

## Follow up

### Question

We are planning our candle light memorial service, and we would like for a woman that we supported in the emergency room a few years ago to speak. She lost her baby to SIDS at 10 weeks old. We supported her in the same way that we support perinatal losses in our OB department.

Would it be appropriate for her to give testimony at the service that is designed around perinatal loss? I thought her journey of coping these past few years would be valuable to the others who are grieving their own sons and daughters. I value your input on this matter.

### Answer

Thank you for reaching out to us. Yes, it would be appropriate, in that she and others have a strong bond as parents whose children have died.

I would recommend, when you advertise the service, to say something like this: "We invite parents and family members whose child died anytime during pregnancy through the first year of life," or, "...those whose baby died during pregnancy, at birth, or in the months shortly after birth, to attend." That way, the invitation is an open one and inclusive of many.

I would also encourage whoever provides the welcome to say something like, "You are all welcome here tonight. We know that if you chose to attend this event, you are parents of a baby who died. For some of you, that happened early in a pregnancy. For others, your baby may have died after birth, in your home, or in the hospital. Whatever the circumstance, we welcome you with love and respect for your experience." Another option may be: "You may be parents of a baby who died early in pregnancy or at home, after several weeks or months of life. We welcome you, no matter the timing, because each of you has come here tonight with hearts heavy with grief. May the community of others who also grieve provide you with both comfort and hope."

In summary, I would include the message of inclusiveness in both written materials prior to the event and verbally at the event itself. I believe that doing so will emphasize commonalities, not differences—an important element of a service that is meaningful and relevant.

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### Question

Hi. I am a Clinical Case Manager for High Risk Pregnancies. We are working on developing a policy for contacting our members who have had pregnancy losses (e.g., miscarriage, stillbirth, newborn deaths). How soon after the loss should we make outreach to the member? I took the RTS course several years ago and I can't find any info in my manual. For some reason I thought it was within 30 days of the loss. Some of these cases we are getting are 3-5 months after the loss and I don't want to make an initial outreach to a member who has already been working through the grieving process and has already accepted her loss and is starting to move on.

### Answer

First of all, thank you for writing to us. We have been leaders in promoting evidence-based follow-up for over 30 years, keeping up with the latest research and clinical practice.

You will find our suggested times in the manual under follow-up, p. 237. We recommend that initial follow-up with bereaved parents occur within the first week after the baby's death. However, we understand that doing so is not always possible for many reasons. So if you are learning of a bereaved parent 3-5 months after the loss, I would encourage you to reach out to them right away.

You are so right in your sensitive approach as you don't know how the member is feeling. It is always okay to say something like this, "I know that you had a high-risk pregnancy and that [you had a baby who was stillborn]. I'm wondering how things are going for you now?" Or you could simply say, "I am your [case manager] with your health plan. I am interested in knowing more about your pregnancy. I know that you had a miscarriage. How are you doing?"

Bereaved parents generally want to talk about their story. These approaches open the door without forcing the parent to discuss what he/she would like to keep private. Go where the parents go. Let them lead.