







Navigating Perinatal Grief and Loss with Clients

The care and support that a family receives during and after a pregnancy or infant loss can profoundly influence their healing and overall well-being. Public health nurses are in a unique position to provide compassionate, skilled, and timely support to families navigating this deeply personal experience.




This practice resource is intended to strengthen the professional knowledge and confidence of public health nurses to offer trauma- and violence-informed, culturally sensitive, and family-centered care to families during this period. This guidance document also provides contextual information about pregnancy and infant loss as well as practical strategies and communication tools to support meaningful, respectful, and individualized care during home visits.

Understanding Pregnancy and Infant Loss

-  Recognize that pregnancy and infant loss may intersect with previous trauma, systemic inequities, or experiences of violence. Approach families with sensitivity to these layers.
-  Acknowledge that grief and attachment are shaped by cultural, spiritual, and personal beliefs.
-  Avoid assumptions and ask open-ended questions to understand the family's worldview.
-  Emphasize the importance of honouring each family's unique experience, values, and needs.

Attachment and Grief Following a Loss

The expression of grief that a family experiences around the time of their loss is related to the depth of attachment they had to their baby.

-  Validate grief regardless of what stage in the perinatal period the loss occurred. Avoid minimizing language.
-  Understand that attachment may begin before conception and may be influenced by cultural and personal expectations around parenthood.
-  Respect individual differences in how attachment and grief is expressed within the family unit.

Risk and Protective Factors for Complicated Grief

Following pregnancy or infant loss, some individuals may be at greater risk for complicated grief and may benefit from referrals to specialized services or supports. For many individuals, the presence of protective factors may mean their grief is less likely to become prolonged or complicated, allowing them to navigate their loss with the help of existing supports.

Risk Factors ¹	Protective Factors ¹
<ul style="list-style-type: none"> • Depression / anxiety • Posttraumatic stress • Previous loss • Conflict in a relationship • Pressure to have another baby 	<ul style="list-style-type: none"> • Having a living child • Access to specialized support • Satisfaction with health services • Connecting with others who have similar experiences • Social support (partner, community, spirituality)

Communicating Support and Empathy to Families

Acknowledging and validating the profound loss experienced by families is a crucial aspect of compassionate care. Yet, communicating support in these moments may be challenging. Even when offered with empathy and good intent, words or silences may not always be received as intended. Sometimes the messages health care professionals hope to convey can sometimes have unintended impacts where well-meaning responses may inadvertently minimize or invalidate a family’s grief, or silence may leave them feeling unseen. Rather than striving for the “perfect words,” the emphasis should be on genuine presence, acknowledgment, and allowing families to grieve in their own way.

What is Said	Intended Message	Received Message
“Everything happens for a reason.”	I want you to find meaning in this.	I’m being punished.
“You aren’t given more in life than you can handle.”	You have the strength to survive this tragedy.	You don’t want to hear how vulnerable and scared I am.
“You’re young. You can have more children.”	There is nothing to prevent you from future pregnancies.	You think I can replace this baby with another baby.
“Everything will be okay.”	I want you to be okay.	I need to be okay to make you comfortable.
“Your child is in a better place.”	My faith tells me that your baby is in a good place.	You think there is a better place for my baby than in my arms.
“Go out and have fun. You’ll feel better soon.”	Take care of yourself.	Grieving should be avoided.
“Be grateful you have other children.”	You may actually love and cherish your children more now.	The child that died is less important than my other child(ren).
“It’s better you miscarried because the fetus was probably abnormal.”	It’s not your fault.	You don’t think I could parent a child with a disability.

What is Said	Intended Message	Received Message
“At least...”	I think there may be something good in this. I want you to feel better.	You are minimizing this loss. You think you know better. I should not be upset about this.
“I understand.”	I’ve been through this too.	You don’t want to listen to me. You think your loss is the same as mine.
Nothing.	I don’t want to make this worse. I don’t know what to say. I feel awkward. Your loss is too painful for me.	I am alone. People don’t care.

Consider using the following forms of statements instead:

“I’m sorry / I’m sorry for your loss.”

“I’m sorry we are meeting under these circumstances.”

“Take all the time you need.”

“It’s okay to cry.”

“I will answer your questions or find someone who can.”

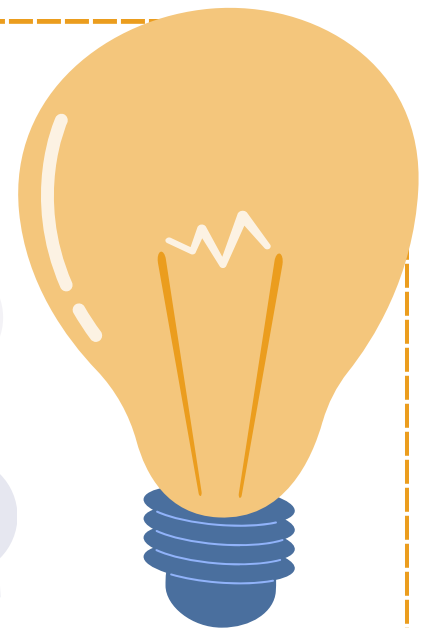
“How are you today? (in this moment)?”

“Is there anyone you want to contact now? Is there anyone who can come to be with you (or meet you)?”

“Did you name your baby? What is your baby’s name?”

“How did it feel coming in today?”

“I received a notice from the hospital about [baby’s name]. I am so sorry to hear that he died. I wanted to call to check in on you today.”






Practice Examples

These practice examples are designed to illustrate key principles of trauma- and violence-informed care in home visiting. They emphasize the importance of:

- ✓ Smooth Transitions – Supporting continuity, predictability, and emotional safety as families move through different stages of care.
- ✓ Ongoing Support – Providing consistent, compassionate, and flexible follow-up over time.
- ✓ Sensitive Communication – Using language and interaction styles that promote emotional safety, dignity, and trust.
- ✓ Individualized Grief – Honouring the unique ways each person experiences and expresses loss.
- ✓ Supporting the Whole Family – Recognizing that everyone connected to the baby may be affected by the loss and may need support.

What a Nurse Might See	TVIC Response	What it Matters
<p>✓ Acknowledge the loss with compassion and presence.</p>		
The family appears withdrawn or tearful when the nurse arrives or seems unsure how to begin the visit.	“I’m so sorry for your loss. I’m sorry we’re meeting under these circumstances. Take all the time you need.”	Simple, compassionate acknowledgment validates the family’s grief and sets a tone of emotional safety.
<p>✓ Minimize re-traumatization by ensuring families don’t have to retell their story repeatedly.</p>		
The family becomes visibly distressed when asked to recount the loss again during intake.	“I’ve reviewed your history so you don’t have to go through that again. Let’s focus on what feels most important to you right now.”	Retelling can reopen emotional wounds. Minimizing this respects the family’s emotional boundaries.
<p>✓ Be flexible and responsive during assessment, especially if leads to emotional discomfort.</p>		
During a home visit, the parent becomes tearful when asked questions about feeding or sleep patterns, and says, “This feels too familiar.”	“I can see this is bringing up some difficult feelings. Would you prefer to skip this part for now, or talk about it in a way that feels safer for you?”	Offering choice and sensitivity helps the parent feel more in control and supported, which is essential for emotional safety and trust.
<p>✓ Provide clear, anticipatory guidance tailored to the family’s needs and preferences.</p>		
The family seems overwhelmed and unsure about what to expect next (e.g., physical symptoms, follow-up care).	“Here’s what you might experience physically in the next few days, and what support is available. Would you like this in writing or to talk it through together?”	Anticipatory guidance reduces fear and uncertainty, empowering families with knowledge and choice.

<p>✓ Recognize that grief may resurface over time; maintain consistent, gentle outreach.</p>		
<p>A parent who seemed to be coping well during earlier visits suddenly becomes tearful or withdrawn weeks or months later.</p>	<p>“I just wanted to check in and see how you’re doing. It’s completely normal for grief to come and go.”</p>	<p>Grief isn’t linear. Gentle, ongoing outreach shows that support is not conditional or time-limited.</p>
<p>✓ Use the baby’s name and mirror the family’s language around the loss.</p>		
<p>The family has named their baby and uses specific phrases like “our daughter” or “our little one.”</p>	<p>“How is your heart today when you think about [baby’s name]?”</p>	<p>Mirroring the family’s language and using the baby’s name validates their existence and the family’s grief, reinforcing connection and dignity.</p>
<p>✓ Normalize a wide range of grief responses.</p>		
<p>One parent is tearful and withdrawn, while another appears stoic or focused on logistics.</p>	<p>“Everyone grieves in their own way. There’s no right or wrong way to feel or express grief.”</p>	<p>Helps reduce shame or confusion about emotional responses and validates each person’s experience.</p>
<p>✓ Respect rituals, timelines, and expressions of grief.</p>		
<p>Family has a home altar or requests privacy for a mourning ritual.</p>	<p>“Would you like me to adjust our visit to support your rituals or give you space?”</p>	<p>Supports autonomy and cultural sensitivity by honouring grief practices.</p>
<p>✓ Provide clear, compassionate messaging to address feelings of guilt or self-blame.</p>		
<p>A parent says something like, “I keep thinking maybe I did something wrong.”</p>	<p>“What happened is not your fault. There was nothing you could have done to prevent it.”</p>	<p>Interrupts self-blame and supports emotional healing.</p>
<p>✓ Ask what support looks like for them and adapt accordingly.</p>		
<p>The family doesn’t engage with standard grief resources or seems uncomfortable with certain types of support.</p>	<p>“Everyone copes differently. What does support look like for you right now? Is there anything that would feel helpful?”</p>	<p>This centers the family’s autonomy and avoids assumptions about what they need or want.</p>
<p>✓ Connect families with community-based supports and social services to ensure continuity of care and reduce isolation.</p>		
<p>The family expresses feeling alone or overwhelmed with practical needs (e.g., housing, food, childcare).</p>	<p>“There are community programs that can help with some of the things you’re dealing with. Would you like me to help connect you?”</p>	<p>Addressing social determinants of health is a key part of TVIC. It helps reduce stressors that can compound trauma and grief.</p>

 Include extended family and community supports as appropriate.		
A grandparent or close friend is present and actively involved in supporting the grieving parents.	“Would you like me to include [name] in our conversation today? We can make sure everyone who’s supporting you has the information they need.”	Recognizing the broader support network respects the family’s structure and promotes collective healing.
 Facilitate conversations that honour each person’s role and experience.		
Family members are unsure how to talk about the loss with each other, or with their other children.	“Would it be helpful to talk about ways to support each other through this? I can share some ideas for how to talk with children or other family members about what’s happened.”	Helping families communicate fosters connection, reduces isolation, and supports healing across generations.
 Validation of mixed emotions in subsequent pregnancies		
Family expresses feeling conflicted during a subsequent pregnancy following a loss.	“It’s okay to feel both hopeful and scared.”	Acknowledges the family’s complex emotional experience without judgment.

The PAIL Network

The PAIL Network, based in Ontario, provides free, peer-based support to individuals and families who have experienced pregnancy loss or the death of an infant.² Services are delivered by trained volunteers with lived experience of loss, offering a compassionate and relatable source of care. PAIL Network’s programs for families include online and in-person support groups and events, one-to-one phone support, structured grief education sessions, and a number of printable resources (e.g., booklets, handouts, journals).² Families can access support at any stage of their journey, with options tailored to different types of loss, parenting after loss, and subsequent pregnancies. The organization’s mission centers on ensuring that no family navigates loss alone, and that grief is met with understanding, connection, and continued care.²

The PAIL Network also has professional resources, e-learning modules, and workshops to support people working with families experiencing loss. Resources include communication tips, memory-making ideas, guidance for bereavement committees, and practical family handouts (e.g., lactation after loss).

Professional Resources Available through PAIL Network:

- [Early Pregnancy Loss Provider Toolkit](#)
 - This toolkit is designed for health and service providers who support individuals and families experiencing early pregnancy loss (EPL), including resources that can be used with families. It brings together evidence-informed practices, insights from patients, and frontline experience to help professionals respond to the cognitive, emotional, and physical needs of those affected. While originally developed with emergency department settings in mind, the guidance within can be adapted for use across a variety of care environments serving EPL patients.

- [Education for Professionals Working in/with Indigenous Communities](#)
 - Includes resources and information to educate health care professionals working with Indigenous families experiencing perinatal loss and grief.
- [E-Learning Communication Module](#)
 - This e-learning module was designed to educate health care professionals on how to communicate with clients, including what to say/not say, and how to incorporate compassionate verbal and non-verbal interactions with families.
- [Compassionate Care Workshops – In-person and Online](#)
 - The workshop is a 1-day (8 hour) training session for people who provide care to families who may experience perinatal loss. The session covers topics such as grief, memory making, cultural safety, what to say/what not to say, pregnancy after loss, and family-centred care.

Additional Resources

- PHN-PREP Webinar – [Pregnancy and Infant Loss: How your support can make a difference](#)
- Lancet Series: [Miscarriage Matters](#)
- Lancet Series: [Ending preventable stillbirths](#)
- [Miscarriage Association](#)
- [PAIL Network Provincial Survey](#)
- [Health Quality Ontario: Early Pregnancy Loss Guidelines](#)
- Tend Academy: [Self-Care Resources and Information](#)
- Paras, A. (2016). ['We need to see miscarriage as an emotional emergency,' says nurse. CBC Radio.](#)
- Sands - [Saving babies' lives. Supporting bereaved families – Resources for Professionals](#)
- Stillbirth Centre of Research Excellence: [The Safer Baby Bundle](#)

References:

¹ Flach, K., Gressler, N. G., Marcolino, M. A., & Levandowski, D. C. (2023). Complicated grief after the loss of a baby: A systematic review about risk and protective factors for bereaved women. *Trends in Psychology*, 31(4), 777–811. <https://doi.org/10.1007/s43076-021-00112-z>

² Pregnancy and Infant Loss (PAIL) Network. (2025). Pregnancy & infant loss network - Sunnybrook Hospital. PAIL Network. <https://pailnetwork.sunnybrook.ca/>

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