



When a Baby Dies

WHEN A BABY DIES...FETAL AND INFANT DEATH

by Lois Louks Sugarman

The birth of a child is life's greatest celebration of itself. Yet when a child dies by miscarriage, stillbirth or as a newborn infant, the parents and family are often encouraged to respond as if the loss is less painful and has less meaning than the death of an older child or an adult loved one. It is upsetting to realize that those persons upon whom we depend may not be able to respond in a helpful manner because of the extreme anxiety felt when there is nothing "to do," which will change the reality of death so close to birth. Statements such as "You can always have another baby" or "It is God's will" are most frequently offered as comfort, but better serve to reduce the speaker's own discomfort.

The process of mourning with its predominant emotion, grief, takes considerable time. When parents do not have a chance to see, touch or to hold their dead child, family, friends and professionals alike too often expect their mourning to be short or absent. In contrast to such an expectation, the death of a child during pregnancy or the death of a newborn can be as difficult as the experience of losing an older child or an adult loved one.

The feelings experienced by the parents are not abnormal, nor do they indicate that they are losing touch with reality. Many parents may feel exactly that way! When an older child dies or when an adult loved one dies, the mourning process includes relating closely to the deceased by remembering times and relationships shared. When a child dies during pregnancy or as a newborn infant, there has been little, if any, time to share a relationship with the child as a separate person. As a result the parents are obliged to mourn the loss of a part of themselves without the aid of memories and mementoes, or at best they may have very few. While the initial response to keeping footprints, pictures, a name bracelet, crib card or a lock of hair may be negative, these items take on special significance as proof that a child existed or was expected. Naming the child, which can be done at any time, can help to confirm what is reality. A funeral or memorial service is appropriate according to the parents' wishes, as is remembering the child on anniversary dates of the birth and death.

The feeling of the mourner that he or she is "getting worse" may be an indication that the initial phase of mourning is breaking down. Shock and disbelief (lasting varying amounts of time) subside to be replaced by deep, real emotional pain and searching for answers to questions of "Why? What did I/we do wrong? What does this mean to me, my partner, our relationship, our children, living or not yet born?" There may be distinct changes in sleeping and eating patterns, changes in the desire for sexual activity and a

reduction of energy and interest in usual activities. There can be strong feelings of anger, depression, sadness and a sense of confusion; all very frightening when you do not know that this is part of a normal and necessary process.

Expectations of ourselves and of others can be disruptive. We need to realize that while the loss of a child during pregnancy or the death of a newborn is "over" for some when the mother comes home from the hospital or when the funeral is over, for the parents the mourning process has barely begun. As mourners we need to trust our sense of what is best for us, such as declining to attend a major family gathering because it is expected of us. We need to ask for support we need from others without feeling guilty for asking, and know that our needs are real. We may have to become educators of our friends and family members who probably have never had similar experiences.

Mothers and fathers can be expected to mourn and to grieve in different ways. One spouse may believe his or her role is to protect the other and, without meaning to, shut them out from important decisions in which they may need to have a part; such as funeral arrangements. One spouse may feel that if only he or she can contain expressions of grief, they will not add to the other's burden. That may then be interpreted as the absence of the need to grieve openly. With this misunderstanding each spouse may expect behavior which the other may be unable to carry out, such as entertaining or returning directly to work. At this point misunderstandings abound: "He or she doesn't understand; doesn't care." Communication is essential...honest communication. When you are able to share your feelings, there is permission given for your partner to share his/her feelings as well. Sometimes it is helpful for couples to set aside time for talking about their loss and their feelings about it. This may provide some sense of control in a situation where the feeling of having lost control is overwhelming.

An immediate desire for another child can be very strong. Like other parents who have had children die, parents who have lost children during pregnancy or as newborn infants know that one child cannot replace another. It is difficult to invest in a new pregnancy while working hard to resolve the feelings of loss from the death of an earlier child. Giving yourself enough time to mourn the dead child is caring not only for yourself, but also caring for the marriage relationship and for the future child or children.

Accepting the work of mourning and grieving is painful when we have lost not only a child, but a portion of our future. However, it is through mourning and grieving that we heal, that we can look to the day when we can remember that child and smile. The desire is not to forget, but to remember without pain. Have hope and believe that it can happen.

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WHEN AN INFANT DIES SUDDENLY...SIDS

Sudden Infant Death Syndrome (SIDS) is the sudden, unexpected death of an apparently healthy infant. It remains the leading cause of death of infants between the ages of one week and one year and is responsible for the death of approximately 7,000 infants each year. SIDS, frequently called "crib death," is not a new syndrome and can be found as far back as Biblical times. Currently, *NO ONE KNOWS WHY*. Researchers now believe that SIDS probably has more than one cause. It is important to realize that the research to date has not found a way to determine which baby may die of SIDS. Current research does show that the risk of SIDS may be decreased by having a baby sleep on its back or side, by reducing cigarette smoking in the baby's presence, and by encouraging breast-feeding. There are no specific symptoms and no cure. No amount of supervision can prevent the death. SIDS is not caused by suffocation, choking, neglect or changing modes of infant care. *PARENTS ARE NOT TO BLAME FOR THE DEATH OF THEIR INFANT...IT COULDN'T BE PREVENTED.*

(For further information write to the National Sudden Infant Death Syndrome Foundation)

WHEN A BABY DIES IT IS HELPFUL TO:

- Recognize that the grief you are experiencing is devastating and normal. You may feel guilty, angry, etc. Many parents mention "Phantom Crying" or "Aching Arms."
- Give yourself enough time to grieve and to recover your physical and emotional strength before considering another pregnancy.
- Choose new names for subsequent children.
- Realize that the anniversary of your baby's birth and death may be very difficult. Leave time for grieving but also plan for as pleasant a day as possible with understanding family and friends; be good to yourselves.
- Read about grief and infant death in order to understand what you are experiencing.

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