

Utah Health Status Update

KEY FINDINGS

- Following a stillbirth, nearly all women chose to preserve memories by taking footprint impressions 96.9% and engaged in comforting activities such as holding their babies 95.2% (Figure 1).
- Following a stillbirth, most women felt adequately supported by hospital staff regarding their grief. However, fewer received information about managing the physical effects of stillbirth such as breast engorgement (Figure 2).
- More than half of all women received grief counseling in the months following their stillbirth delivery. Of those who did not, 55.5% felt it was not needed. (Figure 3).

Women's Experiences of Support Following a Stillbirth

Introduction

Stillbirths (fetal deaths at ≥ 20 weeks of gestation) are associated with devastating and long-lasting adverse effects on parents, families, the health care system, and society.¹ In 2017, the national rate of stillbirth was 5.89 stillbirths per 1000 live births and stillbirths.² In Utah, 244 stillbirths occurred in 2019, for a rate of 5.21 stillbirths per 1000 live births and stillbirths.³ Although stillbirths are one of the most common adverse pregnancy outcomes, little is known about the experiences, perspectives, and needs of bereaved parents after a stillbirth.

The Utah Department of Health began the [Study of the Associated Risks of Stillbirth \(SOARS\)](#) survey in 2018. All Utah women who experience a stillbirth in Utah are invited to participate in SOARS. Data are weighted for non-response so analyses can be generalized to the entire population of Utah women who deliver a stillbirth in Utah. During the first year of SOARS data collection (June 1, 2018–May 30, 2019), 288 Utah women were invited to participate in the survey and 167 (58%) completed it. This report presents findings from the first year of SOARS data collection and describes the experiences of women related to compassionate support, interactions with medical providers, and grief support following a stillborn delivery.

Hospital Bereavement Support

One of the focuses of SOARS is to gain information about the experiences, beliefs, and needs of bereaved parents following a stillbirth. Results of SOARS show many different types of bereavement services supported women while in the hospital (Figure 1).

Supportive Interactions With Hospital Staff

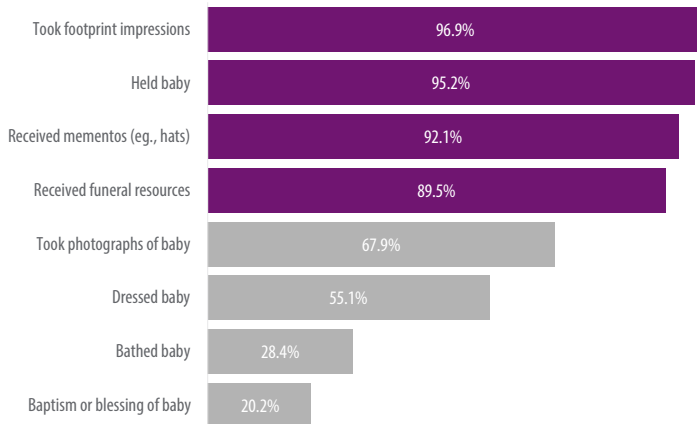
Studies show when well supported, some parents who experience the tragedy of stillbirth can develop resilience, new life skills, and capacities.⁴ In addition to the need for grief support following a stillbirth, women need information about the physical effects of stillbirth, such as breast engorgement. SOARS results indicate the majority of women were given opportunities to ask questions and felt adequately supported by hospital staff regarding their grief (86%–97%), while

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fewer (78%) said they were given information about what to do when their breast milk came in (Figure 2).

Gestures of Compassion and Support Experienced in the Hospital Following a Stillbirth

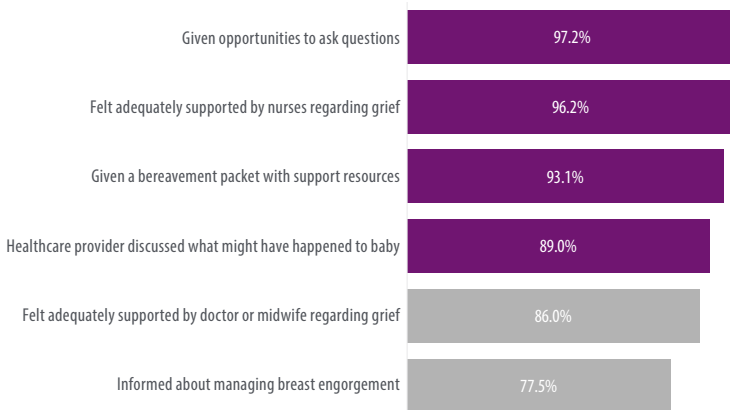
Figure 1. Nearly all women received footprint impressions and held their stillborn babies.



Source: Utah Department of Health, SOARS data June 1, 2018, through May 30, 2019.

Support Provided by Hospital Staff After a Stillbirth

Figure 2. Although most women received adequate grief support, fewer received information about managing breast milk.



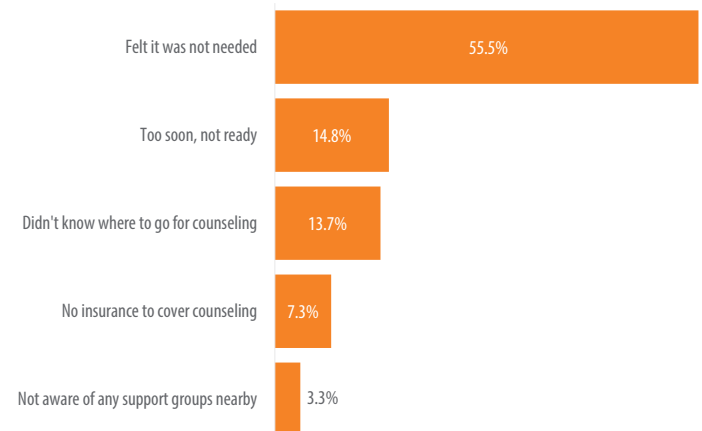
Source: Utah Department of Health, SOARS data June 1, 2018, through May 30, 2019.

Participation in Grief Support Following Stillbirth

SOARS results show while 24% of women did not feel adequately supported by grief counselors during their hospital stay, more than half (52%) of the women went on to receive grief counseling in the early months following their stillborn delivery. While the majority of women who did not receive grief counseling said it was because it was not needed, others said they were not yet ready for it. Additionally, some women experienced challenges with obtaining grief counseling (Figure 3).

Reasons for Not Receiving Grief Support After a Stillbirth

Figure 3. Most women who did not receive grief support following a stillbirth said they felt it was not needed.



Source: Utah Department of Health, SOARS data June 1, 2018, through May 30, 2019.

Women in need of support following a stillbirth can be referred to [Share Parents of Utah https://sputah.org/about-us/](https://sputah.org/about-us/). Their mission is to serve those touched by the loss of a baby in the first months of life, through pregnancy loss, or stillbirth.

1. Hezell AEP, Siassakos D, Blencowe H, et al. Stillbirths: economic and psychosocial consequences. *Lancet*. 2016;387(10018):604-616. doi:10.1016/S0140-6736 (15) 00836-3
2. Centers for Disease Control and Prevention. Stillbirth data and statistics. 2019. <https://www.cdc.gov/ncbddd/stillbirth/data.html>
3. Utah Department of Health Public Health Indicator Based Information System (IBIS). 2019 fetal mortality rate. <https://ibis.health.utah.gov/ibisph-view/query/result/fetmort/FetMortCnty99/Rate.html>
4. Burden C, Bradley S, Storey C, et al. From grief, guilt, pain, and stigma to hope and pride—a systematic review and meta-analysis of mixed-method research of the psychosocial impact of stillbirth. *BMC Pregnancy Childbirth*. 2016 Jan 19;16:9. doi: 10.1186/s12884-016-0800-8. PMID: 26785915; PMCID: PMC4719709.