



# ASANTE MAMA PREGNANCY RELEASE SUPPORT GUIDE

Through miscarriage, stillbirth & abortion

"A mother's grief is  
as timeless as her  
love."

Joanne Caccatore



# The Doula's Role

The doula's role is to validate and affirm the client's big (and little) feelings, questions, and concerns; this process can support the client in feeling stronger in their ability to advocate for themselves throughout their loss journey.

**Physical Needs:** Easing symptoms including: fatigue, vaginal bleeding, abdominal pain, breast/chest discomfort, engorgement and/or leaking. They may need support planning for and using comfort measures.

**Emotional Needs:** A person going through loss may experience feelings of guilt, shame, emptiness, fear, jealousy, and so on. They may feel lonely, tired, depressed, or experience suicidal ideation. It can be helpful to keep the six stages of grief in mind when working with bereaved clients, and you may directly talk about this process with them (remembering that the stages aren't linear and can ebb and flow). Clients may need help anticipating the waves of emotions (or lack thereof) they may experience, as well as a plan for how to cope with the uncomfortable feelings if or when they arise. Oftentimes, clients appreciate having an open, non-judgmental listener to process with before, during, or after a loss.

**Logistical and Informational Needs:** While experiencing loss, clients may need referrals to other professionals, from mental health professionals to pelvic floor therapists, to lactation consultants, and so on. Clients may also need support in preparing logistics for their postpartum or healing time-- things like food, childcare, time off, etc.

**Informational/ Educational link:**

**<https://www.washingtonmidwives.org/uploads/1/1/3/8/113879963/cardinal-raelene-loss-miscarriage.pdf>**




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- **Attend appointments with client.**
  - **Be present with the client in the emergency or birth room, or at home.**
  - **Offer emotional support**
  - **Present bonding options for client and baby.**
  - **Explain options and final disposition for the baby's body.**
  - **Hold space for the client as they go through the stages of grief.**
  - **Support them in creating and practicing rituals for grief or loss-- ideas include memorial services, creating art, writing poems and letters, planting a tree, making an altar, taking photos and/or creating a scrapbook, and religious or spiritual activities.**
  - **Support them in planning for longer term grieving.**
- 



# Client Preferences

Do they wish to leave the program?

Would they still like to receive postpartum care sessions with their doula? Promoting and optimizing rest: cooking, massage, baths, bellybinding, breast care, closing ceremony, safe space to talk





What did this pregnancy mean to your client?

What is their support system like?

What are their and their partner's individual needs? How can they meet them together and separately?

Normalizing emotions

Empower them with information and options

What are their plans for future pregnancy?

How will they prevent another pregnancy until they are emotionally ready?



## Pregnancy Symptoms After Miscarriage



swollen  
breasts



darker and  
larger areolas



morning  
sickness



abdominal  
enlargement



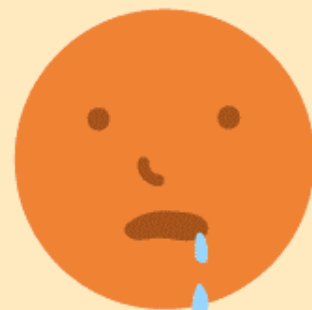
fatigue



mood  
swings



increased  
urination



excessive  
salivation



bloating  
and gas



dizziness



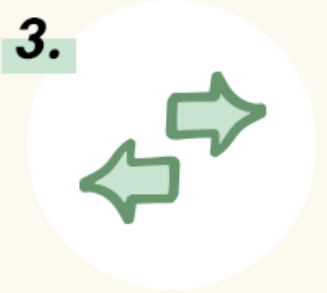
TIPS FOR HEALING FROM  
**MISCARRIAGE & PREGNANCY LOSS**



**1.**  
GIVE YOURSELF TIME  
& SPACE TO GRIEVE



**2.**  
SEEK SUPPORT  
WHEN READY



**3.**  
LET GO OF  
PERSONAL BLAME



**4.**  
CONSUME WARMING +  
NOURISHING FOODS



**5.**  
TAKE AN IRON  
SUPPLEMENT



**6.**  
HYDRATE WITH WATER,  
RASPBERRY LEAF + NETTLE TEA



**7.**  
ALLOW TIME  
TO REST



**8.**  
DON'T PUSH  
PHYSICAL ACTIVITY



**9.**  
DO THINGS THAT MAKE  
YOU FEEL GOOD



# Breast Care

Colostrum (early breast milk) is produced as early as 16 weeks into the pregnancy. Some women welcome this as proof their baby was real while other women find the reminder painful.

Good breast care after a loss will help make your breasts more comfortable and reduce the risk of blocked milk ducts and mastitis (inflammation of the breast tissue).

A medication (Dostinex - cabergoline) can be used to suppress breast milk production if taken in the first 24 hours after birth.

Stay hydrated & avoid binding breasts as it increases the risk of blocked milk ducts and mastitis.

Donating breastmilk is an option.

How long will I make milk?

Your body may take 2-3 weeks to stop producing breast milk. Breast milk leakage may continue for some time after the discomfort has settled.

Memento

Some mothers may like to freeze a small amount of breast milk as a memento.

Donating breastmilk is also an option.

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# To Ease Breast Discomfort

If your breasts become uncomfortable, consider trying:

Ginger compress in bra

Cabbage leaves in bra

Wear a comfortable, supportive bra with breast pads, day and night

Cold or gel packs in bra

Avoid heat

Express enough milk to relieve fullness- (This will not increase your milk supply because you are not emptying your breasts.)

Expressing will help prevent the pain of sudden engorgement or mastitis.

# Herbs to Decrease Milk Production

Mint

Sage

Peppermint

Oregano

Parsley

Spearmint

Thyme

Rosemary

Chickweed

Yarrow


Lemon Balm



# Healing

The recommended wait-time for trying to conceive again is at least 2 or 3 normal periods after loss.

## Uterine massage

- Promotes hormonal balance
  - Helps to bring fresh blood to the uterus
  - Helps to reduce stress & stress hormones
  - Increases circulation to the uterus & cervix
  - Improves endocrine system communication
  - Encourages the liver to get rid of excess hormones
  - Promotes hormonal balance
  - Helps the body to rid itself of old stagnant blood and tissues
- 



# Healing

These herbs focus on supporting healthy circulation, decreasing inflammation, pain reduction, uterine tone & strength, emotional wellbeing, bleeding, and hormonal balance.

Angelica

Black Cohosh.

St. John's Wort

Yarrow


Vitex

**\*\*ask your care provider before use**





# Healing

- Journal about your journey
  - Mourn & allow yourself space & grace
  - Pray
  - Consciously thank your body for all that it does everyday
  - Believe in your body's capacity to heal itself
  - Get body work done or do body work on yourself
  - Meditate or visualize a healthy pregnancy happening for you as your body is healing
  - Say daily positive affirmations
- 



# Seek Medical Attention if you Experience:

- **Bleeding in pregnancy**
- **Saturating 2 full-sized pads in 30 minutes or less, or any continuous vaginal bleeding.**
- **Dizziness, light-headedness, weakness, fainting, hypotension, rapid heart rate, shortness of breath, and pallor.**
- **Signs and symptoms of infection: Pain in the lower abdomen or pelvis, fever, paleness, chills, a general feeling of illness or discomfort, and often headache and loss of appetite. Foul-smelling vaginal discharge. Rapid heart rate.**
- **Experiencing intense feelings of depression or anxiety that don't resolve with the suggestions below and last beyond a few days.**





# Yoga for the Womb

**<https://youtu.be/hw8UjuXDcFU>**



Online  
Support  
Groups



**Postpartum.net**

**Miscarriageformen.com**

**Glowinthewoods.com**

**Facebook.com/miscarriage**

**Compassionatefriends.org**

# Supporting Families with Pregnancy and Infant Loss

Pamela Anderson-Moore  
Sr Health Education  
Specialist



# Types of Losses for CoCo Doula Clients Defined

**Miscarriage:** A pregnancy lost prior to 20 weeks; Pregnancy loss is the preferred term. It is the most common complication of pregnancy  
15-25% of all clinically recognized pregnancies

**Fetal Death:** Fetal death refers to the spontaneous intrauterine death of a fetus at any time during pregnancy. Fetal deaths later in pregnancy (at 20 weeks of gestation or more, or 28 weeks or more, for example) are also sometimes referred to as stillbirths. (Center for Disease Control)

# Types of Losses (Continued)

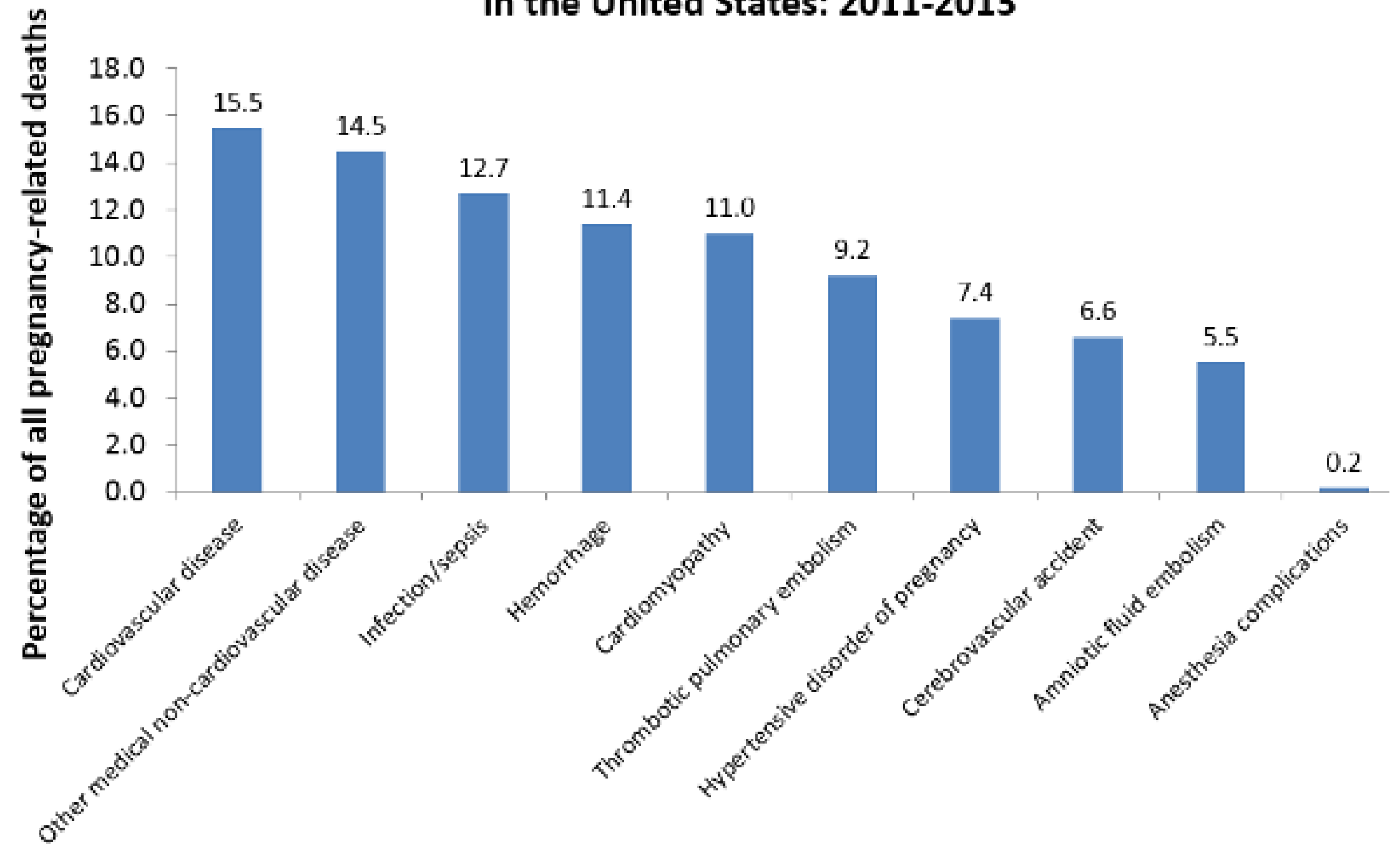
- **Infant Mortality:** Infant mortality is the death of an infant before his or her first birthday. The infant mortality rate is the number of infant deaths for every 1,000 live births. In addition to giving us key information about maternal and infant health, the infant mortality rate is an important marker of the overall health of a society. In 2015, the infant mortality rate in the United States was 5.9 deaths per 1,000 live births.
- Birth defects.
- Preterm birth and low birth weight.
- Sudden infant death syndrome.
- Maternal pregnancy complications.
- Injuries (e.g., accidental suffocation).

# Types of Losses for CoCo Doulas Clients (Continued)

- **Maternal Mortality:** Death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. (WHO, World Health Organization)  
Resource:
- <https://www.cmqcc.org/research/ca-pamr-maternal-mortality-review>

Center for Disease Control  
(CDC): Pregnancy  
Mortality Surveillance  
System

**Causes of pregnancy-related death  
in the United States: 2011-2013**



# Contrasting Perspectives

## Medical Perspective

- Miscarriage is almost never life threatening
- Management is relatively simple
- Most women end up having a live birth over time

## Psychosocial Perspective of Birthing Person

- Miscarriage is frightening
- Management can be psychologically traumatic
- Emotional responses almost completely ignored
- No follow-up or explanation
- Fail to acknowledge the loss

Slide from UCSF presentation on Early Pregnancy Loss: Helping Patients Cope (12/2016):

Lauri A. Pasch, Ph.D.

Natalie V. Berbick, MSW



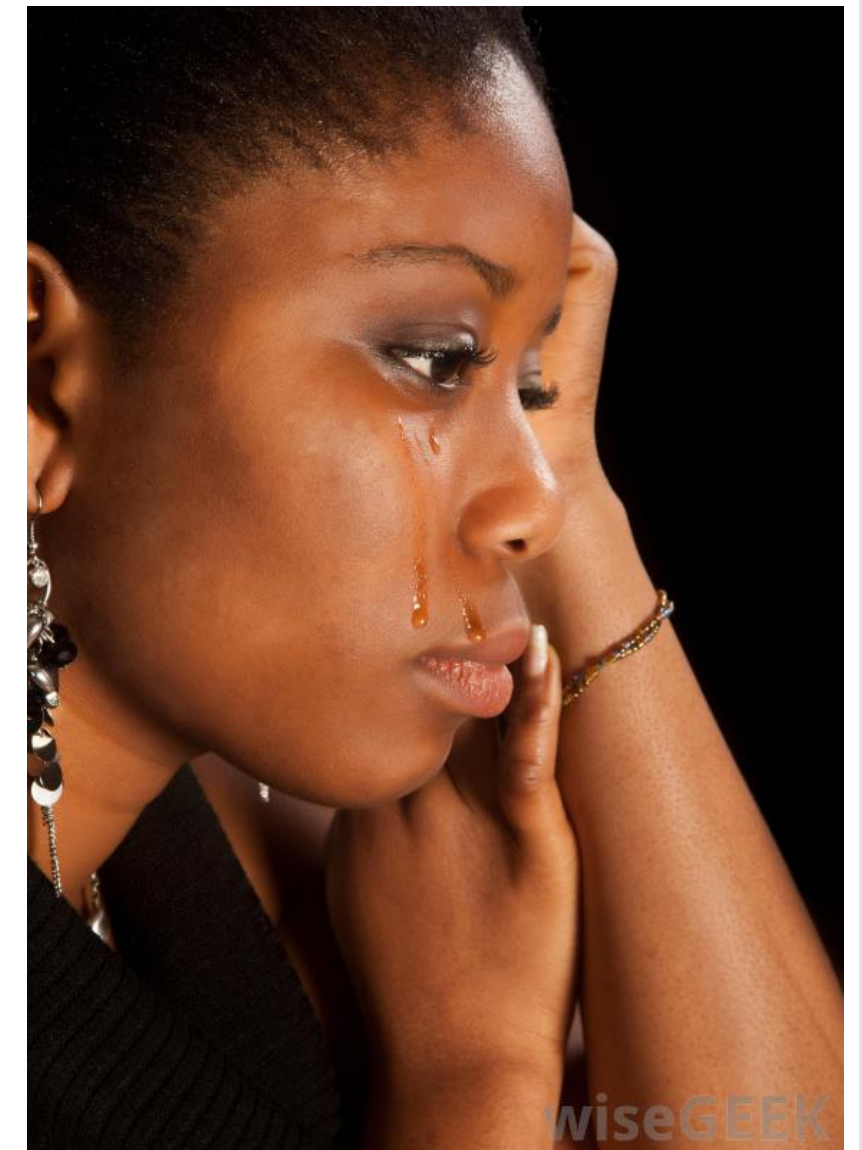
# Emotional Reactions after a Pregnancy Loss

- **Include normal processes of grief (numbness, shock, disbelief, anger, and eventual resolution)**

## **PLUS:**

- **Shame**
- **Isolation**
- **Guilt**
- **Self-Blame**
- **Fear and Uncertainty**

\*This can happen at any stage of gestation



Slide from UCSF presentation on Early Pregnancy Loss: Helping Patients Cope (12/2016):

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# A true story of Pregnancy Loss

- See Tressie's Story from Red Table Talk: The Invisible Black Woman Epidemic
- (Start at 6:40-10:31)
- [\(1\) Watch | Facebook](#)



2.6 million babies are stillborn each year, 98% in low- and middle-income countries. The stillbirth rate is a marker of equity and quality for women's and children's health.

#EndStillbirths

Credit: (C) Photo Tagaza Djibo/UNFPA/Niger

# A Core Strategy for Taking Inventory

## **PRAM**

**P**ause

**R**eflect

**A**cknowledge

be **M**indful

(Limbo & Kobler, in press)

# CoCo Doulas Team Preparation before the loss occurs:

- Be aware of our personal understanding of grief and loss and practice self care
- Understand the various ways of what grief may look like in the African American and different religious communities
- Identify counseling resources and support groups in your community or health system

**Reflection Question: What does grief look like in your family/community? What traditions or rituals happen when a loved one passes away?**

# Preparation (Continued)

- Create a protocol if loss is discovered in recruitment phase with the Doula Manager
- Create a protocol if loss occurs post enrollment and during pregnancy
- Create a protocol if loss occurs post delivery and during infancy

# What to do When a loss occurs in CoCo Doulas:

- Practice self-care
- Process loss with manager upon notification and develop an internal plan of action; be sure to discuss boundaries and define what support looks like in your program.
- Remember goals of **CoCo Doulas: Stress reduction, empowerment through information, and social/emotional support.**

# What to Do when a loss Occurs (Continued)

- Address care coordination with service providers: Offer support from local FIMR and SIDS Programs; OB/GYNs or Pediatricians; WIC for lactation support and vouchers (up to 6 months post loss); link to financial support from county when eligible for final arrangements. (Document in Referrals)
- Define types and frequency of contact with client: phone calls, letters, home visit if appropriate. (Document in case notes)



# Actions the Doula can Take to Support the Family in Crisis

- Encourage Family to See/Hold Baby
- Take Photos and Preserve Memories
- Provide Family Time Alone with Baby
- Notify Clergy
- Help with Final Arrangements
- Help Say Goodbye
- Provide lactation support to Mom after discharge

# Competencies

## *Competencies*

- Being with/having presence
- Knowing and relating to self and others
- Doing the task--technical, spiritual, psychosocial, involves problem solving
- Communicating
- Regulating emotion

(Pridham, Limbo, Schroeder, Thoyre, & Van Riper, 1998)

# Phrases of Support that Are Helpful

- “I’m sad for you.”
- “How are you doing with all of this?”
- “This must be hard for you.”
- “I’m sorry”
- “I’m here, and I want to listen.”
- “I wish this pregnancy had turned out the way you hoped”-  
RTS

# The Best Things to Say to Someone in Grief

1. I am so sorry for your loss.
2. I wish I had the right words, just know I care.
3. I don't know how you feel, but I am here to help in any way I can.
4. You and your loved one will be in my thoughts and prayers.
5. My favorite memory of your loved one is...
6. I am always just a phone call away
7. Give a hug instead of saying something
8. We all need help at times like this, I am here for you
9. I am usually up early or late, if you need anything
10. Saying nothing, just be with the person

# Assessing Grief Intensity

When someone is experiencing high grief intensity, there isn't much one can say to make them "feel better". When someone is feeling low grief intensity they maybe accepting of the outcome and may have different emotional responses. Both reactions are OK.

Assessing grief intensity will vary by your availability to contact the mom after the loss.

If you get to talk to mom, the best way to assess is to ask the simple question of "Can you tell me how things have been for you since the loss of your pregnancy/or baby's name?"

- **Listen** for cues of unorganized thoughts or statements, not eating, sleeping, tearful emotion, relationship status with partner or children, availability to use social support systems for high grief intensity.
- **Reflect** what you've heard.
- **Offer** support when appropriate.

# Platitudes “Sayings” that are Hurtful to Grieving Families

- “Don’t worry, you’re young and you can have another one soon.”
- “This is God’s plan, and everything is going to be alright.”
- “The baby is in a better place.”
- “I know how you feel.”
- “Be strong.”

# Common Hospital Procedures When a Loss Occurs

- May put a sign or symbol on the door which let's others know that a loss happened
- Parent will need to complete a birth/death certificate
- Will offer options to parents to perform caretaking tasks with baby: bathing, dressing, holding
- Will offer ways to memorialize baby: take photos, lock of hair, footprint/handprint in clay

# Death Process In Hospitals

Death checklist

Documentation and samples

Funeral Director information

Medical Examiner  
information

Autopsy information

Family removal

Support resources

Hospital unit Bereavement  
Reps and role  
Telephone follow up sample  
questions  
Guidelines for transportation  
of bodies across state lines  
Perinatal loss forms grid  
Organ/tissue donation  
Donation  
eligibility/extubation  
decision tool



# Termination/ Dismissal with Care:

- Determine duration for client for follow-up and care coordination with manager, no less than 30 days for case management and up to 60 days post the loss.
- Transition to other programs and services that can provide ongoing care for client needs. Also, acknowledge that the client will ultimately determine the extent of engagement, and may voluntarily exit at the time of the loss. They may have existing resources and support systems beyond our relationship and intervention, and that is OK.

# Bereavement Resources

- **CJ First Candle:** in 2017 merged CJ SIDS Foundation and First Candle, committed to the elimination of Sudden Infant Death Syndrome, Sudden Unexpected Infant Death and preventable Stillbirths through education and research while providing support for grieving families who have suffered a loss.  
<http://cjfirstcandle.org/>
- **Compassionate Friends:** support to grieving families related to child loss  
<https://www.compassionatefriends.org/>
- **March of Dimes:** resources for families and professionals on miscarriage, stillbirth, premature birth and infant death.  
<http://www.marchofdimes.org/complications/loss-and-grief.aspx>
- **EXHALE** program for post-TAB phone counseling support at 1-866-4EXHALE.

# Resources Continued

- **Pregnancy Loss and Infant Death Alliance (PLIDA):** supports health care practitioners and parent advocates in their efforts to improve care for families who experience the death of a baby during pregnancy, birth, or infancy.  
<http://www.plida.org/>
- **Star Legacy Foundation:** awareness, research, education, advocacy and family support regarding stillbirth, pregnancy loss, and neonatal death.  
<http://starlegacyfoundation.org/>
- **Resolve Through Sharing®:** grief support materials and perinatal, neonatal, pediatric, and adult death bereavement training to healthcare professionals  
<http://www.gundersenhealth.org/resolve-through-sharing/>
- **Association of SIDS and Infant Mortality Programs (ASIP):** promotes policy and practice for professionals who respond to infant and child death, and is committed to bereavement support, risk reduction and prevention services.  
<http://www.asip1.org/>

What does this  
quote mean to  
you?



IT IS NOT SELFISH  
TO REFILL YOUR OWN CUP.  
SO THAT YOU CAN POUR INTO OTHERS.  
IT'S NOT JUST A LUXURY.  
IT IS ESSENTIAL.

# Questions?

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