



CHAMPS Advocates for Grief Counseling for Bereaved Mothers in Soweto, South Africa

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Abstract

Grief counseling is rapidly becoming necessary, particularly for studies investigating death, grief and mourning, and mental health issues. The Child Health and Mortality Prevention Surveillance (CHAMPS) program aims to determine causes of death in children under five years of age. The CHAMPS site in Soweto, South Africa, has provided grief counseling for bereaved mothers and their families since 2015, from the first contact when the bereaved mother consents to the Minimally Invasive Tissue Sampling (MITS) to when she collects the MITS results. In addition, these mothers are referred to long-term grief counseling by CHAMPS partners specializing in grief management. Grief is a complex phenomenon that can be exacerbated by other social-psychological factors that mothers may be dealing with, including family dynamics, health and fertility challenges, and harsh employment conditions. The complexities and context surrounding the mothers need to be understood to provide comprehensive and effective grief counseling to bereaved mothers. The CHAMPS program in Soweto has successfully implemented grief counseling and has also increased the acceptability of CHAMPS in the community.

Background

Since 2015, CHAMPS has been working in Soweto, South Africa, to determine the causes of death for children under five years of age through MITS. As part of the program, grief counseling was implemented to support grieving mothers and families dealing with the loss of their children. The grief counseling includes a thorough explanation of the MIT process to ensure that the mothers and families fully understand the process before giving their consent.

Previous studies have shown that when a mother loses her child, she experiences several emotions, including shock, disbelief, pain, trauma, frustration, discouragement, hopefulness, denial, and blame (Stevenson et al., 2017; Mark et al., 2022; Chater et al., 2022; Keene, 2003; Rosenblatt, 1993; Buscaglia-Dale, 2016; Hussin et al., 2016; Clarke, 2019; Stroebe et al., 2014; Camacho-Avila et al., 2017; Myburgh et al., 2018). During this period, grief containment and counseling are vital to mitigating the emotional and psychological impact of losing a child. In South Africa, grief containment is usually offered at the clinical level during healthcare workers' ascertainment of the cause of death.

Over time, CHAMPS program staff working with bereaved families realized the need for long-term grief counseling, resulting in collaborations with outside stakeholders in the field of psycho-social counseling. A Memorandum of Understanding (MOU) was signed with a non-governmental organization called LifeLine to provide long-term grief counseling services. In addition, ChildLine, an organization based at the Chris Hani Baragwanath Academic Hospital that works with children and young people affected by trauma, began assisting with long-term counseling. The CHAMPS social and behavioral team also works with government social workers to provide broader support to families as needed.

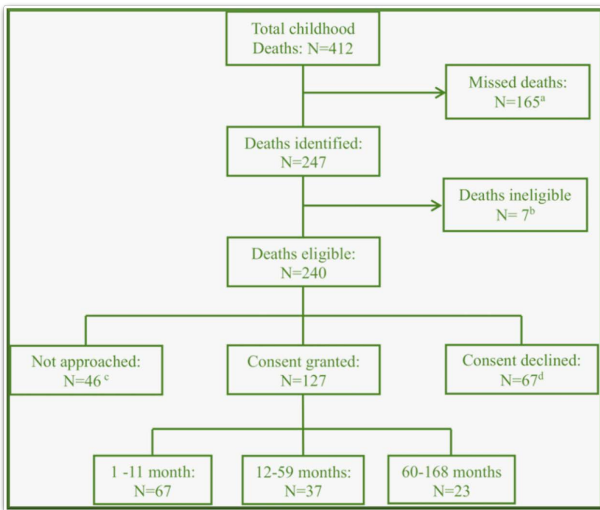
Grief counseling was one of the data-to-action activities derived from the observation data collected when observing bereaved parents participating in MITS. This paper highlights the importance of grief counseling to bereaved parents/guardians in the CHAMPS program at the Soweto site.

Methods and processes

The data used in this case study comes from a sample of participants who were approached when they consented to the MIT process. There were 412 child death notifications between 2015 and 2016, of which 127 participants consented to MITS (Chawana et al., 2019).

Please see Figure 1.

Figure 1. Diagram of MITS Sampling Determination 2015-2016



Grief Counseling Process

Below are four stories that highlight the importance and impact that grief counseling has on grieving mothers and their families.

Bereaved Mother #1

Bereaved Mother #1 was pregnant with twins and was informed during her pregnancy that one of the twins had passed away and was advised to seek medical attention immediately. The mother said she did not know that a baby could die in the mother's womb. However, she was not able to seek medical attention as advised due to work commitments. This delay led to her getting an emergency caesarian operation to deliver the other live twin. MITS was performed on the deceased twin. Through CHAMPS investigations, it was discovered that this was the fourth baby that the mother had lost. Through supportive counseling, the mother was able to cope with her loss and acknowledged the importance of seeking timely care during pregnancy.

Bereaved Mother #2

Bereaved Mother #2 struggled to come to terms with the loss of her baby and could not come to collect the CHAMPS results. She asked her sister to collect the results on her behalf. At this point, the sister requested counseling for the grieving mother. The grief counselor arranged to visit the mother at her house and provide counseling. Upon arrival, the grief counselor was perturbed to find that the bereaved mother was playing very loud music. This happened to be the day the baby was being buried. Upon inquiry, the grief counselor learned that the bereaved mother had been behaving in strange ways since the demise of her baby. The family said that this mother was trying to find some coping mechanism. Grief counseling was given to her with good results. It must also be said that the initial grief containment she received from the doctor who delivered the deceased baby was a good foundation. In addition, she had a very supportive family structure at home. The bereaved mother believed that her problems emanated from her work. She was a factory worker in a chemical factory. She suspected she had been affected by the chemicals she worked with. She explained that the workers were not adequately protected against industrial hazards. They were only given face masks when the health inspectors were at the factory for inspection.

Bereaved Mother #3

Bereaved mother #3 suffered from fibroids, which affected her ability to conceive. Her doctors recommended that she undergo an operation to remove the fibroids, which was scheduled, only to discover that she was actually pregnant. The operation was canceled. The baby was delivered stillborn. This tragedy affected the mother to the extent that the doctors were concerned about her health and well-being. She refused to talk to anyone as she struggled to understand how her "precious gift- a miracle that she received from the Lord" had died. This was her first baby. A grief counselor was contacted to provide grief counseling. The mother was so emotional that she refused to talk to anyone in the labor ward at the Chris Hani Baragwanath Academic Hospital, where she delivered the stillborn. The grief counselor was contacted and visited her. After an initial discussion, the mother agreed to receive counseling and suggested extending the service to her husband. Both the mother and the father received counseling. During the counseling session, the mother-in-law joined in and described the pain the family was experiencing due to losing the baby. It was also observed that the family were strong Christians, which was helpful during counseling. At the end of the counseling session, the mother could cope with her grief and was ready to conceive again. The counseling helped to bring the family together and they also found the session to be therapeutic.

Bereaved Mother #4

A Bereaved mother broke down when receiving the MIT results of her deceased baby. This mother had lost another baby a year prior to this loss. She was still grieving the loss of her first child when she was given the MIT results for her second loss almost precisely a year after the death of her first baby. At the time, the mother was also dealing with family tensions. One involved the fact that her cousin was pregnant at this time. This always reminded her of her deceased baby. This continued until she decided to go and stay with her paternal grandmother. Here, she further experienced other family-related challenges, saying she and her siblings were poorly treated by their grandmother. This bereaved mother said that the day her baby died, she felt “the world had shut off from her.” This led to her going into severe depression, to the point of contemplating suicide. Grief counseling through CHAMPS assisted her in coping with her situation holistically. In addition, her grandmother was counseled and requested to give the grieving mother ongoing support.

Discussion

The four brief stories highlight critical issues that must be carefully considered when providing grief counseling. The first case, for example, revealed several issues, including the fact that the mother had lost babies before, which could have created severe mental health effects. Grief counseling allowed this mother to begin to make peace with the loss and start her healing process. In this case, having a complete and comprehensive understanding of the history of this mother was vital in providing the required counseling and support. Studies have shown that bereaved mothers experience severe psychological trauma due to the breakdown of an intimate relationship due to the death of the child or children, as is the case with this mother (Keene, 2003; Rosenblatt, 1993). Hence, the comprehensive grief counseling provided to this woman ensured that this mother began to heal.

The second case shows that denial is a typical initial response to grief following a significant loss (Clarke, 2019). In order to mitigate this emotion, people tend to act in a way that may be seen as outrageous. In such cases, it is essential to recognize these behaviors as a cry for help. Consistent grief counseling and a supportive family are crucial to help in the healing process.

The third case reveals several issues, including the bereaved mother's medical condition (fibroids) that made it impossible for her to conceive. Moreover, she was joyous when she found out she was expecting a baby, only to lose this child. Grief counseling was crucial for her to understand the medical issues and cope with her loss.

The fourth case reveals a need to understand the context of bereaved mothers. In this case, the bereaved mother had lost two babies while her cousin had delivered a healthy baby, thus giving her a constant reminder of what she had lost. Unhappy family relationships compounded her pain. Making an effort to address contextual issues provides a good platform for effective grief counseling. It is also essential to address any other pre-existing mental health issues. Studies have shown that most mothers who have lost their children suffer from a profound and unique type of grief, which is different from other types of grief. Maternal grief can lead to other long-term complications (Kark et al., 2022).

In addition to assisting mothers to cope with loss, grief counseling in CHAMPS resulted in improved community entry and awareness relating to the CHAMPS program. We interacted with family members daily and developed relationships with some of the families who showed interest in this program, and these families spread the word in the community. Grief counseling is the most visible intervention in which community members can connect to CHAMPS staff and develop rapport, focusing on the complex subject of child loss. Thus, beneficiaries of the grief counseling became CHAMPS champions in the community. CHAMPS became appreciated in the community to the extent that there are now requests for CHAMPS to assist in other ways outside of grief counseling.

Conclusions, Recommendations

Grief counseling is critical to assist mothers in dealing with child loss and creating pathways for research acceptability in the community. Recommendations include:

1. Communities require accessible long-term grief counseling programs, which can only be achieved through partnerships to provide holistic, sustainable grief support.
2. Primary healthcare facilities should include grief counseling services and referral to community healthcare workers.
3. For effective grief counseling, contextual, family, and other mental health issues must be carefully considered for the counseling to be effective

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