

Childbirth

Who is present at the birth?

Perhaps you had already asked someone close to you to be present during labor, for example your mother (in law), sister or best friend. Of course, you can still do that. In fact, you may need extra support at this time, so it can be very comforting to have trusted people around you. They can also speak up for you when you don't feel capable of doing so, and they could also take on some tasks such as taking photos and films. Of course, you, as the parents, will remain the focal point. Anything you want to do yourself, do it yourself and don't let others take too much away from you. All the memories you are able to make are important because they will be so rare.

We are mainly talking about the woman who is about to give birth, but the partner who stands next to her is just as important. Don't hesitate to speak out about what you do and do not want and what you feel comfortable with.

Special wishes regarding position

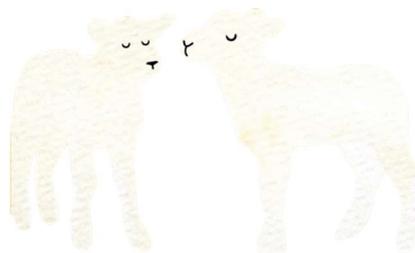
Perhaps you have made a birth plan and indicated in which position you would prefer to give birth. You can still keep that part of the plan but of course you can always adjust it during the birth if something does not feel comfortable. Often, you are not connected to all kinds of labor-related equipment so there are many possibilities. You can bring your own music, a photo or your own lamp for fine light. You can always take a shower and, in some hospitals, you can even give birth in a bath.

Pain management

During labor, you can always ask for pain relief. You can tell the nurse in advance. It may be an epidural or morphine injections. Bear in mind that this may cause you to feel drowsy and you may not be fully awake when the baby is born. An anesthetist will perform an epidural and needs to be called in first. In the evening and at night, not every hospital has an anesthetist on duty. In some hospitals, the anesthetist comes to the delivery rooms but sometimes the epidural is administered in a room near the OR. Be aware that an epidural takes time. If the dilation phase of the birth is almost over, the doctors will no longer administer an epidural. So be sure to let them know in time if you want pain relief.

On the one hand, the pain of labor is often harder to bear because you do not "get" a living baby in return. On the other hand, the physical pain matches the mental pain and it can be good to feel all of this.

It is a good idea to discuss the pros and cons of pain management beforehand.



What do you expect from the care givers?

Tell the care providers about what you expect from them. Would you like the midwife to be present during the birth? Do you want the nurse in the room often or only every once in a while? Do you prefer a doula and, if so, what is her task? Not everything will always be possible but if you discuss your wishes, they can be taken into account. It is also important to mention what you are afraid of. Sometimes, fears can be easily removed with good information or a simple act. If not, the care givers can at least take into account what you are afraid of if you let them know.

Actively ask the care givers to explain each new step and to ask the questions that go with that step. It can be overwhelming to process all the questions at once. If you can take decisions one step at a time, they remain manageable and feel appropriate for the moment you are going through.

Be aware that you are always in charge of your own body.

Often the dilation is not checked as regularly as when a living baby is born. You can ask for this if you want to know how far your dilation is. If your baby is alive during delivery but will die soon after, you may want to know when he/she died. Ask them to listen to the heart regularly.

Photos and videos

Because you can no longer have your baby with you after the funeral, you have little time to make memories of him/her. That is why it is good to record and take as many photos as possible of the period leading up to the funeral. You can start with this during the birth. Even though it may feel too intimate to capture these moments as well, it is better to have something you might never look at again than to not have anything and think, "if only we had....."

You can also always ask a birth photographer to be present at the birth.

Often, the birth and the childbirth pass the mother by in a haze. The physical effort is great and you are overwhelmed by emotions. It could be that a few days or weeks after the birth, you feel like it didn't happen. That you were never pregnant and that you never had a baby. It may help to film (parts of) the birth so that you can later review in peace what actually "happened" to you.

Some people seem to think that photographs and film are only meant to be shared but it can be very helpful for yourself to have "proof" of what happened. You can keep this footage just for yourself. However, if you have nothing, you can never see anything again.



Seeing your baby after birth and taking it on your belly/chest

When your baby is born, you will naturally want to meet him/her:

- He/she can be placed on your chest immediately after giving birth.
- You can also wait with this and ask people who are at the delivery to describe it first.

It is important to consider this carefully, because this moment will never come again. Most mothers find it very pleasant to have their warm baby close to them immediately. Your baby will cool off soon afterwards and he/she will not get as warm as immediately after birth.

If your baby is born prematurely, its color will usually be much darker than that of a full-term baby. Because the skin is still so thin, you can actually look through it and you can sometimes see all the little veins running. The water method is a very beautiful way to make sure that your baby gets a lighter color again. You can find more information on www.watermethode.nl

If you are further along in the pregnancy and your baby has died in the womb, your baby's skin may be damaged. After death in the womb, no more skin wax (vernix) is produced to protect the baby from the amniotic fluid. Because he/she is often still in the warm amniotic fluid for a while (a few days), his/her skin can start to wrinkle (just like ours when we wash the dishes or take a long bath) or even detach. So don't be alarmed if you see that his/her skin is not completely intact. This is called maceration and is part of the process. It has nothing to do with the reason of death.

Cutting the umbilical cord

Cutting the umbilical cord is a special moment. It releases your baby from its mother. Don't let this moment pass you by. Think about who will cut the umbilical cord and take pictures of it. You can also keep a piece of the umbilical cord and let it dry.

Washing and dressing your baby

Because the skin of a premature baby or a baby who has died in the womb is so vulnerable, it is better not to dress your baby or bathe him straight away. The warm water washes away the protective layer and clothes can stick to his/her skin so that you cannot remove them later on. We therefore recommend initially wrapping your baby in the back of a disposable mat. This plastic mat will protect your baby. In the days leading up to the funeral, you can then see how it goes and still dress or wrap your baby if you wish.

If you have chosen the water method, you can create a nice bath moment on the day of the funeral. You can then replace the cold water with warmer water and bath oil. Then you can rub your baby with baby oil and dress him/her up in a cloth.

Visits after childbirth

It is good to think about who you want to visit in the delivery room after the birth. Of course it is nice to show your baby but it can also be too much after such an emotional event. You may be allowed to go home soon and you may prefer to see your visitors in your own quiet surroundings.

Viewing/saving the placenta

The placenta and amniotic sac were your baby's home and dining room. It is nice to see where your baby has been. Because your baby is no longer alive, sometimes little or no attention is paid to this. If the placenta has to be surgically removed, you usually do not get to see it afterwards. If you would like to, you may indicate this. The placenta is almost always sent in for further examination. If you would like, you may be given a piece of the umbilical cord to take home and keep (letting it dry first).

If there are other things that are important for the care givers to know, write them down for yourself and discuss them beforehand.



Investigation into the cause of death?

Sometimes the cause of your baby's death is immediately obvious, for example because an infection has been detected or because the placenta has detached. These are things that can be seen on the outside. If the cause is not immediately known, you can have your baby examined further.

There are different ways of research:

Examination/examination

The doctor will always examine your baby externally. He will check whether he can see anything on the outside that could indicate a congenital defect. Further examination will be discussed on this basis.

Babygram

These are X-rays from the entire body of your baby, both from the front and from the side. More and more often doctors choose to make CT or MRI scans because you don't have to cut into your baby's body.

Obduction or autopsy

This means that the pathologist opens up your baby and looks at all the organs, taking pieces of tissue for later examination. During the autopsy, your baby's skull may also be opened to see the brain. Your baby's brain will not be returned and will remain in its entirety for examination. If you choose for an autopsy, you **do not** automatically choose for the brain to be removed. You must give separate permission for this.

Doctors **always** need parental consent before obduction can be carried out. Separate permission is needed to examine the brain and remove tissue from the head. Things they can detect in the brain include bleeding and lack of oxygen.

If you choose an autopsy, your baby will be taken to the mortuary. This is often in the hospital where your baby died, but sometimes your baby is transferred to another hospital. The pathologist will open your baby's chest. These are very experienced people who will examine your baby with all due care and attention. The examination will take several hours and then your baby will be returned to you. The doctors will explain to you that they will open your baby's chest and possibly its skull and that the wounds will be taped and bandaged neatly. However, you will always feel it, even when clothing is on top of it, so do not be alarmed by this.

Because tissue has to be cultured for some time, it often takes a few weeks before the results are available. The doctors will tell you the results in a meeting in hospital. This is often an emotional and emotionally charged meeting. Prepare for it as well as you can. Always write down all your questions so that you can go into the interview with them. No question is crazy.

The doctor will give you a detailed explanation of the examination results. Do bear in mind that in some cases nothing will be found and the cause of death will always remain uncertain. In all probability, you will also be given the autopsy report. This is a very technical medical document that is often difficult to understand, and contains many technical terms.