Supporting Grieving Families as a Home Visitor: Miscarriage, Stillbirth, and Infant Death

Grief can cloud much of the good in life, especially when a family experiences miscarriage, stillbirth, or infant death. In the course of your work as a home visitor with Family Spirit, you may encounter individuals and families that lose an unborn baby or young child. This supplement is meant to support home visitors that are working with families during a time of grieving. Please note that the tips included in this document should not replace a referral to a mental health professional.

**We are not experts on anyone's grief. We must meet grieving families where they are, without expectations about what should happen or how they should feel.**

- As a home visitor, you are a *helper* and *companion* for any grieving family you serve.
- Here are some ways to support a grieving family:
  - **Listen in a supportive manner** – hopefully, you have already built a strong relationship with the family. If the participant remains enrolled in the program and would rather have a support visit, you may put the lesson away and ask him or her if you can sit with him or her on this visit and come back in a few days to finish the lesson.
  - **Let the family know that, in most cases, their emotions and feelings are normal and expected** – validation is often critical.
  - **Help the family reduce additional stress by organizing tasks related to the loss and day-to-day life responsibilities** – depending on where you are in the curriculum, you may already have a good idea of the everyday routine the family follows.
  - **Assist the family in relying on their strengths to develop healthy coping strategies.**
  - **Gently encourage the family to grieve in their own way.** If they are interested in traditional healing or want to reconnect with their faith, offer to connect them with the appropriate resource(s).
  - **Distribute appropriate resources and make necessary referrals.**

**Reflect on and implement the many skills you have learned as a home visitor, both through training and practical experience.**

- **Body language:**
  - **Make eye contact, but vary it** – don’t let your eyes wander, don’t take notes, and don’t watch the clock. Put away all electronic devices.
  - **Let your face reflect a caring disposition.**
Face the person that is speaking.

Position yourself at the same level, don’t cross your arms, and sit up straight – a rigid posture does not reflect a caring attitude. If you cross your legs, do it in their direction.

Verbal language:

Speak in a relaxed, warm manner.

Do not interrupt – give the griever the time s/he needs.

Silence and brief pauses are okay in times of reflection.

Ask open-ended questions – begin them with “How,” “What,” “Could” (asking “Why” questions can make the person feel defensive).

Paraphrase what the person is saying – can encourage more in-depth conversation.

Reflect his/her feelings (e.g., “You seem to feel…” or “Sounds like you feel…”) – follow up with “Is that close?” or “Is that right?”

Grief can impact all aspects of a person. There is no timetable for processing, and sudden, unanticipated death can intensify a person’s reaction.

Here are some different reactions you might observe after a family has experienced miscarriage, stillbirth, or loss of a child:

Physical:

- Changes in appetite – over-eating and under-eating
- Sleep disturbances – over-sleeping and under-sleeping
- Others: increased blood pressure, diabetes, allergic reactions, digestive problems, headaches/migraines

Behavioral:

- Aggressive behaviors: volume/tone of voice, irritability, tension
- Withdrawn behaviors: quiet/introverted, short answers, limited conversations
- Self-doubt
- Reckless behaviors: alcohol/drug abuse, risky sex, unsafe driving
- Hyperactivity (e.g., cleaning, working, talking, home projects, shopping)

Cognitive:

- Reduced attention span
- Loss-centered thinking – processing the loss so much that it becomes obsessive
- Lowered self-esteem
- Idealization of past, future, and relationship lost

Emotional:

- Self-blame and guilt
- Helplessness/hopelessness
- Anger
- Withdrawn – not being able to give emotionally to others, even family members
- Anxiety

Spiritual:

- May be challenges to the person’s belief system (e.g. cultural taboos surrounding death)
Wondering why this was allowed to happen

Anger toward belief system

**Keep in mind that a grieving person may not experience all reactions, and reactions may change over time.**

It’s important that a grieving family get to a point where they can learn to live with this loss experience rather than try to “get over it.” This loss is part of their journey in all aspects: physical, behavioral, cognitive, emotional, and spiritual.

**Families that experience a sudden death loss often take longer to process and cope because of overwhelming disbelief.**

- Not being able to say *good-bye* can add to pain and hurt from the loss.
- As a home visitor, be aware of this and sensitive to the family’s healing process.
- Be prepared to leave with the family a directory for funeral homes, death certificate information, etc.

**Rituals or ceremonies can provide grieving families with a way to engage in “meaning-making.”**

- When the time is right, and if it is culturally appropriate, help the family to identify ways they can remember or honor their loved one.
- This may include a traditional ceremony or a simple way to remember the child on his/her birthday.
- The ritual or ceremony should be meaningful to the family, so it should come from them. You are there to support this as a part of the healing process.

**Supporting a grieving family can be really difficult for the home visitor. It is not uncommon for a home visitor to feel as if he or she is taking on the energy (positive or negative). Know what your support system is as you help the family navigate through their hurt and pain.**

- Burnout can happen as a result of the work that you do as a home visitor.
- As a program, you should have the necessary supervision and group support in place to help each other during difficult times like this.
- Identify ways that you can keep in touch with yourself. Everyone’s self-care will look differently: walks, family time, prayer/meditation, exercise, cooking, gardening, etc.
- Your supervisor should work with you and other home visitors to develop a plan for families that experience miscarriage, stillbirth, or loss of a child while enrolled in the program.
  - How will you continue to support the family with your time?
  - How long will you keep the family enrolled in the program?
- If you have ever experienced a loss like this, be sure you are in a good place to provide support for someone else going through the same thing.
  - Discuss this with your supervisor, if necessary. Reflective practice can help with this.
Miscarriage, Stillbirth and Infant Death Grief Support Books and Other Resources
Grief Recovery Helpline: 800-445-4808

Your program should have a complete list of local resources on grief support. The books and websites below are only suggestions, but you will know your communities best.

- Miscarriage: Women Sharing from the Heart by Marie Allen and Shelly Marks
- Empty Arms: Coping After Miscarriage, Stillbirth and Infant Death by Sherokee Ilse
- Empty Arms: Hope and Support for Those Who Have Suffered a Miscarriage, Stillbirth, or Tubal Pregnancy by Pam Vredevelt
- Empty Cradle, Broken Heart: Surviving the Death of Your Baby by D. Davis
- A Silent Sorrow: Pregnancy Loss-Guidance and Support for You and Your Family by I. Kohn & P. Moffit
- Unspoken Grief: www.unspokengrief.com
- Silent Grief: www.silentgrief.com

Bereavement Training for Home Visitors

- Babies Remembered Consulting: www.babiesremembered.org
- Bereavement Services : www.bereavementservices.org
- Center for Loss and Life Transitions: www.centerforloss.com