Why an Issue of *The Outstretched Arm* on Pregnancy Loss and Neonatal Death?

In Jewish life and imagination, the birth of every child represents unlimited hope for the baby and the Jewish community. When the expected baby dies, the profound loss is often suffered in isolation and without the usual support of Jewish tradition.

This edition of *The Outstretched Arm* is the culmination of an idea from a Jewish professional who was deeply affected by his own and other’s perinatal losses. Bob Wolf believed that the Jewish community could bring a more complete and supportive response to grieving families. His efforts enabled UJA-Federation of New York, Plaza Jewish Community Chapel and JBFCS to fund and organize not only a conference, but this related publication and our on-line materials.

To understand current Jewish practices, we turned to professionals from synagogues, hospitals, Jewish service organizations and seminaries, whose invaluable contributions raised our awareness and allowed us to develop a full-day conference. “A Loss Worthy of Grief: Jewish Approaches to Bringing Comfort after Miscarriage, Stillbirth and Neonatal Death” took place on April 23, 2009 and demonstrated how common, yet silent, these losses can be. The conference is captured online where you can read the complete schedule and look at other materials by visiting our website www.njch.org.

Over 200 rabbis, cantors, social workers, therapists, early childhood educators and pregnancy loss support advocates attended workshops and listened to compelling presentations about personal and professional experiences with perinatal loss. We learned that approximately 31% of all pregnancies end spontaneously, accounting for almost one million losses in the United States alone each year.

The Jewish community has not always dealt well with this grief, especially in the absence of a prescribed mourner’s path. Some may fail to acknowledge the profound impact this sorrow has on parents, their families, friends, colleagues and congregants. Even when grieving parents turn to professionals they hope will understand their sorrow, they may find that their medical caregivers and religious leaders are unschooled in this grief and may struggle to find comforting words and rituals when families need them the most.

This issue of *The Outstretched Arm* provides both validation and help for those suffering from a miscarriage, stillbirth or newborn death, as well as for those professionals who may be searching for tender and compassionate words. May this edition bring validation and solace to those who grieve and guidance to those who share the responsibility of offering both comfort and hope.

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**Prayer Following Pregnancy Loss**

*May the Holy One who blessed our Mothers Sarah, Rebeccah, Rachel and Leah, bless and protect [name of mother].*

*May the wounds she has suffered, both physical and emotional, soon be healed.*

*May she find comfort in knowing that You, O God, weep with her.*

*May the Source of Life, the Creator of all flesh, restore her body to its rhythms and her soul to its songs of joy.*

*As she and [partner’s name] stand before You, help them to move forward, to feel the pain and acknowledge this loss.*

*May all of us here be committed to living, always aware that we are created in Your image, by caring, supporting and loving one another in times of pain as well as in times of joy.*

*As we have wept together, so may we soon gather to rejoice together.*

*And let us all say, Amen.*

**by Rabbi Diane Cohen**
Reflections on Miscarriage**

“When people didn’t seem to understand, it became a good reason to shut up about the miscarriage and not talk about it anymore. I think people would have understood more easily if they could have seen the pregnancy. People tend to dismiss it if it is an early loss.” Eric

“I felt devastated after my second miscarriage. From childhood, a little girl is taught that she will grow up to be a bride and a mother. Motherhood is revered. This dream of having a baby is from childhood. It was the dream that was being wiped out.” Amy

“People did the best they could after my miscarriage. But they tried to just pat me on the hand while they mouthed all the clichés, like ‘You can have another baby’ or ‘It wasn’t really a baby yet.’ I could not convince them how badly I was feeling.” Jody

Stages of Grief following a Perinatal Loss**

1) INITIAL RESPONSE: This occurs when the parents receive the news that they are about to experience a miscarriage or a stillbirth, or that their newborn is not expected to live. Individuals remember feeling a sense of unreality upon hearing the news and talk about feeling numb, in a state of disbelief, and shock. Their daily functioning is often impaired.

2) ACUTE GRIEF: The parents begin to feel intense pain, anguish and sadness. They may have trouble making decisions, or notice that they can’t sleep or sleep too much. They can feel helpless, depressed, and may cry frequently. Some women feel phantom uterine kicks from the baby who is gone.

3) GRIEF WORK: Mothers and fathers begin to accept the finality of the loss, but still feel angry and upset. Women in particular may feel jealous of others with babies, or guilty, as if their bodies failed them, or they failed their babies. Men have usually gone back to work sooner than their partners during this phase, which can lead to misunderstandings between them.

4) INTEGRATION: Many parents are helped when they hold a ritual, or dedicate themselves to some cause in their baby’s name. These gestures help them find a place in their hearts and memories for their baby. They may begin to feel some hope for the future and may start planning another pregnancy. They sense they are moving on with their lives.

5) SHADOW GRIEF: Families begin to notice resonance in other areas of life, perhaps when an older relative or close friend dies or another baby comes into their lives. They may feel renewed energy and commitment to life, but when the baby’s due date or the anniversary of the loss occurs, it may rekindle strong feelings of sadness.

Note: Individuals grieve in their own way and in their own time. There are no right or wrong ways to grieve and these stages may be skipped or occur in any order.
A Sister’s Story
by Rabbi Stephanie Dickstein

The only time I ever remember going to school on a Yom Tov/Jewish holiday was Shavuot when I was 12. I have a beautiful photograph of my very pregnant mother standing with my little sister and my great-grandmother, lighting candles before the seder. A few weeks before, my other great-grandmother insisted on her death bed that my mother was carrying a boy. But on that particular Shavuot nothing felt right. My grandparents had arrived the night before and we two older sisters were sent off to school. When we came home that afternoon, we learned that our baby brother had died. A week later, when mom returned from the hospital, our rabbi came to visit. I recall thinking that I had never seen him at a loss for words before. Only a week later, I saw my parents flinch as well-meaning family, friends, and neighbors told them to stop crying and to be grateful for their three healthy daughters. In the following months and years, nothing changed and everything changed, but my awareness of my parents’ loss and sadness remained constant.

When I was 17 and away from home for the first time during the Yizkor of Shavuot, I finally cried for myself and the nameless brother I would never know. Several years later, when I was married and gave birth to my first child--and my mother’s first grandchild--on May 23rd, my mother held our precious newborn daughter, but all she could utter was, “We have a live baby.” Only later that summer did I learn that my brother had been stillborn on May 23rd, but I had only remembered that it was during Shavuot.

A few years later, when I was a senior rabbinical student and pregnant with my second child, I wrote a paper for a class on Jewish Law discussing what Jewish practice should be following a stillbirth. I felt that the silence, the secretive burial and the denial which surrounded our family’s loss of my brother could not be the only response of Judaism, which treats other mourners with compassion and communal support. This paper, dedicated to the memory of my brother, marked the beginning of my life long study of this subject. It is my sincere hope that my research and writing have brought comfort to Jewish families who did not know what was truly available to them.

The loss of my brother remains a part of our family narrative, deep below the surface, but occasionally it is spoken out loud. As we stood at the cemetery for my mother’s funeral, my father turned to me and said, “I wonder if the new rabbi knows where the babies are buried, so I can go visit our baby.”

Rabbi Dickstein is the Spiritual Care Coordinator of the Shira Ruskay Center/JBFCS. She is the author of “Respona on Stillbirth and Neo-Natal Death” for the Committee on Jewish Law and Standards of the Rabbinical Assembly.
A Father’s Story
by Rabbi David J.B. Krishef
In memory of our daughter, Bracha Pela, zikhrona livrakha.

Tuesday, July 23, 1996, was the night our sons Solomon and Zachary, and their sister Bracha were born. It was the same night the doctors told us that our daughter had only a slim chance of living out the week. It was also the night on which the Jewish traditions concerning the beginning and the end of life came into sharp focus for me.

That night, the halachic/legal writings of Rabbis Dorff and Reisner regarding the cessation of ventilation for the terminally ill echoed in my mind—and in my heart. Our beautiful little daughter was dying, and by 6:00 a.m. on the morning after she was born, the doctors explained that she had no chance of surviving, and that the ventilator was merely prolonging her death, rather than extending her life. In such a case it is permitted to remove the ventilator, and let death take its natural course.

I wept over our daughter’s bed for hours the night she and her brothers were born, and I apologized to her for the pain that I, through her conception, had caused. I asked her to watch over her brothers, and give them strength, and I asked her brothers to be strong, and through their presence in our life, help us to make it through the coming hours and days.

We held Bracha in our arms as she died the next morning—we kissed her and we comforted her. I can only pray that her death was made easier, less painful as a result of having two loving parents hold her at the end, rather than letting her lie alone in a neonatal intensive care unit under bright lights, connected to loudly beeping machines by innumerable tubes and wires, as she felt nurses forcefully pumping oxygen into her malformed lungs through a hard plastic ventilator tube.

After Bracha Pela died, I asked the nurse for a pair of scissors, ripped my shirt and said the berakha, “Barukh dayan ha’emet, “Blessed is the righteous Judge.” I made one call, to the Hevra Kadisha/Burial society, which made all arrangements for Bracha’s burial. I did not want to see or speak to anyone at that point except my immediate family.

Never have I appreciated the halakha of death and dying more than on the days which followed—it gave me comfort and structure at a time when my life was cold and chaotic. Our Jewish traditions provided a way to receive support and understanding amidst the most inexplicable of all sorrows, the loss of a baby.
Jewish Ritual Responses to Miscarriage, Stillbirth and Neonatal Death

In the chaos of loss, religious mourning rituals offer structure and provide a container to hold the multitude of powerful emotions embodied in grief. Rituals alone may not resolve grief, but they offer guidance to both the mourners and those who would comfort them.

Some people have been told that Judaism has no ritual response to pregnancy and neonatal loss, but the Talmud, in fact, discusses the burial of stillborns by family members and tells stories of rabbis who mourned for their babies. Traditional women’s prayers give voice to anxiety about the outcome of a pregnancy. To fulfill Jewish obligations to both the dead and the living, traditional responses address both the honoring of the dead and the communal comforting of the living. From as early as 20 weeks gestation through one month of life, a baby was buried in consecrated land. Until the recent past, when pregnancy loss and infant mortality were high, most religious authorities, along with the force of communal custom, used leniency in the law only to relieve grieving parents of the obligation to perform the all-encompassing mourning rituals, unless their baby had survived for some time. This did not mean that grief and comfort were considered inappropriate, but rather that they were not expressed in a formal religious manner, lest parents’ lives be consumed with continual mourning.

Today, many rabbis hold that we should respond with the power of familiar mourning rituals and funeral services at the burial of stillborn babies and babies who die shortly after birth. Religious authorities across the Jewish denominational spectrum employ a variety of legal interpretations to provide guidance for which rituals are permitted or obligated, but sensitive pastoral care and meaningful rituals are available to every family, whatever their affiliation or practice. When a baby is stillborn, the parents can hold a modified funeral service when the mother is well enough to attend. The grieving family may be visited at home by relatives and friends, even if they are not formally sitting shiva. A funeral service and shiva may be performed for any baby who was born alive, no matter how long the infant lived. Jewish law does not allow autopsies under most circumstances, but if the procedure could provide medical information for the parents to consider in future pregnancies, it may be permitted. The baby can be given a name. Some mothers and fathers use the previously chosen name, while others choose a name that reflects a yearning for comfort. Many rabbis encourage the recitation of Kaddish for a month following a stillbirth or newborn death, as well as at Yizkor services and on the yahrtzeit/anniversary.

Miscarriage is another form of loss that has been addressed by scholars and rabbis, who have developed new rituals to provide healing for parents. Some grieving families turn to traditional practices, such as prayers for the healing of the father as well as the mother, and women may find comfort in going to the mikvah/ritual bath. Other families reach out to their surrounding community for bikkur cholim/visiting the sick. Lighting candles, planting flowers, and tearing cloth can be performed privately, with a rabbi or cantor, or with a small group of family or friends. In addition, there are a number of newly written prayers, meditations and poems which can provide both spiritual comfort and strength for parents who have suffered a pregnancy or infant loss, both of which Judaism recognizes as one of the great sorrows of life.

Recommended Reading
Go to www.ncjh.org for more suggestions.
Care at the Hospital

When pregnancy losses occur in a hospital with compassionate and well-trained staff, bereaved parents are supported as they struggle to cope and begin to grieve. The editors asked two of the pioneering New York City area hospitals to describe their programs. Below we present brief excerpts from longer articles which can be found on our website, www.ncjh.org.

At North Shore University Hospital, our Pregnancy and Infant Loss Support Program has long recognized the importance of providing both rituals and tangible mementos to mark the significance of a baby’s death and create memories. Many hospitals offer memory boxes, pictures, lockets of hair, footprints and handprints. Our staff has assisted families in making burial or cremation arrangements, and in planning a memorial service or a naming ceremony. We have held two annual events at our hospital -- in the fall and in the spring--which our families tell us help them validate their losses and honor the memories of their babies. One of the most moving portions of the fall Service occurs when a member of our staff recites each baby’s name and family members respond by approaching the stage to light a candle in memory of their baby. Both events culminate outside in our beautifully designed Babies’ Memorial Garden where we gather to dedicate inscribed bricks and plant bulbs in memory of the babies.

Nancy Berlow, LCSW

Beth Israel Medical Center has provided comprehensive bereavement services since the early 1990s for families who have experienced the loss of a baby through miscarriage, stillbirth or neonatal death. We initiate care with a patient and her family at the time of loss, facilitate support groups for grieving parents, and provide counseling for patients during a pregnancy which follows a loss. Our annual Memorial Service is open to all who are mourning the loss of a baby at any point during pregnancy, even if they have not been our patients. This event is held in October to coincide with National Pregnancy and Infant Loss Awareness Month and offers a healing ritual for both patients and staff. We have a keynote speaker, both familiar and original music interludes, a star naming and candle lighting ritual, and a table to display families’ memory books of their babies. It is powerful to know that this service helps grieving families and staff overcome the deep sense of being alone in sorrow and leads them toward healing and hope.

Janet Stein, MD and Ruth Gabay, LCSW

The Value of Support Groups

Life after a pregnancy loss can be extremely lonely for bereaved parents. They deeply and viscerally miss their babies and may become isolated by their grief. Support groups can be a lifesaver for parents following their loss. I have been a Volunteer Counselor with the Pregnancy Loss Support Program (PLSP) of the National Council of Jewish Women, New York Section since 1986 and have experienced how helpful the PLSP has been in offering comfort and understanding to grieving individuals and couples. Through our nationwide telephone counseling and our peer support groups, our program enables bereaved parents to manage their grief and connect to others who have suffered losses. Our groups meet weekly for six consecutive weeks and are offered to New York City area parents. They are co-facilitated by professionally trained female and male volunteers, all of whom, like myself, have suffered a pregnancy loss. As a group co-facilitator and telephone counselor, I have watched the magic that occurs when people who feel they are too sad to help others, still manage to do so by offering not only their own stories, but by simply providing their presence to listen and to witness. This miraculous consequence of being in a group can re-build resilience after a pregnancy loss in very specific ways:

- **Support groups** can reduce the sense of isolation. Most bereaved parents suffer because they feel so alone. When they attend a support group, they see other intelligent, successful, resourceful people who feel just as isolated.
- **Support groups** can help normalize the grief experience for both partners. Grieving women often feel that they are losing their minds, and their partners may be so worried about them that they neglect their own emotional needs. A group can help parents realize that their feelings are normal, while benefitting from the personal acceptance fostered within the group.
- **Support groups** can instill hope. Participants often share information about doctors, resources, and coping techniques.
- **Support groups** encourage assertion among their members, creating strong empowering forces as parents face future family-building choices.
- **Support groups** offer the opportunity to both give and receive. Couples may feel so emotionally depleted that they believe they have nothing left to give others. Finding that kernel of concern, caring, and empathy for the group participants is a welcome reminder of their own humanity and strength.

Joann Paley Galst, Ph.D. is a licensed psychologist in New York City specializing in reproductive health, including pregnancy loss and infertility. The full version of this article can be found at www.ncjh.org
The Five Worst Comments

“It happened for the best.” No matter what caused the loss, it is unlikely that grieving parents believe it happened for the best. This statement implies that they don’t have a right to grieve. What parents can say in response: “I know you mean to comfort me, but I don’t think bad things happen to people for the best.” – or – “If things happen for the best, there would be no pregnancy losses in the world.”

“Don’t worry you can have another baby.” Families need to mourn the baby they lost. If the parents have infertility problems, they may not be certain that they can have another baby. What parents can say in response: “I’m very sad about losing this baby.”

“You didn’t really know the baby, so it’s not like losing a child who has lived with you.” Parents have lost the dream of raising that particular baby. Although their loss may be different from losing an older child, it should never be deemed unworthy of grief. What parents can say in response: “I’m sad precisely because I will never know this baby.”

“I know exactly how you feel.” Unless one has been through a similar loss, this phrase will ring false and can frustrate parents. The parents probably wished that you had asked how they felt instead. What parents can say in response: “It’s hard to know how this feels unless you’ve been through it yourself.”

“What are you going to do now?” In the days and weeks following a loss, parents are probably too stunned to make plans about becoming pregnant again or considering alternatives. What parents can say in response: “I really don’t feel like discussing that right now. I need to talk about the baby I just lost.”

Having people say nothing at all to grieving parents is definitely one of the worst possible responses. When people fail to mention the loss, parents feel that their sorrow is being ignored. However, if people simply say, “I don’t know what to say,” they are being honest and direct, and are acknowledging the parents’ grief.

The Five Best Comments

“I’m so sorry. I know how much you wanted to have that baby.” This acknowledges the parents’ sorrow and their desire to have their baby, while reinforcing their right to grieve.

“It’s OK to cry.” This validates the family’s feelings and their need to release them without being embarrassed.

“Would you like to talk about it?” Anyone who utters this sensitive question offers strong support—an open heart, a comforting shoulder, and respect for the family’s needs.

“Is there anything I can do for you?” People may offer comfort and support through practical help. You may be able to tell others within the family’s circle of congregants, friends, or colleagues about the loss and ask them to bring home-cooked meals to the family, or offer to care for their other children.

“May I call you back in a few days to see how you are doing?” As time passes, grieving families find that others, even those who love them dearly, no longer want to talk about the loss. Those who reach out to the family by continuing to listen are a true blessing.
CONFRONT: your own feelings as both a person and a professional caregiver. Do your own work on your issues before you try to help parents with theirs, but be willing to be human and show emotion. CONSOLE: the family by trying to understand the impact the pregnancy loss may have because of previous losses or other concerns. Listen more than talk. You don’t have to have answers. Avoid emphasizing your own feelings as both a person and a professional caregiver. Do your own work on your issues before you try to help parents with theirs, but be willing to be human and show emotion. CREATE: an established protocol for making certain that families are handled in a consistent, helpful manner so they can begin a healthy grief response. Keep your bereavement team updated and active. CARE: about the family’s past and future relationship with you. Always have bereavement materials on hand. Stay current. Go to conferences. CALL: the family to find out how all of them are doing. It’s amazing how meaningful and powerful such a simple gesture can be.

The FIVE C’s for caregivers to remember in helping those grieving a pregnancy loss:

by Perry-Lynn Moffitt

JBFCS Rita J. Kaplan Jewish Connections Programs

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