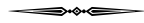


*Understanding  
Your  
Pregnancy  
Loss:*



*Coping  
with Miscarriage,  
Stillbirth or  
Newborn Death*

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## *Understanding Your Pregnancy Loss: Coping with Miscarriage, Stillbirth or Newborn Death*

Grief is a normal and necessary reaction to miscarriage, stillbirth or newborn death and it lasts far longer than most people realize. Many grieving couples experience a variety of emotions following a pregnancy loss, including shock, anger and helplessness. Women and men often express their grief differently, so try to be patient with yourself and your partner during this difficult time.

Our hospital staff is here to help you cope with this traumatic experience. Our doctors, nurses, midwives, social workers and chaplains are educated to guide you through the overwhelming decisions and emotions which follow a pregnancy loss. They can also provide you with referrals to professional therapists and local peer support groups for follow-up counseling, which many couples find helpful.

Nearly one third of all conceptions end in some type of natural pregnancy loss. About 80 percent of these occur in the first three months of pregnancy, 14 percent in the second trimester and approximately 6 percent in the third. But statistics mean very little when you have lost your baby. "No matter what the chances are," said one grieving mother, "if it happens to you, it happens 100 percent."

Some causes of pregnancy loss can be determined, such as structural, genetic, or hormonal problems, so it is important to discuss your individual experience with your healthcare practitioner. This way you can decide on procedures and tests which may help you understand the loss and plan for future pregnancies.

### *Your Emotions*

Whether you suffered a first trimester miscarriage or a full term loss, many of the grief issues are the same, but other concerns will vary depending on how far along you were in your pregnancy. Most grieving mothers and fathers feel intense emotional pain and a sense of emptiness following any pregnancy loss. Your immediate feelings of shock and numbness may be followed by crying jags, poor appetite, too little or too much sleep, anxiety, lack of self-care and depression. You and your partner may have trouble getting through your daily tasks at home or at work and may experience your feelings as being completely out-of-control. You may have unusual sensations, such as imagining you hear a baby's cry, or feel aching arms, or kicks from inside the womb. These feelings are part of normal grief and need to be expressed. Guilt may surface in "if only" thoughts, such as, "If only I had stopped working sooner," or "If only I hadn't put up the new curtains." Keep in mind that physical activity rarely, if ever, causes pregnancy loss and that finding someone or something to blame is a normal way of attempting to explain the inexplicable.

Many parents feel intensely cheated and wonder "why me?" Couples sometimes feel angry at staff involved in their medical care or at God, their friends and even family who don't seem to understand their grief. Anger, like guilt, needs to be shared in a healthy and acceptable manner so it can be confronted and resolved. This is all part of grieving the loss of your baby.

The ability to bear the intense feelings of grief following a pregnancy loss varies from person to person. If you or a member of your family experience persistent grief that does not seem to improve after a few months have passed, a peer support group or individual sessions with a trained professional can be helpful. Please see the resources listed.

### *A Mother's Response*

Many women tend to express their grief openly with friends, family and healthcare providers. As a grieving mother, your sense of loss may be more acute than your partner's and you may

need more time to mourn. Expressing your emotions in an open, supportive environment will enable you to understand and eventually accept your feelings of grief.

Some women feel a sense of failure, as if their bodies didn't work right to protect the baby. No matter when the loss occurred, your body will be struggling to cope with a change in hormone levels. Crying uncontrollably and feeling "blue" are typical reactions to any pregnancy loss. Women who suffer early miscarriages may suddenly feel the end of pregnancy symptoms, such as tender breasts or morning sickness. Mothers of full term babies will have to cope with normal post partum physical reactions, such as the vaginal discharge called lochia and breasts which fill up with milk. Lochia will gradually decrease and change in color from red to pink to white. Sanitary pads should be used during this time. Tampons and douching are not recommended. You may shower, but speak with your health care practitioner before taking a bath or going swimming. If your breasts fill with milk within a few days of your loss, a supportive bra worn 24 hours a day until your breasts begin to soften may help. Cold compresses such as gel packs, ice packs or raw, rinsed, cold green cabbage leaves applied directly to your breasts can make you more comfortable. In most instances, breast fullness will go away within a week.

Heavy lifting, strenuous housework and vigorous exercise should be avoided after any pregnancy loss until you are advised by your healthcare practitioner that it is safe to resume these activities. Be prepared that the follow-up visit to your practitioner may be filled with emotion. Returning to the place that had once held so much hope and anticipation is not easy. Since it may be difficult to see other pregnant women and babies, ask for the first appointment of the day, or to be seen when no pregnant women are scheduled. Keep in mind that the follow-up visit can provide the comforting opportunity to ask some of the many questions which may have arisen since your loss. Individual or peer support counseling can be helpful, so be sure to speak with our hospital staff for referrals.

#### *A Father's Response*

So much attention is paid to grieving mothers that bereaved fathers' feelings are often ignored or misunderstood. Their grief for the baby may be mixed with tremendous gratitude for the mother's health. Fathers often feel helpless, guilty and angry over the pregnancy loss, as if they have failed to fulfill the role of protector and provider. Men may be less expressive about their feelings in an attempt to be "strong" for their family during this stressful time.

Because of this, you may be concerned that showing your own grief will make the baby's mother feel worse, although this is rarely the case. In fact, attempts to protect your partner by not discussing your grief may cause her to misinterpret your own feelings and behavior. She may begin to question how much you cared about or wanted the baby.

Be sure to reach out to others and discuss your pain, if you feel the need. Pregnancy loss peer support groups can be helpful in putting you in touch with other fathers who are struggling with the impact of a pregnancy loss. Realizing that you are not alone in your feelings can be very comforting.

#### *Couples Grieving Together*

The different rates and intensities of female and male mourning are called "incongruent grief." Once couples understand incongruent grief, they can become more patient with each other's variations in expressing sadness. Talk about your grief responses and try to accept each other during this difficult time. The couple that continues to communicate during bereavement will grow closer together, rather than be driven apart by the differences in their grief.

The impact of a pregnancy loss may affect many other aspects of your relationship, such as when to resume having sex, what method of birth control you choose and when to conceive

again. Keeping the lines of communication open about all these issues is extremely helpful.

Both of you should avoid the use of drugs or alcohol. Medication should be taken only under the guidance of a health care professional. Many substances are addictive, can dull your emotional awareness and may delay the grieving process. Whenever possible, try to put off major decisions, such as moving or changing jobs, immediately after your pregnancy loss. Many couples find that the resolution of grief is best achieved under stable life circumstances. Change, in and of itself, does not heal feelings of loss.

### *Remembering Your Baby*

Most families feel a sense of peace and relief when they are able to honor the place their baby has in their lives by saving mementos or performing a comforting ritual. Some ways of remembering your baby may be more appropriate depending on when you experienced your pregnancy loss, but you should consider any source of comfort if it feels right for you.

### *Seeing Your Baby*

Parents find that seeing, holding or touching their baby is very comforting. It may be the only time you will be together as a family. If you are not sure what your baby will look like, ask your healthcare practitioner or bereavement counselor to describe the baby's appearance first. If you have already seen your baby and wish to see the baby again, this can also be arranged.

### *Naming Your Baby*

Choosing a name for your baby is one of the most powerful rituals you can perform. A special name gives your baby a strong identity and a firm place in your memories. Names can be given for miscarried babies as well as for full term losses. Families also have the option to have a ceremony which can be as traditional or unique as the parents wish. Our hospital chaplains and bereavement counselors are available to guide you and to provide naming certificates for your baby either before or after your discharge.

### *Taking Photographs of Your Baby*

We encourage you and your family to take photographs of your baby. The hospital staff will also take both Polaroid and more permanent pictures for you to keep at home or in our files until you are ready to receive them. Some parents choose not to look at the photographs right away but find they later become treasured keepsakes. If you would like to have the hospital photographs, contact your bereavement counselor. Couples who suffer an early pregnancy loss often find saving sonogram pictures or positive pregnancy test results can help make a brief pregnancy seem more real. Even photographs of the mother while she was pregnant can provide a special remembrance of your baby's presence in your lives.

### *Keeping Mementos of Your Baby*

If your baby was wrapped in a blanket, wearing clothing or a cap, you may want to keep these items as mementos. If footprints were taken and identification bands made, you may also keep these. You may be unsure as to whether you want these mementos. You can ask your social worker or bereavement counselors to keep them on file for you so that you can take your time deciding what is right for you.

### *Receiving Birth and Death Certificates*

New York State law requires that whenever there is a live birth followed by a death, both a birth and death certificate are completed. If you do not receive the birth or death certificate in the mail, you may request copies from the Department of Records and Information. (If you

hospital is in New York City, the Department is located at 125 Worth Street, New York, NY 10013, (212) 788-4520.) Regardless of the circumstances of your loss, your hospital may be able to provide you with a naming certificate (please see "Naming Your Baby," above.)

### *Choosing Fetal Examination or Autopsy*

Examination of fetal tissue following a miscarriage or an autopsy on a late term baby may provide helpful information about your loss. Both procedures are optional and may require parental consent. Reports are generally completed within three months and are sent directly to your healthcare practitioner, who should be alerted if you want to discuss the results as soon as they are available.

### *Saying Goodbye to Your Baby*

Bereaved parents are never prepared to deal with the unexpected loss of their baby. Thinking about what they want done with the baby and whether they want a funeral or other ceremony can be very painful. Families may plan a religious or nonsectarian goodbye service for their baby. Our staff is here to help guide you through these difficult choices. Since ritual and burial practices vary with each denomination, you may also wish to talk with the clergy member of your own congregation. The mother should always be included in decisions and preparations for the burial or ritual, even though she may still be in the hospital. If there is a ritual which the mother cannot attend, a memorial service which includes her may be arranged for a later date. Even with miscarriage, where burial is not common, parents may request their baby's body for a private service.

Here are several ways to say goodbye to your baby, each of which must be accompanied by a signed consent. Individual religious choices are discussed on page 15.

*Private Burial or Cremation:* You may contact a private funeral parlor to make arrangements for your baby. The funeral director can assist you in purchasing a grave site or can arrange for your baby to be cremated or buried in an existing family plot. As fees vary, most families contact more than one funeral director.

*Municipal Burial:* In New York City, this is a free burial which takes place on Hart Island in Long Island Sound. Babies are buried in common graves and it is not customary to visit this cemetery at internment or afterwards. Please check with your local municipality for available burial.

*Hospital Cremation:* Our hospital can provide a medical cremation at your request. You will not be able to receive the ashes.

*Financial Assistance:* Although some arrangements are free, burial and cremation fees can range from \$200 and up. Life insurance policies or trade unions may provide funeral costs, so be sure to check on any coverage you might have. Public Assistance recipients and others experiencing financial hardship may ask a hospital social worker about being eligible for limited help with these expenses.

## *Going Home*

Going home with empty arms following a pregnancy loss is difficult. Your family and friends may want to be helpful but may not know what to say or do. You may have other children who are wondering why you are grieving. Here are some ways to help you cope during this difficult time.

### *Helping Your Other Children Cope with the Loss*

Parents often want to protect their children at home from the sadness of a pregnancy loss or newborn death. Since children are sensitive to their parents' moods and will wonder why they are so sad, avoiding discussion often makes children more, not less, upset. A simple, honest explanation that reassures them of their own safety is most helpful. It is important to explain that no one in the family caused the death by wishes, thoughts or actions, since normal feelings of sibling rivalry may make a child feel responsible. Do not describe death as like being asleep, since this may result in a child having difficulty at bed time. The baby's cause of death should be explained as different from the sicknesses other children and adults usually get, so children will not panic when they or family members become ill.

The way children express their feelings about a loss will vary, depending on their ages. Young children may think the loss is temporary and will need gentle reminders that the baby will not be coming home. They will ask questions many times and will need to hear your answers over and over again, even months after the loss. Be patient, answer simply and gradually their concerns will subside. Children should be given the option to participate in any rituals, but should not be forced to take part if they chose not to.

### *Coping with the Reactions of Your Family and Friends*

Family and friends may not know how to comfort you. Some may choose not to talk about the loss because they believe it might upset you. You may have to initiate discussions about your pregnancy loss to let others know that talking about it is important to you. Suggest ways in which loved ones can be helpful, from bringing dinner, to sitting with you while you go through the baby's things.

Well-meaning people often make comments that are meant to be comforting, but are, in fact, hurtful since they discount the grief you feel. You may hear such remarks as "It happened for the best" or "You can have another baby," neither of which validates your sorrow. You may want to state simply that you wanted this baby and are very sad over your loss.

### *Dealing with the Nursery*

For those parents who have already prepared a nursery, it is best to delay any decisions concerning the baby's things until the mother returns home from the hospital. Many parents have found it therapeutic to put the baby's clothes and toys away themselves when they feel ready. You may choose to keep some gifts for future children, return others, donate some to charity, or keep a few items in a special memory box to honor the baby who never came home. There is no right or wrong way to handle the nursery. You must do what feels right for you and should not allow others to push you or rush you.

Fathers often feel that the nursery should be put away before the mother is discharged from the hospital, or as soon as possible once she has returned home. In some cases this may actually cause the mother more pain. Honest and open communication will help you discover what works best for you.

### *Being Prepared for Unwanted Mail*

It is possible, after your loss, that unwanted and inappropriate advertisements or solicitations about babies may come to you. Since this can be a painful reminder of your loss, you may want to write to the source of the mail and ask that you be removed from their mailing list. You may also reduce the amount of mail you receive by telephoning the Direct Marketing Association, Mail Preference Service at (212) 768-7277 and asking to be removed from general mailing lists.

### *Returning to Your Usual Activities*

Both mothers and fathers often find returning to work or their normal routine difficult following a pregnancy loss. Your level of concentration may be erratic, your moods may change easily and you may be emotionally sensitive. It is best not to attempt to return to work or other activities until you feel physically and emotionally ready. If you are planning to return to work, try to begin on a Thursday or Friday in order to avoid feeling overwhelmed.

Once you return to your usual routine, you may encounter upsetting situations, such as unintentionally hurtful comments from people. Some may ask questions you find too intrusive, while others may not even mention your loss. If you've experienced a full term pregnancy loss, you may meet people at work or on the street who will ask about the baby. Consider how you might respond in these situations beforehand and they may be less upsetting when they occur. For example, you may plan to say, "I have sad news. Our baby died, but I really appreciate your asking about us."

Being with pregnant women, babies or young children can engender jealousy towards both strangers and loved ones. You may experience mixed feelings about pregnant and parenting family members and friends after your loss. While wishing them well, you may also feel angry because they have what you don't. Protect yourself by giving yourself permission to avoid contact with relatives and friends who are pregnant or have young children until you feel ready.

### *Anticipating Anniversaries and Other Difficult Times*

The first year following a pregnancy loss is usually the most difficult, but feelings of sadness often last much longer. Significant moments, such as the arrival of your due date or the anniversary of the baby's birth and death may be particularly painful. Holidays such as Christmas, Chanukah, Mother's Day and Father's Day may be more stressful than you anticipate. Try to arrange additional support for yourself as these difficult times approach.

### *Finding a Place in Your Heart for Your Baby*

While the memory of your pregnancy loss will remain forever, the pain of your grief will eventually lessen. People grieve in their own time and in their own way. Once you have found a way to integrate the memory of your baby into your life, you can find healing and hope for the future.

### *Planning Another Pregnancy*

Give yourself sufficient time to mourn and to recover your physical and emotional strength before you consider having another baby. A pregnancy following your loss may be more emotional and anxiety producing than any previous pregnancy. Give the baby you lost a special place in your heart and think of the next pregnancy as a new baby with a new name. Each child is unique and no baby can ever be replaced.

## *Counseling and Support*

During your hospital stay, an experienced bereavement counselor is always available. Our counselors can help you make decisions about mementos, autopsy and other arrangements. They can also refer you to other resources, such as a pregnancy loss peer support group. Being with other parents who have experienced similar losses can be a great source of comfort.

Professional counseling or psychotherapy may help individuals, couples or families during the stressful period following a pregnancy loss. Compassionate family members, friends or clergy can also provide a great deal of comfort. Parents need and deserve support during their bereavement. Feelings that are expressed and shared gradually become more bearable.

### *Resources at Our Hospital*

Our hospital perinatal social workers and bereavement counselors provide individual, couples and family bereavement counseling both during your stay and after your discharge. Please feel free to contact us for any of these services. If you wish to have an outside referral for a pregnancy loss support group or a therapist, ask your bereavement counselor for a recommendation.

### *Bereaved Parents Support Groups*

There are several bereavement support groups for pregnancy loss in our area. They generally fall into one of two formats: drop-in groups, which meet once a month and accept any bereaved parents at any stage of grief, or closed groups, which ask bereaved parents to sign up for sessions with the same group of parents, who meet once a week for several weeks. Both drop-in and closed format groups may be run by a professional staff member or by trained volunteers. Here is a partial list of available pregnancy loss support groups and counseling resources in our area:

*Pregnancy Loss Support Program:* (212) 687-5030 x40, National Council of Jewish Women, New York Section, 820 Second Avenue New York, NY 10017. This is a non-sectarian peer support service for parents who have suffered a miscarriage, stillbirth or newborn death. Prompt phone counseling is available to men and women in English and in Spanish. The closed format parent support groups meet once a week for six weeks and are facilitated by professionally trained and supervised volunteers who have experienced a pregnancy loss. Support for a subsequent pregnancy after a loss is provided. The program is free of charge, although a donation is suggested. Professional referrals are also available.

*Bereavement Support Group:* (212) 230-1111, Bureau of Maternity Services Women's Healthline, New York City Department of Health, 2 Lafayette Street, 21st floor, New York, NY 10007. These bereavement groups meet twice monthly. They are for parents who have experienced a miscarriage, stillbirth or newborn death. Some groups are bilingual and all are run by professional staff. Groups meet at different locations in the five boroughs, so you must call for the one that is most convenient to you.

*Perinatal Bereavement Program of New York:* (212) 326-5533, Elly Tenenbaum, PhD. This group offers open, ongoing, monthly bereavement support meetings for perinatal loss at two Manhattan locations. Support for a subsequent pregnancy after a loss is available. Meetings are available in Spanish.

*Beth Israel Medical Center, Perinatal Bereavement Support Group:* (212) 844-8524, Ruth Gabay, 10 Union Square, New York, NY 10003. This hospital offers closed format support groups to parents who have experienced pregnancy loss. They are open to the community and meet once a week for six weeks at no charge.

*New York University Medical Center, Perinatal Bereavement Support:* (212) 263-7411x1663, Judy Kirsh, 560 First Avenue, New York, NY 10016. This hospital offers a six week closed format support group to those who have experienced pregnancy loss. It is open to the community at no charge.

*Schneider Children's Hospital, Long Island Jewish Medical Center, Perinatal Bereavement Support:* (718) 470-3443, Mona Bokas, 269-01 76th Avenue, New Hyde Park, NY 11040. This hospital offers parents who have experienced a pregnancy loss an open, ongoing support group that meets Wednesday evenings from 7pm to 9pm. It is open to the community.

*Lost Miracles Support Group:* (718) 429-2005, Eileen Pesek, St. Adalbert's Church, Lower Church, 5240 84th Street, Elmhurst, NY 11373. This non-sectarian drop-in support group for parents who have experienced pregnancy loss, meets the third Monday of every month at 7:30pm. The church runs five support groups including "Children Grieve Too" for children aged K-8th grade.

*Einstein Hospital, Perinatal Bereavement Support Group:* (718) 904-2933, Mary Cavaluzzi, 825 Eastchester Road, Bronx, NY 10461. This hospital offers an open ongoing monthly evening support group to parents in the community who have experienced pregnancy loss. There is no charge.

*New York Methodist Hospital, Perinatal Bereavement:* (718) 780-5533, Leslie Brovender, 506 Sixth Street, Brooklyn, NY 11215. This hospital offers 8 week support groups, that meet one evening a week, for men and women who have experienced pregnancy loss. The group is facilitated by a social worker and is open to the community.

*North Shore University Hospital, Pregnancy and Infant Loss Program:* (516) 562-8422, Nancy Berlow, 300 Community Drive, Manhasset, NY 11030. This hospital offers telephone counseling and closed format support groups to those who have experienced pregnancy loss. Their assistance is free of charge and open to the community.

*Preinatal Bereavement Group, Mercy Hospice:* (516) 485-3060, Sister Mary Jane Brustman, 1220 Front Street, Uniondale, NY 11553. This is a closed format support group that generally meets once a week for six weeks and is for parents who have suffered a miscarriage, stillbirth or newborn death. It is open to the community.

*SHARE:* 1-800-821-6819 or (314) 947-6164, St. Joseph's Health Center, 300 First Capitol Drive, St. Charles, MO 63301. This is an international support organization for parents who have lost children through miscarriage, stillbirth or newborn death. SHARE has chapters around the world and also produces a newsletter. Materials are available in Spanish.

*The Compassionate Friends, New York Chapter:* (212) 439-8111. Meetings are held at the Theological Seminary, 1 West 29th Street, New York, NY. This non-sectarian monthly self-help support group is for bereaved parents and siblings of children who have died from any cause at any age. Call 630-990-0010 for further information and the locations of other groups, since this is a national organization.

*Sudden Infant Death Counseling Program:* (212) 686-8854. 520 First Avenue, New York, NY 10016. This program offers bi-monthly parent groups and individual counseling for families who lose a child to any sudden infant death, including SIDS. Services are free of charge. Professional services and referrals are also available. Individual counseling is available in Spanish.

*Online Services:* There are many sites on the internet related to pregnancy loss. Some are information resources; others are chat rooms or bulletin boards. While exploring the sites listed here or other sites on the internet, keep in mind that some may provide inaccurate or inappropriate information or may represent a political or religious point of view.

InterNational Council on Infertility Information Dissemination,  
The Miscarriage Manual: <http://www.inciid.org>

Hygeia: An Online Journal for Pregnancy and Neonatal Loss:  
<http://www.hygeia.org>

Pregnancy Loss Support Program: [http://www.ncjwny.org/services\\_plsp.htm](http://www.ncjwny.org/services_plsp.htm)

SHARE: <http://www.NationalSHAREOffice.com>

StorkNet, Pregnancy/Infant Loss Links: <http://www.storknet.com/cubbies/pil>.

Women's Health: Loss and Bereavement:  
<http://www.obgyn.net/women/loss/loss.htm>

Additional Support Groups: Please ask your bereavement counselor, call the Pregnancy Loss Support Program at (212) 687-5030 x40, or call The Mount Sinai Perinatal Bereavement Program at (212) 241-6861 for additional groups near where you live.

## *Turning to Your Religion for Comfort*

Many families find solace in their religion following a pregnancy loss. Consolation may involve an informal prayer session with a hospital chaplain at your bedside, or include the creation of a ceremony for your baby in our hospital chapel, your own house of worship, a funeral home, or your family's home. Please speak to a bereavement counselor for help in making arrangements.

### *Jewish Traditions*

Jewish practices vary among Orthodox, Conservative and Reform congregations, so if you are observant, it is best to speak with your rabbi. In general, cremation is not allowed, but Jewish burial can be arranged through a funeral director or the Jewish Burial Society.

In Orthodox Jewish tradition, there is no prescribed ritual if your loss occurred early in your pregnancy. From then until 30 days after birth, the baby is named and buried without formal ceremony or Shiva. A ceremonial circumcision is performed for a male baby. Burial rituals are the same as for an adult and Shiva is observed when the child lives for 30 days or longer. An autopsy may not be performed unless it would directly benefit a future pregnancy or the life of another person. If an autopsy is performed, it is followed by burial. It is advisable to consult your rabbi before authorization for an autopsy is granted.

According to Conservative and Reform Jewish practice, rituals may include burial, naming the baby and holding a memorial service. An autopsy may or may not be permitted, so it is advisable to consult your rabbi.

### *Christian Traditions*

Many different types of formal or informal rituals are encouraged in the Christian church, including cremation, burial, church services, ceremonies in our hospital chapel and private memorial services. Naming is always appropriate following any form of pregnancy loss. The biggest area of concern revolves around the issue of baptism, which is considered a sacrament of the living and is generally not administered to babies after death. There are exceptions, so you should check with your own clergy member or a hospital chaplain. In an emergency, anyone may baptize a baby either in the womb or at birth.

*Catholic:* Decisions particular to Catholicism include holding a wake and celebrating a memorial or requiem mass for the baby. Our hospital chaplains can advise you, but you should also check with your parish priest. The St. Vincent de Paul Society may provide a free burial for Catholic babies, but a special consent is required. Check with your bereavement counselor or contact the St. Vincent de Paul Society or your local diocese.

*Protestant:* Some choices and traditions may vary according to your denomination, so it is best to seek out a hospital chaplain's advice as well as talking with your own pastor.

### *Islamic Traditions*

Muslims believe that the soul is breathed into a body 120 days after conception. According to Islamic traditions, a child who dies is a credit to her mother and father in the hereafter. Miscarriages before 9 weeks of pregnancy do not require a ritual; however, if the loss is after 16 weeks, the baby may receive the same rituals practiced after an adult dies. Your baby may be named, washed, and clothed. For further guidance, you may contact an Islamic Center.

### *Other Traditions*

Many families of other faiths and traditions perform religious rituals following a pregnancy loss. Special arrangements can be made, so please speak with a bereavement counselor, hospital chaplain or the head of your own house of worship.

### *Additional Reading*

Your local library or bookstore should have these and other books:

Kohn, Ingrid and Perry-Lynn Moffitt,  
*A Silent Sorrow: Pregnancy Loss; Guidance and Support  
For You and Your Family*, Routledge, 2000.

Davis, Deborah L.,  
*Empty Cradle, Broken Heart: Surviving the Death of Your Baby*, 1991  
Fulcrum Publishing, St. Paul, MN

Isle, Sherokee,  
*Empty Arms: Coping with Miscarriage,  
Stillbirth, and Infant Death*, 1982/1990  
Wintergreen Press, Maple Plain, MN

Isle, Sherokee and Linda Hammer Burns,  
*Miscarriage: A Shattered Dream*, 1985  
Wintergreen Press, Maple Plain, MN

And an excellent bibliography updated twice a year:  
*A Resource List and Bibliography on Miscarriage,  
Stillbirth, Infant Death and Complications in Pregnancy.*  
Compiled by Calvin deRuyter, A Place to Remember,  
1885 University Avenue, #110, St. Paul, MN 55104,  
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