



Information Following the Loss of Your Baby





Firstly, we would like to say how sorry we are that you or someone close to you are experiencing the loss of a baby. We would like to offer our utmost sympathy at this difficult time to you and your family.

This information leaflet has been developed by Swansea Bay University Health Board in collaboration with members of Swansea Bay Baby Loss Support Group.

We hope the information in this booklet will provide you and your family with support and guidance in your time of need.

Our Specialist Bereavement Midwife is Christie-Ann Lang will be the liaison for yourself during this difficult time. She can be contacted via telephone on 07766466896 or by email at Christie-Ann.Lang@Wales.Nhs.UK. She will be available to offer support to you and your family.

The following pages contain a lot of information. Some of the information will be useful in the coming days. Please try and read at least the first few pages. You might find it helpful to give it to a trusted relative or friend to read on your behalf. Keep the booklet in a safe place for you to revisit in the coming days and weeks.

If you require any assistance or wish to ask any further questions, please do not hesitate to ask any member of staff that is involved in your care.

Useful telephone numbers you may need

Christie-Ann Lang, Specialist Bereavement Midwife	07766466896
Singleton Maternity/Delivery Suite	01792 53086
Neath Port Talbot Antenatal Clinic	01639 862593
Antenatal Clinic Singleton	01792 282650
North Team Community Midwives	07766466892
South Team Community Midwives	07766466891
East Team Community Midwives	07971719632
West Team Community Midwives	07766466893
Afan Team Community Midwives	07581569882
Nedd Team Community Midwives	07815779113



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What to Expect Following the Loss of Your Baby

Today you would have given a drug called Mifepristone. This is the first step in inducing your labour. After you have taken these tablets you will be asked to remain in the hospital for up to one hour. You will then be free to go home if you wish, to be with your family and friends and return to the hospital within 24-48 hours.

There are several side effects which you may experience during this time that can be caused by the medication you have been given. The side effects may include nausea, vomiting, tiredness and faintness. These are normal and not normally severe. For a small number of women, the Mifepristone may be enough to induce labour. If you experience any abdominal pain, contractions, if you feel your waters may have broken or are experiencing any bleeding, please contact the ward you are being admitted to for advice. More commonly you may experience some milder pain, in this case you could stay at home and use Paracetamol, a warm bath or hot water bottle for pain relief. Do not use Aspirin or the Ibuprofen-type of tablets as they may interfere with the medication.

You will be admitted to:

Ward:

Contact Number:

On:

At:

The two-day wait can be distressing, however, this time is needed as it allows the medication you have taken to have greater effect and helps the next stage of induction process. If at any time, you have any concerns or have any questions, please do not hesitate to contact the ward for advice and support.

You may be offered a variety of blood tests and further investigations such as placental histology and the option of a post mortem being carried out for your baby. The investigations you will be offered can sometimes help to determine why your baby has died. There may be some difficult decisions for you to make and we advise that you read the literature we provide, talk to your partner, family and friends and ask any questions you may have with members of the team that will be caring for you. We want you to take your time in making any decisions and we will support any decisions you make.



What to bring into Hospital

Your stay in hospital could be for a few days. We suggest you bring enough clothing, nightwear and toiletries for this time. We also suggest you fetch a change of clothing, toiletries and snacks for your birth partner who accompanies you. Please fetch anything else you may feel will make your time a little easier at hospital such as books, a device to watch films on or anything you feel may support your stay at hospital.

You will be cared for on the Central Delivery Suite your care will be provided by a dedicated Midwife who will provide you with one to one care. There may be Students who wish to be involved in your care – please advise if you do not wish to have students caring for you. Due to the nature of the ward you may hear other labouring women and babies. We understand how this maybe distressing and we will do all we can to ensure the room is as private as possible and any unnecessary noise is avoided where possible.

You may like to bring something for your baby to be dressed in following delivery, blankets or anything you may feel you want to give to your baby such as a cuddly teddy. We also have a selection of outfits and blankets that you are welcome to choose from if you wish. Your baby is still your baby and we will always treat him/her with the dignity and respect they deserve and support you in making memories together if this is what you wish.

Returning to hospital

Your Birth partner who can be your partner, family member or friend can accompany you and will be able to stay with you during your admission. When you arrive at hospital you will be met by your allocated Midwife who will settle you into a room. We will carry out your observations such as your blood pressure, temperature and pulse. We will then do these regularly throughout your stay. You will see the Consultant on Call for the day or the Senior Registrar who will discuss your plan of care and answer any questions you may have. You will also be seen by an Anaesthetist who will discuss analgesia options with you if you wish. Prior to the induction process you may require a cannula (a thin plastic tube that sits on one of the veins in your hand or wrist to enable fluids to be administered) but staff will discuss this with you.

Hormone tablets call Misoprostol will be inserted into your vagina, administered by mouth or a combination of both methods maybe used. This medication is used to start your uterus to contract. You will be given the medication at frequent intervals (between 4-6 hours) until your contractions become more regular. The time interval of the induction process can vary between the individual person. Facilities will be available for your birth partner to stay with you overnight.



Pain relief

There are different options of pain relief available if you require it. You can discuss the options with the Anaesthetist and your midwife.

Entonox / Gas and Air: This gas is inhaled through a small mouthpiece and takes the edge off the pain. It works quickly and only remains in the body for a short period of time. It can sometimes make you feel quite dizzy and nauseous.

Pethidine: Is administered via injection into your thigh muscle. It Can last between 2-4 hours. As with Entonox it doesn't take the pain away completely it just lessens it. Pethidine can make you feel sleepy and slightly out of control. It is usually given with an anti-nausea injection to prevent you being sick.

Patient Controlled Analgesia (PCA): A drip which is usually administered via a cannula in your hand, using morphine or a similar drug that administers a dose of medication whenever you press the button. This has a lock out switch so that you cannot give yourself too much

Epidural: Pain killing medication is fed through a small tube that is placed in *your lower back* by an anaesthetist. If this works well you will feel little or no pain. It can reduce your mobility during labour.

Seeing and holding your baby

We encourage you and your birthing partner to see and hold your baby but the decision is yours to make and we will support you in all your decisions. You may experience a range of emotions, there is no right or wrong way to feel. If you decide not to see or hold your baby, we will respect your wishes and will encourage you to inform us if you change your mind or would like to talk through any apprehensions you may have in seeing your baby.

We are here to support you in whatever decision you make. You may feel anxious or scared to see and hold your baby, but those parents who do report that they feel happy to have made this treasured memory.

You might wish to invite other family members in to meet your baby, we are happy to support this if you wish.

Some parents may prefer to see their baby whilst their partners may prefer not to, again there is no right or wrong, it is what you as a family feel is right for you. We will support you with whatever you decide is best for you and your family.

It is possible to take your baby home, so if you would like to do this please ask the Midwife or Nurse caring for you.



Photographs and Memory Box

We will offer you a memory box if you wish to receive one, this allows you to be able to keep precious memories of your baby safe.

We can take photographs of your baby and of you as a family using a camera we have on the ward and will provide you with the memory card to keep and do with as you wish.

These photographs are taken with a digital camera and are transferred onto a digital memory card for you to take home. We also encourage you to take your own photos if you would like to. If you do not wish to see your baby, we encourage you to allow us to take photographs and provide you with the memory card for you to keep. As the photos are on the digital memory card you do not have to look at them until you are ready, that may be a month down the line, a year or two or never. However, should you decide to change your mind you have that opportunity to access these memories.

We will offer to take hand and foot prints of your baby. Some babies have very tiny hands and feet, and it may not be possible to obtain hand and foot prints possible but we will do our very best to provide you with those memories. If we are not able to then we can make other keepsakes such as photos of hands and feet.

You may also like to keep your baby's identity bands please ask your midwife to provide you with an extra set of identity bands for your memory box.

Cuddle Cot

You will be offered the use of a Cuddle Cot to allow your baby to remain with you at the bedside. This specialised piece of equipment is designed to keep a baby cool to allow their family to spend up to (but not indefinite) 72 hours with them. If you choose to take your baby home a Cuddle Cot mattress can be provided.



Naming your baby

Some families may have already chosen a name for their baby but others may not have. At earlier gestations we may not always be able to confirm the sex of your baby. If you would like to name your baby when we are unable to determine the gender you may decide to choose a name that is suitable for either a boy or a girl.

If your baby is born before 24 weeks' gestation you will not be required by law to register their birth or death. We can provide you with a certificate to acknowledge your baby with their chosen name; if you would like this please let us know.

Blessing your baby

Your baby can be named and blessed by the Hospital Chaplaincy Team or a by Minister known to you. This blessing can occur either with or without you being present. Either way, a blessing card will then be given to you for you to keep in your baby's memory box. If you do not have a specific religion but have a spiritual belief, we would like to support you in your belief so please do not be afraid to ask and we will make the necessary arrangements.

Book of remembrance and remembrance Service

You may like to enter your baby's name or write a special message, thought or poem in the 'Book of Remembrance' which is situated in the Hospitals Multi Faith Room. When you are discharged from the hospital you will be given the information on how to do this. We provide this information on discharge to allow you time to think about what you may like to write; there is no rush to do so. You can return the information to the Specialist Bereavement Midwife.

You will also receive an invitation to our annual Memorial Service for Loved and Remembered Babies which is usually held the end of November/Beginning of December and is held at St Marys Church Swansea where you are invited to attend a service of reflection to remember your baby surrounded by other families who have sadly experienced the loss of a baby and staff who may have cared for you. This service is for all family members to attend if they wish.



Causes of late miscarriage

About 1 in 4 pregnancies end before 24 weeks, although most miscarriages happen in the first 13 weeks. Sometimes we are unable to explain the cause but we offer tests which may help us identify a reason. Some infections can either directly affect the baby, or the amniotic fluid surrounding the baby so you may be offered blood tests, urine tests and vaginal swabs to help with this or any other potential diagnosis.

Cytogenetics (Genetic testing)

Sometimes abnormal genes can cause fatal conditions and be the cause of your baby's death.

In certain cases, it may be possible to test for a specific gene. This test may be offered to you and be used to help diagnose or rule out possible genetic disorders.

Placental Histology

Sometimes your placenta can provide you information that may help you understand why your baby died. If a Post Mortem is not carried out, we can still offer examination of your placenta. Whilst this does not provide us with as detailed information as Cytogenetics examination or Post Mortem examination, it may possibly provide us with some information relating to the cause of your baby's death. Placentas are sent to Cardiff University Hospital for examination by a Specialist Paediatric Pathologist. These results can take up to 6 months to come back; you will be given the results with a Consultant follow-up.



Post Mortem (PM) examination

This is a detailed examination of your baby which is carried out by a specially trained Doctor. This can be performed from 12 weeks' gestation and may provide you with reasons why your baby died. The findings may be able to tell you whether the same problem is likely to affect any pregnancy you may decide to have in the future. If no cause is found this usually means future pregnancies will result in you having a living baby but your care in future pregnancies will also be Consultant Led and your care tailored to your individual needs.

You will be given information to read regarding a post mortem examination and given the opportunity to discuss any questions with an appropriate member of staff who has received training in post mortem consent. There is no rush in making your decision and whatever decision you make you will be supported by the team caring for you. Whatever decision you make you have the right to change your mind if you wish.

If you choose to have this examination, it would be performed by a Specialist Paediatric Pathologist at Cardiff University Hospital. Your baby will return to Singleton Hospital once the examination has taken place. (Under 24 week babies will return within 4 weeks, over 24 weeks and neonatal deaths will be returned between 7-10 days). The results can take anything from 3 to 6 months to come back. When the results are available you will then be given the results during a Consultant follow-up appointment with your named Consultant and Specialist Bereavement Midwife will also be a viable to support if you wish. The results and the possible implications (if any) will be discussed with you at this appointment and you will have the opportunity to ask any questions you may have. Prior to the appointment we recommend you write down any questions you may have so you can remind yourself of them at the time of your appointment.



Arrangements for your baby's funeral

There are a number of options available to you for your baby's funeral.

Under 24 weeks' gestation

Hospital Management

The hospital can arrange a cremation for your baby.

If you choose this option, we will make all the arrangements for you through the hospital. It is important you understand that the arrangement will be by "communal cremation". This means that there will be other women's babies who have also died during pregnancy and have chosen for the hospital to make arrangements.

Cremation is carried out in a dignified and respectful manner at Morrision Crematorium. If you chose for the hospital to make arrangements, you will not know when the cremation is taking place and will not be able to attend. Following the cremation, any ashes will be scattered at the Babies Garden of Remembrance at Morrision Crematorium where you can visit if you wish. Butterfly Memorial Plaques are also available to purchase in memory of your baby. It is important to realise it is not possible to separately identify any individual cremated remains after cremation or to allow any other option for ashes once cremation has occurred.

Private Management

This means that you wish to make your own arrangements. You can choose to bury your baby yourself following the appropriate guidance or you will need to contact a Funeral Director of your own choice who will carry out your wishes. If you require help in deciding about burial or cremation, you can ask the midwife to discuss or you can to contact our Bereavement Specialists who will give you more details or advice.

Burial at Home

If you would like to bury your baby at home please contact bereavement midwife or ask the team looking after you for further information.



Funeral Arrangements for over 24 weeks' gestation or Neonatal Death

If your baby is born after 24 weeks of pregnancy or is born at any gestation and signs of life have been shown after delivery, then you are required by law to register your baby's birth and death and make arrangements for a funeral for your baby.

The hospital will send all the appropriate information to the Registry Office at Swansea Civic Centre and you will be contacted by telephone to register your baby. Upon registering your baby, you will be advised of a £500 grant that you are entitled to claim with help towards any funeral costs. The cost of your baby's funeral will be funded by the Welsh Assembly Government but you may be required to pay towards items such as your baby's casket, flowers, order of service and a head stone if you require.

The Specialist Bereavement Midwife can help and support you in relation to planning your baby's funeral. Each funeral is individual to each family and whatever decisions you make you will be supported by the Specialist Bereavement Midwife and your chosen funeral director.

If your baby is stillborn over 24 weeks of pregnancy you are entitled to claim your Maternity Allowance. Please ask your midwife for a MAT B1 form to give to your employer/benefits agency if you have not received one prior to your baby being born.







After care

Vaginal bleeding may continue for 2 to 6 weeks and sometimes may be quite heavy. For some women a light loss may continue until their next period. We advise you use sanitary towels rather than tampons to assess bleeding and reduce infection. You are advised not to resume sexual intercourse until the bleeding has stopped.

Your periods should return within 6 to 8 weeks, although it may take several months to settle into a regular cycle. If you have any concerns, you are advised to see your GP or A&E in emergency situations.

It is important that you contact your GP or out of hour's services 111 if you experience any of the following:

-  Prolonged heavy bleeding with clots
-  Vaginal discharge that looks or smells offensive
-  Rise in temperature
-  Pain when passing urine.



Information for Breast Care

This information aims to provide you with information on how to stop your breast milk production, with some practical advice to help ease the physical symptoms of breast engorgement that you may experience during this difficult and emotional time. The production of milk (lactation) can occur quite early in your pregnancy and you may still experience breast fullness and tenderness. Milk production may occur around day 3-5 when you may feel your milk 'come in'. This should only last a day or so but some women may find this upsetting and cause distress. You may have been expressing for your Baby before they passed away and therefore will need support in helping to reduce your milk supply.







Medication

We can offer you a medication called Cabergoline (Dostinex) which prevents / suppresses milk production by blocking the hormone that is secreted to produce milk.

Natural Milk Production

The amount of milk produced in the breast will vary from person to person, and will reduce naturally over a period of time. If breastfeeding has already been established, your breasts may continue to produce milk for some time.

What you can do to help with milk production:

-  Wear a comfortable supportive bra during the day and night, use pads to absorb natural leakage.
-  Keep your breasts comfortable you may need to express small amounts of milk to keep your breasts soft. Ask a health professional for help with this if necessary.
-  Use cold cloths, gel packs or chilled savoy cabbage leaves. This will sooth your breasts & help lessen milk production.
-  If your breasts are uncomfortable, take simple pain killers such as paracetamol (follow the instructions on the packet).
-  There is no need to cut down on fluids - eat and drink as normal.
-  Medication can be supplied to help stop the process of milk production. Please speak to the health professional providing your care.

Engorgement

Engorgement is when the breasts become swollen, firm and painful. It can happen between 2-5 days after the death of your baby. Your breasts can leak milk and feel uncomfortable for up to 7-14 days. This can settle on its own. If severely engorged, your breasts can become hard, shiny, warm and slightly lumpy to touch. Breast engorgement actually helps to suppress the production of breast milk. However, painful breast engorgement is not necessary and can be avoided.



Mastitis

Mastitis is inflammation of the breast, which, if left untreated, can develop into a more serious infection. Symptoms include:

- + Red, swollen area on the breast that is hot and painful to touch
- + Breast lump or area of hardness on the breast
- + White or blood stained nipple discharge
- + Flu-like symptoms including fatigue, chills, fever.

If you display any of these symptoms it is recommended that you contact your midwife, health visitor or GP as antibiotic treatment may be required.

Relieving Symptoms of Engorgement

There are a variety of methods that can be used to reduce milk production including prescribed medication and a milk reduction routine. These are a few suggestions to help relieve engorgement:

- + Take regular pain relief
- + Wear a support bra all the time
- + Use breast pads to absorb leaking milk
- + Use cold compresses or gel packs on the breasts
- + If your breasts feel very full, hand express a small amount off for comfort
- + Apply washed and chilled cabbage leaves to the breasts
- + Have a warm bath or shower to allow the breasts to leak naturally (ensure shower water jets are not directly on the breasts)
- + Sleep in a semi upright position to avoid pressure from heavy breasts.

If You Need To Hand Express

To hand express, hold your breast with your fingers a few inches back from the areola (the dark part around the nipple). Push your hand back toward the chest wall, and then roll your fingers forward toward the nipple, taking care not to slide your fingers over the skin.

Reducing Your Milk Supply

If you were expressing regularly for a premature or ill baby you will need to gradually reduce the amount of breast milk produced. This can be done through increasing the time between hand or pump expressing, over a few days and eventually coming to a stop. We would suggest the following:

- Day 1** Pump each breast for 5 minutes every 4-5 hours
- Day 2** Pump each breast for 3-5 minutes every 6 hours
- Day 3** Pump each breast just long enough to relieve discomfort.



Milk Donation

Not every woman wants to stop lactating at this difficult time, and there is the option of donating your milk to the UK National Milk Bank for it to be used to treat premature and sick babies.

Tel: 020 838 33559 www.ukamb.org

The Funeral

Around the time of your baby's funeral is going to be highly emotional. This unfortunately can affect your milk production and you may experience engorgement even though you thought things were settling down. If possible, sit down and support your breasts with your arm. Let people know not to hug you too hard if your breasts are painful.



Follow-up care

The hospital staff can answer any immediate questions you have. It may be difficult to think of everything at this time, so when you go home, you may still contact the ward. The Specialist Bereavement Midwife and your community Midwife can also help.

You may have a call or visit from your Community Midwife, but this will be discussed with you prior to discharge.

You may also meet the Specialist Bereavement Midwife during your stay in hospital. If you do not get to meet her during your stay she will make contact with yourself usually within a week of your discharge from hospital or you can make contact with her if you wish. Your Specialist Bereavement Midwife will be able to offer support, guidance and discuss the support that is available to you and your family. She will offer you telephone support, home visits or an appointment at the hospital in our family suite Awel Mor that is situated away from the Maternity Department. The support each family requires differs and is tailored to your individual needs.

An appointment will be arranged for you to see your Consultant and discuss any investigations that have been undertaken. (You will receive a letter in the post for this). You will be given the opportunity to ask any questions you may have - it may help to make a note of them beforehand so that you do not forget anything as it is easy to forget things given the circumstances.

You will be able to discuss the results of any investigations that have been carried out and any implications they may have for future pregnancies.

Returning to work

There is no set timeframe on when you need to return to work. However, if you have delivered your baby before the 24th week of pregnancy and your baby does not show signs of life you are not entitled to maternity leave. You will be able to self-certify your absence for a week but after a week your employer will require a 'fit note' from your GP. It can be daunting returning to following the loss of a baby. Please speak to your employer and see what support they can offer you.

If your baby is stillborn over 24 weeks of pregnancy or if your baby has been born and shown signs of life after delivery at any gestation you are entitled to claim your Maternity Allowance. Please ask your midwife for a MAT B1 form to give to your employer/benefits agency if you have not received one prior to your baby being



born.

There is also information available for employers from SANDS online.

Contraception

It's important to remember that, unless you as a couple have experienced fertility problems, a woman can get pregnant again, even very soon after giving birth. So unless you are desperate to have another baby as soon as possible, you may want to use some form of contraception. Please discuss contraception with your GP or local Sexual Health Clinic.

Support for Siblings and Children

Siblings are often very young when their brother or sister dies. When parents are coping with their own grief, it can be difficult to know how much to share with younger children. It can help to talk to younger children when you feel you are strong enough and will be able to answer any questions your child may have and to discuss how they feel.

Children are naturally curious and may have questions around how their sibling or relative died. They may wish to know what happened to them and where they have gone. They may need to be told a number of times until the information makes sense to them. It is important to have simple ways to explain what happened and to not avoid the words 'death' and 'dying' even though this can be difficult.

For information on how to support children following the death of your baby please access the online support and advice available from SANDS and the information within your Parent Bereavement Support Book. Your Specialist Bereavement Midwife can also provide resources for the family.

A Place for You

After reading the information contained within this leaflet please feel free to use the space below to document any questions you have upon your return to the hospital:



Support Available

Swansea Bay Baby Loss Support Group: A local support group for anyone who has experienced a pregnancy loss, death of a child or requires support during subsequent pregnancies. A safe and confidential space to meet other parents and support one another the closed group on Facebook: Swansea Bay Baby Loss Support Group.

Swansea Bay Care After Death Centre: The care after death centre team can offer support and guidance following a bereavement. Morrision: 01792 703114 Singleton: 01792 285818 or email the team on SBU.CADC@wales.nhs.uk

ARC (Antenatal Results & Choices: Support for parents whose baby is diagnosed with a fetal abnormality in pregnancy.

Helpline: 0845 077 2290 or 02077237486 www.arc-uk.org

MIND: Promoting and Supporting people with mental health problems.

Freephone: 0161 272 8205 www.mind.org.uk

The Bent not Broken Traumas Counselling Project: A locally based project that helps support individuals who have experienced trauma, anxiety and depressions. Specialising in Birth Related Trauma.

Telephone: 07768688487

Email: bentnotbrokenproject@gmail.com www.bentnotbrokenproject.co.uk

Bliss- for babies born sick or premature: Family support helpline offering guidance and support for premature and sick babies.

Helpline: 0808 802 0322 www.bliss.org.uk

Samaritans: Confidential, emotional support in times of despair.



Telephone: 116 123 www.samaritans.org

SANDS – Stillbirth and Neonatal Death Charity: Support for families affected by the death of a baby before, during or shortly after birth.

Telephone: 0207 436 5881 www.uk-sands.org

Child Death Helpline: For all those affected by the death of a child.

Freephone: 0800 282 986/0808 80 6019 www.childdeathhelpline.org.uk

Cruse Bereavement Care: For adults and children who are grieving.

Telephone: 0808 808 1677 www.cruse.org.uk/bereavement-services

Contact a Family: Support and information about specific conditions.

Telephone: 0808 808 355 www.cafamiy.org.uk

4 Louis: 4Louis is a UK charity that works across the country to support anyone affected by miscarriage, stillbirth and the death of a baby or child.
www.4louis.co.uk

Daddies with Angels: Advice and support to male family members following the loss of a child/children.

Telephone: 07513 655134 www.daddyswithangels.org

Twins Trust –Twins & Multiple Birth Association: Bereavement and special needs support groups.

Telephone: 01252 332344 www.twinstrust.org

The Miscarriage Association: Support for parents who have experienced miscarriage.



Telephone: 01924 200 799 www.miscarriageassociation.org.uk

2 Wish Upon a Star: A local charity who aims to support all those affected by a sudden and traumatic death of a child or young adult under the age of 25 throughout Wales. Ensuring they receive the important support they deserve.

Telephone: 01443 863125 Email: info@2wishuponastar.org

Tommys: The largest charity in the UK carrying out research into the causes of miscarriage, stillbirth and premature birth. Bereavement trained midwives available Monday to Friday 9am to 5pm. Helpline: 0800 0147 800 www.tommys.org.uk

The Key Hope Centre: Local Support for pre/post termination of pregnancy, miscarriage and stillbirth.

Telephone: 01792 773800 Email: Info.Keyhope@btconnect.com

The Lullaby Trust: Raises awareness of sudden infant death syndrome (SIDS), provides expert advice on safer sleep for babies and offers emotional support for bereaved families.

Bereavement Support: 0808 802 6868.

Email. Support@lullabytrust.org.uk. www.lullabytrust.org.uk

Winston's Wish: Supporting children and young people after the death of a parent or sibling.

Freephone: 08088 020 021. Online chat available via website Tuesdays 1-5pm and Fridays 9.30-1pm. www.winstonswish.org

TFMR Mamas: Termination for Medical Reasons Mamas offers support Groups and resources to help parents feel supported and not alone. www.trmrmamas.com

