



Guiding You Through Pregnancy Loss

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To Our Dear Family,

We understand you are going through a range of emotions at this time as you've learned of your pregnancy loss. We are so very sorry, and we know the days, weeks and months ahead will be challenging.

Your team at South Shore Hospital will do everything possible to attend to your physical, emotional and spiritual needs through this difficult period and beyond, and will be here for you as you navigate this journey through loss.

On the following pages, you will find information about the management of pregnancy loss (surgical and non-surgical). In addition, we've included considerations during the process and suggestions to help you cope physically and emotionally.

You will work with your obstetric provider in deciding what is best for your situation. We are here to help, however we can, to guide and support you and your family.

*With our deepest sympathies,
Parent Child Health Division
South Shore Hospital*

"Grief never ends...but it changes. [It's a passage, not a place to stay. Grief is not a sign of weakness, nor a lack of faith... it is the price of love.]"

- Darcie Sims



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Next Steps

No one expects a pregnancy to end in loss and after hearing this news, you may be in shock, and searching for answers as to what caused your loss. You may feel you should make a plan as soon as possible, but rarely is there an urgent reason to do so. You may want to consider going home and taking the time you need to reflect on the pregnancy, contact friends and family and make necessary arrangements. We encourage you to take time to talk with your partner, share, cry and reflect. Some couples desire the opportunity to say goodbye through a written note, reciting a special prayer or just sharing memories of the pregnancy and others feel ready to move forward with a care plan as soon as possible. When ready, discuss next steps with your provider.



Management

The following information outlines surgical and non-surgical management of pregnancy loss. Your obstetric provider will help guide you to an option that best fits your needs.

Surgical Management

Dilation and Curettage (D&C)/Dilation and Evacuation (D&E) are surgical procedures which involve dilating the cervix and removing the pregnancy. Your obstetric provider will discuss this option with you if your loss has occurred prior to 22 weeks or there are circumstances that would necessitate surgical management. Both procedures (D&C/D&E) occur as an outpatient where you will be admitted and discharged from the hospital on the same day. The procedure is performed in the operating room with anesthesia. On average, the procedure takes approximately 30 minutes. You will then be moved to the recovery room where you will be monitored closely. Holding and seeing the baby will not be possible with D&C/D&E.

Before the Procedure

You may meet with your OB provider the day before the procedure to review your medical history, complete paperwork and to answer questions about the procedure. You will be offered spiritual support and you will be asked to consider disposition of your baby's remains (please refer to **Spiritual Support and Final Arrangements**). A representative from the surgical service may also call to provide information regarding arrival time and when to stop eating and drinking before surgery. Please follow their instructions closely. Spiritual support (see pg. 8) and grief support are available to you at any time throughout this process.

Preparation of the Cervix

If you are in the first trimester of pregnancy, you may only require cervical dilation on the day of the procedure. Your provider will instruct you on what type of medication will be used and how it will be administered.

Beyond the first trimester, it may be necessary to place laminaria into the cervix one or two days before the procedure to soften and slightly dilate the cervix. Laminaria is a sterile, seaweed-based material (the size of a matchstick) that is placed into the cervix which expands gently by absorbing moisture from the body. The process is similar to having a pelvic examination where you will be asked to empty your bladder and undress from the waist down. With your feet in stirrups, the physician will place a speculum in your vagina, clean the cervix and insert the laminaria. This process usually requires about 15 minutes.

Because the process of inserting the laminaria can be uncomfortable, to help with discomfort, you may take Ibuprofen 1-2 hours before the procedure and then every 8 hours until the time when you are instructed not to eat or drink anything further. Please discuss dosage with your provider prior to coming in for the procedure.



Women sometimes worry that their cervix will dilate too rapidly and that they will miscarry at home. This is very unlikely to occur, but if you experience any of the following symptoms, please call your provider or go directly to the emergency room:

- Leaking amniotic fluid
- Severe cramping not improved by medication
- Fever
- Bleeding

The Day of Surgery

The Dolphin Surgical Center, located on the third floor of the Emilson building. After checking in, you will meet the nursing and anesthesia team in the pre-operative area, and will change into a hospital gown and be given a bag for personal belongings. A support person may remain with you until you are moved to the surgical area. The pre-operative team will check vital signs, place an IV, and complete necessary documentation. Once paperwork is complete, you may receive medication for relaxation and proceed to surgery. Every staff person in the surgical center has been trained in caring for patients with pregnancy loss. Some patients feel comforted by spiritual support prior to surgery, and this often can be arranged. Please discuss any special wishes with your team.

After Surgery

Please refer to the section **Heading Home**.

Non-Surgical Management

Induction of Labor (IOL)

The option of inducing labor/delivery is available after 15 weeks. Prior to that, a woman's body may not respond to medications that lead to delivery of both the baby and placenta.

To make your stay more comfortable, you may want to consider bringing a few personal items from home. Those items may include:

- Toiletries
- Pillow
- Camera
- Comfortable clothes for you and your partner
- Any special item for your baby, such as a blanket or stuffed animal

If you decide not to bring items from home, the hospital will provide personal care items for you.



Admission for Delivery

Your obstetric provider will make arrangements for you to be admitted to the Birthing Center where you will be introduced to your nurse, and she will help you get settled. You may be asked to change into a hospital gown (but you may wear your own clothes if you desire), a health history will be obtained and an intravenous line (IV) is usually started at some point. You may meet many different providers over the course of your stay including physicians, midwives, nurses, perinatal counselors, chaplains, and dietary staff among others. Our goal is to provide you with the care that you and your family want and need. You are the team leaders and we are here to support you through this journey.

Depending on the medical protocol, labor can be induced with medications which may be given intravenously, orally (by mouth), or by vaginal suppository. Because the process of inducing labor can be slow at the beginning, there may be hours where you find yourself waiting. Some women may feel sleepy from the medications and use the time to nap. Eventually your body will begin to respond to the induction medications, and your uterus will begin to contract, leading to dilation of the cervix (opening of the womb). Pain management options are available when contractions begin and include un-medicated supportive care, intramuscular medications, nitrous oxide or epidural anesthesia, as you desire. Our goal is to help you through your delivery safely and help you manage your discomfort.

Most women will deliver within 24-72 hours. If you are in your second trimester of pregnancy, the baby is smaller and the cervix may only need to dilate partially to deliver. If you are in your third trimester, your cervix may need to dilate to the full 10 centimeters before you deliver. The delivery of the placenta usually follows shortly after the baby. Sometimes, the placenta does not deliver in the time expected, and a procedure called dilation and curettage, (D&C), may be required. We will make sure that you have anesthesia if you need this procedure. If you need a D&C, this will be done in the Birthing Unit and you will not necessarily be discharged home the same day as the procedure.

Following the birth, you will remain in the Birthing Center where your nurses will monitor you to assure that your body is stabilizing after your delivery. You will be offered pain management as you need. You may surround yourself with whomever you feel should be included in your experience. It is a profound time and your emotional support is as important as your physical care and you may determine who you would like by your side. Support persons are not considered visitors and may remain with you throughout the majority of your delivery and stay.

“Nothing is ever really lost to us as long as we remember it.”
- L.M. Montgomery



“Memory is a way of holding on to the things you love, the things you are, the things you never want to lose.”

- Anonymous

Making Memories

Memorabilia

Although nothing will replace your precious baby, we know that helping you create lasting memories can help in the healing process. Whether you choose D&E or induction of labor, we will make every effort to provide you with memorabilia that may include: footprints, pictures, a memory box and other items.

Seeing & Holding

If you have chosen induction of labor, you will have an opportunity to see and hold your baby if you desire. You do not need to make this decision now. It may be difficult to imagine this, but many families find it helpful. Should you choose not to hold or see the baby at delivery, you may change your mind at any time during your stay. You may also choose to allow others to hold the baby, even if you elect not to do so.

Bereavement Photography

Our staff is trained to take pictures in a respectful manner. We have the ability to print pictures, if you like, and we can provide you with images in digital form to take home. You are also welcome to use your own devices for pictures. We encourage you to be part of this process and if comfortable, to involve other family members. Some couples have inquired about professional bereavement photography. Although the hospital is not affiliated with one bereavement photographer, we can provide you with the names of a few local photographers who have been trained by Now I Lay Me Down To Sleep (NILMDTS), a national organization whose goal is to train, educate, and mobilize professional quality photographers to provide beautiful heirloom portraits to families facing the untimely death of an infant.

Bathing & Dressing

Some families would like to bathe and dress their baby, although this may not always be possible. Please discuss this possibility with your nurse. If you have a special blanket or outfit that you would like your baby to wear you may bring that from home and bathe and dress your baby or ask your nurse for assistance. If you do not have a special outfit, the hospital will provide a baby blanket and hat.

Cuddle Cot

You may choose to keep your baby at the bedside with you during your stay. This can be achieved by a “Cuddle Cot System.” The Cuddle Cot is a cooling bed that preserves your baby’s body in a bassinet or crib so that he or she can remain in your hospital room for an extended period of time.



Final Arrangements

You have the option to make arrangements for your baby at any gestational age. We have outlined the options available to you. The first option is use of a *funeral home for burial or cremation*. If you choose this option, you will need to contact a funeral home to make arrangements. A list of local funeral homes can be found in this guide, however, you may choose any funeral home you wish. The second option leaves *disposition to South Shore Hospital* where a cremation is performed at no charge. If you choose this option, please know the baby's remains are respectfully handled but you would not have the option to take the remains or visit a burial site.

Spiritual Support

A Chaplain from our Pastoral Care department is available to meet with you at any point to provide spiritual support by listening, praying or simply being present. Many people with a faith tradition, as well as those with no religious affiliation, find this to be of great comfort. Spiritual support is available to nourish and strengthen your soul. You may decide to call in your own religious leader who is welcome at the hospital to meet your spiritual needs. Many of our nurses provide blessings and/or baptism if you prefer.

Children and Grief

If you have other children at home, and they are aware of the pregnancy, you may be concerned about what to tell them and how they will cope with the loss. While every family shares information with children differently, there are some basic guidelines for talking with children about loss.

The way adults communicate with children about loss influences how families will cope with the loss in the long-term. Children have different needs depending on where they are developmentally but all children need honesty and to know that feelings are normal and can be expressed. Some young children may be upset one minute and act as if nothing has happened the next. Older children understand the final nature of death, but may need tools to help articulate their feelings. Since children are very literal, using words such as "sick," "ill," or "sleeping" can leave children feeling concerned for their health and safety. Consider "the baby's body was not strong enough to live outside of mommy's body," or whatever developmental language you feel is appropriate for your child's age. Below we have outlined some basic guiding principles but for more information on children and grief and an extensive bibliography, please see our list of resources online at <https://nacg.org/understanding-childhood-grief/>.

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- Always tell the truth
 - Let children know the emotions they are experiencing are normal
 - Let children's actions as well as their words guide you to what they are feeling
 - Help children understand the behavior of adults around them
 - Protect children's rights to be and remain children
 - Allow children to participate in the rituals of saying goodbye
 - Maintain as normal of a schedule as possible
 - Know when to get help

Searching for a Cause

The two most commonly asked questions from parents are, "Why did this happen?" and, "Is this likely to happen again?" We are committed to answering these two very important questions. Sometimes the cause of a loss can be determined and other times, despite the advances in technology, this is not possible. It may still be helpful to rule out certain causes in order to know if this could happen again.

Miscarriage (loss prior to 20 weeks)

A miscarriage is defined as any pregnancy that ends spontaneously before the fetus can survive outside a woman's body. Most miscarriages occur in the first trimester of pregnancy (before the 13th week), but some occur well into the second trimester. It is estimated that miscarriage occurs in about 8-20% of all recognized pregnancies. The majority of miscarriages, especially in the first trimester, are a result of a chromosome abnormality (too many or too few chromosomes). Chromosome abnormalities are usually sporadic events unlikely to recur and typically do not run in families. It is common for women to question whether they did something to cause a miscarriage, such as forgetting to take their vitamins, having a glass of wine before they knew they were pregnant, feeling ambivalent about the pregnancy, or having sexual intercourse. These do not cause miscarriage.

Although the cause of miscarriage cannot always be determined, the most common causes are the following:

- Chromosome abnormalities
- Diabetes
- Infection
- Hormonal problems
- Structural problems with the uterus



Stillbirth (loss after 20 weeks)

A stillbirth is loss of a baby after 20 weeks of pregnancy and occurs in approximately 1% of all pregnancies.

Listed below are some known fetal and maternal causes of pregnancy loss.

Fetal (the baby):

- Chromosome abnormalities (ex. Down syndrome)
- Congenital abnormalities (ex. heart defects)
- Abnormal placenta or umbilical cord (ex. hypercoiling/hypo-coiling)
- Blood loss

Maternal (the mother):

- Maternal illness (ex. diabetes)
- Abnormalities of the cervix or uterus (ex. incompetent cervix)
- Drug exposure (ex. cocaine)
- Trauma (ex. physical injury)
- Infection (ex. chorioamnionitis)
- Immunologic disorders (ex. lupus)
- Blood clotting disorders (ex. thrombophilias)

Laboratory Testing

Your provider may order blood work which might identify the cause of your loss. Your provider will discuss the timing of results and how the results will be reported to you. Most blood results take two weeks or more, and some blood tests cannot be performed for weeks or months after your loss when pregnancy hormones are no longer present.

Evaluation of the Placenta

The placenta is an organ attached to the lining of the uterus during pregnancy. Oxygen and nutrients are exchanged between the mother and baby through the placenta and umbilical cord. Abnormalities in the placenta, umbilical cord and amniotic sac can result in pregnancy loss and occasionally will indicate a maternal health issue. When indicated, South Shore Hospital's Pathology Department will work closely with specialized placental pathologists in Boston to arrange a detailed examination of the placenta. We will discuss this examination with you in greater detail if it is appropriate for your situation.



Genetic Testing

Genetic testing can be performed by sending a small section of the umbilical cord or tissue to a specialty laboratory. Results are usually available in approximately 2 weeks. The purpose is to identify changes in the genetic material that may have led to abnormal development in the baby, causing pregnancy loss. This is a common cause of first trimester pregnancy loss. Babies with chromosome abnormalities may have birth defects that cannot be detected by ultrasound. Screening tests that you may have had during the pregnancy are not as accurate as genetic studies from the umbilical cord/tissue.

Autopsy/Fetopsy (Evaluation of the Baby)

Autopsy is referred to the examination performed after 20 weeks gestation. Fetopsy is prior to 20 weeks. Considering autopsy/fetopsy for your baby can be difficult. Fetal autopsies/fetopsies are performed with the utmost respect and have been documented to provide the most comprehensive information as to the cause of second and third trimester loss.

There are two types of evaluation which pathologists can perform. The limited or external examination includes a visual inspection for external abnormalities. A complete autopsy/fetopsy involves surgically opening the body and examining all organs for any abnormalities.

An autopsy/fetopsy will only be performed with your permission. If you decline autopsy/fetopsy, please consider giving permission for an external examination of the baby, a detailed placental examination and genetic testing. Many causes of pregnancy loss will be determined through examining the placenta and/or genetic testing.

If you choose autopsy/fetopsy you will still have the option for cremation or burial.

How Will I Get My Results?

Your provider may share all of the testing results with you and/or offer you the opportunity to meet with a Maternal Fetal Medicine physician to review the testing results. Customarily, this appointment is scheduled 6-8 weeks after discharge in order to ensure that all of the results are available.

Heading Home

Discharge time from the hospital varies with each person's medical and personal needs. Most women who have undergone D&C/D&E will go home the same day. Following a delivery, you may prefer to leave the hospital several hours after delivery; however, you may desire to remain overnight. You and your provider will agree on discharge planning together, and you will be given information regarding when to schedule a follow up appointment, as well as how to reach your team members should you need them.



Your Physical Recovery

Everyone experiences physical recovery differently. The following are expected outcomes as well as signs for which you should call your provider. If you have a question regarding your recovery, please call your obstetric provider who has coverage 24 hours a day/7 days a week.

Bleeding

Vaginal bleeding is perfectly normal. The amount of bleeding varies from woman to woman. Some women have little to no bleeding, while others bleed lightly up until their first period (four to eight weeks after delivery). Women may have no initial bleeding but develop moderate to heavy bleeding 3-5 days later. Most of the time, this increase in symptoms is related to increased activity and can be resolved by rest and decreasing the level of activity.

Call your obstetric provider:

- If you are having heavy bleeding, such as soaking through one full size maxi pad in an hour.
- If you are passing large blood clots (the size of your fist)
- If you do not get your period after eight weeks.

Cramping

Most women experience some cramping. Normal cramping usually becomes less severe with time. Occasionally, a short episode of intense cramps will be associated with the passage of a clot. You may take acetaminophen or ibuprofen for pain when you experience cramping (please talk to your health care provider about dosage).

Call your obstetric provider:

- If cramping is severe and unrelieved by pain medication.
- If cramping becomes continuous and/or becomes more intense or it is associated with other symptoms such as fever or chills.

Breast Changes

Some patients experience breast engorgement 4-5 days after as a result of milk production. This is normal but may be physically and emotionally uncomfortable. Symptoms generally resolve within a few weeks, but you may find it helpful to wear a tight fitting bra with absorbent pads and to limit breast stimulation. Packing your bra with ice or flexible packages of frozen vegetables helps to reduce inflammation and placing fresh cabbage leaves in your bra may help decrease milk production. This is a long-standing midwifery approach that really helps. When in the shower, face away from the water spray since warm water can stimulate milk production. Drink plenty of water (avoid caffeine), and use over the counter medications such as



acetaminophen and ibuprofen as directed. Occasionally, breast engorgement may result in mastitis, an infection of the breast. Call your provider if you experience persistent redness in breast(s), fever, flu like symptoms, shaking chills, breast lump and/or breast pain.

Some women have inquired about breast milk donation. Below we have included a statement from the Mother's Milk Bank Northeast that works with bereaved donors.

"While donating milk after losing a beloved pregnancy or infant is not right for everyone, many mothers find meaning and comfort in knowing that their milk can be used to save the life of another child. If a mother wants to be sure that a baby receives her milk, then she will be screened to ensure her donor eligibility; if she prefers to avoid any screening, then her milk might still be used for research. Any amount of milk is greatly appreciated and our trained lactation consultants provide support to bereaved donors in every step of the process." For more information, please contact Mother's Milk Bank Northeast directly at 617-527-6263.

Additional Reasons to Call Your Provider

- Temperature is greater than 100.4 degrees.
- Pain with urination
- Pain or warmth in one leg
- Foul smelling vaginal discharge
- Headache
- Visual changes
- Chest pain
- Difficulty breathing
- Vomiting
- Development of a persistent cough
- Thoughts of harming yourself
- Inability to care for yourself

Please Remember

- You should have a follow-up visit with your provider in 2-3 weeks. Please contact your provider to make an appointment.
- Take all of your medication as prescribed
- Call your provider with any questions or concerns
- Do not have sexual intercourse or use tampons for at least 2 weeks (the time frame may be longer depending upon your delivery or when you have been cleared by your obstetric provider.)



Your Emotional Recovery

As you start to feel better physically, it is common for emotions to escalate. The emotional healing process is different for every person and couple. The goal is not to “get over” loss but to slowly integrate loss into your life. Grief is a normal reaction to loss, and no two people grieve alike or on the same schedule. It is important to remember not to judge how you or your partner feels at this time. Grief is a process; a process that entails moving forward and sliding back. The most common and overwhelming emotional component of grief is sadness, but many experience guilt, shock, confusion, anger, yearning and frustration.

We have highlighted some of the more common reactions here.

Anger

You may find yourself in line at the grocery store listening to the customer in front of you complaining about the price of bananas and have the desire to scream “you have no idea what we have just been through!” Mundane matters that used to feel significant just pale in comparison to what you have endured. Grief has a way of stripping away a protective layer exposing your emotions, especially anger and frustration. When we are not grieving, it is often easier to regulate our emotions. Early in the recovery period, you may need to anticipate situations where you could feel most vulnerable triggering volatile emotions.

Tears

Crying is normal and is known to be our bodies’ way of releasing stress and emotions. We tend to analyze how much we cry, or don’t cry. We may add into that “my partner is crying too much” or “my partner isn’t crying, so they must not be grieving.” Try not to judge the tears, but welcome the release of emotion that follows a good cry.

There are physical reasons why women shed more tears even when they report having a “good moment.” It has been documented that prolactin (a hormone associated with milk production) is also associated with the production of tears. Many women notice that they have more control over their emotions after their first period when the pregnancy hormones are no longer circulating.

Anxiety

It is not uncommon for women to suffer from feelings of anxiety after loss. Anxiety can have physical symptoms such as a racing heart, and the feeling of wanting to “jump out of your skin.” The shift in pregnancy hormones largely contribute to these symptoms. Women often report feeling nervous, increased worry (especially about something happening to a loved one), repetitive thoughts about the pregnancy, and the process of labor, delivery and beyond. These are common thoughts and feelings. They often disappear or at least reduce significantly once hormones stabilize. Most cases of anxiety will not need treatment with medication. If you have an existing anxiety disorder or the anxiety interferes with your ability to function, you



should speak to your doctor. Having physical symptoms of anxiety can be frightening but understand that this can be a normal physiologic response.

Forgetfulness

Some women report not being able to “remember anything.” This is common and often a result of the hormonal changes but is also a normal symptom of grieving. Grab a notebook and write things down (grocery list, questions to ask your doctor, etc.). Your memory will return in time.

Although grief may be filled with pain, sadness, and anger, the journey through grief often brings benefits of new friendships, renewed relationships, and self-exploration. The process of recovery is to discover a “new normal” and not to look for the person or couple that existed before your loss. The key to coping with grief is communication with your partner, your family, your friends, and your medical providers. If you feel that you would benefit from support around this process, please contact our Pregnancy Loss Program.

Grief vs. Depression

Grief can look and feel very much like depression, and initially the symptoms can look similar. Hormonal changes in the body can heighten the symptoms of grief.

Grief however, changes over time where depression does not. As acute grief subsides, small hopes and joy begin to return. This is not a betrayal of your loss, but rather an indication that you are beginning to heal. While it is common to consider medications early on in the grief process, medicating feelings provides only temporary relief while the work of grieving remains. If you have a history of significant depression or you have become unable to tend to your daily activities (showering, brushing teeth), you should let your provider know.

*“Tears shed for another person are not a sign of weakness.
They are a sign of a pure heart.”*
- Jose. N. Harris



Resources

The Pregnancy Loss Program at South Shore Hospital

Because we understand that the emotional recovery is longer than the physical recovery, The Pregnancy Loss program at South Shore Hospital is designed to provide bereavement support to assist you in coping with your loss. The program offers compassionate care and ongoing support to parents having experienced the loss of their baby through miscarriage, unexpected pregnancy outcome, stillbirth or early infant death. All of the loss services are provided free of charge.

Individual and group support is offered as well as follow-up phone calls. These approaches give each person a safe place to begin his/her journey toward healing.

For more information or to speak with a member of the pregnancy loss team, please call 781-624-4177. We will continue to offer emotional and spiritual care for you and your family for as long as you feel necessary.

Website Support

www.stillstandingmag.com

www.nationalshare.org

www.hopeafterloss.org

www.mymiscarriagematters.com

www.misschildren.org



Funeral Home information

We have provided you with the following funeral homes who have worked with other families. If you have a funeral home that has provided other services for your family, feel free to contact them for assistance.

If you choose to take disposition, it is advisable to contact the funeral home any time before your arrival to the hospital. Often there is paperwork that will need to be signed and they may ask someone from your family to meet at the funeral home to complete the paperwork. Cost of cremation and burial vary and you would need to inquire directly with the funeral home of choice.

Cartwright Funeral Homes

Randolph Home:
419 No. Main Street
Randolph, MA 02368
(718) 963-4199

Holbrook Home:
69 South Franklin Street
Holbrook, MA 02343
(781) 767-4116

Braintree Home:
845 Washington Street
Braintree, MA 02184
(781) 843-1878

McDonald-Keohane Funeral Home

809 Main Street
South Weymouth, MA 02190
(781) 335-0045

C.C. Shephard Funeral Services

134 Pleasant Street,
South Weymouth, MA 02190
(781) 337-0050

Kane Funeral Home

605 Washington Street
South Easton, MA 02375
(508) 219-1078

Faggas Funeral Home

553 Mt. Auburn Street
Watertown, MA 02472
(617) 926-2163



The Mourner's Bill of Rights

by Alan D. Wolfelt, Ph.D.

Though you should reach out to others as you do the work of mourning, you should not feel obligated to accept the unhelpful responses you may receive from some people. You are the one who is grieving, and as such, you have certain "rights" no one should try to take away from you.

The following list is intended both to empower you to heal and to decide how others can and cannot help. This is not to discourage you from reaching out to others for help, but rather to assist you in distinguishing useful responses from hurtful ones.

1. *You have the right to experience your own unique grief.*

No one else will grieve in exactly the same way you do. So, when you turn to others for help, don't allow them to tell what you should or should not be feeling.

2. *You have the right to talk about your grief.*

Talking about your grief will help you heal. Seek out others who will allow you to talk as much as you want, as often as you want, about your grief. If at times you don't feel like talking, you also have the right to be silent.

3. *You have the right to feel a multitude of emotions.*

Confusion, disorientation, fear, guilt and relief are just a few of the emotions you might feel as part of your grief journey. Others may try to tell you that feeling angry, for example, is wrong. Don't take these judgmental responses to heart. Instead, find listeners who will accept your feelings without condition.

4. *You have the right to be tolerant of your physical and emotional limits.*

Your feelings of loss and sadness will probably leave you feeling fatigued. Respect what your body and mind are telling you. Get daily rest. Eat balanced meals. And don't allow others to push you into doing things you don't feel ready to do.

5. *You have the right to experience "griefbursts."*

Sometimes, out of nowhere, a powerful surge of grief may overcome you. This can be frightening, but is normal and natural. Find someone who understands and will let you talk it out.

6. *You have the right to make use of ritual.*

The funeral ritual does more than acknowledge the death of someone loved. It helps provide you with the support of caring people. More importantly, the funeral is a way for you to mourn. If others tell you the funeral or other healing rituals such as these are silly or unnecessary, don't listen.

7. *You have the right to embrace your spirituality.*

If faith is a part of your life, express it in ways that seem appropriate to you. Allow yourself to be around people who understand and support your religious beliefs. If you feel angry at God, find someone to talk with who won't be critical of your feelings of hurt and abandonment.

8. *You have the right to search for meaning.*

You may find yourself asking, "Why did he or she die? Why this way? Why now?" Some of your questions may have answers, but some may not. And watch out for the clichéd responses some people may give you. Comments like, "It was God's will" or "Think of what you have to be thankful for" are not helpful and you do not have to accept them.

9. *You have the right to treasure your memories.*

Memories are one of the best legacies that exist after the death of someone loved. You will always remember. Instead of ignoring your memories, find others with whom you can share them.

10. *You have the right to move toward your grief and heal.*

Reconciling your grief will not happen quickly. Remember, grief is a process, not an event. Be patient and tolerant with yourself and avoid people who are impatient and intolerant with you. Neither you nor those around you must forget that the death of someone loved changes your life forever.



We Remember Them

In the rising of the sun and its going down,
We Remember Them.

In the bowing of the wind and in the chill of winter,
We Remember Them.

In the opening of the buds and in the rebirth of spring.
We Remember Them.

In the blueness of the skies and in the warmth of summer,
We Remember Them.

In the rustling of the leaves and in the beauty of autumn.
We Remember Them.

In the beginning of the year and when it ends,
We Remember Them.

When we are weary and in need of strength,
We Remember Them.

When we are lost and sick of heart,
We Remember Them.

When we have joys and special celebrations we yearn to share,
We Remember Them.

So long as we live, they too shall live, for they are part of us.
We Remember Them.



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