



American Hospital of Paris

THERAPEUTIC ABORTION & BEREAVEMENT IN THE MATERNITY WARD



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Any completed life is an accomplished life: just as a drop of water already contains the ocean, tiny lives with their brief beginning, their infinitesimal zenith, their swift end, have no less meaning than longer journeys. One must simply lean forward a little to see them, and magnify them to tell their story.

Françoise CHANDERNAGOR

Maternity is the state of having brought one's child into the world, but sometimes that child is lifeless.

Most parents who have lost a child say it is one of the most painful experiences of their life. That is why the entire maternity team wants to support you during this moment of deep sorrow, when the dreams and plans you had for your child are suddenly taken away. We are very sorry for your loss.

We would like to accompany you in this atypical birth and help you create memories of your child, especially since your loved ones will not always understand your pain, questions and doubts.

The purpose of this booklet is to summarize the information you received during your consultations, to help you make decisions over the coming days. You are going through a highly emotional period. You have many things on your mind and it is not always easy to think clearly. Having a written booklet will enable you to review the important information from your visits with our team. Each choice you make will be a step in the process and will sometimes require your signed consent.

This booklet provides the contact details of people who can assist you with these steps. It also includes information about the delivery, your consultation with a psychologist, the autopsy, the funeral, and administrative data

You may be feeling intense sorrow; it is normal to cry and take the time to grieve. We are here to help you continue your life's story by incorporating the memory of your child in the most appropriate way possible.

CONTACT INFORMATION FOR THE PROFESSIONALS OF THE FETAL MEDICINE UNIT

The entire team welcomes your questions and inquiries.

Head of Department
Head of Unit
Sonographers
Gynecologists - Obstetricians
Genetics team
Midwife
Nurse
Reception

Tél. : +33 (0)1 46 41 28 82
centre-diagnostic-prenatal@ahparis.org

Psychologist
Child psychologist specialized in perinatology

Tél. : +33(0) 1 46 41 27 21

Delivery room midwife

Tél. : +33(0)1 46 41 26 03

American Hospital of Paris Mortuary

Tél. : +33(0)1 46 41 41 45

Cochin Hospital Mortuary
in the event of an autopsy

Tél. : +33(0)1 58 41 10 98

Mont Valérien Cemetery (Nanterre)

Tél. : +33(0)1 47 72 45 74

Père Lachaise Crematorium (Paris)

Tél. : +33(0)1 43 15 81 84

THERAPEUTIC ABORTION METHODS

Before undergoing a therapeutic abortion, you will meet with a doctor or midwife from our Fetal Medicine Unit. You will also meet with the gynecologist who will be in charge of your care and an anesthesiologist.

You will have the opportunity to consult a psychologist or psychiatrist from the unit if desired.

A therapeutic abortion performed after the diagnosis of a fetal anomaly, rather than for reasons relating to the mother's health, is not an emergency procedure.

We know that this is a very painful situation for parents, and we do our utmost to shorten the wait. However, it may take several days to make all the necessary arrangements.

Depending on the term of your pregnancy, two therapeutic abortion methods are available.

THERAPEUTIC ABORTION BY VACUUM ASPIRATION (SURGICAL)

This method can be used up to 15 weeks after the last day of the last menstrual period if an autopsy is not requested or necessary.

The gynecologist will prescribe Mifepristone pills to be taken 24 to 48 hours before the procedure. This progesterone blocker accelerates cervical maturation and prepares the uterus for the aspiration. It may cause uterine contractions.

You will need to fast for at least 10 hours before coming to the hospital. Do not wear jewelry or makeup. One hour before the surgical procedure, Misoprostol will be administered to you.

Following the aspiration, which is performed under general anesthesia, you will remain in the recovery room for at least two hours before returning to your room and to your spouse or support person.

You will be allowed to go home the same day once the effects of the anesthesia have worn off and any bleeding is under control. Nevertheless, you must be accompanied. You will need to monitor your bleeding and temperature in the days that follow.

In the event of heavy or malodorous bleeding or fever, go to the nearest gynecological emergency service. An analgesic will be prescribed if you are experiencing any pain.

A follow-up appointment with the gynecologist will be scheduled.

This technique eliminates the possibility of performing an autopsy and having a funeral.

THERAPEUTIC ABORTION BY LABOR INDUCTION

This method is reserved for pregnancies that are more advanced (more than 15 weeks after the last day of the last menstrual period) and/or when a fetal autopsy is required or recommended.

Just like the surgical procedure, the gynecologist will prescribe Mifepristone pills (progesterone blocker) to be taken 24 to 48 hours before the delivery.



DELIVERY & RECEPTION OF THE CHILD

The delivery is usually induced using medication. The time span between your first dose of medication and the actual delivery may be long, often lasting several days.

At the hospital, a premedication will be administered to you before the gynecologist places the dilators to facilitate the opening of the cervix. As long as there are no contraindications, you may be given an epidural analgesia once you are installed in the delivery room. If desired, your spouse or a loved one can stay with you in the delivery room.

The midwife will accompany you in the labor room. A team comprising a midwife, a nurse's aide and a doctor will be in charge of managing your care. Medications will be administered to you intravenously to facilitate the delivery. Certain treatments may cause side effects such as vomiting, shaking and fever. (Further information will be provided by our unit's doctor.) If you experience these side effects, they will be monitored and your treatment will be adjusted to reduce the symptoms.

The waiting period in the labor room varies, but may last several hours. Feel free to bring something to stay occupied such as a book, your laptop or music.

As soon as your child is born, an ID bracelet will be made mentioning his or her last name and first name if you have chosen one.

Whenever possible, foot and hand prints are made. You may request to keep a symbolic bracelet and the prints if desired; otherwise they can be kept in your file.

Then, with your consent, we will dress your child in the clothes you have brought. Otherwise, he or she will be swaddled in a cloth. You may also leave small tokens with your child such as a cuddly toy, letter or photographs.

The midwife will then ask if you would like to see your baby. You can choose the moment that best suits you. If desired, you will be able to see, touch and hold your child, but none of these actions are mandatory. Your spouse or a loved one can accompany you and/or see the child, but only with your consent.

The midwife can stay with you during this important time, or you may choose to be alone with your child, accompanied by a loved one if desired. You may view your child several times if desired.

If you do not feel ready immediately after the delivery, you may change your mind at any time and request to see your baby later.

The funeral must be held within 10 days following the delivery. You will have a few days to see your baby (multiple times if desired) unless an autopsy has been requested, in which case less time will be available.

You may inquire with the mortuary about coming to see your child and for information regarding the funeral date.

Photographs will be taken and given to you on a USB flash drive, on your request, or permanently stored in your file where they will remain available to you, regardless of your decision.

It is normal to feel some anxiety about this intensely difficult moment. Do not hesitate to talk about your feelings, ask for all the necessary information and share your doubts and questions.

PSYCHOLOGICAL SUPPORT

You may meet with our psychologist or psychiatrist at any time, alone, with your spouse or partner and/or with your children.

While your care team does its utmost to assist and support you, their main priority is to ensure your physical health. The presence and skilled listening of a psychologist or psychiatrist can help you to acknowledge and share your emotions and address any questions raised by the loss of your child.



This type of consultation will allow you and your spouse or partner to express the emotions triggered by this event.

It can also help you to reflect on the decisions and tasks at hand, and provide an opportunity to address how you will tell your children, if any, and inner circle.

Grieving is a unique period during which you will oscillate between moments of deep pain and moments of feeling better. Throughout your journey, you will cope with a range of feelings including pain, sorrow, anger, doubt and questioning.

This journey takes time and energy, and often even your loved ones won't understand.

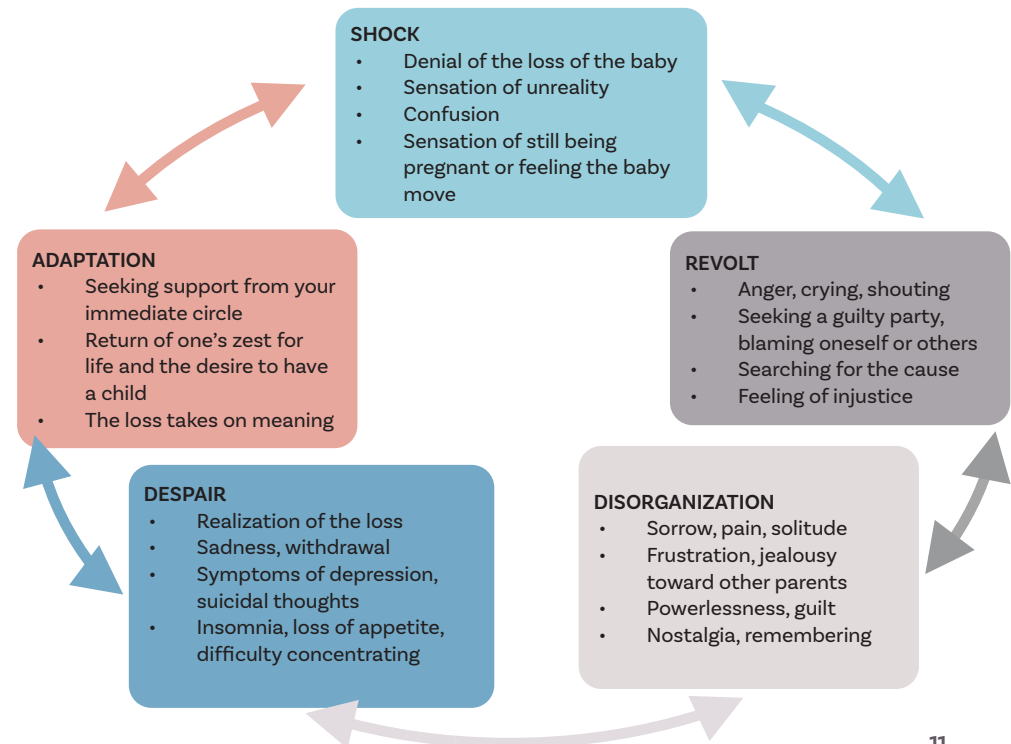
If desired, you may continue to receive psychological support after leaving the maternity, either from our psychologist/psychiatrist or from the psychologist of your choice.

If you decide not to see the psychologist during your time at the hospital, you can always do so at any other time, for instance during a future pregnancy.

If you have children, this will be a difficult period for them as well. Try to include them in the various rituals, depending on their age. Explain the situation to them with words they can understand, and don't hesitate to seek help from a loved one to speak to your children about the death of your baby.

Depending on their age, children may not truly understand; they only know that their routine has changed and that their parents are devastated. Our understanding of death, and the grieving experience itself, evolves with age. Try to reassure them and talk to them about your child who has died. By sharing your sadness with them, they will be able to speak about theirs. For older children, this might cause them to think about their own mortality and yours. Encourage them to share their thoughts. There are books that can help you.

In any case, you may call on a professional for advice on how to talk to your children, or to arrange counseling for them for as long as needed.



FUNERARY RITES

Experience has shown that many parents find comfort in paying a final homage to their infant.

Take the time to choose the rites that are appropriate for you.

Whether religious or not, this celebration is something you plan not only for your child, but for yourself as well. These precious moments will remain engraved in your memory; they are an important step for you and all those who are grieving with you.

To prepare the ceremony, you may contact the Hospital mortuary or a funeral parlor.

We can also connect you with religious representatives, whose contact information is available from the mortuary if needed.



AUTOPSY

An autopsy may be proposed to you. This exam can only be performed with the consent of one, or sometimes both, parents. In no way whatsoever does the autopsy prevent you from holding a private funeral.

The autopsy exam is conducted in the Department of Anatomic Pathology at Cochin Hospital (Paris) by a fetal pathologist who will treat your infant's body with extreme care and respect. Performed like a surgical procedure, it includes an examination of the outside body parts and all the internal organs. Samples will be taken for study under a microscope.

Sometimes the autopsy helps determine the cause of death or underlying factors. It can therefore change or complete an initial diagnosis made during the pregnancy or the delivery.

Any anomalies diagnosed during the pregnancy can be thoroughly analyzed. The findings can then be used to determine which exams and monitoring will be necessary for future pregnancies.

However, sometimes the autopsy does not explain the reasons for the death of your child or the cause of the anomalies. Genetic analyses can be performed with your prior consent and if recommended in the autopsy report. If a genetic abnormality is identified in the fetus, this can be used to more accurately evaluate the risk of recurrence in subsequent pregnancies.

The autopsy report takes at least three months to produce, and will be given to you during a visit with the doctor who managed your care in our Fetal Medicine Unit.

If an autopsy has been scheduled, your infant's body should be transferred as quickly as possible to the Cochin Hospital mortuary. Bodies are transferred there on Tuesdays. If you want to hold a funeral service after the autopsy, you will need to contact the mortuary in order to make arrangements to retrieve the body. Their contact information is available on page 5 of this booklet.

WHAT BECOMES OF THE BODY

You will also have to decide what will become of your infant's body. You will have 10 days following the delivery to confirm your choice.

Funeral options depend on your child's status at birth.

- If your child is declared alive and viable at birth, then dies, a birth certificate and death certificate are drawn up. A funeral is mandatory. You must make private arrangements. If you have limited financial resources, aid may be available.
- If your child is declared non-viable or is stillborn, a certificate of stillbirth is drawn up. A funeral is an option if you make the arrangements yourself. If you have limited financial resources, aid may be available. If you do not wish to organize a funeral, the body will be taken care of by the hospital.



FUNERAL SERVICE

In all cases, you must contact the Hospital mortuary, for which details can be found on page 5 of this booklet.

The funeral must be held within 10 days following the delivery.

- **For a private funeral service**, you may choose between burial or cremation. The mortuary can provide you with a list of the various service providers. You must register the delivery with your city hall. Before setting a funeral date, the funeral home should contact a mortuary staff member.
- **If you do not wish to organize a private funeral** the remains will be taken care of by the American Hospital of Paris. In the case of a stillbirth, the body will be cremated at Mont Valérien Cemetery in Nanterre. If an autopsy is requested, the cremation will take place at Père Lachaise Cemetery, and funeral arrangements will be covered by the Paris public hospital system (AP-HP). You may reach out to the Père Lachaise crematorium if you wish to have a memorial service. Cremations are not open to the public. You can request to be informed by the mortuary of either the American Hospital of Paris or Cochin Hospital when the body is transferred. You will have to leave your contact information on the consent form.

REGISTRATION OF VITAL RECORDS

How the birth is officially registered depends on the duration of the pregnancy and your child's condition at birth.

A vital record can be filed for any infant born at 15 weeks or more from the last day of the last menstrual period (just over three months of pregnancy).

- If your child is “born alive and viable then dies” (22 weeks or more from the last day of the last menstrual period and/or birth weight of at least 500 grams):

Documents attesting to the live and viable birth and to the death will be issued by the hospital.

You must then register the birth and death at your city hall. The registrar will issue a birth certificate and a death certificate after reviewing the certifying documents provided by the hospital.

You will be required to give your child a first name and to record him or her in your official French family record booklet (livret de famille). If you don't already have a livret de famille, one will be created at the time of the delivery.

- If your child is “stillborn” (more than 15 weeks after the last day of the last period) or is “born alive but nonviable” (less than 22 weeks after the last day of the last period and birth weight under 500 grams):

A medical certificate attesting to the delivery will be issued in order to obtain a certificate of stillbirth (French “Cerfa 13773” form).

Filing a vital record is not mandatory.

If you do choose to register this vital record at your city hall, on presentation of the Cerfa 13773 form your child will be recorded in the register of deaths and you will receive a “certificate of stillbirth.” If desired, you may give your child a first name, but the “death certificate” will be the only official document mentioning this first name. This vital record is mandatory if you choose to have a funeral service.

Your child will then be registered in your livret de famille if you have one. If this is your first child, a livret will be given to you.

MULTIPLE PREGNANCY

In the case of a multiple pregnancy in which one of the fetuses dies or is aborted (even prematurely) after the pregnancy has been registered, it is the duration of the pregnancy that will determine which type of certificate is issued.

For example, if the heart of one of the fetuses stops beating at 20 weeks after the last day of the mother's last menstrual period, or if the delivery takes place at 37 weeks after the last day of the last period, you will be issued a “certificate of stillbirth” in addition to a certificate of delivery “of a child born alive and viable.”

You will also need to make decisions regarding a possible autopsy and funeral service.

RIGHTS AND OBLIGATIONS

Death before 22 weeks after the last day of the last period and/or birth weight under 500 grams

You are not eligible for pre- or post-natal maternity leave. On the day of your discharge, you will be granted a leave of absence from work, registered as sick leave.

Your spouse or partner is not eligible for paternity leave, but may be granted an exceptional leave of absence.

A medical certificate attesting to the termination of the pregnancy must be sent to the French family allowances fund (CAF) and to the French national health insurance (*Assurance Maladie*).

The pregnancy will not be taken into account by *Assurance Maladie* to calculate your maternity leave rights for a future pregnancy.

Death after 22 weeks after the last day of the last period and/or birth weight of more than 500 grams

- If your child is “born alive then dies”:
 - You are eligible for a full maternity leave.
 - The three days of “birth leave” granted to the father must be taken within 15 days of the birth, and the 11 days of “paternity leave” must be taken within four months of the birth.
 - The pregnancy will be taken into account by *Assurance Maladie* to calculate your maternity leave rights for a future pregnancy.
 - You must send a certificate attesting to the delivery indicating the length of the pregnancy and the child’s weight and first name, to the family allowances fund (CAF) and to *Assurance Maladie*.
 - You must also send an official vital record certificate to the CAF.

- If your child is “stillborn”:
 - You are eligible for a full maternity leave.
 - The pregnancy will be taken into account by *Assurance Maladie* to calculate your maternity leave rights for a future pregnancy.
 - Your spouse or partner is eligible for paternity leave under certain conditions, to be determined with his employer.
 - You must send a medical certificate attesting to the termination of the pregnancy to the CAF and *Assurance Maladie*.



LEAVING THE MATERNITY

Before leaving the maternity, you will have an additional visit with a doctor or midwife.

Do not hesitate to ask all of your questions at this time.

Once you are home, you may reach out to a care team member whenever you feel the need before your next visit. Their contact details are listed on page 5 of this booklet.

Two weeks after your discharge, you will have an appointment with the doctor who delivered your baby, to assess your current state of health. Two to three months after the delivery, you will have an appointment with the doctor from the Fetal Medicine Unit. If you authorized an autopsy, the results will be given to you later, during an appointment with a doctor from the Fetal Medicine Unit (not before three months following the autopsy).

The methods that would be used to manage a future pregnancy will be explained to you.

These consultations are also an opportunity to address previously discussed points in greater detail and answer any new questions you may have.

WHAT HAPPENS NEXT? ADVICE FOR YOUR RETURN HOME

Take care of yourself.

Give yourself the time to grieve and share your feelings. You are neither fragile nor abnormal; you are bereaved.

Be patient with yourself. Do not be over-demanding: grieving is a long process.

This is also true for your spouse or partner.

Learn to identify and seek out the people and activities that bring you pleasure.

Because of the recent upheaval in your life, wait a few weeks before making any important decisions.

Sometimes you will have a fleeting sensation of being happy again. Do not feel guilty, this does not mean you are betraying your child. It is normal for life to slowly resume. At this time, you will be able to create a special place for your child within your family.

Well-intentioned people in your circle might give you advice. Some of their advice will be appropriate, some not. Remember that you are the only person who knows what is right for you.

Do not hesitate to consult a professional, such as a psychologist or psychiatrist. It is normal to struggle with one of the most unbearable losses one can experience, and to need to talk a specialist who is more emotionally neutral than a loved one. You may also contact a Hospital team member at any time.



NOTES



