

## Who Should Attend

This course provides insight to all health care providers who care for families whose lives have been touched by the tragic death of a baby through pregnancy loss, stillbirth, or in the first few months of life. This course is open to all interested hospital personnel.

## About the Training

This four hour seminar allows the caregiver to:

- Identify the evolving changes in the perinatal loss movement over the past 29 years.
- Assess the depth of the grief process of families experiencing a perinatal loss.
- Gain the necessary skills to interact with families whose baby has died.
- Expand your knowledge on the rights of parents when a baby dies.
- Explore ways to build a team approach in caregiving when a baby dies.
- Identifying your needs as the caregiver and find ways to support yourself and your coworkers.
- Illustrate different types of perinatal losses and the needs that bereaved parents have.
- Interact with a panel of parents who have experienced the death of their baby. Discover ways others were helpful or hurtful as they grieved the loss of their baby.

Share Southern Vermont  
P.O. Box 22  
Proctorsville, VT 05153



# Compassionate Caregiving When a Baby Dies

October 5, 2010

*Presented by*  
**Share**  
**Southern Vermont**



*Pregnancy & Infant Loss Support, Inc.*

touching lives... healing hearts... giving hope...



## ***Do you struggle with what to say to a family when their baby dies?***

**Have you ever said to a newly bereaved mother?**

- “You are young, you can have more children.”
- “Best that it happened early.”
- “Something must have been wrong with the baby.”
- “Everything happens for a reason.”

**Do you know the impact of those words?**

**Do you find yourself avoiding contact with a patient experiencing an early pregnancy loss, stillbirth or neonatal loss?**

**Do you find that your facility relies on a select few to work with bereavement issues?**

**Does your hospital have protocols in place for how to handle the death of a baby?**

**Does your staff have the compassion to handle the tragedy of a baby’s death?**

**With an early pregnancy loss, do you know the best way to determine the parents’ feelings about the pregnancy?**

The mission of *Share Pregnancy and Infant Loss Support, Inc.* is to serve those whose lives are touched by the tragic death of a baby through pregnancy loss, stillbirth, or in the first few months of life.

[www.nationalshare.org](http://www.nationalshare.org)

## **Agenda**

**8:45 a.m.** - Registration

**9:00 a.m.** - Welcome

**9:05 a.m.** - The journey of perinatal loss  
Understanding the grief process

**9:45 a.m.** - Presenting choices and creating memories when a baby dies

**11:00 a.m.** - Break

**11:15 a.m.** - Supporting bereaved families and caring for yourself

**12:00 p.m.** - Bereaved parent panel

**12:45 p.m.** - Questions

**The workshop will be held at Regional Ambulance in the Education Room.  
275 Stratton Rd, Rutland, VT 05701  
Call Cara Tyrell at 802-226-7231 for more information**

### **Instructor:**

**Cathi Lammert, RN - Executive Director of Share Pregnancy & Infant Loss Support, Inc.**

As a bereaved parent, Cathi combines her personal experiences of the death of her son, Christopher Michael who lived just 4 days, with her education and professional background as an obstetrical nurse. Cathi has been involved with Share since 1982 and has served as the executive director since 1992. Her duties include managing the national office as well as conducting workshops for professionals, clergy, bereaved parents and their families. Cathi also writes material on perinatal bereavement issues, supports nearly 100 Share groups across the country, serves as a resource for professionals and the media, and advocates for bereaved parents’ rights.

This continuing education activity has been submitted for approval to the National Association of Social Workers (NASW).

Please send registration and checks payable to:

Share Southern Vermont  
P.O. Box 22  
Proctorsville, VT 05153

Registration is \$60 per attendee.

## **Registration Form**

Name: \_\_\_\_\_

Hospital/Dept: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Work: \_\_\_\_\_

Fax: \_\_\_\_\_

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Please note profession: \_\_\_\_\_  
(i.e. RN, RNC, or other professional)

Please check here if you want CEUs!

### **Method of Payment:**

Check # \_\_\_\_\_ or VISA / MC

Card # \_\_\_\_\_ Exp \_\_\_\_\_

\$60.00 x \_\_\_\_ Attendee(s) = \_\_\_\_\_ Total

Please complete and return the form(s) with payment to the address listed above.

This continuing nursing education activity was approved by the Missouri Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.