



Please accept our sympathy for the loss of your baby. The Share Pregnancy & Infant Loss Support Program extends its support and assistance to you throughout the grieving and healing process.

Share is a national support resource for families who have experienced the death of a baby through miscarriage, stillbirth, early infant death or SIDS. HSHS St. Vincent Hospital serves as the host site for the Northeast Wisconsin Share Chapter, assisting families throughout Northeast Wisconsin, regardless of where their loss took place.

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Share services

HSHS Wisconsin Share Support Group

- Offers a four-week, online support group for bereaved families, hosted by Share of Eastern Wisconsin and Share of Western Wisconsin.
- The support group is open to adults only.
- For more information or to sign up, visit: hshs.org/stvincent/events/support-group

National Share support group meetings

- Offers an online support group for all bereaved families every Tuesday at 7 p.m. CST.
- Offers an online pregnancy after loss support group every third Tuesday of the month.
- For more information, visit nationalshare.org

Miscarriage memorial services

Our hospital policy states that the remains of any baby miscarried before 20 weeks of pregnancy will be respectfully handled and buried at a cemetery. The babies are safely and respectfully kept at the hospital until the date of the memorial/burial service. All miscarried babies are placed in separate receptacles and then individually placed in one small common casket at the funeral home, so that no baby is ever buried alone.

- In Green Bay, miscarried babies are memorialized and buried in a reserved area at Allouez Catholic Cemetery and Mausoleum three times per year. For more information, contact HSHS St. Vincent Hospital

Spiritual Care at (920) 433-8163.

- In Sheboygan, a grave-side memorial service is held at Holy Cross Cemetery once a year. For more information, contact HSHS St. Nicholas Hospital Spiritual Care at (920) 451-7265.

Share offers this service to families at no charge. If, for any reason, you do not wish to be notified of the service or you do not wish for your name to be kept on file at the cemetery site, please notify Spiritual Care.

Parents can make their own arrangements for disposition of remains, if they prefer. Our hospital chaplains are available to assist you with this. Please ask to speak with them for guidance.

WHAT IF THERE ARE NO REMAINS?

Often a miscarriage occurs and there are no visible remains of the baby. This can happen if the miscarriage occurred very early in the pregnancy, if there was significant bleeding or if the miscarriage happened weeks before it was diagnosed. In this situation, the baby is memorialized at the service with no burial of remains.

Christmas Candlelight Service of Remembrance

A service is held in the chapel at HSHS St. Vincent Hospital each year. Attendees are invited to bring an ornament in their baby's memory to hang on a memorial tree. The tree remains in the HSHS St. Vincent Hospital Chapel throughout the Christmas season. Part of the service's tradition includes collecting items for families in need throughout Northeast Wisconsin.

Understanding medical terminology

Spontaneous abortion/miscarriage

The medical term for miscarriage is spontaneous abortion. Many people feel uncomfortable with this term because, in our society, the word abortion is used to refer to the intentional termination of pregnancy. Keep in mind however, abortion is a medical term for any event in which a baby dies and leaves the uterus before it is viable. It does not reflect why that pregnancy was lost. Spontaneous abortion means this occurred naturally.

- During a missed abortion, the baby dies inside the mother and stays inside the uterus for at least two weeks before the miscarriage occurs.
- During an incomplete abortion, the baby dies and leaves the uterus, but the placenta (the baby's life support system) stays inside the mother and may need to be surgically removed.
- The term threatened abortion is used when a mother has all of the signs of a miscarriage (such as heavy bleeding) and is at risk for a miscarriage.
- The term habitual abortion is used when three or more consecutive pregnancies are miscarried.

As difficult as it may be to hear the word abortion used by medical providers, it is the correct medical term. Proper medical records documentation and billing codes are dependent upon the correct use of medical terms. Having "spontaneous abortion" in your medical chart means you have had a miscarriage.

Ectopic pregnancy occurs when the embryo implants outside the uterus, usually in a fallopian tube or, rarely, in the abdomen or cervix. An ectopic pregnancy cannot proceed normally. The embryo cannot survive and, if left untreated, life-threatening bleeding or complications in the mother can occur.

Molar pregnancy occurs when an abnormal chromosome complement causes the placenta to develop into an abnormal mass of cysts (hydatidiform mole). There are two types of molar pregnancies, a complete mole, in which there is no embryo and no normal placental tissue, and a partial mole, in which there is an abnormal embryo that cannot survive and some normal placental tissue. A molar pregnancy can cause serious complications in the mother, including a rare cancer, and requires early treatment.

Physically, your body will go through hormonal changes and you can expect to feel mood swings, sleeping difficulties, inability to concentrate, irritability and fatigue. Bleeding and cramping are common as well. You may also feel a little depressed. Be sure to discuss your feelings with your provider.

The instant you found out you were pregnant, your life changed forever. You may have felt shocked, excited, scared, happy or overwhelmed. You may have imagined what your baby would look like and made plans for the baby. Maybe you told people about the pregnancy or maybe you kept the news to yourself. But between you

and your baby, there was a special bond and your baby became a real person to you. When you found out you had a miscarriage, those feelings changed. Now you may feel like you have lost a part of yourself. All the hopes and dreams you had for your baby and your family are gone.

Stillbirth

Stillbirth is defined as the delivery of a baby who has died and is more than 20 weeks gestation. About one in every 115 babies is born still. Common questions following a stillbirth are "Why did my baby die?" and "Could this happen again?" Answering these questions is difficult but, by examining the baby and the placenta after delivery, we can try. With careful evaluation, the cause of a stillbirth can be identified about 40 to 50 percent of the time. Even when a cause is not specifically found, many potential possibilities can usually be ruled out. Stillbirth is rarely ever caused by something the parents did or did not do.

IT'S YOUR DECISION

Parents whose baby is born still may be asked to consider medical evaluations for their baby to try to determine the cause. Some parents will want to do everything to find the cause. Knowledge can be empowering, and it may provide a sense of comfort by helping to alleviate uncertainty or guilt. Some parents, however, may not want any medical testing done after the delivery of their baby because they feel uncomfortable with it or do not feel it would be helpful. The decision is a personal one and is best made after careful discussion with your provider, family or clergy.

WILL IT HAPPEN AGAIN?

Some causes of stillbirth include problems with the placenta or umbilical cord, illnesses or conditions of the mother, or birth defects (sometimes not visible on the outside). Extensive evaluation of the baby and placenta may help determine the chance that stillbirth could happen again. On average, there is a 3 percent chance for stillbirth to recur in a next pregnancy – or a 97 percent chance a future pregnancy would not result in stillbirth. Finding a specific cause may imply a much higher or lower risk than this average. In almost all circumstances, healthy pregnancies are possible.

Neonatal death

A neonatal loss is the death of a baby who was born alive and died after birth. The baby may have lived for a very short time — a few hours, days or weeks. The baby may have been in the newborn intensive care unit (NICU) or died in the labor and delivery unit.

WHEN A CONDITION IS KNOWN

Some parents learn that their baby has a life-threatening condition during the pregnancy. It is common for parents in this situation to think that, if they do not become attached to their baby, it will make the death easier to deal with. We know that this isn't the case. Avoiding the situation only complicates the grieving process and makes things more difficult. Making plans prior to delivery can greatly benefit the family and allow the time with the baby after birth to be more special. Our certified Genetic Counselors in Green Bay and Spiritual Care staff have special training to assist with these situations.

WHEN COMPLICATIONS ARISE SUDDENLY

Some parents learn that their baby is ill after birth and complications may occur suddenly. In this case, it may be stressful to make difficult decisions very quickly. Parents make the best decisions they are capable of at the time. The hospital chaplains, nursing staff, doctors and case managers can help families in these difficult situations. Professionals in palliative care are also available at the hospital to help families. It is normal to question your decisions or to have trouble deciding what to do. You will have many emotions and thoughts that will also be part of your experience. Lean on the medical staff, Spiritual Care staff and chaplains for support during this time.

“...you are precious in my sight,
and honored, and I love you.”

Isaiah 43:4



Death of a twin, triplet or multiple birth baby

When you find out you are carrying twins or triplets, it is not unusual to have mixed feelings. You may have felt excitement about the “group arrival” of your babies and enjoyed the special attention that a multiples pregnancy brought. You may also have felt overwhelmed and worried about the extra energy and finances required to raise more than one infant at the same time. When one of your babies dies and another survives, you face a unique type of grief.

In the hospital:

- Take photographs and videos of the babies together and with the rest of the family.
- Name all of the babies, not just the surviving baby/babies.
- Ask your doctor if your babies were identical or not; many regret not knowing this later on.
- Collect keepsakes (footprints or handprints, lock of hair, blanket, hat, etc.). You may want to get footprints of all of your babies together on the same card.
- Visitors will not know what to say and may focus more on the baby who survives than the baby who died. They do not mean to be insensitive; they just don't know what to say. Be truthful and tell them you are happy and sad at the same time and use all of the babies' names.

Going home:

- Leaving is emotional. You expected to bring more babies home and this is a happy and sad occasion at the same time.
- Send birth and death announcements. You can honor all of your babies in a beautiful way by sharing news of the birth and death at the same time. Samples of birth and death announcements can be found online (Center for Loss in Multiple Birth, climb-support.org).

- People will often avoid mentioning the baby that died. If you find it helpful to talk about him or her, explain this to your loved ones.
- You will need to decide what to do with the duplicate baby supplies in your home. Some want to pack away the extra supplies right away and others do not feel ready for that. Some parents ask relatives or friends to move extra supplies and some parents want to do this themselves.

Looking forward:

- You may feel happy to bring a baby home, but sad because a baby also died.
- You may feel sadness when your surviving baby achieves certain milestones and wonder what it would be like if both (or all) of your babies had survived.
- Birthdays, holidays and special days will be bittersweet, as you celebrate your surviving baby and remember the baby that died.
- People may soon forget you experienced a death and expect you to be back to normal. For you, there is no “back to normal,” but you will find a new normal.
- It is normal for you and your spouse/partner to have different feelings.

Considerations during hospital stay

Seeing, touching and holding your baby

It is normal to feel scared about holding your baby but parents seldom regret holding their baby. Our hospital staff will be there to support you.

Spending time with your baby

Some parents choose to bathe their baby, sing to the baby, dress their baby in a special outfit, allow brothers or sisters to see the baby or even video chat with the baby and loved ones who are far away. There is no time limit as to how long you spend with your baby. If you need some privacy, our staff can take the baby away for a little while and bring him or her back when you are ready.

Having a baptism or blessing

Babies may receive the sacrament of baptism when they are living. Our hospital chaplains are available on short notice to administer this sacrament in an emergency. A special blessing of your baby can be given under any circumstances.

Taking photographs

The most cherished mementos for parents who have lost a baby are photographs. You are free to take as many photos as you wish. Be sure to include all of your family members, including other children, if they are at the hospital. A professional photographer may be available to come to the hospital to take photos (with your permission), so discuss this with your nurse if you are interested.

Keepsakes

You may want to keep reminders of your baby. Some ideas of what keepsakes could include:

- A lock of hair, if possible
- Footprints or handprints or a tracing of the baby's hand along with the mother's or father's hand
- Clay molds of the hands or feet
- A naming ceremony performed by hospital chaplains
- A hospital bracelet
- A name card with measurements on it
- A baby blanket, hat or outfit

Autopsy

An autopsy is a medical examination that determines the cause of death. Parents have found autopsies important for peace of mind and information that could impact future pregnancies. It is common to ask "why?" and an autopsy is a way to learn information that only your baby can tell you. If you choose an autopsy, your baby will be handled in a respectful way. You have the option of limiting the examination if you are uncomfortable with certain parts of the autopsy. In most circumstances, your baby's body will be released to the funeral director within 24 hours and not delay plans for a funeral or memorial service.

Funeral arrangements

By state law, all babies who die at 20 weeks of gestation or more are required to be buried or cremated. Typically, funeral expenses for babies are much less expensive than for adults. Many local funeral homes minimize expenses for families. If you are not familiar with funeral homes in the area, the hospital staff can assist you.

Organ/tissue donation

Parents sometimes wonder if their baby could be an organ/tissue donor. There are laws and criteria regarding who can be an organ/tissue donor. In the case of a tiny baby, organ donation may not be an option but hospital staff can answer questions you might have.



"I held you every second of your life."

Stephanie Paige Cole

Understanding the grief process

For yourself

TELL PEOPLE WHAT YOU NEED

People may not know what to say or do to support you. In their attempts to make you feel better, people sometimes say unintentionally hurtful things. People do not mean to be insensitive. They simply do not understand the impact the miscarriage has had on you.

Be honest with people and tell them exactly what you need. You may feel extra sensitive to comments, and you will have to decide which comments to let go and which ones to address. Instead of saying, *“You just don’t understand”*, you might want to say, *“I’m having a tough time and it hurts my feelings when I hear things like that.”* You might also tell people that it helps to have someone just listen and not offer advice.

When people ask if you have any children, you will have to decide whether or not to mention the miscarried baby. Your answer may depend on well you know the person. For example, you might choose to say, *“We had a miscarriage at _____ months along”* or *“we have one at home and one in heaven who died during pregnancy.”* Practice ahead of time what you will say when you are asked this question so that when the time comes, you are better prepared to answer.

TAKE CARE OF YOURSELF

Get rest, eat healthy and get enough fluids. Do not push yourself to go back to work too soon or make major decisions for a few months. You need time to feel better.

Any person who has experienced a loss deserves professional support. Seeing a counselor is not a sign of weakness. The Spiritual Care staff can suggest counselors who have expertise in pregnancy loss. You should also be sure to talk to friends, your partner, your family or clergy for support.

Be careful not to isolate yourself after your loss. Attend a Green Bay support group or connect with a virtual support group. Talking with other people who *“get it”* is very helpful.

There is no such thing as closure and you never get over the death of a baby. You do, however, learn how to incorporate your baby’s death into the rest of your life.



LIVING THROUGH YOUR LOSS

- Seeing other women who are pregnant might trigger feelings of sadness, envy, or anger.
- Remove yourself from any baby-related groups or mailing lists you might have joined.
- Ask if you can be seated in an area away from pregnant women in the waiting room for your follow-up doctor appointment.
- Some people may not have heard about your miscarriage. Decide what you will say if they ask how your pregnancy is going.
 - For example: *“We’re sad that we had a miscarriage last month.”*
- It will seem like pregnant women and babies are everywhere.
- Holidays and your due date will be emotional times. Consider attending the Share Christmas Memorial Service to honor your baby at Christmas or create your own special way of remembering your baby.
- You never *“get over”* a miscarriage. You learn to live through it.

The death of a baby at any stage is a very real loss. All of your hopes and dreams died as well, and your emotional healing may take much longer than your physical healing.

WHAT YOU CAN EXPECT TO FEEL

It's likely your feelings will change from day to day or even minute to minute. Everyone's experience and way of grieving is different but some of the emotions you may feel include:

- **Shock and numbness** – You may feel like you are in a fog or like this is not really happening.
- **Helplessness** – You feel helpless that you were unable to prevent your baby's death.
- **Denial** – You may talk as if the baby were alive.
- **Confusion** – You may be asking, "Why our baby?"
- **Disillusionment** – You may be bitter because you did everything "right" during your pregnancy and things still went wrong.
- **Low self-esteem, guilt or self-blame** – You may feel like you were somehow to blame or wonder what you did to deserve this.
- **Anger** – You may be angry with medical staff, your partner, God or yourself.
- **Sadness/depression** – It is normal to feel sad, but if your sadness becomes too severe and interferes with your ability to function, you could be depressed.
- **Frustration** – When her baby dies, a woman can feel like she has no control over her body.
- **Jealousy** – It is not uncommon to feel intense jealousy toward pregnant women or those who have healthy babies.
- **Fear/panic** – You may have fears about your ability to have more children or about the safety of your loved ones. You may develop fears you never had before and find yourself not wanting to be away from your partner or other children.

KEEP IN MIND

- People may say things that hurt. They don't mean to, they just don't understand. Don't expect people to really "get it" unless they have had a similar loss. Practice what you will say when someone says something that seems insensitive.
- You may feel like you see babies and pregnant women everywhere, including on TV, in the news and while running errands. It is normal to have a heightened awareness for a while.
- Your pregnancy might sometimes feel like a dream. Some women even feel like they are still pregnant or think they feel the baby move.
- Some parents have bad dreams, wake up at night thinking they heard a baby cry or feel like they want to get their baby out of the grave. It is the grief talking.
- Decide how you will respond when someone asks how many children you have. You may want to say something like "one in heaven and two at home" or "we had one little boy, but he died at birth." If you don't know the person very well, you might choose just to evade the question or not go into any detail.
- Eventually your good days will outnumber your bad days and, with time, the pain will lessen.
- It is normal to feel guilty the first time you start laughing again, but it is OK to feel happiness again. Your baby would want that and it doesn't mean you forgot your loss.
- Even when you begin to heal and feel a bit better, there may still be times when your emotions are as intense and as raw as they were in the early days.

For couples

The death of a baby impacts the health of a relationship. It creates a crisis that can bring you closer together as a couple or pull you apart. This is new territory for both of you. The experience is like nothing you've been through before, so you have no point of reference and no prior experience to guide your way. Here are some suggestions for dealing with the loss of your baby as a couple:

COMMUNICATE

- Be open and honest with each other. Communication is critical. Don't pretend you are OK if you are not. You cannot protect your partner from your feelings.
- There will be good days and bad days for each of you. You will rarely feel exactly the same way at the same time. Accept that you and your partner will grieve differently and respect those differences.
- Talk about your baby. Avoiding the subject doesn't mean your partner isn't thinking about the baby.
- Talk about how you will handle mementos and baby items around the house.

BE UNDERSTANDING

- Understand that your attachment to your pregnancy and your baby may be different from your partner's. People often react differently and this is quite normal.
- Avoid blaming each other or accusing the other of not caring about the baby. Your partner may not outwardly grieve but people process feelings differently.
- Your sexual relationship may be strained after the death of your baby. This is common and usually changes over time.
- Recognize that you cannot always be there for each other and you cannot always understand exactly what the other person is feeling. Your partner may be the closest person to you, but you will need support from others too.
- Attend a support group meeting together. While no one can know exactly how you feel, it can be helpful to talk with other couples who have had a similar experience.
- The loss of a child may bring other problems in your relationship to the surface. Grief counseling or couples counseling can help you deal with any problems brought on by these new emotions.



“Love is patient, love is kind.”

1 Corinthians 13:4-8

For your partner

People might ask about you and forget to ask how your partner is doing. Share this section with your partner to help them through their grieving process.

There is no instruction manual for grief. Sometimes people have difficulty expressing their emotions. It may feel embarrassing to cry or get emotional in front of others, but it is important to give yourself permission to grieve in your own way.

COMMON FEELINGS OF PARTNERS INCLUDE:

- **Shock:** You may feel numb and confused as to how this could happen. You may be asking “How did this happen?” or “Why did this happen to our baby?”
- **Anger:** This is a common reaction. Emotions of sadness, disappointment, guilt and frustration are often expressed as anger. You might feel angry with God or the doctors or your family. The death of a baby is tragic and completely unfair. Feeling angry is normal. Find healthy ways to direct your anger toward healing rather than blame.
- **Loss of control:** You may feel helpless and overwhelmed by everything that is happening. You might feel a sense of failure or loss that you could not be the protector you wanted to be.
- **Sadness:** You may have prepared financially, physically, spiritually and emotionally to spend the rest of your life with this baby. It is normal to feel completely saddened by this loss. You may feel fatigue, mood swings, insomnia or irritability.
- **Uncertainty:** You might not be sure what you are feeling. You might not know what to do to take care of your family or yourself. You may feel like you say or do the wrong things. You might not know if you should talk about the baby with your partner or avoid

the subject. You might worry about how your partner is doing.

- Grief can have physical effects. It is important to take care of yourself physically and emotionally.

PEOPLE GRIEVE IN DIFFERENT WAYS.

Everyone grieves differently. Your partner may not understand why you don't show outward emotions. Some people tend to be more open when it comes to showing emotions and crying. You might feel awkward when others express their emotions and not know how to express your own. Many people put aside their feelings to support their partner or take care of things that need to be done. The grief and emotions are still there and it is OK to take a break from being the strong one to grieve for your baby. Work may not seem as important to you and you may feel a different sense of what is important in the world after the loss of your baby.

GRIEF WAITS

Although it is tempting to try to ignore your feelings or to bottle them up, research shows that grief waits. If you don't experience the emotions and feelings, your grief will show itself down the road in unexpected ways. Trying to escape or avoid your feelings will only prolong the release of the emotions you carry with you and intensify them. Some people work longer hours or spend more time away from home to avoid sharing the painful feelings and memories with their partner.

COMMUNICATE YOUR NEEDS

It is important to communicate to others what you need. Your partner may not understand what you are feeling. You might prefer to spend time alone, which may be perceived as being cold or uncaring. Your partner may

question why you do not express your grief. Your partner may want to process what happened and talk about the baby, and you might feel like cleaning the garage to be alone with your thoughts. Remind your partner that everyone grieves in their own way and at their own pace.

WHAT YOU CAN DO

- Be honest with people and don't be afraid to tell them what you need. If you find it difficult to do this verbally, write a note, email or text message to explain your thoughts.
- Talk to your boss or supervisor at work to let them know what happened. You may need time off or tasks delegated to others, so you don't get overwhelmed.

For your children

When children mourn the loss of a baby brother or sister, they mourn in a different way than adults do. Children may deal with their grief little by little, rather than continuously. Their daily routines and play activities go on as usual, which may give the impression they aren't affected by the death which is not the case. The child's experience will depend on age and the family's reactions and support.

DON'T EXCLUDE CHILDREN

It is common for adults to want to shelter children from the death of a baby. Although well intentioned, this is not helpful to the child. Although death is a difficult subject to explain to a child, helping your child through the death of his baby brother or sister will help develop coping skills and understanding. Feeling excluded can be more difficult than feeling sad. Children know when something is wrong in the family. Lack of information can lead to

- Be available to listen to your partner. You don't have to have magic words to say. You just need to let your partner know you are there.
- Be patient with your partner. Your partner won't grieve in the same way you do. Understand that intimacy in your relationship may be different for a while.
- Attend a support group with your partner. You will meet other people who “get it” and have a better understanding of what your partner is experiencing.
- Give yourself permission to grieve for your baby. You don't always have to be strong.

fear or cause children to make up their own distorted version of what happened.

Common grief reactions of children:

- Misbehavior as an attempt to get attention or perhaps extra good behavior.
- Withdrawal or acting more clingy than usual.
- Complaints of headaches or stomachaches and reluctance to go to school or leave the parents.
- Regression in toilet training, bed wetting, thumb sucking or acting like a baby.
- Sleep disturbances or not wanting to sleep alone.
- Magical thinking or the belief that they have the power to bring the baby back.
- Fears about something bad happening to their parents or other people.

TALKING WITH CHILDREN AT EVERY AGE

Toddlers: Toddlers don't understand the concept of death, but they will notice a change in routine or sense stress in the household. Give them more hugs and physical comfort, but stick to their normal routines.

Preschoolers: Preschoolers see death as temporary or reversible. They do not understand that death is permanent, but are curious about it. Preschoolers ask questions frequently and repeatedly, which can test your patience. Remember that this is how they learn. Give simple answers using terms like "dead" or "died."

Young elementary: Children begin to understand that death is final at this age. They take things literally. Don't use words like "sleeping," "passed away" or "we lost the baby" because they may think the baby will be found or wake up. Avoid saying "the baby was sick" or you may cause them to be afraid that, when they get sick, they might also die. Use concrete words like "dead" or "died." You can say, "the baby's heart stopped beating" instead of the "the baby passed away." Young children may not understand why you can't go to the store and get another baby. They do not really understand the concept of heaven and why you can't go there to visit the baby.

OLDER ELEMENTARY/MIDDLE SCHOOL:

Death is understood to be nonreversible at this age. Children at this age will look for permission to show feelings and participate in honoring the baby. They may feel anger or guilt. They may experience separation anxiety and feelings of heightened vulnerability. Give honest and compassionate answers to their questions and provide reassurance that it is OK to talk about the baby. Include them in rituals, such as funerals and the Share Christmas memorial service. Children sometimes think they somehow caused the baby to die and will need to be told the baby's death is not their fault.

Teens: Teenagers can think abstractly and understand death, but also have feelings of immortality. They may be curious about death and dying, and want to know many details about the death of the baby. If the teen was not happy about the pregnancy, he or she may feel guilty about not wanting the baby in the first place. Teens may talk more with their peers or others than they do with you. Reassure them that it won't upset you if they bring up the subject of the baby.

Grieving is hard work and raising children is hard work. Trying to do both at the same time requires patience, energy, understanding and love. Do not expect perfection. Be gentle with yourself and your child, and trust yourself to do the best you can under the circumstances.

WAYS TO HELP YOUR CHILDREN:

- Use toys or stuffed animals to have a discussion about death and work out feelings.
- Make a memory book of the baby which could include drawings or stories the child creates.
- Involve your children in rituals, such as lighting a candle for the baby at holidays, visiting the grave or hanging an ornament on the Christmas tree for the baby.
- Read children's books about the death of a baby and discuss it with your child.
- Allow your children to ask questions and talk about the baby.
- Don't expect your child to grieve in a logical or orderly way.
- Never deceive your child to protect them. Children need honesty.
- Seek professional counseling if you are concerned about how your child is coping.

**"If there ever comes a day when we can't be together,
put me in your heart; I'll stay there forever."**

A.A. Milne (author of Winnie the Pooh)



With young children, the topic of death can arise at awkward times. Young children are eager to share nuggets of information with others and may suddenly announce to strangers that their baby died. Although you might feel embarrassed or upset, your child is more important at these moments than the surprised stranger.

For grandparents

A grandparent's grief is twofold. They grieve for themselves because they lost a grandchild, and they grieve because their child is suffering the loss. Share this section with grandparents as they navigate their own grief process.

The news that your grandchild has died is devastating. Let yourself grieve and realize everyone's grief is different. As much as you want to help your child, remember you need support at this time too. Grandparents grieve differently. Some people tend to talk and be more open emotionally, while others were raised to believe that crying and expressing sadness is unacceptable. Suppressed grief is emotionally, spiritually and physically unhealthy, so allow yourself to shed some tears or express feelings.

WHAT YOU MAY FEEL:

- **Shock:** You may feel emotionally numb as you try to come to terms with your grandchild's death.
- **Denial:** You might still talk as if the baby is alive and coming home.
- **Confusion:** You may be questioning why this had to happen.
- **Disappointment:** You lost a grandchild and everything you had planned for your future together.
- **Jealousy:** It may be difficult to be around other babies or other proud grandparents at first.
- **Anger:** You may be angry at the situation, the loss of control you feel, your child, the baby, your spouse or even God.
- **Guilt:** You may question why your grandchild had to die while you continue living. Or, you might feel there was something you could have done.
- **Depression:** If you try to suppress your emotions, your sadness may become overwhelming.
- **Physical symptoms:** Mood swings, fatigue, insomnia, an inability to concentrate and irritability can all be caused by grief. Your energy levels and appetite may be erratic. It is important to take care of yourself by getting proper sleep, eating a healthy diet, exercising regularly and drinking enough water.

WHAT TO TELL OTHERS

You probably couldn't wait to share your excitement about your new grandchild. But, after a baby has died, it is difficult to know what to say when unknowing friends ask about your new grandbaby. Just be honest. While some people may be uncomfortable hearing that a baby has died, others will be empathetic and willing to share stories of similar tragedies. Confiding in others can help you heal.

HOW TO SUPPORT YOUR GRIEVING CHILD

1. **What to say:** It's okay to simply say, "I'm sorry" or "I just don't know what to say." Sometimes it's best to say nothing and just be with him or her. Avoid clichés like, "everything happens for a reason," or "God never gives you more than you can handle." What may seem comforting for you may be hurtful to them. If you do say something insensitive, acknowledge it and apologize.
2. **Help out:** At first, offer to run errands, provide food or do laundry. After the parents get settled back at home, continue to call, check in and remind them they are not alone.

3. **Talk about the baby:** Don't worry that reminding your child of the baby will make them sad. The baby is already on their minds most of the time. If talking about the baby leads to tears, it's because the baby is dead, not because you brought it up. Usually, parents are grateful when their baby is acknowledged.
4. **Avoid giving advice:** There are no rules guiding how a person should feel or when he or she should return to the routines of daily life after the death of a baby. Just be there to listen without judgment. Even though you may have good intentions, encouraging or implying parents should have more children may make them feel as though you are minimizing their loss. If and when they share news of another pregnancy with you, it's okay to be reminded of the grandchild you lost and share those emotions along with your excitement about the new grandchild.
5. **Give them time:** Parents of a baby that has died need more time to grieve than society generally allows. The average intense grief period can last a year or more, and parents will go through ups and downs during that time.
6. **Remember special dates:** Days like birthdays, due dates, mother's and father's days, Christmas, etc. remind parents their baby is not with them. Acknowledge those days with cards or remembrances, or by simply calling to ask how they are doing.



Ways to support parents whose baby has died

Hopes and dreams of parents are torn apart when a baby dies. Something sad and life altering has happened that needs to be acknowledged. Here are some ways to acknowledge the death of a baby and communicate with parents experiencing grief.

WHAT YOU CAN SAY:

- I'm sorry.
- I'm sad for you.
- I'm here and I want to listen.
- I don't know what to say.
- What can I do to support you?
- I cannot imagine how difficult this is for you.

WHAT NOT TO SAY:

- You're young, you can have others.
- You have an angel in heaven.
- This happened for the best.
- There must have been something wrong with the baby.
- Everything happens for a reason.
- It was meant to be.
- It was part of God's plan.
- At least you didn't get to know the baby.
- At least you have children at home.
- God never gives you more than you can handle.
- I know how you feel.

DO:

- Listen more than you talk. Silence can be OK too. Sometimes there is just nothing to say.
- Do the same things you would for any death. Send a card, call, bring a dinner or send flowers.
- Attend the funeral or memorial service.
- Ask about how all family members are doing.
- Apologize for any hurtful comments you may have made. Avoid giving advice.



Special ways to remember your baby

Miscarriage often means there aren't many tangible mementos of your baby. Find special ways to honor and remember your baby.

SOME IDEAS INCLUDE:

- Plant a special tree or shrub in your yard or another special place.
- Plant some perennial flowers, such as tulips or daffodil bulbs.
- Place a wind chime outside your door to remind you of your child's presence.
- Dedicate an Easter lily or Christmas poinsettia at your church in your baby's name.
- Donate books to your local Share group's lending library or to the local public library, your church library or a school library.
- Keep a journal and record your memories, thoughts and feelings.
- Donate items (cards, blankets, mementos, jewelry, memory boxes, etc.) to your local hospital to give to families at the time of their loss.
- Name a star after your child with the International Star Registry.
- Donate items to your local hospital's nursery or newborn intensive care unit (lullaby CDs, hats and booties, small outfits, etc.).
- Wear a special piece of jewelry, such as a mother's ring, necklace, pin or tie tack.
- Carry a glass teardrop from a craft store in your purse or pocket to remind you of your baby.
- Use memorial fund money to sponsor a needy child in a foreign country or a needy child's pre-school tuition.
- Purchase a memorial brick at your local zoo with your child's name on it.
- Start a tradition of doing something you feel good about every year for your baby.
- Hang an ornament on the Christmas tree every year for your baby.
- Volunteer to provide respite care for parents who have children with special needs.
- Create a shadow box to display in your home with some of your baby's mementos.
- Create a memory box for any surviving children at home.
- Release balloons, doves, butterflies or bubbles on your baby's birth or loss date.
- Create a special steppingstone with your baby's name on it and place it in your garden. If you have other children, add their names and/or handprints or have them decorate the stone for their brother or sister.
- Get involved in your local Share support program to help newly bereaved parents.
- Have a Mass said for your baby or plan a prayer service for your family.
- Remind yourself daily that you are a good parent and your baby loved you as much as you loved him or her.

Additional resources

- Chaplains work with families to provide information about naming ceremonies, baptisms and blessings, spiritual support and enhanced communication with your church or clergy.
- Referrals to counselors who specialize in pregnancy and infant loss are available, in addition to support options for children, teens, grandparents and couples.
- Follow **Share of Northeast WI Pregnancy & Infant Loss** on Facebook.

HSHS ST. VINCENT HOSPITAL, GREEN BAY

(920) 433-8634

NATIONAL SHARE PREGNANCY & INFANT LOSS SUPPORT, INC.

nationalshare.org

1-800-821-6819

Support (since 1977) for bereaved parents and families who have suffered a loss from miscarriage, stillbirth, neonatal death, or SIDS and assistance to caregivers.

DIRECT MARKETING ASSOCIATION, THE MAIL PREFERENCE SERVICE

dmaconsumers.org/privacy

Remove your address from baby product mailing lists.

THE COMPASSIONATE FRIENDS (TCF) GREEN BAY CHAPTER

compassionatefriends.org

(920) 370-3858 and (920) 437-9252

Support for families grieving the loss of a child at any age, from infancy to adulthood.

CENTER FOR LOSS IN MULTIPLE BIRTH

climb-support.org

Provides a wealth of information for parents who have experienced the death of a baby from a multiples gestation.

A PLACE TO REMEMBER

www.APlacetoRemember.com)

Offers birth/death announcements and resource materials.

Notice Informing Individuals about Nondiscrimination and Accessibility Requirements and Nondiscrimination Statement: Discrimination is Against the Law

HSHS St. Vincent Hospital, HSHS St. Mary’s Hospital Medical Center, HSHS St. Nicholas Hospital and HSHS St. Clare Memorial Hospital comply with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. HSHS St. Vincent Hospital, HSHS St. Mary’s Hospital Medical Center, HSHS St. Nicholas Hospital and HSHS St. Clare Memorial Hospital do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. HSHS St. Vincent Hospital, HSHS St. Mary’s Hospital Medical Center, HSHS St. Nicholas Hospital and HSHS St. Clare Memorial Hospital: Provides free aids and services to people with disabilities to communicate effectively with us, such as: • Qualified sign language interpreters • Written information in other formats (large print, audio, accessible electronic formats, other formats) Provides free language services to people whose primary language is not English, such as: • Qualified interpreters • Information written in other languages If you need these services, contact 1-217-464-7600 (TTY via Illinois Relay 800-526-0844). If you believe that HSHS St. Vincent Hospital, HSHS St. Mary’s Hospital Medical Center, HSHS St. Nicholas Hospital or HSHS St. Clare Memorial Hospital has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: System Responsibility Officer and 1557 Coordinator 4936 Laverna Road Springfield, Illinois 62794 Telephone: (217) 492-6590, FAC: (217) 523-0542 You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the System Responsibility Officer and 1557 Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW, Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD) Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact 1-217-464-7600 (TTY via Illinois Relay 800-526-0844).

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U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Español (Spanish)
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-217-464-7600.

Hmoob (Hmong)
LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-217-464-7600.

Deutsch (German)
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-217-464-7600

Français (French)
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-217-464-7600

繁體中文 (Chinese)
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-217-464-7600。

Deitsch (Pennsylvania Dutch / German)
Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-217-464-7600.

Polski (Polish)
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-217-464-7600.

العربية (Arabic)
معلومات: إذا كنت تحتاج خدمات اللغة، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان احصل برقم1-217-464-7600 برقم
ماحف الصم والبكم

Русский (Russian)
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-217-464-7600.

Italiano (Italian)
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-217-464-7600.

Tagalog (Philippines)
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-217-464-7600.

हिंदी (Hindi)
ध्यान दें: यदि आप बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-217-464-7600 पर कॉल करें।

ພາສາລາວ (Lao)
ເຂດຄວາມ: ຖ້າທ່ານ ກຳລັງເວົ້າພາສາລາວ, ມາາຮັບບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ເດຍບໍ່ຕ້ອງຄ່າ. ສຳລັບບໍລິການເສີມເຕີມຕ້ອງສາຍ 1-217-464-7600.

한국어 (Korean)
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-217-464-7600번으로 전화해 주십시오.

Tiếng Việt (Vietnamese)
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-217-464-7600

اُردُو (Urdu)
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں۔ 1-217-464-7600

Share Prenancy and Infant Loss Support

Green Bay: (920) 433-8634

 Share of Northeast Wisconsin Pregnancy & Infant Loss Support

HSHS St. Vincent Hospital

835 S. Van Buren Street

Green Bay, WI 54301

HSHS St. Mary's Hospital Medical Center

1726 Shawano Avenue

Green Bay, WI 54303

HSHS St. Nicholas Hospital

3100 Superior Avenue

Sheboygan, WI 53081

HSHS St. Clare Memorial Hospital

835 S. Main Street

Oconto Falls, WI 54154

