





EMPIRICAL STUDIES

Stillbirth – transitions and rituals when birth brings death: Data from a danish national cohort seen through an anthropological lens

Mathilde Lindh Jørgensen MA, Midwife¹  | Christina Prinds MSc PhD, Associate professor²  | Sofie Mørk MSc, Midwife²  | Dorte Hvidtjørn PhD MPH, Associate professor^{1,2} 

¹Unit for Perinatal Loss: Aarhus University Hospital, Aarhus N, Denmark

²University of Southern Denmark, Odense, Denmark

Correspondence

Mathilde Lindh Jørgensen, Midwife, Master of Anthropology of Health, Unit for Perinatal Loss: Aarhus University Hospital, Palle Juul-Jensens Blvd. 99, DK- 8200 Aarhus N, Denmark.

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Abstract

Background: Many parents bereaved of a stillborn baby spend time with the child. In this time frame, different acts with the child in focus may occur. Some parents invite others to see the child too. Parents who suffer the loss of a newborn are vulnerable, and understanding acts and practices surrounding the dead newborn is important knowledge for caretakers.

Aims: This article aims to enlighten the amount of time Danish parents spend with their stillborn in hospital settings that encourage this practice. Furthermore, it aims to transcend the mere quantitative numbers through a theoretical approach that frames the analysis and discussion of possible layers of meaning imbedded in time spent with a dead newborn.

Study design: Data from a Danish cohort of bereaved parents were collected using web-based questionnaires. These numbers were successively interpreted through an anthropological lens within the perspective of transition and ritualisation. Knowledge from existing empirical literature was also fused.

Results from the cohort: Danish parents spend hours or days with their stillborn child. They feel supported in this by healthcare professionals. Mainly close relatives join the parents while admitted to the hospital to see the stillborn child, followed by other family members and friends.

Conclusion: Danish parents engage to a very high degree in contact with their dead baby. The analysis points out that 'Time' and 'Others' are needed to create a socially comprehensible status for parents and child when birth brings death. In liminal space during the transition, healthcare professionals act as ritual experts, supporting parents and their relatives to ascribe social status to the dead body of the child through ritualised acts. Instead of only thinking of this period as 'memory-making', we suggest regarding it as a time of ontological clarification as well.

KEYWORDS

stillbirth, ritualisations, transition, liminality, personhood, caregivers, cohort data, anthropology

INTRODUCTION

Time spent with your stillborn baby

When a child is stillborn at a Scandinavian hospital, many parents see and hold the baby. Parental contact with their dead newborn is also a phenomenon in other European countries and in the Northern part of America. The phenomenon emerged 3–4 decades ago as women and support groups for bereaved parents began to raise their voices about the need for parents to see their child and be acknowledged as parents (1, 2). This development also affected hospital settings and the attitudes and knowledge of healthcare professionals taking care of bereaved parents (3). Meanwhile, ongoing research explored and debated possible consequences, good and adverse, on especially maternal mental health outcomes after seeing and holding a stillborn baby (4–6). There now seems to be convincing scientific evidence behind the idea that parents who spend time with their dead baby benefit from this interaction regarding psychological outcomes (6–8).

In Denmark, the National Guidelines for Maternity Care services are based on this research and recommend an individual and compassionate approach to parents with a perinatal loss and further describe how to support the parents in being with their dead baby, making mementoes and inviting family members and friends to meet the baby. The guidelines also recommend acknowledging the parenthood and that healthcare professionals should strive to be present and respect the parents' individual emotions and reactions (9). However, no existing literature has so far examined the actual amount of time parents spend with their dead newborn in hospital settings that allow and recommend them to see and hold their child. Therefore, the first aim of this article was to describe this within a Danish context.

An anthropological lens

The parental acts and deeds after stillbirth vary from a quick glimpse of the child arranged in a duvet to extensive parenting over time. Some parents may even take the baby home and show him or her 'the life that was expected to be', before finally putting the child in the coffin (10–12). Parents' actions and contact with the dead baby are far more extensive than at other deaths, in a Western cultural context, where the dead bodies of older family members are handled hastily and typically entrusted a group of professionals. Often, undertakers advise relatives not to see the body when decay becomes obvious (13), and most relatives do not even see the body in the coffin (14). Accordingly, parents' dynamic interaction with a dead baby differs from and is out of scope of socially and culturally sanctioned general behaviour when people die.

The 'anthropological lens' in this paper means paying attention to how practices and understandings of meaning are socially constructed and shaped. Practices surrounding birth and the newborn do not derive from our individual needs and preferences but are intertwined in contemporary social and cultural settings. Similarly, this holds for the ways we manage the dead body. Some behaviours are sanctioned by societal norms, and others are depreciated as abnormal (15, 16). Strong reactions are sometimes expressed against the parents, as in this commentary track after a newspaper story, telling how a young couple had their dead daughter in a cooling cradle for two weeks: 'This is really sick and disgusting', 'It is the ultimate selfishness to treat a dead corpse as a doll' (17). In a review and meta-analysis of the psychosocial impact of stillbirth, Burden et al. also found many parents who indicated that even mourning the death of a newborn was taboo and not culturally acceptable (18).

Anthropologists have shown that the margins of life, when it begins and ends, are sites for examining how boundaries of life and death are asserted and negotiated, and how people and relationships are made and unmade, typically involving ritual practices (19–21). Parents and healthcare professionals are standing amid these ritualisations and negotiations. Healthcare professionals often act as facilitators of the very first meeting between the stillborn child and its parents.

Thus, the second aim of this article was to theorise about some of the underlying reasons for time spent with a dead baby, arguing that acts of seeing and holding are ritualisations in the transitional time of life and death.

METHODS

Design

This paper was founded on two successive analyses: Firstly, we explored to what extent Danish parents see and hold their dead baby using data from the Danish cohort of bereaved parents 'Life after the Loss' (22). Secondly, we tried to explain possible underlying rationales for interactions between parents and their dead baby by applying an anthropologically inspired, theoretical perspective through which we interpreted the findings from the quantitative data. Analysing the interactions within this perspective was not an aim in the original research questions in the 'Life after the Loss' study: The theoretical perspective was used subsequently as an analytical frame for interpretation and was added to interpret empirical findings beyond description (see also 23).

To give supplementary empirical substance to our analysis, we fused knowledge from existing empirical literature in the discussion.

Thus, the result section is concise and the discussion extensive since the anthropological analysis is embedded within the discussion.

Participants in the empirical study

The cohort 'Life after the Loss' comprises mothers and their partners in Denmark who experienced a stillbirth from January 2015 till August 2019 (intrauterine death after gestational age 22 weeks).

Data collection

Data collection started in 2015 and parents were invited to participate at the time of hospital discharge or via the Patient Associations homepage. Data were collected using web-based questionnaires distributed at 1–2, 7 and 13 months after the loss. For full description of the cohort, see Hvidtjørn et al. (22). Regarding contact with the baby, the parents were asked whether they saw and/or held the baby (yes/no), how much time they had with the baby (minutes, hours, days) and whether anybody else saw the baby (partner, parents, in-laws, other family members, friends, other). Parents were asked to which degree they felt supported by the midwife (on a 5-point Likert scale). In Denmark, midwives attend all births and hence a midwife supervises the very first encounter with the dead baby. The level of satisfaction with the midwife can thus be seen as an indirect measure for the feeling of support during this first meeting.

The characteristics are presented in numbers and frequencies (n, %).

Ethical considerations

The project was enacted according to the recommendations for good scientific practice (24). Bereaved parents are a particularly vulnerable population and inviting them to partake in research requires specific ethical considerations. However, studies show that bereaved parents find partaking in research projects to be a positive experience (25, 26). Participation was voluntary, anonymous and confidential. Participants gave their consent by ticking a box stating confirmation to participate in the study and afterwards access to the questionnaire itself was given.

Theoretical perspective

The theoretical perspective, used as an analytical frame, was specifically based on the work of ritual researcher Catherine

Bell and on the fieldwork and studies of ethnographers Arnold van Gennep and Victor Turner (27–29).

All over the world, it is found that pregnancy and birth are regarded as major existential transitions during a lifetime (2, 27, 28) and as such are events inevitably connected to rituals: Where you find people, you'll find rituals and a '...deep human impulse to take the raw changes of the natural life and 'cook' them (...) thereby transforming physical inevitabilities into cultural regularities' (27, p. 94).

The impact of rituals in general is diverse and complex, not to mention the task to define 'ritual' as a concept. Instead of thinking of rituals as a more or less formal, stiff phenomenon, we operated with the more loose term 'ritualisations', by Bell defined as '...the simple imperative to *do* something in such a way that the doing itself gives the acts a special or privileged status' (27, p. 166). The style of doing creates a framework around the act that communicates significance (ibid.). Among the various functions of rituals and ritualisations, ritual as a mechanism for bringing the individual into the community is paramount in this context (27, p. 89). Bell's concept of ritualisation can contain the different forms of acts that parents do with their dead child, which to some degree share similarities but in the end are very individualised not following a specific chronology or liturgy.

Building on the works of van Gennep (28), ethnographer Victor Turner further developed the concept of liminality; the most significant part of the transition, he argued (29, p. 110). He pointed out the ontological and socially insecure and unstable position where individuals involved in a transition no longer belong to their previous status and are not yet integrated into the new one. Being liminal is being 'betwixt and between' in the middle of transition and 'that which is neither this nor that and yet is both' (29, p. 99). The consequence of this can be social death, no longer belonging to any known societal category (29). Using the concept of liminality can clarify the tremendous significance time spent with a stillborn baby may have for social recognition and belonging, meanwhile the possible dangers involved are not overlooked.

RESULTS FROM THE COHORT

In the study period, 173 parents who experienced a stillbirth answered one or more questionnaires in the 'Life after the Loss' – survey. The mean age was 31.4 years, and nearly, all participants (97.7%) were either living with a partner or married (Table 1). The response rate was 45%, and the majority were women (68%).

The participants were asked whether they saw or held their dead child and for how long: minutes, hours or days? Among 173 parents who experienced a stillbirth, 160 (97%) saw the baby and 147 (92.5%) held the baby (Table 2). No differences were found between men and women. Less than

TABLE 1 Characteristics of bereaved parents who have experienced stillbirth.

	n	%
Sex		
Female	119	68.8
Male	54	31.2
Missing	0	0.0
Age, mean (SD)	31.4	5.1
Missing	3	1.7
Marital status		
Living alone	4	2.3
Living with partner	96	56.2
Married	71	41.5
Missing	2	1.2
Education level*		
<2 years of higher education	48	28.1
2–4 years of higher education	85	49.7
>4 years of higher education	38	22.2
Missing	2	1.2
Previous loss (yes)	4	2.3
Missing	2	1.2
Living children (yes)	78	45.6
Missing	2	1.2
Gestational week at time of death		
22–27	60	34.7
28–31	19	11.0
32–36	32	18.5
≥37	62	35.8
Missing	0	0.0

*Education level completed.

10% had only minutes together with their child, while 40% reported having spent time with the child for hours and 52% for days. When asked about who else saw the child, 128 parents (75.7%) reported that their parents or parents in law saw the child and 90 parents (53%) reported that other family members saw the child, while 50 parents (30%) reported that their friends had seen the child.

We also asked the parents to which degree they felt supported by hospital staff and 150 parents (87%) felt supported by the midwives to a high or a very high degree.

DISCUSSION

An anthropological lens – time with a dead baby in the perspective of ritualisation.

Based on these empirical findings from the cohort, the question arose: How can we understand the underlying

TABLE 2 Bereaved parents' interactions with the child following stillbirth.

	n	%
Saw the child (yes)	160	97.0
Missing	8	4.6
Held the child (yes)	147	92.5
Missing	14	8.1
Time with the child		
Minutes	13	8.1
Hours	64	40.0
Days	83	51.9
Missing*	13	7.5
Other people saw the child (yes)	169	97.7
Parents/parents in law	128	75.7
Other family members	90	53.0
Friends	50	30.0
Missing	0	0
Support from midwife (high/ very high)	150	86.7
Missing/not relevant	6	3.5

*Including 5 who did not see or hold the child.

reasons for time spent with a dead baby? In the following, we will analyse and discuss these questions within the theoretical frame 'ritualisations'. We will look at the transitions of the newborn and the parents and at the state of liminality as encompassing danger *and* possibility.

Mid-transition: Liminality

In pregnancy and childbirth parents to be as well as the growing foetus are in a transitional passage moving from one status to another. When a child is born, parents and other relatives will typically look at it, recognise it and include it into family and society. This might appear as a trivial fact, but it is not to be taken for granted. Several ethnographic studies have shown that there is a critical moment for the child, where it is either recognised as a human being to be included and socialised or neglected and excluded from the care and love, its continuous life depends on, and that the process of becoming a person takes time and effort (19, 30, 31). Despite widespread use of ultrasound technology during pregnancy the newborn child is still an unknown, at birth not yet being completely integrated as 'one of us' (19, 32).

The parents, especially if they are first time parents, are in the process of evolving their new status as parents in social space. With the terms of van Gennep, they are being *reintegrated into society with their new identities* (27). We all know, from our own culture, the kind of ritualised acts performed in order to welcome and recognise a newborn child

and its parents: It could be gifts like toys and flowers, utterances about resemblances of the child with the parents and about its beauty and skills, and the child passing from arm to arm of relatives. The parents are expected to act and react in certain ways and take care of the child to be considered competent in their new role. Later on, the child will often be included in more formal rituals like baptising, circumcision or name giving which emphasises the child's belonging to something bigger, be it societal and/or religious, than just close family (33). When something goes awry in this at the same time complex and yet in some ways manualised transition, child and parents are left in liminality, the transition being difficult if not impossible to complete. Many bereaved parents, whose baby has died, experience their loss as being invisible and themselves not knowing who they are and what kind of loss they have suffered (2). Considering the newborn and parents as ritualised passengers that pass '...through a realm that has few or none of the attributes of the past or coming state' (29, p.94), this ontological and social invisibility is comprehensible.

The results showed that 52% of the bereaved parents spent days with their stillborn and 98% showed the baby to family members (Table 2). *Time* and *Others* thereby seem to be crucial elements during the transition.

Seeing what or whom?

The newborn dead child is double liminal because it is newborn *and* dead (2), and thereby two transitions are needed – the newborn being integrated into the family and maybe a broader social context and the dead child being separated (at least as a material corpse) from the world of the living in order to secure its transition and integration into the land of the dead, materially and/or spiritually. At birth, the double liminality is biologically concrete in the body of the newborn being both warm and new and yet showing signs of death: Dark lips, maceration of skin, and silence. It is a body presenting the poles of existence (34).

The moment of birth is particularly sensitive. The child leaves the woman's body and appears as a material manifestation. From a review of clinical management and parental outcomes by Burden et al., we know that couples facing their stillborn child may express both fear and curiosity of that sight, imaginations alternating between beautiful babies and/or monsters (8). As anthropologist Mitchell points out, acts of seeing are never objective (1). Most or all of us are only able to see what we have learned from the definitions of our culture (29, p. 95). This leaves the parents on unstable ground, fearing what to expect and thus relying on healthcare professionals, who are still positioned in the structural realm and thereby able to reach 'the cake of custom' (29, p. 106) and known categories that liminality otherwise breaks (29).

In a meta-synthesis, Kingdon et al. stress that parents highly appreciate when healthcare professionals tell how beautiful and baby-like a stillborn child is and treat it like any other newborn (live born) (35). It helps the parents enjoy the experience of seeing the newborn, despite of its death, and makes them feel more validated as parents (35, 36). Visibility *and* invisibility are both key elements in constituting and maintaining a particular social order (1), and it appears that 'translating' the visibility of a dead and potentially malformed or premature child helps parents manage their fear about it and make them perceive their child in manners that emphasise the positive and beautiful features in their child, which literally is the *re*-product of its parents (37–39).

Notions of what it takes to be a person are unstable, especially at the beginnings of life (19, 30, 32). In a ritualised context, following Bell's definition, seeing the child is a decision made to look in certain ways followed by a decision about how to convey the sight, ascribing social status to materiality with words and acts (27, p. 166; 40, pp. 22–23; 41, p. 256). In this sense, healthcare professionals involved become ritual experts who mediate between the parents and the dead newborn and are cocreators of the social status of the dead body. What does a 'ritual expert' mean? It is not some kind of magic, rather it is guiding parents in doing something in a way that adds significance and specialness to the acts (27, p. 166). When healthcare professionals chose their ritualised acts and words to form the body of the child into a person or a human potential, they are leaning into both the specific situation and interaction with specific parents, and into previous experiences, (scientific) knowledge and current paradigms of how to treat parents who suffer a perinatal loss. It is, as Turner underlined, in liminal space that the basic building blocks of culture are exposed (29).

Healthcare professionals within Western biomedical settings may be reluctant to recognise their own acts as ritualisations (42) but bringing an awareness to this perspective probably can bring forth a more developed language about the dimensions of suffering a perinatal loss and the task of healthcare professionals involved, being cocreators of the ontological status of the child.

Typically, parents' time with a stillborn baby is described as having the meaning of memory-making, this is seen both in scientific literature (8, 35), healthcare guidelines (9) and in presentations of the subject in media and on personal blogs (43–45). The idea of 'memory-making' is not necessarily clearly defined in the different sources, but memory-making, in diverse understandings, seems to be an important part of being with the stillborn child. In a ritualised context and in the perspective of transition and liminality when birth brings death, we find it essential to add the question of ontological clarification. Both when it comes to being socially created as a person or a human potential, and clarification of the borders between life and death.

Liminality: Dangers and opportunities

People are made by people, anthropologists argue, which means that personhood is not contained in biology (19, 30, 32). In the transitional moments of gestation and birth, personhood is imminent but not assured (21). These points are vivid in a liminal state of being with parents and child in a painful transition containing birth, death, confusion of bodily boundaries, blood and mess, revealing feelings of uncertainty about the status of their loss and own identity (2, 46, 47).

However, the state of being liminal does not only contain danger and risk of social invisibility or social death, it also provides an opportunity and freedom to ‘...juggle with the factors of existence...’ (29, p. 106) creating a space of possibilities and an ‘as if-universe’ (48, p. 7) where ordinary rules and time cease to exist, thereby allowing the parents to be and interact with their child as if it were living. ‘The sociocultural world has its own order and purposes, and they can be exercised so as to try to dominate the imperatives of biology’, says Bell (27, p. 37).

The majority of parents in the cohort in ‘Life after the Loss’ spent hours (40%) or days (52%) with their stillborn (see Table 2). Other sources (8, 35, 36) describe acts and content of time spent with a stillborn: Parents often hold the baby and dress, bathe, caress and talk to the baby. It is described as well that some parents do feel scared or uncertain about what they are allowed to do with the dead baby (18, p. 9). A bereaved mother, admitted to a maternity ward at a Danish hospital when giving birth to her stillborn daughter, explained: ‘The midwives at the ward showed us that it was fine being with our daughter as if she were alive’ (43).

By entering this liminal ‘as if-universe’, parents are able to taste a minor part of the hoped-for future they expected to have with their child and for a while dominate the imperatives of biology, if conditions and settings (hospital, health-care professionals, relatives) allow them to have this time. Juggling with the factors of existence in an ‘as-if universe’ doesn’t mean the parents don’t know their child is dead, it means that being in a liminal space offers a transcendence of the boundaries between life and death (10). As hours and maybe days go by, the body of the child will of course change, and the transition of the child as dead becomes dominant. The parents will typically start to prepare the funeral in detail and try to prepare themselves for the last sight and physical encounter with their child as a concrete, physical body.

From the number of family and friends who engage in contact with the dead baby in the ‘Life after the Loss’ study, it appears that parents in Denmark to a very high degree feel supported in being with and building a bond to the dead child, thereby including child and parents in a community. However, we do not know whether these parents are confronted with a lack of understanding when they maintain a continuing bond

to the child. It is noticeable that when 76% showed the baby to parents /parents in law, less (53%) chose to show it to other family members and for friends the number was 30% (Table 2). The reasons for this are probably various. Maybe some parents are too emotionally overwhelmed to involve others than (in law) parents, maybe it exemplifies a fear of being judged by others and/or maybe friends and more peripheral family members are reluctant to see the dead infant.

Performing the previous-mentioned ritualised acts is not a natural, automatic phenomenon. Parents may express both ambivalence and fear about the appearance of the baby and worry about damaging the fragile body and/or they may fear being judged by others for their interactions with a dead baby (8, 18, 35). For outsiders, the ‘as if-universe’ and the transition and integration of the dead child as a newborn *and* the couple as parents doing parents-things can indeed be difficult to understand. When birth brings death, it is a paradox and dead newborns are potentially very frightening – they remind us of the fragile boundary between life and death and disturb a cherished narrative of linear progress (2, p. 66). Taking a tour with a dead child in a pram can then be considered deeply disturbing, mixing life and death in ways that threaten social orders. The process of defining the loss of a person or a human potential that is no longer here and who had a very brief time in the social world, may seem almost incomprehensible.

Strengths and limitations of the study

The study was based on supplementary analytical approaches; a quantitative assessment of empirical data and a theoretical interpretation elaborating the findings. We used unique empirical data from a population-based Danish cohort of bereaved parents, the ‘Life after the Loss’ cohort. This survey included data on the actual time the parents spent with their child, and to our knowledge, this is not presented earlier. One limitation was the response rate of 45%.

The analysis and discussion within the theoretical perspective of ritualisation were built on a solid tradition of treating pregnancy and childbirth as ritualised transitions in life. This is found in many cultures and countries, including the Western. The fusing with existing empirical literature, not directly related to Danish settings, limited on one hand the chance of being analytical specific about this exact cohort of parents and their time spent with baby. On the other hand, the empirical studies, that we fused into the analysis, were mainly presented in reviews and syntheses gathering results from a number of Western countries, which strengthens the transferability of our analytical points. Ideally, we would have had the opportunity to generate data based on qualitative methods like interviews and/or participant observation to explore the experiences and meaning making of the involved

parents. Hopefully, this article can prepare the ground for further research on the subject.

CONCLUSION

The Cohort data demonstrated that the parents spent hours or days with their stillborn child and invited others to see the child. The anthropological lens and the theoretical perspective of ritualisation reminded us that as social beings, we are deeply intertwined in shared social processes and practices which shape and create who we are, and how a life event as stillbirth can be understood. Approaching a complex phenomenon as stillbirth from different perspectives may inspire both clinical practice and further research.

By applying our theoretical analysis, we have argued that the parents with time and ritualised acts, try to create distance to the insecure state of liminality they and their newborn otherwise risk to be caught in, and in this process also gain fuel from the structureless realm and reflective stage of liminality (28, p. 98, p. 105). In the different kinds of ritualised interactions between parents, family members, friends and healthcare professionals – with the dead baby as the centre of focus – the community is not only ascribing the baby human potentiality or personhood, but also the bereaved couple a status as a mother and father. When going on with their lives bereaved parents must face the lack of their lost child growing and developing, but they will to some extent be able to share experiences of parenting a newborn in ways sanctioned by societal norms (dressing, bathing, caressing, holding, inviting relatives to see etc.) thereby minimising the liminality they are at risk of getting stuck into.

Since liminality is danger *and* possibility it is paramount that healthcare professionals act as ritual experts to support parents as well as relatives through the dangers and possibilities in this time frame where ‘new flesh must be interpreted, shaped and transformed into socially meaningful forms’ (29, p. 663). Otherwise, time shared with the dead baby might appear frightening and overwhelming.

Parents’ dynamic interaction with a dead baby for hours or days can create astonishment and/or condemnations. Even though bereavement support groups for parents highlight perinatal loss to make it comprehensible for relatives and others, it remains somehow in the dark, hidden first inside the woman's womb and afterwards behind closed doors in maternity wards and morgues. It takes ‘time’ and ‘others’ to socially recognise a dead newborn.

Reflecting on these findings in the light of the clinical reality at many busy maternity units today a new question arises; are we obstructing important processes if the hospital settings do not enable the development of ritualisations and the opportunity for interaction for hours or days, between the parents and their dead baby in liminal space?

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AUTHOR CONTRIBUTIONS

Jørgensen, Prinds and Hvidtjørn conceptualised and designed the study. Hvidtjørn and Mørk involved in acquisition and description of quantitative data. Jørgensen, Prinds, Mørk and Hvidtjørn involved in analysis and interpretation. Jørgensen drafted the manuscript. Jørgensen, Prinds, Mørk and Hvidtjørn involved in critical revision of the manuscript for important intellectual content. Hvidtjørn obtained funding. All authors have given final approval of the version to be published. The authors are responsible for the content and writing of the paper and report no conflict of interests.

ETHICAL APPROVAL

The ‘Life after the Loss’ study was approved by The Danish National Data Protection Agency (no. 18/15684, 7 October 2014).

ORCID

Mathilde Lindh Jørgensen  <https://orcid.org/0000-0003-2385-3770>

Christina Prinds  <https://orcid.org/0000-0003-2376-1278>

Sofie Mørk  <https://orcid.org/0000-0003-4713-528X>

Dorte Hvidtjørn  <https://orcid.org/0000-0003-1111-9114>

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