psychiatrist at Charing Cross Hospital in London, has been one of the most active proponents of this approach. He criticizes what he refers to as the "normal 'rugby pass' management of stillbirth . . . the catching of a stillbirth after delivery. The quick accurate back-pass through the labor room door to someone who catches the baby and rapidly covers it and hides it from the parents and everyone." He emphasizes the importance of the parents spending time with the baby, examining the features, giving him or her a name, keeping a memento, and having a funeral so that they will have memories of the infant. It is easier, according to Dr. Lewis, to mourn and to resolve one's grief when there is a known person, not just a fantasy.

Often, when parents do not see their dead infant, they imagine him or her as being terribly deformed or ugly. Seeing the baby is a relief for many. If the baby is deformed, it is helpful to have the nurse explain to the parents what the defects are so they will know what to expect. As Dr. Lewis says, "What is imagined about the horror of a deformity is usually worse than the reality." Most parents focus on the positive features, even when the baby does not look normal. They tend to remember characteristics that resemble family members and to think of the baby as unusually beautiful.

The desire to see the dead infant is not universal. Some parents feel that it is easier to deal with the tragedy and their feelings if they don't see the baby; later some may regret this decision, yet others are sure they made the right choice. Alan

Swinton, a chaplain who works at the Aberdeen Maternity Hospital in Scotland, is one person who challenges Dr. Lewis's position. He feels that the decision to see the baby should be left up to the parents and that the staff should support whatever decision they make.

In some American hospitals, parents who at first do not want to see their baby are asked again later in the day, and some then agree. If they still refuse, a picture is taken for the infant's file, because months later the parents may ask what their baby looked like; the doctor can then offer to give them a picture.

Glenda and John felt they made the right decision about seeing their baby. Glenda said that she still remembers what the baby looked like and hopes she always will. "I just wish I had taken some pictures. It sounds so odd, but that's really one regret I have."

As soon as they left the delivery room, the nurse asked if she could talk to John alone. She wanted to know who his undertaker was. John was stunned and angry:

My baby had just died, and here they were asking about a funeral director. I felt like rather than bringing a baby into the world who everyone thinks is cute and cuddly, it was like I had defecated in the nursery and they wanted me to clean it up as quickly as possible and dispose of the garbage. I didn't know of any undertakers—Why would I?—so they said for \$50.00 they would take care of everything. My gut response was that this was my baby and I would take care of finding someone.

Then the nurse asked me to sign a death certificate. She explained that there is no birth certificate unless the baby is alive at birth. I noticed that she had written in Baby Boy in place of a first name. I told her that the baby had a name but she said we should save that name for the next child. All I could think was, Well that's *his* name—Robert. Later I regretted not having insisted on changing the certificate. I felt nobody should ever go without a name. For nine months that child was alive whether or not it was born dead. So I just keep the name in my mind.

So many decisions to be made and no time to think. How can one make rational choices at a time of shock and disbelief? It is almost inevitable that there will be regrets later—why didn't I

think to do it some other way? More time would help parents reflect and even change their minds. But most of them do remarkably well in handling this difficult situation.

The numbing effects of the shock Glenda and John experienced when they learned the baby was probably dead helped them through the labor and delivery. Not until after the infant emerged did they begin to recognize the full impact of their loss and experience the emotions of grief. In many other cases, however, the parents are aware of the infant's death in advance of delivery since, in most stillbirths, the death occurs before the onset of labor. The parents are torn by anxiety, trying to accept the reality and at the same time hoping that somehow they and the doctor are wrong.

Bruce and Melissa are one such couple. Both thirty years old, they already had two children and wanted one more. Since the previous births had been uneventful, they were quite relaxed during the third pregnancy. But when the ninth month began, Melissa noticed that the baby's movements had stopped. The familiar kicking seemed less vigorous, and then it disappeared altogether:

I totally panicked. I kept telling myself that the baby was just resting up before delivery or that she was using all her energy for the final growth spurt. But I knew deep down that something was wrong. When I called the doctor, she told me to come in immediately. I've never been so nervous in my life as when I got on that table.

The doctor tried everything but there just wasn't any heart-beat. She seemed to feel very sorry—she was an old friend who had delivered both my boys. She told me it would be best to go through with delivery and just to go home and wait a couple of weeks to see if labor would start on its own. I pleaded with her to take the baby immediately. I couldn't imagine walking around with a big stomach containing a dead baby. She then explained that there are risks with the induction of labor or with a Caesarean operation and that it would be better to deliver naturally unless complications developed.

The recent development of prostaglandin suppositories has made induction of labor a safer procedure than in the past, and

a growing proportion of doctors are advising women such as Melissa to proceed quickly to delivery. However, the prostaglandin can have side effects such as severe nausea, and some women prefer to wait for natural labor to occur. The waiting time can give the family a chance to start to get used to the terrible reality of the baby's death. It is also a painful time of endurance, as Melissa discovered.

Walking out through that waiting room, with all the pregnant women looking so calm, was a real trial. I tried not to cry so I wouldn't upset them, and I guess I was pretty out of it anyway. It wasn't until I got home and called Bruce that it began to hit me that there really wouldn't be a baby. I just couldn't believe it; I kept thinking there must be a mistake. How could this happen?

The next two weeks were like a nightmare. Since Bruce didn't feel the kicking stop like I did, he refused to believe the baby was gone. He kept trying to tell me everything would be okay, even though he really knew that it wouldn't. And the boys were so confused. They couldn't understand why their little sister—we were sure it was going to be a girl—wasn't coming. I hardly went out because I was afraid to face people. Once I went shopping and I ran into an acquaintance who greeted me all excited: "Congratulations! When is your baby due?" I didn't want to explain the whole situation, so I just said, "I'm not going to have this baby." She looked confused, but I said no more and walked away.

Labor finally began and I called the doctor and went to the hospital. Since this was my third pregnancy, I knew what to expect. However, this time I was given a lot of sedatives, and my labor and delivery seemed completely unreal. I can remember the nurses saying in unison, 'Push! Push!' But I just couldn't. I really didn't want my baby to come out. I did not want her to leave me so soon.

They told me it was a little baby girl, just what we had wanted. The nurses took her away all wrapped up. I was too afraid to see her, since she had been dead for two weeks and I was sure she'd look horrible. They just wheeled me out to a room on the maternity floor. I feel guilty saying this, but at the time my strongest feeling was relief. I was really glad it was over with. And I was so drained that all I wanted to do was sleep.

When I woke up a few hours later, the nurse asked if there was anything I wanted. I asked to see a priest, not because I am very religious, but I wanted to know where the baby was in terms of the Catholic Church. Was she born? Was she a U.S. citizen? I had

always heard that if a baby was not baptized he went to Limbo, a place neither in heaven nor hell. Where was my baby now? Nobody thinks she existed, yet I carried her for nine months. I lived with her and I knew her.

The nurse called the hospital's Catholic chaplain, who came immediately to talk to me. He said that he believed that God would always accept a baby into His Kingdom and that he would baptize the baby. I felt a little reassured about that.

After the priest left, I was full of questions and tried to make sense of what had happened to me. I was numb. I was always the strong person in my family and I felt I had to stay in control. But I wanted to talk to someone who knew what I was going through and could answer my questions.

My major concern was getting information about the baby. What had been wrong with the baby? Why did she die? A few hours later my doctor came in and seemed uncomfortable. She told me how sorry she was and then explained that the baby died because of lack of oxygen, but that she did not know why this occurred. Somehow I was not satisfied. I wanted her to explain in more detail.

Many parents want more medical information about the causes of the stillbirth than they receive. For example, Dr. Ann Cartwright of the Institute for Social Studies in Medical Care in London interviewed 196 mothers of stillborns three to five months after the tragedy and found that eighty percent were dissatisfied with the information they had been given.

Yet sometimes there simply is no satisfactory information available. In up to half of all fetal deaths, the cause of death is never determined. There are, however, a number of possible reasons that are known. Anoxia, or the lack of oxygen, is one of the most common causes. The fetus depends on a continued supply of oxygen and nourishment from the mother's body by way of the placenta and umbilical cord. If either of these does not function properly, the baby's life is endangered.

In many cases doctors believe that the umbilical cord functioned properly but may have been temporarily compressed before or during the delivery. This is often hard to prove. Sometimes the cord drops before the baby does (prolapsed cord) and is pressed by the baby as he or she is emerging. It is also possible that the cord may be wrapped tightly around the baby's neck.

All of these can cut off the oxygen supply to an otherwise healthy baby.

There are also a number of ways in which the placenta may be the cause of the baby's death. This spongy structure attached to the uterus sometimes separates prematurely from the uterus (abruptio placentae). If it is implanted too low in the uterus (placenta previa), it can shear off late in pregnancy and hemorrhage results. In addition, a baby who is postmature—more than two weeks overdue—may be deprived of necessary nourishment from the placenta.

There are other reasons besides problems with the cord or placenta that may cause the baby's death. Maternal conditions such as toxemia, high blood pressure, or diabetes can affect the proper flow of nourishment to the fetus. A mother who has Rh negative blood creates antibodies to an Rh positive baby, and unless treated, these antibodies may attack the red blood cells of a subsequent fetus and cause severe anemia and even death. If the mother's water breaks prematurely, the infant can be threatened by infections. Or there may be serious abnormalities in the infant that cause death to occur before birth. And sometimes it is labor itself that is so abnormally stressful that a healthy infant cannot survive.

It has been said that the passage through the birth canal is the most dangerous journey in a child's life. Many conditions can intervene to make this journey an unsuccessful one. With all the medical knowledge now available, the reasons may still be impossible to discover.

Doctors usually want an autopsy performed to see if any factors related to the death can be determined. Some parents refuse permission for an autopsy because they consider it an unnecessary violation of the child or because they are opposed on religious grounds. Other parents find great reassurance in knowing that the baby was perfectly formed even when the cause of death cannot be determined.

Melissa and Bruce agreed to an autopsy. They wanted to know as much as possible about the condition of their baby. They felt it would help them in planning for a future child. It would also alleviate their feelings of uncertainty and guilt.

The first night in the hospital after the birth was very difficult for Melissa. She said:

Even though a double set of doors separated my room from the corridor, I could hear the babies crying in the nursery. I turned the television on very loud to drown out the sound, but it didn't help much. I needed to talk to someone, but it was late at night and I did not dare call anyone. I wished Bruce were there. It would have been easy to put in a cot so that he could have stayed with me. This was a time when I really needed to be with him and I think the hospital could have been more flexible with their rules. Of course, I never thought to ask at the time, but then again no one from the hospital staff suggested it.

The next day my doctor came in and said that I could be discharged from the hospital the following day, since I was recovering well. I wanted to go home so badly, and I jumped at the chance. But leaving the hospital was more difficult than I expected. In the elevator there was another woman going home with her baby, and I didn't know how I was going to get through it. I felt so empty walking out of the hospital.

I thought that having two other children at home would fill this void. But when I arrived home I realized that I could not replace one child with another. My children were so happy to see me, but I dreaded talking to them about what had happened to the baby. Somehow I didn't feel up to talking about it just yet. So I said nothing.

The worst time was when my milk came in. The doctor did not want to give me a shot, so I knew I would just have to wait until the milk dried up. I felt like my body was one big wound with fluids coming out in every direction. I was bleeding quite a bit, I couldn't sit down because of the episiotomy, and here the milk I had so looked forward to nourishing my baby with was dripping uselessly from my breasts. I was just so miserable. It seemed totally unfair to have to go through all this. Since I still looked pregnant, I was worried that people might ask me when I was expecting my baby; for a long time, I didn't want to leave the house. I didn't even go to the baby's funeral.

Bruce had begun to make the funeral arrangements while Melissa was still in the hospital. The funeral director helped find a plot and asked a priest to preside. He also suggested that they bury the baby in clothes, and Bruce went out to buy a dress for her:

It was the hardest thing I have ever done in my life. I went to a children's store nearby, and there was a big sale on. The place was busy with pregnant women and new mothers. I picked out the smallest size dress and the woman said, "Oh, I have this in a larger size on sale. She'll outgrow this one, why don't you buy the bigger one?" I didn't tell her anything and kept the smaller dress. Tears came into my eyes as I paid for it, and then I broke down when I got into the car.

I had never been to a funeral before and was glad that the priest kept the service simple and brief. Afterward, Melissa was sorry that she had not gone. The next day she asked me to take her to the cemetery. She told me that she had to know where the baby was. I drove her into the cemetery, but I couldn't remember exactly where they buried her. Melissa cried and I knew I couldn't rest until we found her. Finally, I saw the flowers that we had bought for her grave. It was as if God was watching over us. We stopped and she took a rose from the flowers and put it on top of the grave.

When we returned home, we went into the room we had prepared for the baby. I dismantled the crib while she took the clothes from the drawers and packed them in a box. It was very sad. We stored everything in a room in the basement and told each other we would use them again.

I think I got over my grief more quickly than Melissa did. I was so relieved that she was recovering physically, and I consoled myself by thinking that, if the baby had survived, she might be retarded or chronically ill. I thought Melissa was feeling better, but she still fantasized that the baby was alive somewhere. When she went in the basement, she avoided the room where the baby things were stored because she imagined that the baby lived in that room. When she finally told me about this, I took her into the room and showed her that there was no one there. Then we drove to the cemetery to visit the grave.

With Bruce's help, Melissa was eventually able to accept the reality of the baby's death and begin to redirect her thoughts into new activities with her other children. She is not depressed anymore, she says, but neither has she forgotten her dead baby.

The experiences of Glenda and John and Bruce and Melissa suggest some of the differences in reaction to a stillbirth. Since Glenda and John discovered the tragic news suddenly but still hoped for a miracle, they were mostly numb during labor and delivery. Glenda remembers how inappropriate her first thoughts



seemed to her at the time—worrying about her mother's reaction, wondering how the nurses felt. Her own emotions had been repressed, only to be released at a later time.

Bruce and Melissa had a longer time to adjust to the certainty that their baby would not be born alive. Although they did not accept the facts to the extent of announcing the death or beginning funeral arrangements, they did stop their planning for the infant's arrival. They closed the baby's room, canceled their plans for a party, and tried to prepare their children. By the time they went to the hospital, the initial shock was beginning to wear off and they faced delivery with feelings of depression and anger mixed with resignation.

These two couples are from different backgrounds and had different reasons for wanting a child, yet each faced similar problems in the hospital and felt similar emotions in response to their baby's death. Each of the husbands was asked to sign a death certificate and to make immediate decisions about autopsy and funeral arrangements. Neither was prepared for such startling requests. Each felt that he had to provide strength for his wife and that he had no one to lean on for some much-needed support in such a difficult situation. Both wives faced the anxiety and loneliness of remaining in a hospital near new mothers and their babies. Each wanted to have her husband close to her and to leave for home as soon as possible. And each experienced the sadness and pain of feeling her breasts swell with useless milk. All four grieved, each in his or her own way.

But the desire to understand what had happened—and perhaps more important why it had happened to them—was never satisfied for either couple. This left them anxious and uncertain about future children. Glenda and John are still trying to decide about their future. But Bruce and Melissa, who nervously planned for another child, are now enjoying their new daughter, Jessica.

Dr. Lewis has described stillbirth as an "empty tragedy": "After a stillbirth there is a double sense of loss for the bereaved mother, who now has a void where there was so evidently a fullness. Even with a live birth the mother feels a sense of loss, but the consolation of a surviving 'outside baby' helps the mother

to overcome her puzzling and bewildering sadness at losing her 'inside baby.' With a stillbirth, the mother has to cope with an outer as well as an inner void."

The void left by stillbirth affects other members of the family as well as the mother. They must all find a way to come to terms with the mysterious paradox of stillbirth—that delivery is an ending, that death precedes birth, that the baby who moved for months while inside is now outside—and still.