

General Support Information

YOU WILL HAVE EMOTIONAL “UPS AND DOWNS” FOR A WHILE.

It is common to have mood swings for quite a while. One day you feel that you are finally getting **back to normal, and the next you are “down in the dumps” again. Often, the anniversary of the day of** the week of the death, the date of the month, finding an item belonging to the baby, seeing another infant, walking through the baby department, etc. will be enough to bring on depression. You may find that friends expect you to be through the grieving in 1-2 months.

LEARN TO TURN OFF THE “IF ONLY’S.”

Every parent **goes through a series of “if only” I had gotten him up sooner, had put her to sleep in her own bed, had gotten up to check him, had covered her at midnight, etc.** These thoughts have to be turned off or they continue to upset the parent.

INSOMNIA AND BAD DREAMS ARE COMMON.

Sleep is difficult but essential for the well-being of the parent and the family. Sometimes a mild sedative will be prescribed by the family physician. Bad dreams involving death and the deceased are frequent and may be upsetting, but seem to be a normal part of adjustment.

SOMATIC COMPLAINTS ARE FREQUENT (STOMACH ACHE, “HEART ACHE”, ETC.)

These complaints are common. A mother may comment that her stomach feels like “it is tied in knots”. Usually just knowing that others have those same feelings is a comfort.

IT TAKES TIME TO ACCEPT REALITY.

Mothers have continued to get up at night to check the baby, have heard her crying, have continued **to prepare the bath and fix the baby’s food for sometime after the death. This is normal, and again** this fact alone may be reassuring. The heart has not yet accepted the death.

IT IS COMMON NOT TO WANT TO BE LEFT ALONE.

This is a very common feeling for mothers. They find it especially disturbing to be left alone in the same house or apartment where the baby died. Many have a friend or relative come and stay with them when the husband is at work. The classic example is of the young mother who sat out in the middle of the backyard on a tree stump whenever she was left alone at home.

IT MAY BE DIFFICULT TO CONCENTRATE FOR ANY LENGTH OF TIME.

Mothers especially complain of feeling that they were “going crazy” because they could not concentrate or do routine tasks they had done all of their lives. Reading is difficult because the mind seems to wander.

ANOREXIA IS COMMON.

There is no appetite. Parents merely eat because they know that they must. As mentioned above, **the stomach may feel like it is “tied in knots”. Try eating small amounts of easily digested food** frequently rather than three large meals.

PARENTS MAY BE IRRITATED BY THEIR OTHER CHILDREN AND YET BE OVERLY CONCERNED FOR THEIR WELFARE AT THE SAME TIME. MEANINGFULLY HELPFUL FRIENDS AND RELATIVES MAY IRRITATE.

Parents, rather than outwardly cling to the remaining children, may be irritated by their behavior. **Their “tolerance level” of naughty behavior may be very low. At the same time, they may feel overly concerned for their safety and may want to escape the weight of responsibility for them.** Being irritated by friends and relatives often leaves the parent feeling guilty for resenting those who are trying to help.

IT IS QUITE NORMAL THAT MEN AND WOMEN EXPRESS THEIR GRIEF IN DIFFERENT WAYS.

This is not always understood. Mothers generally need to “talk out” their grief, and any effort to block this may delay the grieving process. Fathers tend to keep their feelings more to themselves as society expects them to do. They are diverted by returning to work soon, while often mothers are at home surrounded by constant reminders.

CHILDREN MAY NEED HELP IN ADJUSTING TO **THE INFANT’S DEATH.**

Children are very aware of the emotional tone of the family and will be affected in some way by such a death. The very small child (toddler) is too young to understand death, and needs lots of love and affection for his own security. **He may have some frightening thoughts that he cannot express: “The baby died in his sleep, maybe I will, too. I wished that they would take the new baby back, and now he is gone.”** **He may cling to his parents and act out to get attention.** **The older child may** have his own guilt feelings and should be encouraged to talk about the death and the infant whenever he wants to. Parents should be alert for any problem that might relate to the death: difficulty in school, reverting to bedwetting, nightmares, etc.