



FOLLOWING YOUR BIRTH LOSS

A guide to care and bereavement

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A WORD OF SUPPORT FROM A FELLOW PARENT

Dear Parent:

I've been in the same place you are right now. I'm so sorry for your loss. This will probably be the most confusing time you'll ever experience. I kept wondering why this awful thing happened to me and my family. I found that many people tried to advise me on what was the "right thing" to do. Only you and your partner, as your baby's parents, will have to live with this loss and any decision you now make. The reason that I wrote this letter is to let you know that there are people who have been through this ordeal and are available to help you.

My husband and I lost our third child, Sean Patrick, when I was almost 40 weeks into my pregnancy. It all happened so fast. That morning he was kicking away and by nighttime he was gone. You're in such a state of shock because it does happen all too fast. I felt as though it had to be just a bad dream and I prayed that I would wake up soon. We had to say goodbye to him before we could say hello.

The time spent in the hospital is so short nowadays that it doesn't allow for much time to make the decisions that will affect you and your family. It's important to do what is right for you, not what others think is right. Try not to let well-meaning family or friends keep you or your partner from doing what you need to do for yourselves. You may find that, in an effort to say something comforting, people may say things that will make you just want to scream. I felt as though nobody could really understand how my children, my husband and I were feeling. Should you decide to attend a support group, you'll find many parents will share their stories of comments people made to them and how they felt about what was said. I found it easier to express how I felt to my support group than it was to try to confront the people who angered me with their insensitivity.

I know that it's difficult to concentrate now. Perhaps you have a lot of people visiting you and there seems to be no private time to just think. Don't let people try to talk you out of something you need to do, even if it's your partner. Everyone has different ways of handling things and this will be no exception. You'll find the nursing staff and social workers can do a lot to help you if you just let them. I tried to be very strong about everything but did let the staff persuade me into accepting some of their suggestions. I'm very glad that I did.

I found it very hard to decide what to tell my other children about what happened to their brother. They understood more than I thought they would. The best advice I received was to just ask them how they felt and if they had any questions about anything. The more honest you are with them, the easier it will be for them to understand. Many of the books written on this subject will tell you that younger children can think that this terrible thing happened because they didn't want a new sister or brother.

Parents in the Central Massachusetts Community Birth Loss Support Group offer some suggestions:

- ***Name your baby.** If you chose a name before going to the hospital, let that be his or her name. Don't try to save a name for children you have later. You may find that you will regret not giving this baby the name you intended.*
- ***Have a service, religious or symbolic, once you are able.** There's no rush if you're not feeling well or are not ready. Most religious denominations can be flexible about the type of service you may want. I buried my son with my grandmother in the same gravesite. You can check with the cemetery to see if they allow this and what their rules are regarding additional stones if that is what you want.*
- ***Keep talking to people.** Many parents in our group have found that trying hold in your emotions will only make them return later, even stronger. Find someone who will listen and let you say what you need to say.*
- ***Try to eat well and get enough rest.** The stress of what you're going through right now can make you susceptible to illness and you'll need all the strength you can get.*
- ***Try to go to a support group meeting in your area.** It really helps to talk to other parents who've been through the loss you are now experiencing. I've found that no matter when people lose their babies, no matter the stage of pregnancy, we all feel the same degree of grief. We all lost a future with that baby. I fell in love with my baby the day I found out I was pregnant. Maybe you did too. Some parents have said they feel guilty about the loss because the pregnancy was not planned. This is a waste of your time and strength. Allow yourself to feel the loss of that baby without guilt about what you should have done or felt.*

The UMass Memorial Community Birth Loss Support Group meets on the third Thursday of every month. Other family members or friends are welcome to attend with you. No registration or fee is required. Please contact our group facilitator for location and directions at 508-334-1298.

I hope you have the support you need. If it's not enough, please call or join us.

Sincerely,

Kathy Lemire

Community Birth Loss Support Group Member

NOW THAT YOU'RE HOME

Following childbirth, your body and mind will need time to heal. This guide will walk you through the changes your body is experiencing as it returns to its non-pregnant state and provides instruction on how to take care of yourself. Because you are healing both body and mind, we compiled suggestions and resources to help you as you begin to recover from such a difficult loss.

RECOVERY FROM DELIVERY

Now that you've delivered, your body will slowly return to its non-pregnant state. It may take weeks to start feeling back to yourself physically, which is why it's so important to take proper care of your body as it heals.

UTERINE CHANGES

Once you've delivered, your uterus slowly returns to its pre-pregnant size. Cramping is normal for several days after delivery. This cramping may be more uncomfortable if you already had a baby.

VAGINAL FLOW

A bloody vaginal discharge (lochia) is normal for the first few weeks after delivery. At first, the drainage will be bright red, and in a few days, it will become pink and then yellowish-white in color. Small clots are normal for a short time after delivery, particularly after getting up in the morning.

CARE OF THE PERINEUM

Special care is needed to keep the area around the vagina (perineum) clean and free from infection.

- Wash your hands before and after going to the bathroom.
- Change your pad every time you use the bathroom.
- Wipe yourself from front to back whenever you use the bathroom.
- Pour or squirt warm water over the vaginal area after you empty your bladder or move your bowels. If you had stitches this will help to keep the area clean. Continue to do this for two weeks.
- Perform Kegel exercises often to build up the pelvic muscles, which are located around your vagina and rectum. They're stretched during pregnancy and birth. Kegel exercises strengthen the muscles that surround the urethra (where urine leaves from the body), vagina (the birth canal) and rectum (where stool is passed from the body). When you tighten these muscles, the flow of urine stops. Exercise these muscles by tightening, holding for 10 seconds, then relaxing. These exercises can be performed at any time.

Put nothing in your vagina (no tampons, no douching and no sex) until your health care provider recommends it's safe to do so.

LACERATION/EPISIOTOMY

You may have had a tear (laceration) or a cut (episiotomy) in the area between your vagina and rectum during the delivery of your baby. If you received stitches, they will dissolve on their own. In addition to the items listed under pericare, you should:

- Put ice on the area as needed for comfort, for the first 24 hours.
- Use your sitz bath as often as desired.
- Use an ointment as ordered by your health care provider.

FOR YOUR COMFORT

If you have cramping or discomfort, you may take an over-the-counter pain relief medicine such as acetaminophen (Tylenol) or ibuprofen (Motrin, Advil). A mild stool softener, such as docusate sodium (Colace) may be helpful if you had an episiotomy. Before you leave the hospital, please discuss this with your health care provider so you know the correct medicine and dosage to take.

USING THE BATHROOM

You may find that your hands and feet are swollen for several days after delivery. This is normal. Your kidneys will help your body to get rid of extra fluid. Try to empty your bladder every three to four hours while awake. You may also experience sweating at night, which is a normal way for your body to lose extra fluid.

Temporary constipation (hard stools) is not uncommon after delivery. The first bowel movement usually occurs within two to three days. Moving your bowels will not cause any harm to your stitches. If you need a stool softener or laxative, discuss this with your health care provider.

Hemorrhoids are common after delivery. They can itch, be painful and sometimes bleed. Using over-the-counter medicated pads or ointment may relieve some of this discomfort. Do not use any medication unless recommended by your health care provider.

Some other suggestions for constipation/hemorrhoids:

- **Drink lots of fluids.**
- **Eat lots of fresh fruits, vegetables and whole grains.**
- **Walk as much as possible.**
- **Use the sitz bath to help you relax before having a bowel movement.**
- **Call your health care provider if these suggestions do not work.**

ABDOMINAL INCISION CARE

If you had a cesarean delivery, there are special instructions you should follow:

- If staples were used to close your incision, they will usually be removed before you leave the hospital. This will not hurt. If they were not removed before your discharge from the hospital, please call your health care provider for an appointment to have them removed.
- Tiny strips of tape are sometimes applied after the staples are removed. Pat the tape dry after bathing. If the tape has not fallen off by one week, remove it.
- Do not use lotion, perfume or soap on your incision.
- Numbness or itching around your incision is normal.
- Look at your incision twice a day for the signs of infection (listed below). You can use a mirror to look at the incision.

Call your health care provider if you have any of the following:

- **Increased redness, swelling or drainage**
- **Green drainage**
- **Bleeding**
- **Separation of the skin around the edges of the incision**
- **Incision feels hot to the touch**

BREAST CARE

Breast engorgement (tender, swollen breasts) is normal after giving birth. Your breasts will become swollen or engorged about three to four days after giving birth and for some women, this can be painful. This can also be distressing for some people. Others choose to donate breast milk after a loss.

Some suggestions for suppressing breast milk production:

- Wear a supportive bra to help decrease pain caused by engorgement or swelling of the breasts.
- Avoid heat, warm water or massaging the breast area.
- Apply ice packs to your breasts, as needed, for comfort.
- Do not express milk out of your breasts because your body will produce more.
- Remember, it may take as long as a week before this discomfort goes away.
- Take over-the-counter pain medicine as needed.

- Apply washed, uncooked cabbage leaves to breasts, under bra. Change when wilted. This can help decrease engorgement and discomfort.
- Talk to your provider about the option of taking a medication to suppress milk production. This is safe to take, although some people with certain medical conditions are not able to take this medication.

If you are interested in learning more about breast milk donation, contact your provider or lactation services at 508-334-6455.

SELF-BREAST EXAM

This exam should be done seven to 10 days after the start of every period. Using the pads of your three middle fingers to check each breast. Press your breast with small circular motions starting at the outside top edge of your breast and circling in toward the nipple. Do this twice on each breast first with light pressure, then with deep pressure. Examine each breast first in the shower with one arm raised, second in front of a mirror to look for any changes and third lying down.

Call your health care provider with any abnormal findings right away!

DIET AND EXERCISE

GOOD NUTRITION

Proper nutrition is important during your recovery.

- Eat a variety of foods from the five basic food groups every day.
- Get plenty of fiber (fruits, vegetables, grains/cereal) to prevent constipation.
- Stay away from junk foods.
- Drink plenty of fluids including water, unsweetened juices and milk.
- Consider taking a daily multivitamin.

RECOMMENDATIONS FOR EXERCISE

- If you have a normal vaginal delivery, you may begin to exercise whenever you feel ready.
- If you had a cesarean delivery, check with your health care provider prior to starting.

RESUMING NORMAL ACTIVITIES

VAGINAL BIRTH

- There's no limit or delay on stair climbing or lifting.
- You may drive when you feel you can handle a car safely and you're not on any medication that makes you feel sleepy.
- You may shower or take a tub bath as desired/needed.
- Don't use tampons until you check with your health care provider.
- When you feel ready, ask your health care provider when it's safe to return to work. Your employer may ask for a note from your health care provider.
- You may swim when your vaginal bleeding has stopped.

CESAREAN BIRTH

- Check with your health care provider for instructions on stair climbing and lifting.
- Check with your health care provider for instructions on when you can drive.
- You may shower or take a bath as desired/needed.
- Don't use tampons until checking with your health care provider.
- When you feel ready, ask your health care provider when it's safe to return to work. Your employer may ask for a note from your health care provider.
- Check with your health care provider to see when it is safe for you to swim.

SEXUAL ACTIVITY

The urge to have sex after having given birth varies greatly from person to person. Lack of sleep, concerns about pain, and how you feel emotionally all impact the desire to have sex. When you feel emotionally ready, share your feelings with your partner. Make time for yourselves as a couple. Also:

- Ask your health care provider when it's safe to have sex.
- Discuss choices of birth control with your health care provider. If you have sex before you return to your health care provider, use some form of birth control to prevent pregnancy. Most health care providers recommend a condom.
- Having intercourse may be uncomfortable at first. Vaginal dryness often occurs after having a baby due to the hormones of pregnancy. A water-soluble jelly can help. If the pain continues, discuss it with your health care provider.
- Talk with your health care provider about concerns for subsequent pregnancies and/or a timeline for future pregnancy plans.

EMOTIONS

Having a baby is, by nature, an emotional event, and you may experience common mood swings called the “baby blues.” These natural hormonal and emotional changes are compounded by mourning the death of your baby. You may find you’re easily upset, tearful and very tired. While this is a normal part of grieving, your grief may be more intense with these natural hormonal changes that occur after delivery.

The time following your baby’s birth and death will be filled with good and bad days; ups and downs, for both you and your partner. Feelings can remain intense for several months or longer. Know there are many avenues of support for yourselves and your family through your health care provider and support groups in your community.

The books, pamphlets and letters sent home with you may be helpful to read and use as resources.

SUGGESTIONS FOR DEALING WITH GRIEF:

- Talk about the baby and your feelings with your partner, family and friends.
- Eat a well-balanced diet.
- Drink eight glasses of liquids (juice and water) per day.
- Do something active every day, such as biking, walking, jogging, etc. Even a walk around the block can be useful.
- Avoid tobacco, if you can. It depletes the body of vitamins, increases acidity of the stomach, decreases circulation and can cause palpitations.
- Don’t drink alcoholic beverages because they depress body function and natural emotional expression, as well as contribute to depression.
- Avoid increased work activity.
- Maintain rest patterns, even if you are unable to sleep.
- Read books, articles and poems that provide understanding and comfort so you do not feel so alone.
- Keep a diary or journal of thoughts, memories and mementos.
- Write letters, notes, and/or poems to, or about your baby.
- Schedule and keep a follow-up appointment with your health care provider.
- Wait at least 12 months before making changes such as moving or changing jobs.
- Try to avoid new or uncertain situations. Coping mechanisms and reflexes are impaired, making decisions difficult.
- Don’t put away baby clothes or furniture until you are ready.
- Don’t let others make decisions for you.
- Acknowledge to yourself and family when you need help.
- Accept help from others. Let others know specific things they can do for you.

- Family and friends may also share your grief. Let them offer their support.
- Consider attending a support group. Parents who've had a similar experience can provide support, help, hope and understanding.
- If you're a person to whom faith is important, request help or support from your clergy.
- Resume spiritual activities. Your faith net can provide spiritual support and guidance.

If your "blues" do not go away or get worse, you may have postpartum depression. It's important to remember that this is a real condition and help is available. Talk to your health care provider about the feelings you're experiencing.

Call your health care provider if you have any of the following:

- **Always feel very anxious**
- **Feeling as though you cannot take care of yourself**
- **Inability to sleep**
- **You have no interest in eating**
- **Unexplained anger**
- **Little or no concern about how you look**
- **Wanting to do harm to yourself or others**

FOLLOW-UP CARE

A very important part of your recovery is the follow-up visit with your health care provider. As soon as you get home, call your provider and schedule a visit, if one was not arranged before you left the hospital. This visit should be scheduled for four to six weeks after your baby's birth if you delivered vaginally. If you had a cesarean delivery, ask your health care provider when you should have your follow-up appointment.

Call your health care provider if you have any of the following:

- **Vaginal bleeding that soaks through more than one to two pads per hour or clots larger than a golf ball**
- **Vaginal itching**
- **Burning or pain when emptying your bladder**
- **Difficulty emptying your bladder**
- **Fever (over 100.4° F)**
- **Flu-like symptoms: chills, body aches**
- **Sharp pain or tenderness in one or both breasts**
- **Pain in the lower legs**
- **Headaches, blurred vision or spots before your eyes**

COPING WITH THE HOLIDAYS AND SPECIAL OCCASIONS

Remember your baby with each holiday/anniversary in a way that has meaning for you.

There are many ways to remember your baby. These are just a few examples:

- Planting a tree
- Getting a tattoo
- Creating a memory garden
- Personalizing a grave site
- Creating a memory box
- Buying symbolic jewelry (such as the baby's birth stone in a mother's ring)

How you remember your child is personal to you and will have special meaning.

Try to limit social gatherings, choosing ones you feel you can attend. Know that it's alright not to attend or to leave a function early whenever a situation becomes uncomfortable for you.

This is a challenging time for parents who have other children. It can be difficult to be responsive to their needs. Your physical energy may feel depleted and your emotional capacity diminished. But remember, although children can be a great source of comfort, they may be grieving as well.

There are bereavement resources available to you and your family to provide education, support, acknowledgement and guidance through the grieving process.

COMMUNITY BIRTH LOSS SUPPORT GROUP

The anguish of loss is overpowering and vast.

I feel as if I'm paralyzed and lost.

Not of this world.

I'm captured in my body, not knowing whether

I can be anymore.¹

The Community Birth Loss Support Group is a gathering of bereaved parents who offer support to families that have suffered the loss of a baby through miscarriage, stillbirth or newborn death.

Although we can't predict the extent to which parents may feel bereaved by their loss, we do know that they will grieve the death of their child. For some, it may be their first experience with death. For others, the loss may be one in a series of tragedies. Society often does not understand the depth of feelings parents experience after the loss of an infant. For many parents, the absence of support from family or friends can leave them feeling isolated, rejected or misunderstood. This can result in anger and impede the grief work that is so essential for parents to achieve some resolution and peace. A support group can be very helpful to parents by reducing isolation and providing opportunities for supportive friendships. Support groups also allow parents to see that there is hope and a future by observing how other parents have coped and survived.

We know that parental mourning following a perinatal death is intense, and parents require and deserve the support to: understand the grieving process, identify and reinforce the emotional strengths that parents have, and demonstrate that they do have the capacity to survive the pain and sadness of their emotions. By validating their loss, conveying caring, giving permission to grieve and listening compassionately, we can help parents grieve and integrate their loss so that they can once again experience joy and believe that there is a future.

The Community Birth Loss Support Group is structured in the same way so that parents may attend any and all group meetings and feel welcomed. We've adopted ground rules that are read at the opening of our meetings, which provide comfort and privacy to all who attend. Parents may come as couples or individuals, and may bring a family member or a friend. There's no preregistration required and there's no fee. The Community Birth Loss Support Group is totally self-supporting through the donations of parents, family, friends and the fundraising efforts of our parent volunteers.

We encourage you to share this information with a friend, neighbor, relative or colleague. We believe that:

- Each of our experiences is unique and valid.
- There is no greater loss and no comparable grief than losing a child.
- The death of a child is an almost unendurable tragedy that can happen to anyone.
- No parent should ever have to grieve in isolation.

Because when a child dies, there is part of every parent that will grieve forever.

¹ *Fritsch, Julie; Ilse, Sherokee. The Anguish of Loss. Minnesota: Wintergreen Press 1988*

RESOURCES

SOCIAL WORK CONTACTS

Jillian Santom, LICSW
 Tel: 508-334-1298
 Pager: 508-334-1000, #6394

SUGGESTED BOOK LIST

- “A Silent Sorrow, Pregnancy Loss: Guidance and Support for You and Your Family” by Ingrid Khon, Perry-Lynn and E.A. Moffitt
- “After the Loss of Your Baby” by Cinnie Nykel (written for teens)
- “Empty Arms: Coping with Miscarriage, Stillbirth and Infant Death” by Sherokee Ilse
- “Empty Cradle, Broken Heart: Surviving the Death of Your Baby” by Deborah Davis
- “For Bereaved Grandparents” by Margaret Gemer
- “For Better or Worse” by Maribeth Wilder Doerr
- “Free to Grieve: Healing and Encouragement for Those Who Have Suffered a Miscarriage” by Maureen Rank
- “Healing a Father’s Grief” by William Schatz
- “Healing Together: For Couples Whose Child Has Died” by Marcie Lister, Sandra Lovell
- “Helping Children Grieve When Someone They Love Dies” by Theresa Huntley
- “Making it Through the Toughest Days of Grief” by Meg Woodson
- “Miscarriage: A Shattered Dream” by Sherokee Ilse
- “Single Parent Grief” by Sherokee Ilse
- “Surviving Pregnancy Loss” by Dr Rochelle Friedman, Bonnie Gradstein
- “Talking About Death” by Earl Grollman
- “Thank You for Coming to Say Goodbye” by Janice L. Roberts, Jay Johnson
- “The Bereaved Parent” by Harriett Sarnoff Schiff
- “When Pregnancy Fails-Families Coping with Miscarriage, Stillbirth and Infant Death” by Susan Borg, Judith Lasker

ONLINE RESOURCES

The descriptions below were taken from their respective websites.

A BED FOR MY HEART

abedformyheart.com

A Bed for My Heart exists as a haven for families who have experienced one of life's cruelest tragedies: the loss of a child, at any age/gestation and from any cause of death. We believe in compassionate grief support, heart to heart, person to person, parent to parent, mom to mom. We believe a hearty mix of compassion, unconditional love and support can make the unbearable, bearable. It can transform horror into honor and legacy. Always remember: you are not alone. Your pain is our pain. We are here to walk with you every step of the way. It is our honor to offer support and solace to thousands of grieving parents worldwide.

CENTERING CORPORATION

centering.org

Centering Corporation is a nonprofit 501(c)(3) organization dedicated to providing education and resources for the bereaved. Centering was founded in 1977 by Joy and Dr. Marvin Johnson. Centering started with nine little coloring books for hospitalized children and two workshop offerings for nurses and families. In response to the need for support by families and caregivers while facing their grief experience we developed many new resources. Today we have over 500 grief resources for children and adults. Centering continues to provide educational resources and bookstore for caregivers and families.

GRIEF WATCH

griefwatch.com

The Grief Watch mission is twofold: first, to offer spiritual, emotional and other support to persons who are grieving; and second, to assist organized efforts that address the systemic injustices within our society, which are the source of grief for persons who are poor and marginalized. As part of its mission to serve the bereaved, Grief Watch publishes books, videotapes, audiotapes and other helpful resources aimed at persons who have suffered loss. Some of our earliest publications bear the imprint "Perinatal Loss" dating back to the 1970s when Pat Schwiebert was one of the first to recognize and write about the particular dynamics of grief for parents who have suffered the loss of unborn, stillborn or newly born infants. All our resources are distributed by mail order to hospitals, schools and individuals throughout the United States, Canada and a variety of other countries. The most popular publication from Grief Watch is a unique, full-color storybook for children of all ages, titled "TEAR SOUP" co-authored by Pat Schwiebert and Chuck DeKlyen, illustrated by Taylor Bills.

MISS FOUNDATION

missfoundation.org

The MISS Foundation, established in 1996 by Dr. Joanne Cacciatore, is an international 501(c)3, volunteer based organization providing C.A.R.E. (counseling, advocacy, research and education) services to families experiencing the death of a child.

MOLLY BEARS**mollybears.com**

Welcome to our Molly Bears Family. We are saddened over the loss of each precious child and strive to bring hope and healing. We create weighted teddy bears for families coping with any form of infant loss. Molly Bears is here to serve as a community of support and comfort. We'll be here for you, we know you'll be here for us too.

NOW I LAY ME DOWN TO SLEEP**nowilaymedowntosleep.org**

NILMDTS trains, educates and mobilizes professional quality photographers to provide beautiful heirloom portraits to families facing the untimely death of an infant. We believe these images serve as an important step in the family's healing process by honoring the child's legacy.

PREGNANCY AFTER LOSS SUPPORT (PALS)**pregnancyafterlosssupport.com**

Pregnancy After Loss Support (PALS) is a community support resource for women experiencing the confusing and conflicting emotions of grief mixed with joy during the journey through pregnancy after loss. We seek to help expectant mothers celebrate their current pregnancy by choosing hope over fear while still nurturing and honoring the grief over the loss of their deceased child. Pregnancy After Loss Support's vision is that individuals facing pregnancy after loss find support and connection among both peers and health care professionals who understand and validate this unique and complex experience.

SHARE PREGNANCY AND INFANT LOSS SUPPORT, INC.**nationalshare.org**

The mission of Share Pregnancy and Infant Loss Support, Inc. is to serve those whose lives are touched by the tragic death of a baby through pregnancy loss, stillbirth or in the first few months of life. The primary purpose is to provide support toward positive resolution of grief experienced at the time of, or following the death of a baby. This support encompasses emotional, physical, spiritual and social healing, as well as sustaining the family unit. The secondary purpose is to provide information, education and resources on the needs and rights of bereaved parents and siblings. The objective is to aid those in the community, including family, friends, employers, members of the congregation, caregivers, professionals and others in a supportive role.

STAR LEGACY FOUNDATION: STILLBIRTH EDUCATION, RESEARCH AND AWARENESS**starlegacyfoundation.org**

The Star Legacy Foundation is a 501(c)(3) non-profit organization dedicated to reducing pregnancy loss and neonatal death and improving care for families who experience such tragedies. It is a community of families, health professionals, researchers, policy makers, and individuals dedicated to helping every pregnancy have a happy ending. Its goal is to increase awareness, support research, promote education, and encourage advocacy and family support regarding pregnancy loss, and infant death.

STILL MOTHERS

stillmothers.com

We are proud to bring this resource to you on behalf of all the mothers who feel lost and left behind in a community of families because their only child(ren) has died. Still Mothers is two things: first, we are still mothers. Though our children have died, we hold them tight in our hearts and put effort into loving and nurturing their memories. Nothing will ever stop us from loving and missing our children. Our mother hearts beat just as strongly as women with children to raise. Secondly, we are survivors. We have lived through unimaginable loss and are still living our lives as best we can. We find healing from within, but walk a lonely road of always feeling left behind. Despite facing what can feel like a very empty life, we are still here, still moving forward, still seeking peace.

STILL STANDING

stillstandingmag.com

In the face of loss and infertility, our mission is to show the world that we are still standing. Holding fast to resilience and hope, our mission is to help you embrace life for everything that it is after experiencing the loss of a child or infertility. The focus of this magazine can be broken down into three parts: giving a voice to grief; connecting hearts around the world who have similar life experiences; and becoming a resource for friends, family and medical professionals, to know how to support someone enduring child loss and/or infertility.

THE TEARS FOUNDATION

thetearsfoundation.org

The TEARS Foundation is a local 501(c)(3) nonprofit organization that seeks to compassionately assist bereaved parents with the financial expenses they face in making final arrangements for their precious baby who has died. Many of the founders and volunteers at The TEARS Foundation have experienced the loss of their own baby, and want to reach out in this way to support newly bereaved parents in their time of devastating sorrow.

WINTER GREEN PRESS

wintergreenpress.org

We offer grieving, healing and helping needs all in one place. We support families and caregivers directly by assisting families through training and consulting with clinics, hospitals and other organizations. We also support indirectly by sharing resources of other organizations, literature, websites, support options, awareness, educational opportunities, risk reduction and prevention, and legislative issues. We work to help enhance programs and the direct care of professionals and other support people as they assist families prior to, during and after the loss of their child.

NON-DISCRIMINATION NOTICE

UMass Memorial Health (UMMH) complies with applicable Federal and Massachusetts civil rights laws and does not discriminate, exclude people or treat them less favorably on the basis of race, color, national origin (including limited English proficiency and primary language), age, sex, gender identity, sexual orientation, sex stereotypes, pregnancy or related conditions, sex characteristics, disability, or any other category protected by law.

UMMH provides reasonable modifications for individuals with disabilities and appropriate auxiliary aids and services free of charge and in a timely manner, such as:

- Qualified sign language interpreters
- Information in alternative formats (e.g. large print, audio, accessible electronic formats, other formats).

UMMH also provides language assistance services to individuals whose primary language is not English, which may include:

- Qualified oral interpreters
- Electronic and written information translated in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Interpreter Services at 1-774-441-6793 (TTY-711)

If you believe that UMMH has failed to provide these services or has discriminated against you in another way, you can file a grievance with the 1557 Coordinator who will investigate the grievance. The 1557 Coordinator may be contacted by mail at the address below or by email or phone.

UMass Memorial Health Compliance Office

365 Plantation Street
Biotech One
Worcester, MA 01605
Email: UMMH1557Coordinator@umassmemorial.org
Phone: 978-466-2136

If you need help filing a grievance, the Section 1557 Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
Phone: 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at UMass Memorial Health's website at:
www.ummhealth.org/about-us/nondiscrimination-notice.

LANGUAGE ASSISTANCE SERVICES

<p>English</p>	<p>If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-774-441-6793 (TTY-711) or speak to your provider.</p>	<p>American Sign Language </p>
<p>Spanish</p>	<p>Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También se ofrecen gratuitamente ayudas y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-774-441-6793 (TTY-711) o hable con su proveedor.</p>	
<p>Portuguese</p>	<p>Se você fala português, oferecemos serviços gratuitos de assistência linguística. Temos também disponíveis gratuitamente recursos auxiliares e serviços adequados para fornecer informações em formatos acessíveis. Ligue para 1-774-441-6793 (TTY-711) ou fale com seu médico.</p>	
<p>Chinese</p>	<p>如果您讲中文，您可以免费获得语言协助服务。我们还提供适当的辅助工具和服务，以便以无障碍格式提供信息，且不收取任何费用。请拨打 1-774-441-6793 (TTY-711) 或与您的医务人员联系。</p>	
<p>Haitian Creole</p>	<p>Si ou pale Kreyol, nou gen sèvis asistans lang gratis. Nou ofri tou asistans oksilyè ak lòt sèvis pou bay enfòmasyon nan fòm aksesib san okenn frè. Rele 1-774-441-6793 (TTY-711) oswa pale ak founisè ou.</p>	
<p>Vietnamese</p>	<p>Nếu quý vị nói tiếng Việt, chúng tôi có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí. Chúng tôi cũng có các dịch vụ và thiết bị hỗ trợ thích hợp cung cấp thông tin với các hình thức định dạng dễ tiếp cận hoàn toàn miễn phí cho quý vị. Quý vị hãy gọi số điện thoại 1-774-441-6793 (TTY-711) hoặc là nói với y bác sĩ của quý vị</p>	
<p>Arabic</p>	<p>إذا كنت تتحدث العربية، تتوفر لك خدمات مجانية للمساعدة اللغوية. كما تتوفر أدوات مساعدة وخدمات مناسبة لتوفير المعلومات بتسويات ميسرة مجانًا. اتصل على الرقم 1-774-441-6793 (TTY-711)، أو تحدث مع مقدم الخدمة الخاص بك.</p>	
<p>French</p>	<p>Si vous parlez français, des services gratuits d'assistance linguistique sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir les informations dans des formats accessibles sont également disponibles gratuitement. Appelez le nombre 1-774-441-6793 (TTY-711) ou parlez à votre fournisseur de soins de santé.</p>	
<p>Italian</p>	<p>Se parlate italiano, sono disponibili servizi gratuiti di assistenza linguistica. Ausili e servizi supplementari appropriati per fornire le informazioni in formati accessibili sono inoltre disponibili gratuitamente. Chiamate il numero 1-774-441-6793 (TTY-711) o parlate con il suo fornitore di assistenza sanitaria.</p>	
<p>Albanian</p>	<p>Nëse flisni Shqip, ofrohen shërbime ndihmëse gjuhësore në dispozicion për ju pa pagesë. Pajisje dhe shërbime ndihmëse suplementare të përshtatshme për të ofruar informacion në formate të aksesueshme janë gjithashtu në dispozicion pa pagesë. Telefononi 1-774-441-6793 (TTY-711) ose flisni me ofruesin e kujdesit tuaj mjekësor.</p>	
<p>Khmer</p>	<p>ប្រសិនបើលោកអ្នកនិយាយភាសាខ្មែរនោះ លោកអ្នកអាចមានសេវាកម្មជំនួយភាសាដោយឥតគិតថ្លៃ។ ជំនួយនិងសេវាកម្មជំនួយសមស្រប ដើម្បីផ្តល់ជូនព័ត៌មានក្នុងសំណុំបែបបទដែលអាចចូលប្រើបាន ក៏អាចមានដោយឥតគិតថ្លៃផងដែរ។ សូមហៅទូរស័ព្ទលេខ 1-774-441-6793 (TTY-711) ឬនិយាយទៅកាន់អ្នកផ្តល់សេវាកម្មរបស់អ្នក។</p>	
<p>Gujarati</p>	<p>જો તમે ગુજરાતી બોલતા હોવ તો, નિ:શુલ્ક ભાષા સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. સુલભ માળખાઓમાં માહિતી પૂરી પાડવા માટેની ઉચિત સહાયક મદદો પણ નિ:શુલ્ક ઉપલબ્ધ છે. 1-774-441-6793 (TTY-711) ઉપર કોલ કરો અથવા તમારા સેવા પ્રદાતા સાથે વાત કરો.</p>	
<p>Hindi</p>	<p>यदि आप हिंदी बोलते हैं, तो आपके लिए भाषा सहायता से जुड़ी सेवाएँ नि:शुल्क उपलब्ध हैं। पहुँच योग्य प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक उपकरण और सेवाएँ भी नि:शुल्क उपलब्ध हैं। 1-774-441-6793 (TTY-711) पर कॉल करें या अपने प्रदाता से बात करें।</p>	
<p>Korean</p>	<p>귀하가 한국어를 사용하는 경우, 무료 언어 지원 서비스가 제공됩니다. 정보를 접근 가능한 형식으로 제공하기 위한 적절한 보조 기기 및 서비스도 무료로 제공됩니다. 1-774-441-6793(TTY-711)번으로 전화하시거나 담당 서비스 제공자에게 문의하세요.</p>	
<p>Russian</p>	<p>Если вы говорите по-русски, вам доступны бесплатные услуги языковой помощи. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по номеру 1-774-441-6793 (TTY-711) или обратитесь к своему поставщику медицинских услуг.</p>	
<p>Polish</p>	<p>Osoby posługujące się językiem polskim mogą bezpłatnie skorzystać z pomocy językowej. Odpowiednie pomoce i usługi umożliwiające przekazywanie informacji w przystępnych formatach są także dostępne bezpłatnie. Zadzwoń pod numer 1-774-441-6793 (TTY-711) lub skontaktuj się ze swoim dostawcą usług.</p>	
<p>Greek</p>	<p>Αν μιλάτε Ελληνικά, έχετε στη διάθεσή σας δωρεάν υπηρεσίες βοήθειας στη γλώσσα σας. Διατίθενται επίσης κατάλληλα βοηθήματα και υπηρεσίες για την παροχή πληροφοριών σε προσβάσιμες μορφές χωρίς χρέωση. Καλέστε στο 1-774-441-6793 (TTY-711) ή μιλήστε με τον πάροχό σας.</p>	

Maternity Center

UMass Memorial Medical Center
Memorial Campus
119 Belmont Street, Worcester, MA 01605



A cutting-edge teaching hospital with over 900 beds and more than 9,700 caregivers, UMass Memorial Medical Center, with campuses in Worcester and Marlborough, is dedicated to ensuring the health and well-being of our communities across Central Massachusetts. With our academic partner, UMass Chan Medical School, we are the source of academic and clinical excellence in primary and specialty care, community service, teaching and research. We are relentless in our pursuit of knowledge and applying innovation and compassion to the care of adults and children, at the bedside, in the emergency department or operating room, in the clinic or community, or even at home.

Visit www.umhealth.org/medical-center.

General information: 508-334-1000



UMass Memorial Health is the largest not-for-profit health care system in Central Massachusetts with more than 20,000 caregivers and more than 3,400 providers, many of whom are members of UMass Memorial Medical Group. We are the clinical partner of UMass Chan Medical School. Our comprehensive system includes UMass Memorial Medical Center, UMass Memorial Health – Harrington, UMass Memorial Health – HealthAlliance-Clinton Hospital, UMass Memorial Health – Milford Regional and UMass Memorial Health – Community Healthlink. Together, we impact every aspect of life in the region by making health and wellness services available to everyone, at the bedside, in the clinic or community, or even at home, advocating for social equality and providing economic stability and opportunity. There are many ways to heal. We pursue them all. Relentlessly.

Visit www.umhealth.org.

To find a physician in your community,
call 855-UMASS-MD (855-862-7763).