Correspondence

Mourning by the family after a stillbirth or neonatal death

Sir,

In his article (*Archives*, 1979, 54, 303), Dr Lewis suggested that mourning a stillborn child is facilitated by concentrating on the dead baby, and that an identity is created for the baby by the parents seeing and holding him, talking to the staff, and having a funeral and known burial place for him. Dr Lewis makes little of the more important and positive stages in the baby's development when he is alive and kicking *in utero*, very much existing and far from a nonperson, with both parents enjoying the pregnancy and the planning. It seems extraordinary to replace the memories of these stages, during which parents and the developing if unseen baby have a relationship, with those of a dead, cold, still, and possibly deformed baby. Even the baby of an early miscarriage may live long enough to be thought of as a person; more so is a baby who may have had as long as 20 weeks' visible and palpable activity. Occasionally the parents know before delivery that the baby has an abnormality incompatible with life; however this may not destroy the relationship although it must colour it. It is hard to see what the parents gain by substituting happy memories with ones which are at best negative and at worst shocking. While a funeral for a baby who has lived postnatally is important, it may do little for the parents of a stillborn child. We appreciate that Dr Lewis is looking for ways of making mourning easier for parents, but there is no room for dogmatism. A flexible approach is needed by all members of staff with the senior ones seeing that the conspiracy of silence, which he rightly condemns, is replaced by talking freely both in hospital and later at home.

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Dr Lewis comments:

Drs Jane Currie and Simon Currie reasonably wonder why I make little of parents' experiences of their babies *in utero*. In consultations with parents we do get them to relive these experiences, but they alone are not enough to facilitate mourning. Although a mother may have generally good feelings about her fetus, her ideas about its identity are necessarily poorly defined. This leaves room for much to go wrong. For instance, if parents have little sense of the personality of their stillborn baby, then the often quick replacement pregnancy, which itself tends to inhibit mourning, can be experienced as a continuation of the previous pregnancy. Then the newborn baby tends to be confused with the stillborn baby. This child may

have a muddled sense of identity, suffer from a replacement child syndrome (Poznanski, 1972), or may be a victim of child abuse (Lewis, 1979).

As to contact with the dead baby being negative and shocking, fantasies reported by parents who have not seen their stillborn child are worse than the reality. Parents who have seen their stillborn child, including malformed babies, find relief in doing so and some treasure the experience.

Unfortunately, the psychological experience of stillbirth makes 'talking freely' rather difficult. GPs have been shown to have a strong reluctance to know, notice, or remember anything about a patient who has had a stillbirth (Bourne, 1968). Because a stillbirth is a void, a nonevent, it is difficult to think about, and it cannot occupy a potential thinking space in our minds. It is as if our very painful but vague thoughts about stillbirth occupy a wasteland, a black hole in the mind. Thus stillbirth is an empty drama that takes place at the interface of life and death: there is no catharsis. The experience of having made a baby tends to be annihilated by the experience of stillbirth. We encourage this annihilation by failing to acknowledge the stillbirth as having existed if we deny it a funeral.

The Curries, so keen to recognise the experience of the live fetus *in utero* as important, engage in doublethink when they feel a funeral for a stillbirth could 'do little' for the parents of the stillbirth. To the parents the baby does not cease to be important just because it hasn't breathed. Funerals are our society's way of marking the significance of death. A flexible approach sounds fine. Unfortunately, for the parents of a stillborn child, it often stands for unthinking inactivity, avoidance, and silence.

References

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Congenital absence of the sternum

Sir,

In the last few months we have seen 2 cases of congenital absence of the sternum in the newborn (as opposed to failure of fusion). There was no evidence of ectopia cordis nor was there any other congenital abnormality. A