

Abstract

This dissertation is focused on mapping the needs and development of experiencing the prenatal loss integration process in mothers, whose child died during the second or the third pregnancy trimester or suffered stillbirth. The goal of this dissertation is to suggest optimal intervention, which would prevent the progress of complications in terms of psychological disorders (PTSD, PAS).

The theoretical part describes prenatal loss from the aspect of incidence and etiology and the loss of a close relative in general. It also focuses on the specifics of prenatal loss, the topic of crisis and its experience, phases of crisis, definition of the term “psychosocial intervention” and demarcation of its existing forms. This part also offers several perspectives and attitudes to the topic of grief as a process of hard life experience integration. It also describes several phases and problems connected with their fulfillment.

The empirical part focuses on surveying the experiences and needs of women, who have suffered with prenatal loss. It also follows the approaches and circumstances, means of support, which helped women to cope with such an experience. It also tries to identify such aspects, which hindered this acceptance or made it more complicated. Research inquiry involves 13 depth interviews, which were analyzed by IPA methodology. This qualitative approach was filled in with visual analog scale of coping with prenatal loss.

Based on the outputs of this qualitative mapping test pit, some important supporting aspects were identified, which help coping with prenatal loss. These are social support, mainly in partnership, close social surroundings, sharing with women with similar experience and information support. In contact with the nursing staff providing health care, important areas were found, which can, with appropriate approach, significantly support the process of grieving and appropriate integration in women with such experience. Some obvious important matters are good communication in the first place, offering adequate support interventions in the context of prenatal loss (e.g. parting ritual support) and respecting its subjective meaning.

Keywords: psychosocial intervention, perinatal loss, grief, crisis, abortion, stillbirth, hard life experience integration