

SUPPORTING A CLIENT THROUGH PREGNANCY AND INFANT LOSS

This information will help service providers to support people who have experienced a pregnancy or infant loss.

The role of a care provider is to be supportive and create a welcoming space open to hearing and acknowledging the pain of grief and loss. Being aware of your own attitudes about death and grief regarding abortion, pregnancy loss, and neonatal loss will help you to be attentive and to respect the bereaved person's values, beliefs, traditions and attitudes about health, illness and death, all of which may be different from your own.

In the community, someone may disclose to you a previous loss that happened some time ago. This may be the first time they feel secure enough to talk about what happened. This information can help you provide a respectful place for them to talk about their experience.

What feelings might my client have?

There is no right or wrong way to feel after having an abortion, pregnancy loss, or infant loss. Depending on what the pregnancy meant to them, your client will have varying emotional responses and express them in their own unique way. They may feel a mix of feelings that can range in intensity. These may be overwhelming at times, and come and go in waves.

Some common feelings:

- disappointment
- emptiness
- helplessness
- loneliness
- anger
- trauma
- regret
- sadness
- despair
- shock
- guilt
- fear
- uncertainty
- anxiety
- restlessness
- racing thoughts
- pain
- self-blame
- shame
- confusion
- grief
- relief

WHAT CLIENTS FOUND SUPPORTIVE FROM CARE PROVIDERS

The night nurse was so compassionate and honest about what to expect. It helped me mentally prepare for everything that my body was about to go through.

The nurses told me it wasn't my fault. They comforted me, cried with us, and helped us dress and care for our son.

The most helpful thing a nurse said to me was 'I don't know exactly how you are feeling but I can imagine and I'm right here with you'. I'll never forget someone acknowledging me and telling me they were right there with me.



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COMMONLY USED TERMS FOR PREGNANCY AND INFANT LOSS

As a service provider, you may be familiar with the medical terms for these experiences. In these information sheets, we use the terms people most commonly use:

Neonatal loss (Infant Loss)

Neonatal loss is the medical term for the loss of a pregnancy after 20 weeks gestation or the death of an infant up to 28 days after birth. It happens in 1 of every 200 pregnancies.

Common terms: infant loss, newborn loss, baby death, stillbirth

Spontaneous abortion (Pregnancy loss)

The medical term spontaneous abortion describes a pregnancy that ends on its own before 20 weeks gestation. A fetus cannot live on its own outside the uterus that early in pregnancy. Pregnancy loss is common; 2 in every 10 pregnancies will end in miscarriage.

Common terms: miscarriage, pregnancy loss

Pregnancy termination

Abortion is a safe and legal medical procedure in Canada and part of the spectrum of reproductive health care. The procedure is used to end a pregnancy that is less than 28 weeks gestation. A therapeutic abortion is sometimes required when a pregnancy loss has occurred or is no longer viable.

Common terms: pregnancy loss, ending pregnancy, terminating pregnancy, abortion

People who experience pregnancy or infant loss require compassionate, respectful, and nonjudgmental care. This includes clear information about their choices and options, and what they can expect.

Every person is unique and makes choices that fit their own situation and circumstances. Cultural perspectives may contribute to the diverse ways people deal with pregnancy loss or infant loss. Some people hide a pregnancy loss or an infant loss due to beliefs and views associated with having a loss.

Some commonly held beliefs include that grief is not acceptable in public or that they are seen as a failure as both a parent and spouse. Some may feel ashamed and feel that they are being judged as being impure or taboo. Many people that have experienced a loss they think that others around them are expecting them to forget and have another child.



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TAKING A SUPPORTIVE APPROACH

Support your client in choosing what is best for them.

Listen

Demonstrate respect and genuine interest in your client's story. The sense of being heard is an important step in healing and forming healthier thoughts. Listen to what they are saying and the words they use. Reflecting their language and words for the pregnancy lets your client know that you are listening. If they refer to the pregnancy loss as losing a baby or infant, or by the name they have chosen, use their words.

Validate and accept

Acknowledge and accept their emotions. Do not be afraid to sit with their feelings – as challenging as that may be – or with silence. Do not feel you need to fix anything. Just let them process their experience and talk as they are ready. Do not rush them. Reassure your client that all emotions are normal and they are not at fault for what has happened.

Encourage them to observe their emotions

Encourage your client to gently observe their painful emotions as they would a friend's emotions. Prompt them to try to accept their feelings without pondering over the reasons for them. Remind them that resisting painful emotions can be exhausting. Accepting emotions without judging them may help your client to move through them.

Connect

Help your client find individual or group support in their community. Connecting to others who have experienced a pregnancy loss can be helpful in processing the grief of loss. Some people feel a sense of relief when they discover their feelings and thoughts are shared by others under similar circumstances.

You can also help by:

- answering questions honestly
- explaining what they can expect.
- inviting follow-up questions or time for more discussions
- sharing your emotions (without overshadowing theirs) or crying along with them
- showing warmth, caring and sympathy



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FRIENDLY QUESTIONS

These questions can help you assess how your clients feel about the loss and help with their grief process.

- “When did you find out you were pregnant?”
- “What plans did you make for this pregnancy?”
- “What has the doctor told you?”
- “When was your due date?”
- “How are you doing with all of this?”
- “Have you chosen a name?”
- “Tell me about your labour (or miscarriage).”
- “What do you understand about your baby’s diagnosis?”
- “Were you able to see the remains?”
- “Do you have any questions?”
- “Would you like to talk again later?”

Answering difficult questions

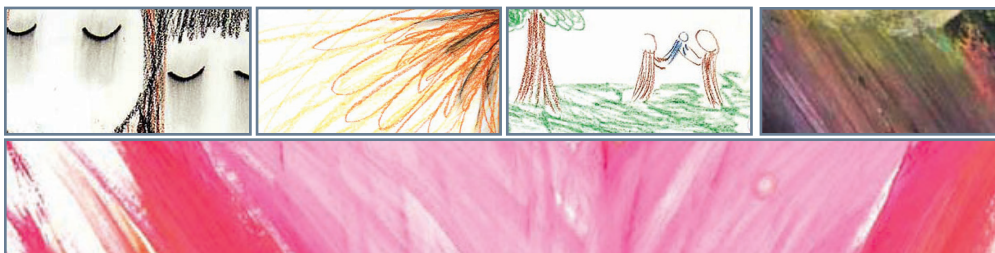
- Always try to be honest, using plain and gentle language.
- Take time to explain and give them the opportunity to ask questions.
- Ask what led them to ask that question.
- Check in to see how they understand the information they are getting.

Words of validation

- “I’m honoured that you’ve shared your feelings with me.”
- “You’re very brave to let your feelings out.”
- “It’s okay to wonder about those things.”
- “You’ve brought up a very thoughtful question.”
- “I want to acknowledge your courage in thinking about all these things.”
- “Sometimes there are no answers that will satisfy what we want to know.”
- “I think it’s normal to struggle with what you’re dealing with.”
- “Your concern for your baby shows me how much compassion you have. I hope you can show that compassion to yourself.”



Reassuring me that it was nothing that I had done. Allowing me ample time with my baby after delivery. Giving me keepsakes for my baby. The social worker allowing to me to come for as many return appointments as I wanted to talk through my grief.



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HONOURING THE LOSS

Many families want to mark their grief and loss in some way.

Explore your client's connections to religious, spiritual or cultural support. Some clients may want to talk through their plans to honour their loss, take the time to listen to their thoughts and plans. Helping them to create memories can help in their healing. Here are some ways that families have honoured their loss:

- making a memory box to store items for the baby
- writing a letter to the baby
- writing a letter to themselves with encouraging word.
- creating art work
- getting a tattoo.
- celebrating the baby's birthday
- planting a tree

It's common for service providers to ask our clients if they can talk to a family member or loved one about their loss. It's important to remember that just as your client may be grieving, so may their extended family and community. Provide your client with the opportunity to talk with others outside their community if needed. Community groups lead by peers or service providers can be helpful.

Gentle handling after delivery

If your client has experienced an infant loss, they may want to spend time with their baby. Allow your client to make their own decisions about what is best for them, including the amount of time alone or with their support person. For some, privacy in grief is very important. Do not assume this is the case for everyone. Support your client in choosing what is best for them. Allow them to have as much time together as they need.

When possible, support your client by helping them:

- view the fetus or baby
- know the sex of fetus
- take photographs
- hold, bathe or dress the baby
- take footprints
- arrange a blessing and/or naming ceremony
- arrange cremation or other ceremonies
- write a note to the baby

Encourage and help your client to look at all parts of their baby. Open the blanket so they are able to touch all parts of the infant. They may not know they can do this or feel reluctant to do so without your encouragement.

How you treat the baby is also very important. Parents will notice how their baby is handled. Treat the baby with the same care and gentleness you would a living newborn. People who have lived through this experience have said how much they appreciated it when people talked to or sang to their baby.



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PASSAGE OF TIME

Immediately after a loss, your client may be overwhelmed by intense emotional pain. The type and intensity of emotional pain can change over time. Complex but varied emotions can remain, regardless of the stage of pregnancy, or type of pregnancy loss, or the childbearing experience, or amount of time following a loss.

It is important to remember that people can feel devalued when their own trauma and their lost infants are forgotten or ignored. The sense of being silenced or excluded and feelings of negative self-esteem can be carried long after the loss. Lack of self-esteem can inhibit your client's ability to discuss their grief or interfere with feeling included in their community and social circles.

Supporting future pregnancies

Many people will decide to continue to try to become pregnant again after a loss. It is important to remember that a subsequent pregnancy is not a way of forgetting a previous loss.

People who have had two or more miscarriages in a row are at a greater risk for future pregnancy losses.

After a loss, clients may have emotional responses to a new pregnancy, including:

- anxiety
- fear
- hyper-vigilance about the pregnancy
- ambivalence toward the pregnancy

All these emotions are normal. Acknowledge their feelings and allow space for them to talk about their past loss and their present feelings. Most people just need someone to listen without judging their emotional response. Recognize that they may need to check-in more often about the pregnancy, even if just to hear the heartbeat for reassurance. As a service provider, be prepared for the possibility of another loss and how you might support the client if that should happen again.



CARE FOR THE CARE PROVIDER

It is important for service providers who work with families experiencing pregnancy loss and infant loss to practice self-care to support your own coping with stressful circumstances. This also allows you to be better equipped in your role and to provide supportive care to others.

Remember that the choices your client makes may not be your choices. You may feel disturbed, frustrated, or guilty. It is important to acknowledge your own feelings but they should not interfere with your ability to provide respectful and compassionate care to those experiencing a loss.

Taking an opportunity to debrief with professional colleagues or a counsellor and focus on your emotional response, including your relationship with the client can be helpful.

Your support to families during this vulnerable and often very difficult time is an important part of their healing. Being mindful of your approach, your feelings, and your language will help clients feel supported and understood during this sometimes confusing and overwhelming experience. Remember to exercise self-compassion. Getting support from others while you support your clients will also help you.

Referrals and resources:

Public Health

<http://www.gov.mb.ca/health/publichealth/offices>

Crisis Response Centre

817 Bannatyne Ave. tel: 204- 940-1781

Women's Health Clinic Counselling Services

tel: 204-947-2422, ext. 204

Online

<http://www.mb211.ca>

<http://nationalshare.org/wp-content/uploads/2014/07/Choices-or-Mandates.pdf>

<https://pailnetwork.sunnybrook.ca/>

Interrogating Pregnancy Loss: Feminist Writings on Abortion, Miscarriage, and Stillbirth

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TYPES OF MISCARRIAGE

There are many different types of pregnancy loss. These terms can help you explain pregnancy loss to clients.

Threatened

There is bleeding, with or without mild cramps, but the cervix is closed. Half of threatened miscarriages end in pregnancy loss. In the other half, the bleeding stops and the pregnancy continues normally.

Inevitable

There is increasing bleeding, and the cervix begins to open. In this case, there is no chance the pregnancy can continue.

Incomplete

Some pregnancy tissue comes out of the uterus. But some stays inside. Sometimes treatment is needed to remove the remaining tissue.

Complete

All the pregnancy tissue comes out of the uterus. Usually, treatment is not needed.

Missed

The pregnancy has ended, but the tissue remains in the uterus. Most often the tissue comes out of the uterus, but treatment is sometimes needed. Treatment may be medication or an aspiration procedure. During aspiration, a health care provider inserts a thin plastic tube in the uterus to remove the pregnancy tissue with gentle suction.

Ectopic pregnancy

Ectopic pregnancy is another kind of pregnancy loss. An ectopic or tubal pregnancy occurs when a fertilized egg implants outside the uterus, usually in a fallopian tube. Rarely, it can occur in an ovary or in the abdominal cavity.

Chemical pregnancy

A type of miscarriage that occurs before 5 weeks. There is a faint positive on a pregnancy test, however nothing is visible on an ultrasound. This is estimated to occur in 50-75% of pregnancies. For most people, the only symptom might be a period that happens up to one week late. Chemical pregnancies happen when an egg that is not viable is fertilized, or when chromosomal errors happen after fertilization, resulting in a pregnancy loss shortly after implantation.



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