

To lose a child is perhaps one of the most painful types of grief. Although death is always saddening, we can accept it more easily when it comes at the end of a long and well-lived life. To lose a child however, after a number of years; or a baby merely hours, days, weeks or months old is distressing and arduous. To suffer a still birth or a neonatal death, after carrying a child for months in the womb; whether the result of: a spontaneous abortion, an ectopic pregnancy, or a miscarriage, is also a, difficult and complex tragedy.

Not only is there a loss of someone we have loved but there is also a loss of all that might have been. The present is lost by the death of a child, but so is the future. Parents will never see their child graduate, attend their first dance, get married, and have their own families. The tendency to blame oneself for the death is great and statements such as "if only I had" become stronger. Yet in most instances there is no fault to be ascribed. Nature and science are such that we often do not know the medical reasons behind the questions we might ask. Anger and guilt are natural stages of any bereavement. They become more acute when that grief is for a baby or child and often are expressed in oblique ways at those closest to us.

Parents and grandparents, and other family members undergo profound grief. The shock seems more intense and the anger, guilt or other feelings accompanying such a loss seem more extreme. The eternal question "why" is more acutely asked and one's faith may be even be severely tested. Certainly the help of clergy, especially those skilled in pastoral care, can be especially beneficial at such a time, as it is not unusual to feel anger even at God over the loss of one's child.

If the death is that of a baby, whether stillborn or only hours or days old, it is also important to take time to see and touch and bond with your baby. This furthers the existing attachment that both parents already have developed during the pregnancy. These days most hospitals are extremely aware of this and encourage parents to spend time with their deceased baby. The staff are not only clinically well-trained but also communicate their care with genuine empathy and respect. Rather than protecting you from the pain of your grief, staff are prepared instead to support you through your loss.

Examining the baby, noting family features and resemblance's, counting the fingers and toes, holding the infant with accompanying caresses, kisses, and parental baby talk, and even bathing and dressing it are all strongly encouraged. Even in cases of deformity a baby is still beautiful in the eyes of the parents. Rather than being morbid such familiarity allows for bonding to take place. This is most important as a memory of the baby is made in order that parents may then let go and put closure on their loss.

The taking of footprints, the snipping of a lock of hair, the saving of the hospital ID bracelet or the record of your baby's weight and measurements, and especially the taking of pictures, all create memories, a tangible collection of affirmations, that say your child existed and did matter. Parents often create an album or special box to house such keepsakes. Most hospitals will automatically take pictures of the baby and keep

them on file if the parents at the time say they do not wish them. The experience of such caregivers has overwhelmingly shown that these same parents will phone and ask for these pictures at a later date. Also, name the child with whatever name you had planned to give it when you were anticipating its birth. Naming actualises the worth and identity of this child as a person who was valued and loved

It is also very important to celebrate a funeral or memorial for your child. What you choose depends on your own religious and cultural beliefs. A Church, Funeral Home, or your own home can be used as the site and your clergy can conduct such a service. If you have no religious ties, then your funeral director can often recommend an appropriate celebrant or leader. Even in the case of a miscarriage, especially in the early weeks, a marking of this event with a private time or observance by the couple or immediate family is invaluable. Your child's life did matter and some ritual or acknowledgement will not only help bring closure but also assist in the grieving process.

Where possible parents should be encouraged even to dress the child and to place intended playthings and gifts in the caskets. Siblings can also participate in expressing their grief by putting in the casket a favourite toy, a drawing or a letter. Children's songs or stories could form part of a creative service, as well as the presence of remembrances, stuffed animals or other 'momentos' as part of a focal point. As well, if a burial follows, the father, or both parents, or other family members might wish to carry the casket from the funeral coach to the burial site. Even a simple home service of prayers, readings and sharing, followed by some tea and refreshments can prove invaluable as a support. Funeral directors are skilled in facilitating these requests and sensitively suggesting other forms of expression. Some parents might want to send out an announcement card, celebrating their child's struggle or brief life by announcing both birth and death. Several support agencies even have special cards available for various types of infant and child loss or you might wish to design your own.

Again, in all these suggestions what is important is to mark the existence of your child and to offer tribute to this life. What is paramount is to do something that emphasises that your child's life was of consequence and significance to you. Besides albums, or a box of memories, others create a memorial embroidery with their baby's name, birth date, and measurements.

Although this pamphlet is intended for the death of an infant or baby, studies have also shown that losing a child, no matter what the age, is just as difficult, even if that child is an adult or even an older person. To lose a child is to suffer a loss 'out of season', out of the natural pattern and rhythm of life. Parents expect to die before their children and not after, so such a loss seems abnormal and not according to the design of life.

Marriages may also be threatened if they are already weak or experiencing difficulties. But healthy marriages often become closer and stronger, as each partner tries to help the other with their sorrow. It is a myth that many marriages break up because of the death of a child. What studies have found is that marriages that were experiencing a

great deal of difficulty often break up, because such a death threatens an already shaky relationship. If the relationship is healthy and the communication between spouses is good, than such marriages become deeper and stronger as each partner relies on the other for support.

It often takes a woman longer to get over the loss of a child, so strong is the maternal bond of the spouse who carries and gives birth to a baby. In the case of a neonatal death or stillborn the mother may continue to feel physical symptoms also. Upon leaving a hospital, wise nurses will often encourage such mothers to hold a pillow or bundle of clothing in their arms to prevent the aching feeling of loss. A discharge called lochia, breasts filled with milk, stitches in the case of an episiotomy, post partum depression, or even the phantom kicking-feeling of the baby in the womb, are all lingering physical responses that many mothers experience. When these are of concern a doctor should be consulted but again they are often the natural consequences after a pregnancy.

In Western society there is sometimes an unuttered expectation that the man of the family should play the role of solid rock-like support and not show his own feelings or pain. Likewise, so much of the concern of others is focused upon the mother that the father may be overlooked or presumed to be in no need of support. Until a couple of decades ago, husbands were always banished from the delivery room to the waiting room. Fortunately we no longer follow this practice and today a husband is not only included in the birthing experience but even encouraged and expected to be present and to offer support to his expectant wife throughout the delivery. The pregnancy and birth are shared activities, just as was the conception. It is important for a husband and wife to consult and make decisions together about questions that hospital staff might ask of them; a husband alone should not make the choices out of a desire to protect his wife from further pain.

Men may have greater difficulty expressing or articulating their feelings and their grief. Sometimes there is a tendency for each partner to grieve silently on their own, or for the man to busy himself in his work. There is an old maxim that men share what they do rather than what they feel. It is important that such parents take the time and effort to communicate with and to support one another in their sorrow. They may seek help from their clergy or from a grief counsellor or therapist. There are special support groups such as Compassionate Friends or for parents who have lost a child to SIDS (Sudden Infant Death Syndrome) Sharing one's sorrow helps one cope and resolve the grief better. Knowing that you are not the only ones to undergo such a tragedy also helps give some perspective.

Sometimes friends or family do not know how to be supportive when a child dies and may either ignore the event or even say things that sound inappropriate, although perhaps well-meaning in intent. Parents should try not be overly sensitive to these faux-pas, realising that many people do not really know what to do or how to express their support. It is important to acknowledge that there is a need to talk about the loss. One of the most effective things a friend can do is simply to listen and to be present. Do not be

afraid to use the child's name. To say the name is to say that they existed and mattered. A hug or a simple "I'm sorry" is probably the best way to show comfort and care. Avoid all the cliches, such as "I know how you feel", or attributing the loss to "God's will." Besides being poor theology it really does not bring comfort. Especially avoid statements such as "You can always have another child." Allow the parents to talk about their pain and about their child. Help with meals, errands, chores or other children may be especially appreciated at a time like this. Certainly offer help in specific ways.

Often the issue of intimacy arises and the question of when is it right for the husband and wife to engage in intercourse again.. Most doctors counsel waiting at least two weeks after the birth of any child before resuming full sexual activity. In the meantime, intimacy can still be shown in a variety of ways such as holding, kissing and caressing. The important issue here is one of communication. One partner may feel ready before the other. Although intercourse is comforting, a partner should not be forced against their will, especially when grief, guilt or sadness are still too immediate. Long term lack of interest or refusal requires professional counselling.

The question of having another baby; especially after SIDS or a neonatal death and the timing of such is something that both partners must face and mutually decide upon. When the timing is right they will know, but it is something that should not be rushed into or arrived at without reflection. Parents often fear that their next baby might also die and all this trauma could once again happen. A visit to their doctor to learn if there were any further insights into the reasons for their child's death could answer the concerns of any change or action that they might take to prevent a repeat of their loss. Certainly the physical, emotional and spiritual state of the parents is an important issue to consider and more than often time is needed to rebuild these areas.

It is also most important that such parents not see their new baby as a replacement for their deceased one. Each child uniquely brings into the world their own personality and spirit. Nor should the name given or intended for the child who died be given to the new child.; rather a new name for a new individual is an important symbol and reality. The joy of a new-born can often be accompanied by a renewed sorrow over the remembrance of the former one. This is natural and understandable and is often accented by the emotional post partum depression which usually follows a birth.

Anxiety may accompany the bringing of the new child home from the hospital. Much stress can be relieved by buying new clothing, or where possible even assigning a different room than before as the intended nursery. This helps to underscore this child as a new life and not merely a substitute for the former one.

Parents, grandparents and other children, especially after SIDS, often experience concern that this next child might die also. Recent studies show that SIDS rarely recurs in the same family and that not placing a baby on its stomach at sleep times is one of the most effective preventions of SIDS. Such fears however, can lead to a lack of personal confidence and over-protectiveness on the part of all immediately concerned.

In extreme cases mothers might not even want to look after their new baby and try to abdicate this role to others. In such situations further counselling from a doctor, pediatric nurse or other appropriate professional is necessary.

Fear, worry or even panic is also experienced by fathers, grandparents and other children. When the new-born cries or has any number of normal infant illnesses, there is often an exaggerated anxiety over each new distress. Again, it is helpful for all involved to communicate their feelings and to support one another. Children's questions especially deserve simple and straightforward responses, commensurate with the level of understanding and experience that they are capable of. Otherwise, they may fear that they are somehow responsible for the former death or may treat the new baby in an unreal way, or assume a distorted guardian role.

The final thought is a positive one of hope. As tragic as the loss of a child is, couples and families survive and can even grow closer and stronger. While still cherishing the memories and aspirations that parents had for their dead child, they can progress to the point of reinvesting their love in those most dear to them. Their faith and relationship to God may also deepen as they experience the spiritual support their beliefs impart. Ultimately you are comforted by the reality that your child's life mattered and your world is the better for it.

Community Resources

Depending on your locale, some support sources may not be present. A family doctor, mental health centre, hospital, social worker, counsellor, clergy or your funeral director can assist you with an appropriate referral in these cases.

COMPASSIONATE FRIENDS - Supports parents who have lost a child

GRIEVING PARENTS - Self-help group for parents and family who have lost an infant

HOSPICE - Supports the dying person and their family, before, during and after a death.

S.I.D.S. - Sudden Infant Death Syndrome - Supports parents who have lost a child through crib death

Suggested Reading

There are many books available on this topics The following are a few that I recommend.

Empty Arms: Coping with Miscarriage, Stillbirth and Infant Death. Wintergreen Press.



Schwiebert R.N., Pat and Kirk, M.D., Paul, *When Hullo Means Goodbye, A guide for parents whose child dies before birth, at birth or shortly after birth*, Portland, Oregon, Prenatal Loss, 1985.

A Father's Story, Tim Nelson, Pregnancy Infant Loss Center (PILC), 1421 E. Wayzata Blvd. #40 Wayzata, MN 55391, (612) 473-9372.

Newborn Death, Marv and Joy Johnson, Centering Corporation, 1982.

"Our Baby Died. Why?" Jake and Susan Erling, Pregnancy and Infant Loss Center, 1421 E. Wayzata Blvd., # 40, Wayzata, MN 55391.

"Rainbow After a Storm," Susan Erling, Pregnancy and Infant Loss Center, 1421 E. Wayzata Blvd., # 40, Wayzata, MN 55391.

"When Your Baby Dies," Boulder County Hospice, Inc., 2118 14th St. Boulder, CO 80302.

Coping with Sudden Infant Death, John De Frain, Lexington Books, 1982.

Miscarriage: A Shattered Dream, Sherokee Ilse and Linda Hammer Burns, Wintergreen Press, 1985.

Praying For Your Unborn Child, Francis, and Judith MacNutt, 1988. *Pregnancy Loss: Medical Therapeutics and Practical Considerations*, James Woods, MD and Jennifer Esposito, Williams & Wilkins, MD, 1987.

Recovering from the Loss of a Child, Katherine Fair Donnelly, Macmillan, 1982.

She was Born. She Died. Marion Cohen, Centering Corporation.

Surviving Pregnancy Loss, Rochelle Friedman, M.D., Bonnie Gradstein, M.D., Little Brown & Co., 1982.

The Ultimate Loss, Coping With The Death of a Child, Joan Bordow, Beaufort Books, Inc., 1982.

When Pregnancy Fails: Families Coping with Miscarriage, Stillbirth, and Infant Death, Susan Borg and Judith Lasker, Beacon Press, 1981/1990.