

Healing From The Start

Dealing with Late Miscarriage, Stillbirth and Neonatal Death



**-An Empowering Guide for Medical & Nursing
Staff-**

“Help Heal Patients Emotionally, As Well As Physically”

by

Lori Martini

**This document has been prepared in loving memory of Bryce Neily Martini
(Full-Term & Stillborn on November 30, 2004 due to Placental Abruption)**

“Forever a part of our Family, Forever our Son, Forever Loved”

Lori & Toby Martini

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Healing From The Start

A Coaching Manual for Medical & Nursing Staff

By

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The shock that parents feel, after their baby has died, often leads to their making decisions concerning their baby that are regretted later on. The way that parents are dealt with, by medical & nursing staff, following the death of their baby will influence their grieving process.

Parents, who receive exemplary emotional support from medical & nursing staff, after the death of their baby, generally come to terms with their loss more easily and are able to carry on with their lives more peacefully.

By staff providing an extremely supportive environment, during such a devastating loss, this will allow for newly bereaved parents to have quality time to integrate their grief more effectively into their lives.

One of the most important efforts that medical & nursing staff can do to support bereaved parents would be to help them make memories with their baby who has just died.

By applying the suggestions in this coaching manual, staff can help heal patients emotionally, as well as physically.

If any medical or nursing staff member is assigned to a family who has just had a baby die (or is going to die shortly) and that staff member feels that they are **'too'** uncomfortable with the situation to help effectively, then a **'seasoned'** staff member should be assigned instead. Although, it is **highly recommended** that the 'uncomfortable' staff member assists or shadows during the grief care with the newly bereaved family. This way they can learn hands on from the **'seasoned'** caregiver on how to give above and beyond compassionate grief care to these very deserving families during their **'one and only'** opportunity to spend time and make memories with their precious baby.

Medical & nursing staff is highly advised to consult this document every time they are preparing to take care of a family whose baby has just died. This will empower staff to take care of their patients/parents with confidence. By applying the following suggestions (which comes directly from past bereaved parents) staff will feel more confident that what they are doing/saying is the right thing even though emotions may be at their most heightened right now.

* * * * *

What you can do to help...

A gentle way to start would be to simply say to the family; **"I am so very sorry for your loss and we are here to support you..."**

If the hospital has pamphlets or books on the subject of dealing with the death of a baby, such as **"Empty Arms" by Sherokee Ilse**, then have staff go one step beyond just handing it to the family to read. With the parent's permission, open it up with them and **read the important parts that they need to consider right now!** Then encourage the parents to read it over again by themselves.

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If a language is spoken, other than English, try to have a caregiver who can speak their language or at least find someone to come in to interpret **accurately** all that needs to be said.

If possible, provide a bereaved patient with a private room. If this is not possible, then offer a private room on another floor. Help them to understand the pros and cons of choosing which floor/department mom will be in.

If the patient decides to move to another floor, **make sure they are not ignored and receive the same high quality care as other parents on the maternity floor.**

Have the room and patient's chart flagged in a way that lets all staff members know that this family's baby has died.

Let the patients know that they can have a "**Peer Support Parent**" come in (**this is a bereaved parent that has integrated their grief into their life and can now provide guidance to newly bereaved parents prior to their loss, during and afterwards.**) Other options for support are a Perinatal Bereavement Counselor, Social Worker, Chaplain or Specially Trained Nurse to come in **immediately** to help them with this emotionally devastating loss. This includes prior to the baby's death and afterwards too.

Limit sedative use for bereaved patients. It can interfere with crucial decision making, which may lead to regrets later on by the parents. Sedatives can also stall the grieving process.

Highly encourage parents to name, hold, touch, talk to and kiss their baby who has died. This offer to hold and touch their baby should remain open for the entire time that they are in the hospital. It is important to explain to the parents '**why**' do these things, since they probably never thought about this in their life. They should be encouraged to say, "**Hello**" before they are rushed to say, "**Goodbye.**"

Personalize the parent's loss by referring to their baby by his or her given name. If they have not yet named their baby, ask if they have a nickname. **Do** encourage the parents to **highly** consider naming their baby since this will help make their baby real, especially to relatives and friends who might not know how to respond (is it a person who has died or more like a surgery the parents will get over quickly?)

Before the parents see and hold their baby for the first time, staff should describe the baby's body temperature and condition in realistic, but not overly negative words (even when the baby's condition is poor.)

If a parent is too afraid to hold their baby, staff should offer (**and model for the parents**) their help in showing them how to handle their baby's body. Many bereaved parents from the past have let it be known that they found the courage to hold their deceased baby simply after seeing others holding and snuggling their child. Besides guiding the parents to hold their baby, also help them to examine his or her body (the nose, the toes, the eye color, the fingers and the baby's backside... maybe even uncovering these parts one at a time. Ask whose toes or nose their baby has; Dad's? Grandma's?

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Offer the parents the option to bathe and dress their baby in a special outfit (**assisted or unassisted.**) If the parents do not want to do the bathing themselves, then offer them the option to watch their baby being bathed and dressed by either medical & nursing staff or by another family member. Explain to the parents that bereaved parents from the past have taught the medical community that caring for their baby in this manner can be very healing. It is a chance for the parents to make a memory with their child; bathing/parenting their child.

With the parent's permission, encourage the presence of friends, family members (including their other children) to see their baby. **Not just the parents.**

Offer each family member time (individually) alone with their baby to say their private goodbyes.

Even when the family says that they are done saying their goodbyes to their baby **gently** offer the parents the option to take more time.

If the parents insist that they are done saying their goodbyes accept this request, but remind the family that they can change their minds and have their baby brought back later. Let them know that many parents have changed their minds and have had their baby's brought back to them. You might also pass on to the family that some parents have even decided to keep their baby with them in their room the entire time that they are at the hospital. If they choose this option, do prepare the parents for what changes they can expect to see in their baby's body.

Medical & nursing staff should share their feelings with the parents openly. Parents have expressed that they appreciated it **tremendously** when staff showed their emotions and even cried. This shows the parents that their baby's lives had an impact on others as well as their own.

Strongly inform the newly bereaved parents that past grieving parents have taught the medical community that gathering mementoes of their baby can be a very healing and good thing to do. **Verbally** inform the parents that it isn't morbid, it instead honors their child's short lives. It is a tangible/visible way to keep their baby's **memory** alive.

Inform newly bereaved parents that **"We know of no parent who has ever regretted spending time with their baby or taking & keeping mementoes of their child, but an OVERWHELMING number of families have regretted NOT having taken any."**

Keepsakes help with the grieving process; they provide comfort to the families in the days to come. **Keepsakes can include, but are not limited to the following:** memory boxes, memory books, grieving pamphlets & books, hospital certificates, **pictures** of their precious baby, **ink** (feet and hand prints), **clay** (feet and hand prints), hospital bracelets, toys that were intended for their baby, jewelry, a cross, special clothing worn by their baby, meaningful music, condolence cards (one signed by the caregivers too,) a lock of hair and a crib card (with their baby's name, date of birth, weight and measurements.)

Be mindful/respectful of cultural and religious differences in grieving and taking keepsakes. For example, not all cultures would allow such things as taking pictures of deceased family members. Offer the pictures & keepsakes to the bereaved parents, explain **'why'** they might consider doing these things, but do respect their wishes if they say their culture or religion does not allow it.

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Offer to take pictures of the **entire family** and **individual pictures** with their baby. These pictures will likely be all they have for the rest of their lives. Advise the parents that even though it may feel uncomfortable or somehow inappropriate to take pictures of their deceased baby, grieving parents from the past have said that **pictures** are one of the **top most cherished items** that bereaved parents have said that they have after their baby is gone.

Remind the parents this is a loved baby/family member who happens to have died – still loved who will need to be remembered. **Pictures** will help that over time. **Take many pictures**, clothed, unclothed, being held by mom, dad, with siblings, relatives, friends, caregivers and family group photographs as well. You can also include pictures of their baby being bathed, dressed, kissed & caressed, rocked, during ceremonies & rituals and with items of special meaning next to their baby (the parent's wedding rings, a cross, a stuffed animal etc...) With digital options so available now there is no film cost and no disadvantage to taking literally hundreds of pictures.

Advise the parents that these are special pictures; they don't have to necessarily look at the camera and pose. Just have the parents surround their baby with love, hugs, kisses etc. and let the photographer capture the memory/moment.

If there are twins or higher multiples be sure to take pictures of them all together, especially if some live and some have died. It can warm a parent's heart to see the siblings together...just like they were in the womb.

Besides staff doing digital pictures with the hospital camera, highly recommend that the family do pictures with their own camera and possibly even a video camera. Include close up shots of their baby's face, full body shots, nude shots from all angles (backside included,) they might even consider doing some in black & white.

If the family is not up to taking their own pictures, staff can offer to use the patient's camera for them.

Special items can be placed next to the baby in the picture, this can remind parents later on the actual size their baby was when born.

With the parent's permission, and **as soon as possible**, staff should call a professional photography company in to take pictures of the baby and the baby with the family members. "**Now I Lay Me Down to Sleep**" is one such organization.

Inform parents that the nationwide non-profit organization, "**Now I Lay Me Down To Sleep**," offers **FREE** infant bereavement/remembrance photography at hospitals. Their website has a section that lists which photographers in their city would come to do such special photography. The website address is: www.nowilaymedowntosleep.org (If the parents do agree to have **N.I.L.M.D.T.S. come to the hospital, inform all staff that the volunteer photographer 'is' to be allowed into the family's room to take pictures.**) **Timing is crucial on getting quality pictures!**

If the family does **not** take the pictures of their baby home with them, it is very important that before the family is discharged from the hospital that the staff gets current phone numbers, email address and mailing address of the bereaved family. This will ensure that the pictures will make it to the parents without any problem.

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Approximately one month after the birth, contact the family to let them know that their pictures are available if they chose **not** to take the pictures with them when they left the hospital (right after birth some families say they don't want pictures, but then change their minds once at home.) By calling the families one month (or later) after birth this gives them extra time to decide if they want their baby's remembrance pictures or not. If the parents, once again, choose **not** to get the pictures let them know how long the hospital will store them for, should they change their minds and decide they want them after all.

Offer Naming & Blessing Ceremonies, Baptisms, Kaddish or other rituals to the parents. If a family chooses to have no ceremony, honor their decision.

If the cause of death is known, offer families a detailed report (using layman's terms...no medical jargon) concerning the cause of their baby's death.

Otherwise, if the cause of death is **not** known, offer an autopsy or pathology exam to be done on their baby. Do explain how long it will take to get the results back since this becomes a worry to bereaved parents and seems forever...especially if they have not been forewarned.

Let parents know about their rights in getting a birth certificate (or stillborn certificate) and a death certificate.

Provide **complete** information on burial and cremation options for the parents. Let them know how long they have to decide, so that the parents don't feel rushed into a decision that they may regret later.

Even though the following offer may be shocking to some, medical & nursing staff can offer the parents the right to take their baby home with them (funeral homes can help implement this option.)

Reasons behind this offer to take their baby home are many, but here are just a few examples of why some parents may choose to do this:

- A)** The families can spend time and make memories with their child in private and not feel rushed into saying goodbye in a hospital environment.
- B)** They can show their baby around their house/rock their baby/cry in private.
- C)** Talk to their baby about what they had wished for him or her.
- D)** Have pictures taken with the baby in their own home with family members.
- E)** The bereaved parents can have a memorial service with their baby present. This would allow parents to do something special for their child and would make the loss more real for friends and relatives by them actually getting to see their baby.

If the parents chose not to take their baby home, verbally prepare the families for mentally leaving the hospital without their baby. Inform them that their reactions and what they are feeling are completely normal. Also, advise them on how their baby will be cared for after they have gone home from the hospital.

Provide **verbally** and in **writing** information on pregnancy loss & infant death support groups in the bereaved parent's particular community, as well as online.

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If the option of acquiring a “**Peer Support Parent**” wasn’t offered by Medical & Nursing Staff to the newly bereaved parents (or wasn’t accepted by the parents) prior to delivery or afterwards let the family know that they can connect them with one now that they are leaving the hospital. A “**Peer Support Parent**” can provide ‘one on one’ emotional support, tools, resources and hope to the parents when they get back home. Helping to guide the families in the intense grieving months yet to come. “**First Candle**” and “**Healing From The Start**” are two such resources that can connect newly bereaved families with volunteer **Peer Support Parents**.

“**First Candle**” - <http://www.firstcandle.org/contactus/contactus.html>

“**Healing From The Start**” - <http://www.healingfromthestart.com/>

With the parent’s permission, medical & nursing staff can contact a **Peer Support Parent** or a pregnancy & infant loss support group for the families. This is allowed under the HIPPA law – the key is to get the parent’s permission on a consent form in case there is ever a question in the future.

Make follow up calls and send (**condolence/‘how are you doing’**) notes to the parents after they are discharged from the hospital. Important dates to remember the families on are their **due date**, approximately **4-6 months** after their loss and on the **one year** anniversary. Ideally, staff could also send a follow-up questionnaire (gentle, soft, inviting the parents to share what went well and what did not so they get to ‘vent’ and compliment and medical & nursing staff can learn what needs to be improved as well as what to feel proud about.)



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Closing Thoughts

Two of the most crucial things that Medical & Nursing staff can do for newly bereaved families:

1. 'Openly Communicate' with the parents all that is to be considered right now. As you are offering the families options for spending time and making memories with their precious baby, consistently check in with them on how they are feeling about these options. What are they thinking about? Why did they flinch when you offered them the option to hold their baby? Etc... This open dialogue will give the parents the freedom to express their fears, confront them and hopefully overcome them with your help. Generally, when newly bereaved parents see that their caregivers are comfortable openly talking about what's going on, they will more than likely mirror this openness. This could very possibly cut down on regrets that the parents may have had if they weren't given the opportunity to speak openly.

2. Explain to the bereaved parents 'WHY' you are offering them options to spend time and make memories with their baby, as well as explain what you are doing every step of the way. The state of mind of most newly bereaved parents is that of pain and mass confusion. The parents can be offered a whole list of things to do with their baby (hold, name, kiss, take pictures etc..) but if no explanation goes along with these offers, then many parents might '**not**' choose to make these once in a lifetime memories...and there is not going back in time. If the '**WHY'S**' are not conveyed to the parents effectively by medical staff, the result could be huge regrets by the parents and a stalled grieving process that otherwise could have been avoided or at the very least lessened if explanations were given.

'Try' not to be offended by emotional outbursts from distraught parents - It's not really you that they are upset with.

Do not be afraid of tears and emotions - By not being afraid of and by viewing emotions & tears as completely healthy (**yours and the bereaved families**) you will be an extremely effective part of the parent's emotional healing process.

Do not let feeling uncomfortable or awkward around the bereaved parents stop you from communicating with them openly. Accept 'feeling uncomfortable' as normal, a part of the process and do it anyways! - You have so much to offer, give the bereaved parents your very best and feel proud of yourself for having made a profound difference for someone else during their darkest moments. Consider this...**someday YOU will be a griever** (not necessarily from having had a baby die though.) **It's not a matter of if you will ever be a griever.....it's when!** Wouldn't you want an above and beyond grief caregiver to give you their very best in order to support you fully in your moment of need? Take a minute to really think about the above statement. Give of yourself to newly bereaved parents in the same compassionate way that you would want for yourself or someone else you love dearly if they had someone die (or is going to die.)

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Summary - Medical & Nursing Staff Check List:

- When possible, provide bereaved patients/parents with a private room. Please don't ignore or avoid them.
- Tell the family; "I am so very sorry for your loss, we are here to support you...."
- Flag the patient's room and chart that their baby has died so that all staff is aware.
- If a language is spoken, other than English, try to have a caregiver who can speak their language (if not bring in an accurate interpreter.)
- Offer books and supportive written materials to the families – especially those books that provide guidance about **how to make good decisions immediately!** (Suggestions are: "**Empty Arms**" by bereaved parent Sherokee Ilse or "**When Hello Means Goodbye**" by Nurse Pat Schwiebert.)
- Don't just hand a closed book, such as **Empty Arms**, to the parents. Instead offer to read a small portion with them on the **immediate decisions that have to be made now!** This will help them to take the first step of opening up such a book. You can also have a relative read to them during the quiet moments to help them prepare for what is to come.
- Make the parents aware that they can have a **Peer Support Parent**, Perinatal Bereavement Counselor, Social Worker, Chaplain or Specially Trained Nurse come to assist them before and after the death of their baby. Offer to call for them.
- Limit sedative use for patients. This interferes with decision making and grieving.
- **Highly** encourage the parents to name, hold, touch, talk to and kiss their baby (explain to the families '**WHY**' consider doing these things.)
- **Let the families know that we know of no parent who has ever regretted naming, holding, touching, kissing, taking pictures and having keepsakes of their baby, but an OVERWHELMING amount have shown huge regrets of not having done these things.**
- Describe the baby's body temperature and condition before letting the parents see & hold their baby. Don't be overly negative in your description though.
- Refer to their baby by his or her given name.
- Extend the offer to check their baby's eye color (if possible.)
- Assist the parents in holding their baby's body (with the parent's permission.)
- Offer the parents the option to bathe and dress their baby in a special outfit.
- With the parent's permission, encourage all family members to see & hold their baby.
- Offer each family member alone time with the baby.
- Share your feelings openly with the parents. This validates their loss.
- **Don't be afraid of tears and heightened emotions (the parents or your own) it is completely healthy** and vital to the grieving/healing process.
- Offer to take pictures of their baby (alone and with family members.) Close up shots. Nude shots. All angles (including backside.)
- Explain to the parents '**why**' consider taking pictures and gathering keepsakes of their baby.

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Summary Continued:

- Let the parents know that having keepsakes of their baby honors his/hers life and has been of great comfort to parents later on. **It is not a morbid or wrong thing to do.**
- Encourage parents to use their own camera as well as a video camera. **(Pictures have been proven to be highly cherished by bereaved parents in the coming days...when the severity of their grief starts to lift some what.)**
- Let the parents know if the hospital will do professional photography and how they go about getting these pictures.
- Inform parents about **FREE** professional remembrance photography offered by the non-profit organization called “**Now I Lay Me Down to Sleep.**” **(Offer to call for them if they are not up to calling themselves.)**
www.nowilaymedowntosleep.org
- If possible, offer the parents a memory box for them to put their baby’s keepsakes in.
- Ask the parents if they would like to have soft, soothing music playing in the room while they spend time and make memories with their baby (It is completely a personal preference, but it can be a healing thing to do.)
- Honor Cultural & Religious preferences.
- If possible, do **both** (ink & clay) feet & handprints.
- Offer to get a lock of their baby’s hair as a keepsake.
- Put the baby’s crib cards, with their baby’s weight & measurements on them, in the memory box.
- Put the baby’s hospital bracelet & special outfit worn (or intended for their baby to wear) in the memory box.
- Offer Naming & Blessing Ceremonies, Baptisms, Kaddish or other rituals to the parents.
- If cause of death is known, offer a detailed report to the parents.
- If cause of death is **not** known, offer an autopsy or pathology exam to be done on their baby.
- Let parents know about birth certificates, stillborn certificates and death certificates.
- Inform the parents of their right to take their baby home for quality (hello/goodbye) time in a non-rushed home environment and to possibly have a memorial service etc... (Funeral homes can help accommodate such wishes.)
- Provide **(verbally & in writing) detailed** information on burial and cremation options. Let the parents know how long they have to make their decision, so that they don’t rush into anything.
- Prepare the families emotionally on what to expect when leaving the hospital.
- Advise the parents on how their baby will be cared for after they leave the hospital.

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Summary Conclusion:

- With the parent's permission, call a **"Peer Support Parent"** (Peer Support Parents can provide guidance to newly bereaved parents before delivery, during and afterwards as well.)
- Inform the parents, **verbally and in writing**, of pregnancy & infant loss support groups in their area and online (you can even call for them if they are interested in this option, but just not up to calling for themselves.)
- Make a follow up call to the parents after they are discharged from the hospital.
- Send timely condolence notes to the family **(due date, 6 months & 1 year.)**
- If the hospital offers an annual memorial service to bereaved parents, inform them when it will be and how they will be notified.
- **Openly communicate with the bereaved parents every step of the way & Explain 'WHY' you are offering and doing what you are doing.**
- **Even though this is an extremely heartbreaking time for the bereaved parents (and staff too) it can also be a cherished time spent with their child and a healing time with the proper encouragement by medical and nursing staff.**



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“Why Make Memories?”

By Lori Martini

Making Memories

"Why am I offering my patients the options to make memories with their baby who has died?"

What should I say when a bereaved parent asks me; "WHY are you suggesting that I spend time with, make memories and take mementoes of my baby who has died?" Or when the parents just aren't saying anything at all.

Yes, what does a medical staff member say to a newly bereaved parent when they want to know "why" they are being asked to consider "making memories" with their baby(ies) who have just died?

Logically, if medical and nursing staff don't truly understand the reasons "why" and also the healing benefits behind spending time with their deceased baby(ies), then how could they possibly be expected to ever convey "effectively" the reasons to a newly bereaved parent, that is more than likely in shock and not thinking clearly.

If any medical or nursing staff member that is taking care of a newly bereaved family has never personally experienced having their baby die, then it can be "very" difficult to truly understand the "whys." Especially in the actual moment of the loss when the mood is quite intense and could feel very disturbing and uncomfortable to all involved.

Below you will find just a brief sampling of what some of the reasons could be, which hopefully will allow for a little more understanding.

Naming Baby:

This is a family member who has died (not a medical non-event.) Naming a baby honors their life. However short it may have been.

Hold, Touch, Caress & Kiss:

Holding their baby can be very healing. It creates a forever memory of time spent with their child. It's their "one and only" chance to do what any parent would normally do with a baby who had lived. And it's a time to bond with and get to know their baby's body too. Really see what features on their baby resembles the Mom, Dad and Grandparents etc...

Talk to:

It's a time to express feelings to their baby. Parents can tell their baby that they are loved, what they had wished for the baby, their pain, their hopes etc...

Bathe and Dress:

This is a time to parent their child and create a memory. If they had picked out a special outfit for their child prior to knowing that their baby had died, then they can still dress the baby in this outfit or have a relative go get a handpicked, special outfit for their baby to wear (making decisions and choosing options for their baby, is still a form of parenting their child even though the child is not living.)

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Rocking baby:

Rocking their baby is a very soothing movement and loving thing to do. It creates another parenting memory for them to look back on lovingly when the pain is not so intense in the future.

Have music playing while making memories:

Many families have reported that when they spent time with their baby who died, the room was overwhelmingly quiet, which added to it feeling somehow disturbing and wrong to spend time with their baby. Gentle music playing in the room, while a family is spending precious moments with their baby, has been reported to add to the quality and peacefulness of spending time with their baby.

Call in a "Peer Support Parent:"

A recent study has shown that the majority of newly bereaved parents said that they wish that in the moment of their loss at the hospital that they were offered to have a past bereaved parent (who has integrated their grief into their lives) to come to help support them. During their time at the hospital and once at home. And with Waiver Forms for the newly bereaved parents to sign, hospitals can now open their doors to this option without fear of liabilities. A "**Peer Support Parent**" is not there to make decisions for the parents. They are there to provide a listening ear, a shoulder to cry on, to help guide the parents in making memories with their baby, offer bereavement resources and to inspire hope (for they are an immediate example that one can survive and thrive after such a horrific loss.) Having a **Peer Support Parent** at the hospital can also help support medical staff in this very difficult, but rewarding, part of their job (providing grief care.)

Why Call in a Professional Counselor:

A counselor that "specializes" in perinatal bereavement issues can provide very helpful professional support. It is highly recommended to find a counselor with the specific experience of having supported many bereaved parents after the loss of a baby. A counselor who does not have this background might not be able to provide as sensitive emotional care.

Call in a Clergy person:

A clergy person may perform religious ceremonies/rituals and services that can provide great comfort to families. Even if someone is not religious, having a clergy person do a non-religious service can validate even further the reality that this was a precious life that has ended. No matter how small the person, it still is a person who died and needs to be honored.

Take Pictures and Videos of their baby:

Memories fade over time and by having pictures (and perhaps even a video) of their baby this can provide a very comforting visual reminder for the parents to keep forever. Enabling them to keep their baby's precious memory alive and also allows the parents to remember the true, specific details of their baby's features (Mom's hair color? Dad's fingers? Grandmom's nose...etc.)

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Why put special items next to the baby(ies) in their picture:

By adding the parent's wedding rings, a cherished cross or a special toy that was intended for their baby, etc. it can add special meaning to the picture. Which can personalize the picture and allow for added healing by providing the parents the opportunity to see and hold the same object that was next to their baby in the picture once their baby is gone.

Take pictures with multiple babies together (especially when some have died):

It can warm a parent's heart to be able to see the siblings that were bonded in the womb, to be forever portrayed in a picture together. And when the sibling gets older it can allow the sibling to see what their sister or brother looked like.

What's the urgency in getting a professional photographer to take pictures right away?

The harsh reality is that when a baby is stillborn or has died shortly after birth the baby's skin coloring can change very rapidly. To have better quality pictures for the parents it must be a priority to get pictures done as soon as possible.

Limit sedative use:

Sedatives can interfere with decision making and cloud a bereaved person's judgment. If altered by drugs, the bereaved parent might make decisions that they otherwise wouldn't have made. They may not be able to fully remember the beautiful details of their time spent with their child. And might have major regrets later on because of this. Sedatives can also stall the grief process.

Recommend their other children spend time with their deceased sibling:

Never force a child to be a part of spending time with their deceased sibling, but offering this option is highly recommended for many reasons. It will allow the sibling to feel included in the family, help with their own grieving and make the loss real for them. As well as, allow for them to truly understand that it was not their fault in any way (younger children sometimes come to this conclusion falsely.)

Invite the parent's family & friends to see their baby:

When newly bereaved parents are surrounded by family & friends, this could help them to feel more supported in their loss. Also, by family & friends being allowed to actually see the parents baby this can make the loss more "real" for them. They will then be able to see with their own eyes that this is a family member that has died. Sometimes because the bereaved parent's friends & family have **not** actually seen the baby, it is very easy for them to view this as an unfortunate event and not like a family member who has died. When viewed as a "medical non-event", friends and family can't possibly fully support the bereaved family properly during the vital up and coming months of intense grieving.

Recommend a perinatal loss support group for them to go to after they have gone back home:

By attending a support group this can allow the parents to really know that they are far from alone in this type of a loss. They can learn what other bereaved parents are feeling, thinking and how they are coping. It can also allow them to get their feelings out in a safe and supportive environment. Provide them with resources. And offer great comfort by being surrounded by others who "**truly**" know some of what they are going through.

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Why read the "important parts" of a baby loss book, such as "Empty Arms" by Sherokee Ilse, to the parents?

If the bereaved parents could read "the important parts" of a baby loss book (or be read to by medical staff) the parents could learn immediately about what other bereaved families have done when their babies had died. It can add to the parent's confidence level in proceeding to make memories with their baby. It can validate that what they are feeling is normal, that this should be treated as a person that died and not just some unfortunate event. And allow the families to see that making memories and taking mementoes of their baby is a normal and healing thing to do. It can also help them to immediately see they are not alone in their loss. As well as, provide resources for getting help and ideas on how to cope. Finally, it can help inform the parents of their options and rights in regards to their baby.

Have a ceremony/funeral/memorial service:

This gives the bereaved parents an opportunity to **publically** parent their baby. A chance to do something special & meaningful for their baby, to be surrounded and supported by family & friends, as well as creating a memory of honoring the very real life of their baby that has ended too soon.

Creating mementoes and keepsakes:

This helps the parents to keep the memory of their baby alive. Allowing them to feel forever connected to their baby once he or she is gone. For example, having a lock of their baby's hair enables the parents to remember exactly what color hair their baby had, to have ink prints would remind the parents of the true size of their baby's feet & hands. And by creating clay impressions of their baby's hands & feet this would enable the parents to run their fingers over them, which has been reported by past bereaved parents to "almost" feel like they can still touch their baby.

Offer an autopsy and pathology exam:

Bereaved parents usually want to get an answer as to why this happened to their baby. Was it a developmental problem? Was there a disease or infection of some sort? And finding out the "**why**" could allow the parents to get a better idea of what the chances are of this happening to them again might be in a future pregnancy.

Offer birth, stillbirth and death certificate:

This legally **validates their baby's existence**. It is written proof to the entire world, as well as to themselves, that they are parents of their much loved baby that happens to of died. This written proof is just one more way of helping the family move forward in their grief journey.

Why stay on the maternity floor?

To receive compassionate care from nurses that are very familiar with the needs of a woman after birth, especially after the loss of a baby. Some mothers, who have just had a baby die, actually demand to stay on the maternity floor. Their feelings are that they are still mothers who just gave birth, just like the other women on the maternity floor. The only difference is that the other women get to keep their babies.

Move to a different floor?

Some bereaved mothers choose to move to a different floor, so that they can avoid seeing happy parents with their newborns. As well as to avoid hearing the sounds of babies crying.

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Why take baby home: **A)** The families can make memories with their child in private and not feel rushed into saying goodbye in a hospital environment. **B)** They can show their baby around their house/rock their baby/cry in private. **C)** Talk to their baby about what they had wished for them. **D)** Have pictures taken with the baby in their own home with family members. **E)** They can have a memorial service with their baby present- this would allow parents to publically do something special for their child. **F)** And a memorial service would make the loss more real for friends and relatives (by allowing them to actually see the beloved baby.) If it's seen as a 'real' loss of a family member (**which it is**) by relatives & friends they tend to be more supportive to the grieving family in the tender days to come.

Please note that there are many more reasons "WHY." Do take the time to learn what they might be, so that you can make a profound impact on the quality care and beginning grieving process that you are implementing for your bereaved patients. Truly the more you understand the "why make memories," the better you will be at compassionately guiding the newly bereaved parents in their decision making process (these are decisions that the parents never thought in their wildest dreams that they would have to consider.) Fully explaining the "whys" to the parents could help minimize their regrets of what they chose to do (or not do) with their baby.....and there is no going back in time. Thank you for all that you do to make a difference for your bereaved families and all that you give of yourself. So very admirable indeed!



**This document has been prepared in loving memory of Bryce Neily Martini
(Full-Term & Stillborn on November 30, 2004 due to Placental Abruption)
"Forever a part of our Family, Forever our Son, Forever Loved"
Lori & Toby Martini
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By Lori Martini

www.healingfromthestart.com

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(Please note these are in no particular order of importance)

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www.nowilaymedowntosleep.org