

Tips for Supporting Patients through Miscarriage & Stillbirth

Giving Our Patients the Care They Need When the Worst Happens

1 Acknowledge the loss of their baby. A simple “I’m sorry,” a hand on the shoulder or arm, or a hug goes a long way. It’s ok to let them see your tears and to show emotion – it helps to know that you care about them and their baby.

Always use the term “baby” or use the name they had chosen for their baby – do not use the terms “fetus” or “tissue” or “lost pregnancy” or “non-viable pregnancy” with the parents. To them, it wasn’t any of those things, it was their baby regardless of how far along they were or weren’t. **2**

3 Talk them through every step and action that comes after hearing that their baby has died as well during and after the d&c, natural miscarriage, or stillbirth delivery. “This is what is happening next.” “Here’s what we need to do now.” “I know this is hard, but we need to fill out this form about how to handle your baby’s remains.”

Make sure they have family or support around during all stages of this. Be aware that their mind has gone numb and fuzzy with grief and they may have poor memory and cognitive functioning for a while. They may need extra clarification and repeated explanations.

For later term miscarriage and stillbirths, encourage the family to take photographs and keep mementos. Tell them about the free services of **Now I Lay Me Down to Sleep** for having professional photographs taken of their baby and them with their baby. Take footprints for the family or snip a lock of the baby’s hair for them to keep. Even if the baby is very small or not fully physically formed, encourage them to have photos and mementos. They may initially resist but gently offer again a little later - many will accept with a little encouragement and be grateful for it later. **4**

5 Reassure the mother that she didn’t do anything to cause her baby to die. Miscarriage and stillbirth happen for a thousand different reasons and it’s often difficult to determine why. Still, many mothers carry a lot of guilt over little things they may or may not have done – having sex, drinking caffeine that one time, doing some form of exercise, eating too much ice cream – and blame themselves for the death of their baby. It helps to hear from medical professionals that these things are not to blame and that they are mothers who loved and cared for their baby as long as they could.

Avoid any phrase that begins with “at least” or other similar cliché phrases. Examples include:

- at least it was early in pregnancy
- at least you know you can get pregnant
- at least you have other children
- you can try again
- it was God’s plan or
- you are young yet

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These feel very dismissive and hurtful to those who are grieving their child. Instead, keep it simple. “I’m sorry.” “This is hard.” “How can I support you?” Even an honest, “I don’t know what to say right now” is better. The truth is there is nothing you can say to make it better. Letting them know you care does, however, help.

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Be aware that they may be extra sensitive to being around pregnant women and babies or pictures of pregnant women and babies after their loss. Check out your waiting areas and patient rooms – will these grieving mothers be faced with pictures of pregnancy and babies during their follow-up appointments? Do your best to keep waiting areas free of pictures of pregnancy or babies and, if possible, provide an alternative space for these mothers to wait away from other pregnant women or babies. Let them know that this is an option they can ask for if needed.

Provide mothers & families with a resource list that includes:

- Local and online support groups
- Counselors who specialize in this kind of grief.
- Funeral homes or crematoriums that are sensitive to the special grief that comes with the loss of a child.
- Contact information ready for local **Now I Lay Me Down to Sleep** photographers to come for the miscarriage or stillbirth and take photographs of them with their baby.

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Perhaps most importantly, follow up. Check in with them after a few weeks and again in a few months about:

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- Whether they have support
- If they need a referral to a counselor
- Any emotional and physical concerns they have
- Post-partum depression/anxiety (often missed in cases when the baby doesn’t live)
- And overall coping

Far too many families feel isolated and alone following the loss of a baby and feel unable to ask for what they need due to the general society discomfort and silence around baby loss. Encouraging them to seek support can help reduce the feeling of being alone.