

Oral Defense Announcement

University of Missouri – St. Louis Graduate School

An oral examination in defense of the dissertation for the degree
Doctor of Nursing Practice with an emphasis in Women's Health Nurse Practitioner

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Evaluation of the Grief of Mothers Affected by Perinatal and Traumatic Loss

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Time: 10:00 AM

Place: NAB 106

Abstract

Problem: The experience of a perinatal loss can be traumatic for mothers, and complicated grief reactions are common for those who have experienced a perinatal loss. An increase in perinatal loss resources is needed in the United States. The purpose of this program evaluation was to assess outcomes of a pilot perinatal loss support program on the grief of women who have experienced a perinatal loss.

Methods: This project was an evaluation of a perinatal loss support program that employed evidence-based strategies in both individual and group therapy sessions. A retrospective design was used, and data on perinatal grief was collected via chart review and analyzed. Participants completed the Perinatal Grief Scale (PGS), a validated tool that assesses despair, difficulty coping, and active grieving, prior to their first therapy session and again upon completion of the program.

Results: The total number of participants was 23 ($n = 23$), and all program participants completed the PGS on admission ($n = 23$, 100%) and at discharge ($n = 23$, 100%). Total PGS scores ranged from 54 to 134 on admission and 43 to 144 at discharge. Data analysis via the Wilcoxon signed-rank test determined that there was a statistically significant different median in PGS scores on admission and following the perinatal loss support intervention at discharge ($z = -3.45$, $p < .001$). Results remained significant irrespective of psychotropic use, number of living children, and number of group sessions attended.

Implications for Practice: Prior to the launch of this program, a support group for perinatal loss did not exist in the local community. Findings suggest that this program is beneficial for mothers following a perinatal loss, indicating that the program may fill a gap in healthcare resources for this population. Future intervention should focus on continuation of evidence-based strategies with a larger and more diverse sample to reinforce the existing positive results of the perinatal loss support program. Continuing and expanding the program may lead to an overall decrease in adverse mental health outcomes and improved quality of life for women in the community who have experienced a loss.

Defense of Dissertation Committee

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