

Physical and emotional challenges

There are arguably few experiences that can compare to the trauma of losing a baby. As well as the various practical aspects that might occupy your time in the first few weeks, there will also be a significant physical and emotional impact on you and your family.

Physical challenges

If you are the birth mother, you will be recovering from the physical impact of the birth of your baby, just as you would if your baby was alive. Your body would have prepared itself for a live baby and not register that your baby has died. If you are experiencing any medical issues after the birth of your baby, it is vital that you receive any medical care that you need.

You might find that you are producing milk in preparation for breastfeeding. This can be very painful both physically and emotionally.

If your baby died in neonatal care, you might have already started breastfeeding either directly or by expressing your milk.

You could consider donating your milk to a milk bank. This can help those mothers whose babies were born very prematurely and who were therefore unable to produce milk. Someone from your healthcare team will be able to talk with you about milk donation. There is also information on the United Kingdom Association for Milk Banking (UKAMB) website www.ukamb.org. You can allow your body the time to stop producing milk naturally or, if you prefer, you can ask for medication to slow down milk production.

For all parents, grief can be exhausting. You may be physically as well as emotionally drained. You may be tired from the shock of finding out that your baby died, the decisions you have had to make, or the

labour. You may also have had the stress of travelling long distances to and from home to get to a neonatal unit or to appointments. Telling people that your baby has died might also have felt exhausting.

Other physical reactions could include a loss of appetite, inability to care for yourself, or difficulty sleeping. Where possible, ask family and friends to help you look after other children you might have and to help with day-to-day tasks such as shopping, cooking and cleaning.

If you have had twins or multiple babies, you might be faced with a situation where all of them have died, or one or more is alive. If the babies who are alive are also unwell and in neonatal care, you might be exhausted trying to focus on their needs while also grieving for the babies who have died. Sometimes, twins or multiples who are unwell might be in different specialist centres in different parts of the country. Visiting them, while managing the practical and emotional aspects of your grief, can be extremely difficult.

Sexual relationships

When grieving the death of a baby, people's feelings can also be very complicated and vary a great deal. These can have an impact on your physical health and influence physical contact with your partner. You might be associating sex with creating your baby, and this can cause anxiety about having sex. Try to accept your feelings rather than fight them and try to resist the pressure to be "strong".

Some people may not feel ready or able to have sex. Other people may find that it is comforting or reassuring to have sex. Grief can also lead to a loss of sexual desire for some people. Mothers particularly can also feel that their body has "let them down" and their self-esteem and self-worth is affected. There may be new scars and changes to the mother's body that are magnified by the loss of the baby.

When considering when to have sex, it is important that the mother has healed from any surgery, and that the cervix (neck of the womb) is closed again otherwise sex could lead to an infection. Oral sex, where the mother is the recipient, should also be avoided because there is a small but serious risk of air getting into the mother's bloodstream and this can be fatal.

Physical healing from birth usually takes approximately six weeks, but grief and bereavement and any kind of psychological impact can have an effect on physical responses. For example vaginal dryness and inability to have an erection are common physical responses to trauma. Sometimes physical closeness is enough whilst you heal.

Often, people wait until after the six week check-up before thinking about having sex again. Some people wait much longer. It is a complicated and distressing time so be patient with yourself and with each other. You may want to consider talking to your midwife or doctor about contraception options if this is relevant to you and your partner.

If you feel the need for professional support, you can contact the Sands Helpline or visit your GP for help accessing psychosexual counselling.

Emotional challenges

The emotional impact of baby loss is long lasting. You might feel shock, numbness, anger, resentment, sadness, emptiness, guilt, self-blame, loss of self-esteem, and many other emotions. While this can be difficult to accept, it is important to grieve for your loss and to do what you need to receive support. Some people may change the subject if your baby is mentioned, or unknowingly say insensitive or hurtful things. They may not know what to say or are frightened of causing more distress. Many bereaved parents say that some friends and acquaintances cross the road to avoid having to talk to them, or may stop talking to them completely. You might find it helpful to view this animation and to recommend it to family and friends so that they can support you:

<https://www.sands.org.uk/finding-words>

There are many ways to express grief. These vary from person to person and can also change over time. Being aware of what you need will help you grieve in a way that is right for you.

Many parents contact Sands for support. You can contact our Helpline, share your experiences with others on the online community, attend a local Sands support group and meet other local bereaved parents and family members, contact a Sands befriender, or download the Sands Bereavement Support App.

Sands support is available for as long as you need.

“After we lost Rachel it became clear that I was struggling mentally. I did not sleep well, and had frightening flashbacks to the labour and the observation ward. Hearing new-borns crying would create a panic inside me that I needed to run from. The environment that I had been nursed in, and the fact that I had not been able to speak about the birth, created nightmares - both waking and sleeping.

Cheryl

It is possible that you might grieve both for the loss of the baby and for the loss of your own hopes and dreams. Until the 1980s, the death of a baby was often dismissed as unimportant and most parents did not receive much understanding or support. Parents were likely to have been told to forget about their baby, to have another, and to carry on as though nothing had happened.



However, even with sensitive and supportive care, the grief that follows a baby's death may remain for a long time.

It is normal to experience strong emotions of sadness and loss, but you may find that your grief lasts for longer than you expect. If you are still finding it hard to manage everyday life or to work after several months, you may want to seek professional help.

You can also make an appointment with your GP and explain how you are feeling. They can refer you for specialist help and support if needed. You may also like to seek counselling directly.

You may already know someone who has experienced the death of a baby or you may have had this experience previously. Comparing your grief to that of another parent, or to yourself during a different baby loss, may not be helpful as each bereavement is different and everyone grieves differently. You might, however, find it beneficial to talk about your experience.

There are various theories of grief. We are including two of them here as these might help you understand and explore your grief

over time. At no time is there the expectation that you should be “fine” or feel “normal”.

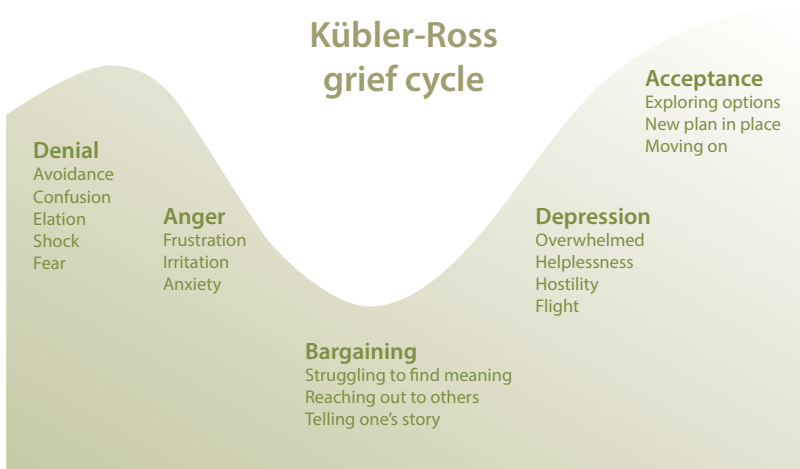


My husband had already returned to work which I think helped him stay focussed. My children had returned to school. I was on maternity leave but I had no baby to look after. I sank deeper and deeper into grief. When we found out Rebecca's death was due to complications this added so much guilt. It consumed me.

Natasha



One theory, by Elisabeth Kübler-Ross, talks about the five stages of grief, namely denial, anger, bargaining, depression and acceptance. These stages do not necessarily happen one after the other; you might find yourself at any stage at any time, or perhaps experience a combination of any of these stages.



Lois Tonkin's model talks about "growing around your grief". The idea is that your grief remains intact and that your life grows around it.



The green represents the grief and the jar represents the growth of life around the grief. The grief of losing your baby initially takes up almost every part of you, but as time goes on, and with support, your grief does not diminish but other aspects of life grow around it, enabling you to find a new kind of normal.

