When a baby dies

Sometimes, a pregnancy has a sad ending when a baby is lost through miscarriage, is stillborn or dies soon after birth

Miscarriage

Miscarriages are common, with one in five confirmed pregnancies ending in miscarriage. Most happen in the first 14 weeks, but any loss before the 20th week is known as a miscarriage.

While many women do not have ongoing distress from an early miscarriage, others find it devastating. One of the worst problems can be that other people don't always understand how much grief you can feel when you lose a baby this way. Although you can expect sympathy if your baby is stillborn or dies after birth, many people don't realise you can still feel real grief for a baby that is not fully formed.

Feelings of guilt are part of grieving after a miscarriage and are not uncommon: you may think the miscarriage was caused by something you did (or didn't do). It helps to talk to someone who understands what you're going through. This could be another woman who has miscarried, a hospital social worker, counsellor, doctor or midwife.

Women start to produce breastmilk from around 16 weeks of pregnancy. With the loss of a baby from this point of the pregnancy on, your body will go through normal hormonal changes and breastmilk production will increase to some extent over the first few days. You may experience sensations of breast fullness, tenderness and possibly leaking of breastmilk. Try avoiding any stimulation to the breast and use gentle expression to relieve discomfort if required. Cold compresses may be soothing. Overthe-counter pain relief like paracetamol may be helpful. Your breasts will settle soon.

For more information about miscarriages, see *Complications in pregnancy* on page 124.

Stillbirth and the death of a newborn

When a baby dies in the uterus and is born after the 20th week of pregnancy, it's known as a stillbirth rather than a miscarriage.

Of all babies born in Australia, almost one in hundred is stillborn or dies soon after birth. It's more likely with a low birth weight baby or a baby with a developmental problem.

Whatever the reason for your baby's death, the grief you and your partner feel may be overwhelming. Most hospitals have specially trained staff to help bereaved parents. As well as counselling, you will have the chance to spend time with and hold your baby, if you wish. You may also be able to go home and then come back and spend more time with the baby. Some people find this helps them understand the reality of the baby's death and allows them to express their grief.

You may want to have keepsakes of your baby – photographs, a hair clipping or a handprint, for example. It may be possible to bath your baby and video your time together. Again, for some people, these things help them cope better with their grief.

Mourning the loss of a baby is a very individual thing. It varies from person to person and culture to culture. The important thing is that your needs and choices are treated with respect. If there are cultural or religious practices you need to follow, let the hospital staff know.

"Losing Rebecca was the most emotionally shattering experience of my life. Holding her and having a funeral allowed me to have a sense of closure." David SIDS and Kids NSW supports parents and families who have lost a child during pregnancy, birth, infancy and childhood up to 6 years of age. Whether you have experienced a miscarriage, ectopic pregnancy, termination, stillbirth, neonatal death or the death of a baby or child from any other cause you can contact the 24 hour Bereavement Line on 1800 651 186 for information, support and counselling.



Pregnancy and Infant Loss Remembrance Day

On the 15th October each year, parents and families across Australia honour their babies who passed away from miscarriage, stillbirth or postnatal causes. For more information visit http://15october.com.au

"My greatest sorrow was that I was never able to see Rebecca's eyes open, and the casts we made of her hand and footprints are more precious than any money in the world. When I fell pregnant again, I kept changing doctors until I found one who truly understood my absolute terror that I might also lose this new baby." Lindy

It's normal for you and your partner to feel angry and even wonder if you or other people were to blame for your baby's death. You may worry that other pregnancies will end the same way. It will help to talk about these things with a doctor, midwife, grief counsellor or social worker at the hospital.

After you leave hospital you may find that you have more questions in the weeks or months following the stillbirth or death of your newborn. The social worker at your hospital is available to talk through any issues or concerns, no matter how long it has been.

When a baby dies, the hospital will give you as much information as possible about what caused your baby's death. To find out more about this, you will be asked to consent to a post-mortem, and possibly to tests on you and your baby. This can be very distressing. You don't have to agree to a post-mortem or tests, but remember that finding out more about the cause of death may prevent similar problems in future pregnancies. Again, talking to a midwife, doctor, hospital social worker and your partner can help you make these decisions.

When you lose a baby through either miscarriage or stillbirth, you may find it helpful to spend time with other parents who have had a similar experience. To find a support group near you, contact SIDS and Kids NSW on 1800 651 186 (24 hour service) or visit www.sidsandkidsnsw.org

Genetic counselling after a baby dies

In the days, weeks and months following a miscarriage or the death of your baby, counsellors, doctors, midwives and social workers can provide you with a lot of support. This support can help you cope with and understand your feelings about what has happened.

However, as time moves on, you may want to consider genetic counselling particularly if you have experienced two or more miscarriages, a stillbirth or if your baby died soon after birth. For more information, talk with your doctor or midwife, or contact the Centre for Genetics Education on (02) 9462 9599.