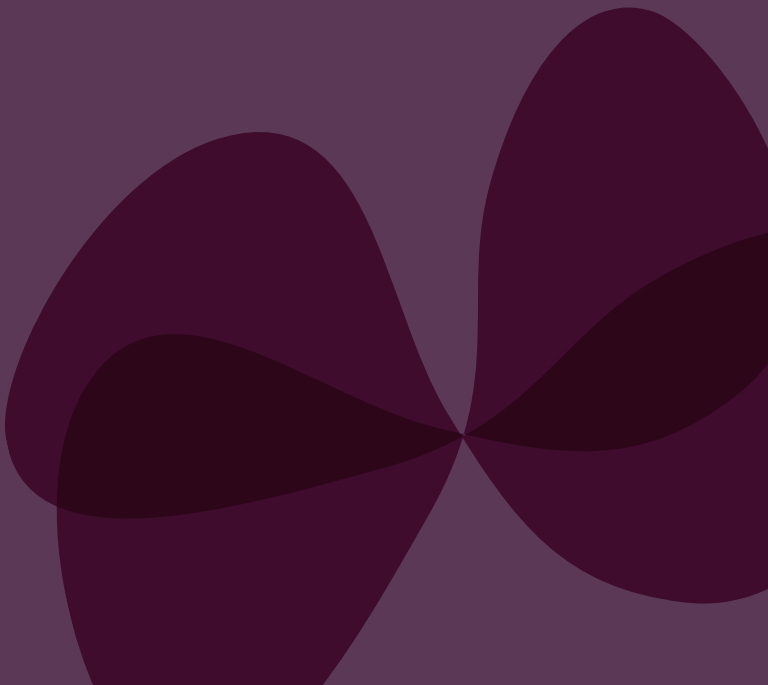
What now?

A guide to support you when your baby has died in pregnancy



Who you can ask for help

We can help you when your baby dies before 20 weeks of pregnancy. You can contact your bereavement worker at the Women's, Monday to Friday, 9am to 5pm.

Your bereavement worker's name is:

Call:

After hours

If you need to talk to someone after hours you can call the hospital switchboard on 03 8345 2000, and ask them to put you through to the ward or area who looked after you.

In an emergency

If it is an emergency, you can:

- call Triple Zero (000)
- go to your nearest emergency department
- come to the Women's Emergency Department
  Lower Ground, 20 Flemington Road, Parkville Victoria.

We welcome your comments

The Royal Women's Hospital wrote this book with the help of families, carers and staff. You can tell us what you think about the book. We welcome your comments and your positive and negative feedback.

The Royal Women's Hospital
Consumer Health Information
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When reading this booklet

When we talk about pregnancy loss, this booklet uses the words "your baby has died". We understand this language may not feel right for everyone. Everyone experiences loss in their own way, and different words may offer comfort or healing.

We recognise that the language surrounding grief can be sensitive, and we aim to create space for all feelings and perspectives, and to respect each person's way of understanding their loss.

If your pregnancy ends in the first 20 weeks and your baby shows no sign of life at birth, the *Births Deaths and Marriages Act 1996* (Vic) classifies it as an *unregistered birth*.

We acknowledge your loss and can help you create memories that are meaningful to you.

Acknowledgement of Country

On the traditional lands of the Wurundjeri and Boonwurrung People of the Kulin Nation, we acknowledge the birth of your baby. We honour Country, culture, and kin, and recognise the deep connection you share with your bub as they journey from birth to the Dreaming. We understand the profound cultural responsibilities that Sorry Business carries and walk beside you in this time of grief. We pay our respects to your Elders, past and present, and kindly ask the Ancestor spirits to watch over you and your baby.

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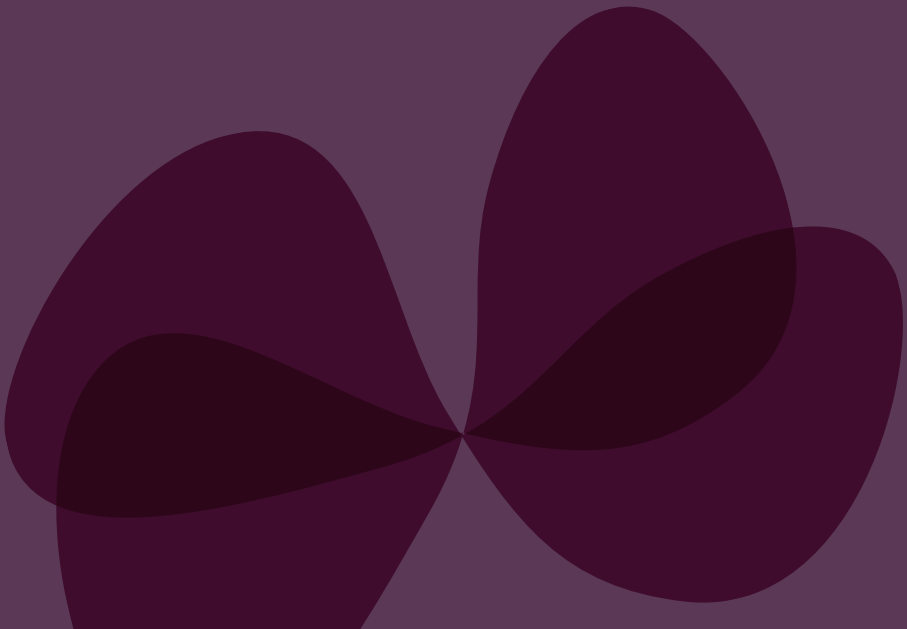
Introduction

We are sorry that your baby died, and we offer our heartfelt support to you.

Your loss may have occurred for many reasons – including termination for medical reasons (TFMR), miscarriage, or reasons we can't explain.

Whatever the circumstances of your baby's death, we will care for you with compassion, understanding, and support. We've created this booklet to guide you in first days and weeks after your baby's death. Inside you'll find information about:

- how we can help you
- things you can do
- decisions you might want to make
- how to find out why your baby died
- who else can help you
- where you can find more information.



We're here for you

We will care for you and your baby with respect and compassion. You might meet different staff at our hospital, including:

- midwives or nurses
- doctors, including specialists
- genetic counsellors, who can explain genetics and inherited conditions
- lactation consultants, who can help you with decisions about breastmilk
- bereavement worker, who can support you through your loss.

Your bereavement worker can help you when you're in hospital and after you go home. They can:

- meet with you
- listen to you
- support and guide you
- give you information
- answer your questions.

You can choose the type of bereavement worker you want or need. You might want a:

- social worker for grief counselling and support while you are in the hospital and when you go home
- spiritual care worker for grief counselling and, if you want, to help you with meaningful rituals, naming or blessings
- genetic counsellor to explain any health conditions your baby had before or after they were born.

Ask us any questions – we're here to support you. We can also help you find other people who can support you too.

Your time in the hospital

When you find out your baby has died, your birthing options will depend on how far along your pregnancy is. We can help you prepare for and make decisions about the safest and most suitable next steps.

Surgery

If you are less than 20 weeks pregnant, you might have surgery to remove the products of conception. When doctors say 'products of conception' they mean your baby, placenta and amniotic sac.

We will talk with you about surgery if it's an option for you.
The doctor will explain:

- what is going to happen during the surgery
- any risks of surgery
- and answer any questions you have.

If you need surgery, we will treat you and your baby with care and respect. You won't be able to see your baby after the surgery, but your bereavement worker can talk to you about other ways to create memories, if you want. After your surgery, you might be able to go home on the same day.

Induction of labour

We might need to start your labour using medical methods. This is called an induction of labour. Some people can wait for labour to start naturally, but sometimes there are medical reasons why we need to do an induction. If we recommend an induction, we'll explain why and talk it through with you.

We'll help you prepare for labour. The doctor and midwife will talk with you about:

- what to expect during your labour
- your birth preferences (like pain management, music, who you want with you)
- what to expect at the birth
- what happens after the birth
- any questions you have.

You might need to stay in hospital for a few days after your birth. During this time:

- we will support you to see and spend time with your baby
- your baby can be in your room, so you can spend time with them and create memories
- we can provide a special cot that slows down changes to your baby's body
- if you prefer, your baby can be in the mortuary, a place where people are cared for after death.

Birth and death certificates

Sometimes we don't know how many weeks pregnant you were when your baby died. The doctor will check things like your baby's weight to estimate their age at the time of death.

If your baby was less than 20 weeks and showed no signs of life at birth, the law in Victoria says their birth will not be registered. This is called an *unregistered birth*.

Because the birth is not registered, you will not receive a birth or death certificate. The hospital will ask if you want a *Recognition of Life* certificate. You can also request one from the Registry of Births, Deaths and Marriages at no cost.

Overview

- **We will treat you and your baby with respect.**
- **Tell your doctor, midwife and bereavement worker what matters most to you.**
- **Medical management and induction of labour is common.**
- **If you are less than 20 weeks pregnant, you might have surgery.**
- **We will support you during labour, birth and after.**
- **If you have an induction of labour and depending on how far along your pregnancy is, you can choose if you want to see your baby and spend time with them.**
- **If your baby was less than 20 weeks, you will not be able to get a birth or death certificate.**
- **You might want a Recognition certificate, a blessing, or both. We can help arrange this for you.**

Ways to remember your baby

You can choose what you want to do to remember your baby. Your midwife or bereavement worker will talk with you about your options.

You might want to:

- name your baby
- spend time with your baby
- have special rituals or ceremonies to remember your baby.

What you decide to do will depend on what is important to you.

Spending time with your baby

You can choose how much time you want to spend with your baby. There's no rush – take the time you need to decide.

If you choose not to spend time with your baby, you might want to think about why. Some people later wish they had seen their baby. Others feel scared or unsure because they don't know what to expect.

We're here to talk with you about your concerns, answer your questions and help you understand what to expect. Together, we can find a way that feels right for you.

If you want to, you can spend time with your baby – with or without seeing them. That's your choice.

We can also offer a cuddle cot. It helps slow down the changes that happen to your baby's body after they die. Let us know if you'd like to use one.

Whatever you decide, we'll respect your choices and support you in every way we can.

What your baby may look like

It's completely normal to feel worried about how your baby may look. Every baby is different. How your baby looks can depend on things like:

- how many weeks pregnant you were
- how much time has passed since when your baby died
- whether your baby had any health conditions.

The midwife or nurse caring for you can talk with you about what to expect and answer your questions.

Many parents say their baby looked more peaceful, and often much better, than they had imagined.

Sometimes it is hard to know the baby's gender. We might be able to find out if we do a post-mortem (see the post-mortem section for more information).

Dressing your baby

You can ask us if you want to dress or wrap your baby. If it's possible, the midwife or nurse will help you.

You might like to use:

- wraps or blankets you have for your baby
- clothes handmade by volunteers and donated to the hospital. The hospital has clothes for very small babies that you can choose from.

Taking photos of your baby

It's your choice whether you take photos of your baby. Some people want photos of their baby, some don't, and others later wish they had taken some.

You can take photos of your baby yourself, or a midwife can take them for you.

If you can't decide if you want photos, we can take photos of your baby and keep them safe for you. You can decide later if you want them.

Naming your baby

You can choose to name your baby if you want. Naming your baby can help you acknowledge and recognise their life. It is entirely your choice.

Because your baby's birth is not registered, you can include their name on the Recognition of Life certificate we give you at the hospital. You can also request a Recognition of Life certificate from the Registry of Births, Deaths and Marriages at no cost.

You might want to have a naming ceremony. You can talk to your bereavement worker about ideas for the ceremony.

Creating a ritual to honour your baby

You might want to have a ritual or ceremony to honour your baby's life. This can be something private or something you share with your family or community. Rituals can bring people together to share their grief. They can also help children who are not old enough to understand death.

You can choose what feels right for you.

Our Spiritual Care staff can help you plan the details of a private or shared ritual. We have places you can use at the hospital if you want to.

You might want to invite a leader from your faith or cultural community to help you with your ritual. You might also want to involve a leader from your faith or cultural community to help with your ritual.

We have spaces at the hospital you can use for the ritual if you want to.

To speak with Spiritual Care, call 03 8345 3016 or ask any staff caring for you.

Funeral options for your baby

Because your baby is unregistered, you don't have to have a funeral, formal burial or cremation. However, if you do want one, you have a few options:

Hospital-arranged communal cremation (free)

We can organise a communal cremation at no cost. Your baby's ashes will be placed with the ashes of other babies who died before 20 weeks. They will be scattered at the Royal Women's Hospital memorial garden. You can visit the memorial garden at Altona Memorial Park.

If we don't hear from you within three months about your choice, we will arrange a communal cremation.

Hospital-arranged individual cremation

We can organise for your baby to be cremated in their own coffin with a name plate. You can get the ashes from the crematorium whenever you want. You can keep the ashes at home or scatter them in a place that's meaningful to you.

We will talk with you about the costs.

Hospital-arranged individual burial

We can organise for your baby to be buried in their own coffin with a name plate. They will be buried in a communal grave for infants at Fawkner Memorial Park. You can visit when you want.

We will talk with you about the costs.

You can also pay Fawkner Memorial Park for a memorial plaque where your baby is buried.

Private arrangements

You can also make private arrangements through a funeral director of your choice. Your bereavement worker can gently support you in finding a funeral director who respects and understands your personal wishes, as well as your culture, religion, and beliefs.

Our hospital funeral service

We offer a shared funeral service at the hospital for every baby who dies before 20 weeks and is unregistered. The ceremony takes place in the sacred space at the hospital.

We can also organise a burial or cremation on the same day at a low cost to you.

If you choose this service, we will meet with you a week before to arrange the details. The funeral costs will be invoiced to you about two months after the funeral.

Taking your baby home

If taking your baby home is an option, your bereavement worker will talk you through what this involves and explain the steps you may need to take, offering guidance and support along the way. When you feel ready, you can bring your baby back to the hospital, or you may choose to ask a funeral director to collect your baby from your home.

You could have a ritual or ceremony at home and bury your baby in your garden. Babies who have died before 20 weeks can be buried on private land, but not on public land.

We can guide you through what you need to do if you want to bury your baby at home.

Our annual memorial service

Once a year, we have a memorial service at the hospital to remember babies who have died. We will send you an invitation. You can come to the service if you want to. You can tell us if you don't want to be invited.

Overview

- **How you spend time with your baby and make memories will depend on the type of delivery you have and how long your pregnancy lasted.**
- **We can help you have a special ceremony or do what feels right to honour your baby.**
- **We can help you in deciding about a funeral, burial or cremation.**
- **Every year, we have a memorial service to remember babies who have died.**

Understanding why your baby died

We will talk with you about why your baby died. You can ask us any questions.

Sometimes, babies die because something happened:
- to the placenta
- to the way the baby was developing
- to the umbilical cord.

We might not be able to find out why your baby died. But we can do tests to help us learn more. The tests may include:
- blood tests
- examining the placenta
- x-rays and other imaging tests
- genetic tests
- a post-mortem.

We will explain each option and support you to decide what feels right for you.

What a post-mortem means

A post-mortem is a medical examination to find out why someone died. It is sometimes called an autopsy. You don't have to pay for a post-mortem.

We will talk with you about a post-mortem as soon as possible after your baby has died. A post-mortem might:
- confirm your baby's age and sex
- show what caused your baby's death
- rule out other possible causes
- give an idea of when your baby died
- show if there are any risks for future pregnancies.

Who does the post-mortem

We have medical specialists, called perinatal pathologists, who can do the post-mortem for your baby. They examine your baby and write a report about what they find.

Post-mortem results take about 8 to 12 weeks. We will make an appointment with you to talk about the results, or we can send them to your local doctor (GP) if you prefer.

What happens in a post-mortem

We will only do a post-mortem if you give us your permission, or 'consent'. You will need to fill in and sign a consent form, even if you choose to say no. We will respect your decision.

We will treat you baby with care and respect. We will talk with you about the different types of post-mortems and the different tests we can do. You can ask us any questions.

Sometimes, even with a lot of tests, we can't find a reason why a baby died.

You can take your time to decide what you want us to do for the post-mortem. You can say yes or no to a post-mortem. If you choose a full post-mortem, it might delay your baby's funeral. We will try to do the post-mortem in time for any religious requirements.

Different types of post-mortems

Full post-mortem

A full post-mortem includes both external and internal tests. We will treat your baby with respect and care during the tests. External tests might be:

- x-rays
- MRI (magnetic resonance imaging) scan for pictures of the inside of their body
- photos.

Internal tests involve surgery to check your baby's organs and brain. After the surgery, your baby will have a scar on the back of their head and another down the front of their body. You won't see the scars when they are dressed.

To do internal tests, we need to take the organs out of your baby's body. In most cases, we return all the organs to the body before the funeral, but sometimes we need to do tests that take more time. We will talk with you this. You can tell us if you want to do the tests or not. You might choose to delay any arrangements you've made for your baby. Or you might want to bury or cremate the organs later.

When we do the internal tests, we take small tissue samples for testing to find out more about your baby's death. We must keep some of these tissue samples for 25 years, as required by Victorian law. This is so we can explore any future questions about your baby's death.

If you agree to the full post-mortem, we can also keep the tissue samples for research. They are only used with special ethics approval from the hospital. Research helps us learn how to improve outcomes for babies in the future.

Limited post-mortem

A limited post-mortem includes external tests, and some internal tests. We will talk to you about which organs we might want to test and if we need tissue samples. You can tell us which tests you want us to do.

You can still see and hold your baby after a limited post-mortem – in the hospital, at home or with the funeral director. However, your baby might feel a little different when you hold them after a limited post-mortem.

External post-mortem

An external post-mortem includes only external tests. We don't do surgery on your baby, and we don't take any tissue samples.

Overview

- **A post-mortem can help us understand why your baby died.**
- **We will only do a post-mortem with your consent.**
- **You can decide what tests you want us to do in the post-mortem.**
- **In most cases, your baby will be ready for their funeral in a few days, unless we need to do more tests.**
- **We will give you the post-mortem results after about 8 to 12 weeks.**

Looking after your health after the birth

What to expect when you go home

Leaving the hospital without your baby can be difficult. You might want to talk to someone about how you feel or write down your thoughts and feelings. You may also want someone to go home with you.

Before you leave, think about what you'll need in the first few hours and days at home. What might help you feel more comfortable and supported.

You might want to:

- be on your own or with other people
- listen to music or watch your favourite tv shows or movies
- spend time in places that feel safe and comfortable
- light a candle to honour your baby
- go outside or visit somewhere you like
- have a bath
- rest and sleep.

You can choose what feels right for you. We can help you find people or places that will help.

Your bereavement worker will help you prepare to go home. They can also tell you about organisations that support people after their baby has died. You'll find some of these services listed in the Community support section on page 28.

Seeing your doctor

You will need to see your local doctor for some follow up appointments. You should see them 6 weeks after the birth.

You can ask your doctor – and us – any questions. You might have a list of things you want to ask, including asking about future pregnancies.

If you were in hospital at the Women's, we'll also make an appointment to see you after about 8 to 12 weeks after the birth.

If you chose to have a post-mortem, we'll talk with you about the results when they're ready. We can send the results to your local doctor if you prefer.

Getting help at home

When you go home, we will offer you a post-natal follow-up phone call, either from the Women's or a health service closer to you.

If you have an emergency, go to your nearest hospital emergency department or call Triple Zero (000).

Bleeding after birth

You'll likely have vaginal bleeding for about 5 to 10 days after your pregnancy loss or birthing your baby. At first, the blood will be dark red. Over time it will become lighter. You should use pads instead of tampons to reduce the risk of infection.

Your midwife will talk with you about bleeding while you're in hospital and answer your questions.

When to go to the emergency department

See your doctor, go to the nearest emergency department or call Triple Zero (000) if you have:

- heavy bleeding (soaking more than one pad in an hour)
- blood clots
- bad stomach pain
- changes in your vaginal discharge
- bad smelling vaginal discharge
- fever
- flu-like symptoms.

Your breasts will probably make milk

Your breasts start making milk from about 16 to 18 weeks of your pregnancy.

Soon after birth, your breasts might feel full, sore and might leak milk. This is common. Your body is responding to your pregnancy and birth. Some people feel sad, while others feel comforted. A midwife or lactation consultant will help you.

Some people choose to take a medicine to help make less milk. This works best if taken soon after birth.

Looking after your breasts

No matter when you stop making milk it's important to take care of your breasts. Here are some things that can help:

- drink when you're thirsty – not drinking won't stop your milk more quickly.
- use cool packs on your breasts
- wear a bra or crop top for comfort
- take paracetamol or ibuprofen if you have pain
- wear breast pads for any leaking milk.

It's okay to express some milk if you feel uncomfortable.

Getting help with your breast and breastmilk questions

You can speak with:

- your midwife, nurse or hospital lactation consultant
- a lactation consultant in the community
- your local Maternal and Child Health Service
- a psychologist
- your doctor.

Breastfeeding Service at the Women's

Call: 03 8345 2400

Australian Breastfeeding Association

The Australian Breastfeeding Association offers support and information for when a baby dies. Their trained volunteer counsellors can talk with you and share resources based on the experiences of other families. You can call any time of day or night for support with anything related to breastfeeding – including how to stop your milk.

Call: 1800 686 268 or visit
breastfeeding.asn.au/resources/lactation-after-your-baby-dies

Maternal and Child Health 24-hour helpline

You can call any time of day or night.

Call: 13 22 29

Having sex again

You can have sex when you feel ready – unless there's a medical reason not to. It's your choice.

You might not feel like having sex for a while. Your body might still be healing, and you might be feeling sad or grieving. Sex might be painful or uncomfortable after surgery or a vaginal birth. You can have sex when you feel comfortable, pain free and ready.

It can help to talk to someone you trust about how you are feeling. You can also talk to a counsellor or another support person. We can help you find support.

You might need to use contraception

Some people might get pregnant a few weeks after birth. If you don't want to get pregnant straight away, you can use any contraception you choose. Talk with your doctor about contraception.

Overview

- **When you go home, you might want to do things that help you heal – on your own or with other people.**
- **You can still contact your bereavement worker after you go home.**
- **See your local doctor six weeks after giving birth.**
- **You can get help after you go home.**
- **You might bleed for 5 to 10 days after the birth.**
- **Your breasts might make milk. This will stop with time.**
- **You will know when you're ready to have sex again – it's your choice.**
- **You might need to use contraception if you don't want to get pregnant again straight away.**

Grief after your baby dies

Everyone reacts differently to a baby's death.

People grieve in their own way. There's no right or wrong way to feel, and no one can tell you how you should feel. You might have strong feelings, or you might not. You might have felt a close bond with your baby and feel grief very deeply. You might also be grieving the loss of being a parent, and all the hopes and dreams you had for yourself and your baby. Your feelings might change from moment to moment, or day to day.

You might still be figuring out how you feel. There is no right or wrong way to feel. You might feel many emotions at once, like shock, sadness, denial, guilt and anger. You might have physical reactions too, like nausea, headaches, night sweats, loss of appetite, trouble sleeping, tiredness, difficulty concentrating, and feeling unwell. You might feel numb and unable to cry.

We're here to help you understand your grief.

Finding your own way through your grief

Grief doesn't follow a timeline, and it doesn't move in a straight line. It can feel different from day to day.

How you grieve can depend on what matters to you – your values, beliefs, culture and the people and support around you. What you need may change over time.

It might take weeks or months before you feel ready to go back to your usual routine. Certain things – like your baby's due date, anniversaries, a new pregnancy or seeing other babies – may bring up strong feelings.

You might want to create rituals with people you trust to share and acknowledge your grief. You might want a special place to put flowers, light a candle, or sit and remember.

Everyone has different ways to grieve and heal. Do what feels right for you and your grief.

This is a complicated and painful time. We're here for you.

Talking about your grief can help

You might want to talk to a psychologist, a counsellor or someone else who has lost their baby. Your bereavement worker can talk with you about community supports, and with your permission, make referrals for you. See page 28 for Community support.

Grief and the people around you

Everyone grieves in their own way. The people close to you – like a partner, family and friends – might react differently to you. This can sometimes make your relationship feel difficult and leave you feeling alone.

If you have a partner, their grief might look different to yours. At first, you may grieve together and support each other equally, but this may change over time. It may take time for both of you to find your own way to grieve and remember your baby. There is no right or wrong way to feel and show grief.

You could talk together with someone you trust, like friends or family. They might also want to talk to a psychologist, counsellor or someone who has been through a similar loss.

Your family and friends might not always know what to say or how to support you. They might have different ideas about how long grief lasts, which can sometimes cause stress in your relationships.

We're here to help and can refer you to suitable supports.

Grief as a single parent

Grieving the loss of a baby as a single parent can be very painful and lonely. Along with the profound loss, you may feel overwhelmed handling the emotional, physical, and practical challenges on your own.

You're not alone. Even if your support network feels small, reaching out is important. Family and friends can offer comfort or help with daily tasks. Counselling or support groups can help you connect with others who understand your experience.

Your bereavement worker can help you find the right support for you.

Helping your other children understand

Many parents worry about how to talk with their children about the death of a baby.

How much you share might depend on how far along your pregnancy was and how much your children understood or felt connected to the baby.

Children cope better when they know what's happening and feel included them in rituals and grieving.

It is okay to cry in front of children. When you show your feelings and explain why you're sad, it can help them feel safe and show them that grief is normal.

Talking to children about death

Be honest, clear and consistent. Use words they can understand.

It's okay to use words like died, die or death with children. These words don't usually scare them – it's the emotions associated with the words that children react to.

You could say something like: "The baby died. That means their body has stopped working. Their heart isn't beating, and they can't hear, feel, eat or play anymore." If your baby has a name, using it can help make this real and personal for them.

Help children understand that death is permanent. Try to answer their questions in a simple and direct way, rather than providing too much information. You can help them by using the same explanation again and again.

You could also read books together to help your child talk about death and grief. Their understanding of death will change over time.

Helping children cope

You might notice changes in your child's behaviour. This could be a sign that they're finding it hard to cope. You can support them by:

- keeping routines that help them with their boundaries and safety
- helping them express their feelings
- including them in memory-making activities like:
  - drawing or craft activities
  - creating a memory box
  - planting a tree or flower.

It's also helpful to talk to their care givers, teachers or childcare staff. Tell them what has happened. They can support your child and may be able to tell you how your child is coping. You can also tell them if you want other people at school or childcare to know about the loss.

Overview

- **There is no right or wrong way to feel or behave when grieving.**
- **Grief has no timeline – there is no right time to grieve or finish grieving.**
- **Grief can cause physical and emotional reactions.**
- **You can ask for help at any time.**
- **Children grieve differently from adults and their feelings and behaviour might change as they grow and develop.**

Contacts at the Women's

If your baby was cared for at the Women's, the following hospital services are available to you:

The Royal Women's Hospital
Corner of Flemington Road
and Grattan Street
Parkville VIC 3052
Call: 03 8345 2000
(hospital switchboard)
thewomens.org.au

Perinatal Bereavement Service Coordinator
Leads the service that supports and cares for families after the loss of a baby. Ensures families and their babies are treated with care, respect, and compassion.
Call: 03 8345 2498
Perinatal.Bereavement@thewomens.org.au

Social Work
Located on Ground level
in Women's Counselling
and Support.
Monday to Friday, 9am to 5pm
Call: 03 8345 3050
Social.Support@thewomens.org.au

Spiritual Care
Located on Ground level in the Welcome Centre.
Monday to Thursday 9am to 4pm
Call: 03 8345 3016

Genetic Counselling Service
Located on Level 1
Outpatient department
Monday to Friday, 9am to 5pm
Call: 03 8345 2180

Breastfeeding Service
Breastfeeding support for people cared for at the Women's.
Located on Level 4.
Call: 03 8345 2400

Outpatient appointments
Call: 03 8345 3032 or
03 8345 3033

balam-balam
balam-balam is Wurundjeri Woi Wurrung for butterfly, a symbol of remembrance, transformation, and the delicate beauty of life. Families can use this space to spend some quiet time with their baby after death. Speak with your bereavement worker about using this room.

Sacred Space
For families who need quiet time away from the rest of the hospital. Located on Ground level between the Royal Women's Hospital and the Royal Melbourne Hospital.

The Women's Welcome Centre
A space to relax, have a tea or coffee, or borrow a book. The library collection includes information on grief. Located on Ground level near the information desk. Monday to Friday, 9am to 5pm (closed public holidays).
Call: 03 8345 3037

Badjurr–Bulok Wilam (support for Aboriginal and Torres Strait Islander families)
Located on Ground level near the information desk.
Call: 03 8345 3047 or 03 8345 3048

FARREP (support for people who have experienced female genital cutting)
Located on Ground level in Women's Counselling and Support.
Call: 03 8345 3058
Email: Farrep.Program@thewomens.org.au

Accommodation
Accommodation may be available for parents from the country. Please speak with your bereavement worker.

Interpreters
You can ask for an interpreter if you need one. We have interpreters in the hospital during business hours and use a telephone interpreter service after hours, weekend and public holidays.
Call: 03 8345 3054

Consumer Liaison
The Consumer Liaison welcomes your comments, both positive and negative about all aspects of your care. Your complaints will not affect your care.

Located on Ground level in Women's Counselling and Support.
Monday to Friday, 9am to 5pm
Call: 03 8345 2290
Email: consumer.liaison@thewomens.org.au

Community support

Speak with your bereavement worker about support available in the community. Many people find it helpful to speak with others who have lost a baby, or to see a psychologist or counsellor. Your local doctor can help with referrals and reducing psychologist fees.

The following organisations also provide support for parents and families when a baby dies. You can contact them at any time – now, or in the future.

Red Nose Grief and Loss
Provides 24/7 support, resources and peer support to anyone affected by the death of a child.
Call: 1300 308 307
(24-hour bereavement support)
rednosegriefandloss.org.au

Bears of Hope
A charity that offers free counselling, resources and peer groups to support families after the loss of their baby.
Grief support line
Call: 1300 11 HOPE (1300 114 673)
General enquiries
Call: 1300 11 BEAR (1300 112 327)
bearsofhope.org.au

Beards of Hope
A support network for dads who have lost a baby during pregnancy, birth or infancy.
Call: 1300 BEARDS (1300 232 737)
beardsofhope.com.au

Love from Dad
A website that helps dads connect with others after losing a baby during pregnancy or after birth.
Email: matt@lovefromdad.com.au
lovefromdad.com.au

The Compassionate Friends
Offers peer support to anyone grieving the loss of a child, sibling or grandchild.
24-hour grief support helpline
Call: 03 9888 4944 (Melbourne) or 1800 641 091 (country Victoria)
compassionatefriends victoria.org.au

The Australian Multiple Birth Association (AMBA)
A charity that provides support for families with twins, triplets of more.
Email: bereavement@amba.org.au
amba.org.au/support/information/bereavement

Grief Australia
Provides grief and bereavement support through counselling, support groups and the MyGrief app.
Call: 1800 642 066
grief.org.au

Rural Health Connect
Bulk-billed psychological support for perinatal loss with a referral from your GP.
Call: 0427 692 377
Email: info@ruralhealthconnect.com.au
ruralhealthconnect.com.au/perinatal-loss

Mum's Matter Psychology
Bulk-billed psychological support for perinatal loss with a referral from your GP.
Call: 03 9079 6930
mumsmatterpsychology.com

Gidget Foundation
Bulk-billed psychological support for perinatal loss with referral from your GP.
Call: 1300 851 758
gidgetfoundation.com.au

Grief Line
Free telephone support, available from 8am to 8pm, 7 days a week.
Call: 1300 845 745
griefline.org.au

Lifeline
24-hour crisis support and suicide prevention services.
Call: 13 11 14
Text: 0477 13 11 14
Chat: lifeline.org.au/crisis-chat
lifeline.org.au

Registry of Births, Deaths and Marriages Victoria
Call: 1300 369 367
bdm.vic.gov.au

Victorian State Coroner Court of Victoria
Call: 1300 309 519 (all hours)

Helpful resources and websites

Australian Breastfeeding Association
Lactation after your baby dies.
breastfeeding.asn.au/resources/lactation-after-your-baby-dies

Red Nose Grief and Loss
Have a large range of fact sheets available on their website.
rednosegriefandloss.org.au

Grief Australia
Provides counselling, support groups and information and resources about grief and bereavement.
grief.org.au

GriefLink
Provides support for people who are dealing with grief and for those supporting them.
grieflink.org.au

International Stillbirth Alliance
A non-profit coalition of organisations dedicated to understanding the causes and prevention of stillbirth.
stillbirthalliance.org

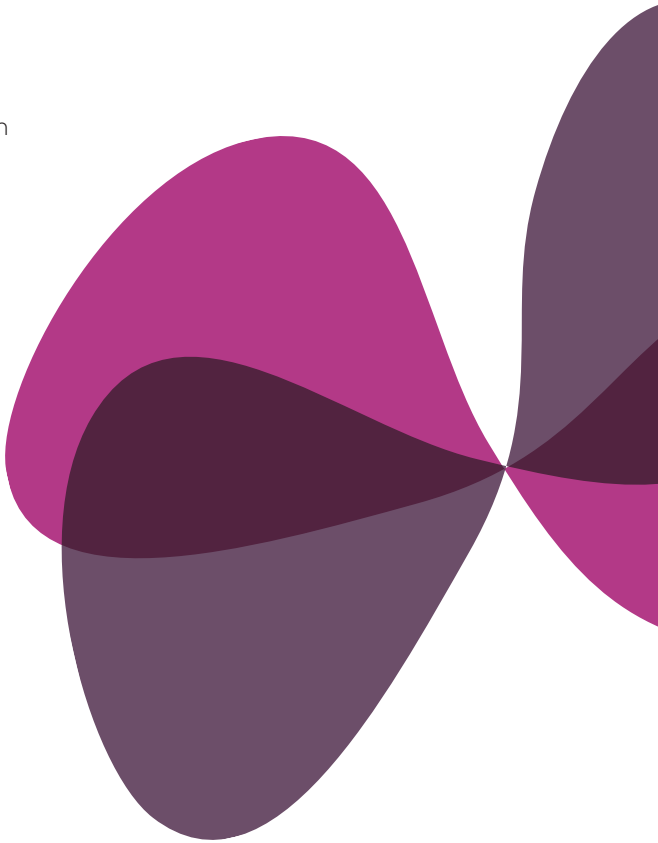
A Little Help
A Little Help from Jack, and A Little Help from Remy are resources for parents experiencing baby loss. A Little Help from Remy contains specific supports for loss via termination for medical reasons (TFMR). Each companion contains a list of resources including podcasts, books on loss and grief, memory-making options, information resources and support services. Ask your bereavement worker if you would like a copy – you can also order this via the website.
littlehelpfromjack.com.au
and
alittlehelpfromjack.com.au from-remy

Through the Unexpected
Supports parents who receive a fetal diagnosis or fetal anomaly.
throughtheunexpected.org.au

Centre of Research Excellence in Stillbirth
Provides several helpful resources on their website, including:

- Early pregnancy loss: A guide for navigating care
- Guiding conversations with your health care team when your baby dies
- Jiba Pepeny (Star Baby): Supporting your journey after losing Bub – a First Nations resource
- Living with Loss program
- Pregnancy after loss – A guide for navigating your pregnancy journey
- Understanding what happened to your baby.

stillbirthcre.org.au



Words you might hear

Autopsy – also called a post-mortem (see page 15).

Bereavement worker or bereavement support worker – a nominated grief counsellor who will visit to provide care and guidance around your loss.

Caesarean section – surgery to birth the baby. A doctor cuts an opening through the abdomen (belly) and into the uterus (womb) to remove the baby.

Cervix – the narrow lower end of the uterus that opens into the vagina.

Conception – when the ovum or egg is fertilised by sperm.

Congenital abnormality – conditions or developmental problems a baby is born with.

Coroner – the State Coroner is a trained official who investigates certain deaths to understand what happened and why. They are usually a magistrate (a lawyer).

Doctor – a medical practitioner registered under the Health *Professions Registration Act 2005*.

FDIU (Fetal Death in Utero) – medical term used when a baby dies during the pregnancy. An 'unexplained' FDIU is where there is no apparent reason for death.

Funeral director – professional employed by the family of the deceased for the purposes of carrying out a lawful burial and cremation.

Gestation – the time from the first day of your last menstrual period to the date when your baby is born. In the case of stillbirth, it's the time from the first day of your last menstrual period to the date when the fetus is known to have died. If you don't know the first day of your last period, we use an ultrasound to find out how far along the pregnancy is.

Induction of labour – when a midwife or doctor helps labour start. This can be done in a few ways including 'breaking the waters' or giving you synthetic hormones through a drip.

Infant death – the term used when a baby dies more than 28 days after birth but before their first birthday.

Midwife – a health professional who partners with parents and families to provide care, education and support during the prenatal, pregnancy, birth and the postnatal periods.

Miscarriage – when a pregnancy ends before 20 week's gestation. The pregnancy tissue passes out of your body, and you will experience bleeding and some pain.

Mortuary – a room in the hospital where your baby is cared for before going to your family or funeral director

Neonatal death – the term used when a baby is born alive but dies within 28 days of birth.

Obstetrician – a doctor with specialist training in pregnancy and birth.

Perineum – the area between your anus and the opening to your vagina.

Perinatal death – can mean either a baby born alive who dies within 28 days after the birth, or a stillbirth after 20 weeks of pregnancy.

Post-mortem – an examination done after death to find out why your baby died.

Postnatal – the term used to describe the 6-week period immediately after your baby is born.

Products of conception – the contents of the uterus during pregnancy, including the placenta, baby and amniotic sac.

Registered birth – when a baby shows signs of life at birth or when the gestation is 20 weeks or more, the birth must be registered under the *Births, Deaths and Marriages Act 1996* (Vic).

Stillbirth – the term used when a baby dies before birth or during birth after 20 or more weeks gestation. If a baby has no signs of life at birth and the pregnancy length is uncertain, they are still considered stillborn if they weigh 400 grams or more. Stillborn babies who meet these conditions must be registered.

Termination for Medical Reasons (TFMR) – when a pregnancy is ended because the baby has a serious chromosomal, genetic or structural fetal abnormality, or if continuing the pregnancy would risk the health or life of the pregnant person.

Ultrasound – a test that uses sound waves to create pictures of the baby inside the uterus.

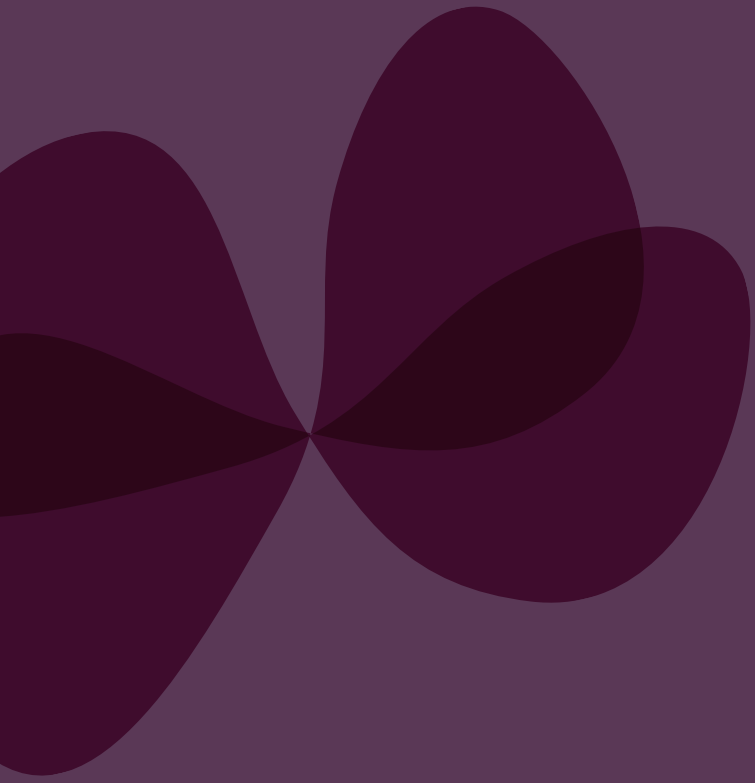
Unregistered birth – if a baby shows no signs of life at birth and the pregnancy is less than 20 weeks, or the baby weighs less than 400 grams if pregnancy length is not known, the baby's birth is doesn't need to be registered under the *Births, Deaths and Marriages Act 1996* (Vic).

Uterus – a muscular organ where the baby grows during pregnancy. Also called the womb.

Reference

Births, Deaths and Marriages Registration Act 1996 (Vic).
legislation.vic.gov.au/in-force/acts/births-deaths-and-marriages-registration-act-1996/041

Notes



D26-00.1 April 2026

Unregistered death