

Pregnancy After Loss

A guide for
navigating your
pregnancy journey





Foreword

After the loss of a baby, another pregnancy can bring many different feelings—hope, fear, longing, guilt, love, and uncertainty. You might feel these emotions one at a time, or all at once. Both are completely normal.

This guide is here to support you—whether you are just beginning to think about another pregnancy, feeling unsure about what comes next, or are already pregnant. There is no single path forward, and no right time to take the next step.

Our intention is to offer gentle support, trusted information, and space to reflect so you can explore what feels right for you and your family, in your own time and in your own way.

We hold space for your grief, your strength, and your hope.

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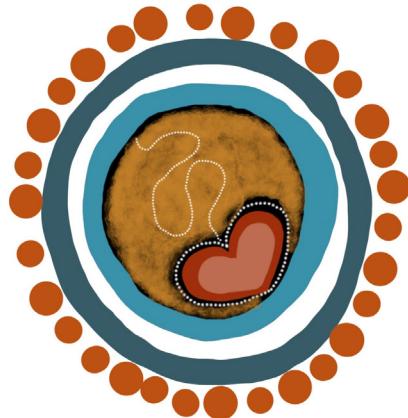
When people ask me,
‘How many children do
you have?’ I always say
three. I don’t worry about
how that makes them
feel. This is my story.

Acknowledgement of Country

We acknowledge the Traditional Custodians of the lands on which this guide may be read—the Aboriginal and Torres Strait Islander peoples—whose rich cultures and traditions have long honoured the sacred journey of life, loss, and renewal.

We pay our respects to Elders past and present and recognise their deep and enduring connection to the lands, waters, and skies of Australia.

In creating this guide, we also honour the diversity of families who walk this path. Australia is shaped by many cultures, religions, and traditions. We recognise the unique ways families from all backgrounds honour their loved ones and navigate the experience of pregnancy and baby loss—and the journeys that follow.



Artist Acknowledgement

We gratefully acknowledge **Valerie Ah Chee**, a Nyoongar Bindjareb and Palyku woman, midwife, and member of the Stillbirth CRE, for sharing her artwork and cultural insight in this guide.

Her illustration shows a baby in the shape of two hearts within the womb—representing the heart of the baby and the heart of the mother. It reflects the deep connection during pregnancy, a sacred time when two heartbeats are carried together, until the baby is born or returns to the Dreaming.

Used with permission. Valerie has contributed to this project with care and intention.

Acknowledgement of lived experience

We honour and remember all babies who have died during pregnancy, birth, or soon after. Their lives have left a lasting impact.

We are deeply grateful to the parents and families who have shared their experiences of pregnancy after loss. Your voices bring compassion, strength, and insight to this guide.

Whether you're thinking about another pregnancy, currently pregnant, or supporting someone on this path—we honour your experience and courage it takes to move forward with hope.



About this guide

This guide was carefully created by a team of parents, healthcare professionals, researchers, and support organisations—many with personal experience of pregnancy and baby loss. Together, they have worked to share the information, insights, and support they believe are most helpful during a pregnancy after loss.

The information comes from the latest *Care Around Stillbirth and Neonatal Death Clinical Practice Guideline* (CASaND Guideline), developed by the Stillbirth CRE in partnership with the Perinatal Society of Australia and New Zealand (PSANZ). These are the same guidelines your care team may use to guide your care.

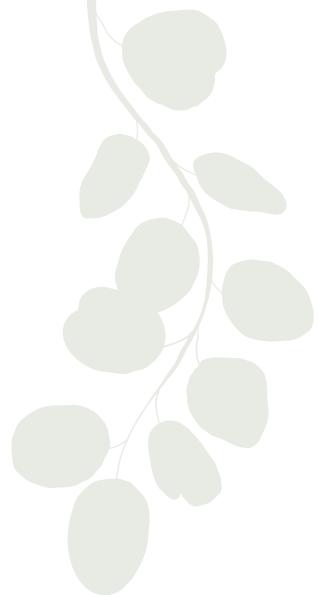
This guide presents the same information tailored for parents using clear, easy to understand language. It also includes practical tips, emotional support tools, and space to reflect. While it doesn't replace individual medical care, it may help you feel more informed and more confident to ask for the support you need.

Although the CASaND guideline and this guide focus on stillbirth and newborn loss, parts may also support those who have experienced early pregnancy loss.

Based on
best practice
guidelines



2024 EDITION
**Care Around
Stillbirth and
Neonatal Death**
Clinical Practice Guideline



This guide was developed by the NHMRC Centre of Research Excellence in Stillbirth (Stillbirth CRE), based at Mater Research in Brisbane, Australia in partnership with the Stillbirth Foundation Australia.

We kindly acknowledge support by Mater Foundation and the Nine Telethon.



For more information, visit
carearoundloss.stillbirthcre.org.au



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Beginning gently

*A space to pause
and reflect*



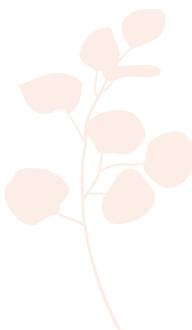


Introduction

Before you begin reading about care and planning, this section offers a quiet moment to pause. We know your journey began long before this guide. This is your path—**begin where it feels right for you.**

These pages are here to gently support your next steps, at your own pace and in your own way. They hold space for the grief you carry, the strength that brought you here, and the questions that may still feel too big to ask.

In the next few pages, you'll find tips on how to use the guide, the words we've chosen throughout, and messages for partners, family, and support people.



“

"My OB (obstetrician) was wonderful—sensitive and supportive. And so was his team and everyone involved. I had a really good experience of medical support and care. My pregnancy after loss was very complicated and high risk, especially towards the end. **But I felt safe and cared for.**"

"Grief hit hard once I started to do all the baby things again. **All those missed moments I didn't get with her brother** knocked the air out of me."

"I remember thinking **it was the hardest 9 months of my life**, almost as hard as the loss. I was petrified my baby would die again."

"We were in the public system but saw the same obstetrician for almost every appointment and these were every two weeks. This was important as he got to know us, and **we didn't have to tell our story every time** to a new person."



Making this guide work for you

This guide was created to support you during a pregnancy after loss. It offers clear information, gentle reflections, and space to think about what matters to you.

It is not to replace personal care or support, but is a tool you can use in the way that suits you best—now or later, all at once, or bit by bit.

Some parts may feel helpful right away. Others might be useful later, or not at all. There is no right or wrong way to use this guide.

You may also want to share parts of it with family or friends. It can be hard to explain what you're going through, and this guide may help. You'll find space to note down thoughts or questions to share with your doctor, midwife, counsellor, or support person.

Throughout, you will also see quotes and reflections from other parents who've experienced pregnancy after loss. We hope their words bring comfort and help you feel less alone.

If any part of the guide feels too much right now, it's okay to pause and return when you're ready.

Some support services are listed at the end of this guide if you'd like to explore them.

A note about the words we use

We worked closely with parents to ensure this guide uses kind and respectful language. We aim to include everyone and reflect the different ways people talk about their experiences.

We use **parent-centred language**—words that focus on parents and their feelings. Pregnancy and baby loss can have a deep and lasting impact, and the words we choose are meant to honour that love, grief, and connection.

We use the term ***pregnancy and baby loss*** to describe all types of loss during pregnancy or after birth. This includes early pregnancy loss, stillbirth, newborn death, and ending a pregnancy for medical reasons. Many families prefer this term because it honours their baby and the bond they feel.

We also use the word ***navigate*** to mean finding your own way through something difficult—like finding your way through a pregnancy after loss.

We use the word ***woman*** to refer to the person who is pregnant and gives birth. We know not everyone uses this word. If another word feels better for you, please use it and let your care team know.

We use the word **parent** to include all mothers, fathers, and partners. We also understand that not everyone who experiences pregnancy and baby loss sees themselves as a parent.

When we say **healthcare professional, care provider**, or **care team**, we mean people who provide medical or emotional care like midwives, doctors, nurses, social workers, and counsellors.

We also recognise the important role of **family, friends, peer groups**, and **communities** who support parents during and after loss.



Support if English is not your first language



Pregnancy after loss is a deeply emotional experience, and it can feel even harder if English isn't your first language. Your voice and your story matter.

You can ask for a **professional interpreter** at any public health appointment. This support is free and can help you feel more informed and understood. You can also bring a trusted family member or support person to help during conversations with your care team.

We understand that culturally appropriate support is not always easy to access. If it would help, ask your care provider about:

- Multicultural health workers or liaison officers.
- Community organisations that support families from your cultural or religious background.
- Support groups or services available in your preferred language.

Local services and contacts:

If you're not sure where to start, your doctor, midwife, or hospital social worker can help guide you.

A note about grief

Pregnancy after loss feels different for everyone. You may have many emotions—some you expect, and some that surprise you. These feelings can change from day to day, and it's okay if they don't always make sense.

Grief can affect how you think and feel, how you relate to others, what you believe, and even how your body feels. **Everyone grieves in their own way.** Some parents find comfort by staying connected to their baby, even while preparing for another pregnancy. This is called *continuing bonds*—the idea that a baby who has died can still be part of your life in special and meaningful ways.

Some people may say you need to move on after a loss, but grief doesn't just go away. A different way to understand grief is that you learn to carry it as part of your life. Grief educator, Lois Tonkin, described this as 'growing around grief'. Over time, many parents find that while their grief remains, life grows around it—making space for moments of hope, healing, and even joy. You don't need to forget or leave your grief behind to move forward.

You don't need to forget or leave your grief behind to move forward.

Over time, your life can slowly grow around it.

Based on Lois Tonkin's model of grief



A note about grief (continued...)

Grief can also look and feel different for everyone in the family, especially between partners. One person might want to talk often about the baby, while another may focus on practical tasks or grieve more quietly. Children may show their grief through behaviour, questions, or play. These differences are normal. Respecting each other's ways of grieving, even when they are not the same, can help families support one another with care and understanding.

If grief feels too heavy, or you're finding it hard to cope, help is available. You are not alone. See the *Information and Resources* section at the end of this guide for a list of some support services, including help you can access right away. You might also find comfort in *Living with Loss*, a free online program created by the Stillbirth CRE. It's designed to support families as they navigate grief after the loss of a baby.



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People forget, but I never do.
I carry all of them with me.



Loss in a multiple pregnancy

Sometimes, grief is shaped by your experience of loss. For some parents, this includes losing one baby in a multiple pregnancy, like twins or triplets.

You may be grieving one baby while still carrying or caring for their sibling. This can bring a range of emotions—joy, love, guilt, and sadness. You might feel pulled in different directions or find it hard to explain what you’re feeling.

This experience is real and important. There’s no right way to grieve, and no timeline. Be kind to yourself as you find space for both grief and love.

To fathers and partners

This guide is for you too. Fathers and partners often grieve quietly and may feel pressure to stay strong—but your feelings matter.

Many fathers and partners feel deep grief after pregnancy and baby loss, yet don't always feel included in the support offered. It can be hard to ask for help, but recognising your own emotions is an important part of navigating grief and healing.

Another pregnancy may bring hope, fear, and uncertainty. Your journey is unique, and your wellbeing matters—for you, your partner, and your baby.

Whether you're a dad or a non-birthing partner, your experience is valid. Support is available, and you don't have to go through this alone. There are many organisations in Australia that offer help for fathers and partners during and after pregnancy, including parenting.

We invite you to explore this guide. Take what feels helpful and know that you're not alone.

“

My partner and I were grieving differently. We had to learn to hold space for that.

Here are a few places that you may be helpful:

- *Gidget Foundation Australia*
gidgetfoundation.org.au
- *PANDA (Perinatal Anxiety & Depression Australia)*
panda.org.au
- *Raising Children Network*
raisingchildren.net.au
- *Emerging Minds*
emerginglearningminds.com.au

You are an important part of this journey. It's okay to ask for support. Reaching out is a sign of strength.

Involving family and loved ones

Pregnancy after loss can affect more than just the person who is pregnant. Grandparents, siblings, close friends, and children may all feel their own mix of emotions too. These people often want to help, but they may not always know how. This section offers ways to understand their feelings and find support together.

Supporting grandparents

Grandparents may feel deep love and excitement for the new baby, while also feeling grief and sadness about the baby who died. They might also feel worried about your health, the baby's safety, or how the family is coping.

Some grandparents may offer calm and caring support, using their life experience to help. Others may not be sure how to help. Sometimes their worry can show up in ways that feel too protective or even stressful. This pregnancy may also remind them of their own past losses, which can be hard to talk about.

Every family is different. What feels helpful to one person may not feel right to another. If their support doesn't feel right for you, honest and kind conversations can help. Telling them what helps, or what doesn't, can make things easier and bring more understanding.

When it feels right, inviting grandparents to take on small but meaningful roles, like helping to prepare for the baby, can help them feel included and connected.

Supporting the whole family

Here are some simple ways to help your family feel included and supported:

- **Talk openly:** Share honest, age-appropriate conversations about the baby and your feelings.
- **Include others:** Invite family members to help in small ways—like getting ready for the baby or remembering the baby who died.
- **Share support:** Let loved ones know about support groups, books, or counselling that could help them too.
- **Ask for help:** It's okay to reach out to professionals who understand grief and family changes.

Taking care of your family's emotional needs can build trust, connection, and a sense of safety during this time.



Supporting children

Siblings and other children in the family may have many feelings during this pregnancy. Some may feel excited and want to help by doing small tasks or simply being close. Others might feel unsure, worried about saying the wrong thing, or confused by their own emotions. This can lead to distance or tension, even when they care deeply.

Children often notice when something big is happening, even if they don't fully understand it. A pregnancy—especially after the loss of a baby—can bring up many feelings, like excitement, worry, confusion, or sadness. Some children may ask questions or want to be involved. Others might act out or become quiet. Their reactions can depend on their age, personality, and what they remember. If they went through the loss of a sibling, they may still carry some of that sadness or worry, even if they don't talk about it.

You don't need to protect them from every emotion. Being honest in a way that suits their age can help them feel safe and included. Let them know it's okay to feel many things at once, and that they can ask questions or talk when they're ready.

When it feels right, involving children in simple ways, like choosing something for the baby or talking about their new sibling, can help them feel more connected. Some families also find comfort in gently remembering the baby who died through stories, keepsakes, or quiet moments together.



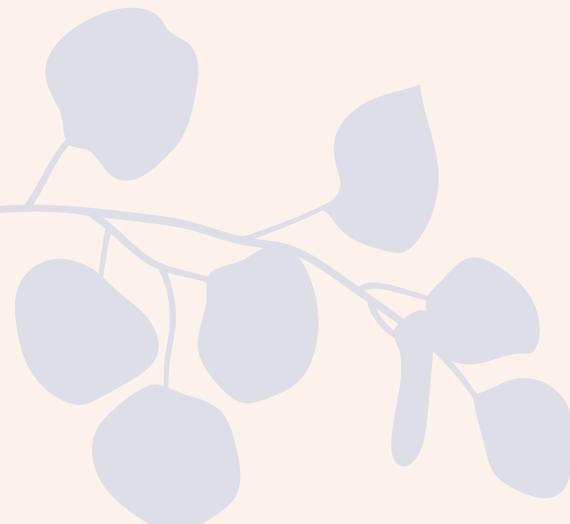
Space to reflect

Throughout this guide, you'll find quiet spaces where you can pause and check in with yourself.

These pages are for you to use in whatever way feels right:

- Write or draw.
- Sit with your thoughts or questions.
- Notice how you are feeling, without trying to change anything.

There's no pressure to answer every question or fill every page. These spaces are here for you to come back to whenever you need.





Planning for another pregnancy

and waiting



“

It feels like the whole world
is pregnant, except me.

Planning a pregnancy after loss can bring up many emotions and often, many questions. *When is the right time? Am I ready? What kind of care will I need?*

This chapter aims to help you explore these questions. It also provides guidance to help you talk with your care team, understand your options, and make choices that feel right for you.

A personal and emotional decision

Deciding when, or whether, to plan for another pregnancy is a very personal choice. There is no right time, only what feels right for you and your family.

Even if your doctor says your body is ready, your heart and mind may need more time. Some parents feel ready soon after, while others need many months or longer. All experiences are valid.

There's no right time to feel ready. It's okay to take things one step at a time.



Talking with your healthcare professional

A conversation with a healthcare professional can be a helpful first step.

- If your loss was recent, you might want to speak with the same team who cared for you when you had your loss.
- Some hospitals offer *Pregnancy After Loss* Clinics with specialised, supportive care.
- If you live in a rural or remote area, or if time has passed, your GP can also be a helpful starting point.

Your healthcare professional can talk with you about:

- Your hopes for your pregnancy after loss.
- Your physical and emotional wellbeing.
- Connecting you with the right supports.



Questions you might want to ask

- Can we talk about what happened in my last pregnancy or birth?
- Are there any tests or checks I should think about before trying again?
- What would care look like in a future pregnancy?
- Is there emotional or mental health support available for parents in a pregnancy after loss?
- Can you refer me to any specialists or Pregnancy After Loss services?
- If I can't access specialised care in person, are telehealth or outreach options available?
- What support is available for families pregnant after loss?

A note on location and access

Everyone's access to pregnancy care looks a little different. If you live in a rural or remote area, you may have fewer choices for where and how you give birth, or limited access to specialised care.

That doesn't make your preferences any less important. In fact, having a clear birth plan and strong communication with your healthcare team can be especially helpful when navigating care across distance, different hospitals, or rotating staff.

Understanding what happened—or choosing not to

If you decided to look for answers about your loss or your baby's death, the results may help guide care in a future pregnancy. But the process can be difficult. Waiting for answers can take days, weeks, or even longer. During that time, it's common to feel overwhelmed.

Sometimes, no clear reason is found. Even then, some parents feel a sense of clarity or peace in knowing they explored all the options. For some, learning what wasn't the cause can still ease feelings of guilt or self-blame.

Not everyone wants to search for answers—and that's okay too. There are many reasons why families choose not to. This doesn't mean your baby mattered any less, or that your experience is any less valid.

Recovering physically

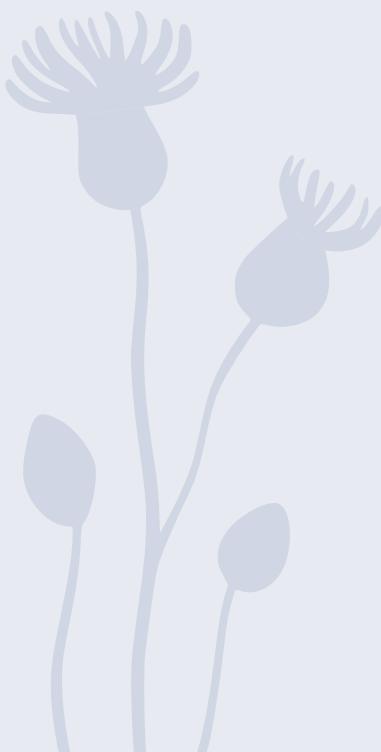
Healing after loss takes time, and your body may need space to recover.

- If you had a complicated birth, surgery, illness, or ongoing health concerns, your doctor may suggest waiting longer before trying for another pregnancy.
- If you haven't had a chance to talk about physical recovery, you can bring it up with your GP or ask for a referral to a specialist or a Pregnancy After Loss Clinic.

These services can help support your recovery and help you plan in a way that respects your experience and needs.

“

The investigations to understand what happened were inconclusive – no cause found. And I felt better because it was nothing I'd done wrong.



How long to wait

There's no one answer that works for everyone. Some doctors suggest waiting at least six months before trying again for another pregnancy. Others say a shorter or longer wait might be okay—it depends on your health and situation.

You might feel ready in your body, but not in your heart or mind—and that's completely normal.

Talk with your care team about:

- What they recommend based on your health.
- What the cause of your loss was, if known.
- How you're feeling—both physically and emotionally.

If your feelings change from day to day, that's okay. Grief and hope can happen at the same time, and it's okay to take your time.



Coping with uncertainty

Waiting can be hard. You might be waiting to feel ready, to get answers, or to become pregnant again. Not knowing what will happen next can feel stressful and heavy.

Sometimes, it takes longer to get pregnant than expected. Worrying about fertility can add to the sadness and make things feel even more uncertain.

Talking to someone can help—like a friend, family member, or a healthcare professional such as a social worker, counsellor, or psychologist. You might also feel supported by connecting with others who have been through something similar.

“

I was stuck in this pattern of preparing for something that kept slipping away.

One day at a time

– A way to navigate the road ahead

Thinking about another pregnancy after loss can feel like a lot. Taking things one day at a time can help. It's a gentle way to care for yourself, stay in the moment, and ease some of the worry.

Why it helps?

- It can help you feel **less overwhelmed** when you focus on today instead of the unknowns of the future.
- It helps you **be kind to yourself**, giving you space to rest, or just feel what you feel.
- It helps you **notice your emotions** and understand what you need each day.
- It supports **small acts of self-care** that really matter.



Try this simple practice

- **Morning check-in:** Ask yourself, ‘*How am I feeling today?*’ ‘*What do I need most right now?*’
- **Choose one small step** – this could be resting, talking to someone, or taking a deep breath.
- **Evening reflection:** Think about what helped today and gently let go of what didn’t.

You don’t have to do everything at once.

One day at a time is enough.

Space to reflect

Take a quiet moment to check in with yourself as you think about what's next. You might reflect on:

1. Hopes and uncertainties

What are you hoping for? What feels uncertain? Are there fears or longings you're carrying? Anything you feel unsure or conflicted about?

2. Support needs

What kind of support would help you feel more ready—emotionally or practically? (This could be care from others, more information, time, or space to heal.)

3. Questions for your care team

What questions do you want to ask your care team?

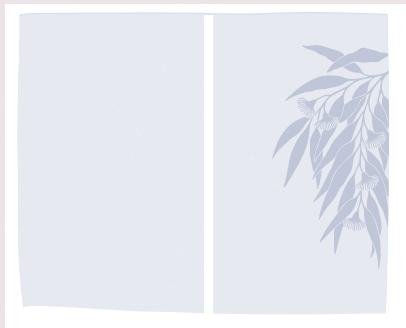
(Think about anything from emotional support to medical planning—there are no wrong questions.)

Use this space however you need. You can write, think, or sit with your feelings. There's no right or wrong way to reflect. However you choose to use this space, let it support your next step.



Caring for your mental health and wellbeing

during a pregnancy after loss



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You’re grateful for the pregnancy but scared it will end in loss. It’s a constant battle of conflicting emotions.

As you move through this journey, your emotional wellbeing is just as important as your physical health. Grief can come in waves and feel different at different times. In the next section, we explore the emotional seasons of grief—how your feelings might change over time, and how you can care for yourself along the way.

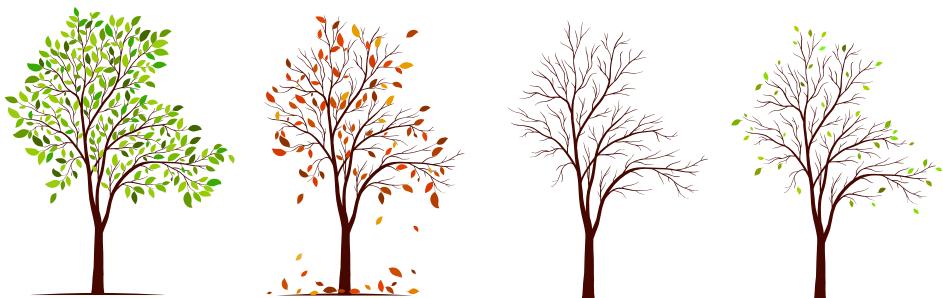


The emotional seasons of grief

Grief can be like the changing seasons. Spring, summer, autumn, and winter each bring their own changes, and they don't always follow a clear or predictable pattern. Some days feel soft and gentle. Others arrive harsh and unexpected.

Grief can be like that, too. It may come and go, sometimes feeling steady, other times catching you off guard. Memories, anniversaries, and reminders often return—like the first snow, or a warm day in early spring. These waves of emotion are a natural part of your journey. This pregnancy is part of it, too.

You might feel joy, fear, love, and longing all at once. That's okay. Each feeling is real, and each one matters. This is a new season of your story.



Moments that bring strong feelings

Pregnancy after loss can bring many strong feelings, sometimes when you expect them, and sometimes when you don't.

Certain experiences may feel particularly emotional, such as:

- Hearing baby's heartbeat.
- Feeling your baby move.
- Attending scans or medical appointments.
- Reaching the same stage as a previous loss.
- Passing a due date or anniversary.
- Deciding whether to have a baby shower.

For some parents, medical appointments, especially scans, can be especially difficult. These moments may bring back memories of when they found out their baby had died. Even routine check-ups can feel tense or overwhelming.

Some of these experiences might bring comfort, while others may feel confusing or bittersweet. What feels okay one day might feel hard the next. These changes are normal.

It's okay if your love feels careful. It's okay if joy and grief sit side by side. This baby is part of your story too.

Planning for emotionally significant dates or appointments can help. It may not take the pain away, but it can create space to honour both your grief and hope and give you time to think about what support you might want in those moments.

“

Every milestone feels loaded. There's no 'safe' point when you've already been on the other side of loss.



Supporting your wellbeing

If things feel too hard to manage alone, it's okay to ask for help. Talking to someone who understands can make a big difference, especially if worry is affecting your daily life.

Here are some ways to care for your emotional health and wellbeing:

- **Talk about it:** Share your feelings with someone you trust—a partner, friend, or therapist.
- **Take it day by day:** Focus on the next small step, like your next appointment.
- **Be kind to yourself:** Grief and joy can happen at the same time. It's okay to let yourself feel both.
- **Find calm:** Try deep breathing, mindfulness, or a calming meditation, like *A Meditation for Pregnancy After Loss*.
- **Use a calming mantra:** Choose a line from *A Meditation for Pregnancy After Loss* like “I am doing my best, and that is enough.” Repeat it when you need comfort or grounding.

- **Do what soothes you:** Rest, go for a walk, be in nature, or do something creative.
- **Learn what to expect:** Ask questions, read, and prepare in ways that help you feel supported.
- **Carry them with you:** If it feels right for you, talk to this baby about their sibling.
- **Set aside ‘Worry Time’:** Try a practice, such as *Creating Calm*, to give your mind space to rest.
- **Reach out:** Support groups and mental health professionals can make a big difference.

“

You’re scared to
hope. Scared to love
too much. But also
scared not to—it’s
exhausting.

What does reliable information look like?

Not all advice is helpful. Reliable information is:

✓ **From trusted sources**

- Hospitals and health services.
- Universities and research centres.
- Professional organisations (like Red Nose, or Pink Elephants).

✓ **Written by professionals**

- Midwives, obstetricians, psychologists.
- Based on current research and guidelines.

✓ **Supportive and balanced**

- Includes emotional and medical information.
- Doesn't create fear or pressure.



A note about AI

AI tools (like chatbots) can be helpful, but they don't always use reliable or up-to-date sources. It's best to double-check anything you read with trusted healthcare professionals or websites.



When in doubt

Bring it to your appointment and ask your care team to help make sense of it together.

Need support? You're not alone.

These free services offer confidential support:

- **PANDA**

Support for anxiety, depression and emotional wellbeing during and after pregnancy.

Tel: 1300 726 306 (Mon–Fri, 9am–7:30pm;
Sat, 9am–4pm AEST)

- **Red Nose Grief & Loss**

24/7 support after miscarriage, stillbirth or the death of a baby or child.

Tel: 1300 308 307

- **13YARN**

24/7 crisis support for Aboriginal and Torres Strait Islander people.

Tel: 13 92 76



A meditation for pregnancy after loss

Finding calm in the present



Close your eyes. Breathe in deeply. Breathe out slowly.

With each inhale, welcome peace.

With each exhale, release fear.

I honour the love I hold for the baby I lost.

I welcome the love I am growing for the baby I carry.

My heart is strong enough to hold both grief and hope.

I allow myself to feel whatever arises, without judgment.

I am safe in this moment.

I am doing my best, and that is enough.

I am grounded. I am capable. I am not alone.

Breathe deeply. Rest in this space.

Carry this calm with you.



Creating Calm – A simple practice for easing worry.

Creating Calm, sometimes called 'Worry Time', invites you to set aside time for worry, freeing up space in your day. You choose when and where to gently explore your concerns, so they don't follow you everywhere. Worry doesn't need to disappear—it just needs a container.

Creating Calm – A Worry Time practice



Pregnancy after loss often brings both hope and worry. Setting aside a small part of your day for **Worry Time** can help you feel more in control of anxious thoughts.

Step 1: Choose a time and place

Pick a quiet spot and a set time (10–15 minutes a day) to think about your worries.

Step 2: Write them down

When a worry comes up during the day, jot it down and tell yourself: *'I'll come back to this later'*.



Step 3: Use your worry time

At your set time:

- Read your list.
- Ask: '*Can I do something about this?*'
- If yes, think of one small step (e.g., talking with your healthcare professional).
- If no, gently let it go for now.

Step 4: Close with calm

End worry time with something grounding:

- Deep breathing.
- A short walk or stretch.
- Listening to calming music.

Step 5: Pause worries outside of Worry Time

If a worry pops up later, remind yourself: '*I have a time for this!*'

Reminder: Be kind to yourself

It's normal to feel many things during this time. Let go of 'shoulds' and offer yourself compassion. You are doing your best.

Space to reflect

This stage may bring unexpected emotions—or quiet stretches where not much seems to come. There's no map for what this part of the journey should feel like. You might reflect on:

- 1. What feelings have been showing up the most lately?**
(Are there emotions you're holding close, trying to avoid, or needing more space to feel?)
- 2. What's been helping you feel calm or cared for – and what might help a little more?** *(Think about people, routines, or simple things that bring comfort. Is there a kind word or action you need right now?)*
- 3. What are you learning about yourself during this time?**
(Have you been gentle with yourself? Are there small things you're doing – or could do—that make this journey a bit easier?)
- 4. How are you connecting with this pregnancy and this baby?** *(What has helped you feel close, even in small ways? Are there moments that have felt different from before—or tender in a new way?)*

Use this space however you need. You can write, draw, think, or sit with your feelings. Stay here for a while or come back later.



The early weeks of pregnancy

and first appointments



The beginning of a pregnancy after loss can feel deeply complex—often a mix of cautious hope, quiet reflection, and emotional uncertainty. Some parents describe it as bittersweet. You might feel excited or anxious, protective or disconnected, or unsure how to feel.

In the pages ahead, you'll find guidance for the early stages of pregnancy after loss—what to expect at first appointments and scans, how to choose a care provider who feels right for you, and an overview of pregnancy care options. There's also space for reflection, when you need it.



Holding grief and joy together

It's okay to feel both happy and sad during this time. It's not unusual to feel unsure about connecting with a new pregnancy, or to wonder what it means to hope again.

You are not replacing your baby. Each child is unique, and so is the love you carry for them. It's possible to honour your grief while also making room for new beginnings.

Some parents find comfort in quiet rituals, saying their baby's name, writing, lighting a candle. Others follow their own path without anything formal. There's no right or wrong way.

What matters most is giving yourself permission to feel what you feel—and knowing you're not alone.





When you are riding an emotional wave - A quick pause

When you find out you are pregnant again, it's common to feel a wave of emotions. Take a moment to pause and check in with yourself:

Pause and breathe: Take a slow, deep breath. Breathe in for four counts, hold for four, then breathe out for four. Do this three times to help calm your body and mind.

Notice your feelings: Pay attention to how you are feeling, without judging yourself. It's okay to feel happy and scared at the same time. If you want, write your feelings down.

Feel the present moment: Put your feet flat on the ground. Look around you. What can you see, hear, or feel right now?

Say something kind to yourself: Try saying 'These feelings are understandable. I'm doing my best, one step at a time.'

Talking with your GP

Early in pregnancy, one of the first people you may speak with is your GP. It's important to feel safe sharing your past loss, your concerns, and what you might need this time. Being open helps your GP or care provider offer care that supports both your physical and emotional wellbeing.

You can ask about risks, emotional support, early pregnancy care, and tests. Bringing a partner or support person can help—they can take notes, ask questions, and support you through the conversation.

GPs may not have all the answers, but they can guide you, connect you with services, and support your wellbeing. Depending on your location and care pathway, they may stay involved or refer you to a maternity team or Pregnancy After Loss Clinic.

If you don't feel heard, it's okay to seek a second opinion. If that's not possible, you can still build a supportive team—this might include a midwife, obstetrician, Aboriginal health worker, mental health professional, or other local service.

A note on trauma

Early pregnancy scans can bring up strong emotions—especially if you've had a loss at this stage before. For some people, going back to the same type of appointment—or even the same room—can feel like reliving the moment they found out their baby had died.

This is a real trauma response. You might notice your body reacting before your mind has time to catch up—like a racing heart, nausea, tears, or feeling numb. These are natural signs to that your body remembers the pain and is trying to protect you.

If scans are hard for you, let your care team know. You can ask for things like:

- A support person to come with you.
- For the screen to be turned away until you're ready.
- To be told right away if your baby is well.

Do what helps you feel safer. Healing from trauma doesn't happen all at once, and it's okay if moments like this bring up strong feelings.

The first scan

In a pregnancy after loss, the first scan can bring many emotions. For some people, this scan may happen in a care providers' office, often with a family doctor or obstetrician, as a reassurance scan. This is a quick scan to check if the pregnancy is developing and to look for a heartbeat. It may happen earlier than other routine scans, depending on your care.

You may also be offered a dating scan, usually between 7 weeks and 10 weeks of pregnancy. This scan checks how far along the pregnancy is and helps plan future care. If you have already had a reassurance scan, this dating scan may still happen to confirm your dates and check the baby's growth.



“

Every scan was
terrifying.
I couldn't look at
the screen at first.



Pregnancy and baby loss can deeply affect how someone feels about scans in a new pregnancy. For many, the news of their baby's death came during a scan. Because of this, scans can feel overwhelming, frightening, or bring up difficult memories. These feelings are valid. If you are pregnant, you can talk with your care provider about what might help you feel more supported—such as bringing someone with you, asking for quiet during the scan, or deciding whether to see the screen right away. If you are attending the scan as a support person, you may also have your own feelings. It can help to talk together beforehand about what might make the appointment feel more manageable for both of you.

Every pregnancy is different. You can talk with your care team about when scans will happen and what kind of support might help. It's okay to ask for what you need. Your preferences are important, and you deserve to have them heard.



“

They asked if I wanted to hear the heartbeat and I just froze. It was too much, too soon.

Key things to remember for your first scan

- Your first scan might be a reassurance scan with a doctor or a dating scan at a clinic—both are common.
- Your baby may not be fully visible yet—this is normal in early pregnancy.
- It's okay if your emotions feel strong, mixed, or unpredictable.
- The scan may check where the pregnancy is growing and look for early signs of development.
- A follow-up scan is common and may be needed to get more information.
- Talk with your care team about what to expect and remember that it's okay to ask for what you need.
- Take things at your own pace. There's no rush.

Coping with uncertainty – Grounding yourself in the moment

Waiting for answers—whether it's after a scan, between appointments, or during early pregnancy—can be incredibly hard. After experiencing loss, these waiting periods can feel especially heavy.

It's easy to get caught in the what ifs and feel pulled between the past and the future.

One way to care for yourself is to focus on 'just this moment'. When things feel unsettled, try one of these grounding practices to help you come back to now:



Take a few slow breaths, notice how your body feels, and what is around you.

Look for one small comfort—a warm drink, fresh air, a favourite scent, or a moment of stillness.

Set a gentle focus for right now—not for the whole day, just the next hour or so. It could be as simple as 'I'll sit and rest for a while,' or 'I'll reach out to someone who gets me.'

These small pauses can help you feel steadier when the future feels unclear.

“

One nurse held my hand and said, ‘Whatever you’re feeling right now is okay.’ That stayed with me.

You might also like to use this time to quietly reflect or journal—not to solve anything, but to give your thoughts and emotions a soft place to land. There is no pressure to make sense of it all. Simply noticing what you feel and what you need right now is enough.



Finding the right care for you

After losing a baby, choosing who will care for you in a new pregnancy can feel especially significant. Some parents find comfort in returning to the same hospital or care team—especially if they felt heard and supported. Others may prefer a fresh start with a different care provider or location. There's no right or wrong choice—only what feels right for you and your family.

In some rural or regional areas, care options may be limited due to geography, available services, or medical needs that require specialist care. If that's your situation, know that you're not alone—and you still deserve respectful, compassionate support. You can talk with your GP or other care provider about ways to enhance your care, such as:

- **Telehealth appointments** with specialists or bereavement counsellors.
- **Shared-care arrangements** between your local team and a larger hospital.
- **Referral pathways** to Pregnancy After Loss Clinics for specific parts of your care.
- **Continuity of care** where you see the same midwife, GP, specialist, and/or private obstetrician throughout your pregnancy.

Even if your choices feel limited, your voice still matters. Think about what helps you feel emotionally safe and well-supported—and let your care team know. It's okay to ask questions, express your preferences, and advocate for the care you need and deserve.

“

The midwife
remembered my
daughter's name.
That meant
everything.



Understanding pregnancy care options

There are different ways your care can be set up during pregnancy—these are called *models of care*. Each model has its own focus, team, and approach to supporting you.

After the loss of a baby, you might be placed in a high-risk model of care, or your options may be limited, especially in rural or remote areas. Even if you can't choose your care model, learning about the different types can help you know what to expect and speak up about what matters to you. Sometimes, even in a set model, parts of care—like seeing the same midwife or getting extra emotional support—can still be included.



Model of care is how your pregnancy support is organised: who you see, where your appointments happen, and how your care is planned.

Continuity of care means being supported by the same midwife, GP obstetrician or specialist, or a small team, throughout your pregnancy, birth, and after. It can be especially helpful after loss, as it builds trust and means you don't have to keep retelling your story. Your team already knows your history and the support you may need.

Understanding pregnancy risk

At your first appointment, your care provider will talk with you about any risks related to this pregnancy. These may include health concerns or things connected to the loss of your previous baby. Risk assessments help your team decide what kind of care will best support you and your baby.

Your risk level is usually based on your medical history, current pregnancy factors, and lifestyle. It's often given as a number that helps guide decisions about extra monitoring or care. This helps your team offer the right support at the right time for the best possible outcomes.

Understanding pregnancy care models

Below, you'll find a table showing some common models of care. It outlines who is involved and what each model can offer. Knowing the options can help you ask questions and find care that feels right for you.

Type of Care	What it is	Things to consider
GP shared care	Care is shared between your GP and the hospital.	<ul style="list-style-type: none"> See the same GP. Appointments close to home. Not available everywhere.
Midwifery group practice (MGP)	Hospital care with a known midwife or small team of midwives.	<ul style="list-style-type: none"> Ongoing care with same team. Supports some higher risk pregnancies. Based at the hospital.
Private practising midwives	Private midwives provide full care, sometimes with hospital access.	<ul style="list-style-type: none"> Personalised care. On-call support. Costs involved. Medicare rebates may be available.
Obstetric and midwifery care	Care from both hospital obstetricians and midwives.	<ul style="list-style-type: none"> Often manage complex pregnancies. Based at the hospital. Less likely to see the same person each time.
Private obstetric care	A private obstetrician cares for you in a private hospital.	<ul style="list-style-type: none"> See the same specialist. Costs involved. Needs insurance or self-funding.
Maternal-Fetal Medicine (MFM)	Specialist hospital care for high-risk or complex pregnancies.	<ul style="list-style-type: none"> Referral required. Expert care for complex medical.
Specialised clinics	Clinics for specific needs or groups.	<ul style="list-style-type: none"> Focused support. Only in some hospitals. Examples: <i>migrant support, young parents, substance use.</i>
Pregnancy After Loss (PAL) clinics	Clinics for parents in a pregnancy after loss.	<ul style="list-style-type: none"> Sensitive, specialised care. Only in some hospitals.

Culturally responsive care for First Nations families

For Aboriginal and Torres Strait Islander women and families, there may be care options that offer culturally safe, community-based support during pregnancy.

Type of Care	What it is	Things to consider
Aboriginal Midwifery Group Practice (AMGP)	Midwifery care for Aboriginal and Torres Strait Islander families, often based in the community.	<ul style="list-style-type: none"> • Ongoing care with the same midwife or team. • Linked with hospitals. • Culturally safe and responsive support. • Examples: <i>Moort Boodjara Mia</i>, <i>Dragonfly Midwifery</i>, <i>Birthing in Our Community</i>.
Aboriginal Medical Services or ACCHOs	Local Aboriginal community-controlled health organisations that offer whole-person holistic care.	<ul style="list-style-type: none"> • Community-led and holistic. • Culturally grounded. • Often in regional and remote areas. • Many offer pregnancy care.

To note. Hospitals and services vary depending on where you live, as they are funded by each state or territory. This table is a starting point to help you explore care options that might suit you and your family. It's okay to ask questions and find out what's available in your area—even if it's not listed here.

Space to reflect

As you step into this pregnancy, you may be feeling many things. Let this be a gentle space to check in with yourself, just as you are right now. You might like to reflect on:

- 1. What's felt different, or familiar, about this pregnancy so far?** *(Are there moments that have surprised you, brought comfort or stirred memories?)*
- 2. What kind of support do you need in these early weeks?** *(Is there something you'd like to ask for—physically or emotionally? Or something you want your care team to understand?)*
- 3. What helps you feel grounded when things feel uncertain?** *(This might be a person, a routine, a phrase, or something small that helps you feel a little calmer.)*
- 4. How are you connecting with this pregnancy and this baby?** *(What has helped you feel close, even in small ways? Are there moments that have felt different from before—or tender in a new way?)*

Use this space however you need. Write, sketch, or sit with a thought or feeling. You might return later or bring your own questions. Take the time that feels right for you.



Pregnancy care

*with your maternity
care team*



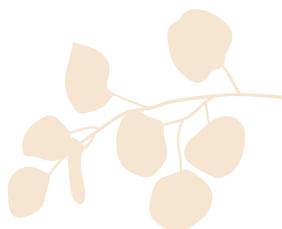
Starting care with your maternity team

Your first appointment is an important step in your pregnancy care. It's a chance to begin building trust with your care team, share what matters to you, and start planning the support you need.

This is also a time to talk about your health history, ask questions, and begin planning the care you need. Your team may check in about any health conditions you have, emotional support, or extra monitoring that might help you feel safer.

It can help to:

- Write questions down ahead of time.
- Bring a support person.
- Take your time—it's okay if trust takes a while to build.
- Speak up about your needs, concerns, or hopes.



Preparing for your first appointment

- **Transfer medical records:** Request any relevant medical records, including past pregnancy tests or reports, to be sent to your new care team. They may ask about your health history, including your gynaecological, pregnancy, and mental health history.
- **Plan:** Write down any questions or thoughts you want to share. A support person can come along to help and may have questions of their own.
- **Share what matters:** Let your care team know about any personal, cultural, or spiritual preferences you have—such as using your baby's name when talking about your loss.
- **Think about support:** If you feel you need extra emotional or practical support, don't hesitate to ask your care team about what's available to you.
- **Speak up for yourself:** It's okay to let your care team know about what you need, or what you think you might need—even if it feels difficult. Some people find it helpful to bring someone who can help express their concerns or ask important questions. Sadly, not every care provider may fully understand the impact of previous loss, so preparing ahead can help ensure your experiences are acknowledged.

It's completely normal to have a wave of emotions at this appointment—remember, it's not just another visit. While experiences with care can vary, your feelings and story matter, and it's okay to take the space you need.



Navigating risks together

Your care team will talk with you about any factors that may affect this pregnancy. This includes your health, the details of your previous pregnancy or loss, and any known medical conditions. They may also look at past test results or reports to help plan your care. If anything feels unclear, it's okay to ask questions—your team is there to help you understand.

You may also talk about things that can be supported or changed, like blood pressure, diabetes, weight, or lifestyle habits. If needed, your care team can connect you with extra support, such as a specialist, a mental health professional, or someone to help with healthy eating and movement.

Your team may use screening tools and early ultrasounds to check how things are going. You might also hear about programs like the **Safer Baby Bundle**, which uses research-based steps to help reduce risk and support a safer pregnancy for you and your baby.

Safer Baby Bundle

Broader initiatives like the **Safer Baby Bundle** provide evidence-based strategies to support safer pregnancies. While your care plan will be based on your personal needs and history, these five key areas—quitting smoking, your baby's growth, monitoring movements, safe sleep positioning, and discussing the timing of your baby's birth—are known to reduce risk and support safer pregnancies. These are simple but important steps that you and your care team might focus on together.

- **#Quit4Baby** – Quitting smoking is one of the best ways to support a healthy pregnancy.
- **#Growing Matters** – Keeping an eye on your baby's growth helps track their wellbeing.
- **#MovementsMatter** – Noticing and reporting changes in your baby's movements is important.
- **#SleeponSide** – Going to sleep on your side (in the third trimester) can help reduce risks.
- **#LetsTalkTiming** – Talking with your care team about when to have your baby helps plan a safe birth.

Your care team can help explain how these steps may fit into your pregnancy and answer any questions you have.



Extra check-ups and care during pregnancy

After talking about risks and ways to keep your pregnancy as safe as possible, it's helpful to know what extra care you might receive.

How often you have appointments or scans will depend on your health, your pregnancy history, and the kind of care you're receiving. Your team may suggest extra growth scans—often every four weeks from around 24 weeks. These check your baby's growth and use tools like ultrasound or Doppler to monitor blood flow and overall wellbeing.

Some parents find more frequent check-ups reassuring—especially around key dates, like the pregnancy week (gestation) when their previous baby died. Others might prefer fewer scans to reduce stress. There's no right or wrong—talk with your care team about what feels best for you.

You'll also learn what's normal when it comes to your baby's movements and why it's important to notice any changes. If something feels different, trust your instincts and contact your care team straight away.

Your care plan should support both your physical and emotional wellbeing. If something doesn't feel right, speak up—your team is there to listen and help.

“

I was never judged for wanting or asking for more help or monitoring. Just having the option there was sometimes more than enough to get me through the day.



What support you might ask for

Every family is different, and it's okay to ask for care that helps you feel safe and supported. Depending on your situation, you might ask for:

- More check-ups and scans, especially around important dates.
- A support person (like a partner, friend, or doula) at appointments or during birth.
- Seeing the same midwife or doctor each time.
- A clear plan for how scan results will be shared (like hearing the heartbeat first).
- Time to ask questions or talk about past experiences.
- Clear and kind communication from your whole care team.
- Flexibility with your birth plan or where you give birth, based on how you're feeling.
- A way to honour your previous baby, like using their name in your notes or birth plan.
- Referrals to counselling or Pregnancy After Loss support services.

You don't have to ask for all of these—just the ones that matter most to you.

Your voice matters in your care.



Finding the words - Speaking up in appointments

It's okay to ask questions, share your worries, or ask for extra support during pregnancy. If you're not sure how to start, here are some ways to start the conversation:

If you want more monitoring:

- *“Can we talk about what kind of checks or scans I can have?”*
- *“I’m feeling a bit anxious—could I have more regular check-ups?”*
- *“Last time, I felt unsure about what was happening. Can we plan for more reassurance this time?”*

If something doesn’t feel right:

- *“This might be nothing, but something feels different. Can we check it out?”*
- *“I’m worried about this symptom—can we talk about what it could mean?”*
- *“Can you explain what you’re seeing and why it’s not a concern?”*

If you feel dismissed or not listened to:

- *“I don’t feel fully heard right now. Can I explain a bit more?”*
- *“I know you might not be worried, but I still feel anxious. Can we talk more about what’s happening?”*
- *“I need a bit more time or explanation to feel okay with this.”*

If you need emotional support or time to think:

- *“This is a lot for me—can we pause or talk about it later?”*
- *“I’m finding this hard. Is there someone else I can talk to, like a counsellor or social worker?”*

There’s no one right way to speak up. If it’s hard to talk in the moment, you can:

- Write down what you want to say.
- Bring someone with you.
- Ask for a follow-up call or appointment.



If you still feel unheard

Sometimes, even after speaking up, concerns may not be taken seriously. If this happens, you have the right to ask for a second opinion or to escalate your concerns.

You can:

- Ask to speak with a **senior clinician, midwifery manager, or team leader**.
- Contact the hospital's **Patient Liaison** or **Consumer Liaison** service.

It's important that you feel safe, respected, and heard in your care.

Mental health and support

Pregnancy after loss can bring many emotions—hope, fear, sadness, and everything in between. Early on, it's normal to feel unsure, especially when meeting new care providers or attending appointments that stir up memories.

You may be asked to complete a mental health questionnaire at some point. This is routine in many pregnancy care settings. It helps your team check in on your emotional wellbeing and offer support if needed. Answering honestly, even if it feels vulnerable, can be a first step toward feeling more understood and supported.



Grounding techniques help take your mind off upsetting thoughts by focusing on the present moment.



Grounding technique

A helpful grounding technique is **5-4-3-2-1**. Notice:



five things you can see



four things you can touch



three things you can hear



two things you can smell



one thing you can taste



Creative grounding

A drawing activity for uncertain moments

If being creative helps you feel calm, this simple task can offer comfort while you wait.

Draw a safe space

In the space on the next page (or anywhere you feel comfortable), draw a place- real or imagined- where you feel safe, calm and supported. It could be a room, a landscape, a place from memory, or something made up just for you. Add any colours, objects, or people (real or symbolic) that help you feel more at ease.

There's no right way or wrong way to do this. It doesn't need to look a certain way. This is just for you.

If you're not sure where to begin, try drawing:

- A small house or shelter.
- A tree with strong roots.
- A soft blanket or cocoon.
- A starry sky or circle of light.

Let this be a place your mind can return to when things feel uncertain.



Space to reflect

Emotions during this time can change quickly or catch you off guard. You might notice familiar feelings returning or encounter new ones entirely. Whether clear or hard to name, all of it matters. You might like to reflect on:

- 1. What's been on your mind as you move through this pregnancy?** *(Are there thoughts or feelings that keep returning? Anything that feels especially present right now?)*
- 2. What are you hoping for in the weeks ahead?** *(This could be something big or something small—anything that feels important to you.)*
- 3. What kind of support might help you feel steadier or cared for right now?** *(Think about people, routines, conversations, or quiet moments that help you feel grounded.)*

Use this space however you need. Write down thoughts, sketch, sit with a feeling, or turn the page and keep reading. You might use this to reflect privately or bring something to your next appointment. There's no right way.

Let this space be a gentle invitation to pause and notice how you're doing today—in your own way, at your own pace.



Birth and your baby *and the postpartum period*



The birth journey

As you prepare for birth and the early days with your baby, it's normal to feel a range of emotions. This section offers gentle guidance to help you feel more informed and supported.



Antenatal classes

Antenatal classes after a loss can bring mixed emotions. These classes offer helpful information about pregnancy, birth, and caring for a newborn—but they can also feel overwhelming at times. What matters most is choosing what feels right for you.

Some things to keep in mind:

- **Some topics may be hard** – Stories or discussions about pregnancy and birth might bring up strong emotions.
- **You might feel more anxious** – Worry and fear can feel stronger as the due date gets closer.
- **Feeling seen matters** – Finding a space where your story is acknowledged can help you feel more supported.
- **Personalised care helps** – Some parents benefit from classes or support that recognise their loss and meet their unique needs.
- **Talking helps** – Sharing your worries with your care team can help them support you better.
- **Knowing the space** – Visiting the hospital or birth centre before labour can help you feel more prepared and at ease.

There's no right or wrong way to do this.

You might join a group class, ask for one-on-one support, or take a break from classes altogether. Trust yourself to choose what works best for you.



Birth plans

A birth plan can help you clarify what matters most, communicate your preferences, and ensure your care team understands your history—especially if care is shared or your team changes during labour.

It's not a fixed plan or something that has to be followed exactly, but it can be a helpful tool to support thoughtful, compassionate care. This can be especially helpful if you're birthing away from home or in a rural or remote setting.

“

I could not make a decision, but my doctor never pressured me. Right up to the late stages, he was happy to go with whatever I felt.

Key things to consider:

About you	<ul style="list-style-type: none"> • A short note on your previous loss, and how you'd like it to be acknowledged. • Your goals or hopes for this birth experience. • Any sensitivities or language you'd prefer staff to avoid.
Support people	<ul style="list-style-type: none"> • Who you'd like with you during labour and birth (e.g. partner, family member, doula). • Whether support people can travel with you (if care is away from home). • If you'd like staff trained in bereavement or trauma-informed care.
Labour and birth	<ul style="list-style-type: none"> • How you'd like to be included in decisions. • Preferences for communication style, extra monitoring, and pain relief. • Your preferred room environment (e.g. quiet, music, lighting). • How to acknowledge your previous loss during labour.
After birth	<ul style="list-style-type: none"> • Preferences for skin-to-skin contact or bonding with your baby. • How you'd like your partner/support person to be involved. • Feeding goals and emotional support you might need postpartum. • Whether you'd like mental health follow-up or telehealth referrals.
If plans change:	<ul style="list-style-type: none"> • How you would like to be told about necessary changes to your care. • Where you would like to go if your baby needs extra care. • Your support needs if a caesarean is required. • Travel or communication needs if you're far from home.

Tip: Write down key points or ask your care team to help document them. Bring a copy with you just in case your care is shared across services or distance.



Timing of birth

Your baby continues to grow and develop right up until birth. Research shows that, in general, reaching full term can support both short- and long-term health.

At the same time, pregnancy after loss can bring strong emotions. Waiting for labour to start naturally may feel especially hard. Many parents find it challenging to balance what feels safest medically with what feels manageable emotionally and mentally.

There's no one answer for everyone. The timing and type of birth should be based on your individual situation—your health, your baby's wellbeing, and your emotional needs.

Some parents feel more at ease planning an earlier birth, such as an induction or caesarean. Others prefer to wait for labour to begin on its own. Both choices can be valid and safe, depending on your situation.

Your care team is there to help you understand your options and make decisions together. These conversations may start early in your pregnancy and change as things progress. It's okay to ask questions, share your concerns, and talk about what matters to you. **Your voice and choices are important.**

As birth approaches, your feelings may grow stronger. Be gentle with yourself. You are carrying not just your baby, but also your hopes, your memories, and your grief. Lean on the support around you—both medical and emotional—as you prepare for this next step.

“

I wish I'd had a solid plan on delivery from the get-go.

Getting ready to welcome your baby

As you get ready for birth and bringing your baby home, you might feel many different emotions. This section offers gentle guidance to help you plan in a way that feels right for you.

Getting your home ready can bring up strong emotions—like hope, fear, uncertainty, or even disbelief. After loss, planning can feel scary or too hard. You might feel unsure about when or how much to prepare.

Some parents feel calmer when they start organising early. Others wait until later or ask someone they trust to help. There is no right or wrong way—only what feels manageable for you.

One parent said it wasn't until another bereaved parent gently reminded her, "This baby needs you too—whatever the outcome," that she felt ready to start preparing. That truth can feel heavy, but it can also be a turning point.

Whether you're setting up a nursery, packing your hospital bag, or taking just one small step, it's important to go at your own pace. You may feel strong emotions as you prepare, and these feelings can shape what you choose to do. Some parents honour their previous baby in a special way. Others create a space that feels entirely new — both choices are deeply personal.

Support from loved ones, care providers, or pregnancy after loss groups can help with the emotional load. Be kind to yourself as you prepare—whatever that looks like. You are doing your best.



“

I was terrified the
whole time. I didn't
believe we'd make it.
Not until I held her.

Getting ready for birth – in any setting

Having a baby after a loss can bring up lots of feelings—like excitement, worry, and sadness. No matter where you plan to give birth, getting ready in practical ways can help. This might include:

- Packing things that comfort you.
- Talking with your care team about things that might be upsetting or bring up tough memories.
- Setting up your space to feel calm and safe.

It can also help to make space for the baby you're about to meet, and the baby/babies you've loved and lost. Grief and joy can sit side by side in this moment.

Planning for the birth

It's normal to have a range of feelings about how you want to give birth. Talk with your care team about your options—whether you're planning to give birth in hospital, at home, or in a birth centre. These conversations help make sure your choices are safe and respected, and that you feel supported.

Labour and birth

Wherever you give birth, it's important to share your preferences with your care team. This includes:

- When and how you'd like to give birth.
- How you want to manage labour.
- Whether you'd like extra monitoring (which is sometimes recommended after loss).

A birth plan can help you feel more prepared and in control. Just remember—plans may need to change, so staying flexible is important. Make sure your support person knows your wishes so they can speak up for you if needed.

Think about what helps you stay calm during tough moments.

You might try:

- Breathing techniques.
- Visualisations.
- Calming music.
- Massage.

Practising these ahead of time can make them more helpful during labour.

You don't have to prepare alone

Here are some supports you can explore:

- Free hospital antenatal classes (ask if they include mind-body tools).
- Pregnancy, Birth & Baby Helpline – 1800 882 436.
- Online videos or apps for relaxation and labour preparation.
- Programs like *Calmbirth* or *Hypnobirthing* (some offer free or low-cost info sessions).

Ask your care team what is available—like warm water, quiet spaces, or having a midwife you know. Choose what helps you feel calm, supported, and in control.

Take your time when making decisions. If you need more time, ask how long you have. Even short pauses can help you feel more confident and involved.



Planned caesarean birth

Sometimes, a planned caesarean (C-section) may be the best choice for medical or emotional reasons, or both. Caesareans are always done in hospital. Your care team will talk with you about your options and how to make the experience feel safe and supported.

Your team will include an obstetrician, anaesthetist, midwife, and paediatrician. You'll usually be awake with spinal or epidural anaesthesia, though general anaesthesia may be used in some cases. If your baby is well, you can usually have skin-to-skin contact soon after birth.

Planned caesareans do carry some risks, including a higher chance of complications in future pregnancies. But they are generally associated with fewer risks than an unplanned or emergency caesarean. Your care team will help you to make a plan that balances safety with your preferences and emotional wellbeing.

Unplanned or emergency caesarean birth

Sometimes, an emergency caesarean is needed to keep you and your baby safe. If this happens, your care team will explain what's going on and support you through it. Whether you're in hospital or another birth setting, they'll do their best to make the experience as smooth and safe as possible.

Staying in hospital

Staying in hospital after the birth of your baby—especially after loss—can bring up strong emotions. Everyone's experience is different. Here are some gentle ideas to help you care for your wellbeing during this time.

Emotional challenges

- **Ups and downs** – It's normal to feel both joy and sadness. You might want to talk to someone who understands or take time to reflect on your own.
- **Difficult memories** – Certain rooms, sounds, or smells may bring back hard memories. If you feel comfortable, talk to your care team about what might be difficult. Visiting the space ahead of time may also help you feel more prepared.
- **Anxiety** – It's okay to want to check on your baby often. A routine with your care team might help, along with time to rest. Your needs may change day to day—and that's okay.

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I was experiencing
grief and joy.

Hospital environment

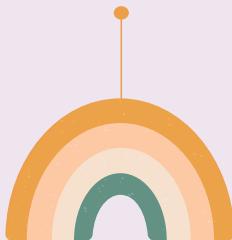
- **Maternity ward** – Being near other families or celebrations can feel overwhelming. Ask about a private room or use calming tools like music, headphones, or short walks.
- **Talking to staff** – Not everyone will know your story. Repeating it can be tiring. You can ask someone to share it for you or use a written note or care plan.



Bonding and wellbeing

- **Attachment** – Bonding with your baby may feel different or take time. There's no set timeline. Skin-to-skin, quiet time together, or holding your baby can all help build connection—but go at your own pace. You might find other gentle ways of bonding that feel right for you.
- **Comparisons** – You may find yourself thinking about past experiences or what could have been. These thoughts and feelings are valid. Be kind to yourself. Talking to a counsellor or using creative outlets like journaling may help.
- **Postnatal emotions** – After birth, feelings like grief, anxiety, or sadness may come up or return. You don't have to carry them alone—support is available.
- **Feeding** – If you're breastfeeding, it may bring emotional or physical challenges. A lactation consultant can help. However you feed your baby, support is available.

Support is available—even if your past experiences with care didn't feel supportive. You can talk to a trusted healthcare professional, join a peer group, or explore the resources at the end of this guide. You deserve care that supports you, too.



“

I had a hard time bonding with my rainbow baby during pregnancy (I didn't want to get attached—just in case) and after birth.

If your baby needs extra care

Sometimes, even with the best planning, your baby may need extra care after birth. They may go to a Special Care Nursery (SCN) or Neonatal Intensive Care Unit (NICU). There are many reasons this might happen, and your care team will explain what's happening and why. The goal is always to ensure your baby gets the care they need to stay well or to monitor their health closely. If you're in a rural area, ask your team about available support for travel and accommodation.

Being apart from your baby can be very hard. If your support person goes with the baby, you might feel alone. It's okay to ask for help. Your care team is there to support both of you. It may help to think about having one support person for you, and another for your partner, while you're separated.

If your baby stays in hospital after you go home, it can be hard—especially after loss. Leaving hospital without your baby, or feeling torn between home and hospital, can bring strong emotions. If you're finding this time particularly hard, let your care team know—they can help connect you with support options that are right for you and your situation.

Leaving the hospital

Whether you're leaving with your baby or heading home while they stay in special care, this moment can bring many emotions—joy, relief, fear, sadness, or uncertainty.

Some parents feel a sense of healing when taking their baby home. Others feel overwhelmed or disconnected. You might feel protective, distant, or unsure of how to begin this next chapter. However you feel, it's okay.

If your baby is still in hospital, leaving without them can be especially hard. It may bring up memories of loss or feel very different from what you hoped for. Your care team can help you stay connected and supported.

Even outside the hospital, you may face unexpected emotions—seeing other families, visiting familiar places, or feeling like you're supposed to be okay. Some parents feel sadness or guilt. Others feel numb. Bonding can take time. You're not doing anything wrong.

Lean on the support around you—family, healthcare professionals, or others who understand life after loss. Take it one step at a time. You don't have to do it alone.



Space to reflect

As you prepare for the birth of your baby, you may feel many things—anticipation, fear, joy and memories. Let this space be a gentle check-in with yourself.

Some things to reflect on:

1. **How are you feeling as you prepare to give birth?** (*What thoughts or emotions come up when you imagine the journey ahead?*)
2. **What kind of support might help you feel held – emotionally, physically or practically?** (*Are there needs you've noticed during this pregnancy that you want to honour now?*)
3. **What are you hoping for in the early days with your baby?** (*Are there small moments you're looking forward to - like holding them, feeding them, or simply being close?*)
4. **How might you care for yourself if difficult emotions or memories come up?** (*What does self-compassion look like for you right now? Are there grounding tools or people who help you feel safe?*)

Use this space however you need. You might write, sketch, sit with a feeling—or turn the page and come back later. There's no rush. Just move at your own pace.



The early days

with your baby



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This new baby doesn't erase the one we lost. They both matter.

The early days with your baby can be filled with love, uncertainty, and everything in between. This section offers support for navigating those first tender weeks.



Emotional adjustment

Welcoming a baby after a previous loss can stir a wide range of emotions—joy, anxiety, grief, and everything in between. You may have expected relief but instead find yourself feeling on edge, checking on your baby constantly, or struggling to connect in the way you had hoped. These feelings are a normal part of adjusting after loss. They don't make you any less strong or capable as a parent.

Support from family, friends, and care professionals can help you navigate this time—making space for both the baby in your arms and the one who is no longer with you.

You may also notice unexpected emotions surfacing. Feeling teary, irritable, or experiencing waves of sadness is common in the early days. This could be the *baby blues*—a short-term response to hormonal changes. If these feelings last beyond two weeks, feel overwhelming, or affect your daily life, they may be signs of postnatal depression (PND) or another perinatal mental health condition. Reaching out early can make a real difference.

Settling in with your baby

The early days of caring for your baby can feel tender and intense. These moments are often a blur of feeding, settling, and adjusting to new rhythms—physically and emotionally.

Alongside love and joy, you might also feel vulnerable. For some parents, the contrast between this experience and past loss becomes more visible - reminders of the baby who died, moments missed, or rituals not experienced.

All of this is valid. You're learning to care for your baby while carrying both love and loss.

You might find it helpful to:

- Keep routines simple and flexible as you adjust.
- Ask for support with meals, errands, or care of other children.
- Make space for quiet moments with your baby, even briefly.
- Reflect on ways to include the baby who died in daily life—through stories, rituals, or remembrance.

If this is your first time parenting at home, you're learning everything from scratch—how to feed, soothe, and understand your baby's cues. Be patient with yourself. You're not expected to have all the answers.

There's no perfect way to do this. You're finding your way—moment by moment.

Caring for your body

Adjusting to life after birth—whether you're caring for your baby at home or spending time apart—also means caring for your own physical recovery.

You may have experienced some of these changes before, especially if you've given birth following a previous loss. In the past, you might not have received the same level of follow-up care. But it's important to know **postnatal care should always be offered, no matter the outcome of your pregnancy.**

The early postpartum period can bring many physical changes—some expected, others surprising. Giving yourself time to heal, ask questions, and seek support is a vital part of recovery. You deserve care that sees your whole experience.



A postnatal check-up often happens in the first week, and then again at 6 weeks after birth. This is often with your GP or midwife and can cover:

- How your body is healing, including bleeding, stitches, or caesarean wound care.
- Pelvic floor and continence concerns.
- Breast and chest changes related to lactation.
- Mental health and emotional wellbeing including signs of low mood or worry.
- Any ongoing physical concerns or questions you may have.

You might also like to talk with your care team earlier—especially if you're unsure about something or feel unwell. They can also refer you to other professionals, like women's health physiotherapists, exercise physiologists, or dietitians.

Some parents find it helpful to connect with peer support groups, community programs, or compassionate healthcare professionals who understand the emotional layers of recovery after loss.

Feeding your baby

Feeding your baby after loss can bring up many emotions.

Whether you're breastfeeding, bottle feeding, mix feeding, or still finding your way, it's okay to feel joy, fear, sadness, or uncertainty—sometimes all at once.

For many parents, this may be the first time they've breastfed. Lactation can be physically demanding and emotionally complex, especially if your previous experience didn't involve feeding your baby. You might feel proud, overwhelmed, disconnected, or unsure. It's also normal for your body to change in ways you didn't expect.

Some parents find breastfeeding meaningful. Others find comfort in using formula, or a combination of both. What matters most is that your baby is nourished, and that you feel supported in whatever choices you make.

Feeding takes time to learn. It's okay if it's harder than expected, if plans change, or if unexpected emotions arise. You're not alone—and you deserve care and support as you navigate this part of your journey.

Where to find support for feeding

- **Pregnancy, Birth and Baby Helpline**
Free, 7 days a week on 1800 882 436.
- **Australian Breastfeeding Association Helpline**
24/7 on 1800 686 268.
- **Your local child health nurse, midwife, or GP**
can also provide feeding support or refer you to a lactation consultant.



Supporting your mental health and wellbeing

Parenting after loss can bring up all kinds of feelings. Alongside the joy of having your baby in your arms, it's completely normal to also feel fear, anxiety, sadness, or guilt—sometimes all at once, or changing from one emotion to another without warning. Some days might feel steadier, others more overwhelming. You might find yourself checking on your baby constantly, feeling the weight of responsibility, or struggling to connect in the way you hoped.

In the following sections, we explore some of the emotional responses that can arise after birth, how to manage worry and low mood, ways to nurture connection with your baby, and what support might be helpful and when to seek it. There's also space for reflection—because your experience, in all its complexity, matters.



Emotional responses after birth

The postpartum period is a time of adjustment—physically, emotionally, and mentally.

Some parents may experience:

- **Baby blues** – A short time of mood swings, crying, and feeling overwhelmed, usually in the first two weeks after birth.
- **Postnatal anxiety or depression** – Ongoing feelings of sadness, worry, or feeling distant that last more than two weeks, and start to affect daily life.
- **Post-traumatic stress** – Flashbacks, bad dreams and nightmares, or strong emotional reactions brought on by memories of your previous loss, difficult birth, or medical experience. These feelings can start right away or months later.
- **Other challenges** such as upsetting thoughts (obsessive thoughts), feeling that you must be perfect (perfectionism), or strong fears that are hard to control (intrusive thoughts).

These reactions are not a sign of failure. They show that that you've been through something serious and important, and that you might need some extra support.

Navigating worry and low mood

Many parents feel especially anxious about their baby's wellbeing after a previous loss. You may be on high alert, watching every breath or avoiding sleep out of fear. While some worry is natural, it can become exhausting.

At the same time, you might also notice signs of low mood—feeling flat or numb, losing interest in things you usually enjoy, or feeling disconnected from others. These feelings can be confusing or upsetting, particularly when you expected this time to bring relief or happiness.

Some helpful strategies include:

- Creating gentle routines that bring a sense of calm.
- Practising breathing or grounding techniques during moments of overwhelm.
- Limit exposure to things that make you feel anxious (like constant online searching).
- Talking openly with someone you trust, whether a partner, friend, or professional.
- Being kind to yourself and allowing your healing to unfold at its own pace.

If your mood or anxiety feels persistent or is making daily life hard to manage, you're not alone—and you deserve support. These challenges are treatable.

Bonding and connection after loss

Bonding with your baby after a previous loss isn't always straightforward. You might feel joy, fear, relief, or guilt—sometimes all woven together. For some parents, connection happens right away. For others, it builds slowly over time, and that's okay. It might take days, weeks, or even many months to feel a secure emotional bond, especially when the pain of previous loss is still present. There's no need to rush. Be gentle with yourself. Holding your baby close, speaking to them, or spending time in skin-to-skin contact can support that connection—but every parent-child relationship grows in its own way.

Grief and bonding often go hand in hand. You might feel deep love for your baby while still grieving the baby who died. Or you may feel hesitant to bond, out of fear of getting hurt again. All of this is a normal part of navigating parenting after loss.

Rebuilding and maintaining relationships with your partner, family, or friends can also be challenging, especially if grief or trauma has made it harder to trust or feel emotionally safe. If you have other children, you may have found it difficult to stay emotionally present with them during periods of deep grief, or you might now feel pulled in many directions as you try to meet everyone's needs—including your own. These feelings are common, and they don't mean you've done anything wrong. Just as with bonding with your baby, these relationships often take time and care to mend or strengthen. Try to be patient with yourself as you navigate this.

Looking after your own wellbeing—physically, emotionally, and socially—can support both bonding and your broader relationships. This might mean getting rest when you can, leaning on someone you trust, or simply taking time to reflect. Having space to process your feelings and talk things through can help you feel more grounded, supported, and connected—to your baby and to those around you.



When to seek support

Some emotional ups and downs are a normal part of life after loss. But if you're feeling stuck or overwhelmed, support can make a big difference. Please reach out to your GP, maternity care team, or a perinatal mental health service if you:

- Feel like you're not coping.
- Feel you have started to withdraw from the people around you.
- Feel low, anxious or emotionally flat most days for more than two weeks.
- Are finding it very difficult to bond with your baby, and it doesn't seem to be improving with time or support.
- Experience ongoing intrusive, distressing or frightening thoughts.

Struggling doesn't mean you're failing—it means you need and deserve more support. Help is available. Your wellbeing matters—not just for your baby, but for you.



Space to reflect

The early days with your baby can feel tender, raw, and overwhelming—sometimes all at once. You might feel joyful or uncertain, deeply present or a little distant. You might also find that **grief still rises**, even in moments of love and connection. All of this is normal.

This is a time of healing, adjusting, and making space for many emotions at once. A few things to reflect on:

1. **How is your body feeling as you recover?** *(Are there things that are helping—like rest, nourishment, movement, or care? Is there anything you wish you had more support with?)*
2. **What emotions have been showing up for you lately?** *(Joy, sadness, gratitude, grief – there's room for all of it. Have there been moments that surprised you, or things that helped you feel more grounded?)*
3. **How are you connecting – with your baby, yourself, or the people around you?** *(Have there been small moments that felt meaningful—like holding your baby, making eye contact, or simply sitting together in quiet? What helps you feel close, even for a moment? If connection feels slow or uncertain, are there gentle ways you're making space for it? Who or what is helping you feel supported as you find your own pace?)*

Use this space however you need. No expectations, just a quiet moment for you. You can write, draw, or just sit with these questions when you have a quiet moment.



The future *and parenting*



Parenting after loss is a journey that keeps changing. This section offers support as you grow into a new season—one shaped by love, grief, and everything in between.

You might feel many things all at once—joy, love, fear, sadness, or just exhaustion. These feelings can come and go. All of them are valid.

Caring for a new baby while still feeling grief can be hard. Some feelings may return during quiet times or special days. Give yourself time. Ask for support if you need it. Be gentle with yourself as you settle into new routines and remember your baby who died.

Whether this is your first time bringing a baby home or not, it may feel different. You might be caring for your baby while still grieving, or this baby might change how you feel as a parent. It's okay if bonding takes time. It's also okay if small moments bring back memories. You don't need all the answers. Let yourself grow into this new role, one day at a time.



Adjusting as a parent

Parenting after the loss of a baby can feel very different from what you expected. You might be caring for a baby for the first time, looking after older children, or noticing how you've changed.

If you have other children, you might see changes in how you connect with them. If this is the first time you're parenting a baby after loss, you may be feeling grief while also learning to care for your newborn.

The loss of a baby can change how you feel about being a parent. You might feel more protective, more present, or just different. That doesn't mean something is wrong. It means your experience of parenting is shaped by everything you've been through—your grief, your love, and your memories.

These changes might also affect how you see yourself, your family, or what matters most. Be kind to yourself as you find your way.

Building support and finding meaning

Life with a new baby can bring moments of joy—but it can also be tiring, overwhelming, or lonely at times. Having support around you can make a big difference.

You might ask trusted people for help, such as with meals, rest, or simply being there when you need company or a break.

Support doesn't have to cost money. Some parents find comfort in local groups, online spaces, or free parenting programs—especially those that understand what it's like to parent after loss. Your GP, care team, or a support group can help you find what feels right for you.

Some people also find strength through faith, prayer, or spiritual practices. Talking with someone from your faith community may bring comfort. Others may feel unsure about their beliefs after loss—and that's okay too. You might need time and space to explore what feels meaningful for you now.



Nurturing connection as your baby grows

Building a bond and connection with your baby after loss can bring many feelings—love, fear, joy, even guilt. If that connection doesn't happen right away, you're not alone. Many parents find that closeness grows slowly over time.

Spending time with your baby—holding them, watching them sleep, talking to them—can help you feel more connected. Gentle touch or soft words can also bring comfort for both of you.

Try not to worry about what bonding is supposed to feel like. Every parent-baby relationship is different.

If closeness feels hard—with your baby, your partner, or others—you may still be healing. That's not your fault. Talking to a counsellor or support person can help.

Taking care of your own health, including your body, emotions, and relationships, can support your ability to care and connect in your own time.

Supporting connections between your baby and children

A new baby can bring up big feelings for older children, especially after a loss. These feelings may show more in their actions than their words.

Children respond in different ways. Some may feel excited or protective. Others may seem confused, quiet, or worried. Many children notice more than we expect. They may worry about you, even if they don't say it.

You don't need to hide your emotions. Children do best when they're given simple, honest explanations. Let them know it's okay to have many feelings at once, even if they don't always make sense.

You can help your children connect with the new baby in ways that feel right for them. This could mean helping with small tasks, talking to the baby, or spending time together as a family.

Some families also find comfort in gently remembering the baby who died. This might include telling stories, keeping special objects, or having quiet family rituals. These moments can help everyone feel connected, both to the baby who is gone and to each other.

Space to reflect

As you look toward the future with your family, you may think about the kind of parent you want to be—whether this is your first baby or part of a new chapter.

You don't need to have it all figured out. Parenting after loss may change what matters to you, deepen your purpose, or open new ways of loving.

This space is here to help you reflect on what's most important—your values, your hopes, and the kind of future you want to build with your family. Some things to reflect on:

1. **When you picture yourself as a parent, what comes to mind?** (*What values or qualities do you hope to bring into your parenting—now and in the years ahead?*)
2. **What does connection with your baby look and feel like to you?** (*Are there small, meaningful moments you'd like to build into your everyday life?*)
3. **What kind of support might help you become the parent you want to be?** (*This might be emotional, practical, or spiritual – whatever feels most helpful to you.*)

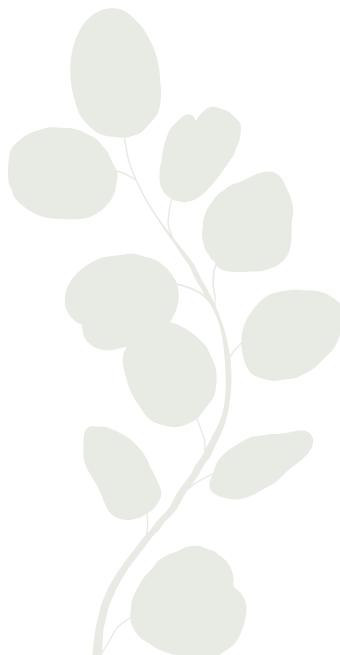
Use this space however you need. Write, sketch, add your own questions—or simply return to this page when the time feels right. This is your parenting story, and it will grow with you.



Information and resources

Support can look different for everyone—and it can change over time. You may find one type of support helpful at a certain point in your journey, and something else more helpful later. It may help to explore a range of resources. You might find comfort in talking to someone, reading trusted information, or connecting with others who've been through something similar.

On the next page are some Australia-wide services you might find helpful. They're not the only ones—you may discover other supports along the way that feel right for you.



Pregnancy and baby loss-specific supports

Red Nose	Phone 1300 308 307 Rednose.org.au
Bears of Hope	Bearsofhope.org.au
Pink Elephants Support Network	Pinkelephants.org.au
Rural Health Connect Perinatal Grief and Loss Program	Phone 0493 571 070 Ruralhealthconnect.com.au/perinatalloss
Living with Loss	Carearoundloss.stillbirthcre.org.au

General pregnancy supports

Babycenter Australia	Babycenter.com.au
Pregnancy, Birth and Baby	Phone 1800 882 436 Pregnancybirthbaby.org.au
Raising Children Network	Raisingchildren.net.au

Perinatal mental health supports

Gidget Foundation	Phone 1300 851 758 Gidgetfoundation.org.au
PANDA	Phone 1300 726 306 Panda.org.au

Closing note

There's no single path through pregnancy after loss. Some days may feel hopeful, others heavy or uncertain. These ups and downs are part of finding your way.

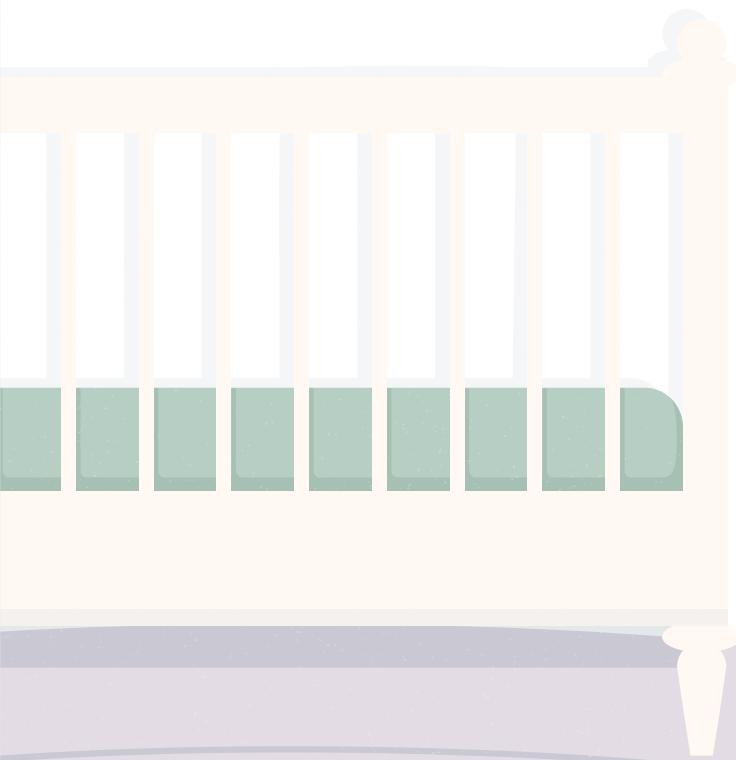
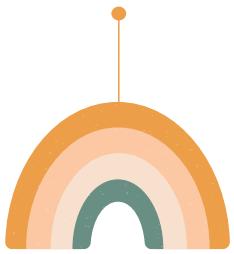
This guide was created to support you—whether you're early in your pregnancy, nearing birth, or somewhere in between. You can take things one step at a time, in a way that feels right for you.

Each year on August 22, families across Australia and around the world mark **National Rainbow**

Baby Day—a time to honour the babies who are no longer here, while celebrating the new life that has followed. For some, the term rainbow baby captures the beauty and complexity of that experience. For others, different words may feel more fitting—and that's completely okay.

What matters most is that your story reflects your truth.

You are not alone.



Commonly used medical terms

Some medical terms can sound clinical or impersonal, but they don't reflect how your care team sees you, your pregnancy, or your baby.

These terms are often used as an easy way for care teams to communicate clearly. They are not meant to take away from your experience or the importance of your baby.

If a word feels uncomfortable or confusing, you or your support person can ask your care team to use a different term that feels better for you.

Antenatal care	Regular medical care check-ups and support during pregnancy to help keep both the mother and baby healthy.
Bereavement Midwife or Perinatal Loss Midwife	A midwife who supports families around the time a baby dies during pregnancy or soon after birth.
Birth trauma	Physical or emotional pain (or a combination of both) caused by difficult birth. It can affect both the woman and their partner.
Bonding	The emotional connection between parents and their baby. This can feel different or more complicated after loss.
Cervical cerclage	A surgical procedure where a small stitch or band is placed around the cervix (the opening to the womb) to help stop early labour.
Cervical length monitoring	A scan during pregnancy to measure the length of the cervix to check for signs of early labour.

Cervical shortening	When the cervix becomes shorter than usual during pregnancy (less than 25 millimetres long), which may increase the risk of early labour.
Caesarean section (C-section)	A surgical procedure where a baby is born through an incision in the abdomen in an operating theatre. This may be planned before labour starts (elective or planned) or may be decided during labour (unplanned).
Complex pregnancy	A pregnancy that needs extra care because of health concerns for the mother or baby.
Conception	When a sperm and egg join to start a pregnancy.
Congenital anomaly	A health condition a baby is born with that affects how their body works or grows.
Continuity of care or carer	Getting care from the same person or team throughout your pregnancy, birth, and after your baby is born.
Disenfranchised grief	Grief that isn't always recognised or supported by others, even though it's very real.
Early pregnancy loss	When a pregnancy ends in the first 20 weeks of pregnancy. This term usually includes miscarriage, recurrent miscarriage, molar pregnancy, ectopic pregnancies and others.
Fetal echocardiogram	A special ultrasound during pregnancy that looks closely at a baby's heart.
Fetal growth restriction or Intrauterine growth restriction	When a baby is growing slower than expected during pregnancy and needs extra monitoring.

Folic acid or folate	A vitamin that helps prevent problems in a baby's brain and spine. It's best taken before and during early pregnancy.
Genetic counsellor	Talking with a trained healthcare professional about the chances of a baby having a genetic condition.
GP (General Practitioner)	A doctor who provides general health care and can help with pregnancy and other health concerns.
Gestation	How far along a pregnancy is. This is measured in weeks from the first day of the last menstrual period.
Gestational diabetes	A type of diabetes that can happen during pregnancy and may need special care.
Gravidity	The number of times a woman has been pregnant.
High-risk pregnancy	A pregnancy with a higher chance of problems, needing extra care and monitoring.
Induction of labour	Starting labour with medication or other methods when it doesn't begin on its own.
In Vitro Fertilisation (IVF)	A treatment where an egg and sperm are joined outside the body, then placed in the womb to help start a pregnancy.
Lactation Consultant	A healthcare professional who helps with breastfeeding, including problems like pain or low milk supply.
Maternal-Fetal Medicine (MFM) Specialist	A doctor who cares for women with high-risk pregnancies or babies with health concerns before birth.
Midwifery continuity of care or carer	A care model where the same midwife (or small team) supports you through pregnancy, birth, and after your baby is born.

Miscarriage	A form of early pregnancy loss which happens in the first 20 weeks of pregnancy.
Model of care	The plan for how you'll be cared for during pregnancy, birth, and after. It includes who looks after you and where.
Multi-disciplinary care	A team of different healthcare professionals working together to support you during pregnancy, birth, and after your baby is born.
Multiple pregnancy	A pregnancy with two or more babies. This can increase the chance of complications and special care may be needed.
Newborn or neonatal death	When a baby dies within the first 28 days after birth.
NICU (Neonatal Intensive Care Unit)	A special hospital unit where sick or premature babies get expert care all day, every day.
PAL	Refers to a pregnancy after loss.
PAL Clinic	Special clinics that give extra care and support to parents who are pregnant after a previous loss.
Parity	The number of times a woman has given birth after 20 weeks of pregnancy, no matter the outcome.
Perinatal loss or pregnancy and baby loss	The loss of a baby during pregnancy, during birth, or in the first 28 days after birth. Some parents prefer the term pregnancy and baby loss because it feels more personal or easier to understand.
Pre-conception counselling	A health check-up before trying to get pregnant. It helps find and manage any health risks or health concerns.
Preeclampsia	A serious condition during pregnancy that causes high blood pressure and potential complications for both mother and baby.

Progesterone	A naturally occurring hormone that supports pregnancy. It may be recommended to help stop early contractions and reduce the risk of early labour.
Preterm birth	When a baby is born before 37 weeks of pregnancy.
Rainbow baby	A baby born after a previous loss. Some people find this term comforting, like a rainbow after a storm. You don't have to use this term and can ask your care team not to.
Recurrent miscarriage	When someone has had two or more early pregnancy losses. These don't have to happen one after the other.
Routine antenatal screening	Standard tests and scans during pregnancy, such as blood tests and ultrasounds. This helps check the health of the mother and baby.
Regional (or rural) hospitals	Hospitals located outside large cities, often in country or remote areas.
Shared decision making	When parents and healthcare professionals work together to make informed choices and decisions about care.
Special care nursery (SCN)	A hospital unit where babies who need a little extra help, like feeding, breathing, or growing, get special care. It's for babies who aren't as sick as those in the NICU but still need some support before going home.
Spontaneous labour	When labour starts naturally, without medicine or other help.
Spontaneous rupture of membranes (SROM)	When the water around the baby (amniotic sac) breaks on its own before or during labour.
Stillbirth	When a baby dies before birth after 20 weeks of pregnancy.

Tertiary hospital	A large hospital with expert doctors and special equipment for complex care, including high-risk pregnancies and newborn support.
Ultrasound	A scan during pregnancy performed by a specialised doctor or sonographer. This helps check how the baby is growing and developing.
Trauma-informed care	A way of giving care that understands how past trauma, like pregnancy and baby loss, can affect someone's health and feelings.
Vaginal birth	When a baby is born through the vagina (birth canal).
VBAC (Vaginal Birth After Caesarean)	When someone gives birth vaginally after having had a caesarean in a previous pregnancy.
Viability	The stage in pregnancy when a baby might survive outside the womb with medical help—usually around 23 to 24 weeks of pregnancy in Australia.

Source

For more information or to contact the team, go to
carearoundloss.stillbirthcre.org.au

Publication date: June 2025

Version: 1.0

Next review due: June 2028

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Stillbirth (Stillbirth CRE), Mater Research Institute-
University of Queensland

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