

# When a baby dies before labour begins





Second edition, Sands 2013

© Sands 2013

No part of this booklet may be reproduced in whole or part, in any form or by any electronic or mechanical means without the prior written permission from Sands. All rights reserved.

Whilst every care is taken providing information, please note that it is of a general nature and that readers should seek professional or expert advice as appropriate to their specific circumstance. Sands does not accept any liability, including liability for any error or omission.

All information is correct at the time of going to print: November 2013.

**Sands**

3rd Floor  
28 Portland Place  
London, W1B 1LY

**t:** 020 7436 7940  
**e:** [info@uk-sands.org](mailto:info@uk-sands.org)  
**w:** [www.uk-sands.org](http://www.uk-sands.org)

**Helpline** 020 7436 5881 [helpline@uk-sands.org](mailto:helpline@uk-sands.org)

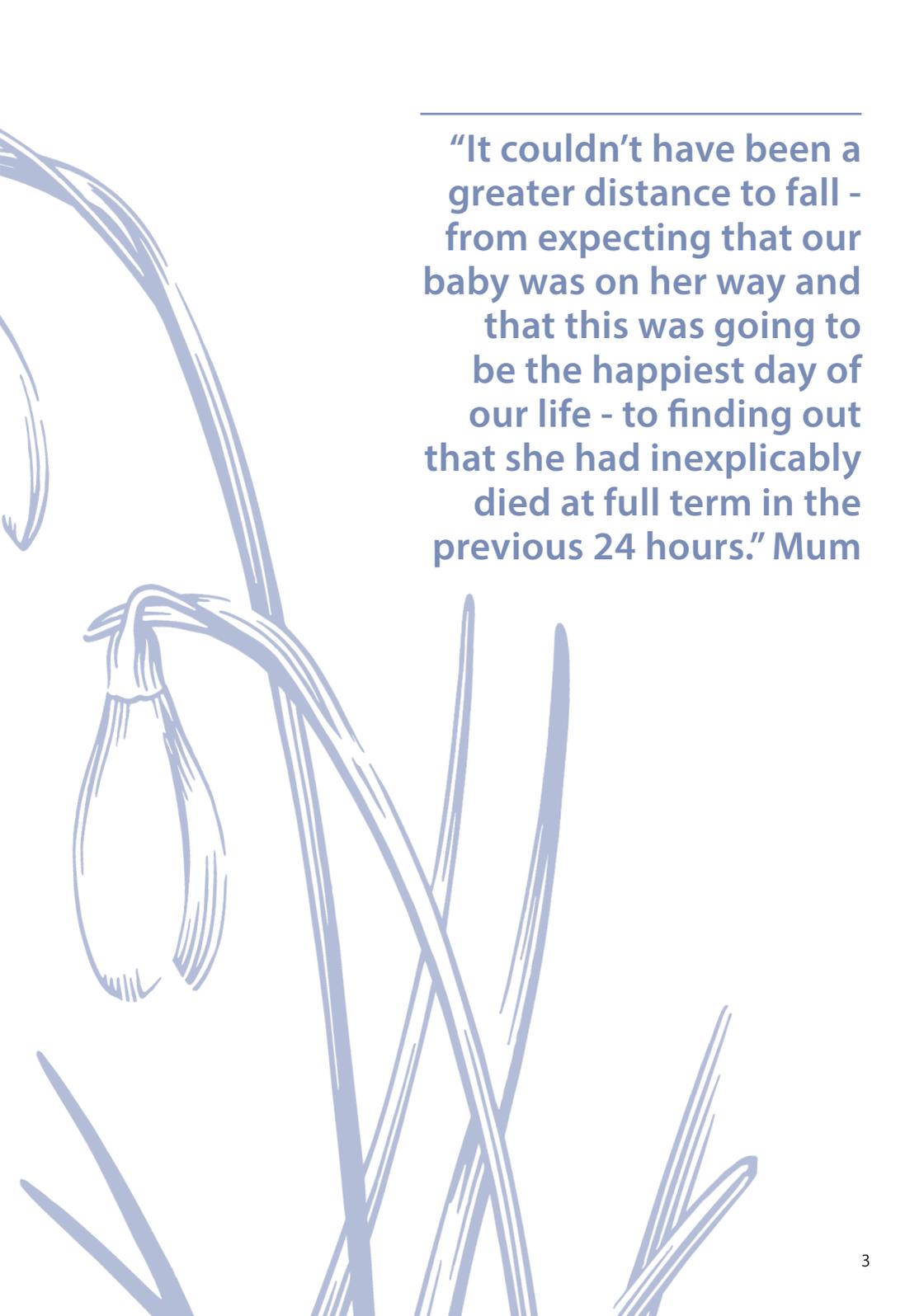
**Sands message boards** [www.sandsforum.org](http://www.sandsforum.org)

**Sands publications** 0845 6520 445 or order online at [www.uk-sands.org](http://www.uk-sands.org)

Registered as a charity in England and Wales (299679) and in Scotland (SC042789)

Text written and revised by Judith Schott and Alix Henley, 2013

**We are grateful to the health care staff and the many parents who have contributed to this booklet.**



---

“It couldn’t have been a greater distance to fall - from expecting that our baby was on her way and that this was going to be the happiest day of our life - to finding out that she had inexplicably died at full term in the previous 24 hours.” Mum

# Contents

<b>Finding out that your baby has died</b>	<b>06</b>
<b>What happens next?</b>	<b>08</b>
How will your baby be born?	09
When will your baby be born?	10
If your labour is induced	10
If you wait until labour starts naturally	11
Going home before labour starts	12
Where will your baby be born?	13
<b>When a mother is critically ill</b>	<b>14</b>
Later on	15
<b>How you may feel</b>	<b>16</b>
<b>Telling other people</b>	<b>17</b>
<b>Talking to children</b>	<b>18</b>
<b>Making choices for labour and the birth</b>	<b>20</b>
Having a labour partner	20
What to take into hospital	21
Pain relief for induction	22
Anaesthetic for a caesarean section	23

<b>What to expect when your baby is born</b>	<b>24</b>
<b>Creating memories</b>	<b>25</b>
Seeing and holding your baby	25
Washing and dressing your baby	27
Naming your baby	27
Photographs	28
Other keepsakes	29
<b>More information and support</b>	<b>30</b>
Saying goodbye to your baby	30
How Sands can help you	31
Sands support resources	32
<b>Useful addresses</b>	<b>33</b>
Other charities that can offer support	33
To prevent baby-related mailings	34
<b>Notes</b>	<b>35</b>

# Finding out that your baby has died

*"We had absolutely no suspicion that our baby had died. As far as we were aware I was starting early labour and babies are expected to move much less in labour. Despite the obvious (with the benefit of hindsight) looks of concern and sympathy on the faces of all the staff, I was very slow to realise that something terrible had happened."* Mum

Finding out at any stage of pregnancy that your unborn baby has died, or is dying, is a devastating shock. We are so sorry that this has happened to you.

We hope this booklet will help you at this very difficult time. It includes information that many parents in this situation have said that they needed to know.

It covers what is likely to happen in the next few days, and explains some of the decisions and choices you may be able to make.

Although we refer to a single baby in this booklet, the information also applies to parents who were expecting twin babies or more, all of whom have died.

This information also applies to parents whose baby has died before 24 weeks of pregnancy. If this has happened to you, you may find that some hospital staff use the term late miscarriage rather than stillbirth. You may find this very upsetting and rightly feel that it underestimates the significance of what has happened. However, it is used because the legal requirements for registration and funerals for these babies are different.

This booklet is not meant to replace the information and support that the staff who are caring for you will offer. Please ask them as many questions as you want to.

Although you may have suspected that there might be something wrong with your baby, knowing for certain that your baby has died is shattering. You may also have had the added stress and anxiety of having to wait before your baby's death could be confirmed.

Even after your baby's death has been confirmed, you may find it hard to accept what has happened. It is especially difficult if, as sometimes happens, the mother can still feel her baby move when she changes position. You may also find it hard to understand and remember what people are telling you. All these are quite normal responses.

# What happens next?

In most cases, the mother is physically well and the midwife or doctor will explain what needs to happen. They should give you plenty of time and support in private, away from other parents.

If you, the mother, are by yourself, the staff will normally suggest that you call your partner, or a relative or friend, to come and be with you. As well as giving you comfort and support, he or she may be able to think more clearly when discussing what needs to be done and, afterwards, may remember more than you can about what is said.

The staff will usually carry out tests to check your health, and to try to find the cause of your baby's death. They will test your blood and urine and may take vaginal swabs. Although these tests are important, it may not be possible at this stage to find out why your baby has died.

Legally, any decisions about labour and the birth must be made by the mother. So the next few paragraphs are addressed particularly to her. But we hope that both you and your partner or other supporter will find the information and suggestions in this booklet helpful.

If the mother is critically ill, please see page 14 for more information.

## How will your baby be born?

You should be able to talk to a senior doctor about how your baby will be born. Unless there is a medical reason for you to have a caesarean section, doctors usually recommend that your labour is induced, and that you give birth to your baby in the normal way. This is medically safer for you, and you are likely to recover more quickly than if you have a caesarean. A caesarean, which is a major operation, carries more risk to the mother and can sometimes lead to problems with future pregnancies and births.

The thought of going through labour and giving birth to a baby who has died comes as a huge shock to many parents. The midwife or nurse should reassure you that you will be well cared for during your labour and the birth.

With time and support, most parents adjust to the idea of going through labour. Although it may seem strange, many mothers who have been through this experience say that it feels right to have been able to labour and give birth to their baby.

*"I remember the feeling of absolute disbelief that anyone was really expecting me to go through labour and childbirth. I just kept saying 'I can't' over and over again. At that moment if someone had told me I could have a general anaesthetic and a caesarean section I would have said yes without question. I wish there had been someone there to tell me that giving birth to my beautiful little girl would be something I would never regret, and a memory that I would always cherish."* Mum

However, if you find the idea of labour too much to cope with, or if you have had a difficult birth or a caesarean in the past, please discuss this with the doctor who is looking after you.

## When will your baby be born?

If your health would be at risk if the birth is delayed, the doctor will recommend that your labour is induced as soon as possible.

If there are no medical reasons for delivering your baby straight away, you can usually decide what you want to do. The main decision that the mother needs to take is whether to have medication to start the labour (an induction) or to wait for the labour to start by itself.

You don't have to decide straight away. You and your partner can discuss the different options with the staff. You may want to go home and take time to think about what you want to do.

## If your labour is induced

The way that your labour is induced will depend on the stage of your pregnancy. You may be given some medication to prepare your womb for the induction. This usually takes some time to work. Most women go home during this time, with an appointment to come back to the hospital 24 to 36 hours later.

*"It was absolutely important to get back into our own home, to get away from the maternity ward, to inform family and prepare for the next morning. I believe having this space gave us the mental strength to prepare in our own way for what was to come." Mum*

However, if you feel too distressed by the thought of going home, you may want to stay in hospital. The staff will usually try to organise this but it will depend on whether there is a bed available.

*“They offered me a chance to go home first. I suppose they were giving me the chance to get my head round it, but I just couldn’t face going home, knowing what I did. I just wanted to get on with the birth.” Mum*

In hospital, your labour may be induced with tablets, sometimes combined with, or followed by, gel or pessaries inserted into your vagina. Vaginal gel or pessaries tend to cause fewer side effects than tablets. You may also need an intravenous drip containing medication to stimulate the contractions. See also Pain relief for induction on page 22.

Once labour has started, most mothers give birth within 24 hours. The midwife or nurse caring for you should explain what to expect and how they will look after you.

## **If you wait until labour starts naturally**

Some women decide to wait and see if their labour starts by itself. If you have no medical problems that make induction necessary, and are considering waiting, there are several things to think about:

- ▶ If you wait more than 48 hours, you will need to have a blood test twice a week to check that your health isn’t being affected.
- ▶ If there are any worries about your health, or if your labour hasn’t started after two or three weeks, the doctor will advise you to have an induction.
- ▶ If there is a long delay before the birth, your baby’s condition will deteriorate in the womb. If you want to have a post mortem examination to try to find out why your baby died, this is less likely to provide useful information. A delay will also affect how your baby will look when he or she is born.

## Going home before labour starts

Before you go home, the staff will give you the telephone number of someone at the hospital you can contact at any time if you have any questions or concerns. They will also tell you when to come back to the hospital and where to go.

It is important that, if possible, you don't travel home alone. Shock and distress can affect people's judgement and ability to concentrate: it is especially important that the mother doesn't drive.

If you already have a child or children, you may want to think about asking a supportive friend or relative to help care for them. Whatever their ages, children are sensitive to what their parents are feeling. They may need extra attention and reassurance which may be difficult for you to give.

You will need to think about what you will say to your child or children. This depends on their age and on the questions they ask (see Talking to children on page 18). Later on, you may find it helpful to read our booklet, *Supporting children when a baby has died*, which you can order from our online shop or by phone (see page 32 for contact details).

## **Where will your baby be born?**

This depends on the policy of the hospital and on the stage your pregnancy has reached. In most hospitals, women are admitted to the labour ward or to another specialist unit if they have reached 20 weeks or more.

Women who are under 20 weeks pregnant may be cared for on a gynaecology or other ward. This may restrict your choices of pain relief as epidurals are usually only available to women who are cared for in the labour ward (see Pain relief for induction on page 22).

The staff should explain where you will be cared for, where your baby will be born and what pain relief will be available. In some hospitals, mothers can choose where they will be cared for. If you have a preference, please tell the staff.

# When a mother is critically ill

For some parents there will be no time to think about how they feel or to make choices. When a mother is critically ill, the priority is to save her life. However, there may be enough time to tell the staff if you have any particular wishes; for example, if you want to see your baby when he or she is born.

This situation is very frightening for both parents. It can be particularly difficult for the partner, who can feel abandoned and powerless and can only wait until the mother has been stabilised. You may find it helpful to phone a family member or friend and ask them to come to the hospital to be with you.

*“It was terrifying. Staff were rushing around and nobody had time to talk to me or tell me what they were doing. They rushed her out and I was left alone for what seemed like ages. I then realised that not only was our baby dead, but I might lose my wife as well.” Dad*

Once the mother’s condition is stable, you can both begin to think about the choices you want to make; for example, whether you want to see and hold your baby and to have photographs taken (see Creating memories on page 25).

Take your time to discuss and decide what you want to do. At first, the mother is likely to be in shock. She may also feel drowsy because of the medication she has been given. She may find it hard to take in what has happened and to think clearly. It is important that neither of you feels rushed into making decisions.

## Later on

In time, both parents, especially the mother, may need more information about what has happened, what was done, and why. Being unable to remember and understand exactly what has happened can make the events surrounding the death of your baby even more distressing.

Sometimes the mother's partner can fill in some of the gaps for her. But you may also find it helpful to go through the medical notes with the doctor or midwife. The mother can request this, and can also ask for a copy of her notes at any time, even long after the birth.

# How you may feel

Every parent reacts to the news of the death of their baby in their own way. You may feel frightened, shocked, confused, numb or detached. You may find it hard to take in or believe what has happened. You may also feel a range of other emotions including sadness, helplessness, guilt and anger. These feelings may come and go in waves, without any predictable order or pattern. You and your partner may also feel different emotions at different times.

You may have physical reactions, which can feel very similar to intense fear. You may have palpitations or chest pains or feel sick. You may be breathless or feel shaky and panicky. You may sleep a lot or be unable to sleep, or your sleep may be disturbed by vivid dreams or nightmares. You may feel some or none of these things: everyone's experience is different.

Many parents grieve not only for their baby but also for the loss of a normal pregnancy and birth. Mothers, in particular, often feel guilty and blame themselves for their baby's death. Some may feel that they have let their baby, their partner, or their family down.

# Telling other people

Breaking bad news is always hard. It is especially difficult when you are shocked and distressed. There may be a few people whom you want to phone or text straight away. But others can probably wait until after your baby has been born.

The people you contact will also be very shocked. They too will find it hard to take in what has happened. Some may even ask if the doctors are sure that your baby has died.

If you phone, you could start by saying, "I am afraid I have some bad news". This can help to set the tone and may reduce the number of inappropriate and upsetting questions. Say only as much as you feel able to.

If you can't face breaking the news yourselves, you could ask someone else to do it for you.

*"My husband phoned our immediate family and they let all of our friends and family know on our behalf. It was so hard for them to phone and tell people who were waiting and expecting to hear our happy news. There was no way we could have told everyone ourselves, but at the same time it was so important that people knew." Mum*

# Talking to children

If you already have a child or children, you will need to think about what to tell them. This will depend on their age, their ability to understand and on the questions they ask. As a rule it is better not to say too much at any one time and to let the child set the pace. If a child asks questions, try to answer them as simply and truthfully as you can. If, for example, a child asks why the baby died, you could say that you don't know yet, but the doctors will try and find out why.

Young children take things very literally, so it is important to choose your words carefully.

There are some words and phrases it may be better to avoid. For example, using the words "asleep" or "sleeping" may make a child afraid of going to sleep. Saying "lost" may make a child very frightened of getting lost themselves. Calling the baby an angel or saying the baby is "with the angels" may cause problems if in future someone says to the child "you are an angel..." or "be an angel..."

Although experts agree that it is difficult for a child under the age of about 6 or 7 to understand the concept and permanence of death, it is important to say exactly what you mean. So telling them the baby has died is probably best.

Whatever their age, children are sensitive to what their parents are feeling and to what is happening around them. They need to know that they are still important and loved. They may also need extra attention which it may be difficult for you to give. You could ask a supportive friend or relative whom your child or children know well, to help look after them. It is a good idea to tell whoever helps with your child or children exactly what you have told them. This will help to ensure that the children hear the same words and phrases from everyone.

Later on, you may find it helpful to read our booklet *Supporting children when a baby has died*. We also stock a number of books that parents can read with their children to help them discuss what has happened and how they feel.

*"I had to tell our son that Mummy would be having the baby but the baby was already dead...and that Mummy and Daddy would be very sad for a while, but that didn't mean that we didn't love him. If there was ever a time that I felt my heart was going to break it was then." Dad*

# Making choices for labour and the birth

You may want to start thinking about some of the choices that you can make. Legally, choices about how labour and the birth are managed are up to the mother. The doctor, midwife or nurse will discuss the options with you. Decisions about a caesarean will be discussed with the doctor. You may also want to talk to your partner or a relative or friend before deciding what is right for you. After your baby's birth, you and your partner can make decisions together.

## Having a labour partner

Many mothers say that having their partner or a relative or friend with them during the birth can help enormously. Having someone you know well with you can be very supportive.

*"It was so good to have my partner with me the whole time. I don't think I could have got through labour without him." Mum*

Supporting a woman through labour is hard work and can be physically and emotionally draining. It is especially hard when the baby has died. It is common for labour partners to feel helpless and to experience a range of conflicting feelings. Nevertheless, many partners have said that, although it was very difficult, it was important that they were there, both for the mother and for themselves.

*“It’s bad enough watching the woman you love suffer the pain and sickness of labour when it’s for a living baby. But knowing that it was for a dead baby was brutal. I have never longed so hard and so long that I could have shared some of the burden. But I couldn’t. Having said that — despite the difficulty of being there — I think if I had been somewhere else, I would be regretting it for the rest of my life.” Dad*

The mother should be able to have more than one person to support her if she wants. Two labour partners can also support each other and can take turns to have a break, get some fresh air and have something to eat and drink. This is especially important if the induction takes a long time.

## **What to take into hospital**

The hospital may give you a list of things to bring with you. You may want to bring in something special for your baby to wear or to be wrapped in after the birth, and a camera to take photos of your baby. You could also bring a soft toy or anything else you would like to put with your baby in the cot or Moses basket (see also *Creating memories* on page 25).

Hospitals are often very hot, so partners may find it more comfortable to wear something cool like a t-shirt and to take spare clothes.

You could also take snacks, soft drinks and a mobile phone. It may be wise to make sure that your mobile phone is fully charged in case the hospital doesn’t allow electrical items to be plugged into their system. You may want to bring change to make phone calls from the public phone system.

If you plan to take your car to the hospital, ask the staff about parking charges. Some hospitals don’t charge, or have a reduced parking rate, for partners of women in labour.

## Pain relief for induction

Inducing labour, especially if it is some time before your baby is due, can take a long time. An induced labour can also be more painful than a labour that starts by itself. You may decide to use self-help techniques in the early stages; for example, relaxation, breathing awareness, massage, and different positions.

If you decide that you want additional help with pain, there are various options. You don't have to make a definite decision now. It is usually possible to change from one method of pain relief to another during labour. You should be offered a chance to talk to a doctor who specialises in pain relief for labour.

- ▶ Most, but not all, maternity and gynaecology units offer strong pain-relieving medication such as diamorphine. This can be given either as an injection or through a drip in your arm. Having medication through a drip means that you can control the dose yourself. (This is called Patient Controlled Analgesia or PCA.)

Strong pain medication can reduce the pain and help you relax but it doesn't take the pain away completely. It can make some people feel sick. It may also make you feel drowsy and forgetful.

Some people like this; others don't. If the medication is given shortly before the birth, you may still feel drowsy when your baby is born. This means you won't remember much about the birth (see Creating memories on page 25).

- ▶ Gas and oxygen (also called gas and air, or Entonox) is available in both maternity and gynaecological units. It is commonly used in early labour. You inhale it through a mouthpiece as soon as each contraction starts. It is very short acting and helps to take the edge off the pain, but doesn't remove it completely. It can make you feel a bit sick and sleepy. It can also be tiring to use it for a long time.
- ▶ In most hospitals an epidural is available only to women who are cared for in the labour ward. An epidural is a local anaesthetic injected by an anaesthetist into your lower back. The needle is then removed and a very fine flexible tube is left in place so that the anaesthetic can be topped up when it starts to wear off. This generally removes all the pain and with a "low dose" epidural (also called a mobile epidural) you can still move around and even walk.

You will usually have an intravenous drip in your arm and your blood pressure will be checked frequently. You may need a catheter, a small tube inserted into your bladder, if you are unable to pass urine.

## **Anaesthetic for a caesarean section**

Except in an emergency, the mother will probably be offered a spinal or an epidural anaesthetic for a caesarean section. This is usually safer than a general anaesthetic, and recovery is often quicker. It also means that the mother's partner or chosen supporter can be with her in the operating theatre and that she will be awake when the baby is born. However, there may sometimes be medical reasons for having a general anaesthetic.

# What to expect when your baby is born

*"I remember saying to one of the midwives that I'd so looked forward to saying hello to my son. Her response was that I still could." Mum*

Many parents have told us that knowing that their baby had died did not prepare them for the silence that followed their baby's birth. This silence goes against everything that we expect and is hard to bear.

*"From the moment I started pushing, our delivery room was very quiet. My husband was very supportive and our midwife talked to us throughout everything and helped carry us both through it all. We desperately wanted to see our baby, but at the same time we knew that once she was born it would be real and we would have to accept that she was really gone." Mum*

# Creating memories

When someone we love has died, we often share our memories and stories of them with other people. We may treasure certain objects that remind us of them and of the times we had together.

When a baby dies before birth, parents have very few if any memories of him or her. Hospital staff now offer parents opportunities to create memories of their baby and to collect keepsakes that will help them to remember their baby. Although you may feel unsure about doing this, many parents have told us how precious these memories and keepsakes can be, especially in the years to come. It may seem strange to be making such plans at this time, but many parents have said that they found it helpful to think in advance about what they might like to do when their baby was born.

The staff caring for you will suggest a range of things you could do. Take the time to think about what is right for you. If, for any reason, you don't want to do what they suggest, please tell them. You may also have other ideas about what you want to do. You may prefer to wait until your baby is born before deciding. Even if you make plans in advance, you can always change your mind when the time comes.

## **Seeing and holding your baby**

The idea of seeing and holding your baby may seem very odd or frightening, especially if you haven't seen a dead person before. But, for many parents, the time they spend with their baby becomes their most precious memory and an experience that they would not have missed for the world.

*"I couldn't look at him straight away. I almost had to peep first with one eye and then both. I pulled the blanket down and looked at him almost in slow motion. I thought he was absolutely gorgeous." Mum*

If you are not sure about seeing your baby or are anxious about how your baby will look, you could ask the midwife or nurse who is caring for you to tell you what your baby looks like when he or she is born. Or you could ask to see a photo first. You could also ask the midwife or nurse to wrap or wash and dress your baby before you see him or her. If your baby has a visible abnormality, he or she can usually be carefully wrapped or dressed so that the abnormality isn't obvious.

*"My babies were extremely premature and very small. But when they were born I was stunned by how perfect they were and especially how delicate their fingers and toes were." Mum*

However, if your baby died quite a long time before the birth, his or her appearance may have deteriorated in the womb. This is often difficult to predict. If, when your baby is born, the midwife or nurse sees that his or her appearance has been affected, they will discuss this with you.

*"The midwife had warned us that, as our baby had died some time ago, her appearance might have changed a lot. When she was born, the midwife suggested that we saw and took photos of just her hands and feet, and that is what we decided to do." Mum*

Some parents decide not to see their baby. Or one partner decides to see the baby while the other doesn't. This is a very individual matter and you shouldn't feel under any pressure to see your baby if you don't want to. The most important thing is for each person to decide what feels right for them.

## Washing and dressing your baby

Depending on your baby's size and condition, you may want to wash and dress him or her yourself. Or you could ask the midwife or nurse to do this for you.

*"We weren't sure before our baby was born whether we wanted to see her immediately or have the midwife take her away and bathe and dress her for us. As soon as she was born we knew that we didn't want her to leave our sight. We held her immediately and then my husband bathed and dressed her with the help of the midwife." Mum*

You may want to bring something from home for your baby to wear. If your baby is very small or premature, the hospital will usually be able to supply suitable clothing: most units keep a stock of very small clothes. If your baby's condition makes dressing difficult, the midwife or nurse can wrap him or her in a small blanket or something similar.

## Naming your baby

Many parents name their baby. This gives the baby his or her own identity and can make it easier to talk about him or her. Some parents don't give their baby a name; some continue to use a nickname used during pregnancy.

When a baby is very premature or has died some time before the birth, it can be hard for the staff to determine the baby's sex straight away. This is a difficult situation and you can deal with it in several ways: you may prefer to wait until the sex is confirmed by a specialist or at a post mortem before you choose a name. Or you may prefer to choose a name suitable for a boy or a girl. If you decide not to have a post mortem, you may prefer to decide the sex for yourself.

## Photographs

The midwife or nurse will usually offer to take photos of your baby. You can also take your own photos. A digital camera is best because it produces lasting images that can be stored on a disc or on a computer and copied. If you take photos on your mobile phone, remember to download them as soon as possible in case you lose your phone. If you use a camera with a film, it is important not to send the film by post to be developed in case it gets lost.

If neither of you wants photos now, you could ask the midwife or nurse to take some and to keep them in the mother's hospital notes. Hospitals are now encouraged to store keepsakes such as photos so that the mother can ask for them if she changes her mind.

If this is what you want, it is important to check that the staff can do it for you as not all hospitals store photos and keepsakes. If they don't, you could ask the staff to give them to you in a sealed envelope so that you, a friend, or a relative can store them in case you want to see them later on.

If the hospital stores the photos, they will be in the mother's medical notes, so only the mother can ask for them in the future. You could take copies home in a sealed envelope in case either of you want to see them later.

*"I didn't know if I wanted a photo or not. My partner said he didn't. So we decided to let the midwife take some and put them in my notes. It felt good to know that I could change my mind and didn't have to make a final decision right now." Mum*

If you and your partner don't want any photos taken, just say so. If you do want photos, you may also want some of you or your partner with your baby or of all three of you together. Some parents include other family members, such as their other children and the baby's grandparents.

Some take photos of their baby's hands or feet, or of their own hands holding the baby's hand or foot. Take as much time as you need to get all the photographs that you may want.

## Other keepsakes

The keepsakes you can collect depend on the stage your pregnancy had reached. They may include, for example, a scan picture, a copy of a section of the monitor trace showing your baby's heart rate, or a cot card.

Some parents keep the blanket their baby was wrapped in at birth, or an identical set of the clothes they dressed their baby in. You might like to keep a lock of hair if your baby has some.

You might also like to ask the midwife or nurse if they can take your baby's handprints and footprints for you.

Some hospitals offer parents a memory booklet in which they can record personal details about their baby and put items such as handprints and footprints and photos. You may also like to make your own memory booklet.

Some hospitals offer parents a memory box to store their keepsakes. You could also make your own memory box or order one from Sands. *Our Always Loved Never Forgotten* memory boxes contain, among other things, two small teddy bears, one that could stay with your baby and the other to keep.

As well as the keepsakes mentioned above, you may want to collect other things to put in the memory box such as poems, condolence letters, emails and cards, and anything else that helps you to remember your baby.

# More information and support

## **Saying goodbye to your baby**

This booklet covers the things that you may find helpful in the time immediately before and after your baby is born. You may also want to read our booklet *Saying goodbye to your baby*, which covers other things you may need to think about in the next few days and weeks, for example; going home from the hospital, a post mortem examination, a funeral, registering your baby's stillbirth, employment rights and financial benefits, and the postnatal check-up. It also discusses how you may feel over the next few weeks and months, and suggests things that other parents have found helpful.

If the midwife or nurse looking after you doesn't have a copy of *Saying goodbye to your baby* to give you, you can download or order one from our online shop or order a copy by phone (see page 32 for contact details).

# How Sands can help

Sands is a national charity offering information and emotional support when a baby dies before, during, or shortly after birth.

17 babies are stillborn or die shortly after birth every day in the UK, and each year we support thousands of families whose babies have died.

At Sands there are people who understand what it's like, because many of us have been through this devastating experience ourselves.

You may not want anything from us right away. We are here to help whenever you feel you need it. That may be now or in a few weeks, months or even years.

As well as supporting mothers, fathers and same sex partners, we are also here to help other members of the family and the many other people who may be touched by a baby's death, including friends, colleagues and health care staff. All are welcome to contact us for support and information.

<b>Do you want to speak to someone on our helpline?</b>	<b>020 7436 5881</b>
<b>Do you want to email the Helpline for support?</b>	<b><a href="mailto:helpline@uk-sands.org">helpline@uk-sands.org</a></b>
<b>Do you want to connect with others whose baby has died?</b>	<b><a href="http://www.sandsforum.org">www.sandsforum.org</a></b>
<b>Do you want to find out about a Sands group near you?</b>	<b><a href="mailto:helpline@uk-sands.org">helpline@uk-sands.org</a></b>
<b>Do you want to know about our other support booklets?</b>	<b>Please see page 32</b>
<b>Do you want to see what's on offer at our shop?</b>	<b><a href="http://www.shop-sands.org/shop/">www.shop-sands.org/ shop/</a></b>
<b>Do you want to know more about what we do?</b>	<b><a href="http://www.uk-sands.org">www.uk-sands.org</a></b>
<b>Do you want to make a donation or fundraise?</b>	<b><a href="mailto:fundraising@uk-sands.org">fundraising@uk-sands.org</a></b>
<b>Do you want to write to us?</b>	<b>Sands, 3rd Floor, 28 Portland Place, London, W1B 1LY</b>

## **Sands support resources**

If you would like more information on any of the subjects we have mentioned, please see our current list of Sands booklets below. You can read or download copies of our booklets on the Support section of our website [www.uk-sands.org](http://www.uk-sands.org) or you can order copies from our online shop [www.shop-sands.org/shop](http://www.shop-sands.org/shop) or by calling 0845 6520 448.

### **Sands booklets**

*When a baby dies before labour begins*

*Saying goodbye to your baby*

*Deciding about a post mortem: information for parents*

*Mainly for fathers*

*Supporting children when a baby has died*

*Sexual relationships after the death of your baby*

*Information and support for grandparents*

*For family and friends: how you can help*

*Returning to work after the death of your baby*

*Information for employers: helping a bereaved parent return to work*

*Another pregnancy: for parents whose baby has died*

# Useful addresses

## Other charities that can offer support

### **Bliss - the special care baby charity**

**[www.bliss.org.uk](http://www.bliss.org.uk)**

Support, advice and information for families of babies in intensive care and special care, including bereaved families.

**Helpline: 0500 618 140   Email: [hello@bliss.org.uk](mailto:hello@bliss.org.uk)**

### **Child Bereavement UK**

**[www.childbereavement.org.uk](http://www.childbereavement.org.uk)**

Supporting families when a child dies and when a child is bereaved.**Support and information: 01494 568 900**

**Email: [support@childbereavementuk.org](mailto:support@childbereavementuk.org)**

### **Miscarriage Association**

**[www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk)**

Support and information for those affected by pregnancy loss.

Network of support groups and telephone contacts throughout the UK.

**Helpline: 01924 200 799   Email: [info@miscarriageassociation.org.uk](mailto:info@miscarriageassociation.org.uk)**

### **TAMBA Bereavement Support Group**

**[www.tamba-bsg.org.uk](http://www.tamba-bsg.org.uk)**

Support for families who have lost one or more children from a multiple birth. (Part of the Twins and Multiple Births Association – TAMBA)

**Helpline: 0800 138 0509   Email: Use the form on their website**

## **Winston's Wish**

**[www.winstonswish.org.uk](http://www.winstonswish.org.uk)**

Help and support for bereaved children and young people up to the age of 18.

**Helpline: 0845 203 0405    Email: [info@winstonswish.org.uk](mailto:info@winstonswish.org.uk)**

## **To prevent baby-related mailings**

### **Baby Mailing Preference Service (MPS)**

**[www.mpsonline.org.uk/bmps](http://www.mpsonline.org.uk/bmps)**

Free site where parents can register online to stop or reduce baby-related mailings of samples, advertisements etc.

**Address: DMA House, 70 Margaret Street, London, W1W 8SS**

**Email: [bmps@dma.org.uk](mailto:bmps@dma.org.uk)**

# Notes

# About Sands

Sands, the stillbirth and neonatal death charity, was founded in 1978 by a small group of bereaved parents who were devastated by the death of their babies, and by the total lack of acknowledgement and understanding of the significance and impact of their loss.

Since that time, we have supported many thousands of families whose babies have died, offering emotional support, comfort and information. Today Sands operates throughout the UK and focuses on three main areas of work:

## **We support anyone affected by the death of a baby**

Bereavement support is at the core of everything we do. Some of the services that we offer include:

- ▶ Helpline for parents, families, carers and health professionals
- ▶ UK-wide network of support groups run by trained befrienders
- ▶ Online forum and message boards enabling bereaved families to connect with others
- ▶ Website and a wide range of booklets, books and other resources.

## **We work in partnership with health professionals to try to ensure that bereaved parents and families receive the best possible care**

We offer resources and a comprehensive programme of training, workshops and talks for health professionals that give practical guidance on how to meet parents' needs and provide good bereavement care.

## **We promote and fund research that could help to reduce the loss of babies' lives**

The UK has one of the highest rates of perinatal death in the developed world. The shocking reality is that, in spite of medical advances, 17 babies are stillborn or die under one month old every day.

We raise vital funds for research and campaign for the government to address this situation as a matter of priority.

We depend on the extraordinary energies of our supporters to raise the vital funds that we need to deliver the wide range of services that we offer.

**If you would like any further information or support please contact us or visit our website.**

### **Support:**

t: 020 7436 5881

e: [helpline@uk-sands.org](mailto:helpline@uk-sands.org)

### **Enquiries:**

t: 020 7436 7940

e: [info@uk-sands.org](mailto:info@uk-sands.org)

### **Write to us:**

3rd Floor, 28 Portland Place,  
London, W1B 1LY

### **Website:**

[www.uk-sands.org](http://www.uk-sands.org)