

# Tips for Supporting Patients After Miscarriage, Stillbirth, or Child Loss

## Giving Our Patients the Care They Need When the Worst Happens

1

Acknowledge the loss of their baby. A simple “I’m sorry,” a hand on the shoulder or arm, or a hug goes a long way. It’s ok to let them see your tears and to show emotion – it helps to know that you care about them and their baby.

Always use the term “baby” or use the name they had chosen for their baby – do not use the terms “fetus” or “tissue” or “lost pregnancy” or “non-viable pregnancy” with the parents. To them, it wasn’t any of those things, it was their baby regardless of how far along they were or weren’t.

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Be sensitive when asking routine medical questions regarding pregnancy and children. “How many children do you have?” or “How many pregnancies have you had?” can be very painful questions for those who have lost a baby or child. An example of how these could be handled might go like this:

**Doc:** “How many pregnancies have you had?”

**Patient:** “two”

**Doc:** “How many children do you have?”

**Patient:** “none living”

**Doc:** “I’m so sorry. Can you tell me what happened?”

**Patient:** (shares experience of miscarriage, stillbirth, or child death)

**Doc:** Ask about support, how they are handling the loss, and about any medical complications or concerns since the loss. Provide resources and referrals as needed.

Do NOT automatically ask if they terminated the pregnancies, refer to the baby in clinical terms, or outright ignore the loss. How these questions are handled can go a long way toward building trust and relationship with your patient – or cause them to look for a different doctor.

Avoid any phrase that begins with “at least” or other similar cliché phrases. Examples include:

- at least it was early in pregnancy
- at least you know you can get pregnant
- at least you have other children
- you can try again
- it was God’s plan or
- you are young yet

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These feel very dismissive and hurtful to those who are grieving their child. Instead, keep it simple. “I’m sorry.” “This is hard.” “How can I support you?” Even an honest, “I don’t know what to say right now” is better. The truth is there is nothing you can say to make it better. Letting them know you care does, however, help.

5

Be aware that they may be extra sensitive to being around pregnant women and babies or pictures of pregnant women and babies after their loss. Check out your waiting areas and patient rooms – will these grieving mothers be faced with pictures of pregnancy and babies during their follow-up appointments? Do your best to keep waiting areas free of pictures of pregnancy or babies and, if possible, provide an alternative space for these mothers to wait away from other pregnant women or babies. Let them know that this is an option they can ask for if needed.

Perhaps most importantly, follow up. Check in with them regularly about:

- Whether they have the support they need
- If they need a referral to a counselor
- Any emotional and physical concerns they have
- Post-partum depression/anxiety (often missed in cases when the baby doesn’t live)
- And overall coping

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Far too many families feel isolated and alone following the loss of a baby and feel unable to ask for what they need due to the general society discomfort and silence around baby loss. Encouraging them to seek support can help reduce the feeling of being alone.