

Brittany:

Welcome to Mothers of Held Angels, or as we say-

Group:

MOHA.

Hollyn:

We are three dedicated and passionate moms who have lost babies to stillbirth and infant death.

Anna:

We formed a support group to help get through the dark days of grief.

Brittany:

We touch on a variety of topics relating to life after loss, speak with experts and enjoy healing conversations based on our own experiences.

Hollyn:

Don't forget to visit our website at [www.mohanetwork.org](http://www.mohanetwork.org) for more information. Thank you for listening in.

Anna:

As the Book of Matthew says, you are not alone here.

Brittany:

Brittany:

Hi, everyone. Welcome to MOHA. Thank you so much for listening.

Brittany:

Hi, MOHA listeners. This is Brittany. This will be informative for the people listening, about once you have initially found out that you have suffered a loss. We find that it is important, that one of the first decisions that you must make is what to do now. Do you stay in the hospital? Do you have the baby that day? Do you have the baby later in the night, or do you go home and digest the information that you have been given? That is completely up to you.

Brittany:

We next feel that you may have questions about what has happened to your child. I think one thing that is important to know is, do you want to know? Sometimes, there may not be a clear and indicative answer as to what happened. Sometimes, you will know immediately following the birth of the baby and sometimes, you may have to ask and request for an autopsy.

Brittany:

There are some things that we know initially could happen, such as cord compression, there being knots in the cord or having a short cord. We also know that how essential it is to name the baby. When we're talking about the baby, whether it be with your family, with the nurse, with the physician, that they give respect to the baby. If it takes you deciding to name the child before you make any decisions about how to proceed with labor, so be it. Those are your decisions.

Brittany:

We also understand that there are going to be fears of labor and how to make decisions based on that. If you are not an active labor when you come in, you have the ability to make the decision to wait. That goes back and plays a part into what I said earlier about do you want to go home or not? These are things that you need to listen to in your own mind and make the best and most healthiest decision for you and for your family.

Brittany:

You're always going to have options when it comes to anesthesia. If you were a previous C-section, you will more than likely have a repeat C-section. If you've had a vaginal birth in the past, you can have another vaginal birth. Your types of anesthesia, when it comes to a C-section, you can choose to be fully awake, like I was.

Brittany:

You can choose to have what we call Twilight anesthesia, which is what Anna had, where you're given drugs to help calm you and relax you. You may be in and out, you may be in a kind of a dream-like state. Or, if you have a similar instance, like Hollyn, you may have to go under general anesthesia, where you're completely asleep.

Brittany:

Just know that, if it's not an emergency-type situation, that there are options on your anesthetic type. We think it's very important that you know the

availability of the CuddleCot system in your hospital. If that is available, if they have some procedure about keeping the baby with you immediately after delivery. So, be sure to ask your hospital if that is available.

Brittany:

We also ask that you think about things like, once the baby comes out, do you want to see the baby weighed, measured? Would you like to participate in giving the baby a bath? Those are all options that are available for you. Also, things that we would like for you to think about are possibly extending your discharge time.

Brittany:

Most of the time, vaginal deliveries are going to go home 24 to 48 hours prior to a C-section, just because you've had major abdominal surgery. So, they're going to want a little bit more extended recovery time in the hospital, but this is something that is determined by you, by your OB. This is where a social worker could come into play, with discussing with your insurance options, on extending your time in the hospital.

Anna:

This is Anna and I am going to be talking about what to do after you've been given your sweet baby. The first thing that you're going to want to do is to take a moment and look at every feature. Notice what is striking about your baby. If possible, immediately place your baby on your chest to do skin-to-skin time. Even place your baby in a nursing position and pretend to nurse, if feeling comfortable to do so.

Anna:

Keep your baby with you, until they ask to give your baby a bath. So, if you have been wheeled back to your recovery room, keep the baby with you in your bed. When they come to give your baby a bath, be a part of it. Watch or hold the baby as the nurse's bathe the baby, or have them put the bath on your bed so you can be a part of it. Remember, you will not be hurting your baby.

Anna:

Be sure to ask for a CuddleCot option. A cooling bassinet to help preserve your baby for as long as you will stay in the hospital. If your hospital does not have a CuddleCot, ask for bags of ice to be packed around your baby in a regular bassinet. Depending on your baby's fragility, swaddle your baby if you will be passing them around to be held. But, when in the bassinet, feel

free to take the swaddle off, so you can see the body of your baby.

Anna:

Apply baby powder to your baby's head if your baby has been passed for a while. It will mask any scent that may occur. Take out your journal that you've been given, or get a journal and begin to write about what you love most about your baby. Write a letter to your baby and tell them your first impressions. Even if they are very sad thoughts, write them down or have someone write them for you. Or, take a recorder from your phone and record your thoughts.

Anna:

Try drawing a sketch of your baby's face. Have your support person take pictures through this whole process. Call and ask your nursing staff about professional photographers from a company called Now I Lay Me Down to Sleep, for professional pictures. When they arrive, don't be afraid to take pictures of you crying, holding your child. Take a deep breath and exhale when they take a picture, so your face will relax for the photo.

Anna:

Let your smile appear, if your heart feels up for it. Remember, these pictures will be pictures you will look at forever, to remember your baby. It's okay to put makeup on, it's okay to force a smile, if you can. It's okay to cry and show exactly how you are feeling in these pictures.

Anna:

Now, take hand prints and molds of your baby's hands and feet. Cut a lock of hair and put it in a safe box or a baggy. Ask your nurse's help or your in-room support person to help take these hand prints of your baby. Both hands and both feet. Take out a calming scent, we suggest lavender, as it reduces anxiety and it can help generate restful sleep.

Anna:

Play calming music. Instrumental music will help if your mind is racing and needs to quiet down. Hold a teddy bear or blanket when you are not holding your baby, to help calm nerves and give you something intimate to hold. Ask for your favorite outfits or going-home outfits to be brought to the hospital. Change your baby into all of their outfits and take pictures. Allow your baby to be taken to the funeral home in their going-home outfit or receiving gown.

Anna:

If you have older children, bring them to meet their new sibling or FaceTime with them. Take pictures of your children with their baby sibling. This will allow siblings to feel more connected to your family's grief and its healing. If visitors are allowed, invite anyone you feel comfortable with to meet your baby. You will want people in life to have seen and met your baby face-to-face.

Anna:

Ask how long you can stay, and stay for as long as you can. Remember to only make decisions one hour at a time. Do not think too far into the future. Focus on an hour at a time. If your milk starts coming in, ask for a cool pack or pamphlet about donating your milk. Remember, you are stronger than you know and you can do this.

Hollyn:

This is Hollyn and I'm going to give advice for family and support person in the room. We acknowledge that it's possible that the person listening to this podcast is not the mother of an infant or baby, but possibly spouse or parent, grandparent. We want you to be present, cry, embrace, hold hands. It's okay to be silent. You do not have to fill the silence with words, unless those words are something that you feel like you need to say in comfort. But crying, being silent and being present.

Hollyn:

Always use the baby's name when talking about the baby. This not only shows respect and love, but it validates what the mom is going through. Do say that, "I'm here for you." "I'm so sorry." Do not say, "Everything happens for a reason." "This is all part of God's plan." "I know what you're going through." Most people don't know what mom's going through.

Hollyn:

Just like mom is going to be encouraged to keep a journal, I encourage husband, dad, spouse, significant other, even grandparents or older siblings to keep a journal of your thoughts on this first day and beyond. You will find that it will be helpful to look back and see where your head was at that first day.

Hollyn:

Follow mom's lead and listen to her fears and anxieties about the following days. This is uncharted territory, a new navigation. Everyone is going to have anxieties and fears, but listen to mom's. You don't have to give advice. Just

listening is the most important part. Ask to hold the baby yourself.

Hollyn:

Any visitors, a support system, if multiple visitors are allowed and you're okay with that, invite as many people as you want. Siblings, family members, close friends. Take pictures, take videos. Make your own memories. Assisting with making phone calls and arrangements is extremely helpful, especially not having to ask the mom any more than certain details. But, calling work, wherever the mother works, letting them know what happened.

Hollyn:

Insurance. Get the ball rolling on leave of absence. Call any extended family or friends who need to know. Receiving phone calls or texts from people who maybe don't know what happened can be triggering. Calling any religious clergy, the pastor of your church, the preacher, whoever your religious leader is. Oftentimes, they will come up and be with mom and that can be very comforting.

Hollyn:

You will probably be presented with a list of funeral homes in the area. If you have one in mind or know of a specific one, you can start reaching out to them. They sometimes will also have a way to do a tribute page or an obituary and help you with writing that. Care of other children at home. Mom will be so consumed with what's going on, she doesn't need to worry about who's going to take care of the kids at home. Take care of that for her.

Hollyn:

Before mom comes home, or dad and mom come home, have the house cleaned. Stuff the fridge, freezer. Have the car cleaned and gassed up. It's small, you don't even have to acknowledge that it was done, but it's one less thing to have to worry about. Start a meal train. A meal train is a sign-up list, where friends and family can provide meals on certain dates.

Hollyn:

It's a calendar to provide meals, so there doesn't have to be a whole lot of cooking or planning meals. That can be in the form of gift cards to restaurants or takeout. It can be an actual meal that somebody cooks and drops off. It can be a meal that someone freezes and then is stuck in a freezer and pulled out on a rainy day.

Hollyn:

Cancel or update any emails from pregnancy blogs or websites. For example, The Bump. Some of these sites are starting to update, to where you can put in the option that the baby was stillborn or the baby passed away, so that they know to cease those. You can unsubscribe, but sometimes they'll still send you flyers and mailers. The more information you can give them so that that stuff ceases, it can be a reminder of what should have been. It can be triggering.

Hollyn:

Update or make doctor phone calls. So, any doctor's appointments that were in the future need to be canceled. Then, on discharge, you'll be rescheduled, based on your delivery date. If it looks like it's time for it just to be you and mom and the baby in the room, don't be afraid to speak up and politely ask your guests to step out at this time. The mom might not feel comfortable asking guests to leave and you can look to her for cues that it might be time to ask guests to leave.

Anna:

Thank you for tuning in to our Day of Loss podcast. We will keep your pain in our hearts. We are here with you and as the Book of Matthew says, "you are not here alone."