Supporting Siblings After Pregnancy or Infant Loss



Pregnancy and Infant Loss Network



"We know it hurts. We're here to help."

To access one of Pregnancy and Infant Loss Network's free peer-led support services please contact us at:

Phone: 1-888-303-PAIL (7245) E-mail: pailnetwork@sunnybrook.ca Nepsile: pailnetwork.ca

Your pregnancy care team (doctor, midwife, nurse)

Public Health or Community Health Centre Please contact the health department in your community.

Phone:

Your spiritual care provider, clergy, community leaders, or elder

Phone:

Mental Health Support Team

Phone:

Local Crisis Helpline

Phone:

Supporting Siblings After Pregnancy or Infant Loss

About Us

We are an organization of peers supporting families who have suffered pregnancy and infant loss. We achieve this through education and peer, online, and telephone support. PAIL Network is able to offer its services to bereaved families and healthcare professionals with the support of the Ministry of Health and Long-Term Care, generous donors, and dedicated volunteers.

To learn more about our support services or to make a donation, please visit us at:

Phone: 1-888-303-PAIL (7245) E-mail: pailnetwork@sunnybrook.ca Mebsile: pailnetwork.ca

Please Note

While this publication is intended to offer useful information, it is not intended to replace professional health and medical care or advice.

Throughout this booklet, gender-specific language is sometimes used in explanations or to reference existing research or knowledge. We hope this booklet is useful to all childbearing individuals and their families, regardless of their gender identity or sexual orientation. Throughout this booklet, specific language is sometimes used in explanations (i.e. parents versus parent or family member). We hope this booklet is useful to all families, regardless of their make-up or membership. PAIL Network recognizes that a 'family member' is whomever an individual identifies as belonging to their family and that a sibling may have different meanings or definitions for different families.

You may find that all sections of the booklet are not relevant to you or helpful. Please read through this booklet in whatever way is useful for you. PAIL Network would like to thank the families who reviewed this booklet and who shared their experiences for the benefit of others.

Thank you & Dedication

PAIL Network would like to thank Ceilidh Eaton Russell for authoring this booklet with us.

Ceilidh Eaton Russell, PhD(c), CCLS - Ceilidh Eaton Russell is a Certified Child Life Specialist. Since 2001, Ceilidh's clinical work, research, and teaching has focused on communicating and supporting children and families living with serious illness, dying, or experiencing the death of a close family member.

> This booklet is dedicated to the memory of the babies whose lives were short, but important, and to the families who love and miss them every day.

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What to Expect From This Guide

Bereaved parents and professionals created this booklet to guide you as you support children through a pregnancy or infant loss that has happened in their family or to a loved one. We are deeply sorry that you have experienced a pregnancy loss or the death of a baby in your family.

The end of a pregnancy or death of a baby is a very sad and difficult time for adults that can be made more sad and difficult when they are responsible for supporting children in their own grief. Many families have questions about how to talk about pregnancy and infant loss with their children. Some families will wonder about doing more harm to children when talking about death or openly showing adult grief.

Other families will have questions about how to talk to children of different ages. Some families will have never thought about pregnancy or infant loss until it happens to them and have more questions than answers themselves. If you are feeling or thinking these things, you are not alone.

We hope this booklet helps you understand the following:

- Talking about the loss of a pregnancy or death of a baby can be hard for parents. If you are feeling this way, you are not alone. However, keeping the loss from children can make it harder for them (and us) in both the short and long term. Even though it may be very difficult, being as honest as possible with your children is recommended.
- Children experience many of the same emotions that adults do. However, when they're grieving, children may feel these emotions more intensely than they have before and be unable to recognize, name, or express their feelings.
- Every child will react in their own way based on their age and development, what they understand, and their life experiences.
- Children will need help to find healthy ways of expressing their feelings, and to learn the difference between emotions (what we feel) and behaviours (what we do).
- Children grieve in "chunks", meaning that they may seem to be sad or angry one minute, and happy the next.
- Over time, children may surprise you with comments or questions at the most unexpected moments. They may have many questions and then not talk about things a while. Being ready for the unexpected (for example, a question or comment while grocery shopping after months of not discussing the pregnancy or baby) may help you cope with the strong feelings that may suddenly appear.

- Children use play to make sense of and express their feelings and may shift between different feelings or activities quickly.
- Over time the way that children grieve will evolve as they develop a more complex understanding of the pregnancy loss. Grief may show up at some times and not at others. This cycle of grieving is natural and healthy.
- You can continue to support a child by talking openly about their feelings and their developing understanding, using clear language, and including them in rituals or special events.
- You will need support as well during this time.
- For many people, navigating life after a pregnancy loss or the death of a baby is a process that never ends. It's ok to be learning as you go, and to do what feels best for you and your family.

Words. Meanings, & Special Terms

Regression

When a person or child changes their ability to do certain tasks or behavious, by seemingly going 'backwards'. For example, a child that was once toilet trained may begin wetting the bed, or a child that was speaking well may go back to communicating without words.

Resilience

Resilience refers to a person's ability to recover quickly from difficult or challenging events in their life.

Miscarriage

The early delivery of a baby (embryo or fetus) or loss of a pregnancy prior to 20 weeks gestation.

Stillbirth

In Canada, the birth of a baby who is born without any signs of life at or after 20 weeks of pregnancy or weighing more than 500 grams at birth. The baby may have died during pregnancy (called intrauterine death), labour, or the birthing process.

Infant Death

The death of a baby within the first year of life.

Pregnancy Loss

The loss of a pregnancy at any stage, from conception until birth. Early pregnancy loss is often referred to as a miscarriage, while a later pregnancy loss may be referred to as a stillbirth.

Grief

Grief refers to a person's reaction or response to a death or loss. Grief may have emotional, physical, behavioural, social, cultural, and spiritual factors. Everybody grieves differently.

Euphemisms

A euphemism is a word or expression that is used to replace another word or expression that may feel more offensive or harsh to say. For example, someone may say "gone away" or "sleeping" instead of "died".

Children's Grief

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Children's Grief

Children experience many of the same emotions that adults do: sadness, anger, loneliness, guilt, numbness, and confusion. However, when they're grieving, children may feel these emotions more intensely than they have before and be unable to recognize, name, or express their feelings. As a result, their feelings may be expressed through:

- Tears
- Outbursts
- Changes in patterns of eating, sleeping, or toileting
- Physical symptoms, like headaches or stomachaches

Sometimes what seems like a small, unrelated event can trigger a strong emotional response, because the child was already full of confusing and intense feelings. Children will need help to find healthy ways of expressing their feelings, and to learn the difference between emotions (what we feel) and behaviours (what we do). Although some behaviours are not acceptable, such as hurting themselves or others, children need help understanding that there is nothing wrong with having the emotions that lead to those behaviours. You can help a child find ways to let those feelings out, such as through talking, music, art, drama, play, and physical activity.

Children grieve in "chunks", meaning that they may seem to be sad or angry one minute and happy the next. Children use play to make sense of and express their feelings and may shift between different feelings or activities quickly. Some children even incorporate dying and pregnancy loss into their play, acting out or drawing about their ideas. These are natural and healthy ways for children to grieve and offer outlets when they don't have the words to explain what they are thinking or feeling. Over time the way that children grieve will evolve as they develop a more complex understanding of the pregnancy loss and perhaps imagine a relationship with the baby. In the long term, grief that seems to recur is not a sign of regression, even if it looks the same as it did when the child was younger. This cycle of grieving is natural and healthy. You can continue to support a child by talking openly about their feelings and their developing understanding.

Some things to keep in mind:

- Try to check in regularly to see if your child has any questions or things that they're wondering or worrying about. You might find that they have noticed or interpreted more than anyone realized, and may need more information over time. They may ask the same questions repeatedly, or may ask about something that happened a long time ago. These are indications that they are still working to make sense of those complex questions or situations. You can help them by answering as clearly and concretely as possible and then asking, "Does that answer your questions?", or, "Is there another part of your question that I haven't answered yet?"
- Some children will not ask or say very much, at least at first. This may be because they don't know what they want to know, or because they don't know how to put their ideas into words, or because they worry they will say something wrong. Let them know you'll keep checking in with them so that they know they'll have another chance to share their thoughts or feelings. Children may need to be invited many times before they feel comfortable enough to share their feelings or concerns. You may wish to say, "Any questions or feelings you have are okay; we can talk about anything."



Children may try to make you feel better, or cheer you up, and may feel they're not doing it well enough when you continue to feel sad. This is an opportunity to teach them the difference between "fixing" and "helping". It is important to let them know two things:

(1) Their care for you is helpful, even though it doesn't make your feelings stop. You may use an analogy, for instance, if your child falls and scrapes a knee, a hug from you and a Band-Aid can help them feel better, but it will not erase the scraped knee. Similarly, nothing can or should erase your feelings of grief, since they are a natural response to what you are experiencing.

(2) Very importantly, it is not a child's responsibility to take care of their parent(s) or to make their parent(s) feel better. It is important for children and parents to help and care for one another, but children cannot be responsible for an adult's happiness or wellbeing. They may need to be reminded of this more than once.

Most children this age don't yet understand that death is permanent, and not reversible. They will most often express emotions through play and you may notice some behavioural changes. You may hear questions like:

- "The baby died? When will he come sleep in his crib?"
- "Will I die too?"

Common responses to grief

- Anxiety
- Crying
- Sleep disturbances
- Clinginess, need for physical closeness
- Temper tantrums
- Telling the story to others, including strangers
- Behavior regression- may need help to do things they have already mastered, such as getting dressed independently

Ways you can help

- Create a consistent routine to re-establish a sense of safety and security. This is most important at the beginning and ending of the day.
- Use short, honest explanations of the death, such as, "The baby died. Her body stopped working." Use the words died and dead. Avoid words like "passed away, gone, born sleeping, and lost."
- Set limits, but be flexible when needed.
- Give choices wherever possible. "Do you want the red cup or the blue cup?"
- Offer lots of physical and emotional nurturing.

Ages 5-8 years

Children this age are exploring their independence and trying to do more on their own. Concrete thinking is common, with the emergence of magical/fantasy thoughts and imaginative ideas. Children this age often still see death as reversible. They may also feel responsible and worry that their thoughts or wishes caused the death to happen. They might say things like: "It's my fault the baby died, I was mad that I had to share my room and I wished we were never having a baby."

Common responses to grief

- Sleep disturbances, changes in eating habits
- Questions about how, why, who else
- Concerned about safety and being left alone
- Short periods of strong reactions and emotions mixed with acting like nothing happened
- Nightmares
- Regressive behavior (bedwetting, trouble tying shoes)
- Physical complaints (headache, stomachache, body pain)

Ways you can help

- Use concrete language to explain the death honestly, such as, "The baby died. Her body stopped working." Use the words died and dead. Avoid words like "passed away, gone, born sleeping, and lost."
- Be prepared for repetitive questions
- Allow children to talk about the experience and ask questions
- Offer lots of physical and emotional nurturing
- Give choices whenever possible. "The family room needs to be tidied. Would you like to do it tonight or tomorrow morning?"

Ages 8-12 years

School aged children may still be concrete thinkers, but are now beginning to understand more abstract ideas like death and grief. They have often made closer connections with friends and activities outside their home and family. Children this age are starting to understand that death is permanent and think more about how the loss will affect them over the long term.

Some children may focus on the details of what happened to the body of the baby, and have feelings of guilt and regret that stem from the concern that their thoughts and actions made the death happen. They may say or think things like "If I was nicer to my mom while she was pregnant, the baby wouldn't have died."



- Express big energy through behavior that is sometimes seen as "acting out"
- Anxiety and concern for self and others
- Worries about something bad happening again
- Difficulty concentrating and focusing
- Nightmares and intrusive thoughts
- Physical complaints: headaches, stomach aches, body pain
- Using play and talk to recreate the event
- Detailed questions about death and dying
- Wide range of emotions: rage, revenge, guilt, sadness, relief, and worry
- Hypervigilance/increased sensitivity to noise, light, movement, and change
- Withdrawal from social situations

Ages 8-12 years

Ways you can help

- Answer questions clearly and accurately. Even though children this age are starting to grasp abstract thought, it's still recommended to use the words dead and died, and avoid words like "passed away, gone, born sleeping, and lost."
- Provide a variety of activities for expression: talk, art, physical activity, writing.
- Help children identify people and activities that help them feel safe and supported.
- Maintain routines and limits, but be flexible when needed
- Give choices whenever possible. "Would you rather do your homework before dinner or after dinner?"
- Model expressing emotions and taking care of yourself.
- Be a good listener. Avoid giving advice (unless they ask for it).
- Talk with teachers about providing extra support and flexibility with assignments.
- Seek professional help for any concerns around self-harm or suicidal thoughts.

Ages 13-18 years

Teens are cognitively able to understand and process abstract concepts about life and death. They begin to see themselves as unique individuals, separate from their role in the family and may wrestle with identity and who they want to be in the world. There can be significant changes in their priorities, spirituality/faith, sexuality, and physical appearance.

Teens often rely on peers and others outside the family for support. While teens understand death is permanent, they may have unspoken magical thoughts of the person being on a long trip, etc. They may also delve into questions about the meaning of life, death, and other traumatic events.



- Withdrawal from family or other support networks/focused on connections with peers
- Increased risk taking: drugs/alcohol, unsafe behaviors, reckless driving
- Inability to concentrate (school difficulties)/pushing themselves to succeed and be perfect
- Difficulty sleeping, exhaustion
- Lack of appetite/eating too much
- Unpredictable and at times intense emotional reactions: anger, sadness, guilt, relief, anxiety
- Uncomfortable discussing the death or their experiences with parents and caregivers
- Worry about safety of self and others
- Fear about death or violence happening again
- Confusion over role identity in the family
- Attempts to take on caregiving/parent role with younger siblings and other adults
- May have thoughts of suicide and self-harm
- Hypervigilance/increased sensitivity to noise, movement, light

Ages 13-18 years

Ways you can help

- Reinforce assurances of safety and security, even if teens don't express concerns
- Maintain routines and set clear expectations, but be flexible when needed
- Allow for expression of feelings without trying to change, fix, or take them away
- Answer questions honestly
- Provide choices whenever possible. "I'd like to do something to honor your sister's birthday, would you like to
- be part of that? What ideas do you have?"
- Adjust expectations for concentration and task completion when necessary
- Assist teens to connect with support systems, including other adults (family, family friends, teachers, coaches)
- Model appropriate expressions of grief and ways to take care of yourself
- Ask open ended questions ("What is it like for you?") and listen without judging, interpreting, advising, or placating
- Have patience with teens' wide range of reactions and questions
- Seek professional help for any concerns around self-harm or suicidal thoughts

You may find that your child does not perfectly fit into one of these categories. This is normal. These charts are useful as a guide, but every child (and adult) will have their own unique way of dealing with death and loss. As much as possible, try to let your child guide you and 'meet them where they are'. Common

Common Questions

Should I tell my child?

Athough it's natural to try to protect children, they are aware of more than we realize, including information they overhear and our emotions that they observe and internalize. Many families wonder, "Won't telling them about this be unnecessarily upsetting?" While it can be upsetting for children to learn about a pregnancy or infant loss, it is important to remember that keeping information from them doesn't shield them from the actual experience of loss and grief, or the changes and emotions of those around them. It is also very likely that they will one day find out what happened, and wonder why they weren't included at the time.

When they don't have complete information, children interpret and make assumptions that are generally even scarier than reality, especially when they think, "It must be so bad they can't even tell me." Sometimes this means they will think the upset in the family is because of them or something they've done. Children may also start to believe that they're not important enough to include in what the family is going through, or that their feelings aren't important enough to worry about right now. Children take their cues from the adults around them. If we don't open up conversations with them, then they learn not to open up conversations with us, even when they have important questions, feelings, and fears.

In fact, when children are given clear, simple, age-appopriate information about what their family is experiencing, their fears and misconceptions can be clarified and they can be helped to share their feelings and develop coping strategies that will build a sense of resilience. Being honest with children also gives them a feeling of being included and valued as an important part of the family. It teaches them that even when it is hard, it is valuable to talk about difficult experiences and feelings, demonstrates that you're open and available to talk with, and shows them that they're not the only ones wrestling with difficult feelings, which allows you to teach and practice supporting one another. Talking about it can be hard for parents, however keeping it from children can make it harder for them (and us) in both the short and long term. This booklet will suggest some different words and ways of talking about miscarriage, pregnancy loss and stillbirth that can minimize some of the common fears and misconceptions that children may have.

When children are given clear, simple, age-appropriate information about what their family is experiencing, their fears and misconceptions can be clarified and they can be helped to share their feelings and develop coping strategies that will build a sense of resilience.

Being honest with children:

- Gives them a feeling of being included and valued as an important part of the family.
- Teaches them that even when it is hard, it is valuable to talk about difficult experiences and feelings.
- Demonstrates that you're open and available to talk with.
- Shows them that they're not the only ones wrestling with difficult feelings, which allows you to teach and practice supporting one another.

How will my child react? Will they be okay?

Every child will react in their own way based on their age and development, what they understand, and their life experiences. Some children will react right away, while others will need some time for the meaning to settle in and may not appear to react for days or weeks. Some children will seem more upset or show more emotion than others. All of these are natural responses. It is important to remember that there is no single way to grieve, and that in the context of grief, being "okay" includes feeling awful sometimes. How often, how intensely, and for how long someone feels "awful" varies from person to person, but is natural nonetheless. Going through a difficult experience like this does impact children, but by helping them to understand, talk about it, and feel supported, the impact can also be positive because they can learn healthy communication patterns, coping strategies, and build resilience. Will my child be able to understand?

Every child is unique. Children's ways of understanding what it means to be alive or to die will vary, not only depending on their age, but importantly depending on their life experiences; what they've witnessed, heard and learned. Regardless of what they currently understand, they are capable of understanding important aspects of death — for example, that this wasn't anyone's choice or fault (including their own), and that nothing can change what has happened.

Rather than waiting for them to understand before we share information, we can start by sharing information to help them to develop their understanding. This creates a foundation for them to begin to make sense of what is happening, express their ideas, questions, worries and feelings, and develop ways of coping with grief.

Children's developing understanding. When they are learning about something complex like how a baby grows, or what "dead" means, they first come to understand these things in simple terms. When that simple explanation has sunk in, they will begin to notice and wonder about the subtleties, asking new questions and seeking more details, adding new pieces to a more and more complex puzzle.

Children may ask the same questions over and over again while they're working to understand the answer, and then over time their questions may become more complex and abstract. These questions may stir strong emotions in the adults around them, but it is important to remember that they are not intended to be hurtful questions. It is natural for children to wonder things like, "why couldn't the baby keep growing?" or "when will you have another baby?" Try to pause and take a breath before answering, and when you do, answer as honestly and concretely as you can. If you don't know the answer to a question, or if there is no answer, it is okay to say, "I don't know," or "I've been wondering about that, too," and "I'm glad you asked that so that we could wonder about it together."

What should I say? Preparing for the conversation

Before talking to your child, you might ask someone you trust to help you practice what you want to say, or you might want to try writing it down. Keep in mind that no matter how much you prepare, there will always be surprises. That's okay. Just try to answer as honestly and clearly as you can and remember it's okay to say, "I don't know" or, "I need to think about that."

The goal of practicing, or thinking through what you want to say, is to help you find words that you feel most comfortable using. You may find that you never feel completely "ready" to have a conversation. If you feel this way, you are not alone. This is an experience that no one is ever "ready" for, so a feeling of total "readiness" to talk may not come at all. Sometimes people believe that if they can't have the conversation without crying, that means they're not "ready."

In fact, it's okay — and even valuable — for your child to see you crying rather than hiding difficult feelings. It models for them that crying is a natural and healthy way of expressing sadness and that we can share and support one another through the most difficult experiences. Being "strong" doesn't have to mean holding our feelings inside. Showing genuine, strong feelings to children can be okay and helpful for them as they learn to express their own strong feelings.

What should I say? Starting the Conversation

Below are some things to think about and ideas of what you might say to your child depending on things like the type of loss you have experienced and how much your child knows already.

If you are in the early weeks of pregnancy and are sure that your child is unaware of any medical appointments, physical or emotional changes, or symptoms, it is important to recognize that they are still very likely to sense your feelings or tension, and may suspect that they've caused your distress.

What you can do and say: You can begin to reassure them by say-٠ ing something like, "I'm feeling upset right now and I will probably feel upset for a little while, but I am okay. I'm not upset with you or because of you, and I'm still going to be able to take care of you even while I'm upset."

Even if your child was not aware of your pregnancy, it is still helpful to talk to them openly and honestly, to help them understand what has happened. By speaking openly we can hear and clarify their fears, and provide support and comfort for their struggles. Below, you will find some ideas about how you might start these conversations with your child.

If you haven't spoken with your child about your pregnancy, it is never too early to start a conversation with them. Very often, children notice or overhear much more than we realize; they may know that you've been to a doctor or a hospital, or may have witnessed physical or emotional changes.

- What you can do and say: You can start by explaining, "I (or we) have been to a doctor/hospital. I am (or "mom is", "we are", "dad is") not sick, I/we will be okay. We want to talk more about it with you, but first we want to ask if you've noticed anything, or had any guestions or worries about your mom/dad/us, or anything else that's happened?" This can give you an idea about any misconceptions or fears they might have. Try to clarify any misconceptions as clearly and simply as you can, and check in to see how they've understood your explanation by asking, "What do you think of that? Does that make you think of any new questions?"
- Once you've explored any misconceptions you can begin to explain what has happened, using simple, concrete language. To describe an early miscarriage you might say, "I was (or "we were") trying to grow a baby but I ("we") found out that the baby isn't going to grow, so I'm ("we're") feeling sad right now."

If your child knew that you were pregnant, or if the pregnancy was farther along, you might say that the baby "stopped growing" or "isn't growing anymore", clarifying that it cannot start growing again or that the baby has died. You may also say, "The baby's heartbeat stopped" or, "The baby has died."

If your child had already met the baby, for example if your baby died after birth or at home, you might say, "We have some very sad news. (Baby's name) died today. This means that their heart is not beating anymore and they are not breathing." Depending on the child's age and guestions, you may wish to give more information. It is important to clarify that even though you are sad you will still be able to take care of them, and that the baby's death was not their fault.



Specific Language to Use. Clarify., and Avoid

Clarify the words "miscarriage" and "miscarried"

Even if these are not words you plan to use around your child, they might be overheard and misunderstood so it is better for you to explain their meanings, and then talk about what other words you might use instead. Children may have heard of a horse-drawn carriage (like in stories of princes and princesses), or think of a "carriage" as a kind of stroller, and think that the baby is in one of those carriages. Similarly, the word "miscarried" may sound like, "Miss carried the baby away," or that somebody was carrying the baby and dropped them.

What you can say: "The word 'miscarriage' means that the baby's body has stopped working or growing; it means that the baby died. If someone says that a person 'has miscarried', it means that the baby's body stopped working or growing inside of that person's body, but it was not because of anything they did or didn't do. They didn't 'carry' the baby wrong or do anything to hurt the baby, it just stopped growing properly."

Avoid saying "sick."

If people are describing a pregnant person as feeling "sick" rather than naming it as a "miscarriage," or explaining that the baby died or stopped growing because it was "sick," the next time someone else gets sick — including themselves — children tend to worry that it could be the same kind of sickness. For these reasons it is important to use clear and specific language to explain what is happening.

Clarify the term "pregnancy loss."

Again, this may not be a phrase you plan to use around your child, but they may hear and misunderstand its meaning. When they hear the word "loss", children may wonder where the baby is, who "lost" him or her, and why no one is looking for them. What you can say: "When people talk about 'pregnancy loss', they mean that the pregnancy ended. The baby was not 'lost' in the sense that they were 'misplaced' or in the sense of losing a competition. People also talk about having 'feelings of loss' when someone or something very special to them will not be in their life anymore."

Explain and use the words "died" and "dead."

Adults often use euphemisms instead, hoping that they will feel gentler to those who are grieving. Unfortunately, euphemisms are unclear and may be confusing or concerning for children.

What you can say: "When someone is alive, it means that their body is working — their heart is beating, their lungs are breathing, their brain is working to help them think, see, and hear. Even when we are asleep, our bodies are still working and doing all of those things. When someone has died, it means that they are not alive anymore, their body has stopped working and growing, and it cannot start working again."

Once children understand what "dead" means, they can also learn that some people use other words instead, like "lost" or "passed away."

• Words to Avoid

"Loss" - As described above, "losing" something implies failure, as in losing a game, or that something has gone missing

- "Passed away" This language is vague and unclear to children. Passing a test is an accomplishment. When we pass by a person or place, we can go back and visit another time.
- "Gone to be with God" This suggests that the baby chose to leave rather than staying with the child
- "God needed an angel" This raises many worrisome questions for children that can lead to feelings of fear, confusion, or resentment, such as:
- Why God didn't want the baby to be with the family. ("Did I not deserve a brother or sister?")
- Why did God choose this baby rather than another. ("Didn't we need the baby, too?" "Was I not good enough for God to need me when I was a baby?")
- Fears about God "needing" another family member at any time.
 ("Will God need my mom or dad to take care of the baby too?" "Will I die soon too?")
- "In a better place" Children may wish they could go there too, or that they could have made this place "better" so that the baby would have chosen to stay

A Note about Spiritual or Religious Beliefs

If you have beliefs, hopes, or ideas about your baby's soul, spirit, or continuing presence in your life, these can be very special ideas and conversations to share with your child. Because children develop an understanding of concrete concepts before more abstract ideas, they often benefit from learning about the physical meanings of miscarriage, pregnancy loss, and death first. As soon as they have a foundational understanding of those concepts, then spiritual or religious ideas can be explored with less risk of confusion or misunderstanding.

Addressing the Most Common Concerns The 5

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Can I Catch it?



When children know that someone is not feeling well, they wonder if they, or someone else in the family might "catch" the same condition, since the illnesses they are most familiar with from school or daycare are contagious (a cold or flu, lice, etc.). Children may also wonder if another baby might stop growing.

This is why it is helpful to clarify for children that:

- A pregnancy loss is not a "sickness"
- No one can "catch" it from anyone else
- You and your baby didn't "catch" it from another person

What you can say: "Miscarriages and pregnancy losses are not illnesses. They cannot spread from one person to another the way that some germs or illnesses can. Miscarriage (or stillbirth, other types of pregnancy loss, or infant death) happens when a baby's body stops working or when the pregnancy or baby isn't growing the way that it would need to in order to be born and live or to stay alive."

If your baby did die from an illness before birth or after, such as the flu or another infection, it may be helpful to clarify if you know why the baby died, and to give reassurance that you are watching the child very closely. It may also help to clarify that you are being cared for by doctors or nurses that are helping you to feel better.

If the child is worried that it might happen again with another baby (either unborn or born already), you could explain that no one really knows if it will happen again. Sometimes it does happen again, but many times it does not. You might relate it to other things in nature, like when we plant many seeds, a lot of them will grow but some will not. Just because some do not grow, they don't stop the others from growing. It may help to ask more questions to clarify if there is something specific the child is worried about, so you can answer questions, clarify misunderstandings, or simply say, "I feel worried about that too." Children tend to look for and come up with their own explanations of cause and effect, making it hard to understand something like pregnancy loss or infant death that can have so many unknowns. Sometimes children may have thought or said that they didn't want a baby sibling, or may worry that they weren't acting like a "good enough" big sibling, and believe that to have caused the pregnancy loss or baby's death. They may also wonder if there was something their parents did or didn't do that caused this to happen.

What you can do and say: Regardless of what may or may not be known about the cause of a particular pregnancy loss or death of a baby, there are some things we can say for sure:

- Nothing that the child said, wished, or did or didn't do could possibly have caused the pregnancy loss or baby's death.
- No matter how much a child or parents want, wish for, or love a baby before or after it is born, we often cannot change the way a baby's body is or isn't growing, and we often cannot prevent unexpected pregnancy losses or sudden deaths.
- Sometimes feelings of helplessness can evolve into ideas about guilt for children just as they do for adults who may wish they could have prevented the miscarriage or death. For example thinking, "I wish I could have done something to prevent this" can slip into, "I should have done something to prevent this" or, "This was my fault." Children (and adults) need help to explore those ideas, validation of the wishes and feelings of helplessness, and reminders and reassurance that there was often nothing they could or should have done to stop this from happening.

Can I Cure it?



Children may wonder if there is something that they, their parents, or healthcare providers can or should do (or should have done) to save the baby. Especially for children who have been enjoying their big sibling role or preparing to be a big brother or sister and imagining that role to include protecting or taking care of their younger sibling, they may feel responsible for being unable to protect them from death.

What you can do and say: You can respond to questions about wishing to cure or save the baby in the same way as questions about what caused the pregnancy loss or baby's death:

- Nothing that the child said, wished, or did or didn't do could possibly have stopped this from happening.
- No matter how much we wish we could, often no one can change the way a baby's body is or isn't growing — not even doctors or nurses.
- Once a baby's body has stopped working or growing, there is nothing that anyone can do to change or "fix" it.

A pregnancy loss or death of a baby raises big questions for siblings. "Care"" questions often include:

"Who will take care of me if my parents are too sad?"

This is a common concern when children see their parents behaving or feeling differently and being less emotionally available than they are used to. This is why it can be so important to reassure children. You may want to say, "Even though we're feeling sad right now we can still take care of our family" and, "We won't always be this sad."

How can I connect?

Unexpected Moments

During and after a pregnancy loss or death of a baby, children (like adults) may wish to be able to connect with the baby but be unsure of whether they can, or how to do so. In order to feel comfortable doing so, children often need reassurance and for the adults around them to demonstrate that it is still okay to think and talk about their brother or sister. Some children will find their own ways to connect through play, using toys or their imagination to act out a continuing relationship, such as an imaginary friend. They may also act out the pregnancy or infant loss. Others may use art as a way of expressing their feelings, or they may make things for the baby. These kinds of play are not signs of "denial" or that the child doesn't believe that their sibling has died.

As long as a child has had honest conversations to help them understand what has happened, these behaviours are natural, age-appropriate ways of making sense of the baby's death and their ongoing connection, and of expressing their ideas and feelings. In fact, these are reminders and opportunities to check in with children about their evolving feelings and understanding, to clarify any misconceptions, and to be "in it together". After the loss and for a long time after, you may be caught off guard by how or when your child will choose to talk about the baby. Their comments and questions may come at the most unexpected moments. Maybe your child has not brought up the baby for months and all of a sudden they ask a question when eating breakfast. You may find out that your child has been talking about their sibling with friends, teachers, other parents, or strangers because a teacher mentions your loss to you when you are picking up your child from school. You may be surprised by a comment from another parent because you discover your child has been talking about their sibling in class. For many families, this will be a difficult surprise, especially when you were not expecting to have to talk about your loss in the moment. Sometimes children will bring up their sibling to people that you would not have normally told (i.e. a stranger in a grocery store). It may be helpful for you to think about and practice how you want to respond in these moments.

What you can do and say: Some people have ideas about how they would like to connect, or help their child feel connected with their baby, while others want to do something, but are not sure what. Some people may find it too hard to even think about this for some time. Try to remember that there is no "right" or "wrong" thing to do, only what "feels right" for you. It is never "too soon" or "too late." You may find that it comes naturally, or it may take time and exploration to see what works for you and your child. You could start by reassuring your child.

- You could say, "It's okay for us to keep thinking, wondering, remembering, or talking about the baby."
- You might let your child know that you think about the baby sometimes, and that it can be helpful to think or talk about, no matter what feelings come up.
- You might simply ask your child, "Do you think about him/her sometimes?" or ask if there's anything they'd like to do to remember or connect with the baby, in case they have their own ideas already. Try to honour their wishes if they do have their own ideas. You can explore different options together.

Some simple ways of helping children to feel connected could include:

Creative Activities:

- Drawing pictures of memories, wishes, or imaginations about the baby
- Looking at pregnancy or baby photos. Compare your photos of your pregnancy with your child and with the baby. Talk about what you remember from each pregnancy, or what you were thinking when you found out you were pregnant each time.
- Collecting mementos, like ultrasound photos, photos, baby items, or birthday or sympathy cards you received in a memory box or a scrapbook
- Making a book "for" the baby, and adding notes or drawings to it whenever the child (or you) feels moved to do so
- Creating "family" beads: let the child choose a different coloured piece of craft clay for each person in your family, including the baby. Roll or squish the colours together and talk about how family members are all connected (teaching, helping, caring for, and shaping each other), even before they're born and after they die. Show your child that the colours of clay can't be taken apart — once they're connected, they'll always be connected, just like family.
- Plant a tree or flower garden together, or discover a special place that reminds you and your child of your baby
- Write a story or song about your baby
- Share (or buy) a special toy to play with

Rituals:

- Lighting a candle and making a wish, saying a prayer, or singing a song. Some people do this once while others do it every year (or even every week or month).
- Burying a special object or a letter or picture, either with the baby (depending on the type of loss you experienced, and timing), or in another special place. Many families will choose to visit this place often or on special occasions.
- Attend a memorial event or participate in an event while thinking about and talking about your baby
- Support a cause that is close to your heart in honour of your baby
- Celebrate birthdays or due dates
- Name your baby together
- Make or purchase a special piece of jewelry to wear
- Remember your baby at during holidays or special events (i.e. Christmas ornament, mentioning the baby's name at weddings or special events, light a candle, say a prayer for the baby, balloon or lantern release, etc.)
- Start a 'random act of kindness' day on the baby's birthday or due date. Ask friends and families to do the same and share with you how they spread kindness that day.

Answering Tough Questions

After sharing simple explanations and addressing their most common concerns, some children will want or need more detail and may have questions about what happens next. These can be difficult questions to hear and may stir strong emotions, but try to remember that children's thinking is very concrete and these questions are honest efforts to understand. Depending on your type of loss, below are some examples of things that children may wonder, and some ideas for how you might respond.

"How will it come out? Does that mean the baby will be born?"

Children are concrete thinkers and may have already heard about babies being 'born'. They may think that any baby that is 'born' is alive, or stays alive. You can clarify that while most babies that are born are born alive and stay alive, which means being able to breathe and have a heartbeat, some babies will not. This means their bodies won't be doing these things, but they still need to come out of your body. Sometimes that can happen naturally, and other times medical help is necessary.

What you can do and say: If it was an earlier miscarriage you might explain, "Some cells / the baby's body started to grow but they did not become big enough or strong enough to live outside of my tummy. Now that the baby has stopped growing, my body will let go of those cells / the baby's body. That means that the baby will come out, but they will not be born alive." If your loss was later (a stillbirth) you may want to explain, "The baby's heartbeat stopped" or, "the baby didn't have a heartbeat and wasn't able to breathe".

If your child is looking for more information about "how" the baby will come out, depending on your situation you could explain that your body will let go and push it out naturally, or that doctors will give you some medicine that will help your body to do that, or that you will go to the hospital so that the doctors can help to take the baby's body out of yours.

"Will I die, too?" or "Will [someone else's] baby die too?"

These questions can come up for different reasons. For some children it may be linked to their idea that a person can "catch" death, so clarifying that pregnancy or infant loss is not contagious (as discussed above) will address this fear. For others, if this is their first time learning about death, the idea that it could happen to someone they know may stir feelings of vulnerability. They may start to think about their own death, or about the deaths of other people that they know.

What you can do and say: If your loss was a miscarriage or stillbirth, you could explain that miscarriages or stillbirths (or pregnancy losses) do happen, but that many pregnancies are healthy. No one really knows if your own or another family will experience a pregnancy loss, but just because it happened once, does not always mean it will happen again. You can explain that whatever caused the baby's body to stop working or growing will not happen in your older child's body, because their body is already big and strong enough to be working and growing on its own. Although it is natural to feel vulnerable after a loss of any kind, and no one can say for certain what may happen, it can help children to find a balance by being reminded of how rare some of these risks are. However, if your family is one of those families who have experienced the rare risk or had multiple losses, this thought may not be comforting at all. If this is true for you, you may decide to not discuss this part with your child.

If your loss was an infant death, and you know why the baby died, it may be helpful to clarify this and to give reassurance that your child is healthy/does not have an illness. You can also explain that whatever caused the baby's body to stop working or growing will not happen in your older child's body, because their body is already big and strong enough to be working and growing on its own.

If the child is worried that it might happen again with another baby (either unborn or born already), you could explain that no one really knows if it will happen again. Sometimes it does happen again, but many times it does not. You might relate it to other things in nature, like when we plant many seeds, a lot of them will grow but some will not. Just because some do not grow, they don't stop the others from growing. It may help to ask more questions to clarify if there is something specific the child is worried about, so you can answer questions, clarify misunderstandings, or simply say, "I feel worried about that too."

Am Istill an Older Sibling?

Deciding how you want to approach this, both within and beyond your family will be very personal. Including your child in the discussion can be very helpful so that they understand, feel included, and have their relationship to the baby acknowledged and valued. Your child may ask, "Am I still a big brother or sister? Can I still care for this baby even after he or she has died?"

What you can do and say: You might start by talking with your child about what it means to be a big brother, sister, sibling, cousin, etc. and what it means to be part of a family. Being a big brother or sister can mean a lot of things, but one of the most important things is caring about the baby, and that is something that your child is doing already (even if they were not happy about having a sibling). Being part of a family means that we are connected to one another through our relationships and our care for one another. "Family" doesn't mean we all live together, or that we're all alive at the same time. As an example, you could explain that great-great-grandparents are family members even though they aren't alive anymore, and extended family members or others who are alive now are "family" even though they don't live with you. So, this baby brother or sister will always be part of the family, which means your child can continue to be a big brother, sister, or sibling too.

The child may need help over time to find a balance between different thoughts and feelings. For example, on one hand, valuing the older sibling role or title, and on the other hand, grieving the lost opportunity to practice it (or continuing to practice it) with the baby. There is no "right" or "wrong" way to feel, or perfect balance to be achieved. Both of those competing sets of emotions need to be acknowledged and expressed in different ways and to varying degrees over time.

Sometimes children may not want to identify themselves as an older sibling. At other times, they might feel differently, valuing that role or title. When children do not feel like an older sibling, or do not want to call themselves one, it is not a sign that they did not care about or want the baby in the family. Instead, it may mean that they don't feel that they're doing what older siblings do, or it can be a way of distancing from the grief of missing the relationship they'd been imagining or living for a short while. No matter the cause, it is common and natural, and it is likely to change over time.

Let your child know that however they feel, whatever they decide, and no matter how many times or how often they change their minds, that's okay. It is natural for them to have complex, changing, and contradictory feelings. It is most helpful for them to know that you support them regardless, and that there is nothing "wrong" with any choice they make.

What you can do and say: Once you have talked about how your child feels, and how they identify themselves and the baby within your family, you can explore whether and how your child might want to talk about that with people outside of your immediate family. For instance, how would they like to answer if someone asks them if they have any brothers or sisters? What if it was a friend of theirs or your family versus someone they were just meeting for the first time? Some people have chosen to say things like:

- "I have a baby brother who died."
- "I had a baby sister."
- "No, I don't have brothers or sisters."
- "You can ask my mom." or "You can ask my dad."
- "I don't want to talk about that right now."

The choices you make will be very personal and there is no "right" or "wrong" thing to do; you will be guided by what feels "right" (or least uncomfortable) for you and your child. You might decide to have the same response no matter who is asking, or you might share more information with some people than with others. Children may be nervous about answering these questions, either because of their own grief, if they are unsure about your feelings about their answer, or if they are nervous about how the other person might respond. You can help by talking openly about how they feel, how you feel about different answers, and by reassuring them about what kinds of answers you are comfortable with. Finally, it can be very helpful for children to practice responding to this kind of question with someone they trust (you or another family member or close friend) pretending to be different people asking the question. Your child might feel differently after these practice runs, and may want to change the way they respond. This is another opportunity to ask about how it felt to answer, what felt uncomfortable or better about different responses, and what your new, shared plan will be.

"When will you have another baby?"

For adults, this can be a very hard question to hear. It may feel like a suggestion that this baby is replaceable, or it may feel painful to imagine trying to have another baby, especially if this is not possible or if getting pregnant is challenging. Try to remember that children do not intend to hurt you and are not aware of how their question might make you feel. Children are naturally concrete thinkers and may wonder how long they might need to delay the future they'd been imagining. Even so, it is okay to take some time and deep breaths before answering difficult questions like this.

What you can do and say: There is no single "right" thing to say. Try to be honest. Depending on how you feel, you might say something like:

- "I don't know"
- "I/we need to take some time to focus on taking care of ourselves, for now. I don't know how long we might need, but then we will try again."
- "I'm/we're feeling a bit too sad to think about that right now. Let's talk about that again soon."
- "I don't know if we will try again, we'll have to wait and see"
- "We'll talk to the doctor and see when it would be okay to try again"
- "We'll try again as soon as we can"

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Help from Friends, Family, and Community Leaders

Managing your own grief can often feel overwhelming. There may be times when you don't feel you can support your child while you have such strong feelings of your own. This is normal. For many families, stressful things happen that make it challenging to be fully present and aware of your children's emotions. It is always a good idea to think about who else might be available to support your child, allowing you to take some time for yourself. Often, friends and family members express that they want to help but are unsure what to offer. They appreciate being asked and being able to provide this kind of concrete support.

They may want to help by:

- Taking them to the park
- Having a playdate
- Driving them to school or activities
- Going to a movie
- Helping with homework
- Spending time together or getting them out of the house

You may also wish to ask for help from a:

- Community or friendship centre
- Spiritual or religious care provider, community leader, or elder

Help from Professionals

A wide range of reactions are natural for grieving children, and will resolve over time. However, if you feel unsure or worried about your child, if their grief seems to be more complicated or you are noticing concerning behaviours, you can always ask for advice or support. Talk to a healthcare professional about your concerns. They can help you think about what kind of help you might be looking for, and help you find out about services that are available to you in your community. You may also want to ask for help from:

You may also want to ask for help from:

- Your primary care provider (doctor or nurse)
- Child life specialist
- Social worker (school, hospital, or community)
- Your child's teacher or educator
- A public health nurse or community health nurse
- A psychologist, psychotherapist, psychiatrist, or other mental health professional
- Crisis support volunteer or victim services volunteer

Children: Asking for Help and Helping Themselves

Sometimes when they have the right tools, children can help themselves, or ask for the kind of help that they need. Although they will still need your support, it can offer a bit of relief for you and for them to know that there are ways they can comfort or advocate for themselves. Here are some strategies that might be helpful:

Choose special objects that could be comforting for your child:

- These may include a special stuffed animal, blanket, or other item that belonged to or was meant for the baby
- Holding onto something of theirs helps some children feel close and connected, or helps them feel safe to privately remember or think about the baby and their feelings
- It doesn't matter what the object is, as long as it is meaningful for your child. For this reason, it is important that they are involved in choosing this object, rather than having it chosen for them.

If you have a memory box, scrapbook, photos or any other mementos, let your child know that they are welcome to look at them whenever they want to

- If possible, support them to add to these keepsakes with their own words, drawings or other contributions
- They could also make a special keepsake, like a keychain made with shrink art, or a symbol or image out of modelling clay (or any other art supplies) to honour their sibling and their connection

When they are grieving, children (like adults) may feel even more isolated than they truly are. In these situations it can be helpful for children to have concrete reminders of all of the people in their lives who care about them.

• You may choose to help your child make a bracelet using different beads to represent each person who cares about them, or you

could make a paper chain (glue or tape strips of paper together, as with holiday decorations) with a person's name written on each piece of the paper chain

- You could create a kind of "family" or "community tree" by tracing the child's hand and arm on a piece of paper or canvas, so that their arm is a tree trunk and fingers are branches. Then you can draw leaves around the branches and write the names of different people inside each of the leaves.
- They could also make a special keepsake, like a keychain made with shrink art, or a symbol or image out of modelling clay (or any other art supplies) to honour their sibling and their connection

These activities are helpful for two reasons:

 Children may not realize how many people care about them, and will benefit from hearing and listing all of their names
 It helps to have a concrete, visual reminder of their supportive community when they are feeling sad or alone

Children need adults to start conversations about things like death, grief, and feelings. Once they know they can talk with you about those things, sometimes children can make great use of tools to revisit those conversations, or to express their feelings. For instance:

- You could start a "mailbox": Using a plain or decorated shoe box kept in a shared space, invite everyone in the family to write or draw a picture about anything they're thinking and feeling. These can be "anonymous" (though you'll likely recognize the handwriting). This will provide opportunities to express any thought or feeling, and entries can be shared together as a family once a week, or as often as you like.
- You could use bristol board or cardboard to make door hangers with different "feeling faces" on them, like sad, angry, happy, lonely, etc., and encourage the child to use them on their bedroom door to show how they are feeling that day. This is a simple way to practice expressing feelings. It also gives you something to ask about, or to share in by saying, "I feel like that today, too" or, "I felt like that the other day, but today I'm feeling a bit _____."

Children who are able to read can make and use door hangers with different statements on them. Try to encourage your child to share any feelings or statements that they'd like to write on a door hanger. Some ideas might include:

- "I need a hug"
- "I need a hug but please don't ask me why"
- "I need to talk but I don't know what to say"
- "I need some time to myself but I'm okay"

Clarifying Messages

If you act, or say something to your child in a way that you later wish you had done differently, it's okay. You can always go back to clarify and explain what you were thinking or feeling, and how you wish you'd handled things differently. For instance:

If you explained something in a way that you think might not have been clear, you might say, "I wanted to check in with you about something. When we talked about _____, I think I might have said something confusing. Can you tell me what you remember about that so I can explain it in a different way?"

Or, if you reacted emotionally, you might explain, "I wanted to talk with you about the other day when I got upset about _____. I'm sorry that I [reacted/spoke] to you that way. I have had some very strong feelings and sometimes they make it hard for me to think and act the way that I want to. But those feelings are not your fault and I will do my best to [remember that / stay calm / be patient / etc.] next time."

These conversations show your child that:

- You have strong feelings too
- Sometimes everyone needs a "do-over"
- You care enough about your child that you are still thinking about them and your conversation

Most importantly, as you are focusing on caring for and supporting your child, try to remember that you need and deserve that very same kind of care and support, patience, and gentleness. Taking care of yourself will also be good for the rest of your family, but it is important to take care of yourself for your own sake, not just because it will help others. Experiences like these are extremely difficult; we are not meant to have to get through them alone. Ask for help, accept help, and be as gentle and patient with yourself as you can.



Self-Care: Caring for Yourself

Grief and Loss: A Lifelong Journey

Many families describe forming an attachment to their baby long before the baby is born. As a parent, your hopes and dreams for your little one likely began when you found out you were pregnant, or maybe even before that, such as when you decided to start trying to conceive. When a pregnancy ends or a baby dies, families often grieve the loss of their baby and the future they imagined. Grief is a normal, healthy, healing, and loving response to the loss of a loved one.

After your pregnancy ends or your baby dies, you may feel deep physical and emotional pain that does not ever go away. We are sorry this has happened to you.

Grief is a natural response to loss and deeply personal, which means that everybody grieves differently. Some people move through it more easily, while others are deeply affected. After a loss, there is no right or wrong way to feel or grieve. Many families say that even as the pain changes over time, it may become stronger again at certain times, for example when you get your next period, on your due date or baby's birthday, or when seeing another pregnant person, healthy baby, or family with children around the same age.

The following may be experienced after a pregnancy or infant loss:

- Crying and sadness
- Temporary impairment of day-to-day functioning, which means you don't feel like yourself or feel like doing the things you normally do or enjoy
- Avoidance of (staying away from) social activities
- Intrusive thoughts, including feelings of guilt and shame
- Feelings of yearning, numbness, shock, or anger
- Feelings of isolation or of being alone
- Feelings of anger, sadness, or confusion about your personal cultural, spiritual, religious, or philosophical beliefs
- A loss of the feeling of being in control or belief that there is 'good' in the world

We know the time right after a pregnancy loss or baby's death can be very challenging for families. You are not alone in feeling or thinking these things.

Does Everybody Feel This Way? Sadness. Shock. Guitt. and Anger

After a loss, many families experience feelings of sadness, shock, anger, and guilt. Sometimes these feelings are connected to a certain event, such as when you are thinking about the baby, when you return to work, on your due date, on your baby's birthday, or at the start of each school year. Sometimes these feelings seemingly come out of nowhere and surprise you when you least expect it.

Many people feel guilty about their pregnancy loss or baby's death and constantly wonder 'if only'. Some people think a lot about what they could or should have done differently, even if they are told by healthcare providers that it was not their fault. Some people are angry while other people feel 'numb'. If you feel or think these things, you are not alone.

We know that far too often, families feel isolated and misunderstood by family members, friends, co-workers, and care providers. You deserve to have the support you need. If you need more support, talk to a trusted person, including your care provider. You might also consider supports from a:

- Social worker
- Psychologist, psychotherapist, psychiatrist, or other mental health professional
- Public health nurse or community health nurse
- Community or Friendship Centre
- Spiritual or religious care provider, community leader, or elder
- Doula
- Crisis support volunteer or Victim Services volunteer
- Peer support organization such as PAIL Network

Children Born After the loss

As more and more families share their stories of pregnancy and infant loss with their loved ones and communities, more people are learning about their family history and hearing stories of pregnancy and infant losses that happened before they were born. There are many examples now of children born after a loss who know about the loss(es) and talk about them openly. Like older siblings, these children may participate in family memorial events, 'talk' to their siblings, and think about them often. They may experience sadness, grief, and connection to the pregnancy or baby throughout their lifetime. This is normal.

There are also many examples of children growing up not knowing that their family experienced pregnancy and infant loss but finding out later in life. Many of these children or adults also describe feeling grief and connection to their siblings they 'never knew'. This is normal.

Deciding to share about a pregnancy or infant loss with children is a complicated and personal choice, regardless of when they are born. We do know that pregnancy and infant loss affect the whole family, and that the impact can be felt for a long time and into future generations. It is never 'too late' to talk about a pregnancy loss or baby's death, or to begin to honour their life or memory. You can continue to support a child (or adult) by talking openly about their feelings and their specific needs.

For more information, or to find support for yourself, please go to pailnetwork.ca or call 1 888 303 7245



Pregnancy and Infant Loss Network

