

Supporting you through a
difficult time: Interrupting a
pregnancy for **medical reasons**

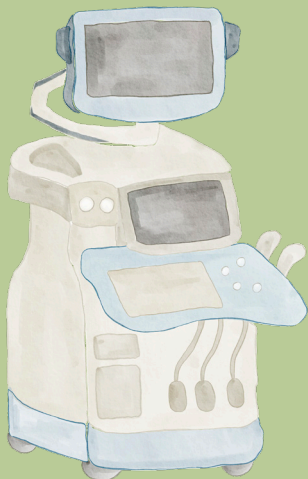
This booklet was created to support you with some practical information and guidance at a difficult time. We hope you find the information helpful and reassuring. Please reach out to our staff for additional support and resources if needed.

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Your decisions & emotions.

When you first receive the news that your pregnancy is not going as expected you may feel a variety of confusing emotions such as shock, grief, sadness, guilt, isolation, and vulnerability. Although everyone is different, these are all very common emotions reported by parents who have gone through a similar experience as you. There is no “right” way to feel in this situation. It is important to care for yourself and take all the time and help that you need.



Many parents want to understand why an abnormality has developed during the pregnancy and often blame themselves, or blame each other, for what has happened. You may wonder if you could have done anything to prevent it. You may wonder if there was anything you could have done to avoid it. Usually, there is no connection between what parents did, or didn't do, and the medical condition that has developed during the pregnancy.

We understand that the decision to interrupt your pregnancy is very personal and difficult. You may feel angry that you have been put in a position where you have had to choose to end a much-wanted pregnancy and you may feel very alone. It might be helpful to know that other parents have had to make this same decision, and you may find it beneficial to share your feelings with other parents who have also been put in this position. We have compiled a list of organisations that can offer you support. These can be found on page 31 of this booklet.

You may have many questions regarding the medical condition that has led to the decision to interrupt your pregnancy. If you have questions, you may find it helpful to write them down. Your geneticist or maternal foetal specialist should be able to answer them for you. It is important that you don't feel rushed into making any decisions, so if you need more time then please let your team know.

Numbers of organisations that can offer you support can be found on page 31.



“We understand that it’s not a decision made lightly. Our staff will endeavour to make this difficult journey as comfortable as possible for you and your whānau.”

We are here to help.

We are here to support you in any way we can. The experience of losing a child is handled in diverse ways by different cultures and religions. Your nurse or social worker may be able to help if you have specific cultural and spiritual requirements during the labour and regarding the care of the baby and placenta once delivered.

Waitematā DHB provides cultural support and chaplaincy service for patients and their families. Their details can be found on page 29-30 of this booklet.

We are here to help

You may also wish to seek cultural or spiritual support by talking to a member of your cultural or spiritual community.



Preparing for the procedure.

You will be advised of the time the nursing staff would like you to come to the hospital for your procedure. Qualified nursing staff experienced in pregnancy loss will be caring for you during this time. They are very experienced, caring, and supportive and will guide you through this journey.



You may want to give some thought to the practical considerations before you go into your procedure. Most women deliver their babies on the day we commence your procedure, however, sometimes the labour can be longer. It is a good idea to pack an overnight bag so that you are prepared if this happens. If you have other children then this might mean arranging someone to pick them up from daycare or school and looking after them for the night.



You might like to bring personal items such as toiletries, magazines, nightwear (if you need to stay overnight). You may also like to have music, essential oils, and a special baby blanket or teddy bear for when your baby is delivered.

Some people also find comfort in bringing taonga – valued objects that they like to hold on to while in the hospital.



You are encouraged to bring in your partner, a close friend, or a relative to support you throughout your stay. This person is welcome to stay the night if this is required and you feel like you would like the emotional support. Unfortunately, we cannot have children under the age of 16 stay the night.

You may want to start thinking about the choices that you will need to make. This might include whether you want to see or hold your baby, whether you wish the nursing staff to call your baby a name you have already chosen, whether you want a blessing, a burial or a cremation. You do not need to rush these decisions. The nursing staff will allow you time to make your decision.



The procedure.

It would be helpful if you prepare yourself for the physical and emotional experience of delivering your baby. Regardless of your gestation, your cervix will have to dilate and your baby will have to pass through the birth canal. For some women, the pain can be very intense during delivery.

Nursing staff will offer you different pain relief options to help you cope with the pain.



It is difficult to say how long the labour will last, but most women deliver their babies the same day that they come to the hospital. Sometimes, the placenta isn't delivered and you will need to go to the theatre for a small procedure under general anaesthesia to remove the placenta.

You may be feeling anxious about delivering your baby. These feelings are very normal. Please speak to your nurse if you are feeling uncertain. They are here to support and care for you on this journey.



After the delivery.

This is often a very emotional time for women and their partners. You may be unsure if you want to see or hold the baby. You do not have to make this decision immediately. The nursing staff will support your decision and allow you time to process the emotional impact of the delivery. If you do not wish to hold the baby the nursing staff can take the baby into a special room called the Wā Mārie (peaceful area) to care for your baby. The health care staff pride themselves on treating your baby with care and respect at all times.



“If you can take along a support person when attending appointments, a second set of ears is excellent for a sounding board when making a decision. Also they might hear something you didn’t hear in the appointment.”

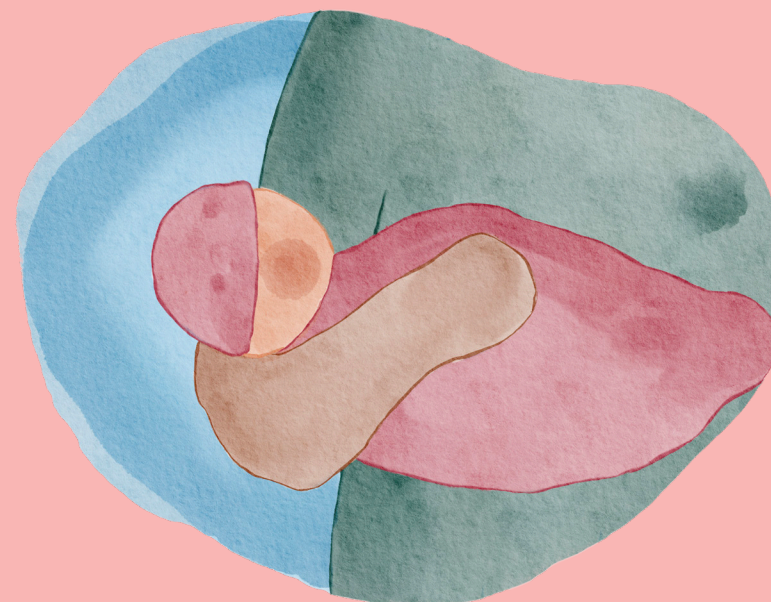


If you are worried about what your baby might look like please discuss this with your nurse. They will be able to advise you of the condition of your baby. For babies born 18 weeks and over the hospital can ask professional photographers if they could photograph your baby. Please ask your nurse if you would like them to arrange this.

Sometimes the nursing staff can also arrange mementos such as hand and footprints depending on the gestation and condition of your baby. They will always offer you a remembrance card acknowledging your baby.

Your baby is usually stillborn. It is important to know however that a small number of babies are born showing signs of life. If this happens you may wish to hold your baby or you can ask the health professional staff to stay with your baby in the Wā Mārie room until it passes.

If your baby is born alive, regardless of gestation, or weighs more than 400 grams, it is a legal requirement that you register the birth and death of your baby. We can put you in touch with social workers who can guide you through this process.



Post mortem & genetic testing.

The doctors will have discussed with you if a post mortem or further genetic testing is recommended. Please talk to your nurse or doctor if you have any questions about this process.

You are welcome to take your baby and/or placenta home with you, or you can ask the hospital to cremate your baby on your behalf.

However, if the baby is born alive it will require a formalised burial or cremation. The Social Worker can help you arrange this. If you are not ready to make that decision the hospital is happy to care for your baby for 7 days post delivery. Social workers can put you in touch with a funeral director and are available to support you with this. If you are not ready to cope with these arrangements you might like to ask your partner or a family member to help you. We understand that this can be overwhelming.



Remembering your baby.

Everyone will remember their baby in their special way. You may choose to name your baby and have a formal ceremony to mark their life and death, or you may wish to plant a favourite flower or tree to remember their life.



Some women have chosen to create a memory box and fill it with their baby's hand and footprints, a length of ribbon to mark their length at birth, a special teddy and/or blanket, copies of their baby's scan, or photographs and cards and letters they may have received. Some women find it helpful to write a letter to their baby explaining their decision and telling their baby how much they are loved.

How you remember your baby is a very private process. There is no right or wrong way to remember your baby and to process your grief.

Going home & looking after yourself.

Most women choose to go home as soon as possible after delivery. However, some women feel overwhelmed and ask to stay another night. If you feel this is in your best interest, please discuss this with your nurse.

If you have a lead maternity carer (midwife) they should visit you on discharge to ensure that you are recovering well. If you do not receive a visit, or you did not already have a midwife, you should contact your GP to arrange a follow-up appointment.



The immediate weeks after delivery can be especially distressing for some women. You may feel exhausted, sad, empty and find it difficult to cope with the demands of everyday life. It is important to recognise that these feelings are normal for some women and give yourself time to recover and heal. If you are working and require a medical certificate please ask your nurse to arrange this for you.

You will continue to bleed vaginally for about a month after your delivery. This is normal. If you are concerned about the amount of bleeding, or if you are feeling feverish or unwell, please contact your midwife or GP with some urgency to discuss. You may have an infection, or there might be a segment of the retained placenta that will require further medical treatment.

You are welcome to contact the ward coordinators on the numbers listed on page 29 who will be able to answer any questions or concerns you may have.

Family & friends.

Who you tell, and what you decide to tell them, can be a difficult decision. Most people in our lives have not been through what you are experiencing and cannot imagine what it might be like. Some people choose to tell others what has happened, while other people choose to simply say that the baby has died. Some people fear judgment from those they choose to tell but the reality is that most people will understand the difficult decision you have made and offer their kindness and support.



Looking to the future.

It is difficult to think of the future when you have been put in such a difficult and sad situation. It is important to give yourself time to grieve and to recover both physically and emotionally. Everyone will respond to the loss differently and it is important to remember that your grief and emotions might present themselves as anger, blame, sadness, and guilt. Your grief and emotions belong to you, and there is no length of time that is the right length of time to grieve.



Some women feel relieved that they have made this decision. If you feel like this, it is a normal and appropriate response to your situation. Talk to your partner, your family, and friends about how you are feeling. If you feel you need more help you can refer yourself to a grief counsellor or talk to your GP.

Special community groups, such as those listed on [page 31](#) may also be beneficial.



Ward Contact Details.

Ph: (09) 487 2264
Hine Ora ward, level 2, North Shore Hospital, Takapuna

Waitematā DHB Support Services.

Cultural Support:

Māori Health Service – He Kamaka Waiora

North Shore Hospital

Ph: (09) 486 8324 ext 43553
Opening hours: Monday to Friday (8.00am – 5.00pm)

After-hours requests for services please contact the Duty Nurse Manager in the first instance.

Waitakere Hospital

Ph: (09) 486 8324 ext 43553
Opening hours: Monday to Friday (8.00am – 5.00pm)

After-hours requests for services please contact the Duty Nurse Manager in the first instance.

Asian Health Support Services

<http://www.asianhealthservices.co.nz>

North Shore

Ph: (09) 442-3232
3 Mary Poynton Crescent Takapuna, Auckland

Waitakere Hospital

Ph: (09) 837-8831
Ground floor, Waitakere Hospital 55-75 Lincoln Rd Henderson

Asian Mental Health office

Ph: (09) 487-1321
Level 2, 44 Taharoto Rd. Takapuna, Auckland

Pacific Support Service – Tautai Fakataha Health Service

Ph: (09) 837 8836

Puleiala Tofaeono (Samoan)

Mobile: 021 956 530
E-mail: Puleiala.Tofaeono@waitematadhb.govt.nz

Sera Tagaloa (Samoan)

Mobile: 021 562 583
E-mail: Sera.Tagaloa@waitematadhb.govt.nz

Opening hours: Monday to Friday (9.00am – 4.00pm)
No service on weekends or public holidays.

Chaplaincy Service

North Shore Hospital

The chaplains are available **Monday to Friday from 8.00 am to 4.00 pm** at North Shore Hospital. To contact a chaplain please call **(09) 486 8920** and ask to speak to the 'on-call' chaplain.

Our Ahurewa Spiritual Centre is open to all visitors and is located on the third floor of the tower block.

Waitakere Hospital

The chaplains are available **Monday to Friday from 8.00 am to 4.00 pm** at Waitakere Hospital. To contact a chaplain please call **(09) 837 8823 extn 6823**.

Our beautiful Wairua Tapu, Chapel of the Holy Spirit, is open to all visitors and is located on the lower ground floor.

Social Workers

North Shore Hospital

NSH.WomenshealthSW@waitematadhb.govt.nz

Waitakere Hospital

WTH.WomenshealthSW@waitematadhb.govt.nz



Support Groups.

You may feel as though you are very isolated. However, other women and families have also experienced the loss of their pregnancy due to a medical condition and you may find it helpful to share your feelings with them.

www.aheartbreakingchoice.com

Support for those who have terminated a much-wanted pregnancy.

www.endingawantedpregnancy.com

Support group offering free, non-judgmental abortion grief support when ending a wanted pregnancy.

www.sands.org.nz

Parent run, non-profit groups supporting families who have received the news that their baby has an abnormality.

www.arc-uk.org

UK support group offering non-directive information and support.

www.nswomenscentre.co.nz

North Shore Women's group providing essential support for women, including counselling and social work.

www.visionwest.org.nz

Community support group based in West Auckland who can provide a wide range of counselling support.

www.homeandfamily.org.nz

Community-based service providing professional counselling to individuals, couples, and families.

www.griefcentre.org.nz

Grief and loss support to children, youth, adults, families or whānau.

wheturangitia.services.govt.nz

Information for family and whānau experiencing the death of a baby or child through miscarriage, stillbirth, SUDI, neonatal death or fetal abnormality.

Acknowledgements:

CAPITAL & COAST

A time to decide pamphlet National Bereavement Care Pathway.

ARC

Ending a pregnancy after prenatal Diagnosis.

ARC

Help for Fathers. Supporting you through difficult family times.

SANDS

A Heartbreaking Choice. A guide for parents and their family.



