

To the Standing Committee,

My name is Josmi Bansal and I am a mother from Ottawa, Ontario. I write this brief to share my story of pregnancy loss and how it affected my family and I so that it may shed light on this devastating experience and its long term impacts on families.

My husband and I began dreaming of starting a family in 2009 and it was exciting and full of possibility. We did not know the reality that 1 in 4 pregnancies end in miscarriage, regardless of the health of the mother or previous fertility challenges or successes.

I lost my first baby in December 2009 at only 5 weeks along. It was extremely shocking to start bleeding heavily and not know what was wrong. We were absolutely crushed with this loss and it happened on New Year's Eve. We felt scared, alone and worried. As a part-time worker I had no benefits or sick days, and due to financial hardships I was forced to keep working while I continued to bleed and lose my baby. It felt very isolating to not feel like I could ask for support.

Our second loss occurred in early 2010. This time, I had gone through the first 12 weeks of pregnancy seemingly well. I did not have any bleeding, cramping or any indication that anything was wrong. I went to my first ultrasound that is offered at 12 weeks and was so excited to have reached this milestone. However, the ultrasound technician told us that my baby had died at 8 weeks along and my body did not realize it. I remember asking what I was supposed to do, and she had very little information for me. In the first trimester, women do not have an obstetrician or midwife as they typically take patients once they have completed the first 12-13 weeks. Women have nobody to ask their questions to, nor do they have context on the gravity of the loss.

After that second loss (called a missed miscarriage as baby died without my body being aware), I was given strong medication to induce labour and expel the embryo. My husband and I were sent home to go through this extremely painful process with the added burden of being unsure of how I could return to work. As a recent graduate, I had outstanding student loans to pay, we were paying off our wedding, and I was a contract worker and once again had no benefits or access to bereavement leave pay. My body did not comply with these medications and I ended up needing surgery to remove my dead baby. I was in the hospital the next day and I did not know what my future looked like. Despite the surgery being completed within a day and being sent home, my emotional health was not addressed and I was extremely distraught and depressed. I developed major anxiety that has never truly dissipated.

We lost a third baby in 2011 with unexpected bleeding at 7 weeks along and we were once again at the hospital and being triggered from our previous losses. My husband and I were destroyed with the news and unable to cope. With no choice but to return to work, we had to bury our grief and try to act normal around others. It was unfair and very emotionally exhausting.

After so many losses, we sought fertility doctors to assist us with conceiving and keeping a healthy pregnancy. We underwent the very costly route of IVF and were overjoyed that we gave birth to a healthy baby boy, Avinash in 2013. His IVF cycle also blessed us with 7 frozen embryos for when we were ready for another child.

In 2015 we decided to add another child to our family, and with bated breath we transferred a frozen embryo and were pregnant once again. Life was busy with a toddler and a baby on the way. I had gestational diabetes, and was considered high risk but it was so worth it. My second baby was due March 17<sup>th</sup> 2016. But in January, I noticed a reduction of fetal movements. I realized I hadn't actually felt my baby move in some time. I was 32 weeks along at 8 months pregnant.

We rushed to the hospital and we were given the awful news that my perfectly healthy baby had died inside me. I don't have the words to describe to you what this felt like. I couldn't even breathe. It was the worst moment of my life. My doctors informed me that I will need to vaginally deliver this child and that they will call me when a bed is available in the maternity ward. We went home numb and feeling dead ourselves. We had to care for Avinash and call our family. We were completely alone and had nobody advocating for us or able to help. We were extremely distraught and broken.

The side of this trauma that does not get much media attention or awareness is what happens to families after a loss like this. I had to call my boss from the hospital and tell him this news while I myself was still processing the news. I had to give them information on how to handle my clients and files. It was not in me to do this. I had no choice. I had to deliver my baby and hold his still body against mine for only a few short hours until they took him away. I had to face my entire community of family, friends, colleagues, neighbours and service providers who did not know what had happened. I had to answer their questions thousands of times about where is my newborn (or worse, their excitement for the upcoming birth as they did not know we had lost him).

As a grieving mother, I had a day and a half to plan my son Manav's funeral. I sat and while I bled and while my breasts swelled with milk and leaked for the baby that was no longer there, I had to figure out logistics for family coming to attend the funeral, notes for my work, and care for Avinash. My husband's grief was a hurricane of anger and pain, and he felt lost and forgotten as any services that do exist focus on the mother. We could not find anyone to help us navigate the immense trauma we had experienced.

I am a social worker and I am well connected in my community. I am privileged to have post secondary education and speak English fluently. But grief like this does not discriminate and pregnancy and infant loss hits people from all backgrounds and classes. We tried to find counselling services and we settled with counsellors who were not experienced in pregnancy loss and we paid almost \$200 an hour for mediocre support. I had to stand in line at Service Canada to try and figure out how I would pay my bills as I was not sure if I still counted as a mother to the government. Would I be granted maternity leave? Sick leave? How does one class a stillbirth? I had to explain to the staff at Service Canada (in front of a long line of impatient people behind me) what had happened to Manav. I had to repeatedly explain what stillbirth was, and why I needed to speak to someone about my benefits. I was so scared of being judged. I had trouble driving and concentrating and now I had to navigate a complicated conversation just days after my loss.

Families in Canada experience this loss every single day. Stillbirth happens to approximately 1 in 130 births. That means this problem is much more common than we think, and mine is just one story. Many women have birth trauma from their deliveries, injuries, and they do not recover. Women do not have generous medical leave or the ability to navigate an already complicated system to access possible resources. I worry for the mothers who are single parents, who are unemployed or working minimum wage. I worry for women who cannot speak English or are new to Canada and unsure of what to do. I

worry for the women who suffer long term mental health issues and cannot recover due to financial limitations.

It has been nearly 3 years since I lost my second son and not a day goes by that I do not think of him and feel the ache in my heart for him. I am currently still on antidepressants I was prescribed since his death as I can no longer afford to attend therapy due to the astronomical costs. I had to return to work sooner than when I was ready because our bills were piling up and we were scared of losing our home.

Please consider my recommendations below of ways this committee can help grieving families in Canada:

Recommendations:

1. Bereavement leave that is accessible to all Canadians who suffer a miscarriage, stillbirth or infant loss at any age or gestational age;
2. Access to experienced and qualified counselling services immediately after the loss for free;
3. Training to organizations on how to support their staff in the event of a loss;
4. Access to specialized health care to address emotional and physical well-being after experiencing a loss;

Thank you for taking the time to hear my story and consider my recommendations. As a mother of two living children and 4 children taken too soon from me, I have a wealth of experience that I can share to help with this process. I welcome you to contact me if I can assist in any way.

Respectfully,

Josmi Bansal