

Perinatal Loss

*Centre intégré
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du Centre-Ouest-
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Québec 

Jewish General Hospital





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Introduction

This booklet was developed by a team of nurses, social workers, midwives and doctors to help you deal with your perinatal loss (also known as reproductive loss). Learning about your loss and the end of your pregnancy can be hard, which is why you may need help from the above-mentioned healthcare professionals and/or from community support groups.

When you feel ready, please take the time to read this booklet, which has been written with you in mind. It will help guide you through some of the reactions to your loss that you may have experienced. It will also explain the medical and nursing care you will receive. This booklet also provides you with resources and internet sites you can refer to if you feel that you and your family need counseling and/or more information about your loss.

Perinatal loss: Possible reactions

After your loss, you may experience some common physical, emotional and/or spiritual reactions:

- 1. Physical:** muscle tension, decreased appetite, change in sexual desire, lack of energy and fatigue, and disturbed sleep
- 2. Emotional:** guilt, anxiety, fear, memory loss, slowed thinking, inability to concentrate, forgetfulness, impaired judgment and understanding, confusion, preoccupation with thoughts of the baby, feelings of helplessness, emptiness, yearning, searching, numbness, shock, denial, feeling a loss of control and powerlessness, and a sense of vulnerability
- 3. Spiritual:** loss of faith/return of faith, questioning “Why?”, “Why me/us?”, anger and blame directed at a deity or at oneself or at a spouse, etc., looking for the meaning of the loss itself, depression, sadness, shame, and looking for meaning and purpose of life, death and suffering (Gray & Lassence, from *Grieving Reproductive Loss: The Healing Process*)

You may experience reactions that are not listed above. Reactions may vary in degree from one person to the next. You may experience some or all of these symptoms; they are simply examples of the more common reactions of people who have lost a baby through a miscarriage, stillbirth, neonatal death or termination of the pregnancy.

When should you seek help?

Grieving is a normal, healthy response to loss. You may feel a variety of mixed emotions for several weeks, months or longer. The way that you and your partner grieve may be entirely different from that of others, and even different from each other. However, if you find yourself becoming depressed (e.g., longer-term changes in sleep patterns and appetite, or withdrawal from people and daily activities), your doctor, nurse or social worker can refer you to a professional for help. Also, if you simply feel the need to talk to someone, or if you are concerned about how you and your family are feeling, please consult any of the resources listed in the [Helpful Resources](#) section of this booklet.

Medical and nursing care

When perinatal loss occurs after 16 weeks of gestation, you can expect to be admitted to the hospital. In most cases, it is necessary to induce labour. The decision is made by the physician, based on your medical condition and on how advanced your pregnancy is.

This is done in one of two ways:

1. The most frequently used approach is to use a medication called Misoprostol. This can be administered vaginally or orally every 2-4 hours until delivery occurs. Once contractions begin, an intravenous line (fluid that flows directly into a vein) is started, during which medications for pain are available, as needed. You may also request an epidural (an injection of a numbing medication around the nerves in the lower back). Misoprostol may cause a low- grade (slight) fever and, at times, vomiting and diarrhea. Medications to control these side effects are available. This entire process can take more than a day.
2. Another way to induce labour is to administer a medication called Oxytocin intravenously. It is administered at an increasing rate until regular contractions are established. In this case, you will also have access to pain medications and/or an epidural.

The placenta does not always come out on its own. Sometimes a curettage (surgical removal of tissue from the uterus) is necessary.

A nurse will meet with you and your family to assist you during this process and to ensure your comfort and safety.

Seeing or holding the baby / Pictures and mementos

Once the delivery has been completed, you and your loved one will be able to see and hold the baby, if you wish. Also, mementos, such as photos and footprints will be given to you, if you would like to have them. If you do not want these mementos or do not feel ready to take them at that time, they will be kept for you in the social worker's office for two years. You can reach the social worker at **514-340-8222 ext.28240**.

Note: If you are opposed to photos being taken, please let your nurse know.

If you are interested in having professional photos of yourself and your baby, please refer to this free service: portraitsdetincelles.com or call **1-877-346-9940**.

Postpartum (after childbirth) physical problems

Vaginal bleeding

In the period after the delivery, bleeding is normal. At first, it resembles a very heavy period, slowly changing to a clear discharge. It can take up to six weeks for your vaginal discharge to return to normal.

Breastmilk production

On the second or third day after delivery, you may produce milk in your breasts. Your breasts may become hard and full, and breastmilk may leak from your nipples. Cold compresses can be applied to the breasts, and acetaminophen (Tylenol) or ibuprofen (Advil) can be taken if you are uncomfortable. It is helpful to wear a supportive, wireless bra during this time. The beginning of milk production can last anywhere from five to fourteen days.

Fever

You may have a low-grade fever (38.1° to 38.5°C) when milk is first produced. Acetaminophen can be taken for this, as well. If you are concerned, discuss this with your doctor.

Consult your doctor if you experience any of the following problems:

- Heavy and continuing vaginal bleeding – your pad becomes saturated within one hour, for two consecutive hours
- Foul-smelling vaginal discharge
- Abdominal pain – major pain that persists or increases and is not relieved by with acetaminophen or ibuprofen
- A burning sensation when urinating, or the need to urinate frequently
- Fever greater than 38.5°C
- Emotional concerns – see [Perinatal loss: Possible reactions and When should you seek help?](#) sections of this booklet

Funeral arrangements and spiritual considerations

You may find that holding a funeral or memorial service can help you recover from your loss. If you are having difficulty deciding what to do or cannot agree on a plan, you should consult a JGH social worker: **514-340-8222 ext. 28240**. Someone in Admitting Services: **514-340-8222 ext. 28211**, or a spiritual advisor in your community can also provide funeral counseling. You may also wish to consult with the hospital's Department of Pastoral Services: **514-340-8222 ext. 25677 or 24921**.

You have the option of allowing the hospital to arrange for cremation, followed by burial of the ashes in a common grave, at no cost. You will not be told the location of this grave.

It is important to think carefully about making a decision that is right for you and your family.

Involvement of clergy

The staff of the hospital's Department of Pastoral Services includes a rabbi (**514-340-8222 ext. 25677**) and a Catholic priest (**ext. 24921**). If you need help in contacting a member of the clergy (those shown above or others), the Department of Volunteer Services (**ext. 25983**) can help you. For instance, some parents may want their baby to be baptized, or if the baby is already deceased, they may wish a special blessing to be recited. If there is not enough time for a priest or minister to arrive before the baby has passed away, anyone who is comfortable performing the baptism ritual (e.g. a nurse, another member of staff or a family member) can do so at a moment's notice, if you wish.

If you choose to make your own arrangements

Arrangements should be made with the funeral home of your choice. If you do not have one, a JGH social worker (**514-340-8222 ext. 28240**) or Admitting Services (**ext. 28211**) can help direct you.

Many options are available, as shown below. Therefore, it may be helpful to consult a social worker, Admitting Services or your clergy for guidance.

Some funeral homes in the area:

For Jews: *Papermans & Sons Inc.*, 514-733-7101
free burial and services for anyone under the age of 16.

For Orthodox Jews: *Chesed Shel Emes*, 514-273-3211

For Muslims: *Islamic Centre of Quebec*, 514-331-1770

- **For Christians and those of other faiths:** *Urgel Bourgie*, 514-735-2025
- *Kane & Fetterly*, 514-481-5301
Services and cremation at no cost (urn not included, but you may bring own container)
- *MagnusPoirier*, 514-727-2847
Services and cremation at no cost (simple wood urn included)
Other free services available include bereavement counseling.
- *Mount Royal Commemorative Services*, 514-279-7358
Services and cremation at no cost (simple box offered at no cost.
Urns can be purchased.)
- *Centre Funéraire Côte-des-Neiges*, 514-342-8000
Services and cremation at no cost (urns can be purchased)
- *Voluntas Commemoration*(West Island), 514-695-7979
Services and cremation at no cost (urns can be purchased)

Autopsy considerations

An autopsy helps to more accurately determine the cause of death. If you agree and/or if your cultural or religious beliefs permit, we suggest that an autopsy be performed. You will be asked to sign consent forms indicating your decision regarding the procedure.

Maternity benefits or employment insurance

If your baby is born with signs of life, you will need to complete a *Declaration of Birth* before receiving a *Declaration of Death*. Please go to the Admitting Birth Registration Office on the Postpartum Unit, or to B-114 (Pavilion B, 1st floor) after regular hours.

You may be eligible for maternity benefits if you were pregnant for at least 20 weeks. If you were pregnant for less than 20 weeks, you may be eligible for employment insurance sickness benefits.

For information about the benefits for which you may be eligible:

Before the 19th week of pregnancy: Visit the Service Canada website at <https://www.canada.ca/en/services/benefits/ei/ei-sickness.html> or call the Employment Insurance information service at **1-800- 206-7218** to determine whether you are eligible for Employment Insurance sickness benefits. You can receive benefits from 9 to 15 weeks. A medical note will be required.

Pregnancy in the 19th and 20th weeks: You may be eligible for maternity benefits from the Quebec Parental Insurance Plan (QPIP). For more details, call **1-888-610-7727** or visit www.rqap.gouv.qc.ca/en. A medical note will be required to determine the exact gestational age.

After 20 weeks of pregnancy: Contact the QPIP, at **1-888-610-7727** or visit www.rqap.gouv.qc.ca/en. These maternity benefits can be received between 15 and 18 weeks, depending on the plan you select. You will not be entitled to parental leave. If your baby was born without signs of life you will need a detailed medical note to apply for benefits. If your baby was issued a birth certificate, the information is transferred automatically to the QPIP with your consent.

If the baby is born with signs of life and will obtain a birth certificate, the father is entitled to one week of parental benefits.

Helpful resources

1. **JGH perinatal social worker:** 514-340-8222 ext. 28240
2. **Community-based support networks that provide grief counseling, education and guidance on matters related to perinatal loss (also known as reproductive loss):**
 - **Centre for Reproductive Loss**(private service)
 - www.crl-rho.org
 - info@crl-rho.org
 - parents can contact: laura.aguilar@crl-rho.org
 - **Healing Together**, West Island Women’s Centre (English)
 - <https://wiwc/category/outreach/supportgroups/>
 - 514-695-8529
 - 514-781-8529 (coordinator, Nadia Prevot)
 - **Les Rêves Envolés**, Centre Hospitalier Pierre-Boucher (French)
 - www.santemonteregie.qc.ca/cssspierreboucher/services/ser/fiche/deuil-peri.fr.html#.WwMTxqQvwdU
 - 450-468-8111 ext. 82309
 - **Mes Anges**, Centre hospitalier ambulatoire régional de Laval (French)
 - <https://www.lavalensante.com/soins-et-services/liste-des-soins-et-services/grossesse-accouchement-et-jeunes-enfants/suivi-du-deuil-perinatal/>
 - 450 622-5110 ext. 64950
 - Professional transfert to clinique nurse 450-622-5110 ext. 63103
 - **Paroles aux Anges**, CSSS Vaudreuil-Soulanges (French)
 - www.santemonteregie.qc.ca/vaudreuil-soulanges/services/ser/fiche/deuil-peri.fr.html#.WwMWLKQvwdU (general pages with all the CLSC coordinates)
 - https://www.santemonteregie.qc.ca/sites/default/files/2024/12/brochure_perdre-bebe_fr_mars2017.pdf
 - 450-455-6171, ext.70345
 - **Couple and Family Therapy Service:** Institute of Community and Family Psychiatry at the Jewish General Hospital
 - <https://www.jgh.ca/care-services/psychiatry/couple-and-family-therapy-service/>
 - 514-340-8222 ext. 21219

- **Good Grief Workshop** (for all ages)
 - nataliesegall.com
 - 514-222-9668
- **The Compassionate Friends of Canada** (English)
 - tcfcanada.net
 - email: nationaloffice@tcfcanada.net
 - 1-866-823-0141 (toll free number)
 - 438-257-0881 (direct number)
- **Solidarité-Deuil d'enfant** (French)
 - <https://www.sdequebec.ca/accueil>
 - 418-990-0435

3. Suggested reading

English

- Out of Order – The Loss of a Child (2025) Louna Kadoch (MSW)
- Someone Died... Now What? A Personal and Professional Perspective on Coping with Grief and Loss (2015) Corrie Sirota
- Life after Loss: A Practical Guide to Renewing Your Life after Experiencing Major Loss (2013) Bob Deits
- Spilt Milk: Perinatal Loss & Breakdown (2011) Joan Raphael-Leff
Karnac Books(e-book)
- Loss and Bereavement in Childbearing (2005) Rosemary Mander

French

- Fausse couche vrai deuil (2013) Manon Cyr et Isabelle Clément
- Revivre après le deuil (2013) Bob Deits
- Au-delà des mots: Recueil deuil périnatal (2011) Sarah Bachand et Caroline Labrie
- Surmonter la mort de l'enfant attendu : dialogue autour du deuil périnatal (2008) Elizabeth Martineau
- La mort d'un enfant (2006) Michel Hanus
- Nos petits anges au paradis (2006)
- Les Rêves Envolés: Traverser le deuil d'un tout petit bébé (2005)
Suzy Fréchette-Piperni
- L'attente et la perte du bébé à naître (2005) Helene Legrand et
Micheline Garel
- La chambre vide (2005) Caroline Paquin
- Le deuil périnatal (2004) Chantal Haussaire-Niquet
- Je pleure mon bébé (2004) Louise Desaulniers
- Congé de maternité sans bébé (2001) Beatrice Trichard-Gauthier

- *Apprivoiser le deuil* (2001) Marie Ireland
- *L'enfant interrompu* (1998) Chantal Haussaire-Niquet
- *Lorsque la vie éclate : impact de la mort d'un enfant sur la famille* (1997) Francine de Montigny

4. Internet Resources

- <https://parentsorphelins.org/> - Excellent Quebec-based services and support groups (French and some English)
- <https://www.corriesirota.com/> – Grief, loss, and bereavement specialist
- <https://www.sosgrossesse.ca/> (French)
- www.facebook.com/nospetitsangesauparadis (French)
- <https://www.facebook.com/nospetitsangesauparadis/> (French)
- <https://nationalshare.org/> (English – American-based website)
- www.climb-support.org – Center for Loss in Multiple Birth Inc. (English, French, Spanish, Chinese, Russian)
- <https://firstcandle.org/>
- www.babylossdirectory.blogspot.com (English)
- www.compassionatefriends.org
- <https://www.adhd.com.au/autism/parental-grief-adaptation-asd> (Parental Grief & Adaptation in ASD)
- <https://cerif.uqo.ca/en/perinatal-bereavement-and-health-care-services> - Centre for studies and research on family intervention (English and French)
- <http://www.october15.ca/> - Pregnancy and Infant Loss Awareness Day
- <https://www.who.int/news-room/spotlight/why-we-need-to-talk-about-losing-a-baby>

5. Resources for children

- *Ethan's Butterflies: A Spiritual Book For Parents and Young Children After a Baby's Passing* (2006) (English book)
- *Derrière mes larmes d'enfant: La mort et le deuil me font mal* (2006) Josée Masson
- *L'histoire de minuit, la chatte dont le frère nouveau-né est mort* (2007) Ginette Legendre
- *Le deuil. Y'a pas de mal à être triste! / Sad Isn't Bad! A good-grief guidebook for kids dealing with loss* (2004) Michaelene Mundy & R W Alley

6. Podcast:

- • *Out of Order* – Louna Kadoch (MSW) on Spotify, Apple Podcast and Amazon.

October 15 is Pregnancy and Infant Loss Awareness Day throughout the world. The Perinatal Loss Committee of the Jewish General Hospital recognizes the losses experienced by families. To offer support and acknowledge their grief, a yearly ceremony is held to mark the day.

For more information:
514-340-8222 ext. 25309, or plcjgh@gmail.com

References

ACOG. (2009). Misoprostol for Post abortion Care, ACOG: Committee Opinion, number 427. From website: www.acog.org last consulted 2012-08-28.

Association of Women’s Health, Obstetric and Neonatal Nurses. (2009). *Standards for professional nursing practice in the care of women and newborns* (7thed.). Washington, DC: AWHONN.

Cunnigham, K.A. (2012) Holding a stillborn baby: does the existing evidence help us provide guidance?. *Medical Journal of Australia*, 196(9), p.p. 558-560.

Flenady, V., Wilson,T.(2008). Support for mothers, fathers and families after perinatal death. *Cochrane Database of Systematic Reviews*, Issue1. Art. No.: CD000452. DOI: 10.1002/14651858.CD000452.pub2.

Grunebaum, A., Chervenak, F.A.(2012). Counseling parents after stillbirth. From website: www.uptodate.com last consulted 2012-08-28.

Nursing Department, Jewish General Hospital. (2011). Perinatal Loss and Bereavement, Policy and Procedure, number FBC9.1, p.p.1-35.

Pelletier,V., Salvanos, J., Sheridan, M. (2005). Reproductive Loss Resource Package, Montreal: Sir Mortimer B. Davis Jewish General Hospital.



" There is no foot
too small that it
cannot leave an
imprint on this
world "

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