



# TOPFA Grief

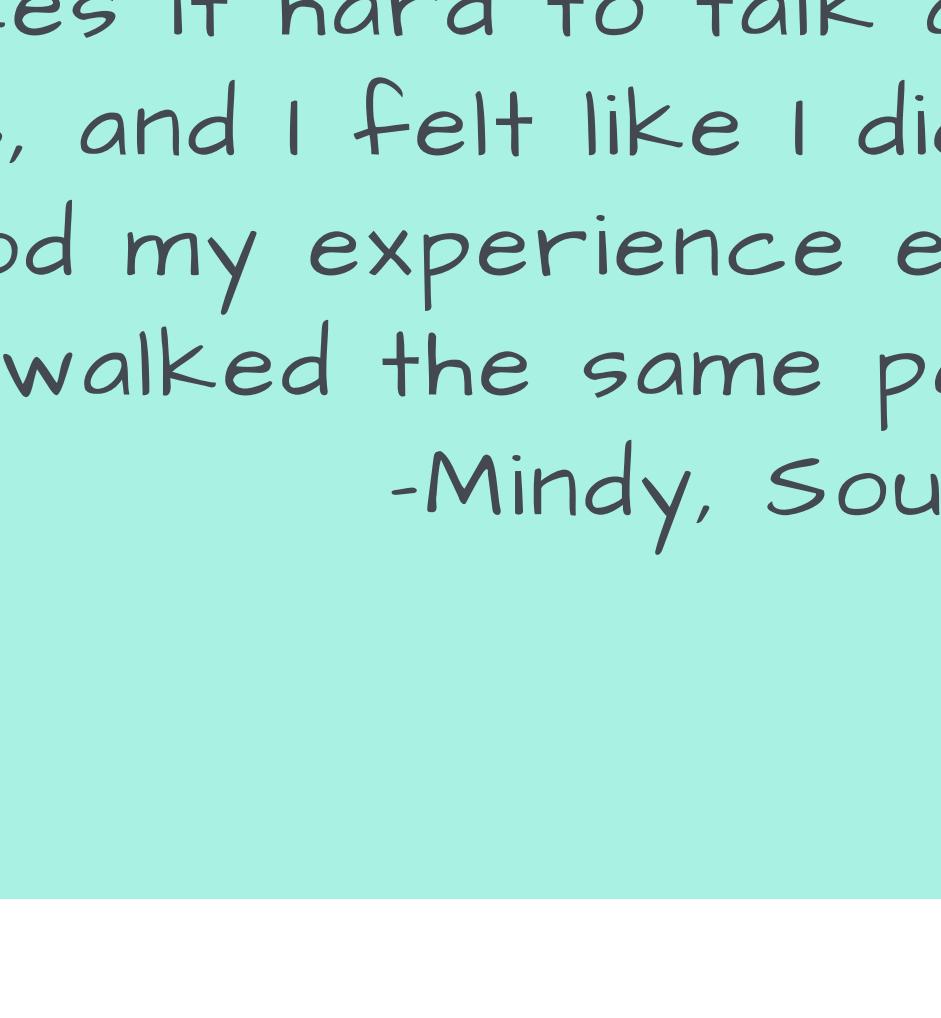
Why it's special, and why it's different.

- Longitudinal studies reveal that women who TOPFA maintain higher levels of psychiatric morbidity in up to seven years following the loss as compared with women who experienced other forms of perinatal bereavement.
- Research indicates that women who TOPFA are more likely to seek mental health support from their gynecologists following their loss experience, likely due to isolation and stigma.

Here's what providers need to know.



[TOPFA.org](http://TOPFA.org)



"I wish my providers knew how separate I felt. I had an abortion but was grieving my loss in a way many people who have abortions don't. And I found that loss groups that focused on miscarriage or stillbirth sometimes treated my loss as a 'choice', and not worthy of mourning. Add the judgment and stigma of ending a pregnancy that makes it hard to talk about like you might with another type of loss, and I felt like I didn't belong anywhere, and that no one understood my experience except for people who had walked the same path."

-Mindy, South Durham, ME



## It's disenfranchised.

Disenfranchised grief refers to mourning that is not sanctioned by society due to the stigmatized nature of the loss. Often, women who TOPFA feel they are not permitted to mourn.



## It's stigmatizing.

TOPFA has been attacked recently in the press and politics. Many women fear sharing their narrative and grief out of fear of judgment.



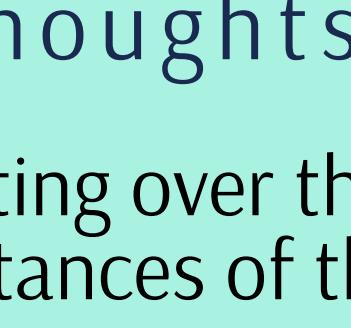
## It's isolating.

Women need providers who have immediate referral sources for peer support groups or therapists. Because this type of loss is so rare, women need to know that they are not alone.



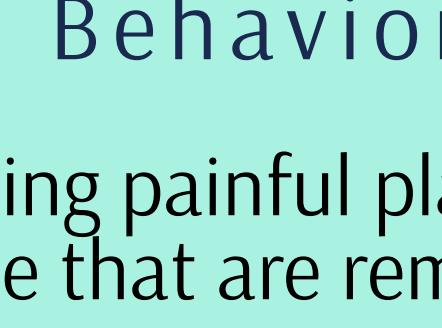
## It's misunderstood.

Providers may imply that the choice to terminate means TOPFA is not as devastating as other forms of pregnancy loss. This hurts women.



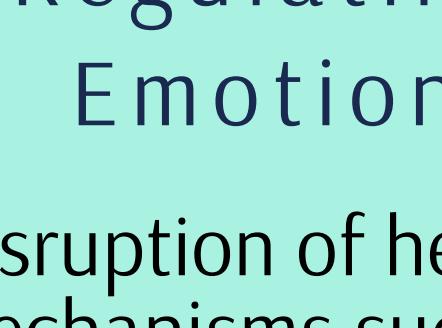
### Maladaptive Thoughts

- Ruminating over the circumstances of the loss
- Worrying they are grieving "wrong"
- Dreading the future
- Demonstrating irrationality



### Dysfunctional Behavior

- Avoiding painful places or people that are reminders of the loss
- preferring to fantasize or daydream about life prior to the loss
- Using sensory stimulation to feel closer to the deceased: smells, tastes, sights

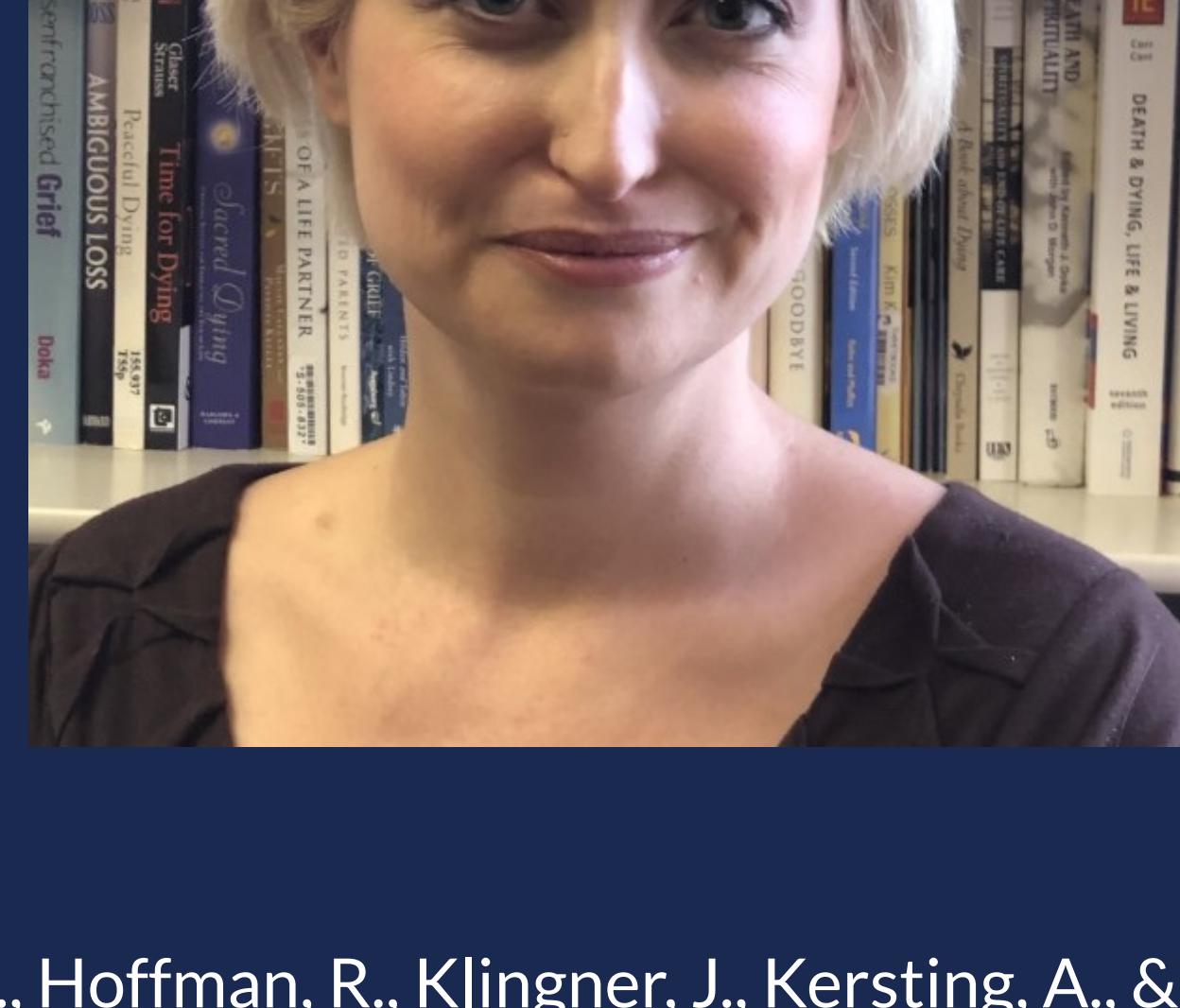


### Trouble Regulating Emotion

- Disruption of healthy coping mechanisms such as sleep, exercise, talking it out or seeking social support

Source: The Center for Complicated Grief [complicatedgrief.columbia.edu](http://complicatedgrief.columbia.edu)

Be aware that TOPFA grief is also different because of the significant amount of time that passes from diagnosis, to decision-making, to termination. The agony of this experience cannot be underestimated.



## Reach out for help.

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[www.topfa.org](http://www.topfa.org)

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Sources:

Hanschmidt, F., Hoffman, R., Klingner, J., Kersting, A., & Holger, S. (2018a). Help-seeking following termination of pregnancy after diagnosis of fetal anomaly: Women's intentions and experiences 1 to 7 years after the event. *GebFra Science*, 78(2), 160-166.

McCoyd, J.L.M. (2015). Critical aspects of decision-making and grieving after diagnosis of fetal anomaly. In J. Paley Galst & M. Verp (Eds.), *Prenatal and Preimplantation Diagnosis*. New York, NY: Springer.