

**Giving
birth
to your
baby**

Waiting to give birth to a baby who has died is a traumatic and unexpected experience, and we hope that the information provided here helps you in making difficult decisions.

When your baby died

Your baby might have died before or during labour. If your baby has died before labour you will, in most cases, need to give birth. You may have been told that your baby is extremely unwell and not expected to live for more than a few hours or days.

Waiting to give birth is an incredibly difficult time. Whilst you are waiting you may have a huge range of thoughts and feelings racing through your head, you may feel completely numb, or anything in between. Even after your baby has died, as you change position, you might still feel the baby move in your womb and this could feel very unsettling for you.

You should be offered a private space to give birth away from other mothers and families. As it can be very hard to focus at this time, you may be encouraged to have a partner or someone else with you who can provide support and help you make difficult decisions.

How will your baby be born?

Unless there is a medical reason for you to have a caesarean section, doctors usually recommend that you give birth to your baby vaginally. This is usually medically safer for you and you are likely to make a quicker physical recovery.

The thought of going through labour and giving birth to a baby who has died can come as a huge shock to many parents. The midwife or nurse will ensure that you are well cared for during your labour and the birth, and you will have the opportunity to ask questions before your baby is born.

With time and support, most mothers adjust to the idea of going through labour. Although it may seem strange, many mothers who have been through this experience say that it feels right to have been able to go through labour and give birth to their baby. However, if you find the idea of labour too much to cope with, or if you have had a difficult birth or a caesarean in the past, do discuss this with the doctor who is looking after you.

How people refer to your baby

You might find that the health professionals caring for you, or even some family and friends, use technical definitions when talking about your baby without appreciating how this might make you feel. For example, if your baby died at 23 weeks of pregnancy, they might say that you had a “late miscarriage” rather than that your baby died. This could be because the requirements for registration are different, depending on when your baby died. It is important that you tell family, friends and hospital staff the language you prefer. They might know or have cared for other parents who use different language to describe a loss that happened at a similar time in pregnancy.

When will your baby be born?

If your health is at risk, the doctor will recommend that your labour is induced as soon as possible. If there are no medical reasons for delivering your baby straight away, the main decision is whether to have medication to start labour or wait for labour to start by itself.

You may not have to decide this straight away. You and your partner can discuss the different options with the staff. If you are a single parent, you may want to include a family member or close friend to help you think through your options and to support you when you are talking with the staff. You may also want to go home and take time to think about what you want to do.

Getting ready for labour

The staff will usually test your blood and urine, and possibly take vaginal swabs. Although these tests are important, it may not be possible at this stage to find out why your baby has died.



It is important to get support during labour. It can be helpful to have one or two labour partners to support you if possible. Having two labour partners will also let them support each other and let them take turns to have breaks. It is common for labour partners to feel helpless and to experience a range of conflicting feelings. Nevertheless, many labour partners have said that, although it was very difficult, it was important that they were there.

If your labour partner plans to take their car to hospital, then ask the staff about parking charges. Some hospitals may not charge, or have a reduced parking rate, for partners of mothers in labour.

If your labour is induced

The way that your labour is induced will depend on the stage of your pregnancy. You may be given medication to prepare your womb for the induction and this usually takes time to work. Some women go home during this time, with an appointment to come back to the hospital 24 to 48 hours later.

If you feel too distressed by the thought of going home, you may want to stay in hospital. The staff will usually try to organise this.

In hospital, your labour may be induced with tablets. These tablets may sometimes be combined with, or followed by, gel or pessaries that are inserted into your vagina. You may also need an intravenous drip containing medication to stimulate the contractions.

Once labour has started, most mothers give birth within 24 hours. The midwife or nurse caring for you should explain what to expect and how they will look after you. Some women decide to wait and see if their labour starts by itself.

If you have no medical problems and are considering waiting, you need to be aware of the following:

- If you wait more than 48 hours, you will be offered regular blood tests to check that your health isn't being negatively affected.
- If there are any worries about your health, or if your labour hasn't started after two or three weeks, the doctor will usually recommend that you have an induction.
- If there is delay before the birth, your baby's condition may deteriorate. If you want to have a post-mortem examination to try to find out why your baby died, this is less likely to provide

information. Your midwife will be able to explain what to expect. Some changes could include a change in a baby's skin tone, their skin becoming dry, or a change in their colour.

Where will your baby be born?

Most mothers decide to give birth in the hospital. However, if possible, some mothers may choose to have their baby at home. If you decide to go to the hospital, the place where your baby will be born will often depend on the policy of the hospital and on the stage your pregnancy has reached. In most hospitals, mothers are admitted to the labour ward or to another specialist unit if they have reached 20 weeks of pregnancy or longer.



The staff should explain where you will be cared for, where your baby will be born and what pain relief will be available. If you have a preference, do let the staff know. They might still be able to offer you certain aspects of your birth plan.

Going home before labour starts

Before you go home, the staff will give you the name and telephone number of a contact at the hospital. You can contact the staff at any time if you have any questions

or concerns. They will also tell you when to come back to the hospital and where to go. It is important that, as far as possible, you do not travel home alone. Shock and distress can affect people's judgment and ability to concentrate.

It is especially important that you do not drive.

What to take into hospital

The hospital may give you a list of things to bring with you when you return. You may want to bring in something special for your baby to wear or to be wrapped in after the birth, and a camera or a smartphone to take photos. There are ideas for photos to take later in this book on page 22. You could also bring a soft toy or anything else you would like to place alongside your baby and maybe something in which to keep a lock of hair. All of these items will help you make memories of your baby and may become very precious to you in time.

I washed Alice, changed her, read to her, sung to her and took hundreds of photos and videos. I'm so glad we had this opportunity because these moments are my most cherished memories and they still get me through the darkest days of grief.

Clare

What to expect during labour

Different women can have different experiences of pain during labour. Some women feel pain more intensely if they feel afraid, shocked or distressed. An induced labour can be more painful than a labour that starts by itself. Inducing labour can also take a long time, especially if it is some time before your baby is due.

You may decide to use self-help techniques in the early stages of labour. For example, you might try relaxation, a warm bath, breathing awareness, massage, and different positions.

If you decide that you want additional help with pain relief, it is usually possible to change from one method of pain relief to another during labour.



*How could they expect me to give birth
and see my beautiful baby no longer alive?*

Nicky



Most maternity and gynaecology units can offer strong pain-relieving medication such as diamorphine. This can be given either as an injection or through a drip in your arm. Some people find this type of pain relief helpful while others might not. Strong pain medication can reduce the pain and help you relax, but it may not take the pain away completely. It can make some people feel sick, drowsy or forgetful.

If the medication is given shortly before the birth, you may still feel drowsy when your baby is born. You may not remember as much about the birth.

Gas and air (also called Entonox) is available in both maternity and gynaecological units. You inhale it through a mouthpiece as soon as each contraction starts. It is very short acting and helps to take the edge off the pain, but doesn't remove it completely. It can make you feel a bit sick and sleepy and it can also be tiring to use it for a long time.

In most hospitals, an epidural is available only to women who are cared for on the labour ward. An epidural is a local anaesthetic injected into your lower back. The needle is then removed and a very fine flexible tube is left in place so that the anaesthetic can be topped up when it starts to wear off. This usually removes all the pain.

You may have an intravenous drip in your arm and your blood pressure will be checked frequently. You may need a catheter (a small tube inserted into your bladder) if you are unable to pass urine. You should be offered a chance to talk to a doctor who specialises in pain relief for labour.

Having a caesarean section

If you are critically ill, the priority will be to save your life. The safest and quickest way of doing this is through a caesarean section. If your baby is still alive, a caesarean may also help save them.

This situation can be very frightening for both parents. It can be particularly difficult for the partner, who can feel powerless and frightened. If there is time and you feel able, tell the staff if you have any particular wishes about your caring for or seeing your baby.

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

What to expect when your baby is born

Knowing that your baby has died before birth will not necessarily prepare you for the silence that follows once they are born. The silence can be “loud” and this can be very distressing.



Once your baby is born and your condition is stable, you can begin to think about the choices you want to make. For example, you can think about whether you want to see and hold your baby and to have photographs taken. You may also want to create other memories such as hand and foot prints, or save a lock of your baby's hair. You might have already started thinking about these decisions in the time before you gave birth.

If you are in a state of shock, or are feeling drowsy because of your medication, do not feel rushed into making decisions or feel that you cannot change your mind. Your baby will be cared for until you feel ready to make decisions. Later on, you might also have questions and want to understand more about what happened during labour. You may also find it helpful to go through the medical notes with the doctor or midwife.