

Following the loss of your baby

A practical guide for
pregnancy loss up to 24 weeks





East & North
Hertfordshire
Hospitals'
Charity



Remember a loved one

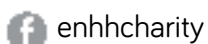
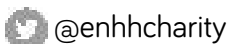
We understand that you are probably going through the most difficult time of your life. Losing a loved one is always very painful. Please accept our sincere condolences at this sad time. We are grateful to you for taking the time to read about your hospital's charity which helps to improve the care and treatment of patients.

When the time is right, you may like to make a donation to the hospital charity or fundraise in memory of your baby. There are many ways you can remember your baby and leave a lasting legacy in their name.

We can help with setting up a fundraising tribute page or can provide donation envelopes. Alternatively, to make a donation online please visit

www.enhhcharity.org.uk

For information on setting up a tribute page or to request donation envelopes, please do not hesitate to contact us on **01438 285182** or email **charity.enh-tr@nhs.net**



Registered Charity Number 1053338

A butterfly lights beside us, like a sunbeam...

And for a brief moment its glory and beauty belong to our world...

But then it flies on again, and although we wish it could have stayed,

We are so thankful to have seen it at all.

Anon



INTRODUCTION

The loss of a baby is a very distressing and painful time. Even at this most difficult of times there are certain things that have to be dealt with; this booklet aims to provide some help and advice during the early days of your bereavement.

We hope that it will help you at this sad time, particularly with some of the practical and official matters.

If you have any questions or want to discuss anything, please feel free to contact our bereavement team on 01438 288462 or 01438 288463. Our office hours are Monday to Friday, 8am to 4pm. We do not work weekends or bank holidays but messages can be left on our secure voicemail facility and we will get back to you as soon as possible. You can also contact the Woodlands Clinic on 01438 286190, Gynaecology Ward on 01438 286195 or one of the fetal medicine team on 01438 286402.

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EARLY PREGNANCY LOSS

(loss during the first 12 weeks)

LATE PREGNANCY LOSS

(loss between 13 and 24 weeks)

END OF PREGNANCY DECISIONS FOR A FETAL ANOMALY

As many as one in four pregnancies end in miscarriage, with the majority happening during the first 12 weeks.

No matter at what stage of the pregnancy or for what reason the loss occurs, it is a sad and upsetting experience.

Every parent's experience is individual, and every circumstance is different, but the loss of a baby can bring a grief that is deeper and lasts much longer than most people realise.

Many women who have experienced a pregnancy loss feel guilty and blame themselves. It's difficult to avoid doing this but try hard not to because in most cases there is nothing you could have done that would have prevented it.

Many bereaved parents have physical reactions to grief. You may have palpitations or chest pains; you may have a lump in your throat or butterflies in your stomach. You may not feel like eating anything and you may feel exhausted but find it difficult to sleep. You may be physically as well as emotionally drained. All of these reactions are common and normal.

At the back of this booklet there are contact details of some organisations that may be able to offer you advice and support.

Miscarriage in Early Pregnancy

Types of early miscarriage:

- **Complete miscarriage:** The pregnancy has stopped progressing, the miscarriage happens and all the contents of the womb come away. This happens naturally and there is no need for medical intervention.
- **Missed or delayed miscarriage:** The pregnancy has stopped progressing but a miscarriage hasn't taken place. You may not realise anything is wrong until you have a routine scan or possibly experience some bleeding. A missed miscarriage can also be diagnosed where the pregnancy sac grows but the fetus doesn't develop.
- **Incomplete miscarriage:** The woman starts to miscarry but some of the pregnancy tissue remains in the womb. Prolonged bleeding and infection may occur, which need to be treated promptly.
- **Ectopic pregnancy:** This is when the fertilised egg grows outside of the womb. It affects approximately 1% of pregnancies.

Treatment of an early miscarriage:

- **Letting nature take its course (expectant management):** This is most successful in early pregnancy and is effective in 50% of cases of missed miscarriage. It can take some time before the bleeding starts. Most women experience the bleeding as a heavy period, which may last for 3 weeks or longer. It is normal to have cramps but if you have severe pain or very heavy bleeding, seek medical help immediately.
- **Taking medicine (medical management):** This can be used to treat a missed miscarriage or to help an incomplete miscarriage. This method works well in around 85% of cases. It involves taking tablets and/or using vaginal pessaries to help the neck of the womb open and allow the pregnancy to pass. The process usually takes a few hours but can take up to a couple of days. You may have cramps and bleeding, the bleeding may continue for up to 3 weeks.

- **Surgery to remove pregnancy tissue (surgical management):** If you are bleeding heavily or the miscarriage has become infected you may have to have surgery (known as an ERPC – Evacuation of Retained Products of Conception). This may be under local or general anaesthetic and involves gently opening the cervix and removing any remaining pregnancy tissue. This has a 95% success rate.

Miscarriage in Late Pregnancy

Possible causes of a late miscarriage:

- **Structural:** A weak cervix or one that dilates too soon can lead to late miscarriage. Women who are at risk will be offered a scan to measure the length of the cervix and may need a stitch in their cervix during their second trimester.
- **Infections:** This is quite rare, however any severe infection that develops during pregnancy could result in miscarriage. These may include a urinary tract infection or kidney infection; food poisoning; infections of the blood such as hepatitis, human immunodeficiency virus (HIV), rubella and toxoplasmosis.
- **Other rare structural problems:** these can be problems such as an abnormally shaped womb or large fibroids that grow in the womb. These can inhibit the attachment of the placenta or the baby's growth and may lead to late miscarriage.

Treatment of a late miscarriage:

- **Taking medicine (medical management):** As with early miscarriage this can be used to treat a late miscarriage. This method works well in around 85% of cases. It involves taking tablets and/or using vaginal pessaries to help the neck of the womb open and allow the pregnancy to pass. The process usually takes a few hours but can take up to a couple of days. You may have cramps and bleeding, the bleeding may continue for up to 3 weeks.

Sometimes if the bleeding is very heavy or if there is some pregnancy tissue left within the womb a surgical procedure may need to be performed. This is known as an ERPC (Evacuation of Retained Products of Conception) and is performed under general anaesthetic. This is 95% successful in completing the miscarriage.

End of Pregnancy Decisions for Fetal Anomalies

Unfortunately, some pregnancies do not progress as planned. Some babies are found to have a serious anomaly. Anomalies can be found on an ultrasound scan or on diagnostic testing during the pregnancy. Some babies have more than one anomaly. Depending on the extent of an anomaly, parents could be faced with very difficult decisions and options about ending the pregnancy.

Throughout this time, and indeed when an anomaly is first confirmed, it is very common for parents to feel a range of emotions including a deep sense of sadness, anger and guilt, although it is recognised that how parents react is very individual. Parents are encouraged to access information by a charity called 'Antenatal Results and Choices' (ARC). Parents are usually given an information booklet from ARC by the fetal medicine team.

Throughout this time, parents are always given time to think about their decisions and will have opportunities to have any questions answered. Equally, parents are always supported by a team of staff, including specialist midwives, consultants and chaplaincy if wished. This helps parents to make decisions about various issues such as; how the pregnancy is ended, making memories of their baby and further investigations.

There are different ways to end a pregnancy. This can be done with an operation, medication or a special procedure may be required. All relevant options are discussed with parents and the choice is very individual. Staff who are caring for parents understand how making the decision and going through the process can be very upsetting.

After the pregnancy has ended, parents are offered an appointment with a consultant. This appointment is usually around 6 to 12 weeks later. At this appointment parents are given the opportunity to ask any further questions and discuss results of investigations. Some parents wish to discuss trying for another baby, and the implications the anomaly may have on this, as soon as possible. However, other parents may feel they need more time before they can do this. It is recognised the grieving process following the end of a pregnancy for an anomaly is very individual.

Histological Examination (for early losses)

You will be asked for your consent to your baby being sent for histological examination. If you agree, you will be asked to sign a white 'Consent for Histological Examination' form. This is a dual purpose form which is also used to record your wishes regarding funeral arrangements. This form must be signed by both the doctor and you before any examination can take place.

Histological examination involves looking at the pregnancy cells on a slide under a microscope to ensure that they are normal. These slides are then kept by the hospital as part of your medical record.

It is important to understand that no viewing will be possible after examination and for some smaller babies there may not be any tissue remaining once all tests are complete.

The histology report will be sent to your hospital consultant when available. Please be aware that it may not explain the reason for the miscarriage.

Cytogenetic testing (for early losses)

This is a test offered after recurrent miscarriage (three or more in a row) and involves cytogenetic testing to look for chromosomal reasons why the miscarriage/loss may have taken place. This kind of testing is undertaken at a specialist hospital and any remaining tissue will be returned to Lister Hospital once all examinations are completed. It is important to understand that no viewing will be possible after examination and for some smaller babies there may not be any tissue remaining once all tests are complete.

This can take anywhere between 6-12 weeks. The results are usually sent to your consultant to be available for your referral appointment.

POST MORTEM EXAMINATION (for late miscarriage and fetal anomalies)

A post mortem examination can be very helpful in identifying why your baby has died. Although a post mortem does not always find a definite cause for late miscarriage or fetal anomaly it may help to exclude some causes that you may be worried about. In cases of fetal anomaly it can also provide further information about the defect that was present eg: genetic or chromosomal condition, structural anomalies or any other condition.

Some parents are certain from the beginning that they want a post mortem, others may not be sure. It is your decision so take time to think it over. If you have any questions or concerns then your doctor or nurse will be able to talk it through with you. You can also call and speak to a member of the bereavement team on the numbers given at the back of this booklet.

On the next few pages we have given a brief summary of the post mortem process but recommend you also read the 'Stillbirth and Neonatal Death Charity' (SANDS) booklet "Deciding about a Post Mortem Examination – Information For Parents" as this may answer any further questions you have. You will be able to get a copy of this from the ward or from one of the fetal medicine team.

HOSPITAL POST MORTEM (for late miscarriage and fetal anomalies)

The doctor will ask you if you wish to consider a post mortem. A post mortem cannot be done without your consent. The doctor will go through the consent form with you and there will be opportunities for you to ask questions and make sure your preferences are noted.

Some questions you may wish to ask about the post mortem examination are:

When it might be carried out

Where it will take place

How long it will take

When the results will be given to you, and who you can discuss them with

When and from whom you can get a copy of the results

Once the consent has been taken, you will be given a 24 hour 'cooling off' period to change your mind should you wish to do so.

The post mortem will take place at a specialist hospital; usually within 1-3 weeks. Your baby will be transferred to the specialist hospital by our contract funeral directors and will be returned to Lister Hospital once all examinations are completed. As part of the post mortem process, small samples of tissue from the organs may be taken for more detailed examination under a microscope. With your agreement these tissue samples will be retained as part of your baby's medical record. This is so that they can be re-examined in the future to try and find out more if new tests or new information becomes available. If you do not agree to this, all tissue samples will be returned to your baby after examination.

The post mortem process can take between 1-3 weeks depending on the examinations required and what you would like to happen to the tissue samples after the examination.

We will contact you once your baby has returned and ask you if you have come to any decisions regarding your baby's funeral.

The results can take between 6 -10 weeks depending on the type of examination you requested and consented to.

Once the post mortem results are available (usually 6 – 10 weeks after the examination), your consultant's secretary will arrange a follow up counselling appointment during which the results will be discussed with you.

If you choose not to have a post mortem, with your consent the placenta will be sent to the histology department for histological examination. This is part of the investigation process to try and identify a cause of death. The placenta is also screened for any infections that may have been present.

It is recommended that for any unexpected loss a sample of placenta is taken and sent to the Kennedy Galton Centre for Genetic Research for examination. This can be particularly useful in identifying genetic causes of fetal loss.

If you have any further questions about the post mortem examination, the doctor, nurse, fetal medicine team or one of our bereavement officers will be happy to answer these for you.

PHOTOGRAPHY

(for late miscarriage and fetal anomalies)

Please note that photography is not usually possible for losses under 12 weeks' gestation.

Before you go home you will be asked if you would like your baby photographed. If you agree you will be asked to sign a consent form. Your baby can be photographed in his or her own clothes or we can provide hats, clothing and blankets if wished.

You may wish to have photographs taken of you and your baby together or with siblings. The department of clinical photography are happy to do this for you.

Once the photos are ready one of the bereavement team will call you to let you know that they are ready to collect.

You will be provided with two copies of a 6 x 4 colour image in a white card mount. Photographs can be printed in black and white if you wish. The photography department can also size photographs to fit any personal frames or locket and the images can also be put onto a disk if required.

Should you wish to have additional copies of your photographs, these can be provided at minimal cost. Either inform one of our bereavement team or contact the department of clinical photography directly on 01438 284019.

If you are not sure if you want photographs, they can be taken and kept in your hospital notes in case you wish to see them in the future. Photographs can be made available to you up to 25 years after they were taken.

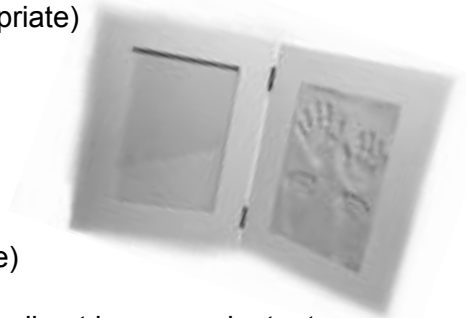
*"I decided that it would be better
to have a photo I might never look at
than to want a photo that I do not have"*

Dad.

KEEPSAKES

Keeping mementos of your baby can help the grieving process. Depending on what stage of pregnancy the loss occurred, we can provide these for you at your request. Some of the keepsakes we can provide are:

- Hand and foot prints (if appropriate)
- Hand and foot impressions
- Photographs
- Lock of hair (if appropriate)
- Name bands
- Umbilical cord clip (if available)



Some parents prefer to light a candle at home or plant a tree or flower in the garden.

Please inform either the bereavement midwife, one of the bereavement team or one of the fetal medicine team if you would like some of these keepsakes and where possible we will arrange for them to be taken.

In cases of late losses you may also be offered a memory box. If you do not wish to take your keepsakes immediately they can be kept in your notes until you feel ready to have them.



SEEING YOUR BABY

(for late miscarriage and fetal anomalies)

Please note that viewings may not always be possible in the case of early losses eg: incomplete miscarriages or after an ERPC (evacuation of retained products of conception). It is advisable to speak to the bereavement midwife, one of the fetal medicine team or one of the bereavement team if you are unsure.

Saying goodbye to your baby is a painful process but many parents find it helpful to see and hold their baby.

If you want to see your baby and spend some time with him or her, this is possible straight after the birth or at a later date. If you choose to see your baby at a later date you can contact either the bereavement midwife or the early pregnancy / maternity unit to arrange this. You can choose to see your baby in the bereavement room in the maternity unit if it is available or in the viewing facility in the bereavement department.



If other members of the family, including brothers and sisters, wish to see the baby they are welcome to do so with your consent.

You may wish to dress your baby in clothes you have brought in for them or you may want a member of staff to do this for you. We are happy to help you with this.

If there are any religious or cultural practices that you want to carry out for your baby please tell us and we will help you to ensure that everything is done as you wish. There are hospital chaplains available to help and support you with this.

The hospital chaplains are also able to conduct a blessing or naming ceremony for your baby if desired.

It can be possible to see your baby after a post mortem but you may need to take some advice regarding their appearance. Some smaller babies can deteriorate quite quickly and it may be advisable to see them before examination rather than afterwards. One of the bereavement team or the bereavement midwife will always be happy to advise you if you feel that you need some guidance.

TAKING YOUR BABY HOME (for late miscarriage and fetal anomalies)

Some parents decide to take their baby home before the funeral. There is no legal reason why you should not do this unless the Coroner has ordered a post mortem.

How long can I keep my baby at home?

This depends on your baby's condition and the temperature of the room in which he or she will be kept. A maximum of three days is advisable, unless there is a post mortem examination due.

If you have agreed to a hospital post mortem you can still take your baby home but you will be asked to bring him or her back to the hospital after about 24 hours. This is because the sooner the post mortem is done, the more chance there is of finding out why your baby died.

If you want to take your baby home please let the midwife, nurse or bereavement midwife know.

If you decide to take your baby home you will be asked to sign a form confirming that you are taking responsibility for your baby whilst at home and that you will either bring them back to the hospital for the funeral or arrange the funeral yourself.

There is a portable cold cot cooling system available for parents to borrow from the bereavement office.

You will be given advice on how to keep your baby cool and told about changes that may occur in your baby's appearance, such as darkening of the lips. You will be advised that your baby's skin may be fragile and in this case, when holding your baby, it may be best to place him or her on a pillow and hold the pillow.

You may want to consider these changes when deciding how long to have your baby at home.

FUNERAL ARRANGEMENTS

Following a pregnancy loss there are a few options available to you regarding the final arrangements for your baby.

Some parents choose to bury their baby at home and we would recommend for legal reasons that you do this in a suitable container, such as a large plant pot, above ground and perhaps plant a flower or tree alongside in memory. This is also helpful if you move house as you can take your baby with you.

For early pregnancy losses (under 12 weeks) some parents choose not to have any involvement in the arrangements and request that the hospital do this on their behalf.

If this is the case you will be asked to sign a consent form to confirm your wishes. Once this has been done a combined cremation will take place, in which your baby and others will be respectfully cremated following a service conducted by one of the hospital chaplains. You will be unable to attend this service but we are able to let you know the date of the cremation if you wish. Please be aware that it can take up to 16 weeks in some cases before the cremation can take place especially if you have consented to histological examination. If you wish, a blessing may be arranged in the meantime, either before or after any examinations take place.

Unfortunately at this early stage there will be no ashes available.

For late pregnancy losses and fetal anomalies (over 12 weeks) parents can choose to make their own funeral arrangements or if desired a hospital funded funeral can be arranged.

If you chose to make your own arrangements, most funeral directors will carry out a baby's funeral for free or at a reduced cost. We are able to give you the names and contact details of funeral directors in your local area if you require them.

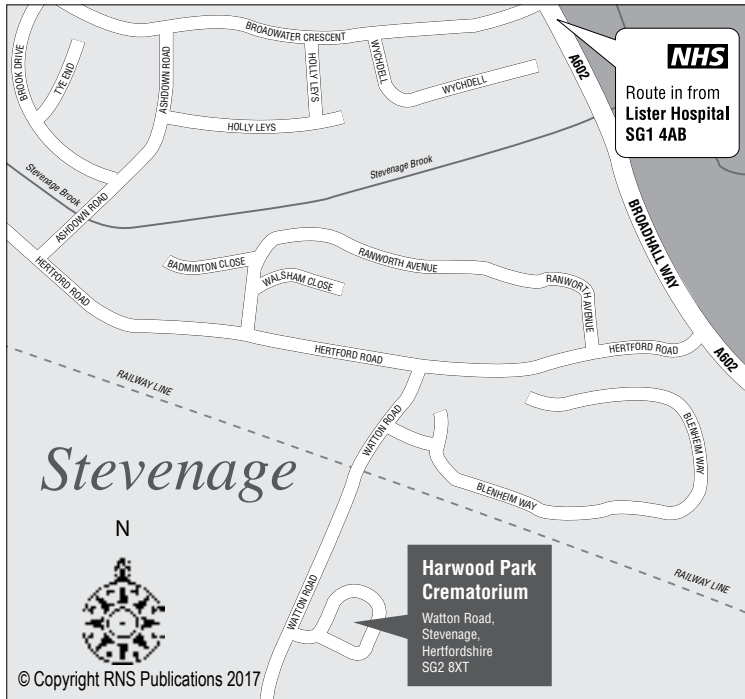
The funeral can be religious or non-religious, traditional, or a ceremony of your own design. Take your time to think about how you would like to say goodbye to your baby and what would be right for you.

East and North Herts NHS Trust can arrange a hospital funded funeral for your baby, in conjunction with our hospital chaplains and contracted funeral director. This is an individual burial or cremation service. The hospital chaplains will work with you to offer a service that is personal to you and your baby.

These are examples of what is provided for a hospital funded funeral:

Cremation

- A white wooden coffin with a brass nameplate and handles.
- A car to transport the baby from the funeral director's premises to Harwood Park Crematorium in Stevenage.
- The service will usually be held on a weekday morning between 9am and 10am.
- You may choose music and/or some words or poetry for the service. The hospital chaplain will contact you beforehand to discuss this with you.
- This is an individual service that you may attend with family and friends.
- You do not have to attend the service if you do not feel up to doing so.



Burial

- A white wooden coffin with a brass nameplate and handles
- A car to transport the baby from the funeral director's premises to the cemetery.
- The service will usually be held on a weekday morning between 9am and 10am.
- You may choose the readings and/or some poetry or words for the service. The hospital chaplain will contact you beforehand to discuss this with you.
- This is an individual graveside service that you may attend with family and friends.
- You do not have to attend the service if you do not feel up to doing so.

If you choose a hospital funded cremation this will usually take place at Harwood Park Crematorium in Stevenage. A hospital funded burial can be arranged for your local open cemetery, please see the list given below;

- Stevenage Weston Road Cemetery
- Hitchin Hitchin Cemetery, St John's Road
- Letchworth Wilbury Hill Cemetery
- Knebworth Knebworth Cemetery, Gun Road Gardens
- Royston Melbourn Road Cemetery
- Baldock Baldock Cemetery, Norton Road
- Ware Ware Cemetery, Westmill Road
- Hertford Hertford Cemetery, North Road
- Welwyn GC Hatfield Hyde Cemetery, Hollybush Lane, WGC
- Hatfield Welwyn Hatfield Lawn Cemetery, Southway, Hatfield
- St Albans London Road Cemetery

If you live outside any of the areas given above, please contact the Bereavement Office on 01438 288462 or 01438 288463 and we will be able to find your nearest local open cemetery.

Please note that although some of these cemeteries have chapels, a hospital funded burial does not include use of these. Should you wish to have use of the chapel as part of your hospital funded burial service you will need to contact the relevant cemetery office directly to discuss this. There is likely to be a fee for the use of the chapel, unfortunately East and North Herts NHS Trust cannot cover this cost.

(The phone numbers and addresses of all above listed open cemeteries are given at the back of this booklet).

If you choose to have your baby buried outside of the area within which you live, you will be subject to a 'non parishioner fee'. This fee is payable by anyone who lives outside of the parish where the funeral is taking place, whether the funeral is

for a baby or an adult. The fee is set by the individual cemetery and is payable by yourselves directly to them. Unfortunately East and North Herts NHS Trust cannot cover this cost.

If you are making your own private burial arrangements and the burial is taking place in the area within which you live, you will not be subject to this charge.

If you choose a burial for your baby or an interment of his or her ashes and wish to place a headstone or memorial on the grave, you will have to purchase the 'Grant of Exclusive Right' to a grave (grave space). There will be a fee payable to the cemetery for this. You will need to contact your local open cemetery (phone numbers are given at the back of this booklet) to find out what the fee for purchasing the 'Grant of Exclusive Right' will be. This is applicable for both hospital and privately arranged burials.

A hospital chaplain will usually officiate at a funeral arranged by the hospital but if you have your own chaplain or religious minister who you would like to carry out the service for you, arrangements can be made for this to happen. Alternatively, you can have a humanist celebrant, or even a friend or family member to carry out a service for you.

If you have any mementos you would like to put in your baby's coffin please let one of the bereavement team or the bereavement midwife know and we can arrange for this to be done.

If you are on a low income you may be able to get a Funeral Expenses payment from the Social Fund to help towards the costs. See the contact numbers at the back of this booklet for where to get advice.

Ashes

For early losses (under 12 weeks) after a cremation there will be no ashes available.

For late miscarriages and fetal anomalies there may be a small amount of ashes available, in this case you will be asked what you would like to happen to them. There are 3 options that are available to parents:

- To release the ashes to you. The ashes will usually be available 24 hours after the funeral and will be given to you in a small white wooden casket. If you have named your baby there will be a nameplate with your baby's name on it. If you have not named your baby it will have your surname on i.e. 'Baby Smith'.
- To scatter the ashes in the Princess Diana Children's Garden at Harwood Park. You may choose if you would like to be present or not when this is done.
- To retain the ashes at Harwood Park pending your instructions. If you choose this option, the staff at Harwood Park will contact you one month after the service if final instructions have not been received during that time.

It is very important to note that for some, particularly smaller babies, there may be very little or no ashes at all. If you have any questions regarding this please do not hesitate to speak to the nurse, bereavement midwife or one of our bereavement team.

Memorial Service

Each year the hospital chaplaincy team organise a memorial service for all babies who have died. A candle is lit for each baby and there is time for quiet reflection and remembrance.

This is usually held around September time in Letchworth Garden City and all bereaved parents are welcome to attend. You can find out more by contacting the chaplains on 01438 285519, or you can email them at chaplaincy.enh-tr@nhs.net

There is also a book of remembrance in the Chapel that you can have your baby's name entered in to if you wish. You should be given a form in the maternity unit to complete if you would like your baby's details entered into the book of remembrance. If you do not receive one you can contact one of the bereavement team and we will be happy to get one for you.



WHERE TO FIND FURTHER SUPPORT

Child Bereavement UK

- Support line **0800 028 8840**
- Email **support@childbereavementuk.org**
- **www.childbereavementuk.org**

Child Death Helpline

- Helpline **0800 282 986 / 0808 800 6019**
- Email **contact@childdeathhelpline.org**
- **www.childdeathhelpline.org.uk**

Tommy's

- Helpline **0800 014 7800**
- Email **info@tommys.org**
- **www.tommys.org**

TAMBA Bereavement Support Group (part of the Twins and Multiple Births Association. Support for families who have lost one or more children from a multiple birth)

- Helpline **0800 138 0509**
- Email - **use the form on their website**
- **www.tamba.org.uk/bereavement**

The Samaritans

- Helpline **116 123**
- Email **jo@samaritans.org**
- **www.samaritans.org**

Winston's Wish (the charity for bereaved children)

- Helpline **08088 020 021**
- Email **info@winstonswish.org.uk**
- **www.winstonswish.org.uk**

Antenatal Results and Choices

- Helpline **0845 077 2290**
- Email **info@arc-uk.org**
- **www.arc-uk.org**

Harwood Park Crematorium
Watton Road
Stevenage, Hertfordshire
SG2 8XT
01438 815555
www.crematorium.co.uk

Royston Cemetery
Cemetery East
Melbourn Road
Royston, Hertfordshire
SG8 6BP
01462 474000

Weston Road Cemetery
Weston Road
Stevenage, Hertfordshire
SG1 3RP
01438 367109

Baldock Cemetery
Norton Road
Baldock, Hertfordshire
SG7 5AW
01462 474000

Welwyn and Hatfield
Lawn Cemetery
Southway
Hatfield, Hertfordshire
AL10 8HS
01707 357000

Ware Cemetery
Westmill Road
Ware, Hertfordshire
SG12 0EW
01920 460316

Hitchin Cemetery
St John's Road
Hitchin, Hertfordshire
SG4 9JP
01462 474000

Hertford Cemetery
North Road
Hertford, Hertfordshire
SG14 2HZ
01992 552885

Letchworth Cemetery
Wilbury Hills
Stotfold Road
Letchworth Garden City
Hertfordshire
SG6 4EG
01462 474000

Welwyn Garden City
Cemetery
Hatfield Hyde
Hollybush Lane
Welwyn Garden City
Hertfordshire
AL7 4JU
01707 357000

Knebworth Cemetery
Gun Road Gardens
Knebworth, Hertfordshire
SG3 6ED
01462 474000

Gynaecology Ward
01438 286195
24 Hours

Woodlands Clinic
Lister Hospital
Level 3
01438 286190
Mon-Fri 8am to 8pm
Sat-Sun 9am to 5pm

Bereavement office,
Lister Hospital
Level 3
Lou Thomas
01438 288462
Jackie Head
01438 288463
Mon-Fri 8am to 4pm

Consultant Led Unit
Ground floor
Diamond Jubilee
Maternity Unit
01438 285630

Chaplaincy Team,
Lister Hospital
Level 3
01438 285519
Mon-Fri 9am to 5pm
Can be contacted out of
hours by staff through
switchboard

Department of Clinical
Photography and
Illustration,
Lister Hospital
Level 3
01438 284019
Mon-Fri 9am to 5pm
Can be contacted out of
hours by staff through
switchboard

Fetal Medicine Team
Lister Hospital
01438 286402
07917 517970

The world may never notice if a snowdrop doesn't bloom,

Or even pause to wonder if the petals fall too soon.

But every life that ever forms, or ever comes to be,

Touches the world in some small way for all eternity.

The little one we longed for was swiftly here and gone.

But the love that was then planted is a light that still shines on.

And though our arms are empty, our hearts know what to do.

Every beating of our hearts says that we love you.

Notes

A series of horizontal dotted lines for writing notes.

