

Grieving the Loss of a Pregnancy or Newborn



**VON VOIGTLANDER
WOMEN'S HOSPITAL**
UNIVERSITY OF MICHIGAN HEALTH

The Michigan Medicine staff wish to extend our deepest condolences to you and your family. It is difficult to experience a loss when you had likely developed hopes and dreams for your future that grew out of this pregnancy. While grieving has many similarities, we understand that everyone grieves differently. We hope the resources included in this booklet will be helpful to you and your family as you are going through the changes that may lie ahead. You might want to read part of the material now, and wait to read other parts of the booklet at a later time. We encourage you to hold on to this booklet to use as a reference when it may be most helpful.

Please reach out to our staff at Michigan Medicine for additional support and resources if needed. We are honored to have cared for you. Our thoughts are with you during this time.

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We are here to help

The Hospital Operator is available 24 hours a day at (734) 936-4000 and can direct you to any of the departments within Michigan Medicine.

- **Children & Women's Bereavement Program:** (734) 615-3122.
For questions and resources, including but not limited to fetal examination or autopsy follow-up, funeral or cremation information, and counseling or other community referrals.
umwomenshealth.org/resources/loss-desired-pregnancy
- **Pregnancy and Newborn Loss Support Group:** (734) 615-3122,
Email: SocWk-ODA@med.umich.edu. A support group hosted by Michigan Medicine for anyone affected by a stillbirth, miscarriage, medical termination (for fetal anomaly or maternal health) or early newborn loss. Groups are held in the evening on the second Tuesday of every month.
- **Spiritual Care:** (734) 936-4041. For spiritual care and referrals to local clergy and/or trusted spiritual leaders.
- **Women's Health Resource Center:** (734) 936-8886,
Email: umhs-whrc@med.umich.edu. Available to discuss and provide information regarding wellness issues, health programs, and to refer women to appropriate health care providers or community agencies.
- **Psychiatric Emergency Services (PES):** (734) 936-5900. Provides emergency/urgent walk-in evaluation and crisis phone services. Available 24 hours a day, 7 days a week.
- **National Suicide Prevention Lifeline:** 1-800-273-8255
- **Patient Relations and Clinical Risk:** (734) 936-4330. For questions regarding Michigan Medicine policies and procedures or concerns about treatment.
- **Business Office:** (877) 326-9155. For questions regarding medical bills.

Grief and other emotions after a pregnancy or newborn loss

You are not alone. Oftentimes, it is not until one suffers such a loss that they learn about other family members, friends, or other people they know who have also had a pregnancy or newborn loss. The impact on the family is often significant but differs for everyone. There is no “right” way to grieve. It is important to care for yourself at this time.



The complications and depth of grief associated with pregnancy or newborn loss can be underestimated. Along with mourning the loss of a pregnancy or a newborn, many women also suffer harm to their self-esteem. Many women want to understand why the loss occurred and search for a reason. Mothers in particular often blame themselves, even though the vast majority of these losses are not due to anything the mother did or did not do.

People commonly, though incorrectly, believe miscarriages are caused by stress, exercise, sex, lifting heavy objects, past sexually transmitted disease, an earlier abortion, previous use of an intrauterine device (IUD), or oral contraceptives. In fact, most miscarriages are caused by chromosomal abnormalities, which are not likely to recur. Similarly, most birth defects are random events. Stillbirths and early infant deaths may occur suddenly and unexpectedly. Some are caused by medical conditions and others by blood clots, problems with the placenta, infection, or prematurity. Mothers often feel their bodies have failed them, resulting in a blow to their self-worth. If a partner is involved, they do not usually personally blame themselves, but may feel it is their job to “fix” their partner’s grief and feel frustrated when they cannot do this. It can be upsetting to feel as though a partner is not grieving the same way that you are given that you have shared this loss. It may also be confusing when a partner may seem “fine” but you are having a hard time and do not feel fine at all. It is normal for partners to feel angry, frustrated, sad, or like they have lost all control. Your partner may prefer to cry or grieve alone because they want to appear strong for you. Open communication is very important throughout the course of grief.

While continuous self-blame can contribute to feeling depressed, some women may feel the need to find someone or something at fault rather than to consider the loss as totally random and completely outside of their control.



Other factors that affect the degree and length of grief

When there has been a history of infertility, grieving can be particularly harsh. This can lead to feelings of hopelessness about being able to have a healthy pregnancy and child as well as uncertainty about the future. Ectopic pregnancy can endanger the life of the mother, causing grieving to be secondary to medical concerns. Pregnancy termination for fetal anomaly can be especially complicated because it involves added burdens including learning about unexpected and serious abnormalities. There is usually a very limited time frame for making significant decisions about continuing or ending the pregnancy or seeking out supportive people who will be most helpful when learning of the news.

Emotional and physical symptoms of grief

Grief looks different for every person and it can include both emotional and physical components. For some, grief may not be fully experienced immediately and may be more strongly felt weeks or months later. You may feel a variety of emotions including but not limited to:

- Guilt
- Shame
- Anger
- Despair
- Irritability
- Sadness
- Resentment
- Difficulty concentrating



These emotions can change minute to minute and may feel like you are on a “roller coaster,” having many ups and downs.

In addition to waves of emotion, you may experience some physical changes. Your body may feel tired and achy and you could have:

- Loss of appetite
- Weight loss or gain
- Headaches, breathlessness
- Rapid heartbeats
- Restlessness
- Nausea
- Fatigue
- Disrupted or non-restful sleep
- Feeling like you are “going crazy”



While these feelings and physical changes are normal while grieving a loss, please consult with your health care provider if symptoms continue. It is important to immediately resume good self-care: shower daily, dress for the day rather than staying in pajamas, and eat nutritious meals three times each day even if you do not feel the desire to eat. Daily walking or light exercise can be great for general health and emotional well-being. Grieving takes time. Try to be patient with yourself.

Remember to schedule a follow-up visit with your health care provider. In many cases, it can be beneficial to schedule a check-in appointment 2–4 weeks after your loss to speak with your health care provider about any questions you may have regarding your physical needs.

Important dates

Because, for many people, this is a loss of the future with a child, it is normal to feel increased sadness on your due date and special holidays. There is no amount or kind of grieving that is “right” for all people. It can be a challenge to miss someone you didn’t have an opportunity to get to know outside of your body or for an extended life. While there is no set timeline for grieving, grief usually gets less intense over the first year following the loss, though the first anniversary may be quite painful. This too will vary with circumstances. Grieving takes time and energy.

Grief and depression

While grief and clinical depression can overlap, they are separate.

Grieving is a normal, natural response to loss, common among all humans. It most often comes in waves, intense and frequent at first, but gradually lessens over time. Grief is marked by sadness and longing. Usually, one is comforted by empathic others such as family, friends or health care providers.

Clinical depression, on the other hand, is a medical diagnosis.

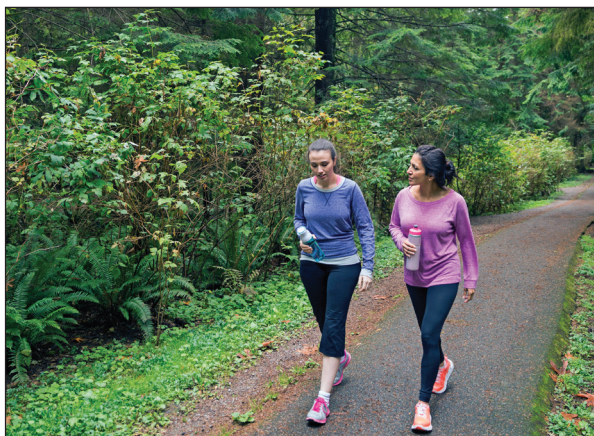
It is a state of having constant hopelessness, despair, and intolerable pain, which do not wind down over time. Family and friends may not be able to provide comfort. In these cases, there can be mutual withdrawal and detachment from each other, increasing the isolation of the depression. If grieving is not resolved, there is the risk that it may slip into a clinical depression requiring professional help. Clinical depression is more likely to occur when there has been a prior history of emotional difficulties, especially depression or other unresolved losses.

When a depressed person has thoughts of suicide, he or she may be more tempted to act on them due to his or her pain and sometimes irrational guilt. When someone bereaved thinks of suicide, it usually is more of a wish to be reunited with the person he or she lost rather than a wish to die. **If you have any persisting or intense thoughts of suicide, discuss them with a mental health care expert immediately.**

Michigan Medicine Psychiatric Emergency Services is available 24 hours a day, 7 days a week and can be reached at (734) 936-5900. If you do not live near Michigan Medicine, you can call your local Emergency Room or the National Suicide Prevention Lifeline at 1(800)-273-8255.

Support from family and friends

Compassionate and empathic listeners may be most helpful in your grieving. These people can ease the pain by helping you feel understood, cared for and not so alone. Many women feel they had a good amount of support for the first month following their loss, only to find that support fades too soon with the expectation that “you should be over it by now.” This often happens within a couple when one person still feels intense grief but the other has “moved on.” Even if your partner is not hurting as much as you are, it can be very helpful to share that simply listening to you helps a lot. This will



enable you to reach a “new normal” more quickly than you would if you were to rush through your grieving process. Comments by friends and family such as “You can always have another,” “This was meant to be,” and “It’s better it happened sooner before you got to know her,” only deepen the pain. You may need to explain that, while you know their intentions are good, such comments are not helpful right now because that is not what you are feeling. While our society tends

to avoid grief in general, recognition of the impact of pregnancy losses is even more limited, as is the help provided. Pregnancy losses, for any reason, continue to be minimized and viewed as much less common than they are. Also, some of these losses such as pregnancy termination for fetal anomaly and infertility are often stigmatized, leading the bereaved to feel ashamed and reluctant to even discuss what happened. Finding and connecting with supportive people either personally or professionally can help you to move through grief in the healthiest way possible. Keeping silent usually makes it more difficult to resolve grief.



Many family members and friends have the best intentions and may share with you that they too have had losses in their past. Learning of the experiences of others can be helpful to better understand you are not alone, although every person’s experience is unique to them. Many people find these connections the most helpful and comforting in their grief. At the same time, remember that supporting others’ grief and losses during your recovery is not your priority and can be difficult to navigate.

Returning to work after a loss

Returning to work may be a cause of concern after a pregnancy or newborn loss. Co-workers may have been aware of the pregnancy and it can be very difficult to know the best way to share news about the loss, or you may decide you don't want others to know. One way of coping with this situation is to have someone close to you write an email to other co-workers sharing the information that you want to be known. In this email you can include what may or may not be helpful to you at this time such as: "Yes, I appreciate you stopping by" or "No, I don't really want to talk about this at work, but it is helpful if you say you are thinking about us." It may also be helpful to send something out like this to friends and family, as writing may be easier than talking and you can take time to decide what you do and do not want to share.



Caring for yourself

If at any point you are feeling overwhelmed, alone, confused, or finding a significant amount of time has gone by without any relief in sight, we encourage you to seek out the professional mental health care you may need and deserve. There is no shame in caring for yourself. In fact, many bereaved individuals find comfort and express feeling they are honoring their baby or the life they anticipated by taking care of themselves in this way. If you have any questions or need additional support, you are also encouraged to contact our Children and Women's Bereavement Program through the Social Work Department at (734) 615-3122 or the Von Voigtlander Women's Hospital Birth Center triage at (734) 764-8134.

Where can I find support?

Having adequate support and someone you can talk to is very important. For many, online or face-to-face support groups can be extremely helpful to more openly share feelings. These groups provide connection—demonstrating that you don't have to go through this alone—and validation that others have faced and successfully dealt with a similar loss. Online groups are sometimes a preferred way to connect because they are available day and night, and others who have experienced similar losses may be able to help. On the other hand, face-to-face groups can allow close bonding with others and a chance to ask questions and hear stories. A list of online and in-person support resources is available on page 11 of this booklet.

While support groups can be helpful for many, they are not the right fit for all. Groups are meant to allow for a safe space to be able to talk through the pregnancy, the events of the loss, and the active grief being experienced, while being able to be genuine about how you are feeling and being able to fully reflect on those moments. Many people find support and hope in these discussions while others find it more helpful to find something more concrete and tangible to use as tools. One woman shared, “For us, support groups were not helpful. So, we channeled our energy into giving talks to groups, donating memory boxes, I started painting (and if you knew me personally your jaw would hit the floor with that one), anything I could do to make myself feel better and help others. It was a way I could get my tears out, feel every moment, but do something gratifying and find my purpose. That is how we healed (and continue to do so).”

Resources

SUPPORT GROUPS & WEB RESOURCES

- **Pregnancy and Newborn Loss Support**

Group: (734) 615-3122,

Email: SocWk-ODA@med.umich.edu.

A support group hosted by Michigan Medicine for anyone affected by a stillbirth, miscarriage, medical termination (for fetal anomaly or maternal health) or early newborn loss. Groups are held in the evening on the second Tuesday of every month.



- **Share Pregnancy & Infant Loss Support:** nationalshare.org. A community for anyone who experiences a pregnancy or infant loss. The Share team offers an online closed Facebook group, weekly scheduled online support groups and in-person support. **Information is available in English and Spanish.**
- **Return to Zero:** rtzhope.org. A national organization working to transform the culture of silence and isolation around pregnancy and infant loss.
- **Remembering Cherubs:** rememberingcherubs.org. A nonprofit pregnancy loss resource center, serving southeast Michigan. Services are carried out online and events are held virtually and at local partnering venues.
- **New Hope:** newhopecenter.net. A charitable organization dedicated to bringing hope, healing, and new beginnings to adults and children grieving the death of a loved one. A Christian organization whose programs are open to everyone regardless of beliefs.

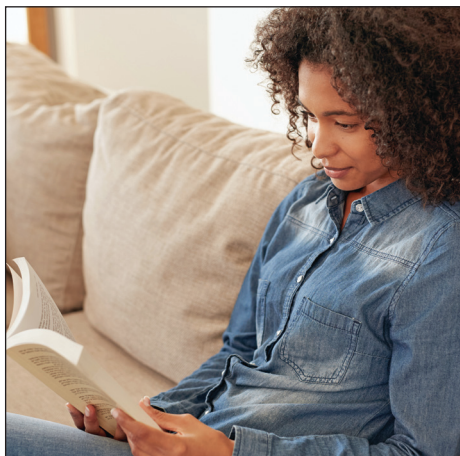
- **GrieveWell:** grievewell.com. A local nonprofit that provides resources and services for adults who have experienced a loss. Individuals can be connected with a peer counselor who has been through their own pregnancy or newborn loss experience and can offer support. Email “info@grievewell.com” or call (734) 975-0238.
- **TEARS Foundation:** thetearsfoundation.org. Provides emotional support services and offers financial support for disposition arrangements.
- **Proud Parents of Loss:** www.proudparentsofloss.org. Provides stigma-free support to parents who have lost a child.
- **A Heartbreaking Choice:** aheartbreakingchoice.com. A resource for individuals and families who chose termination of pregnancy due to fetal anomaly.
- **Ending a Wanted Pregnancy:** endingawantedpregnancy.com. A helpful resource for those who have terminated a wanted pregnancy due to medical reasons.



- **Exhale Pro-Voice:** exhaleprovoice.org. A resource for individuals and families who had an elective abortion.
- **March of Dimes:** marchofdimes.org. Offers good medical information for loss and grief.

BOOKS

- **Something Happened by Cathy Blanford** – A book for children and parents who have experienced pregnancy loss.
- **We Were Gonna Have a Baby, But We Had an Angel Instead by Pat Schwiebert** – Created especially for children who are suffering the loss of their family's pregnancy.
- **Healing your Grieving Heart after Miscarriage by Alan Woelfelt** – Contains 100 practical ideas to help those affected by miscarriage.
- **Healing your Grieving Heart after Stillbirth by Alan Woelfelt** – Contains 100 practical ideas to help those affected by stillbirth.



Disclaimer: This document contains information and/or instructional materials developed by Michigan Medicine for the typical patient with your condition. It may include links to online content that was not created by Michigan Medicine and for which Michigan Medicine does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan.



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