Loss, Grief, and Lactation Counseling

Presentation Handouts

© 2018 Cynthia Good, MS, CDE, IBCLC, CATSM

Disclosures
▪ None

A Friendly Reminder
▪ These handouts are for the personal use of attendees only
▪ It is unethical and illegal for anyone to make or forward electronic or print copies of my materials to share with others
▪ Thank you!

Overview
▪ Language of loss
▪ Types of losses
▪ Nature of grief
▪ Implications of research on stress and breastfeeding for loss and grief
▪ Lactation loss and grief
▪ Lactation after pregnancy loss or infant death
▪ Supporting grieving parents
▪ Application

Language of Loss

The Language of Loss
▪ Loss
▪ Bereavement
▪ Grief
▪ Mourning
▪ Special categories of loss and grief

Loss
▪ State of being deprived of someone or something of value in your life
  – Physical/tangible
  – Symbolic/psychological
▪ Response is determined by
  – Magnitude of value
  – Nature of relationship
  – Context of loss….
Can be a “living loss”*
- Onset of disability or chronic illness in baby or child
- Diagnosis of congenital disorder in baby or child  
  Rainer 2013; *Gordon 2009

Grief
- Natural, healthy, and highly variable process by which we learn to live without what/who we lost
- Multifaceted process
  - Emotional
  - Cognitive
  - Physiological
  - Spiritual
- Symptoms vary
  - Individual
  - Cultural
  - Temporally  
  Rainer 2013

Bereavement and Mourning
- Bereavement
  - “The objective circumstance and situation of having lost a significant other through death”
- Mourning
  - Grief made visible
  - Social expression
  - Customs and rituals
  - Shaped by social group and culture  
  Rainer 2013

Ambiguous Loss and Disenfranchised Grief
- Ambiguous loss
  - Absent or present? Dead or alive?
  - In or out of family/relationship?
  - Prevent usual coping behaviors and mourning customs
  - Are disenfranchised losses
- Disenfranchised grief
  - Occurs with loss or bereavement that is “not openly acknowledged, publicly mourned or socially supported”*
  Lang, et al. 2011; Boss 2006; *Doka 1989

Rituals Help, Unless…. 
“Rituals help, unless they cannot be performed, as when ambiguity of circumstances makes a ritual socially inappropriate and a display of emotion questionable.”

Losses during perinatal time period are often ambiguous and/or disenfranchised

Prolonged Grief
- Prevalence: 10% of bereaved individuals
- Symptoms result in significant impairment:
  - Distressing and persistent yearning
  - Continuing shock and disbelief
  - Difficulty accepting loss really occurred
  - Loss of meaning/purpose in life
  - Identity confusion
  - Loss of trust
  - Bitterness
- Complex approach-avoid response to loss reminders
  - Relative approach bias

Maccallum et al. 2015; Prigerson et al. 2009

Chronic Sorrow
- Occurs with ongoing, living losses
  - Permanent
  - Progressive
  - Periodic
- ≠ depression but can co-occur
- A natural grief response when, for example,
  - Baby is born with congenital disorder
  - Child develops chronic disease
- Inadequate support and/or intervention may result in pathological grief state
  Good Mojab 2002; Gordon 2009; Vitale & Falco 2014

Cycle of Chronic Sorrow
- Triggering events→sorrow episodes→degree of recovery→periods of happiness→concerns and need for assistance→
- Caused by multiple effects of loss over time
- Each cycle requires adjustment of coping skills
- Triggering events
  - Unexpected and expected
  - Missed rights of passage
  - Missed developmental milestones
  - New diagnoses
  - New treatments

Gordon 2009; Vitale & Falco 2014
A Unique Journey
- Loss is in the eye of the beholder
- There is no one right way to grieve
- There is no one right way to mourn

Types of Losses

Types of Losses
- Reproductive and perinatal related losses
  - Losses that are directly related to the reproductive and perinatal time period
- “Coincidental” losses
  - Losses that just happen to occur during the reproductive and perinatal time period

Reproductive and Perinatal Related Losses
- Pregnancy loss
- Infant death
- Surrogacy
- Adoption
- Birth
- Baby
  - Congenital disorders
  - Prematurity
  - Illness
- Breastfeeding/chestfeeding/lactation
- Parenting
- Separation
- Transitions and changes
  - Physical
  - Psychological
  - Social roles
  - Financial status

Pregnancy Loss and Infant Death
- Infertility
- Ectopic pregnancy
- Miscarriage
- Vanishing twin
- False pregnancy (pseudocyesis)
- Molar pregnancy
- Selective reduction of higher order multiples
Pregnancy interruption for medical reasons
Abortion
Stillbirth
Infant death


Congenital Disorders
Minor to major effects on
– Life
– Bodily function
– Ability
– Appearance

Ambiguous and disenfranchised loss
Grief is experienced as “chronic sorrow"

Good Mojab 2002; Gordon 2009

Losses in Becoming a Parent

<table>
<thead>
<tr>
<th>Time Period*</th>
<th>Stage*</th>
<th>Common Losses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy</td>
<td>Preparation, commitment, attachment</td>
<td>Body, autonomy, security, boundaries, health</td>
</tr>
<tr>
<td>Birth</td>
<td>Not part of model!</td>
<td>Autonomy; safety; image of birth, self, baby, others</td>
</tr>
<tr>
<td>First 2-6 weeks postpartum</td>
<td>Acquaintance, physical recovery, learning</td>
<td>Image of parenting, baby, breastfeeding; freedom; self</td>
</tr>
<tr>
<td>2 weeks to 4 months postpartum</td>
<td>Moving toward a new normal</td>
<td>Image of parenting, baby, breastfeeding; freedom; self</td>
</tr>
<tr>
<td>~ 4 months</td>
<td>Achievement of parental identity, self transformation</td>
<td>Image of parenting, baby, breastfeeding; freedom; self</td>
</tr>
<tr>
<td>Lifetime</td>
<td>Parental development as child develops</td>
<td>Self; image of parenting, children, co-parent; career</td>
</tr>
</tbody>
</table>

*Mercer 2004
Expected vs. Actual
- The mismatches of our conscious and unconscious
  - Dreams
  - Expectations
  - Desires
- Are experienced as losses
- Mismatches experienced as ambiguous and/or disenfranchised losses
  - Especially difficult to grieve

“Coincidental” Losses
- Significant relationship
  - Death
  - Distance
  - Strain
  - Break up
- Moving/Immigration
  - Social support
  - Language
  - Culture
  - Status
  - Access
- Security
  - Incarceration
  - Domestic violence
  - Accident
  - Illness
  - Disability
  - Natural disaster
  - Crime
  - Economic downturn
  - Deployment and war
- Education, work, ...

Nature of Grief

Nature of Grief
- “Grief happens as the natural response to loss. Recovering from a significant loss is neither an easy task nor one for the faint-hearted. It requires attention, a level of open-mindedness, a tolerance of emotionality and vulnerability, and a series of steps, actions, and activities to be taken toward a new way of being.”
  Rainer 2013

Kübler-Ross’ “Stages of Grief”
- Denial and isolation
Shock response
- Isolation from others’ avoidance

Anger
- At others, higher power, life, fate

Bargaining
- Just let me live and I will __________.

Depression
- Mourning loss of ability, job, independence, hobbies, ....

Acceptance
- Realizing inevitability of death

On Death and Dying: What the Dying Have to Teach Doctors, Nurses, Clergy and Their Own Families
- Not research-based
- “Stages” name common patterns among the dying
- Revolutionized our care of the dying
- Often simplistically and/or inaccurately presented
- Actually non-linear

Kübler-Ross 1969; Rainer 2013

Contemporary View of Grief
- Bereavement or grief does not result in resolution, closure, or recovery
- Process by which we adjust to absence of someone/something of value, incorporate memories, make room for the future
- “Rather than emphasizing letting go, a negotiation process unfolds to understand and incorporate the meaning of loss over time.”
  - Rainer 2013

Grief as a Spiral Through Time
- “For in grief nothing ‘stays put.’ One keeps on emerging from a phase, but it always recurs. Round and round. Everything repeats. Am I going in circles, or dare I hope I am on a spiral?”
  - C.S. Lewis 1961

Symptoms of Grief
- Multifaceted developmental process
  - Physical
  - Sleep
  - Appetite....
    - Affective (emotional)
    - Cognitive
- Perception and thought are altered
- Greater risk of poor decisions and accidents
  - Spiritual
- Restructuring worldview, beliefs, paradigm....
  - Behavioral
– Social
  ▪ Increased risk of depression and anxiety

Grief and Depression: Similar but Different

▪ Grief
  – Sadness
  – Rumination about loss
  – Emptiness
  – Anger
  – Loneliness
  – Guilt
  – Helplessness
  – Impaired decision making
  – Shock
  – Numbness
  – Yearning
  – Changes in sleep/appetite
  – Anxiety

▪ Loss specific
▪ Waves
▪ Depression
  – Persistent sadness
  – Decreased interest/pleasure in normal activities
  – Irritability and anger
  – Feelings of worthlessness or excessive guilt
  – Difficulty concentrating
  – Thoughts of death
  – Psychomotor retardation or agitation
  – Changes in sleep/appetite
  – Loss of energy or fatigue

▪ Less specific
▪ More persistent
▪ Often co-occurs with anxiety

Rainer 2013; American Psychiatric Association 2013

About Guilt

▪ More diffuse across multiple areas when symptom of depression
  ▪ I’m not a good parent AND
  ▪ I’m not a good partner AND
  ▪ I shouldn’t go back to work AND
  ▪ I should only feel happy about parenting

▪ Focused on the loss when symptom of grief
  ▪ I didn’t try hard enough to breastfeed OR
  ▪ I shouldn’t have lifted that heavy box during pregnancy OR
Tasks of Grief

- Develop cognitive understanding
  - How loss happened
  - Essential for decreasing vigilance against possibility of future loss
- Develop emotional acceptance
  - Occurs through confrontation of loss and review of thoughts, feelings, and memories
- Develop new identity
  - Incorporates loss

Rainer 2013

Implications of Research on Stress and Breastfeeding for Loss and Grief

Stress

- “The pattern of specific and nonspecific responses an organism makes to stimulus events that disturb its equilibrium and tax or exceed its ability to cope”
  Gerrig & Zimbardo 2002

Stressor

- Stimulus or event
  - Appraised or perceived as being aversive
  - Causes “stress response” of changes needed to maintain well-being
    - Behavioral
    - Emotional
    - Biological
- Subjective

Anisman 2014

Stress Response

- Biological, emotional, and behavioral changes
- Goal = maintain well-being
- Redirection of energy resources away from non-essential processes (e.g., digestion)
- Activation of multiple brain regions to effectively respond to event
- Influenced by characteristics
  - Stressor
  - Individual

Anisman 2014

Triumvirate Stress Response

- Fight or flight (adrenaline)
- HPA axis activation (cortisol)
• Inflammation

Loss is Stress is Loss

▪ “Any painful stress event contains an element of loss that conflicts with the universal wish for life permanence, safety, and satisfaction. The loss may be another person, an external resource, or an aspect of the self. Naturally, some losses are both symbolic and real.”

▪ So, loss triggers the stress response which is part of grief

Horowitz 2013

Significant Stress/Loss/Grief is COMMON

▪ Sexual abuse in childhood
  – 22% of women

▪ Attempted or completed rape during lifetime
  – 1 in 6 women
  – 20% to 25% of college women

▪ Physical or sexual assault by intimate partner
  – 25% to 35% of women

▪ PTSD in general population
  – 13 per 1000 women

▪ Depression during lifetime
  – 25% of women

▪ Depression antenatally
  – 1 in 20 women

Reviewed in Good Mojab 2009

Allostatic Load

▪ Accumulation of physiologic dysregulation (e.g., blood pressure, cholesterol, waist to hip ratio)

▪ Due to repeated and chronic daily stressors
  – Food insecurity
  – Substandard housing
  – Inadequate access to health care
  – More exposure to violence

▪ Inequity in stressors and allostatic load experienced by
  – Race
  – Class
  – Gender identity/expression
  – Sexual orientation….

Duru et al. 2012; Centers for Disease Control 2013; Good Mojab 2015

Racial Inequity in Perinatal Stress/Loss/Grief

▪ Even when access to prenatal care is the same, white mothers are significantly less likely than mothers of color to experience
  – Intrauterine growth restriction
- Preeclampsia
- Preterm premature rupture of membranes
- Gestational diabetes
- Placenta previa
- Preterm birth and very-preterm birth
- Cesarean delivery

- White babies have
  - Less than 1/2 the risk of dying as non-Hispanic black babies (45.2%)
  - Less than 2/3 the risk of dying as American Indian or Alaska Native babies (62.6%)
- The babies of white mothers with over 13 years of education have about 1/3 the risk of dying of babies of black mothers with over 13 years of education
  Healy et al. 2006; Centers for Disease Control 2013; National Center for Health Statistics 2009

Research on Stress and Breastfeeding
- What effect does stress have on breastfeeding?
- What effect does breastfeeding have on stress response?
- What are the implications for loss, grief, and breastfeeding from research on stress and breastfeeding?

Research on Stress and Breastfeeding: Big Picture Trends
- Stress negatively affects breastfeeding
- Breastfeeding dampens stress response which means
- Loss/grief negatively affect breastfeeding
- Breastfeeding lessens the negative effect of loss/grief

Stress (Loss/Grief) Negatively Affects Breastfeeding

<table>
<thead>
<tr>
<th>Stressor</th>
<th>Type?</th>
<th>Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separation/divorce, relationship problems, financial problems, moving during pregnancy</td>
<td>Loss</td>
<td>↑ risk of breastfeeding cessation by 4 months*</td>
</tr>
<tr>
<td>Financial stress, moving, death or major illness in loved one, trauma, relationship conflict/separation in pregnancy or 1 month postpartum</td>
<td>Loss</td>
<td>Shorter duration of any breastfeeding and of exclusive breastfeeding**</td>
</tr>
<tr>
<td>Psychological stress</td>
<td>Acute</td>
<td>Less pulsatile release of oxytocin → dampened let-down response</td>
</tr>
</tbody>
</table>

Breastfeeding Dampens Stress Response

<table>
<thead>
<tr>
<th>Studied</th>
<th>Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastfeeding</td>
<td>Release of oxytocin → let down, affiliation, dampened stress response¹</td>
</tr>
<tr>
<td>Lactating mothers under physical stress</td>
<td>↓ stress response than postpartum non-lactating mothers: ACTH, cortisol, glucose²</td>
</tr>
<tr>
<td>Breastfeeding 30 min before Ψ-social stress</td>
<td>↓ cortisol release, ↓ anxiety³</td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td>Sleep sooner and more, ↑ energy, ↓ feeling down/depressed/hopeless, ↓ anhedonia⁴</td>
</tr>
<tr>
<td>Exclusive breastfeeding with history of SA</td>
<td>Sleep sooner and more, ↓ anger/irritability and depression⁵</td>
</tr>
<tr>
<td>Breastfeeding ≥ 1 year</td>
<td>↓ hypertension, diabetes, CVD, triglycerides in postmenopausal women⁶</td>
</tr>
</tbody>
</table>


Effect of Depression (Grief?) on Breastfeeding via Oxytocin

- Higher symptoms of depression
  - Associated with ↓ oxytocin response to breastfeeding
  - May interfere with successful breastfeeding

  Steube et al. 2013

Effect of Breastfeeding on Stress Response: Psychosocial Stress and Mood/Anxiety/Trauma

- 47 breastfeeding mothers
  - Past/present diagnosis of depression, GAD, OCD, or PTSD
  - No past/present diagnosis
- Oxytocin surge of breastfeeding ↓ stress-induced cortisol
- BUT
- Relative to non-depressed breastfeeding mothers, depressed breastfeeding mothers had
  - Lower oxytocin levels during breastfeeding
  - Higher cortisol levels during breastfeeding
  - Higher cortisol levels during stress exposure
- Dysregulation of oxytocin and stress response may ↑ depression and anxiety among breastfeeding mothers

  Cox et al. 2015

Lactation Loss and Grief
Lactation Loss and Grief
- In the eyes of the beholder
- Ambiguous
- Disenfranchised
- Very hard to experience
- Very hard to do the tasks of mourning
- Multifaceted

Lactation Loss and Grief: Identity and Ideology
- Parental role and gender expectations
  - How parenting story will play out
  - How body will work
- Self-esteem and competence
  - Used to being skilled and successful
  - Desired redemption or healing through breastfeeding
- Values
  - Natural and healthy
- Worldview
  - Expectation of being in control or having choice

Lactation Loss and Grief: Physical/Emotional Sensations
- Suckling
- Skin to skin
- Warmth
- Oxytocin release
- Let down
- Relaxation
- Love
- Satisfaction....

Lactation Loss and Grief: Relationship and Parenting Tool
- Emotional, developmental, and physiological intertwine
  - Nurturing connection
  - Responsive dance or conversation
- Parenting through breastfeeding/chestfeeding
  - Meeting needs
  - Comfort
  - Sleep facilitation
  - “Medicine” for illness

Grieving Breastfeeding Loss

“I desired exclusive breastfeeding from the moment he was born. I didn’t even consider that this wouldn’t happen. I think the birth trauma made me both panicked and withdrawn, and I don’t know how much that influenced the fact that breastfeeding didn’t work out. I know it contributed to my postpartum depression and I don’t know whether the depression or the failure of breastfeeding was the chicken or the egg.”

Kelly, traumatic emergency C-section after a long labor and failed forceps delivery

Grieving Breastfeeding Loss

“...I couldn't breastfeed either on [sic] of my children.... My first was stillborn (there's one hell of an experience) and my second wouldn't take to it at all.... It is a lot like the loss of a child, and I ended up depressed because I spent my whole pregnancy planning to breastfeed....”

Michelle

Lactation After Pregnancy Loss and Infant Death

Milk production may occur with losses in the second trimester and later

- Anecdotally earlier: 9 weeks (mother who had breastfed 2 prior children)
- Let down triggered by thoughts of baby
- Breasts may become engorged and painful

May result in feelings of

- Shock, hurt, anger, injustice....
- Greater connection with baby

Lactation Management After Loss

1. Provide anticipatory guidance about onset of lactation
2. Make no assumptions about parents’ abilities or preferences
3. Present all options and facilitate informed decision making
4. Respect the unique meaning of lactation for bereaved parents
5. Respect and facilitate choices and changes in choices
6. Provide companioning
7. Screen and refer for perinatal depression, anxiety, and trauma

Options for Lactation Management

- Suppression
- Management of engorgement and pain
Expression
Breastfeeding
Honoring

Lactation Suppression
Not the only option
No universal guidelines
Options
- Pharmacologic
- Nonpharmacologic
  - No removal → milk production subsides
  - Avoid/treat pain and engorgement during involution

Pharmacologic Options for Lactation Suppression
- Estrogen, testosterone, bromocriptine, and cabergoline
  - Meta-analysis: weak evidence for suppression medication (primarily for bromocriptine)
  - Used less since 1990s due to risks
- Pseudoephedrine and birth control pills often suggested in US
- More research is needed on efficacy vs nonpharmacologic options

Nonpharmacologic Options for Lactation Suppression
- Mixed and/or insufficient evidence of effectiveness
- Some supporting research to avoid/treat engorgement/pain
  - Anti-inflammatory agents
    - Serratiopeptidase (enzyme)
    - Bromelain/trypsin complex
  - Manual approaches
    - Cabbage leaves, gel packs, and ultrasound
    - May help due to gentle pressure and/or massage-like nature
  - Homeopathy to lessen pain (double-blind, placebo controlled)
  - Acupuncture
- Breast binding no longer standard of care
  - ↑ risk of pain and mastitis
  - May be culturally-based expression of grief

Antigalactagogues
- The Nursing Mother’s Herbal
- The Breastfeeding Mother’s Guide to Making More Milk
- Reputed: peppermint, sage, parsley
- As effective as bromocriptine (researched): crushed, fresh jasmine flowers (topical)
  
  *Humphrey 2003; *West & Marasco 2009; **Shrivastav et al. 1988

Continuing Lactation After Loss

- Expression*
  - Short-term management of engorgement
  - Donation
    - Human milk bank
    - Informal milk donation
  - Short- to long-term expression as part of grieving

- Maintenance of lactation for adopted baby

- Breastfeeding/chestfeeding
  - Surviving sibling
  - Wet nursing
  - Adoptive breastfeeding/chestfeeding

- Honoring
  - Ceremonial relinquishment
  - Memorialization

*Cole 2012; *Welborn 2012

What Will I Do with My Baby's Milk?

- Agonizing question for many

- Options
  - Pour it down the drain
    - May cause significant emotional distress
  - Honor baby by honoring baby's milk
    - Donate milk to milk bank or baby in need
    - Ceremonial relinquishment
      - Pour out on special location
      - Create keepsake of “breast milk jewelry”
  - Keep in freezer indefinitely

Supporting Those Who Are Grieving

What Can Perinatal Care Providers Do?

- Grief-sensitive lactation support incorporates
  - Companioning
  - Support for lactation-related losses
    - Loss of expected/desired lactation experience
    - Lactation after pregnancy loss and infant death
  - Screening and referral

Companioning

Walking alongside
Listening
Bearing witness
Being present
Accepting disorder, confusion, and “lostness”
Validating

Silk’s “Ring Theory” Applied to Loss and Grief
Rings show how close person is to a loss
To avoid “saying the wrong thing”
– Support anyone closer to the loss than you = companioning
– Seek support from anyone further from the loss than you

Bereaved Parents Need Perinatal Care Providers To…
1. Obtain training in effectively responding to emergent grief
2. Obtain training to recognize, minimize, and effectively respond to emergent trauma
3. Give explanations in simple terms and repeat as needed (because of shock)
4. Offer any choices possible
5. Slow down anything possible to increase understanding and facilitate informed decisions
6. Help them say “hello” and “good-bye” and honor the birth and death of their baby
7. Provide them with anticipatory guidance about loss, grief, and trauma
8. Give them a resource list for more information and support
9. Screen them for traumatic stress, anxiety, and depression
10. Refer them to mental health care providers specializing in reproductive loss

Why Screening and Referral?
Loss and grief
– Increase the risk of Depression
– Can co-occur with Anxiety
– Can result from Trauma

Without screening, mental health challenges are likely to be missed
Without referral, diagnosis and treatment cannot occur

Basics of Screening and Referral
1. Obtain education and training
2. Build a referral network
3. Prepare materials
• Posters, handouts, resource/referrals lists, screening tools
4. Create a policy of universal screening
5. Practice
6. Screen
7. Refer
Learn more at: www.lifecirclecc.com/professionals/perinatal_screening

Supporting Parents Experiencing Chronic Sorrow
▪ Provide anticipatory guidance
▪ Encourage expression of “negative” emotions
▪ Teach coping skills (e.g., practical, emotional)
▪ Give positive feedback on coping skills
▪ Actively listen and offer non-judgmental support
▪ Refer to local and online resources
  – Mental health care
  – Social services
  – Support groups,….

Gordon 2009; Roos 2013; Vitale & Falco 2014

Application

Alexis
▪ Mother of 6-month-old twins born prematurely at 33 weeks
▪ 6 months + struggle with supply and infant feeding
▪ Sam
  – 13-day NICU stay
  – 3-month struggle
  – 90% breastfeeding + 10% formula by bottle
▪ Elliot
  – 18-day NICU stay
  – Club foot
  – 90% expressed milk +10% formula by bottle
▪ Diagnosed with postpartum depression by primary care provider
▪ Found me after searching for breastfeeding-compatible psychotherapy

Alexis
▪ Decision to not seek supplemental donor milk related to her grief over loss of identity and competence as a mother
▪ Sobbing: “I’m their mother. I should be able to provide them with the milk they need. I can’t bring myself to give them milk from another mother.”

Alexis
▪ 12 weeks of psychotherapy focused on loss/grief
Increased self care
  - Nutrition
  - Social support
  - Movement
  - Stress management skills

Sessions were her only opportunity to talk about loss of desired/expected breastfeeding experience
Last session: “I do still have occasional sadness, but not debilitating grief. I have bigger fish to fry!”

Application: Alexis
What losses did Alexis experience?
How were her losses and grief related to breastfeeding?
Did she face barriers to her grieving? If yes, what were the barriers?
What could a perinatal care provider do to better support her in light of her losses?

Ana
Full-term baby boy stillborn
Had been expressing milk for six months
Poured all milk on son’s grave
Ana and her local therapist consulted me long-distance regarding
  - Grief over loss of son
  - Lactation management

Outcome
  - Slowly reduced expression over next six months
  - Started local support group for grieving mothers

Application: Ana
What losses did Ana experience?
How were her losses and grief related to breastfeeding?
Did she face barriers to her grieving? If yes, what were the barriers?
What could a perinatal care provider do to better support her in light of her losses?

Janelle
Two-year-old Yolanda born with complete agenesis of the corpus callosum
  - Zero transfer/integration of motor, sensory, and cognitive information between hemispheres
  - Delayed meeting of milestones
  - Low muscle tone

Three months effort → full breastfeeding
Janelle
▪ Struggling with what she thought was extended postpartum depression
▪ Couldn’t find breastfeeding-compatible therapist in her area
▪ Found me after reading my publication, *Congenital Disorders in the Nursling*
▪ One hour drive for 10 weeks of psychotherapy focused on loss, grief, and coping with chronic sorrow
▪ Concluded therapy with more skills, support, hope, and understanding for coping with “living loss”

Application: Janelle
▪ What losses did Janelle experience?
▪ How were her losses and grief related to breastfeeding?
▪ Did she face barriers to her grieving? If yes, what were the barriers?
▪ What could a perinatal care provider do to better support her in light of her losses?

Summary
▪ Language of loss
▪ Types of losses
▪ Nature of grief
▪ Implications of research on stress and breastfeeding for loss and grief
▪ Lactation loss and grief
▪ Lactation after pregnancy loss or infant death
▪ Supporting grieving parents
▪ Application

Creative Commons License
▪ Attribution 2.0: [https://creativecommons.org/licenses/by/2.0/legalcode](https://creativecommons.org/licenses/by/2.0/legalcode)
▪ Attribution—NoDerivs 2.0: [https://creativecommons.org/licenses/by-nd/2.0/legalcode](https://creativecommons.org/licenses/by-nd/2.0/legalcode)

Thank You!
www.lifecirclecc.com
www.facebook.com/Cynthia.Good.MS