ACOG

American College of Obstetricians & Gynecologists

Supporting Patients Through Stillbirth Care

Toolkit for Health Care Professionals

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A stillbirth is defined as the loss of a pregnancy after 20 weeks and before birth.[1] For purposes of this document, the term "baby" will be used to define a stillborn infant.

This toolkit is designed to support obstetrician–gynecologists (ob-gyns), midwives, nurses, and other health care professionals in providing compassionate, patient-centered care at every stage of a stillbirth experience. This resource offers expert and ACOG-supported best practices, communication guidance, and bereavement support strategies that can be adapted across clinical settings. Professionals using this resource can expect to find guidance on navigating difficult conversations, honoring patients' choices, facilitating memory-making opportunities, and collaborating with interdisciplinary teams to provide holistic, trauma-informed care.

Supporting patients through stillbirth and subsequent pregnancies requires empathy, flexibility, and trust. Each family's grief is unique, and there is no one-size-fits-all approach. Health care professionals play a vital role in offering sensitive, humble support to reduce isolation and fear during these vulnerable times.

This work is deeply meaningful, but can also be emotionally challenging. In addition to patient needs, health care professionals should recognize their own emotional needs and seek support to sustain compassionate care. As our understanding of perinatal grief evolves, so too must our practices, through ongoing learning, collaboration, and attentive listening. Compassionate care is a continuous commitment.

Acknowledgments

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[1] American College of Obstetricians and Gynecologists (ACOG). FAQs: Stillbirth. https://www.acog.org/womens-health/faqs/stillbirth

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American College of Obstetricians & Gynecologists

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Dear Colleague:

The American College of Obstetricians and Gynecologists (ACOG) is dedicated to supporting our members to improve the lives of all people seeking obstetric and gynecologic care, their families, and communities. One of the ways we strive to achieve this is by providing comprehensive resources to assist in the sensitive and challenging situations that arise in our field, including stillbirth. As you know, stillbirth is one of the most common adverse pregnancy outcomes, occurring in 1 in 175 deliveries in the United States, according to the Centers for Disease Control and Prevention (CDC).[2] This topic necessitates a sensitive and thoughtful approach to care, so we have compiled this resource to provide comprehensive support and guidance for you and your patients during this challenging time.

This toolkit includes a variety of materials designed to support you and your patients following a stillbirth, from the diagnosis to the postpartum period to discussions around subsequent pregnancies. Inside, you fill find links to clinical guidance, sample scripts, and best practices for caring for patients who have experienced stillbirth. In addition to these resources, you will also find information on emotional support, practical advice, lactation decisions, and remembrance options. While this toolkit provides a breadth of options and pathways for treatment, there is no standard approach for patients, and each should receive personalized and compassionate care tailored to their unique needs and circumstances.

We hope this toolkit is helpful to you, your practice team, and your patients. Speak with your team about how best to utilize these resources to provide care to your patients during this difficult time. If you have additional questions, please email us at clinical@acog.org. If you would like additional materials, please visit us at the ACOG Store. Thank you for your time and attention.

Sincerely,

Christopher M. Zahn, MD, FACOG
Chief, Clinical Practice and Health Equity and Quality

[2] Centers for Disease Control and Prevention (CDC). Data and Statistics on Stillbirth. https://www.cdc.gov/stillbirth/data-research/index.html

Clinical Guidance Overview & Practical Advice

This section provides an overview of roles and practices at the various stages of stillbirth care. Note that some steps (eg, offering grief support resources) should occur across multiple stages and check-ins.[3]

For ACOG's clinical guidance, review the following:

Obstetric Care Consensus: Management of Stillbirth.

Diagnosis	• Share the diagnosis in a clear, calm, and compassionate manner. This includes mirroring the patient's language, allowing space for and validating their reactions, and defining key terms. • Offer patients options to deliver and see their baby, and do not rush their decision. • Note patient preferences for care, language, and rituals in their chart and ensure team alignment. • Conduct a thorough maternal health history to look for known conditions or symptoms suggestive of those that have been associated with stillbirth (eg, hypertension, diabetes). • Offer additional testing, such as a genetic evaluation for abnormalities, which should be guided by patients' clinical history and detected fetal anomalies.
Peripartum	• Create a supportive delivery environment and emphasize that the baby will be treated with dignity. • Offer burial options that align with the patient's preferences. • Offer memory-making options (eg, photographs, handprints). • Conduct general examination and maternal health assessment. • Offer placental pathology, genetic testing, and fetal autopsy with or without imaging.
Before Discharge	• Validate the patient's parenthood and continue to create space for them to speak first. • Discuss the physical recovery process, including possible symptoms (eg, uterine cramping), complications (eg, mastitis), and lactation management options (eg, suppression, donation). • Provide mental health and support resources (eg, counselors, support groups, doulas) at this time and throughout recovery. • Review discharge instructions thoughtfully and offer an item (eg, a weighted teddy bear) to hold during discharge to help provide comfort. • Review AWHONN POST-BIRTH warning signs (visit AWHONN: POST-BIRTH Warning Signs Education Program). • Schedule follow-up visits and provide contact information for further questions, including mental health and grief support services.
First Six Weeks Postpartum	• Reach out to the patient to schedule a postpartum visit. Visits usually occur within 10 days postpartum and around 6 weeks postpartum. • Review and discuss maternal–fetal testing results with patients, if available. • Continue to provide resources for bereavement care for the patient and their support person(s). • Evaluate lactation support needs and decisions and offer alternatives and adjustments as needed. • Discuss family planning preferences, such as contraception, during the patient's recovery process.
First Six Months Postpartum	• Schedule at least one check-in between 3 and 6 months postpartum. • Stay connected with the patient through compassionate, consistent, and proactive outreach. • Revisit sensitive topics—such as mental health or chronic risk factors—when the patient indicates readiness.
In Subsequent Pregnancies	• Obtain a full medical and pregnancy history and conduct a physical exam. • Address identified risk factors from previous stillbirth workup. • Review conditions associated with stillbirth to identify potential contributing factors to the previous stillbirth (eg, diabetes, hypertension, lupus, assisted reproductive technologies [ART], body mass index [BMI], smoking). • Tailor prenatal care to meet the patient's medical and emotional needs (eg, early dating ultrasound, sonographic screening for fetal growth restriction after 28 weeks, anticipated birth timing in relation to due date) and respect patient preferences. • Consider connecting patients with a doula to support during the pregnancy and postpartum. • Discuss mental health support options, recognizing that patient trauma and anxiety may increase as the pregnancy progresses. • Document the patient's prior loss, goals for this pregnancy, preferences, fears, and current stage in their grief process in the chart to foster continuity of care and minimize re-traumatization across visits.

[3] ACOG. Management of Stillbirth. ACOG Obstetric Care Consensus No. 10 https://journals.lww.com/greenjournal/fulltext/2020/03000/management_of_stillbirth__obstetric_care_consensus.49.aspx

Care at Diagnosis

This section guides health care professionals through the process of sharing a stillbirth diagnosis using clear and compassionate language, while also providing a general overview of how to initiate the medical evaluation process.

1. Set the Stage for Compassionate Communication

Before communicating a stillbirth diagnosis:

- Ensure the space is **private and quiet,** free from interruptions.
- Sit down at **eye level** with the patient to avoid creating a sense of distance or hierarchy.
- Remember to **be mindful of your facial expressions and body language** when you listen to the patient's response and whether they are conveying nearness, compassion, and curiosity.
- Take a **deep breath.** Prepare yourself: you are stepping into one of the most challenging moments in the patient's life.

2. Share the Diagnosis Clearly and Compassionately

- Sometimes, a patient may be alone for this news. At other times, they may not have a support person present but desire additional support in the room (eg, their partner, their parent). Ask whether there is **anyone the patient would like to call** themselves or if they would prefer to have you reach out to the person on their behalf to be present for the sharing of the diagnosis.
- Use a **calm, grounded** tone. Speak slowly and directly.

Sample Script: "I'm so sorry to have to tell you this, but I have some very difficult news. There is no heartbeat. Your baby has died."

- Pause after delivering the news. **Allow time and space** for the patient to react. If you are inclined to offer physical touch as a way to comfort the patient and if it feels appropriate in your relationship, consider offering a hand on the shoulder or rest your hand over theirs.
- **Validate** the patient's reaction. There is no "right" response, so prepare yourself for the potential range of reactions, including silence, shock, screaming, crying, anger, or confusion.
- Avoid conciliatory phrases, including: "At least you weren't further along." "You can always try again." "Everything happens for a reason."
- Use **humanizing language** and avoid medical jargon. Say "your baby," not "the fetus."[4]

[4] Association of Women's Health, Obstetric and Neonatal Nurses. Communication Strategies for Perinatal Loss. https://website-assets-2020.s3.amazonaws.com/downloadable-products/Communication+Strategies+for+Perinatal+Loss.pdf

- **Mirror the family's language,** including terms and titles, consistently. Use the baby's name if they do. Avoid euphemisms like "loss" if the family uses direct terms like "death," and vice versa.

Sample Script: "How would you like us to refer to your baby? Did you have a name chosen that you'd like us to use?"

3. Explain What Stillbirth Means

- **Define terms gently and clearly,** even if the patient has had a prior stillbirth.[5]
- **Reassure** the patient that many stillbirths have no identifiable cause. A sense of guilt is unfortunately common among patients who have experienced a stillbirth.

Sample Script: "When a baby dies after 20 weeks of pregnancy, we call that a 'stillbirth.' I'm so sorry you're experiencing this."

- Prepare to answer questions from patients like "Why did this happen?" or "Could I have done something differently?"

Sample Script: "You're not alone in asking that question. We'll walk through this together, and I'll be here to answer anything I can, whenever you're ready. We can review everything together and talk through what we do know and what we may never fully understand."

- **Be prepared to repeat information** and give the patient and their support person(s) time to process the news, as they may be in shock.

4. Offer Emotional Support and Be Present

- **Do not rush** the conversation. Give the patient and their support person(s) as much time as they need to process the information. Offer to step out of the room if the patient would like privacy or wishes to discuss the news with someone else.

Sample Script: "Please take your time to process this. We can talk more about what happens next when you're ready. We are here for you."

Sample Script: "There is no right or wrong way to feel. We're here to help you."

[5] ACOG. FAQs: Stillbirth. https://www.acog.org/womens-health/faqs/stillbirth

5. Evaluate Medical Conditions

- Conduct **necessary assessments** while maintaining empathy and transparency. Note that many conditions cannot be ruled in or out until after delivery; however, it may be useful to have this conversation to establish shared expectations, provide anticipatory guidance, and support informed decision-making throughout the remainder of care.
- **Refer to ACOG's Obstetric Care Consensus: Management of Stillbirth, Figure 3, to review the essential components of a stillbirth evaluation, including clinical clues and potential causes.**

Sample Script: "Sometimes, a stillbirth can be related to certain conditions in the body, and it's important we look into anything that might need immediate attention for your health. We'll talk through each step and make decisions together."

- Gently conduct a **thorough maternal history** to look for known conditions or symptoms suggestive of those that have been associated with stillbirth. In addition to the medical and obstetric history, a family history with three generations of stillbirth instances should be reviewed. Any pertinent information in the maternal or paternal pedigree should be documented and investigated further.
- Inquire whether the patient experienced any **pregnancy-related warning signs,** such as changes in fetal movement patterns. For instance, a marked increase in fetal movement can be indicative of fetal distress. **Asking at this point** rather than at follow-up appointments will help to avoid potential recall bias. Proceed gently and be sensitive to reactions that this question may trigger. Ensure your language does not assign blame to patients.

Sample Script: "This may be a difficult question, and please do not feel pressured to answer immediately. Can you recall any symptoms or noticeable changes recently, such as changes in your baby's movement patterns? This helps us continue to gather all relevant information to provide appropriate care going forward."

Sample Script: "Please know this was not caused by anything you did or didn't do."

6. Begin the Medical Evaluation Process

Note: Testing options will likely need to be discussed over multiple conversations. Not all patients will want to discuss testing at this stage after diagnosis, but may instead want to hear that they have options, which can be explored in the days to come.

- Ensure you are up to date on **what testing is available** at facilities in your area and be aware of potential insurance coverage considerations. Inform patients about all available testing options while acknowledging that insurance and access may influence their decisions. Approach these conversations with sensitivity to potential barriers, supporting patients in making informed choices.

- Offer testing options **gently and with consent.** Frame all testing as optional and collaborative.
- **Refer to ACOG's Obstetric Care Consensus: Management of Stillbirth, Figure 3, to review the essential components of a stillbirth evaluation, including recommended testing.**

Sample Script: "I know this may be an overwhelming moment, and there's a lot to take in. Right now, our focus is on supporting you through the next steps. When you feel ready, we can also talk about some tests that might help us understand more about what happened. These are completely optional, and some are time-sensitive, but there's no rush to decide right in this moment."

7. Discuss Delivery Options with Clarity and Compassion

Note: Delivery typically does not need to happen immediately at diagnosis. Some patients may desire prompt delivery, while others may wait. Patients may take time to decide and may ask to hear their options more than once. However, the risk of spontaneous labor and delivery does increase after two weeks.

- Provide clear verbal information and written resources about all **delivery options,** including the risks and benefits of each. The choice of delivery method may depend on gestational age, clinical safety, the patient's personal values, and the practice team's training and experience. Recognize that the process can be different for each patient.components of a stillbirth evaluation, including recommended testing.
- Ensure that the patient has time to make their decision thoughtfully, while also clearly communicating that the **risk of spontaneous labor and delivery** does increase after two weeks.
- Reassure patients that **coagulopathy** from fetal retention is rare, but monitored, if necessary. Risk also increases after 4 weeks of prolonged retention—although this is still an active area of research.

Sample Script: "Even though your baby has died, the delivery process is still ahead. There are a couple of options available. We'll guide you through them, and let you come to a decision. You don't have to decide right away. If you do not want to make this decision today, we can give you some resources and continue this conversation when you're ready."

- Explain that options for delivery typically include dilation and evacuation (D&E) or induction of labor. Ensure **shared decision making** with the patient throughout this conversation.
- **Refer to ACOG's Obstetric Care Consensus: Management of Stillbirth section on "Methods of Delivery" for further details on delivery options and procedures.**

D&E Sample Script: "One option is a procedure called a **Dilation and Evacuation,** or a D&E, where we would carefully open the cervix and remove your baby. This is a safe and quick procedure. Because of the nature of it, there may be limitations in your ability to see or hold your baby afterward—but in some cases, we can still support you in doing so. If you would like, we may also be able to create mementos such as handprints, footprints, or memory boxes. I can walk you through what to expect and answer any questions you have."

Labor Induction Sample Script: "You can choose to be **medically induced** and go through labor, which may give you time to be with your baby after birth. This process can be physically and emotionally intense, but many families find it meaningful. We can go over the process in more detail if you're interested."

- Be gentle and honest about the **emotional weight of delivering** a baby who has passed away. Validate any emotional response from the patient and their support person(s).
- Encourage patients to bring items that can help **personalize their birthing space**—such as music, comforting lights, aromatherapy, or meaningful objects to honor the baby. These elements can support emotional processing and memory making.

Sample Script: "We are deeply sorry you're going through this. Delivery can be very emotionally difficult, but we will be here with you throughout, and we'll take everything one step at a time."

- Encourage the patient to **lean on their support person(s) during delivery,** as having a support person throughout the birthing process may reduce feelings of isolation and provide practical assistance during this challenging time.

Sample Script: "Which support person or people would you like to include in your baby's delivery?"

- In cases where stillbirth occurs **during labor or delivery,** be especially sensitive to the urgency and emotional intensity of the situation. Patients may not have time to process options in the same way, and decisions may need to be made quickly. Support them with clear, compassionate communication and ensure they feel as informed and involved as possible under the circumstances.

Sample Script: "Right now, we want to focus on keeping you safe while also honoring your baby in the way that feels right for you. There are a few options for how we proceed, and I'll walk you through them clearly. Some decisions may need to be made quickly, but we'll take it one step at a time. You're not alone—we're here with you through every part of this."

8. Prepare for the Steps Ahead

Note: Ensure you are current on what bereavement resources are available at facilities in your area. Offer these resources to all patients, while sensitively acknowledging that some services may involve costs or insurance requirements. Be mindful of potential barriers when discussing options.

- Reassure patients that **they will not be alone** in the days and weeks to come and have time to decide how they want to deliver and whether they would like to explore testing options.
- Provide grief support resources and printed materials. Resources may include:
  - FAQs: Stillbirth (ACOG)
  - About Stillbirth (Star Legacy Foundation)
  - Stillbirth (March of Dimes)
  - PSI Programs and Services (Postpartum Support International)

Sample Script: "We'll continue to be here for you—in the coming days, weeks, and months. When you're ready, we can connect you with support groups, counselors, and follow-up care. It's important to lean on your support person or people and allow yourself to feel whatever emotions arise. There is no wrong way to feel, and we're here to support you in any way we can."

- Document the **patient's preferences for language and rituals** in their chart and make sure the entire care team, from nurses to doctors to chaplains, are aligned.
  - Continue to document patient preferences and update the care team accordingly **throughout all stages** following a stillbirth.

Care in the Peripartum Stage

This section provides structured guidance for health care professionals to support patients emotionally and physically during delivery of a stillborn baby.

1. Create a Supportive Environment for Delivery

- Ensure a **private, quiet, and calm setting.**
- **Alert teams** discreetly of the patients' circumstances.
- If possible, **move the patient** to another floor or section of the labor and delivery unit so that they are not near other pregnant patients and babies. This may be especially important in hospitals that may recognize new babies being born using a bell or melody, which can be re-traumatizing for patients who have experienced a stillbirth.
- Introduce team members gently and explain each person's role. Ensure **continuity of the care team** whenever possible to build trust and comfort.
- Consider staffing a **trained grief companion** (eg, bereavement coordinator, bereavement doula) to support patients during labor and the immediate postpartum period.
- **Validate emotional responses,** which may change from moment to moment.
- Describe what to expect when the baby is born, including the birthing process, anticipated appearance of the newborn, and options for memory making.

Sample Script: "You've been through something incredibly hard. We're here for you today, and we'll be here for you going forward. You are not alone."

- **Emphasize that shared decision-making and informed consent will guide all aspects of care.** The patient remains in control, and no decisions will be made without their full understanding or consent.
- **Normalize** the desire to see, hold, or care for the baby after delivery. Offer time for silence as well as rituals, ceremonies, and religious and cultural rites. Allow patients as much time as they want and need to view and spend time with their baby following delivery.
- Express clearly that the baby will be treated with **dignity at all times. Ask if the baby has a name, and if so, offer to refer to the baby by name if preferred.**

Sample Script: "We'll make sure your baby is always treated with dignity and care. You have options for what happens next, and we can support you in whatever you choose."

- Consider providing patients with a "memory menu," with different options that may be available for the patient to pursue.

Sample Script: "After delivery, we can help with next steps for your baby. Some families choose burial or cremation, and we have resources to walk you through your options. We'll take care of your baby gently and respectfully. The decision is yours to make."

2. Discuss Options for the Baby's Body

Note: Conversations surrounding burial and the baby's body can be particularly sensitive. Be sensitive and willing to have this conversation more than once. Do not rush a decision from the patient.

- Introduce the topic gently, with **clear language and respect** for emotional context. Normalize this process as a way of honoring the patient's baby.
- Offer **printed resources** and space for decision making.
- Offer **referrals** to local funeral homes, cremation services, or hospital-affiliated programs. If direct referrals are not permitted, provide resources to help families identify these services in their community.

Sample Script: "After delivery, we can help with next steps for your baby. Some families choose burial or cremation, and we have resources to walk you through your options. We'll take care of your baby gently and respectfully. The decision is yours to make."

- Offer **space for religious or cultural practices,** such as bathing or prayer.
- Consider **offering a chaplain for support** if available in the hospital, or check if the hospital has a list of chaplains or other religious leaders (eg, rabbi, priest, imam) who can be reached on an on-call basis. Especially in situations where the death occurs during delivery, it can be beneficial for the chaplain to introduce themselves and offer emotional and spiritual support to the family.
- Make **no assumptions** about spiritual or cultural rituals—ask respectfully.

Sample Script: "Are there any traditions you'd like to include as part of your baby's birth? We can slow things down to make space for those. If you're not sure, would you like to share what your family or religion typically does when someone dies? That might help us figure out what feels right for you."

- Be mindful of **religious and cultural grieving practices.** Keep in mind that **each patient will have unique preferences and practices.**
  - Refer to the table below as a starting point for infant birth and death religious rituals, or review the complete Perinatal Bereavement Rituals: A Quick Reference on Culture and Religion[6]:

[6] Association of Women's Health, Obstetric and Neonatal Nurses. Perinatal Bereavement Rituals: a Quick Reference on Culture and Religion. https://website-assets-2020.s3.us-east-1.amazonaws.com/downloadable-products/AWHONN+Perinatal+Bereavement+Rituals-A+Quick+Reference+on+Culture+and+Religion.pdf

Religion	Birth Rituals	Infant Death Rituals
Christianity	• Baptism (timing varies)	• Funeral with burial or cremation
Judaism	• Naming on the eighth day • Brit Milah/Bris (circumcision)	• No ritual <30 days (Orthodox)
Islam	• Adhan (call to prayer) at birth • Naming on the seventh day	• Body washed, wrapped in a shroud, and buried as soon as possible
Hinduism	• Mantras whispered into the baby's ears • Naming ceremony on the 10th–12th day	• No ritual for infants
Buddhism	• Naming ceremony on the seventh day, which sometimes includes cutting the baby's hair	• No ritual for infants

This table may be used as a reference tool, but is not comprehensive of all religious practices.

3. Invite Memory-Making Practices After Delivery

Sample Script: "Many families find comfort in creating memories with their baby. You can hold your baby, call them by their name, or take photos with them. This is your time, and there's no right or wrong way to do it."

- Offer **private time** for personal bonding practices, such as swaddling and holding the baby.
- Express gently that memory making helps parents actualize their grief and can be an important step in shifting from a **relationship of presence to one of memory.**
- One of the most common regrets reported by bereaved parents is not having more tangible memories of their baby. If a patient is uncertain whether they want certain items or keepsakes (eg, photographs), **offer more than once if appropriate.**
- Let patients know what memory-making options are available,[7] including:
  - Hand or footprints (ink or clay)
  - 3D molds
  - Ultrasound pictures
  - Lock of hair
  - Photos of the baby and/or family interactions
  - Hospital blanket, hat, or clothing
  - Heartbeat recording, if previously captured
  - Stuffed animal (eg, weighted teddy bear)
  - Breastmilk keepsake jewelry, if applicable

[7] Tommy's: the Pregnancy and Baby Charity. Remembering Your Baby After a Stillbirth. https://www.tommys.org/baby-loss-support/stillbirth-information-and-support/remembering-your-baby-after-stillbirth

- If the patient and support person(s) aren't sure about memory making, offer to **help preserve items** by suggesting a trusted family member hold onto them or placing items in a sealed container or a special box for the patient to open later. While some hospitals may offer to hold these items temporarily, space constraints and the potential for loss mean this cannot always be guaranteed. Encourage families to consider what feels most comfortable and practical for them during their grieving process.
- **Always ask permission prior to creating memory items** (eg, cutting hair or taking photos).

Sample Script: "We sometimes hear from bereaved parents that they regret not having more tangible memories of their baby. It's entirely your decision, and if you're not sure right now, you might consider having a trusted family member or friend to hold onto items like photos until you decide if you want them."

4. Explain the General Examination

- Explain that a general examination of the stillborn fetus should be done to obtain information on notable features or conditions that may inform subsequent care.
- **Reassure the patient** that this examination will be done with respect and care for their baby, and that they can choose to be involved in decisions about what tests or procedures are performed.
- The examination should take place promptly, but remember to **follow the patient's lead** and allow them time with their baby.

Sample Script: "When you're ready, we'd like to do a gentle examination to see if we can learn anything about what may have happened, including measuring their weight and length and taking photos of the baby. This can sometimes give answers that might help with understanding this loss. We'll treat your baby with the utmost care and respect throughout the process. If you have any questions or preferences, we're here to talk through them with you."

5. Discuss Autopsy and Genetic Testing with Sensitivity

- Some families may want to seek answers; others **may decline an autopsy or genetic testing.** Approach the topic with clarity and permission to decide at their own pace, as well as an acknowledgement of what care is available, given the expertise on hand.

Sample Script: "We can also offer testing on the placenta, amniotic fluid, tissue, or an autopsy. Some results take time, but they can help us better understand what happened. We can discuss these options together if you like, and we will follow your wishes."

Sample Script: "Genetic testing or autopsies sometimes provide explanations, but the results can take several weeks. We can follow up when you feel ready to talk."

Sample Script: "Testing does not always provide a clear reason for why this happened. If you decide you do not want testing, that is completely okay. Whether or not you want testing is your choice, and we are here to support you in whatever feels right for you."

- Following the general examination and maternal health assessments (detailed in the "Care at Diagnosis" section), optional tests after the birth of the baby may include:
  - **Full or Partial Autopsy:** Conducted by a pathologist—ideally a perinatal or pediatric pathologist if available. If families are uncomfortable with a complete autopsy, other options such as partial autopsy, gross examination by a trained pathologist, ultrasonography, and magnetic resonance imaging are useful.
    - Alternatives include external examination, MRI imaging, or other imaging modalities.
  - **Genetic Analysis:** Examination using specimens such as amniotic fluid, an umbilical cord segment, or an internal fetal tissue specimen to identify the underlying cause of fetal demise by examining the baby's DNA, genes, and chromosomes.
    - Cost of various genetic analyses may affect patient decision making at the time of stillbirth evaluation, and efforts should be made to communicate information about anticipated cost whenever possible.
  - **Placental Pathology:** Examination of the placenta, umbilical cord, and fetal membranes conducted by a trained pathologist that may reveal conditions such as abruption, umbilical cord thrombosis, velamentous cord insertion, and vasa previa.
    - Placental evaluations may identify infections, genetic abnormalities, and anemia.
    - Examination of the placental vasculature and membranes can be particularly revealing in stillbirths that occur as part of a multifetal gestation.
- When discussing testing, **offer written materials** that explain the details, including who performs each test and when results can be expected. These details may be difficult for grieving patients to remember.
- Work with hospital administrators to **clarify insurance or cost** concerns as appropriate. If possible, do so before meeting with the patient.

Care in the Initial Postpartum Stage and During Hospital Discharge

This section outlines strategies for effective and compassionate care regarding the medical and emotional needs of grieving families in the initial postpartum stage leading up to hospital discharge.

1. Continue to Offer Compassionate Care Following the Birth

- Remember to always **mirror the family's preferred language** (eg, "baby," "son," "daughter," a given name) and avoid clinical terms such as "fetus." Continue to record all preferences of names and/or terminology in the patient's chart so that the full team is aware.
- Create **space for patients to speak** first if they wish—about what they want, need, or envision moving forward. Use open-ended, gentle questions to guide the conversation as needed.
- If the death occurred during delivery, incorporate an incident debriefing with all members of the health care team, along with a **separate debriefing session for the patient and family** to provide support and address any questions or concerns.

2. Educate on Physical Recovery and Lactation

Note: If a patient has questions or requests additional support regarding lactation, promptly refer them to a lactation consultant (IBCLC), breastfeeding peer counselor, or another qualified provider. Ob-gyns may not be fully equipped to manage lactation concerns in depth, especially in the context of loss. All clinicians should support access to expert, patient-centered lactation care.

- Use **gentle, clear language** to prepare the patient for **physical recovery** after birth, which can include symptoms such as **bleeding** (lochia), uterine cramping, and hormonal changes and mood shifts, which can be intensified by grief.
- Let the patient know that the **potential for lactation** is possible following loss from 16 weeks on in pregnancy. When the loss is later term, there is greater potential for more copious lactation. Inform them verbally and through written resources that their body may still **produce milk (lactogenesis),** which occurs in stages.[8,9]

  I. Early milk (colostrum) production begins around the 16th week of pregnancy.

  II. Copious milk production is triggered by hormonal shifts 1–4 days after delivery.

  III. Ongoing milk production is regulated by supply and demand.

  IV. Gradual ending of milk production (involution) occurs when lactation is not sustained.

- Share potential complications and pains patients should keep an eye out for, including[10]:

[8] Cleveland Clinic. Lactation. https://my.clevelandclinic.org/health/body/22201-lactation
[9] Genuine Lactation. Learn all about Breastmilk Production. https://www.genuinelactation.com/breastmilkproduction
[10] ACOG. Breastfeeding Challenges. ACOG Committee Opinion No. 820. https://journals.lww.com/greenjournal/fulltext/2021/02000/breastfeeding_challenges__acog_committee_opinion,.46.aspx

- **Breast changes** such as fullness, tenderness, or discomfort.
- **Breast engorgement, stasis, or ductal narrowing/inflammation** (colloquially called "clogged ducts"), which can cause localized breast lumps and pain.
- **Mastitis**, an inflammation or infection of the breast tissue that may present with redness, swelling, and flu-like symptoms.[11]

- Advise patients to **contact their provider** if breast concerns are worsening or not resolving with basic home care strategies within 24 hours.
- Present the patient with **lactation management options** they can choose from while reinforcing their autonomy, including[12]:
  - **Suppression** with supportive bras, cold packs, or, when needed, medication.
    - Medications include cabergoline[13], antihistamines, pseudoephedrine, estrogen, promethazine, and atropine. Caution the patient of any potential side effects of these medications (eg, hypertension, increased milk volume, psychosis).
  - Full or partial **expression** to alleviate discomfort.
    - Milk expression as needed to relieve discomfort of engorgement can be done by hand expression or pump.
    - Remind the patient that milk is produced in response to stimulation, minimizing expression is necessary for involution.
  - **Donation,** if emotionally and logistically appropriate.
    - Refer the patient to a milk bank to confirm eligibility and provide information about the donation process. Many milk banks offer streamlined options specifically for bereaved parents.
    - Instruct the patient on proper pumping techniques, recommended pumping frequency, and safe milk storage guidelines. Refer them to a lactation consultant for ongoing support throughout the process.
  - **Complementary and alternative care ideas** for comfort and management that have some supportive evidence. Note that galactagogues should not be considered first-line therapy because current research on the effectiveness of galactagogues is relatively inconclusive and all substances have adverse side effects.[14] These include[15]:
    - Manual therapy techniques to reduce swelling and edema, such as lymphatic drainage and acupuncture.
    - Herbal and supplemental therapies including sage, parsley, peppermint, and jasmine.[16] Herbal use should be guided by a lactation consultant or knowledgeable clinician as they can provide personalized advice based on the patient's individual health and circumstances and can help weigh the potential benefits against the risks.
    - Therapeutic ultrasound treatments.

Note: Avoid outdated suppression practices like breast binding. If the parent has cultural practices that include breast binding, provide anticipatory guidance around potential issues and include follow-up as needed.

[11] Academy of Breastfeeding Medicine Clinical Protocol #36: The Mastitis Spectrum, Revised 2022. https://www.bfmed.org/assets/ABM%20Protocol%20%2336.pdf
[12] The "Lactation After Infant Death (AID) Framework": A Guide for Online Health Information Provision About Lactation After Stillbirth and Infant Death. https://journals.sagepub.com/doi/pdf/10.1177/0890334420926946
[13] National Institute of Child Health and Human Development. Drugs and Lactation Database (LactMed®) [Internet]. https://www.ncbi.nlm.nih.gov/books/NBK501327/
[14] ACOG. Breastfeeding Challenges. ACOG Committee Opinion No. 820. https://journals.lww.com/greenjournal/fulltext/2021/02000/breastfeeding_challenges__acog_committee_opinion,.46.aspx
[15] Luna Lactation & Wellness. Care ideas for Lactation after Loss. https://www.lunalactation.com/product/care-ideas-for-lactation-after-loss/
[16] ABM Clinical Protocol #32: Management of Hyperlactation. https://www.bfmed.org/assets/32%20Management%20of%20Hyperlactation.pdf

Sample Script: "Even after a loss, in the coming days your body may still produce milk. This can be painful, emotionally and physically. We can talk about your options—including suppression, medications, or donation—and what feels best to you."

For additional information and guidance on lactation care after perinatal loss, see:

- **Committee Opinion: Breastfeeding Challenges**
- Lactation after Perinatal, Neonatal, or Infant Loss

3. Offer Mental Health and Grief Support Resources

Note: Conversations surrounding grief support should occur early and often. Be open to asking about and offering grief support more than once, and let the patient's response guide the conversation.

- Grief after stillbirth is profound and complex. Normalize it, support it, and provide clear next steps for connection to ongoing support systems, which can include[17]:
  - Bereavement counselors
  - Bereavement doulas (if available in the community)
  - Social workers
  - Spiritual care or chaplain services
  - Peer support groups (local and online)
  - Print materials and referral lists
  - Follow-up check-in calls from the care team

Note: When making recommendations, consider the patient's various resources and potential barriers—such as financial constraints, transportation challenges, limited English proficiency, or other factors—and be sure to provide accessible options (eg, free resources, multilingual materials, online services, telehealth).

Sample Script: "Everyone grieves in their own way and time. There's no right or wrong way to feel. We have grief counselors and support groups that you can connect with when you are ready."

4. Review Discharge Instructions Thoughtfully

- Ensure patients are **medically stable, emotionally supported,** and **equipped for healing** before they leave. Topics to cover include:
  - What to expect physically (eg, bleeding, pain, hormonal shifts)

[17] Lactation after Perinatal, Neonatal, or Infant Loss. https://www.lunalactation.com/final_clinical_lactation.pdf

- POST-BIRTH warning signs (eg, heavy bleeding, infection, fever) and possible complications[18]
- Mental health signs of concern (eg, hopelessness, persistent panic, dissociation)
- Who to contact for support and how to reach the care team
- Flexible follow-up plans

Sample Script: "As you prepare to go home, here are some things to watch for—both physically and emotionally. You can call us with any questions at any time."

Sample Script: "You may go through different symptoms and feelings of grief in the coming weeks, all of which are completely valid. We are here and, if you are comfortable with it, we can follow up over the phone to check in on you during this time."

- If possible, arrange for the patient to be discharged at a time or from a location where they **will not encounter other patients with babies.**
- Offer a **comfort object** (eg, weighted teddy bear) to hold when being discharged from the hospital.

Sample Script: "We have comfort objects like teddy bears that many patients have found soothing to hold during discharge. Would you like one? Or is there something else that we can provide which could be helpful? You can choose what feels meaningful—we'll follow your lead."

5. Schedule Follow-Up Visits

- Scheduling **follow-up visits** is medically necessary but can be emotionally daunting. Normalize these emotions while offering flexibility. Visits usually occur within 5–10 days postpartum and around 6 weeks postpartum.

Sample Script: "We usually like to check in within a week or two after birth, to see how you're feeling, physically and emotionally. If that feels too soon, we can adjust. We can plan around when you're ready."

- Many families will **wonder about the future,** even if they don't want to talk about it yet. Answer any questions delicately if asked and leave the door open. More in-depth conversations are often better had during follow-up visits.

Sample Script: "Some people wonder when they might be ready to think about the future. Others can't imagine that yet—and that's okay. We'll be here whenever you're ready to talk about it."

[18] Association of Women's Health, Obstetric and Neonatal Nurses. POST-BIRTH Warning Signs Education Program. https://www.awhonn.org/education/post-birth-warning-signs-education-program/

Care in the First Six Weeks Postpartum

This section provides guidance for health care professionals caring for patients and families as they navigate early grief and postpartum healing.

1. Offer Flexible, Patient-Centered Care

- Be conscious of **challenges for in-person visits postpartum** (eg, sitting in the waiting room with patients who are currently pregnant or are postpartum with babies). If possible, schedule patients' appointments to help manage these challenges and/or prepare patients for such situations.
- **Initiate a check-in** within 5–10 days after delivery, even if it is brief. During the visit:
  - Conduct a physical exam
  - Conduct a mental health screening
  - Review maternal–fetal testing results (if available and patient is ready)
  - Discuss risk factors compassionately (eg, race, multiple gestations, past obstetric history, comorbid medical conditions, BMI ≥ 30, age, substance use, prior stillbirth) and address modifiable factors collaboratively

Sample Script: "We've looked at all the available results so far. Sometimes we find something that gives us answers, and sometimes we don't—which can be frustrating and hard in a different way. If you'd like, I can walk through what we've found."

- Even brief check-ins can offer powerful **emotional affirmation.** Continue to mirror language and validate the patient's experience of loss. Recognize the patient's parenthood while also recognizing they do not have a living child.

Sample Script: "I've been thinking about you, [baby's name], and your family. I just wanted to check in and see how you're feeling—both physically and emotionally. How are your partner or other loved ones doing?"

- This time represents a delicate window of physical, emotional, and psychological recovery that requires **individualized, patient-centered, and trauma-informed** care. Offer **flexible solutions** where possible to meet evolving patient needs and thoughtfully manage barriers to care (eg, lack of insurance, time off work, childcare). These personalized accommodations can include:
  - Telehealth check-ins
  - Partnership with a case manager or social worker
  - Information on patient assistance programs
  - Online loss support programs
  - In-person or virtual bereavement doula options

2. Normalize Grief and Continued Mental Health Awareness

- Grief is not linear and may look different for each individual. Some patients may express emotions outwardly, while others may appear stoic. **All responses are valid**. Common grief responses include:
  - Emotional (eg, crying, sadness, guilt)
  - Physical (eg, fatigue, sleep issues, appetite changes)
  - Cognitive (eg, difficulty concentrating, memory lapses)
  - Behavioral (eg, withdrawal, hyperactivity, ritual behaviors)
- **Continue mental health screening** as part of compassionate postpartum care.
- Use **evidence-based screening tools** to evaluate for postpartum mood and anxiety disorders (PMAD) and post-traumatic stress disorder (PTSD), particularly among patients who experienced trauma or medical complications.
  - Use the Perinatal Grief Intensity Scale (PGIS)[19] to guide grief discussions and additional follow-up needs. Refer to this tool for an example of the resource.

Sample Script: "Grief is expected after a loss, but when it starts to feel unmanageable—like daily panic, hopelessness, or numbness—that's something we can help and support you through. We ask these questions because we care about your well-being."

Sample Script: "Grief can show up in all kinds of ways—it may come in waves or feel absent some days. There's no 'normal' way to grieve. I am here to support you in whatever you're feeling."

- Encourage partners and support persons to **watch for mental health warning signs,** such as changes in mood or energy, that may be difficult for the patient themselves to acknowledge in their grief.
- Invite conversations about how other support persons are coping. Partners, other children, and grandparents may all grieve in different ways.
- Connect patients and their support persons to both immediate and **ongoing sources of support.** Resources can include:
  - Local and online bereavement support groups (eg, Postpartum Support International, Star Legacy Foundation)[20]
  - Counselors specializing in perinatal loss
  - Hospital social worker or spiritual care referral
  - Printed lists of grief and mental health services

Sample Script: "How is your partner, [name], doing? Are there other family members or children we can help connect to resources?"

[19] Post-Traumatic Stress, Anxiety and Depression Following Miscarriage or Ectopic Pregnancy: a Prospective Cohort Study. https://bmjopen.bmj.com/content/bmjopen/6/11/e011864.full.pdf

[20] Centers for Disease Control and Prevention. Stillbirth Resources. https://www.cdc.gov/stillbirth/communication-resources/index.html

Sample Script: "If you or a loved one want to connect with other people who have gone through this or are considering seeking mental health support, I am happy to provide more information."

For additional ACOG clinical practice guidance, see:

- Clinical Practice Guideline: Treatment and Management of Mental Health Conditions During Pregnancy and Postpartum
- Clinical Practice Guideline: Screening and Diagnosis of Mental Health Conditions During Pregnancy and Postpartum

3. Revisit Lactation Conversations with Sensitivity

Note: Please see the "Additional Resources" section at the end of this toolkit to find more information on organizations that can support patients with donation, suppression, and additional options.

- **Bring up lactation** at both the 1-week and 6-week visits. Lactation needs and decisions may evolve over time. Patients may want more guidance as their body continues to heal.
- Reinforce the **patient's autonomy:** There is no right choice—only what's right for them.

Sample Script: "Many people are surprised by how emotional lactation can feel after loss. Would it be helpful to talk more about how you're feeling or explore any additional support options around it?"

- If a patient expresses **interest in milk donation,** discuss safe expression, storage, and emotional readiness, and provide the contact information for the Human Milk Banking Association of North America (HMBANA).
  - Contact form: https://www.hmbana.org/about-us/contact.html
- If a patient expresses **interest in suppression,** share comfort measures and warn against breast binding. Discuss signs of concern (eg, breast pain, fever, inflammation or stasis, mastitis).
- If a patient expresses interest in **additional options** beyond donation or suppression, let them know some bereaved parents have found comfort and ritual in using their milk in different ways, such as breast milk jewelry.

4. Discuss Family Planning with Gentleness

- Inform patients that pregnancy is **possible soon after delivery,** even well before menstruation returns. If the patient expresses interest in ensuring they have more time for physical and emotional healing, consider offering **interim contraception options.**
- **Reassure** patients that interest in preventing or planning pregnancy can change over time. Validate that readiness to discuss family planning will look different for everyone.

Sample Script: "Some people feel ready to talk about a future pregnancy right away, others need time, and some may choose not to become pregnant again—all are okay. We'll be here for you no matter what."

Sample Script: "For now, we can talk about ways to support you as you heal and while you recover physically and emotionally. You set the pace."

Sample Script: "It's completely normal to have a lot of mixed emotions. We can talk through what we know so far, and what the next steps might look like, if and when you would like to become pregnant again."

- If patients express interest in planning their next pregnancy, acknowledge that it may not be possible to define their **stillbirth recurrence risk** with certainty, but that you and your team are here to support them through whatever they desire for their future.

Care in the First Six Months Postpartum

This section includes guidance for supporting patients during the first few months of the postpartum period after stillbirth—a phase often marked by persistent or reemerging grief, shifting support systems, and considerations of future pregnancies.

1. Stay Connected with Compassion and Intention

- **Proactively schedule** at least one check-in **before 6 months postpartum,** especially if the patient isn't regularly reaching out.
- Even if patients don't ask for it, many value **gentle, regular outreach**. Grief can make it hard to initiate contact.
- Consider setting up regular reminders for you and your team to conduct follow-up calls, using automated reminders for the care team. These reminders should be for internal use only. Patients will need human contact, regardless of how brief it is.
- Offer **multiple formats** (eg, phone, secure message, brief telehealth check-ins).
- Clarify that there's **no expectation to reply** right away or at all.

Sample Script: "I am checking in on you and your family. No pressure to respond, but our team is here for you if you need us."

Sample Script: "There's no need to schedule anything unless or until you're ready. Just know this door is open."

2. Use a Companioning Approach to Long-Term Grief

- **Listen** more than you speak and reaffirm how the patient is feeling. The idea of "companioning" grief,[21] as opposed to treating it, emphasizes being present, prioritizing active listening, empathic understanding, and creating a safe space for individuals to process their emotions to navigate grief.

Sample Script: "I don't have all the answers, but I'm here to support you."

[21] Center for Loss and Life Transition. Companioning at a Time of Perinatal Loss: a Guide for Nurses, Physicians, Social Workers, Chaplains and other Bedside Caregivers. https://www.centerforloss.com/bookstore/Companioning-at-a-Time-of-Perinatal-Loss/

Sample Script: "What you're feeling is valid, and you don't have to carry it alone. We're here to support you in whatever way you need, whether that's talking more or just being present. Is there anything that's been helping you cope or feel connected lately—something we can continue to honor or support together?"

- Recognize that **grief often deepens or resurfaces** during the months after stillbirth—particularly around milestones (eg, the baby's due date, holidays, when friends have healthy births). Grief may be intensified by isolation, as social and professional support networks tend to taper off around this time.
- Avoid framing grief as a "path to recovery" or using language like "moving forward," "finding closure," or "healing journey" unless the patient uses those terms first.
- Avoid interpreting emotional shifts as "progress" or "regression." Grief is not a linear process. Simply **validate and hold space** for the emotions the patient expresses.

Sample Script: "Grief can look different at 3 or 6 months than it did early on. I want you to know I'm still here, and there's no timeline for this."

Sample Script: "There's no right way to feel. It's normal for emotions to come in waves or even contradict each other."

Sample Script: "If you're comfortable, please share how you're feeling right now—emotionally, physically, or spiritually. I'm here to listen and support you in whatever way feels right. There's no pressure, and whatever you share is welcome."

3. Revisit Sensitive Topics When the Patient is Ready

- **Let the patient set their own pace.**
- If a patient expresses concern for their **mental health** or demonstrates warning signs, consider rescreening for PMAD and PTSD.
  - Offer referrals to therapists or support groups specializing in perinatal grief, where appropriate.

Sample Script: "Would it be okay if we checked in on how you're doing emotionally, not just physically?"

- If a patient continues to face **chronic conditions or risk factors** identified at the time of stillbirth, conduct additional screenings and monitoring as necessary.

- Anticipate that patients may seek ways to **honor their baby.** Offer compassionate support as they may ask for ideas on meaningful ways to do so. You can share that they could:
  - Participate in a memory walk or candle lighting ceremony
  - Create a legacy item (eg, journal, art, memory box)
  - Make donations in the baby's name
  - Plant a tree or garden

Sample Script: "Some people find it helpful to find small ways to honor their baby as time passes. If or when that ever feels right to you, I'm happy to talk through options for honoring your baby's memory."

Sample Script: "There's no pressure at all—thinking about ways to remember and honor your baby is very personal. You don't need to do anything unless it feels meaningful to you."

Conversations at Points of Care

Care Surrounding Subsequent Pregnancies

This section includes guidance for supporting patients considering or experiencing a subsequent pregnancy after stillbirth.

1. Assess Readiness and Healing

- Some patients may begin thinking about another pregnancy shortly after loss, while others may not feel ready for months or longer. Grief and **healing timelines** are unique and may evolve over time.
- These conversations require both medical knowledge and emotional sensitivity, as patients often experience complex **grief, anxiety, and hope simultaneously.**
- Again, **let the patient set the pace.** Avoid assumptions based on time passed or external pressures (eg, age, family expectations).

Sample Script: "Whenever it feels right for you, we can talk about what future pregnancy care might look like. There's no rush — I'm here when you're ready."

Sample Script: "Your feelings about becoming pregnant again may shift, and that's completely normal. You don't have to decide everything now."

2. Counsel Patients Pursuing Another Pregnancy

- Once a patient is planning to try to get pregnant again, offer **prepregnancy care,** including forming an individualized care plan in collaboration with the patient.
- Perform a full **medical and pregnancy history** and conduct a physical exam.
  - Review the patient's chart and previously documented preferences to confirm relevant histories, minimizing the need to repeat potentially re-traumatizing questions whenever possible.
- **Consider referring the patient** to a maternal–fetal medicine (MFM) specialist for a prepregnancy consultation to identify potential risks for subsequent pregnancies, especially if the prior stillbirth was related to placental insufficiency, fetal growth restriction, hypertensive disorders, or other high-risk condition.
- **Refer to ACOG's Obstetric Care Consensus: Management of Stillbirth, Box 1, to review management of subsequent pregnancy after stillbirth.**

Sample Script: "If and when you feel ready, you might consider meeting with a maternal–fetal medicine (MFM) specialist for a prepregnancy consultation. This is not because of any complications that I am seeing right now, but just an extra level of support for you. They can help talk through any questions or concerns you may have about future pregnancies. We can help arrange that whenever it feels right for you."

For additional guidance, review Obstetric Care Consensus: Management of Stillbirth

- Evaluate **prior testing** and areas of **potential risk for pregnancy complications,** including:
  - Genetic testing, placental pathology, or autopsy results (if performed)
  - Parental karyotyping results
  - Chronic conditions (eg, hypertension, diabetes, thyroid disorders)
  - If the patient meets laboratory and clinical criteria, screen for antiphospholipid syndrome (APS), a type of acquired thrombophilia. Do not test for inherited thrombophilia as part of the initial stillbirth evaluation
- Screen for **psychological distress, mood disorders, or trauma symptoms.** Discuss the patient's emotional readiness and support system and validate their concerns.
- Address **modifiable health factors,** such as smoking cessation, BMI management, glycemic control, and nutrition. Also review existing medications.

Sample Script: "If you're starting to think about pregnancy again, we can begin with some prepregnancy planning—looking at both your physical health and emotional well-being."

Sample Script: "Prepregnancy evaluations help us understand any factors that could shape your future care. Any information we have can help guide your next pregnancy."

3. Tailor Prenatal Care in a Subsequent Pregnancy

- **Tailor standard prenatal care** to both medical and emotional needs, including:
  - Early dating ultrasound (typically at 7–9 weeks) to confirm viability and provide early reassurance.
  - Sonographic screening for fetal growth restriction after 28 weeks to monitor growth concerns that may be more likely after a previous loss.
  - Antepartum fetal surveillance, including non-stress tests (NSTs) and biophysical profiles, to assess fetal well-being in the third trimester.
  - Have the patient regularly monitor their baby's fetal movement and report any changes in fetal movement patterns. Assess fetal well-being after a pregnant patient reports changes in fetal movement patterns.[22]

[22] Lactation After Perinatal, Neonatal, or Infant Loss. https://lunalactation.com/final_clinical_lactation.pdf

- Plan delivery timing at 39 0/7 weeks of gestation or as dictated by individual or fetal comorbid conditions.
- Encourage consideration of additional care to support the patient during pregnancy, labor/birth, and postpartum (eg, doula, lactation consultant).
- Some families find comfort in touring the labor and delivery unit again with support, allowing them to create new, more positive memories and reclaim the space from the difficult experience of leaving without their baby.

Sample Script: "We'll put together a plan that's specific to your history and your preferences. We can always adjust along the way if your needs change."

Sample Script: "Monitoring can bring reassurance—but it can also feel stressful. Please let me know how you are feeling so we can tailor your care."

- Recommend evidence-based mental health support to patients, including:
  - Psychotherapy or counseling
  - Peer or expert-facilitated support groups
  - Pharmacotherapy, if appropriate
  - Postpartum mental health hotlines
- Some patients may also find support and comfort from other means, like self-help books. It is important to **listen and support** the patient through their personal experience and respect what works for them.

Sample Script: "Anxiety and grief often remain during a next pregnancy, after a loss. That doesn't mean you're doing anything wrong—it means you went through something deeply emotional. I can connect you with counseling, support groups, or other tools that can help ease some of the weight."

4. Continue the Companioning Approach

- Be aware of and recognize the impact that stillbirth may have on your patient's mental health. Some **trauma responses and reactions** in a subsequent pregnancy can include:
  - Guarded emotions
  - Heightened anxiety or hypervigilance
  - Tendency to mark off time by pregnancy milestones
  - Fear of announcing or celebrating the pregnancy
  - Fear of betrayal toward the stillborn child
  - Fear of the experience of childbirth

- **Actively listen** and offer guidance to help the patient navigate their fears. **Document** the patient's fears and grief clearly to minimize re-traumatization across visits.

Sample Script: "It's okay to be excited and scared at the same time."

Sample Script: "You don't have to put your grief aside because you're pregnant again."

- Just as in earlier postpartum stages, the provider's **presence** is often more meaningful than advice. Continue to:
  - Normalize re-emerging grief during ultrasounds, due dates, or trimester transitions
  - Use gentle language and validate emotional range
  - Avoid platitudes or premature reassurances (eg, "This time will be different")

Support for Health Care Professionals

This section includes guidance for navigating the emotional toll of providing stillbirth care for both members and leaders of care teams.

1. Recognize the Emotional Impact of Stillbirth Care

- Stillbirth is a deeply human and heartbreaking loss, not only for families but also for the care teams who walk with them through it. These teams often **carry the weight of patients' experiences alongside professional expectations.** Grief, guilt, helplessness, or sadness may surface—and this is normal.
- Acknowledge and **normalize your emotions.** Whether you are a physician, nurse, chaplain, social worker, midwife, or support staff, bearing witness to this type of loss leaves a mark. Allow space for sadness, frustration, helplessness, or even numbness. **Your emotions are valid.**
- Not all health care professionals receive **thorough training** on stillbirth care, including how to conduct procedures like amniocentesis or D&E. If you do not feel adequately prepared, this is not uncommon, and you are not alone. Advocating for further training may create opportunities to build confidence and understanding.

2. Pursue Self-Care Strategies that Work Best for You

- **Emotional processing** supports patient care. By attending to your own well-being, you strengthen your ability to remain compassionate and present with grieving families. Emotional processing prompts include:
  - What was hardest for me about this experience?
  - What did I witness that moved me?
  - Where might I need support right now?
  - What did I learn about myself or this kind of care?
  - Are any of my emotions surprising to me?
- Prioritize fundamental **healthy routines,** including sufficient sleep, exercise, eating healthy, and taking time off when needed.
- Set **emotional boundaries** without numbing. It's okay to feel deeply and still step away. Brief moments of reprieve can be restorative.
- Consider reaching out to **support services that your health care institutions** might have (eg, chaplains, social workers). These resources are available to support both patients and staff.

Sample Script: [To colleagues] "I need a 10-minute reset. I'll check back in after I take a quick walk outside."

- Consider **therapy or counseling.** Health care institutions often offer Employee Assistance Programs (EAPs) or referrals for emotional support. Additionally, consider connecting with perinatal psychiatry access program access lines. Don't wait until you feel overwhelmed.
- Try simple mindfulness techniques between cases or during transitions, including:
  - Box breathing (inhale for four, hold for four, exhale for four, hold for four)
  - Grounding (name five things you can see, four you can touch, three you can hear, two things you can smell, and one you can taste)
  - Brief body scans for tension

- ***Note: If feasible, consider designating a quiet space for mindfulness practice during shifts. Alternatively, check with your hospital to identify any existing rooms or areas available for this purpose and how to access them.***

- Connect with colleagues who have been through similar cases, as this may offer **valuable wisdom and camaraderie.**

Clinician Reflection Checklist

- ☐ Have I taken a moment to check in with my own emotions following this case?
- ☐ Did I connect with a peer or supervisor for debrief or support?
- ☐ Have I allowed myself time and space for rest, even briefly?
- ☐ Am I aware of the institutional resources available to me?
- ☐ Did I offer or receive validation from my team?
- ☐ Am I engaging in any grounding or replenishing activities outside of work?

3. Prevent Burnout and Support Resilience (For Leaders)

- **Normalize open conversations** within your team. Even a short conversation can help make sense of emotional weight and foster learning and solidarity.
- Check in with members of the team while they are caring for a patient with a loss. Offer them breaks and support.

Sample Script: "That was a heavy shift. Can we take 10 minutes to talk about it together?"

- Create space for routine, structured debriefing after loss events, especially in situations when the death occurred during delivery.

Sample Script: "When I was new, someone sat with me after a loss. I want to do the same for you—you're not alone."

- Prioritize continuing **education on grief-informed care.** Understanding the long-term effects of perinatal loss and trauma on families—and on care teams—can empower providers to deliver empathetic, sustainable care.
- Encourage access to **mental health support** for all staff.
- Advocate for **policies that support rest, recovery, and wellness.**
- Acknowledge staff members' contributions in delivering **emotionally complex care**—even small expressions of appreciation matter.

Sample Script: "I want to acknowledge how hard this kind of care can be. If you need a break, someone to talk to, or just a quiet place to decompress—that's part of what it means to be a team. You don't have to carry this alone."

Additional Resources

This section includes a list of existing tools, guides, and resources that may be helpful for supporting patient care during and after a stillbirth. There are many ways to connect with other people and find support while caring for patients who have experienced stillbirth. The following resources are effective starting points for this type of clinical care.

Note: The views of the organizations below are their own and do not reflect the official position or endorsement of ACOG, AWHONN, CDC, NICHD, NIH, or HHS.

Clinical Guidance:

Use these resources to guide your practice.

ACOG. Clinical Practice Guideline No. 4: Screening and Diagnosis of Mental Health Conditions during Pregnancy and Postpartum. https://journals.lww.com/greenjournal/fulltext/2023/06000/screening_and_diagnosis_of_mental_health.35.aspx

ACOG. Clinical Practice Guideline No. 5: Treatment and Management of Mental Health Conditions during Pregnancy and Postpartum. https://journals.lww.com/greenjournal/fulltext/2023/06000/treatment_and_management_of_mental_health.36.aspx

ACOG. Management of Stillbirth. ACOG Obstetric Care Consensus No. 10. https://journals.lww.com/greenjournal/fulltext/2020/03000/management_of_stillbirth__obstetric_care_consensus.49.aspx

ACOG. Optimizing Postpartum Care. ACOG Committee Opinion No. 736. https://journals.lww.com/greenjournal/fulltext/2018/05000/acog_committee_opinion_no__736__optimizing.42.aspx

ACOG. Guide for Integrating Mental Health Care into Obstetric Practice. https://www.acog.org/programs/perinatal-mental-health/integrating-mental-health-care-into-ob-practice-guide

Association of Women's Health, Obstetric and Neonatal Nurses. Perinatal Bereavement Resources. https://www.awhonn.org/perinatal-bereavement-resources/

Association of Women's Health, Obstetric and Neonatal Nurses. POST-BIRTH Warning Signs Education Program. https://www.awhonn.org/education/post-birth-warning-signs-education-program/

Eunice Kennedy Shriver National Institute of Child Health and Human Development. What are possible causes of stillbirth? https://www.nichd.nih.gov/health/topics/stillbirth/topicinfo/causes

Compassionate Care Clinical Resources:

Consult these materials on best practices for providing compassionate care to patients.

ACOG. Caring for Patients who have Experienced Trauma. ACOG Committee Opinion No. 825. https://journals.lww.com/greenjournal/fulltext/2021/04000/caring_for_patients_who_have_experienced_trauma_.36.aspx

ACOG. Effective Patient–Physician Communication. Committee Opinion No. 587. https://journals.lww.com/greenjournal/fulltext/2014/02000/committee_opinion_no__587__effective.36.aspx

Agency for Healthcare Research and Quality. Interventions to Improve Care of Bereaved Persons. https://effectivehealthcare.ahrq.gov/products/bereaved-persons/research

ACOG. Compassionate Conversations: Stillbirth. https://www.acog.org/education-and-events/webinars/compassionate-conversations-stillbirth

ACOG. Maternal Mental Health: a Compassionate Conversations Webinar. https://www.acog.org/education-and-events/webinars/compassionate-conversations-maternal-mental-health

Association of Women's Health, Obstetric and Neonatal Nurses. Perinatal Bereavement Rituals: a Quick Reference on Culture and Religion. https://website-assets-2020.s3.us-east-1.amazonaws.com/downloadable-products/AWHONN+Perinatal+Bereavement+Rituals-A+Quick+Reference+on+Culture+and+Religion.pdf

Association of Women's Health, Obstetric and Neonatal Nurses. Communication Strategies for Perinatal Loss. https://website-assets-2020.s3.amazonaws.com/downloadable-products/Communication+Strategies+for+Perinatal+Loss.pdf

Centers for Disease Control and Prevention. Talking with Families about Stillbirth. https://www.cdc.gov/stillbirth/hcp/conversation-tips/index.html

Institute for the Study of Birth, Breath and Death. Best Care Practices for Pregnancy Loss Support. https://birthbreathanddeath.com/best-care-practices/

Perinatal Grief Scale, Scoring and Translations. https://judithlasker.com/perinatal-grief-scale/

Patient Resources:

Share these resources with patients who are looking for more information.

ACOG. FAQs: Stillbirth. https://www.acog.org/womens-health/faqs/stillbirth

March of Dimes. Stillbirth. https://www.marchofdimes.org/find-support/topics/miscarriage-loss-grief/stillbirth

Postpartum Support International. https://postpartum.net/

Sisters in Loss Foundation. https://sistersinloss.com/

Star Legacy Foundation. https://starlegacyfoundation.org/

Memory-Making Resources:

Consider offering these resources to patients as examples for memory-making opportunities, should they choose to pursue.

Empty Arms Bereavement Support. Hand and Foot Casting. https://www.emptyarmsbereavement.org/hand-and-foot-casting

KeepsakeMom. https://www.keepsakemom.com/

Milk + Honey Jewelry. Grieving Mother's Program. https://www.milkandhoney.jewelry/grieving-mothers-program

Now I Lay Me Down to Sleep. https://www.nowilaymedowntosleep.org/

Lactation Resources:

Utilize these materials to navigate lactation support following loss.

ACOG. Breastfeeding Challenges. ACOG Committee Opinion No. 820. https://journals.lww.com/greenjournal/fulltext/2021/02000/breastfeeding_challenges__acog_committee_opinion,.46.aspx

Babylist. Are lactation consultants covered by insurance? https://www.babylist.com/hello-baby/are-lactation-consultants-covered-by-insurance

Breastfeeding Support. Lactation After Stillbirth and Infant Loss. https://breastfeeding.support/lactation-after-stillbirth-infant-loss/

La Leche League Lactation After Loss. https://lllusa.org/lactation-after-loss/

Luna Lactation & Wellness. Bereavement Resources and Lactation after Loss. https://www.lunalactation.com/bereavement-resources/

Star Legacy Foundation. Lactation after a Loss. https://starlegacyfoundation.org/lactation/

United States Lactation Consultant Association. Providing Lactation Support to Families after Loss. https://uslca.org/amplify/support-after-loss/

Academy of Breastfeeding Medicine Clinical Protocol #32: Management of Hyperlactation. https://www.bfmed.org/assets/32%20Management%20of%20Hyperlactation.pdf

Milk Banks:

Refer to these resources for guidance on milk donation.

Human Milk Banking Association of North America. https://www.hmbana.org/

Human Milk Foundation. Hearts Milk Bank. https://humanmilkfoundation.org/hearts-milk-bank/

La Leche League USA. Find Breastfeeding Support. https://lllusa.org/locator/

The Milk Bank. https://www.themilkbank.org/

Grief and Loss Resource Organizations:

Refer patients to these organizations that provide additional resources on navigating perinatal loss

Compassionate Friends. https://www.compassionatefriends.org/

Empty Arms Bereavement Support. https://www.emptyarmsbereavement.org/

Glow in the Woods. https://www.glowinthewoods.com/

LGBTQ+ Reproductive Loss. Resources. https://www.lgbtqreproductiveloss.org/resources

MISS Foundation. https://www.missfoundation.org/

Share Pregnancy and Infant Loss Support. https://nationalshare.org

Still Standing Magazine. https://stillstandingmag.com/

Grief and Loss Support Groups:

Share a list of support groups with patients to connect them to wider networks with similar experiences.

Griffin Cares Foundation. https://griffincaresfoundation.org/

Miscarriage, Infant Death, and Stillbirth (MIS) Support Group. https://www.misshare.org/

Pockets of Light. Stillbirth and Early Infant Loss Support Group. https://www.pocketsoflight.org/groups

Postpartum Support International. Black Moms in Loss Support Group. https://postpartum.net/group/black-moms-in-loss-support-group/

Postpartum Support International. Loss and Grief in Pregnancy and Postpartum. https://postpartum.net/get-help/loss-grief-in-pregnancy-postpartum/

Pregnancy Loss Support Program. https://www.pregnancyloss.org/

Rachel's Gift. Support Group Resources. https://www.rachelsgift.org/infant-loss-support-groups

Return to Zero HOPE. https://rtzhope.org/parents

Sad Dads Club. https://saddadsclub.org/

Shades of Blue Project. I.N.S.P.I.R.E Support Groups. https://www.shadesofblueproject.org/support

Sisters in Loss Foundation. https://sistersinloss.com/

Star Legacy Foundation. Support Groups. https://starlegacyfoundation.org/support-groups/

Stillbirth and Infant Loss Support Facebook Group. https://www.facebook.com/groups/362289933868253/

Tommy's: the Pregnancy and Baby Charity. Online Communities for Baby Loss. https://www.tommys.org/baby-loss-support/miscarriage-information-and-support/online-communities-miscarriage-stillbirth-and-premature-birth

Mental Health Advice and Resources:

Provide these tools to patients to support emotional well-being and compassionate care around perinatal loss.

Postpartum Support International. Perinatal Psychiatric Consult Program. https://postpartum.net/professionals/perinatal-psychiatric-consult-line/

Star Legacy Foundation. Family Support. https://starlegacyfoundation.org/family-support/

Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/

UMass Chan Medical School. Our National Network of Perinatal Psychiatry Access Programs. https://www.umassmed.edu/lifeline4moms/Access-Programs/

What's Your Grief. https://whatsyourgrief.com/

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