

*Supporting NSW communities,  
families and individuals  
experiencing loss and grief.*

[www.nalag.org.au](http://www.nalag.org.au)



**NALAG**  
National Association for  
Loss and Grief (NSW) Inc

**Cont...**

hospital ward. When this occurs, some mothers feel like they are seen as a 'jinx' to be kept away from 'normal' mothers. Your placement in the hospital is arranged with the best of intentions to try to ease your distress but it is often organized without any consultation with you.

If you are unhappy about your accommodation, tell staff and an alternative may be able to be found.

The hospital experience after a still birth can be very difficult to cope with,. New babies, smiling faces, congratulations and happiness are all around you. These things are a stark contrast to the few mementos, the many tears, the deafening silence from others and the deep, deep sadness that surrounds you.

Some mothers find it extremely difficult to even look at a new baby. Others feel a strong desire to hold a live newborn. Whatever your reaction, it is normal. Holding your own baby as often as you want to may be difficult, but in the long term, most parents find it healing. Hospitals are generally very accommodating to fathers after a stillbirth. A father will generally be able to stay with the mother for as long as he wants. Some hospitals will even provide a fold-up bed for him, at least for the first night. It is important that parents have time to be together to share their pain.

The days in hospital can seem so long and distressing. So much time to think, to grieve, to suffer. The nights when sleep doesn't come easily can seem even longer when the only noise is the sound of crying babies. As difficult as it is sometimes, it is the deep, deep sadness and the sharing of the pain that comes with experiencing the reality of your baby's death, that will be the first step on the road toward the healing of your broken heart.

**For more information  
& referral, please contact:**

**02 6882 9222**  
**info@nalag.org.au**

[www.nalag.org.au](http://www.nalag.org.au)

**PO Box 379**  
**DUBBO NSW 2830**

**NALAG Branches:**

**NALAG Dubbo**  
**Phone: 02 6882 9222**  
**Email: info@nalag.org.au**

**NALAG Mudgee**  
**Phone: 0488 225 710**  
**Email: mudgee@nalag.org.au**

**NALAG Bellingen/Nambucca**  
**Phone: 0448 084 792**

**NALAG Hunter**  
**Phone: 0409 151 646**  
**Email: jperino@nalag.org.au**

**NALAG Sydney**  
**Phone: 0439 922 201**

# Stillbirth

**When you know your baby  
will be stillborn**

[www.nalag.org.au](http://www.nalag.org.au)

## **This can't be real! It's a mistake! Why me? Why our baby? I can't go through with this birth! I'm scared!**

How difficult and painful are your thoughts and feelings at this time. The birth of your baby was to be such a joyous event. It is now associated with deep sadness and, for some, fear. It is in recognition of the tragic circumstances that now confront you that this leaflet is written.

### **The admission**

Coming into hospital to deliver your baby places you in unfamiliar surroundings at a time when you are very vulnerable emotionally. Knowing what to say to the many staff you must encounter can be difficult. Many parents find the waiting for something to happen very difficult. They just want to get this over and done with. Minutes seem like hours and hours like days. If you want your partner with you continuously, ask for this. It is understandable that you are very emotional. Little things, such as filling in forms and admitting procedures, may frustrate you or cause you to burst into tears. Staff may not fully understand your behaviour. In a maternity hospital where you will see newly delivered mothers, pregnant women and babies, it may be even more difficult.

### **The delivery**

You most likely will have discussed with your doctor whether your labour is to be induced or a caesarean performed. He/she will have discussed the reasons for this choice with you. You may also have discussed with your doctor practical issues such as pain relief and what to expect during the birth if this is your first delivery. If you are unsure of, or uncomfortable with, any information you have received, discuss it with your doctor before the delivery. If you find you are too upset to do so, make sure your partner or support person does. If you have come into the hospital already in labour, you may not have had the chance to think much about how the delivery is to be affected.

All mothers-to-be feel tentative wondering what the birth will be like, particularly how painful it will be. Most women find it difficult to deal with the pain when they are giving birth to a live baby. Knowing your baby is dead can make the pain even more difficult to bear. It may seem so futile and unfair. Don't hesitate to ask for pain relief if you feel you need it.

At times some parents, who know their baby will be stillborn, still harbor some small hope that the doctors and scans may be wrong and that their baby will be alive. This ray of hope may be important in helping these parents cope, even just for a little while, with news they can't bear to acknowledge as true. The actual delivery may then be very difficult and the pain of grief intense when the reality of their baby's death must be accepted.

Other mothers find that during the second stage of labour it is difficult to actually 'push' to deliver the baby. Some describe the holding back as a fear of 'giving birth to death'. Others feel that while their baby is inside them they can love and protect this child. Birth then means they must finally face the loss of their beloved child. Other parents fear what the baby will look like. In contrast, other parents find relief at this time in knowing that the impending birth will finally bring an end to this harrowing time of knowing their baby is dead inside them. All reactions are normal, understandable and acceptable.

You may experience many different and often confusing thoughts and feelings over the next day or so. This is understandable. You and your partner are not going mad but just reacting in your own individual ways to a terrible trauma. Some things may help you to cope with your loss now and later. The most important thing that will help you is to create memories of your baby. We discuss this next in the leaflet *Remembering the Babies*.

### **After the delivery**

Physically, a mother who experiences a stillbirth is the same as any other newly delivered mother. In fact, the normal pains associated with having given birth may be more difficult for her to cope with when she has no live baby to compensate for the discomfort.

A few days after birth the milk will 'come in'. This can be particularly distressing when there is no live baby to suckle. The breasts can become engorged and very tender. Some doctors will prescribe tablets to help 'dry up' the milk. Others believe that it is better to allow this to occur naturally. Warm showers and expressing a little milk can relieve some of the discomfort. Having painful breast, pain from stitches or a caesarean incision as well as a heavy blood loss can be very demoralizing for a mother who feels it is all so futile. As if the death of the baby alone is not enough to cope with, the mother has all these sad reminders of what should have been.

A decision as to when you will leave the hospital to go home should be made by you after consulting with your doctor. After a vaginal delivery, many mothers leave hospital within 24 hours. This is not possible after a caesarean birth. While in hospital you may be accommodated in various places depending on hospital policy. You may be placed in the maternity unit in a shared room which can be difficult if you are constantly confronted with new babies. You may be given a single room which can be helpful. Yet a single room can make some women feel isolated and see themselves as being punished, particularly if they feel staff also avoid them and see themselves as being punished.

You may be placed in a ward with other mothers and mothers-to-be who are facing pregnancy complications. At other times, mothers are placed in the gynaecological ward or other

**Cont...**