Pregnancy and Infant Loss

Supporting Parents and Their Children

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A child can live through anything, so long as he or she is told the truth and is allowed to share with loved ones the natural feelings people have when they are suffering. —EDA LESHAN (1976, p. 3)

WHEN A PREGNANCY ends prematurely and results in the loss of the baby, it is a devastating experience for both parents and their children. Because it is so unexpected, pregnancy loss disrupts and destabilizes families. Parents begin planning for a new baby when they decide to expand their family, and once the pregnancy is confirmed parents may share the news with others, including their children. In spite of our understanding that what happens in the early years affects the course of development across the life span (Weatherston, 2000), the needs of young children in regard to grief and loss continue to be underrecognized and poorly addressed (Dowden, 1995), especially with children under the age of 3. There can be long-term consequences for families who do not have support around this tragic event.

According to a national study, 1 in every 4 currently parenting women in the United States has experienced one or more reproductive losses during her lifetime (Price, 2006). Pregnancy loss is estimated to occur in 25% of all pregnancies (Woods & Woods, 1998) in the form of miscarriage, stillbirth, or neonatal death. Sudden infant death syndrome (SIDS) affects approximately 2,000 families in the United States each year (Mathews & MacDorman, 2006). The spontaneous loss of one or more fetuses in a multifetal pregnancy may be as high as 30%, suggesting that loss in a multifetal pregnancy is as frequent as a loss in a singleton pregnancy. These statistics imply that all of us are touched by someone who has experienced an infant loss. Infant–family practitioners can play an important role in supporting families who are facing the challenges of parenting very young children in the aftermath of perinatal loss.

Family Dynamics and Pregnancy Loss

PRACTITIONERS MUST FIRST recognize how loss affects parents before addressing the emotional needs of grieving children. A child dying before a parent alters parental identity and feelings of security and vulnerability. Grieving parents may display a variety of feelings: anxious, insecure, unsafe, betrayed, abandoned, and vulnerable (Attig, 2000). These feelings may lead to behaviors that can potentially impair interactions with other children (Leon, 1990), compromising the parents' ability to attend to their needs, respond to overtures for care, or provide a secure base (Weatherston, 2000). Rarely do parents know how to explain such a loss to their children or whether they should try. Are they still parents when there is no visible baby? Is the older sibling still a brother or sister? More than at any other time in their lives families need support from their day care providers, home visitors, preschool teachers, or other adults who are involved with the family who can offer emotional support and developmentally appropriate guidance for helping the children to understand and cope with the loss.

Families who experience infant loss at any point during the pregnancy have the same needs as others who lose a loved one: to confront the reality, to receive emotional support, to derive meaning from the loss, and to engage in healing and growth. Often people do not understand why parents would grieve an early miscarriage or continue to grieve even for months or years after a stillborn death. Regardless of the gestational weeks of the pregnancy, it is important to acknowledge the mother and father as parents of their baby who died (Wegner-Hay, 1999). One does not have to experience a loss to know what to say. It can be helpful to simply say, "I'm sorry," "What can I do?" or "This must be so painful for you. Do you want to talk about it?" However a person chooses to grieve, it is essential to be open to their discomfort, accept their pain, and allow their tears.

The principles of relationship-based practice: listening, responding with empathy and concern, and holding—with your presence, voice, and eyes (Weatherston, 2000)—become the guiding force in helping families move forward (see "How Can I Help?" box for some ideas about how to support grieving parents). Grieving parents need a safe environment in which to talk about their loss and to know they will be listened to without trying to be fixed. Grieving takes time and often can look like depression. The emotional pain of a grieving person can be frightening. Providing support to a grieving family can require skills that have not been developed through study or previous work experiences (Copa, Lucinski, Olsen, & Wollenburg, 1999). For this reason, reflective supervision with a trusted supervisor is crucial. Reflective supervision pro-

Abstract

The loss of a child during pregnancy or infancy raises challenging questions about how to communicate with very young siblings about the family's loss. What to say and how to say it varies with the developmental level of the child and the circumstances of the loss, as well as the family's culture, values, and beliefs. Children need open and honest communication and emotional support about the changed family circumstances in order to understand their parents' grief and process the family's loss over time.

vides an opportunity to discuss what you may be observing in the parents and their child's behavior, as well as to avoid taking on the family's pain. Being able to examine your own history and cultural beliefs (Heffron, 1999) around pregnancy loss with another staff member or supervisor is also important. Most of us have not had to think about these issues until we meet a family that needs our support.

Parental communication about the loss has been identified as a major factor in helping children when there is a loss in the family (Leon, 1986; Pettle & Britten, 1995). Although painful and difficult, it is important that parents share the loss with surviving siblings because intense grief alters parents' behaviors (McCown & Davies, 1995). At a very young age children can feel unsettled and insecure when sensing changes in the physical and emotional climate of their home (McCown & Davies, 1995). Children need to understand the meaning behind behaviors and feelings, although their capacity to understand may be greater than their ability to articulate that understanding (Monroe & Krause, 1996). Child care providers or preschool teachers, although not mental health practitioners, may note changes in a child's behavior and may be the one to ask the parents whether there is anything going on that would explain these changes. Talking with parents, providing a sympathetic ear, and being a stable and consistent presence in the surviving child's life is enormously helpful.

Parents may want to believe children are too young to comprehend. They fear exposing their children to the same pain they are experiencing. They may feel the emotions are too great for the child to cope with, or alternatively, the overwhelmed adult may fear being unable to cope with the strength of the child's emotions (McWhirter, Wetton, & Hantler, 1998). Commonly seen in clinical practice is parents' coming to terms with the realization that their children have also lost their innocence. The importance of guiding parents in regard to developmentally normative anxieties in their children's response and their ability to understand the concept of death and cope with loss cannot be underestimated (Hopkins, 2002; Lieberman, Compton, Van Horn, & Ghosh Ippen, 2003).

CHILDREN LEARN EARLY WHETHER IT IS SAFE TO TALK ABOUT THE CHANGES THEY OBSERVE IN THE HOME. THEY DON'T NEED TO BE PROTECTED FROM THE TRUTH, BUT THEY DO NEED ACCURATE INFORMATION THAT IS DEVELOPMENTALLY APPROPRIATE, PROVIDES DIRECT ANSWERS TO THEIR QUESTIONS, AND CLARIFIES ANY MISUNDERSTANDINGS.

Providing Guidance

OFFERING ANTICIPATORY GUIDANCE to help parents talk with their children about the loss begins with asking what parents have shared with their children about the pregnancy. Losses occurring in the first weeks of pregnancy often create ambiguity about what has been lost (Boss, 1999; Rosenblatt & Burns, 1986). Sometimes mothers with a sense that all is not well with the pregnancy may not have not shared the news with their children and wonder, "It was only a miscarriage. Do I really need to tell the children?" If parents do decide to tell their children, conflict can surface within parents' support systems (i.e., grandparents and friends) when others assume the loss will be resolved quickly and easily (Cordel & Thomas, 1997) and that the children don't need to be told. In this case, clinicians can provide reassurance to parents that, because children do notice changes, it is appropriate to tell their child what has happened in the family. Encouraging parents to find a local infant loss group where they will receive support from other grieving parents is also helpful.

Children's ability, openness, readiness to learn (Goldman, 1997), and coping skills for later life management (Duncan, 1991; K. Smith & Boardman, 1995) are influenced by their early life experiences. Children learn early whether it is safe to talk about the changes they observe in the home. They don't need to be protected from the truth, but they do need accurate information that is developmentally appropriate, provides direct answers to their questions, and clarifies any misunderstandings (Raphael, 1996).

Parents may say they don't cry in front of their children because they are trying to keep a calm exterior to mask their grief, yet they can be unaware of what children may see and feel despite parents' best efforts to conceal their suffering. It is important to let parents know it is okay to cry in front of their children. Children too young to understand the finality of death still need to hear why a parent is crying or they may worry parents are hiding something from them. Children also need to know they are not the cause of their parent's distress. Moreover, parents are children's models and the honest expression of emotions shows that it is okay to feel whatever they are feeling. When children are able to ask questions and receive clear answers, both at the time of a loss and during subsequent pregnancies that follow, they learn that their parents can be trusted around other issues too. Parents who are in touch with their own feelings communicate to their children that the family is a safe place to express emotions (O'Leary & Thorwick, 2006).

Grief in Children Under 5

The prevailing normative anxieties for children under 5 years old are separation anxiety

How Can I Help? Suggestions for People Who Care About Someone Whose Baby Died Before Birth

Affirm their roles as parents from the moment of conception:

- Let the parents know you are there to lend a helping hand or a listening ear even if you have not experienced prenatal loss yourself;
- Reach out to them and acknowledge their loss;
- Support the fact that grieving a baby's death before birth is natural, normal, and expected;
- Offer words of comfort, love, and caring while the parents are doing the necessary task of grieving;
- Don't worry about whether the parents are openly grieving to show support. It's okay to say you're sorry;
- Let a parent know you are aware of sensitive situations. This can ease the pain enormously;
- Acknowledge their fears regarding a subsequent pregnancy, and let them know those feelings are normal;
- Suggest they get the help they need and help them find resources;
- Any heartfelt efforts are appreciated. Send a card, call, etc., and don't give up even if they are unresponsive;
- There are no magic phrases, but whatever you say will work magic in letting them know you care.

Martha Wegner-Hay (1999). Used with permission.

and fear of losing the parent's love and approval (Lieberman et al., 2003). Children as young as 2 years old mourn, but this must be enabled by supportive adults if the trauma is to be resolved (Raphael, 1996). Children who are under 3 years old need simple verbalizations, as they will not understand the finality or have a command of emotions. They may question where the baby is, become demanding or clingy, and have escalating episodes of separation anxiety during a time that parental attention is diverted because of grief (Price, in press).

It is normal for children to ask the same questions over and over again. This doesn't mean the answers are inadequate. Rather, children learn from repetition, and they seek reassurance that they are safe (Hindmarch, 1995). They may ask, "Am I going to die?" Attention-seeking behaviors are normal, reflecting children's need for reassurance and comfort (McCown & Davies, 1995). More often, children in clinical settings remained passive and withdrawn when parents were unable to share information about the loss. When parents have a hard time talking with their children, it is helpful for clinicians to discuss the child's behavior with the parent and guide supportive intervention, for example, by asking parents the following questions: "Have you noticed any changes in your child's behavior?" or "I heard you say you told your sister on the phone. Do you think your child might have heard the conversation?"

A number of resources specially written for parents to understand their child's development can be used as tools to help parents observe their children's behaviors. For example, *New Beginnings Parent Guide* (S. Smith & Wollesen, 2005) addresses the health and medical aspects of infant and toddler care, including when children are stressed. *The Ounce Scale* (Marsden, Dombro, & Dichtelmiller, 2003), an observational assessment for children from birth through age 3½ that includes a family album, can help parents observe their children's behavior, identify changes, and provide suggestions on ways to support them. It is also useful to encourage parents to find a relative or friend who will spend time with their children until they feel stronger, giving parents needed relief and helping children to learn that there are other people who care for and support them.

What to Tell the Children?

Depending on the circumstances surrounding the loss, children may need to hear what happened even if "it was only a miscarriage"; for example, if they witnessed any traumatic experience such as bleeding, rushing to the hospital, or the presence of an ambulance. Certainly, the children's needs will vary depending on the nature of the loss. At least half of children in families following a SIDS death expressed concerns of separation anxiety, fear of being alone, parental affection seeking, and constant curiosity about why the death occurred (Powell, 1995). Child care providers or preschool teachers may observe children acting out the story in play or art work. This can be an opportunity to open a discussion with parents, supporting those who may not have realized their child's full awareness of the event.

Telling a preschooler about a death should be simple, direct, and straightforward, keeping in mind that each child will grieve differently. Share what happened in simple but truthful language. Monroe and Krause (1996) suggested to explain death as the body has stopped working. In pregnancy,

simply saying, "The baby was too little to live outside of Mommy" can be enough. Norris-Shortle, Young, and Williams (1993) suggested that parents should honestly admit the reason for parental tears: "I am crying because I am very sad. The baby Mommy was carrying died." Once parents give the words for their sadness, children will ask more questions when they are ready for more information. Language gives children the tools to talk about death (McWhirter et al., 1998). Encourage parents to listen to their children's questions, find out what they are thinking, and try to make the information fit their understandings (Hopkins, 2002). "Tell me more about what you want to know." Sometimes showing pictures of fetal development to a child more than 2 years old helps them to see how little the baby was. Children can return to the pictures when they are ready for more answers.

Author Wegner-Hay (1998) explained when, how, and why she shared the prenatal loss of one of her twins to 3-year-old Christine.

I had just received a bill for amniocentesis performed on twins, and I was crying. Although I felt unprepared to tell her the sad truth, I struggled as best I could to explain that Mommy was carrying twins, that one of them had died, and that I was really sad. I tried to express optimism that the other baby would be just fine. She said nothing, and quickly returned to her play. It wasn't until a few hours later that the questions started: "Why did the baby have to die? Does that mean God won't take care of me either? It isn't fair, I really wanted two babies." It seems that out of the mouths of babes come our deepest thoughts. I answered as best I could, which was mostly to say, "No that doesn't mean God won't take care of you." And "Yes, I really wanted two babies too."

We decided we had three good reasons for telling her. First, she needed to understand why her mommy was crying or emotional, so she would know it was not her fault, not something she had done. Second, grief cannot be pushed under the rug and forgotten. It will find a way out somehow, maybe in some other harmful form. Third, and most important, Christine needed to be able to claim Laura as her sister. I had no right to take that from her. (p. 7)

Involving siblings in the grieving process can be the beginning of integrating and making meaning of the deceased baby's rightful place in the family (O'Leary & Thorwick, 2006; O'Leary, Parker, & Thorwick, 1998). Wegner-Hay's openness with her daughter, Christine, helped Christine to understand her mother's tears and allowed her to share the family grief over the loss of her sister, Laura. Christine continued to acknowledge Laura's life when her brother, David, came home.

My best friend, Mary, stopped by to visit me and David soon after his birth. No one mentioned Laura. As she was leaving Christine said, "You know, we had a baby that died. She was David's twin sister. Her name was Laura, and we feel very sad about that." (p. 14)

Including Children

It is always healthier to include children in the activities that surround the loss when appropriate, especially if they were prepared for a baby to come home. The following vignette illustrates how one couple gave their daughter loving and consistent care during their loss and in their subsequent pregnancy:

Morgan was 2 when her brother died at 23 weeks' gestation. Never having experienced a loss, her parents had talked freely about her becoming a "big sister." "We got her all pumped up." Realizing they had to tell her something when the baby died, her father says, "We didn't want to hide it. What are you going to do—one day quit talking about it? You can't do that." They decided to bring her to the hospital so she could see and hold her deceased brother. Her happiness was evident when she declared later, "I got to hold my little brother." At the same time her father remembers her asking, "Why can't we bring our little brother home?"

Although Morgan was too young to understand the finality of death, seeing and holding her deceased brother affirmed she was still a big sister. This helped her understand the reason for her parents' grief in the following months and confirmed her long-term relationship with her brother. Her parents were honest with her in saying that they didn't have all the answers nor did they understand why he died. Their openness gave her freedom to talk about her brother and ask more questions as she needed more information. She knows that visits to the cemetery with her parents are a special time and place to remember her brother. Her task as the big sister is watering the plants at his grave.

Parents' desire to protect their children can continue in a pregnancy that follows. Sometimes a parent who resists support during the loss will be more open for help with their children in the new pregnancy. Children often have the same fears as their parents. It is important to help parents assess what their children may be thinking.

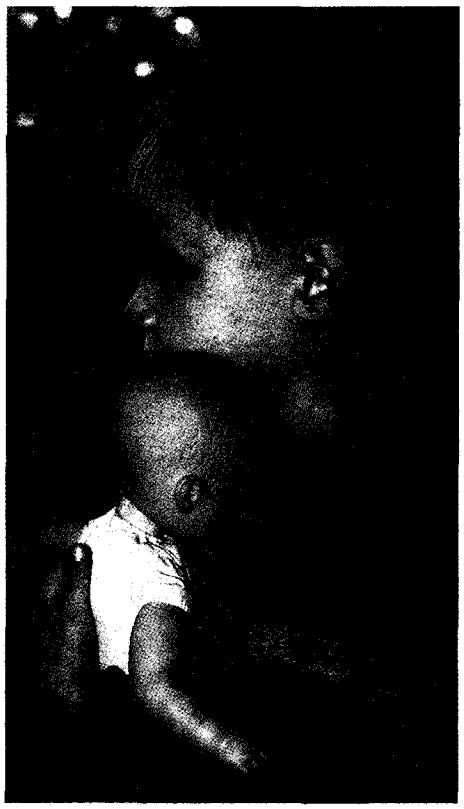

Photo: Janet Brown McCracken

In their subsequent pregnancy, Morgan was 4 years old. Of Morgan, her father says, "The last baby was her only experience with a sibling, aside from those of her friends. Personally, all she's ever known is the death of a sibling." Her parents were honest, realizing they could not promise her it would not happen again. At the same time they gave her reassurance they were doing all they could to keep the new baby safe. Although cautiously sharing, Morgan's parents did not take away her excitement of being a big sister again. As they moved closer to viability (a baby living outside the uterus) they encouraged her anticipation about the things she would do with her new brother. They followed her lead, responded to her questions, and provided the information she needed:

When we first told her she was going to have another little brother or sister she said, "Is this one going to die like Jacob did?" We explained that we were going to do everything we [could] not to let that happen. We never promised her that it wasn't going to happen but we said we have good doctors and they're going to do what they can to keep it from happening. We still talk about it. We still get her excited about it but we don't make promises. We're just basically telling her things that might happen. We're not looking

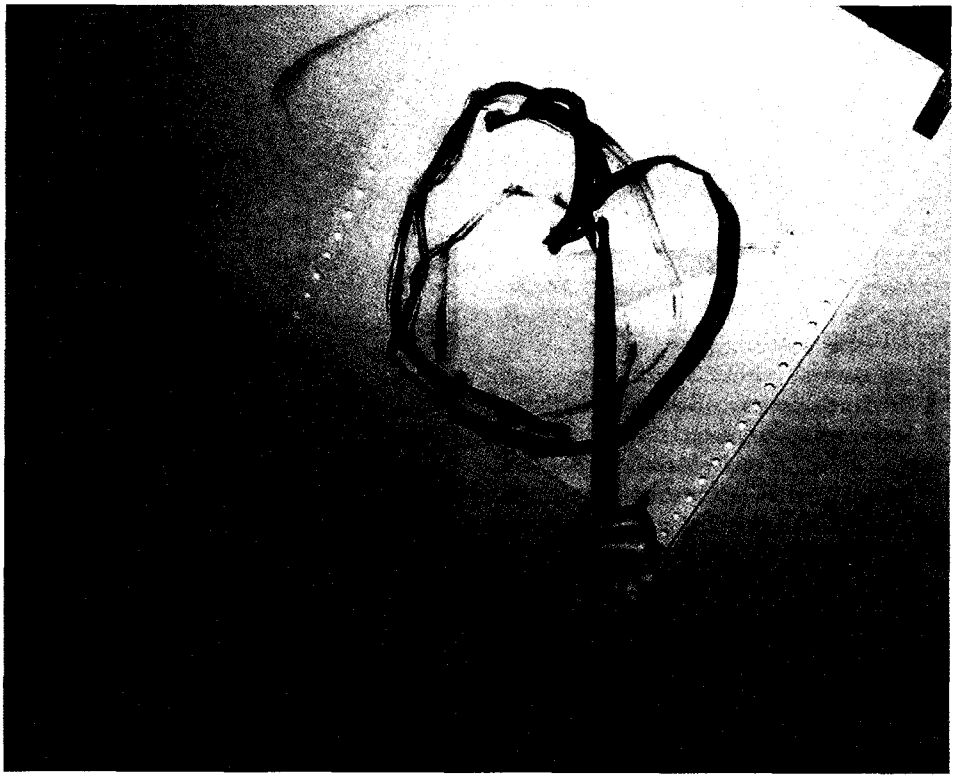

PHOTO: MARILYN NOLT

into the future further than what we can control. So we let her decide what she wants to say.

As the pregnancy progressed and the parents felt more confident, so did Morgan. Following suit, her comments and questions took on a more positive tone:

It's getting to the point where I think she realizes that maybe this baby will be born alive and we will get to bring it home. So now it's fun answering her questions, "Can I help with the baby? Do I get to help feed it and do I get to help change its clothes?" I think her questions have evolved even in the last couple months, which is nice because all the old questions she used to ask were just reaffirming everything that could happen all over again.

Involving Morgan at the time of her brother's death and her parents' honesty during the subsequent pregnancy supported the message that she was safe in her family; there were no secrets.

Sibling Relationships

SIBLING RELATIONSHIPS EXIST within the context of relationships with other family members and continue even in death (Davis, 1999). For a family to continue to function, its members must carry out certain roles. Although an infant may not have had a "working" role in the family (Stinson, Lasker, Lohmann, & Toedter, 1992), surviving children have to redefine the sibling role while parents redefine family life when grieving the loss of their child.

Mona and her husband learned about the importance of involving their surviving children in the loss of their baby when their son, Kevin, was born with a fatal abnormality: a hypoplastic left heart, discovered after his birth. Mona and her husband were too overcome with grief to offer more information to their children other than that Kevin died and no baby was coming home. Grief and depression often rob parents of their usual energy and ability to anticipate the needs of their surviving children. Not until the birth of the subsequent child a year later did the children begin to grieve his loss:

Caitlin was 3 and Hank was 18 months old when Kevin died. One thing that I greatly regret is that neither one had the opportunity to see their brother, dead or alive. They both feel the need and desire to have seen him. I think they will always be somewhat resentful of that. It's a separate loss, the fact that they were never allowed to see him and hold him. At the time, the effect on Caitlin and Hank was not my primary concern. At the risk of sounding cold and bitter, I can honestly say I could do this baby death thing so much better today.

As they watched their new baby brother's developmental milestones they realized this was everything their other brother never got to do:

They were forever saying, "Just think Mom. This is what Kevin never got to do, isn't it?" I did not think of it like that and it brought my grief back in a new way. I had to watch them grieve now. I always knew that I would not see Kevin crawl, I could never hold him in my arms and watch him sleep, I would not see him smile and I would never make him laugh. But they had to actually see this through their brother before they could realize what was missing. They truly missed Kevin then, and they cried for him and for themselves. That's when the few pictures we have became very important. That's when I began to realize how important it was that they should have seen him and held him.

Processing their grief was instrumental in helping their new brother not be a replacement baby in their family:

They told Tony about his older brother. They would hold Kevin's picture in front of Tony's face before he was old enough to sit up. Tony's life was so real to them. They knew what it meant to not have a brother living. They were truly thankful for Tony. I had more of a sense of relief and finality, a closure.

Unresolved Grief

CHILDREN INTERNALIZE CULTURAL norms for what is expected, what is permissible, and what is forbidden in social exchanges through the parent-child relationship (Lieberman et al., 2003). Their reaction and ability to cope is interwoven inextricably with family dynamics, structure, and communication (Cain & Cain, 1964; Cain, Erickson, Fast, & Vaughan, 1964; Cain, Fast, & Erickson, 1964; Leon, 1986; Lieberman et al., 2003). How a family constructs the meaning of the death helps children to understand their sibling relationship (Nickman, Silverman, & Normand, 1998; Silverman & Nickman, 1996). Attachment relationships can be distorted or disturbed by unresolved grief and traumatic life events (Weatherston, 2000). When families lack the information and resources to share the loss of a baby with their children, they can unknowingly create a disenfranchised grief; a grief not expressed or acknowledged but a topic forbidden for discussion within the family (Doka, 2002).

The child who has died can become the "ghost" in the family (O'Leary, Gaziano, & Thorwick, 2006; O'Leary et al., 1998). Janet was born after the death of a brother who died in the 26th week of pregnancy. She saw herself as "the booby prize to her older brother" and the replacement child in her family (described in detail in O'Leary et al., 2006).

Her oldest brother was 5 years old and her sister was 2 years old when he died. They witnessed their mother hemorrhaging on the living room floor, going by ambulance to the hospital and returning 4 days later without a baby. The prepared nursery was dismantled. In spite of the 5-year-old wanting to know where his brother was, neither parent ever discussed the trauma of what happened. The children knew the baby's name was Danny but there were no pictures, no hand prints. The pictures of their mother pregnant were removed from the slides. "I'm not even sure if it was this ghost in the nursery as much as it was this ghost at the dinner table, ghost in the family, that phantom brother."

The trauma of seeing his mother bleeding and not understanding what happened or how to process the experience seemed to affect her brother's emotional development and attachment to Janet and her younger sister:

I watched [my] brother pretty much emotionally completely detach by middle school. By the time he hit junior high I had friends who never even knew I had a brother. He had nothing to do with us. My mother would always say, "Oh your brother loves you. He'll do anything for you." And we would say things like, "Yes, except speak to us in public." [He] wouldn't cross the street to see us . . . he wouldn't speak to me if I passed him in the hallway. So I think what he did was to just detach. If I don't love you I don't have to be hurt.

[Today] he's a science fiction writer, a prolific one. I can think of a half a dozen stories where's there's survivor guilt, a story of a boy on a mountain hiking trip and he comes home and his younger brother doesn't. It's always a younger brother who doesn't survive and he does.

PHOTO: MARILYN NOLT

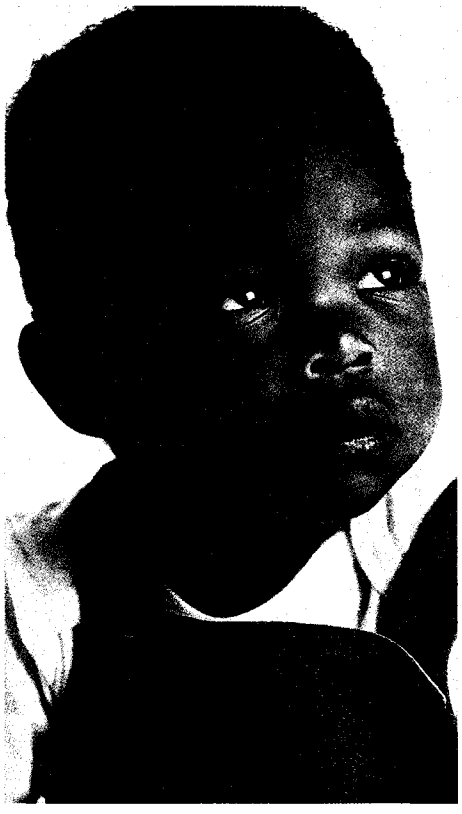

PHOTO: DIGITAL VISION

This is a stark example of how early experiences can have a life-long impact. Infant–family professionals can best address these issues by using a family system approach; basing intervention on assisting in acknowledging the tangible and intangible impact of the loss on the functional ability of the family; and developing a long-term adaptation to the loss while creating new roles for individuals within the family (Price, 2006). This was not accomplished in the 1950s for Janet's family and continues today for some families.

After the Loss

GRIEF IS AN INDIVIDUAL journey for every family and does not follow time limits or a specific path. Children will re-grieve losses throughout the life span as they are able to more fully and maturely recognize and cope with the reality of loss (Lieberman et al., 2003; Oltjenburns, 2001; Worden, 1996). Complex grief reactions or previously hidden dysfunctional patterns in the family system may emerge in the aftermath of bereavement (Price, in press). Awareness of the variation in the intensity of grief, along with acceptance of differences in grief style, will reduce the extent to which each person's grief feels disenfranchised or stigmatized in the family (Gilbert, 1996).

Real or perceived life-threatening circumstances and resulting parental anxiety may lead some parents to be overprotective (Affleck, Tennen, & Rowe, 1991), a common phenomenon in families who experience the loss of a child (Rosenblatt, 1996). Parental concerns over safety are to be expected and considered normal behavior as long as it does not make surviving children more anxious. The trust-building process will continue to slowly evolve over time as parents relearn "trust" all over again (S. Price, 2007, personal communication) and can take a long time. It is normal to not trust that others can care for their children. Wegner-Hay (1998) shared her fears after her son David's birth:

Because Laura died, I was certain that David would die too. At times I felt afraid to attach to the baby growing inside of me. What if he died too? I'd have to feel this pain all over again. The fear of getting close to this baby was often very strong. After he was born, I found it difficult to trust that he would live. I was sure something would happen to him. I was afraid to leave him with a babysitter and was very mistrustful of anyone attempting to care for him. These are common sentiments in parents who have lost a baby. As someone who works with these parents you can let them know their feelings are normal and that you understand. (p. 10)

Infant–family professionals working with these families must consciously listen to parents concerns, ask for clarification, reflect back their feelings, validate normal feelings,

and provide concrete examples to reassure parents their children are safe.

There are many cultural beliefs, values, and customs about pregnancy and infant loss, and it is crucial to understand this phenomenon from each family's cultural belief system. As with all infant mental health intervention, there is never a script. Practitioners should adopt a therapeutic approach that is informed by knowledge of developmental principles (Lieberman et al., 2003) and by understanding the continuing bond families have with babies who have died. Frankl and Allport (1998) emphasized that the meaning families find while grieving is truly personal—it must be discovered by each individual and reconciled against current spiritual beliefs and assumptions about the world. Other parents are able to see their changed view of life as a gift from their deceased baby, something most parents come to terms with in time. A family that was particularly spiritual, even before their loss, summed it up this way:

If our first baby had lived, I know we would have been good parents. We would have done all the things we'd learned to do, but we would have done them with much less consciousness. Going through the deep traumatic loss of having our son come and leave so quickly made us more conscious human beings in this world, which allowed us to be different parents to the children who came after him than we could have been to him. I believe that's true. (O'Leary & Thorwick, 2006, p. 28)

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References

Affleck, G., Tennen, H., & Rowe, J. (1991). *Infant in crisis: How parents cope with medically fragile infants.* New York: Springer-Verlag.

Attig, T. (2000). *The heart of grief.* New York: Oxford University Press.

Boss, P. (1999). *Ambiguous loss.* Cambridge, MA: Harvard Press.

Cain. A., & Cain, B. (1964). On replacing a child. *Journal of the American Academy of Child Psychiatry, 3,* 443–456.

Cain, A., Erickson, M., Fast, I., & Vaughan, R. (1964). Children's disturbed reactions to their mother's miscarriage. *Psychosomatic Medicine, 26,* 58–66.

Cain, A., Fast, I., & Erickson, M. (1964). Children's disturbed reactions to the death of a sibling. *American Journal of Orthopsychiatry, 34,* 741–752.

Copa, A., Lucinski, L., Olsen, E., & Wollenburg, K. (1999). Promoting professional and organizational development: A reflective practice model. *Zero to Three, 20,* 3–9.

Cordel , A., & Thomas, N. (1997). Perinatal loss: Intensity and duration of emotional recovery. *Omega, 35*(3), 297–308.

Davis, B. (1999). *Shadows in the sun: The experiences of sibling bereavement in childhood.* Philadelphia: Taylor & Francis.

Doka, K. (2002). *Disenfranchised grief: New directions, challenges, and strategies for practice.* Champaign, IL: Research Press.

Dowden, S. (1995). Young children's experiences of sibling death. *Journal of Pediatric Nursing, 10,* 72–79.

Duncan, U. (1991, April 17–20). *Grief and grief processing for preschool children.* Presented at the Midwestern Association for the Education of Young Children, Des Moines, IA.

Frankl, V., & Allport, G. (1998). *Man's search for meaning.* New York: Washington Square Press.

Gilbert, K. R. (1996). We've had the same loss, why don't we have the same grief? Loss and differential grief in families. *Death Studies, 20*(3), 269–283.

Goldman, L. (1997). Children grieve too. *Children and Families, Spring,* 22–31.

Hindmarch, D. (1995). Secondary losses for siblings. *Child: Care, Health, and Development, 21*(6), 425–431.

Heffron, M. C. (1999). Balance in jeopardy: Reflexive reactions vs. reflective responses in infant/family practice. *Zero to Three, 20,* 15–17.

Hopkins, A. (2002). Children and grief, the role of the early childhood educator. *Young Children, 57*(1) 40–47.

Leon, I. (1986). Intrapsychic and family dynamics in perinatal sibling loss. *Infant Mental Health Journal, 7*(3), 200–213.

Leon, I. (1990). *When a baby dies: Psychotherapy for pregnancy and newborn loss.* New Haven, Connecticut: Yale University Press.

LeShan, E. (1976). *Learning to say good-bye: When a parent dies.* New York: Macmillan.

Lieberman, A., Compton, N., Van Horn, P., & Ghosh Ippen, C. (2003). *Losing a parent to death in the early years.* Washington, DC: ZERO TO THREE.

Marsden, D., Dombro, A., & Dichtelmiller, M. (2003). *The ounce scale.* New York: Pearson Early Learning.

Mathews, T. J., & MacDorman, M. F. (2006). Infant mortality statistics from the 2003 period linked birth/infant death data set. *National Vital Statistics Reports, 54*(16), 1–30.

McCown, D., & Davies, B. (1995). Patterns of grief in young children following the death of a sibling. *Death Studies, 19,* 41–53.

McWhirter, J., Wetton, N., & Hantler, A. M. (1998). Preparing children for loss and bereave-

ment. In R. Weston, T. Martin, & Y. Anderson (Eds.), *Loss and bereavement: Managing change* (pp. 194–211). Oxford, England: Blackwell Science.

Monsour, B., & Kraus, F. (1996). Children and loss. *British Journal of Hospital Medicine, 56*(6): 260–264.

Nickman, S. L., Silverman, P. R., & Normand, C. (1998). Children's construction of their deceased parent: The surviving parent's contribution." *American Journal of Orthopsychiatry, 68*(1), 126–134.

Nomis-Shortle, C., Young, P., & Williams, M. A. (1993). Understanding death and grief for children three and younger. *Social Work, 38*, 736–742.

O'Leary, J. M., Gaziano, C., & Thorwick, C. (2006). Born after loss: The invisible child in adulthood. *Journal of Pre and Perinatal Psychology and Health, 21*(1), 3–23.

O'Leary, J., & Thorwick, C. (2006). *When pregnancy follows a loss: Preparing for the birth of your new baby.* Minneapolis, MN: J. O'Leary. (Available from jandj@pro-ns.net)

O'Leary, J. M., Parker, L., & Thorwick, C. (1998). *After loss: Parenting in the next pregnancy. A manual for professionals working with families in pregnancy following loss.* Minneapolis, MN: Allina Health Systems. Available from jandj@pro-ns.net

Oltenburns, K. A. (2001). Developmental context of childhood: Grief and grief phenomena. In M. Stroebe, R. Hanson, W. Stroebe, & H. Schut (Eds.), *Handbook of bereavement research: Consequences, coping and care* (pp. 210–240). Washington, DC: American Psychological Association.

Pettle, S. A., & Britten, C. M. (1995). Talking with children about death and dying. *Child: Care, health, and development, 21*(6), 394–404.

Powell, M. (1995). Sudden infant death syndrome: The subsequent child. *British Journal of Social Work, 25*, 227–240.

Price, S. (2006). Prevalence and correlates of pregnancy loss history in a national sample of children and families. *Maternal Child Health Journal, 10*, 489–500.

Price, S. (in press). Social work, siblings, and SIDS: Conceptual and case-based guidance for family system intervention. *Journal of Social Work in End of Life and Palliative Care*

Raphael, B. (1996). *The anatomy of bereavement: A handbook for the caring professions.* London: Routledge.

Rosenblatt, P. (1996). Grief that does not end. In D. Klass, P. Silverman, & S. Nickman (Eds.), *Continuing bonds: New understandings of grief* (pp. 45–58). Washington, DC: Taylor & Francis.

Rosenblatt, P., & Burns., L. (1986). Long-term effects of perinatal loss. *Journal of Family Issues 7*, 237–253.

Silverman, P. R., & Nickman, S. L. (1996). Children's construction of their dead parents. In D. Klass, R. Silverman, & S. Nickman (Eds.), *Continuing bonds: New understandings of grief* (pp. 73–86). Washington, DC: Taylor & Francis.

Smith, K., & Boardman, K. (1995). Comforting a child when someone close dies. *Nursing, 25*, 58–59.

Smith, S., & Wollesen, L. (2005). *Beginnings life skills development curriculum.* Seattle, WA: Practice Development. Available at www.BeginningsGuide.net

Stinson, K., Lasker, J., Lohmann, J., & Toedter, L. (1992). Parental grief following pregnancy loss: A comparison of mothers and fathers. *Family Relations, 41*, 18–223.

Weatherston, D. (2000). The infant mental health specialist. *Zero to Three, 20*(8), 3–10.

Wegner-Hay, M. (1998). *Embracing Laura: The grief and healing following the death on an infant twin.* Available from Martha@marthawegner.com

Wegner-Hay, M. (1999). *How can I help? Suggestions for people who care about someone whose baby died before birth.* Available from Martha @marthawegner.com

Woods, J., & Woods, J. (Eds.). (1998). *Loss during pregnancy or in the newborn period.* Pitman, NJ: Jannetti Publications.

Worden, J. (1996). *Children and grief: When a parent dies.* New York: Guilford Press.