

Empty Arms



*A guide for parents when
their baby dies around the time of birth*

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A guide for parents when their baby dies around the time of birth.

Researched and compiled
by Deborah J. Watkin (Registered Psychologist)
in collaboration with National Women's

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*This booklet would not have
been compiled had it not been
for the birth of our stillborn
daughter Terrill in March 1991.
This booklet is a tribute to her
short life.*

Debbie Watkin

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Taranaki Base Hospital

“A Maori Perspective”

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Love - Gratitude

*The agony is great
and yet I will stand it.*

*Had I not loved so much
I would not hurt so much.
But goodness knows I would not
want to diminish that precious love
by one fraction of an ounce.*

*I will hurt.
And I will be grateful for that hurt
for it bears witness
to the depth of our meaning.*

*And for that I will be
eternally grateful.*

Elisabeth Kubler-Ross



E toru nga mea
There are three
Nga mea nunui
Important things in life
Whakapono
faith
Tumanako
hope
Ko te mea nui
but the greatest of all is
Ko te aroha
love

How to use this book



“*Empty Arms*” has been arranged in a time sequence, divided into four chapters:

- In Hospital
- Funerals / Registration
- The Next Few Days
- Facing the Future

The information, explanations, options and suggestions provided in each chapter are intended to assist you in making decisions that you must face, as well as to help you to understand your feelings and reactions as they are likely to occur.

It is not necessary to read all of the booklet immediately. This booklet is yours to keep and you are **free to take it home**.

While not all the content will be relevant to you, we suggest that at first you read the chapter “In Hospital” (pages 13-31). Use it as a guide for questions you may want to ask and decisions you will have to make at this very difficult time. You may then want to consider some of the practical matters provided in the chapter “Funerals/Registration” (pages 33-44).

Just before you leave hospital or as soon as you arrive home, you may be ready to read the chapter “At Home” (pages 46-60), perhaps leaving the last chapter “Facing the Future” (pages 62-72) to be read after some time has passed.

This booklet was written in the hope that others, unlike so many in the past, will not have to say “If only we had known.”

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Introduction



The staff in the hospital recognise that you have given birth to a baby and join with you in sorrow over the death of your little one. We extend to you our love and concern along with some practical help as you deal with the hurt and the rocky days ahead. In recognition of the importance of the support of your family and friends, we welcome them into this building and encourage them to be involved.

In this context we acknowledge your extended family members and that there may be two or more whanau that are affected throughout this process of loss.

The death of your baby represents an end to all the fantasies, hopes and dreams of what might have been. Your beliefs may be shaken to the core. Whether or not your pregnancy was planned, whether it ended in miscarriage or stillbirth or whether your baby lived one hour or one month, a baby's death upsets the natural order of life and right now you hurt.

This booklet doesn't try to tell you how you should feel or what you must do. Everyone is different. There is no proper way to grieve. Rather, the booklet aims to show you, your family and friends the wide range of experiences that can follow the death of a baby around the time of birth, and to offer you ways to begin to say goodbye to this little one.

Nothing we or anyone else can do will take away the pain and sadness you are experiencing. Yet with helpful information you will establish realistic expectations for your grief. You can also gain reassurance that you are not crazy, you are not the only one to cradle pillows in your "empty arms."

If reading this booklet moves you to cry, try to accept this reaction. These are healing tears of grief and empathy - even joy. These are also tears of courage, health and strength that merge with those of other grieving parents. You are not alone.



***“Parents hold their
children’s hands for
just a little while..
their hearts forever.”***

~ author unknown

***“Ahakoa, ka haere
tinana te tamariki
ka noho tonu te wairua,
me nga whakaaro kia ratou”***

In Hospital



Taking Care of You



With the death of your baby, you may have experienced a lot of loss

- the loss of your dreams
- the loss of the baby you'd hoped for and the child you were planning to raise
- the denial of the festivities of a joyous birth
- the loss of control
- the loss of self-confidence
- the loss of your basic trust in life

“I was empty. I had been carrying our baby and then she died. I felt empty in my middle, empty in my mind, and empty in my heart. Even my arms were empty!” (a mother)

You may find you feel better after you cry. We've finally come to realise that crying is a strength. We've accepted the fact that men cry and that tears are a sign of mature manhood.

There are many times when you may want to cry together with others and times when you will cry alone. You may feel uneasy because you think your crying will bother others or that if you start you'll never stop. People can handle your tears and when your body is ready, the crying will melt away.

Remember, you have a right to cry when your baby dies. Allowing your tears to come, talking to others, and knowing that people care can help you move through your grief.

Naming Your Baby



Your baby is a person and deserves a name. You may want to use the name you planned to use or select another that has a special significance. In traditional Maori thinking, a baby always belongs and is connected through whakapapa links to its ancestors, by being given a name.

Naming gives your baby an identity and may allow you to refer more easily to your baby in later conversation. It also helps others to understand that this baby was a real person to you.

Gathering Keepsakes



As you look at your baby now it seems as though you will never forget what he or she looks like. You may not realise how quickly the picture in your mind will fade.

It is easier to grieve and then recover, if you can keep and handle some reminders of this shortlife, so that your baby is a real person rather than a dream. It is especially helpful to do this if your baby was stillborn or if you had very little time together after the birth.

Any mementoes you gather now are likely to become precious keepsakes in the months and years ahead.

The midwife, nurse or social worker can help arrange for you to have some of these things to keep if you wish:

- photographs
- a lock of hair (if your baby was born with lots of hair)
- a record of your baby's weight and measurements
- foot and hand prints
- a name card from the cot
- a name bracelet
- the cards or ribbons from flowers that friends sent you
- a baptism or blessing card
- a birth certificate issued once registered with Births, Deaths and Marriages
- your placenta to take home and bury

You could write a poem or a description of anything special about your baby - the look of the face or hands, or any family features.



Photographs



Though the intense pain which you feel will be lessened with the passing of time, you will find that you won't ever want to forget this little person who was so dear to you. Many parents long to have a photograph of their baby to remember. A picture can provide tangible evidence that this was your child - that he or she was indeed a part of your life.

You may want to take some close up photos. Dress your baby in clothes chosen by you or your family, wrap him or her up in a shawl and have snaps taken of you holding your baby.

If you have other older children it may be important to them (especially in later life) to have a photo taken with their brother or sister. Likewise, if your baby who has died is one of twins you may like to take a photo of the babies together. A black and white film can help avoid any detailing of your dead baby's colouring.

Even if you decide now that you don't want to see or keep the picture, with your consent, photos can be taken by staff for you and can be placed with your baby's hospital record to be obtained up to one month later.



Our wee one

*My dear little one, what plans we had for you.
So many things we wanted to show and share with you,
things snatched away from us before we even got the chance.*

Our first born,

*You were supposed to be born at home
in the peaceful surroundings of our love.*

You were supposed to be born full term and healthy.

But little one, you were born into none of these.

Instead you died

*only knowing the darkness and closeness of my uterus,
a place of life that became your grave.*

I'm angry at you God.

I want to shout and scream.

I hurt so bad.

Now I struggle to understand answers that just don't come.

But we never owned you little one.

*We never shared the miracles of your laughter,
never saw you ride high and proud on your father's shoulders.*

*We were but the guardians of your growth
housing your body but not your soul.*

*You were conceived in love
and nurtured with our tenderness.*

*I ache with the stillness of my empty tummy
bereft of your strong frailty.*

*My precious little scrap of humanity,
how proud I am of your form.*

Go gently wee one,

Go in peace little one.

Seeing and Holding Your Baby



The opportunity to see, touch and hold your baby may be the first decision you have to make. You may at first find this unthinkable or too painful, especially if your baby was stillborn. If you had no opportunity to see him or her after birth, perhaps because the labour was difficult, this will seem even harder for you. But, just as you would welcome your living baby, it is natural to cuddle and examine your baby who died. Many families who decide not to see or hold their baby may later regret this decision.

Be aware that you and your partner may feel differently about seeing your baby. Try not to let these differences prevent you from taking up this opportunity.

Even if your baby has a physical abnormality or was extremely premature, it is often better to see your baby since your fantasy about what he or she looks like is usually far worse than the reality. If you prefer, a blanket can be wrapped over the parts of your baby that are different so that you are still able to see the perfect parts of your baby.

If you are not sure, ask a family member, midwife or nurse to describe your baby to you. With the honesty and help of the staff or your family you will be able to cope with the reality of the situation.

If you feel too exhausted to look at or hold your baby, you may have your baby brought to your room, either later that day or in the days ahead. Other members of your family may want to be

able to offer this contact. You should be given privacy and as much time as you want to rock, cuddle, look at and talk to your baby for as long and as often as you like.

Many families have treasured the opportunity of taking their child in their arms while they said their goodbyes.

A Child with a Malformation



As one mother put it, “My self esteem had taken a double blow. Not only had I failed to produce a live baby, but she wasn’t even whole. I feel like I am dealing with two separate griefs.”

No one wishes for imperfection, so from the beginning a parent’s view of the future naturally includes a healthy, happy, vigorous child. With the delivery of a baby with malformation, whether it was stillborn or died shortly after birth, the feelings of failure may be overpowering.

“It felt like they were telling us that we’d failed, and he was worthless. But he was our son, a person not just a problem.” said a mother, “We defended him. It was all we could do.”

Family and friends may find your grief less justified, telling you in a reassuring manner that, “Her death was a blessing. You wouldn’t have wanted a handicapped baby anyway,” or “You should see his death as nature’s process of weeding out the unfit”. You may react with anger and in defence of your dead baby. Try to be patient. These people are also only trying to make sense of the unfairness of your ordeal.

When One Twin Dies



The struggle to comprehend death at the time of birth is even more painful and confusing for parents who give birth to twins, to have one live and one die. Families are in the richness of bonding to the new baby while in the depths of mourning the death of their other baby.

As one mother put it, “I just feel so confused. I try to be happy and strong for my live baby but I feel so sad about the one who died. I just hope that happiness overcomes grief.”

Emotional extremes become a part of daily life. You may ask yourself “how can we be attentive, loving, happy and responsive to one new-born, while we are also feeling shock, despair and emptiness because our other beloved baby has died?” Every time you see your live baby, memories of the twin may rush into your mind, almost like being torn in two.

While you may be focusing on the surviving twin, it might be helpful for you to plan a formal farewell to your dead baby.

Naturally, family and friends focus their attention and conversation around your surviving twin. In fact, if you mention the twin who died you may often be met with cold silence and a quick change in conversation back to the surviving child. You may be “reprimanded” by well meaning friends to be thankful for the one healthy baby, saying you should be happy that you still have one. They don’t understand that your babies are two separate, unique and loved individuals.

Your most distressing experience may be the failure of those around you to understand the complex mixture of your emotions. Your grief is as real as your joy and both need to be heard and understood.



“It is important that sometime in the future, when you feel the time is right, that your surviving child be told about his/her twin. It is important because the surviving child can feel that they have lost part of themselves and if never told, will not understand that feeling. A great deal of reassurance can be needed to show your love for the surviving child has not lessened and that the child is not blamed in any way for his/her twin’s death. It can be told simply and honestly.”

S.A.N.D.S. - R. Williams

Painful Decisions



You and your family have had to make an agonising decision of whether to undergo a termination due to fetal abnormalities or maybe it was to refuse life support due to sustained brain damage, or withhold treatment, or to disconnect life-support systems.

None of these life and death decisions involve much of a choice. It's as though you had to choose between "terrible" and "horrible". You may feel guilty about your choice, and since you feel so bad you wonder, "Would the other choice have been better?" But really, you feel bad not because you made a **bad** decision, but because you had to make a tough **painful** decision. Moreover, none of your options offered a total solution. Each one held its own risks and created its own problems. Most likely, you would feel equally bad or worse if you had chosen the alternative.

Hospital staff and friends may lose sight of the fact that your grief is over the loss of your wished-for baby as well as the manner of his or her death. Because of your choice in the matter, your right to a supportive grieving journey may be diminished, even unrecognised by some.

"This wasn't an unwanted wee one - I had been looking forward to this for years and thought all my dreams had come true. Our decision to sign our baby's life away was the hardest thing I have ever done in my life", said one mother. "And now no one talks about her. It's as if nothing ever happened and my pregnancy never existed."

Some people in society have made harsh and punitive judgements on families who have made such a decision, forcing them to feel ashamed and to keep the secret of their hidden pain. For many, the grief following a life and death decision can be more lonely and longer.

Always remember - whatever decision you and your family make is made from love. You, and your baby, have a right to be treated with respect and dignity. You can ask questions at any time. You have a right to whatever information and support you need to assist you in making your decision.

Guidelines for Discontinuing Treatment



Sometimes, unfortunately, a stage is reached when continuing supportive treatment is no longer helpful. You may wonder what you and your family can do at this time.

To assist you in your thinking and dispel any fears you may have, below are some guidelines outlining the situation and likely course of events for discontinuing treatment of your baby.

While there is a typical course of events, the choice is yours. Nothing is prescribed. You have time available for family discussion that may include support people (minister, social worker, friend). The timing is up to you. You may want to invite family and friends into the neonatal intensive care unit (NICU) to gather in celebration of your baby's life and to see and say goodbye to your child.

Invite people to handle and dress your baby, including putting on his or her first nappy. Photos may be taken, and are often more comforting than previous ones which may have included intensive care equipment.

Other children may be included in this process of meeting a brother or sister and saying goodbye. Typically these events offer parents and family shared memories and added evidence of their baby's brief life.

The various tubes will be removed and your baby will then be wrapped and placed in your arms.

You may then want to carry your baby to a quiet room where you can be alone, or with your family and friends, while your baby dies. This may take minutes or even hours.

The mode of your baby's death will be explained to you. This is invariably a coma, where your baby just slowly becomes pale with infrequent breathing, sometimes a little gasping, but this is not bizarre or unpleasant.

Should you wish, our staff will be available for you and your family during part or all of this period to assist you and check on you and your baby.

In some circumstances you may have the option to take your baby home with you and arrange for a doctor to certify his or her death when it occurs.

Once your baby has died and you are comfortable leaving, him or her, your baby may be taken to the baby mortuary. This is usually what happens if you are still staying in hospital and/or your baby is having a post-mortem. You may, however, choose to spend time with your baby in your room. If the death of your baby is to

be investigated by the Coroner, you will have to wait for the Coroner to authorise the release of your baby from the mortuary.

Finally, an appointment will be offered to you to visit the paediatrician some weeks later to discuss the findings of the post-mortem (if one has been held) and any questions you may have (see also “Post-natal check” page 67).

Remember while many families report beforehand feeling afraid of this process and scared that they won't be able to cope, most say afterwards that they are very, very glad that they chose to be there at the time of their baby's death.

Post-mortem (autopsy)



A post-mortem is a careful examination of the internal tissues and organs of the body with the hope that this examination will lead to a better understanding of the cause of death. Sometimes a post-mortem does not identify the cause of death.

However sometimes, even when the doctors think they know why your baby died, the post-mortem can reveal other information which is helpful both to you and your doctors.

The post-mortem is carried out either at Auckland City Hospital or at Wellington Hospital by a pathologist.

As the baby's parents, in most cases, you have the final say as to whether a post-mortem will be performed and you must sign a form granting your permission before the post-mortem can begin.

(The exception is in the case of a Coroner's inquiry. The decision is then up to the Coroner. If this occurs it will be fully explained to you).

You can take your time before you sign - there is no rush. Most parents need time to talk together before making a decision, and although the signature of only one parent is required by law, you can both sign if you wish.

The preliminary results of the post-mortem will be available to your hospital doctor usually within a week, but the final report may take 8 to 12 weeks to complete. This can also be sent to your own GP if you wish. He or she will go over the results with you and answer any questions you might have at that time. You are welcome to your own copy of the report.

Families often report feeling concerned that their baby's body will be treated with indifference.

In fact, a post-mortem is performed gently and in a quiet room. The procedure may take up to one hour. The pathologist makes two incisions: one just above the hairline at the back of the head, the other down the centre of the chest to above the navel.

Following completion of the post-mortem, all organs are returned to the body unless there is a special need for detailed study in which case this will be discussed with you. In addition small samples of tissue may be retained for examination under microscope. Finally, the incisions are sutured (stitched). While the face is never touched, the "stitches" at the back of the head can be difficult to disguise, and you may wish to include a bonnet to dress your baby.

If you do not agree to a post-mortem you may be asked if the baby's body can be checked over by a pathologist or paediatrician. Sometimes this can be helpful as to the cause of death. You may also be asked if you agree to your baby having an X-ray or an ultrasound scan if it is thought this would be helpful.

Hospital personnel are fully aware of the need for avoiding delay in this process, and the need to keep families involved in making choices. Therefore, once the procedure has been completed, your baby will be ready for you if you wish.

Coroner's Inquest



There are certain circumstances when a death has to be reported to the Coroner. The Coroner is then responsible for determining the cause of death and for issuing the death certificate. When a death is reported to the Coroner, he/she will organise for a post mortem examination to be carried out. The death certificate is usually issued after this. Occasionally the Coroner will hold a formal inquest.

When a death is reported to the Coroner, the police speak to the doctors and parents to establish the identity of the baby and to obtain an outline of what has happened. They arrange for the baby to be taken to the Coroner's mortuary by a funeral director, for the post mortem to be carried out.

An inquest is a legal hearing conducted by a Coroner for the purpose of establishing the fact that a person has died, the identity of that person, and when, where and how they died and the cause of, and circumstances surrounding the death.

The Coroner is a “Crown Officer” appointed by the Governor General to enquire into all deaths reported in the district. The Coroner often has a legal background.

Post mortems are carried out for the Coroner and are conducted in a careful manner so that unsuspected findings are not missed. The post mortem examination is undertaken in a respectful and reverent manner which preserves the external appearance of the deceased and does not interfere with the funeral preparations that follow.

The Hospital Mortuary



“I knew she was dead, but I still wanted her body to be cared for” said one mother. “I kept wondering, would she be lying cold and lonely in a plastic bag with a tag on her toe?”

Like this mother, you may be concerned about the care and respect for your baby’s body once you have farewelled him or her from your room.

National Women’s has its own baby mortuary “The Rose room” where babies can be gently cared for. It is here they are taken while you are still being cared for and also if you decide to take baby home with you.

Your baby will be held under tight security. The hospital has personnel responsible for the care of your baby’s body. It is from here that your baby will be made available to you as parent and family to hold or cuddle whenever you wish.

If your baby is to be collected by the funeral directors he/she is cared for in the main mortuary at Auckland City Hospital.

“I had expected a huge cold room, filled with stainless steel fridges lining the wall, and bodies being pulled in and out for inspection, like in detective movies” said one mother. “Instead I found a small room, bright and even normal, where our baby was kept safe and respected in a tiny drawer. Somehow it almost made it manageable.”

Labplus, situated on level 3, also holds all placentas for up to seven days for those parents who wish to take them home to bury.

Placing a Birth Notice



A birth notice in a newspaper is usually a joyful announcement to a wide circle of interested friends. When the news is not joyful, this may not seem appropriate. However, an announcement is also a public acknowledgement of your baby.

Letting others know gives them an opportunity to express their sympathy and concern for you. This in turn gives you more opportunities to talk through what has happened.

Here are some suggestions written by different parents which may help you write a birth notice for your baby. You may choose to print just a simple statement or to include a personal comment as well.

Turner (Black): To Annie and Mike, a daughter, Emily, on (date) at (place), not born alive - perfect, longed for and sadly missed

Anne and John Smith sadly announce the birth and death of their son James Scott, (date).

Brown (Wang): to Mary and Joe, a son Joseph, brother for Rachel. Born on (date) at (place). We gave a lifetime of loving in 6 short days.

March (Dimes): To Doug and Helen, twin sons, born on (date) at (place). Thomas stillborn, Alex doing well. Unable to grow up together.

Baptism or Other Ceremony



You may want to hold a ceremony to mark your baby's birth or death. If there is time, you could invite your family and friends. There are rooms within the hospital for ceremonies such as this.

Babies may be baptised if they are alive, or blessed if they have already died. The hospital chaplain or your own minister, Kaumatua/Kuia, priest, rabbi, or friends may be able to assist you with arranging this.

Many people find hospital chaplains helpful and you may want to ask one of the staff to arrange one to meet with you. Do not worry if you do not attend a place of worship often, or at all. The chaplains are still there to help you. Although they may not have any answers that will comfort you, they may be able to help just by listening.



*'Our joys will be greater
Our love will be deeper
Our life will be fuller
because we shared your moment.'*

~ unknown

Ahakoā he iti, he pounamu

*Although a small gift,
it is like greenstone (precious)*

Funerals & Registration



Laying Out the Baby



Many families like to lay out their baby, perhaps dressed in clothes specially chosen or made for him or her, with a shawl or maybe a toy.

If you do not want to do this yourself, staff can do this, or assist your whanau, or support people to lay out your baby for you.

Should you wish to see your baby again, you may do so at any time and as often as you like before the funeral or after the post-mortem. Hospital staff can arrange this in the ward or you may wish to have your baby at home with you. (This may not be possible if the death of your baby is being investigated by the Coroner).



The Funeral: Saying Goodbye



You may ask “why have a funeral for a baby?” or even “how could I possibly go to my own baby’s funeral?” An important part of a funeral involves recognition of the life of a person who has died. And your baby did have a life, however short. A formal goodbye helps us to accept that someone we love has died.

When family, friends, or even health professionals can attend, they have an opportunity to acknowledge your loss and feeling of sadness and to offer you their support. It is also an opportunity for you to do something for your baby.

Relatives and friends sometimes think that by taking over the arrangements they are helping you and making things easier. However, it is important that you have as much to do with your baby’s farewell, as you did with his or her birth.

There is no need for the funeral arrangements to be rushed. A delay of several days or longer between your baby’s death and the funeral can allow you time to feel better physically and can also help the reality of your loss sink in.



*“The object is not to forget,
but to remember ...
and to go on”.*

~ N. Berezin

*E kore tatou e wareware
Engari, me maumahara tatou mo
Nga ra kei te haere mai*

Legal Requirements

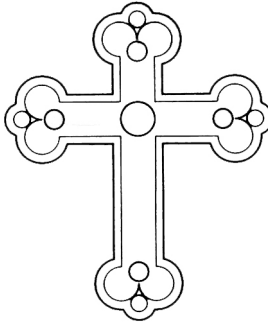


If your baby was born dead before 20 weeks of pregnancy (miscarriage) and weighed less than 400 grams there is no legal requirement to register your baby's birth nor to bury him or her, but you are free to have a funeral if you wish. If you do not wish to arrange a funeral yourself, the cremation of your baby can be arranged by the hospital (read the section on Funeral Options for a full explanation of this).

There is a legal requirement for a baby stillborn after 20 weeks of pregnancy, and/or weighing more than 400 grams to have their birth registered and to be buried or cremated in an appropriate manner. The death is not registered, but a medical certificate is completed at the hospital. A birth certificate is available to you on request from any Registrar of Births and Deaths.

If your baby suffered a Neonatal Death (that is when your baby was born alive at any gestational age and later died) you are required to register your baby's birth and your baby must have a burial or cremation. Your baby's death will be registered (usually by the funeral director). A birth and death certificate will be issued on request.

There is no legal requirement to register your baby's birth within a set time, but after 2 years, it may be complicated by having to notify the Central Registry of Births, Deaths and Marriages in Lower Hutt, instead of your local Registrar. This could mean a delay in getting a birth certificate.



Addresses of Auckland's Registrars of Births and Deaths

Auckland City
Level 6, AA Building
99 Albert Street
Auckland
Box 6147
Phone: 0800 22 52 52

Manukau City
Level 1
Cnr of Amersham Way and Osterley Way
Manukau City
Box 76222
Phone: 0800 22 52 52

Funeral Options



The funeral can be as elaborate or as simple as you wish.

You have the choice of using a funeral director either partially, totally, or not at all. Maori families may wish to use a Maori funeral director. You can contact the funeral director to discuss arrangements with no obligation to use their service. If you do contact a funeral director, he or she will advise you about the costs - they vary a lot.

In a situation of “miscarriage” where you may choose to let the hospital take care of your baby, babies are collectively taken by a Funeral Director and their bodies are cremated and ashes spread on a cemetery garden area. While you can find the location of the garden, no memorial can be placed on the site.

If you wish to organise the funeral yourself, you need to appoint a person to take charge (friend or relative) who has certain responsibilities that under the law need to be carried out.

Where your baby is liveborn (ie. has shown signs of life), or is stillborn over 20 weeks gestation, a Birth Registration form (BDM 27) needs to be completed.

A medical certificate of cause of death (BDM 167), or a coroner’s burial order must be collected from the hospital before the body can be buried.

For burial, the body must be enclosed in a coffin or other suitable container, complying with the Health (Burial) Regulations 1946.

The cost of a coffin or container can vary enormously.

The body can be buried only in an area permitted by law.

Within 3 days of the burial or cremation of a live-born baby the following forms must be lodged with the Registrar of Births and Deaths:

- a death registration form that contains all particulars about the person who died (BDM 28);
- either a medical certificate of cause of death (BDM 167) from a doctor or coroner's burial order, depending on the circumstances.

Most of these forms are obtainable through the hospital from the nursing or midwifery staff or hospital social worker.

Most churches offer their services free for the funeral service, or you may choose to use one of the funeral directors or cemetery chapels for a small fee.

The erection of a plaque or memorial headstone can be arranged through any Monumental Mason. Prices and types of memorials vary greatly. It is also important to check with the cemetery what kind of plaque or headstone is acceptable.

Work & Income NZ (WINZ) can offer financial assistance with the cost of a funeral when there is a neonatal death or stillbirth (not miscarriage). A grant may be made, subject to a means test (ie. WINZ require details of your income and cash assets). They test your circumstances against their criteria to decide if you qualify. This usually only applies if you are on a benefit or a very low income.

Funeral Ideas



Here is an additional list of ideas that many parents have found helpful to them in farewelling their baby:

- to hold your baby one more time,
- to take your baby home for a period,
- writing a poem or letter to your baby and placing it in your baby's casket,
- to personally handle the tasks of dressing and preparing your baby for burial,
- wrapping your baby in a special blanket stitched with love,
- to make your own baby's casket,
- including a toy or object with your baby in the casket or in the grave,
- placing your baby's photo on the casket during the service,
- using ordinary cars rather than a hearse,
- carrying your baby yourself to the graveside or place of cremation,
- to have a special reading shared at the funeral, using a candle as a living symbol that changes, and gives light and warmth,
- to have a special quilt draped over the casket, invite family and friends to touch the casket in farewell,
- having your baby's ashes buried alongside a special relative,

- beginning to fill in the grave yourselves,
- make pot pourri from flowers sent,
- suggesting to family and friends that instead of flowers, they make a donation to a specific charity,
- planting a tree in your own back yard over your buried placenta.

Burial or Cremation



You may find it hard to choose between the options of burial or cremation, as neither is a comforting thought. Some parents feel bad at the thought of their baby in the cold ground, and others can't imagine reducing their baby's body to ashes. Even though your baby is dead, your desire that she or he be comfortable is quite normal, and these feelings should be respected.

One mother remembers feeling pressured into making decisions right after their baby was stillborn. She recalls, "They asked us so soon about what I wanted to do with his body. I looked at my husband and he looked at me, and we were stunned. I felt like screaming, what are you asking us this for right now? We don't want to talk about his body. He's our son!"

Be aware that there need be no rush in making such difficult decisions. It is important that you have the time to talk together and check out your options in the time you need. Meantime, the hospital mortuary will care for your baby's body with gentleness and respect.

Burial



If your baby was stillborn over 20 weeks gestational age and/or weighed more than 400 grams or liveborn (at any gestation), he or she can be buried only in an area permitted by law. Usually this means a cemetery, or Maori burial ground, urupa. There are a number of cemeteries in the greater Auckland area.

The cemeteries may offer different options for types of sites and headstones etc. You may choose to bury your child in a stillbirth sanctuary (an unnamed plot, which is one of the cheapest options), under the headstone of a grandparent's (or close relative's) grave, in a children's gravesite area, in a family plot, or in a named plot which you could use later.

Cremation



In the greater Auckland area, most cemeteries offer cremation. You may do what you like with the cremated remains (ashes). You may choose to have your baby's ashes kept at the cemetery in a niche wall to be claimed by the parents whenever you wish, buried in a family plot, children's gravesite, or in a grave purchased for your own use later, buried alongside a grandparent or close relative, or even to scatter the ashes over your own garden or other special place that you can visit later on. A cremation certificate completed by a doctor and collected from the hospital will be necessary.



A Maori Perspective

In Maori culture, events surrounding times of illness, dying, death and grieving are among the most sacred and important. They are steeped in Tapu (sanctity), Kawa (protocol) and include Karakia (prayers) and Waiata (chants and oral literature).

Losing an infant is viewed as a loss not only to the parents but also to the whanau, hapu and iwi. When it occurs the immediate family will assume the mantle of mourning. The infant will be named and baptised. Members of the whanau piri/pani (grieving next-of-kin) are left to mourn whilst other members take over the responsibility of making practical arrangements such as notifying the funeral director, informing the Marae and contacting other relatives and friends. Maori contact networks operate very efficiently in these circumstances. At the designated time the Marae with Kaumatua and tangata whenua will be ready to receive the grieving whanau.

The father of the infant will carry the casket onto the Marae to the whare mate (house for the bereaved). Around the casket sit members of the whanau piri/pani and older kuia until the nehua (burial) in the family urupa (cemetery).

Throughout the tangihanga feelings and emotions are expressed openly. During the stages of the tangihanga there are opportunities to give expression to grief in an unrestrained manner. On the final night prior to the burial where karakia and farewell speeches are heard, the supporting whanau gently ease the whanau piri/pani into practical reality. During the takahi whare ceremony the process is taken to a further stage.

For some of the mourners the stages are worked through more quickly than others, because there is no standard way to mourn, but by the last day of the tangihanga there is an acceptance of many things. There is an intellectual and emotional acceptance that life must go on regardless of the trauma and there is the final acceptance that death is a necessary part of being alive.



THIS IS A CHILD'S GRAVE

THIS IS A CHILD'S GRAVE,
You may kick it, stamp on it, sit on it.
You may pound and pound, pretend it's a drum.
You may dance on top, pretend it's a stage
You may hide behind, jump out and go Boo.

THIS IS A CHILD'S GRAVE,
there are no rules.
You may dig a hole, build a castle.
You may pick the flowers, pull up the grass.
You may leave your toys, clutter the path.

THIS IS A CHILD'S GRAVE,
there are no rules.
You may race around, have a tea party.
You may lie on top, suck your thumb, take a nap.

THIS IS A CHILD'S GRAVE.

THERE ARE NO RULES.

NO RULES, PLEASE.

PLEASE, NO RULES.

*The Next
Few Days*



At Home



A home without your expected baby seems very empty. “Nothing can describe the pain of going home with empty arms”, said one mother.

The hospital environment may have contributed to a sense of unreality regarding your loss. But the reality of the situation will hit you hard when you are back in the familiar surroundings of home. The sense of loss will be more real, the pain more acute, the reminders that your baby is “missing” more obvious.

Days can drag by. Instead of cuddling your newborn you are left with a confused, empty feeling. As a parent, your mind and your body have been prepared for the arrival of your baby. You may feel your life has no purpose now that you have no baby to care for, just the daily routine as before.

You and your family may find it difficult to settle back into your usual routine. Don’t let this worry you, it will take time. It is not helpful to try and keep yourself busy with tasks that you don’t really want to do just so you can forget about the baby - which of course you can’t do anyway.

If your baby died at home a ceremony within your home may be helpful in terms of the spiritual wellbeing of your family.

The Nursery



You may have already prepared a nursery or a special place for your baby to sleep, a place filled with toys and little clothes for the baby.

If this room brings pain to your days, don't let it worry you, just quietly close its door. When the time is right you will want to step inside and face the loss, even value its contents.

Many parents find comfort in this place that they have prepared. This may be a special place over the next few weeks because of its associations with your baby and the dreams you had for him or her.

Even if others offer to put these things away, ask them not to. This is a task which you need to save for yourself - when you are ready.

Physical Difficulties



For women, nature will take you through the same physical discomforts common to all women who have just given birth.

Your breasts may fill with milk even if your baby was very premature.

Your body is preparing itself for breastfeeding. Your breasts are likely to become hard and somewhat painful two or three days after the birth. This discomfort will last for a couple of days and then gradually reduce as milk production ceases.

Here are some suggestions for suppressing unwanted milk production, and to ease breast discomfort;

- wear a comfortable, well supported bra, or binder
- drink your normal fluid intake and continue your normal hygiene of daily showering
- apply ice or cold packs to the breast inside your bra or binder for 20 minutes, three hourly
- if you are uncomfortable due to engorgement you may wish to express just a little milk to ease the discomfort. Breastmilk contains an inhibitory peptide, which stops milk production. If some milk stays in the breast, this peptide acts to suppress production, so you can express small amounts without stimulating further milk production
- use a mild pain killer to help
- alternatively try the cold compress - cabbage leaf (organically grown) treatment.

Don't forget, if you have concerns, contact your midwife for advice. She is there to help you.

You may choose to take medication to prevent your milk coming in or to have it dried up quickly. Your doctor can prescribe this.

Medication is not really recommended due to the side effects. You can discuss this with your doctor.

You will have a vaginal discharge called “lochia” for approximately two weeks. At first it will require a pad change every few hours. However, each day the discharge will lessen and begin to appear brownish. If the discharge continues to be heavy or if there are any clots, abdominal pain, fever or smelly discharge, you should see your midwife or doctor as this may be a sign of infection or other problem. Remember to be kind to yourself. Slow down. Put your feet up. You can expect that your menstrual cycle will resume within the first two months.

You may be fertile as early as one month after the birth so you will need to use contraception if you do not want to conceive.

If you have a wound you will be sore while the stitches heal. Plenty of rest, frequent pelvic floor exercises, some pain relief and a warm bath will be soothing. Remember to dry yourself well. A warm hairdryer will be helpful on the stitches.

If you have had a caesarean section, your abdomen will be sore for some days to weeks after the operation and you may require additional support when you get home.

Some women have difficulty eating or sleeping, feel very tired, or have disturbing dreams. At any worrying or sad time, the night time can be the worst. It may help if you make yourself a warm drink, soak in a bath, and talk to your partner about how you feel. You may want to ask your doctor for sleeping pills. While they may give you a good night’s rest, remember, heavy drugs defeat sadness and may put off and prolong the pain.

These physical feelings are usually the first signs of grief, and they are usually the first to pass.

Emotions



At times you may feel as though you are going through stormy waves all alone. Some people worry that they ought to be more sad, that they cry too much or too little, or that when they are happy again, somehow they are being disloyal to their baby. But love is not measured by sadness. Do not worry that something is wrong with you just because you don't react a certain way. Remember, your grief and feelings will be uniquely and singularly yours.

The following are just some of the typical emotions associated with grief. Your first reaction may have been denial, "oh, no!", even if you were aware of your baby's fragility of life. DENIAL is a protective mechanism that cushions the blow.

Along with denial comes SHOCK that sets in almost immediately. It's as though all senses are dulled for a while. Your mind attempts to shut out the reality of your baby's death. It's as though your mind says, "This is too painful. I'll put it off for a while."

Every parent who experiences the death of a child has some GUILTY thoughts and feelings, thinking that there was something they "should" have done to prevent it. "Could it have been that I didn't eat properly?" "Should I have rested more?" The questions can be endless. These feelings may not make sense, are usually groundless, and yet are persistent.

And then there are feelings of FAILURE AND HELPLESSNESS, feeling that your body has failed you.

Along with guilt, you may experience some ANGER. It seems unfair and unjust. You may have lots of questions. You may feel angry at yourself, your partner and even your baby. You may feel angry at your doctor and hospital staff, or you may feel angry at the world and at God.

You may feel very ALONE AND ISOLATED in your grief, with your partner grieving in a very different way.

JEALOUSY may be a problem. “Why do some women have lots of babies with no trouble and don’t even seem to want them?” You may want to run away from the sight of other babies, and envy your friends or even think that you hate them when they are happy with their children.

The stage of BARGAINING is often brief. There is an attempt to delay the loss.

You may then experience DEPRESSION. The full impact of the loss may be felt here. You may think about your baby almost constantly; this is your mind’s way of sorting out what happened. Or you may find yourself constantly on the verge of tears. Crying is an effective way of releasing energy and is a helpful healer. You may feel like constantly TALKING, telling people aloud what you are thinking and feeling.

You may feel ALARM AND FEAR. There can also be a restlessness, often a vague forgetfulness. Part of you may go on searching and listening for the baby without fully realising what has happened.

A grieving person is seldom concerned with NUTRITION, but a well balanced diet is more important now than ever before. Quantity of food is not important, quality is.

Most grieving families find SLEEP difficult at times. Try warm milk, a bath, reading or using relaxation techniques. You may want to keep a notebook beside your bed to jot down any thoughts.

ACCEPTANCE is experienced where feelings of devastation are replaced by those of sadness. You begin to recognise the loss and live with it.

There will be times when you can only bear one day at a time. Thinking about the grief ahead becomes overwhelming. Yet, in time, families whose baby has died do say that they come to feel that they have been touched irrevocably and that life has a new meaning for them.

And as one father said, “And remember, acceptance doesn’t mean liking something.”

Fathers



Fathers are often forgotten. Frequently people assume that as a father you do not feel much grief because you had less contact with the baby than your partner did. Only in more recent times have people realised that you too have been forming an attachment to your baby. This baby was also your child - a part of your dreams for the future too.

One of the difficult times for you is probably when people ask how your partner is doing, and forget that you’re hurting too. They forget that this baby is as much yours as hers, that even

though the baby grew in her body, it took both of you to start this new little life. Your emotions and indeed your life were also changing as you made room for the expected new person.

Many fathers are misled by old unhealthy attitudes not to show how upset they feel. They must remain a calm, strong support for the family. They take on making arrangements after the baby's death, telling people the dreadful news, helping with the housework, going back to work as if nothing happened and so they repress their own grief.

Unlike the mother, many fathers do not have a person to cry with. Since it is considered more "acceptable" for a woman to cry or show strong feelings with her friends, many men may be lacking this important outlet. Crying, however, is not a sign of male weakness, rather a sign of maturity that you are in touch with your inner feelings.

Some men feel furious that life could be so cruel, and that they were helplessly unable to protect their child. For no good reason, many parents blame themselves bitterly for their child's death. They did nothing wrong, yet they feel overwhelmed with guilt. When either parent turns their anger onto the other, as can happen, each may feel this is almost more than they can bear.

One of the strange things about grief is that it is too intensely personal to be completely shared. You are in it together ... but alone. Though you support and comfort each other, you cannot lessen the intensity of each other's pain.

Remember, men are often grieving at a different level and at a different pace than their partners. You can help each other by openly sharing your feelings but respecting that each of you may feel differently and may experience the full range of emotions at different times.

Relationship Difficulties



One way for a couple to comfort each other in their sorrow is by making love. Yet each may feel so differently, that sadly this can become a misery instead of a comfort.

One father said, “ I couldn’t wait to show her how much I loved her.” But the mother said, “I didn’t want to go back to the bed where it all started.” For some, the link between sex and conception is painfully obvious.

Some couples may seek increased sexual activity as an outlet for their feelings, while others may lose all interest in sex. A mother may get upset over a cuddle because her breasts or her tummy are sore. This alienation makes each partner feel hurt and rejected.

Guilt feelings often inhibit one or both partners from enjoying their return to a normal sexual life. Lovemaking is a spontaneous thing, but when a partner switches off due to the feelings that “I should not be enjoying this, I am supposed to be grieving”, the other partner may not understand this sudden change in emotion and feel rejected and hurt. Tension mounts up and the problem becomes worse.

You may need to be patient and understanding with each other and show your love in other ways. Take things at your own pace. Try to talk out your concerns with each other. As your grief becomes more manageable, your loving and sexual feelings will become more comfortable. Should any problems in this regard fail to improve with time, do not be afraid to seek professional help.

Single Parents



“All I had were my own parents” one mother recalls. “I ended up taking care of them telling them I was all right so that they would be all right when really I wanted to scream “I’m not all right! I hurt terribly!”

If you are a single parent and your baby dies, you have even greater need for support. Your feelings aren’t any different than where there are two parents, the big difference is that you may be alone. You need to make more decisions. You may find you need to ask for more suggestions from the hospital staff and your family as you make plans. And you’ll need to share your feelings and accept support. Bringing a support person or friend with you during any post-natal appointments may be a help.

You may want to ask about groups in your community for parents whose babies have died. There are likely to be other single parents among them who share your experiences.

As a society, we may give more guilt messages to single mothers. Keep in mind that you are important! Your feelings, your needs, and your experiences are valuable. Now is the time to reach out and get all the help you need as well as being a valuable resource to others in the same situation.

If You Have Other Children



It is often very hard for grieving parents to relate sensitively with other children, especially when they are grieving too. It is important not to shield them from what is going on or from your pain. Recognise, understand and share their pain. Let them know that you feel the same way.

Be prepared for the honesty and directness which young children bring to conversations about your baby's death. Facts are important. Avoid confusion by giving them a simple, honest explanation for your baby's death that they will understand - even a two year old. Don't be surprised if they bring up the subject again and again. Reassure them that there was nothing that they did to cause your baby's death.

Be careful about using words such as "lost". Young children are not likely to understand that unlike a lost toy, a "lost baby" can never be found. Also avoid describing death as "a long sleep" or using explanations such as "God took our baby", as this may result in a young child developing unnecessary fears, such as being afraid of going to bed at night or of being "taken by God" as the baby was.

Also, talk to your children about sadness. If you are crying or acting angry or upset, explain to them the reason why. Make sure they understand that you are upset because the baby has died not because of anything they have done.

Realise that your children will be grieving too. They are much less capable of being brave, strong, nice or good, just to make

others feel all right. When they are sad or angry, children can be very demanding as they have more difficulty identifying their feelings and it often comes out in the way they act: nightmares or other sleeping problems, angry behaviour, crying or whining, bed wetting or other behaviour showing their tensions. This is a great strain for grieving parents, when it takes all their energy just to keep themselves going. Try to be patient with them. These problems are usually brief. Get them to talk to you and tell you how they are feeling and what they are thinking.

To avoid problems later, it is important to involve them wherever possible. Try not to shut them out. Not involving them in the hope of sparing them pain is likely to cause them more problems. Take your cues from your children. Given choices, children don't usually put themselves in situations they aren't ready to handle.

If we can be open and honest with children, nothing else needs to be done except for us to learn from them.

Grandparents Grieve Too



Your own parents are hurting too. They grieve for their grandchild whom they will never play with or watch growing up. And they grieve for you, their child. There is probably nothing they would rather do for you than take away your suffering, just as you did not want your baby to suffer.

As one grandmother recalls, “As a mother, I felt so powerless. Where was my mother’s bag of tricks that would make it all better? I used to be able to take my child in my arms, kiss the hurt and wipe away her tears, but now I can’t even do that. Where were the answers? I should have them. I’m the mother.”

It is hard for grandparents to watch you being sad and to wait while you recover in your time. “I sit with her and I cry with her. She cries for her daughter, and I cry for mine.”

Yet, in their attempts at helping, they may hurt you deeply by what they say or do. One mother said, “Even my own mother pretended it had not happened. She hid all the clothes and sold the pram before I got home.”

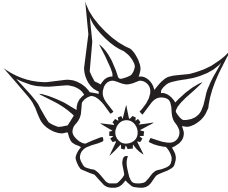
If they do upset you, be patient with them. It’s because they may not understand your feelings fully, not because they don’t care.



*“Grief is a journey, not a task.
It is not something we can
work at very hard to complete,
its completion relies on us
allowing the process to unfold
on its own accord.”*

Nicol

*Hinga atu me tetekura
(When one part of the frond falls and dies)
Ara mai me tetekura
(There will always be another frond to replace it)*



If we can be open and honest with,
children, nothing else needs to be
done except for us to learn from them

“A person’s a person
no matter how small.”

Dr Seuss

Hutia te rito o te harakeke

Pull the hoot of the harakeke

Kei hea to komako e ko

Where is the bellbird Grandma

Ui mai koe ki ahau he aha te mea nui o te Ao

What is the most important thing in this world

Maku e ki atu kia koe he tangata, he tangata, he tangata

I will reply to you it is people, it is people, it is people.

*Facing the
Future*



The Future



Gradually you will notice that the intensity of your feeling is fading - you are adjusting to your loss.

Time is a great healer, but only if you decide to let it be. Some people never come to terms with the death of their child. Yet most parents slowly come to feel that it is right for them to try to enjoy life again. They must lift the grey cloud that makes all life look dull and sad, if only for the sake of the family.

You are likely to be changed in some way by this experience. Even when you have successfully adjusted to the tragedy, this will not mean that you won't shed any more tears for your baby or that the feelings of disbelief and sadness won't come flooding back from time to time.

It is important to recognise that you can remember, love and miss your baby without grieving continuously. You can go ahead in life without forgetting your past.

Ways of Working Towards Healing



Take time to grieve about your baby and your feelings. Do not try to avoid this by always being too busy. Talk to a friend. Let them know how you feel and what you need. Try to find someone who has been through similar sorrow.

Be patient with your partner. Try not to expect too much help from one another at first, and be ready to come closer again as you both recover.

Put off big decisions, such as changing jobs, or moving to another town, for at least a year.

Give yourself time to say goodbye to this baby, before you think about having another one. The next time, expect to feel both happy and sad.

Be patient with yourself. Do not worry if it takes you a long time to grieve, or if you feel better and then slip back.

Decide to take the first step out of mourning. Plan a special meal, or talk to parents of a new baby instead of avoiding them.

Be kind to yourself. Do not worry if some people think you ought to be more sad. When you are ready, let yourself enjoy the good things of life.

Children work through their feelings by making things and this might help you. Perhaps you would like to plant a garden or sew something you had planned to make for your baby.

Collect together the memories, thoughts and keepsakes of your baby, and spend time placing them into a diary, book, or treasured box that you can refer to and show others at a later date.

Slowly things will change until you can carry your memory of your baby and your sadness, and it no longer carries you.

Healing for Children



There are a number of ways to help your children heal.

Give your children simple, honest explanations about the facts surrounding the baby's death. Listen to their questions and comments. Help them to understand that ordinary illnesses do not result in death.

Reassure them that there was nothing that they did to cause the baby's death.

Be careful about using words such as 'lost', and 'gone to sleep'. These words are used in the daily lives of young children and could cause confusion and fear when used to refer to death. Explanations such as 'God took our baby' could cause young children to fear that God will also take them.

Realise that children will be grieving too and that sadness is appropriate and can be shared. Talk about it.

Expect changes in your children's behaviours, and alert teachers and other carers by informing them of the loss of your baby.

Offer opportunities to remember and talk about the baby.

Make opportunities for children to learn about death. Even very young toddlers can understand a dead insect or animal, for example.

Remember that children need to know that when you love hard, you grieve hard, and that's healthy. Children can understand tears, but not silence and secrecy.

When words fail, touch - for love, comfort, support and sharing.

Finally, children need to know that they will not disgrace or demean their loss by feeling happy.

Post-Natal Check



About 6 weeks after the birth, it is a good idea to have a post-natal check. This will usually be done by your family doctor, midwife or private specialist if you had one. The post-natal check is covered by maternity funding so you do not have to pay for it. Your recovery from pregnancy and birth and your continuing health care is no less important because your baby did not live.

All women who were cared for by the hospital team will be given an appointment to come back to National Women's about 8 weeks, sometimes longer after the birth. This is to give you and your partner or support person, an opportunity to discuss in detail what happened in the recent pregnancy, advice about management of a subsequent pregnancy and any concerns that you may have about your time in hospital. Blood tests and any other investigations which were performed at the time of birth will be available and will be discussed with you. If a post-mortem was done on the baby, the final report should be ready.

If your care was provided by a private obstetrician then the 6 week appointment will be with them.

The doctor will go through the report with you during this visit. You may wish to have a counsellor/social worker whom you have both already met, present at this appointment.

Making a list of any queries or concerns you might have is a helpful way of remembering everything. Over the next few weeks, you might like to keep this list close by you, so you can add to it as questions arise.

Many parents wish to talk about these questions:

- Did anything go wrong before or during the birth?
- If so, why?
- How did it affect the baby?
- Where do we go for advice on contraception?
- If we chose to have another baby, how might he or she be affected?
- Is the next pregnancy and birth likely to go well?
- Is there anything we can do to give the next baby the best possible start in life?
- Should we seek genetic counselling (details about the risk of problems for later children) and what might this involve?

There is a monthly perinatal mortality meeting at the hospital where some cases are discussed and reviewed. Additional information from this review may also be available at this appointment. You may wish to make a further visit to discuss the post-mortem or other details once you have had time to think about it and read the post-mortem report.



Mother's Day

*My first Mother's Day
and yet my arms don't hold you,
they only ache with an unbearable emptiness.
Nothing can be done to bring you back to me.
Reluctantly I try to accept that.
But you did exist.
For all those months you were very real
as you rocked and rolled in my tummy.
I gave you all the love I had,
whole, total, unconditional.
The sadness, the injustice that is most shocking,
- birth and death fused together.
It was just not supposed to be that way.
How hopelessly we were prepared.
Your unclothed nakedness of death.
I wish I had tried to caress you not just touch you.
I wanted to really love you,
but I was scared,
what of I don't know.
Yet bitter grief could never ruin
the sweetness of your time.
I have been touched irrevocably.
You have left us a legacy of infinite value,
adding dimension to our lives.
Our great sorrow is that we had so little opportunity
to add to yours,
to show you the world we enjoy.
But for you
I would not be a mother.
I can but hold you in my heart.*

Anniversaries



One of the sad realities is that you will remember while others may forget. Anniversaries of your baby's birth and death days, celebrations and due dates may go unnoticed and unobserved sometimes even by your close friends and family, while you anticipate them with pain and dread.

Maori families may mark the anniversary of their baby's death with an unveiling which is another occasion to mark the grief process and the passage of Te Wa (time).

Other parents have found it helpful if they plan something meaningful for that day, such as a special dinner, visiting their baby's grave or having a quiet time to themselves to think of their special baby.

During these anniversary times, or celebration days, you may want to do something in memory of your baby, such as making a donation to your favourite charity in your child's name, lighting a candle, or making a special ornament for the Christmas tree. In this way the absent child is "included" with the rest of the children in the festivities associated with the holiday. Anniversary dates are special and painful.

"I wish they didn't have Mother's Day!" said one mother, "That's the day I really acknowledge that I have three kids. I'm the mother of three kids, not just two."

Anniversary reactions can also be unpredictable. It is important to give yourself permission to have bad days whenever they appear.

International Baby Loss Awareness Day, October 15th is observed at National Women's and is organised by SANDS and Parentcare phone 307 4949 ext 25469 for more details.

Anticipating these painful times, letting others know how you are feeling, and finding a meaningful way to communicate the loss of your baby will help you heal.

The Next Pregnancy



For you the next pregnancy may bring only expectations of more pain and sorrow. On the other hand, the desire to have another child may outweigh those fears. There is no right time to “try again” other than when you want to.

What seems to be a certainty is that the decision to try again is easy in comparison to actually living through the nine months that follow.

While telling your family and friends of your new pregnancy you may be aware of a special joy - and relief - on their faces. They may think everything will be all right now that you have another baby to think about, or that another baby will “erase the loss”.

Although there is no denying that another pregnancy, another baby, will help reduce some of those empty feelings, it is by no means a complete solution. You will always have one less child.

Your first hand experience with tragedy teaches you that life is fragile and that there are no guarantees. You can't hide under the assumption that it won't happen to you. It has happened to you, and while the chance of it happening again may be remote, it is possible.

As a result of your baby's death, this pregnancy and any others will undoubtedly be times of increased anxiety and fears. There is no magical time, no proven recipe, and no amnesia to make this pregnancy easy.

You may feel angry and disappointed that you can't enjoy a blissfully innocent pregnancy. You may wish that you could relax, but you can't totally ignore what happened before. You may feel you simply cannot expect a pregnancy to result in a baby that will survive.

One mother recalls, "All through my pregnancy I thought, yes, I'm pregnant, but I don't feel like I'm going to bring anything home from the hospital."

Feeling vulnerable is difficult to cope with. You may feel uneasy because you know that even if you take good care of yourself and your baby, your baby can still die. For this reason, many mothers seem to "keep their feelings on ice."

They hold back their thoughts and feelings about this new baby, trying to stop themselves from becoming too attached, and not daring to pin their hopes on a positive outcome. Others try to do everything better or differently in an attempt to prevent things from going wrong again.

Antenatal care is also likely to be different depending on the cause of your baby's death. It may be recommended that you should be cared for by a specialist, either under the hospital system (at no cost) or under the care of a private specialist. You may need additional tests and monitoring in order to detect any problems.

The reassurance of these tests, and the desire to regularly hear the heart beat may all be of comfort. You may eagerly wait for your baby to start moving.

You may want to change your doctor or midwife. Too often there are unresolved issues about what the midwife or doctor did or didn't do at the time of your baby's death. Remember, this is a parent's choice and you need not feel guilty about any change.

The delivery will be an especially anxious time for parents. The "moment of truth" approaches. Will everything be all right this time? When you're getting ready for the birth, you may feel an odd mixture of impatience and dread, elation and anxiety, optimism and pessimism.

Some mothers are afraid of losing control during labour or being consumed with grief and thoughts of the baby who died. Focusing on the differences between this experience and the other can help you cope and feel more optimistic.

"When Nicole was stillborn it was so quiet," recalls one mother. "It seemed like the whole hospital got quiet, and you could hear a pin drop. When Emily was born, it was loud. Everybody was talking and laughing and crying. I loved the noise".

In the early days after the birth of your next baby, you may experience intense mourning for your previous baby. During this time you may not want very close contact with your new baby. This detachment is quite normal and you should be allowed to become involved when you feel emotionally ready. Alternatively, your anxiety and worry over your new infant, especially during the first few months, may make you especially vigilant.

"I still worry she will die", said one mother. "I still look at her and say I wish I could love you better, but now I realise that all these things make up our loving."

Returning to the Ward



Returning to the hospital's delivery unit or ward, where it all started may be difficult for parents.

After the death of your baby or before your next pregnancy, you may wish to come back to the ward. Some parents find a prior visit makes the next labour and delivery, or visiting friends, less stressful.

At National Women's, we are happy to arrange this for you. If you phone the ward or unit you were in, to arrange a time when familiar staff can be present. We are also available should you just wish to talk about your baby's death.

Resources



Useful Contacts



Some organisations can put you in touch with other bereaved parents. Whilst individual experiences may be different, the common bond that parents in these groups share are their feelings. Your healing may be helped by sharing with and learning from the experience of others.

“You’d think it would be morbid,” said one father, “but it wasn’t at all. I’ve never felt more at peace than when I was with a group of parents who all have a child who has died.”

Another said, “For one thing it gets you over the awful question when people ask you how many children you have. It was so nice to say four without thinking, whereas I usually say three and feel badly.”

And Then There Are Books

After a Loss in Pregnancy

N. Berezin

When Pregnancy Fails

S. Borg & J. Lasker

Your Baby Has Died:

A guide for parents whose baby has died before, during or soon after birth

(SANDS Australia) M. Church & P. Brabin

Coping with Miscarriage

NZ Women's Health Series

K. Cuthbert & S. Eden Long

Empty Cradle, Broken Heart:

Surviving the Death of your Baby

D. Davis

Surviving Pregnancy Loss

R. Friedman & B. Grodstein

Good Mourning: Help and Understanding in the Time of Pregnancy Loss

J. Gordon-Morrow & N. Gordon-de Hamer

A Maternal Instinct

S. Hampshire

Helping People Through Grief

D. Kuenning

The Forgotten Grief

E. Kubler-Ross

Questions and Answers on Dying

E. Kubler-Ross

When Bad Things Happen to Good People

Rabbi H.S. Kushner

Love Away the Hurt

A. Mumford & K. Danhaver

**Loss of a Baby:
Understanding Maternal Grief**

M. Nicol

Grief and Loss of the Newborn

K. Pendergast

Motherhood and Mourning

L. Peppers & R. Knapp

Tread Softly:

**A guide for parents whose baby dies around the time
of birth in the West Coast region**

A. Smith

Good Grief

G. Westberg

SANDS:

**A caring guide for parents of stillborn babies and babies that
die shortly after birth**

R. Williams

Books For Children

When Uncle Bob Died **Althea**
Little Match-Girl **H. Anderson**
Cathy's Story **C. Brighton**
Dead Bird **M. Brown**
The Fall of Freddy the Leaf **L. Buscaglia**
Accident **C. Carrick**
Everett Anderson's Goodbye **L. Clifton**
No New Baby **Centering Corp**
Where's Jess? **Centering Corp**
Mary and her Grandmother **B. Egger**
Grandpa's Slide Show **D. Gould**
Goodbye Max (pet) **H. Keller**
It Must Hurt A Lot **D. Sanford**
Kirsty's Kite **C. Stilz**
Badger's Parting Gifts **S. Varley**
Tenth Good Thing about Barney (pet) **J. Viorst**
Nobody's Perfect **J. Wessel**
I Heard the Owl Call My Name **E. White**
I'll Always love You (pet) **H. Wilhelm**

The Council of Christian Nurture (CCN),
Holy Trinity Cathedral, Parnell *ph (09) 302-7201*
have an extensive library of books and booklets on death,
dying, grief and support including books from the
Centering Corporation.

Addendum



Five years on, and my heart still hurts, my tears still catch me out, and things or events frequently remind me of the child we never got to raise.

The tiring trial of grief. I didn't know the journey of personal sorrow was so long and hard. But time has been a companion, gently allowing us space and the opportunity to move on in growth.

Yet so much of grief seems to require easing other people's discomfort in our hurt. I've learnt that we progress through the stages of grief at different speeds - I was climbing out of depression when my partner was sliding in.

In our situation I chose to become pregnant again soon after our baby had died. While I understood that I could never replace our wee one, I needed direction. I needed to prove to myself, my body's ability to reproduce. I needed my arms filled again. Yet even this provoked criticism from some. Many thought it was "too soon".

But when I did conceive four months later, it was my bitter sweet bud of promise that gave me courage to go on. Revisiting the tempestuously marked territory of the previous pregnancy was tough. It was a frightening journey for us both to take.

We'd lost the innocence of a joyful blissful pregnancy. We'd come face to face with the fragility and complexity of life.

But we knew that growth would require change from the present.... And our subsequent children have indeed given us plenty of that. We've had the privilege of producing two happy and healthy children - both chosen to be born at home. The alternative for me was just too hard.

Anger, hurt, bitterness and self pity have given way to a new softening and wholeness of heart. We are different and acknowledge that in life's mystery. My first born will always be that and my decision to refer to her in discussion with others, when introducing myself, and in quiet times of reflection and memory affirms her brief existence.

As a result, the children refer to their little sister easily. Our visits to her graveside, photos, including her name in special times and family discussion, ongoing enquiries by the children about her short life. Even letting them share my times of tears, encourages her continued presence in our lives. She lives on in our slowly healing hearts.

Debbie Watkin