

Position Statement of the MISS Foundation

January 1, 2005

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Definitions for purposes of this document:

Stillbirth: The intrauterine death of a baby after twenty completed gestational weeks until birth. Stillbirth is always a naturally occurring event and often occurs at or near full term for no apparent reason.

Miscarriage: The intrauterine end of a pregnancy anytime from conception to twenty completed gestational weeks. Miscarriages are also spontaneous, naturally occurring and unpreventable events.

Qui tacet consentit:

In response to the promulgation of the "Pregnancy and Infant Loss" Awareness Campaigns:

The MISS Foundation has been asked to respond to its position on the Pregnancy and Infant Loss Awareness Campaigns. Several years ago, after careful consideration, the MISS Foundation made an executive decision not to support this campaign.

The key reason relates to the use of the vernacular "pregnancy loss" when addressing the issue of a sudden, intrauterine death of a child. The MISS Foundation believes that the language chosen to describe social issues is very powerful. Historically, euphemisms are used to "clean up the mess" of social problems. Yet, if we do not call it what it is, such as in the case of stillbirth, frankly, the birth of a dead baby, society will never pause to pay attention and the 'cause' will take longer to establish firm roots.

Based on our surveys and research, use of this phrase after the death of a child just before or during birth was unanimously offensive to women. In dissecting the phrase, there is an inference that a child, in fact, did not die. Rather that "merely" a pregnancy was "lost." For many women, the phrase decries and derogates their very personal tragedies. Even some women who have experienced the loss of a child to miscarriage reported feeling offended by the term "pregnancy loss."

Contemporary scientists have most recently studied, both anecdotally and empirically, the phenomena of parental bereavement. The most important factors to consider when addressing the issue of miscarriage and the sudden intrauterine death of a child to stillbirth:

1. Loss is complex. The responses to loss are even more complex. According to psychologist, John Bowlby, there is a continuum of responses seen in parents who lose children to death more closely associated with the degree of attachment than "time" spent with a child. In other words, quality of the attachment not quantity of the attachment determines the impact of the death. Ambiguous losses tend to cause "complicated mourning" and these are often the most difficult to resolve. There isn't 'more love or

attachment,' but rather, mixed or ambiguous emotions, either from internal or external sources (meaning that often society assigns taboos and stigma to some losses), that discombobulate the parent's response (they know they feel overwhelmed, bereaved, and desperate but may not feel their feelings or loss are acknowledged and they struggle for validation from the 'social group' which they often do not receive). These are often disenfranchised losses such the death of a "less than perfect child," suicide deaths, stillbirths, and even some highly conflicted relationships that end in death.

2. Stillbirth has been consistently linked to evoking of the same responses in women, particularly, than any other age of child's death. In addition, there is a physiological paradox stemming from the many hormonal responses that occur during the final trimester of pregnancy to prepare the woman's body to give birth and to facilitate the many changes that occur, including pain receptor preparation. This, in combination with the "dead infant" at the end of the birth process, seems to incite an "impasse" for the woman's body. There is indeed a child, often looking and feeling like any other child yet she cannot "comprehend" (psychically) that the child is dead at the end of the birth process.

3. Miscarriages evoke a variety of responses in scientific data. The continuum ranges from grief responses similar to any child's death to little or no grief responses. There are many hypotheses in the scientific world about this phenomenon. One posits that women who conceive easily and are younger handle early miscarriages "better." Thus, the older mother or the mother who endures years of infertility or who has perhaps waited a long time to become pregnant would respond with deeper emotion due to the immediate attachment related to the emotional preparation for the pregnancy. Some studies demonstrate that women with unplanned pregnancies who miscarry report feeling "relieved". Other women who were not particularly trying to conceive but who were happy with the pregnancy appear to be somewhere in the middle of the continuum. Another hypothesis has to do with spiritual beliefs about when life begins. For women who believe enthusiastically that life begins at the moment of conception, the miscarriage, at any stage, is the death of their child. For another woman who may not hold the same spiritual values, or who may not "attach" early in the pregnancy, the miscarriage may be viewed as a "pregnancy loss" and not the death of a child.

Yet, even in these studies, there are diverse responses.

Because the grief response, again, is very complicated and because words are so powerful, the MISS Foundation chooses to channel its energy into campaigns that align with our philosophies about supporting women, men, and children after the death of a child at any age and from any cause. Indeed, love is an enigma that may not always be measured in a scientific test.

There is never a good age or a good time to lose a child to death. Whether at birth, one year, ten years, thirty years, or sixty years, it is simply out of life's natural order. Children should not die before their parents. This is the cornerstone of the MISS Foundation.

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