



## Pregnancy Loss and Infant Death Alliance

Support :: Advocacy :: Awareness :: Education

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### Position Statement:

#### Bereaved Parents Holding their Baby

After their baby dies, it is the parents' right to decide how much time, if any, to spend with their baby, and to determine when and how to use this precious time.

#### Summary

- When a baby dies during pregnancy, birth, or following delivery, health care providers have the unique opportunity to support parents in their desire to spend time with their baby.
- Many bereaved parents report treasuring the time they spent with their baby and the acquired keepsakes, and many professionals assert that these memories and mementos can facilitate the grieving process. But not all parents want to spend time with their baby after death, and there is no published empirical data that justifies insisting that reluctant parents do so.
- Because of the potential benefits, parents have the right to see their baby if they wish, regardless of condition or gestational age. And because parents vary on whether, when, and how they want to spend time with their baby, each parent should be able to determine for her- or himself how best to proceed.
- To support each parent's self-determination, the health care provider should be informative and reassuring, and make the baby freely available so that parents can set their own pace for making decisions and spending time with their baby. The provider should also remain unbiased, neither urging parents to see their baby nor discouraging parents from doing so, and never withholding this option from parents.
- Determining for themselves whether, when, and how to spend time with their baby affirms the parents' bond with their baby, acknowledges their ability to make decisions about what's best for themselves, and can restore some sense of control over what happens to them.

#### Background and Professional Literature

In the past few decades, increased awareness and sensitivity to the special needs of newly bereaved parents has changed hospital-based intervention—from *shielding* parents from the death of their baby to *supporting* parents through the experience. As a result, the modern standard of care is to offer grieving parents repeated and extended opportunities to have close contact with their baby, and many parents choose to take advantage of this opportunity. Parents can find it meaningful to demonstrate their love in physical ways, including touching, examining, holding, cuddling, and kissing their baby. Parents can also find comfort in rituals such as baptism, blessing, bathing, and dressing the baby themselves, as well as collecting keepsakes, such as locks of hair, foot and hand prints, and photographs.

If a baby is in poor condition due to anomalies, early gestational age, or having been dead for longer than a few days, parents can still benefit from seeing their baby, particularly when the health care

provider can openly and honestly describe the normal and beautiful parts of their baby's body, and then explain any anomalies or deterioration. Even when their baby is undeveloped, deformed, or deteriorated, parents tend to focus on the special beauty in their baby, looking through the eyes of love and seeing past what others may find difficult to view.

Many bereaved parents report that close contact with their baby is an invaluable experience. Particularly when access to their baby is limited to pregnancy and then curtailed too soon by death, contact offers parents their only chance to meet this child face-to-face. Contact allows the parents to transform their bond from the unseen but loved baby in the womb to the visible and held child in their arms, and to establish the particular identity of this child in the family, including who he or she looked like. Spending time with their baby in ways that hold meaning for them can help parents feel connected to their child, and loving contact with their baby can meet an intense spiritual need.

Parents also report that these experiences can help them acquire positive memories and comforting mementos of their baby's life. These memories and mementos also serve to affirm their baby's existence and can help parents process and feel validated in their grief. These final experiences and moments with the baby might also be shared with family and friends, building a community around the baby's memory, and can be shared post-discharge with other grieving families with whom it might be beneficial for the family to interact. Rather than feeling alone, abnormal, or "crazy" for being so bereft, parents can feel acknowledged and comforted.

Not all parents want contact with their baby after death, and there is no published empirical data that justifies insisting these parents do so. But when parents *do* want contact, they must be able to spend sufficient time with their baby, on their own terms, or they may feel burdened with regret and thwarted in their desire to demonstrate their tender loving care. This missed opportunity is yet another loss to endure.

Because parents vary on whether, when, and how they want to spend time with their baby, they must be supported in making their own decisions and doing what they believe is best. Health care providers have a responsibility to inform parents of the option to see their baby and the possibilities for how to spend that time, and to offer reassurances for their concerns. The baby should remain freely available to the parents as most are in shock, and require time and support to explore this opportunity. Even for parents who decline at first, knowing that their baby continues to be available gives them the freedom to reconsider their options.

For parents, determining how to spend time with their baby affirms their parental bond and acknowledges their ability to decide what's best for themselves. Being in charge of whether or when to spend time with their baby can also restore some sense of control over what happens to them even as they face the trauma of their baby's death. Health care providers must remain unbiased, supporting parents in whatever they choose to do.

**For more information, guidance, and support around implementation, please refer to both the *PLIDA Position Statement* and *PLIDA Practice Guidelines on Offering the Baby to Bereaved Parents*.**

*This position statement was approved June 26, 2008 by the Board of Directors of PLIDA, the Pregnancy Loss and Infant Death Alliance. PLIDA is solely responsible for the content.*

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