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This brief is submitted by Nancy Slinn, Coordinator & Facilitator for Metro Vancouver Empty Cradle Bereaved Parents Society. Empty Cradle is a peer support group for those who have experienced pregnancy loss or the death of an infant.

Empty Cradle was started over twenty five years ago when its founder Patty-Lou Bryant experienced the stillbirth of her child, and after determining that there were very few resources for bereaved parents decided to begin her own support group.

Empty Cradle is a non-profit society whose services are offered free of charge to any family who has endured a loss. Any adult is permitted to attend the meetings whether they are a bereaved parent, family member or supportive friend. Our membership list consists of over 100 current members who have taken advantage of our services.

If there are any questions or you'd like more information please contact us at emptycradle@telus.net or by telephone at 1-604-525-4349.

My name is Nancy Slinn. I wish to submit information to the committee considering Motion 110, whose task it is to determine how benefits may be changed and/or improved for parents who have endured the loss of a child.

Our Story:

My husband Peter and I were married in 1983 and began our journey to parenthood in 1988 with the birth of our eldest daughter Nicole. Although Nicole was born four weeks early and weighed only 5lbs 2oz she was healthy and had no ill effects from her early delivery.

As I have a vision disability we decided to wait a few years before attempting to give Nicole a sibling. In late 1993 we found ourselves expecting for the second time. While Nicole's pregnancy had gone smoothly, my second pregnancy had issues from the beginning.

By nine weeks gestation I found I was bleeding. I was put on bed rest until I could see my doctor. By the following Monday morning, bleeding had stopped and my doctor scheduled an early dating ultrasound in two weeks.

The ultrasound revealed that while I should have been twelve weeks along, Baby was measuring only nine weeks, and even more upsetting was that there was no heartbeat. Our baby had already died when I first began bleeding, but since my body did not miscarry I required a D&C.

This surgery took place two days before Christmas and as four year old Nicole did not know there was going to be a baby, we couldn't tell her there wasn't. We were required to pretend that everything was all right at Christmas while our hearts were broken.

Being given the usual statistics that 20-25% of all first trimester pregnancies end in miscarriage, we were encouraged to try again and hoped for a better outcome.

I became pregnant in April of 1994, but miscarried that pregnancy at only six weeks gestation. My doctor was convinced that there was more going on with my body than was considered normal and while typically a patient had to endure three losses before any testing would be done, she scheduled me with a recurrent pregnancy loss specialist after my second loss.

Testing determined that I had a bicornate uterus which meant an extra "wall" in my uterus. Doctors believed that while Nicole's placenta had attached properly to my uterus and her development was able to continue, my next two pregnancies attached to this extra wall which was not providing them life. Surgery was performed to remove this extra wall in the summer of 1994.

In November 1994 I was pregnant again. This time I made it successfully through the first trimester. I was beginning to show so we shared the news with Nicole that she was going to be a big sister, and we became cautiously optimistic that we would finally be able to bring home a second living child.

On March 17 1995, once again I was bleeding. I was rushed to BC Women's Hospital by ambulance, where it was determined that I had already started dilating even though I was only 19 weeks and five days along. Another surgery was preformed to stitch my cervix closed in the hopes of saving this pregnancy. However I had dilated so far that the twenty minute procedure took over two hours. Two days later my water broke. With no protective amniotic fluid our baby compressed her cord during the night, and by morning when I was sent for an ultrasound we were given the devastating news that there was no heartbeat.

I was given oxytocin to bring on contractions and that night, as winter became spring, our daughter Angel arrived stillborn at exactly twenty weeks.

This loss was NOT 'just a miscarriage.' I was in labour with this daughter just like I had been with Nicole. I gave birth to her just as with Nicole, but this child never got to take a breath. I would

never be able to watch her grow up, and instead of bringing her home to the nursery we had assembled, we had to plan a funeral service instead.

Back then, I was not even entitled to maternity benefits. My company graciously gave me a week off to take care of the funeral and to rest, and I ended up back at work ten days after her stillbirth. The 'real world' set in and we were thrown back into full time work and full time responsibilities.

I knew I needed more help and went searching for some sort of support. We were invited to attend an Empty Cradle meeting. We discovered we were not alone in our loss. Others truly understood our pain and were willing to come alongside to help us on our healing journey.

What Empty Cradle Has Taught Us:

We continued to attend Empty Cradle each month as the healing process slowly began to take place. As we got to know the founder Patty-Lou better, I realized that I wanted to be involved in helping her run the group. By December we facilitated a meeting while she was away.

I realized that being available to help others had the amazing affect of also accelerating my own healing. I also realized that this was a way - the only way - we could 'parent' our three lost children.

In 2005 Patty-Lou and her family moved to another city and asked us to take over the group. I never would have believed I'd still be running the group today. Nicole is now nearly thirty years old and has a child of her own. We were finally successful in giving birth to a second living child, and brought Jennifer home in May 1996. We are grandparents and yet we still make ourselves available to young couples just starting on their journey from grief to healing.

We have learned much in our years of being involved with Empty Cradle. We continue to be amazed at the strength and resilience of the parents who attend our group.

Some parents attend for months or years, some get involved in the administration. Some determine that one or two meetings are sufficient and I won't hear from them for years and then out of the blue - I get an email telling me of a subsequent arrival, or just to say thanks for helping them through the most difficult time of their lives. These bring me great joy and remind me of how important groups like ours can be.

Unfortunately, while we do our best to support these families after a loss, often it is not enough. They need more than we could ever provide.

One of the things they need most is the opportunity to take time to heal in the weeks and months following their losses. They should not be rushed back into the business world.

What Empty Cradle's Members Tell Us:

Currently, if a Mom works for a company that provides benefits, she can usually take maternity leave of sixteen weeks whether or not her baby survived. However, if the pregnancy ends before twenty weeks, or if she is self employed, or doesn't have benefits, even this small healing time is taken from her.

We sat in a support meeting one night after a Mom had shared about her loss. Her birth experience not only ended in the loss of her son, but she endured physical injury when they forced the baby out. She arrived at the meeting on crutches from a pelvis damaged in delivery and bravely shared her childloss story with us.

When she returned the following month and updated us, she shared that her husband had needed to go back to work the week after the loss of their son, and she would need to return to work in just a few weeks herself. "I guess someone has to pay the bills," she sighed.

While maternity leave may cover a few short weeks if the pregnancy results in stillbirth, the family is not entitled to parental leave or some other equivalent. Or, if the baby is born alive and then passes away, parental leave ends that very day.

Additionally, if a family loses a baby, in many cases they need to work sufficient hours before a subsequent child is born, to rebuild their hours to qualify for any maternity leave.

In the case of one Mom in the group her son was stillborn, so she lost out on her parental leave. Then she became pregnant again a short time later, and successfully brought home a living daughter. However, because this daughter was born almost a year after losing her son, the previously unused parental benefits could not be taken advantage of, and she did not have enough hours to start a new claim for maternity benefits.

What Empty Cradle Requests Of The Committee:

We wish to request that the committee implements a special category of benefits that will allow bereaved parents to have healing time after the loss of their child. While benefits helping parents of children who pass away after birth is a good start, we also encourage the committee to recommend implementing benefits for the parents of any child who reaches 20 weeks gestation or further.

This would allow parents who have a late stillbirth or a loss at delivery to also have some income to allow them to heal before being forced back to work because "someone has to pay the bills."

Currently bereaved parents who may have employee benefits that provide some income even after the baby has passed away are in the minority. Even these are better than nothing, but if the government could provide some sort of assistance to help them through the initial difficult months, that would make a big difference and enable them to more successfully return to the work force without having to take sick time if they feel they cannot continue working or have a PTSD flashback or relapse.

One final issue we'd like to make you aware of that may or may not fall into your mandate is this. Currently there is a program which provides counselling to parents who have endured the loss of a child. However if the parent still requires mental health assistance beyond one year after their loss they are on their own. They are cut off from neonatal mental health programs after twelve months.

While parents appreciate what is available to them, what they really need is to know that if they are one of the unfortunate ones who are not able to bring home a living baby, they will at least have a little financial support to get them through their roughest time.

Conclusion:

Thank you for allowing me to share these thoughts with you. It is our opinion that the work of the committee is vital to the mental wellbeing and support of bereaved parents. While they represent only a small portion of families who give birth in Canada, this is an important sector of the community. They have struggled for many years with no help when all they ask for is similar assistance that is given to other Canadian families.

Respectfully, Nancy Slinn