
World Mental Health Day blog: Working through loss and trauma



This year's World Mental Health Day focuses on how we respond to trauma. To mark this, the [Mums and Babies in Mind \(MABIM\)](#) team spoke to clinical psychologist and psychoanalytic psychotherapist, Josephine Harrison, who works with mums who have lost a baby, had a traumatic birth experience or who have struggled with infertility. These issues are, understandably, incredibly difficult for mums. Josephine is linked to the North Middlesex University Hospital which serves people living in Enfield, Haringey and the surrounding areas. Haringey is one of the four areas where MABIM is working.

Q: Josephine, tell us about the work you do with mums.

A: I work with women who have lost a baby, either through miscarriage, stillbirth or neonatal death, who have had a traumatic experience in the hospital or who have mental health issues which may be exacerbated by pregnancy or becoming a parent. These are challenging issues. Mums I support may have also had fertility problems, as often a successful pregnancy or birth after prolonged fertility treatment can be difficult to adjust to.



Josephine Harrison

I am linked to the North Middlesex University Hospital in Enfield but am based off site and have built up good relationships with other practitioners by running joint clinics, giving feedback to healthcare professionals and working jointly with psychiatrists and Parent Infant Psychology (PIPs) services.

My role is important because it helps women work through trauma and loss. It also enables mums to care for their existing children as well as preparing them for future healthy pregnancies. I love seeing a woman who has been in the depths of despair following a bereavement feeling well again, able to celebrate aspects of her baby's life and feeling at peace with her actions and decisions.

Q: What challenges do women face when they lose a baby?

A: Sadly, women face a lot of challenges in these situations. Firstly, there is the shock and trauma of losing hopes and dreams of the future. There is enormous stigma about death, especially that of a baby, so it is very hard to share or talk about how on earth this has happened.

There can be a lot of anger with the hospital, which should have been a safe place, or modern medical treatment, which should have been able to predict a problem or save the baby.

Often women will feel that they are to blame, or that others will blame them. These are normal bereavement reactions, but the situation is everything but normal.

Another challenge is that relationships are put through a lot of strain as partners are rarely in the same place at the same time psychologically; they also find that communication is hindered because of wanting to protect each other.

Q: What challenges do women face after a traumatic birth?

A: Many women face shock and the loss of what could have been a positive experience of welcoming their child to the world. Women don't necessarily expect a delivery to be easy, but they anticipate being able to make progress caring for their new baby.

Often early bonding can be hindered because the mother cannot breastfeed straightaway due to medical treatment or she is suffering so that she is less able to care for and enjoy her baby.



Q: How do you help these women?

A: Supporting these women is vital. I provide a safe and confidential space to talk and think about what has happened, with a practitioner who understands the hospital procedures, knows the environment and has experience of other women who have had similar experiences.

I also help women to acknowledge what has happened, to explain and normalise reactions, to plan ways of talking to others and to devise everyday individual coping strategies (e.g. relaxation, mindfulness, problem solving and planning).

It is also important to support women in fostering more positive memories, or of having done the right thing and to help them through important milestones and anniversaries in the first year.

Q: Are women able to access this kind of support anywhere in the country?

A: Support is very patchy in terms of what is provided by hospital departments. Often women need some immediate help, which a bereavement midwife can provide but at North Middlesex University Hospital this is restricted to only a few meetings and no home visits. Women often don't want to come to the hospital because of what has happened, so the fact that I have been based off site is useful.



Q: How would you like to see services improved for women with perinatal mental health problems, and their babies?

A: Services for women with perinatal mental health issues and their babies, need to be improved. I'd like to see a lot more awareness and communication between services. At North Middlesex University Hospital I was able to link with different branches of the team,

and I also had the flexibility to interface with other teams (e.g. mental health, PIPs, social care and nursery/school). I feel that staff should not be working in isolation.

I'd also like to see more flexibility and the tailoring of services around real lives.

Seeing my patients in different contexts helped them to feel that they were considered and known by the services helping them.

I am passionate about the fact that women using these services need to feel cared for.

For further support:

<https://www.uk-sands.org/>

<http://www.miscarriageassociation.org.uk/>

<http://www.arc-uk.org/>