



A GENTLE GUIDE FOR AFTER PREGNANCY LOSS

The First Weeks After Loss

*For the days when you don't know what you're supposed to feel, and for
the love you are still carrying.*

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A note from me

If you are holding this guide, something has happened that no one is ever ready for. You may be days into this, or weeks, or months. Wherever you are, I'm so incredibly sorry.

Families have taught me that there is no one way this is supposed to look. Some women cry constantly. Some don't cry at all. Some feel overwhelmed or unlike themselves. These experiences can be part of grief. They do not mean you are weak or failing.

You may feel connected to your baby, unsure what you feel, or many things at once. In these pages I use "baby"; use "pregnancy" or any words that fit you. Whether your loss was early, later, or involved medical decisions, you belong here.

This guide won't tell you how to feel, and it won't rush you toward "getting over it." There is no requirement to forget or leave your baby behind. Healing can include carrying that love while gradually making room for life again.

Read it slowly, in any order. Skip what doesn't fit. Come back to it on the hard days.

*Your baby mattered. Your love matters.
And you do not have to carry this alone.*

~Yonina



You're grieving more than one loss

Attachment doesn't begin the day a baby is born.

For many of us, parenthood begins long before birth. A positive test. A first ultrasound. A felt kick. A chosen name. We start imagining, planning, loving, protecting. When a pregnancy ends in loss, you may be grieving a relationship that had already begun, a hoped-for future, or both.

You may be grieving more than one loss: your baby, and also the future you had already built in your mind: the first smile, grandparents meeting this child, siblings growing up together, a wedding someday. Those hopes mattered, even if you never had the chance to live them.

You may also miss the sense of trust you once had in your body or in what the future would hold. You do not need to have reached a particular milestone for your grief to matter.

| *That relationship may have been brief, but it was real.*



Grief lives in your body too

Grief isn't only emotional. Yes, there may be sadness, anger, guilt, fear, numbness. But grief can show up everywhere.

IN YOUR MIND “I can't concentrate.” “I can't remember anything.” “I feel like I'm in a fog.”

IN YOUR BODY Exhaustion, appetite changes, trouble sleeping, a heaviness in the body.

IN YOUR DAYS Pulling away, irritability, restlessness, everyday tasks that feel hard to get through.

Feeling unlike yourself can be unsettling. Grief may affect your thoughts, feelings, body, and routines. You deserve support with any symptoms that worry you.

After pregnancy loss there is one more layer: your body may be recovering from pregnancy, birth, medication, or a procedure while you are grieving. Bleeding, breast changes, hormonal shifts, exhaustion. Every physical sensation can become another reminder of the baby who isn't coming home. You aren't only grieving. Your body is responding to the loss at the same time, and that combination can feel overwhelming. Be as gentle with your body as you would be with someone you love.

Follow your care team's aftercare instructions. Ask about bleeding, pain, breast changes, milk production, and follow-up care. Physical symptoms should not automatically be attributed to grief.

Seek urgent medical care for very heavy bleeding, fainting, severe pain, fever, or foul-smelling discharge. Do not wait for a routine follow-up.



There's no “right” way to grieve

Grief is not linear. It doesn't move through predictable stages. It comes in waves.

You might feel relatively steady one moment and completely overwhelmed the next. That's not inconsistency. That's grief. A wave can come from a date, a reminder, or something as ordinary as walking past a pregnant woman or hearing a baby cry.

Tears aren't the measure

How grief shows on the outside is called mourning: crying, silence, talking, ritual, or sometimes no visible reaction at all. People often judge grief by it, as if tears mean deep grief and no tears mean you aren't grieving. That simply isn't true.

We mourn differently because we are different. Culture matters, faith matters, personality matters, history matters. None of that tells anyone how much you loved your baby. There is no single outward sign that tells someone what you are carrying inside.

| *Tears do not measure your grief or your love.*



Grief and trauma can overlap

After a loss, you may feel longing for your baby alongside fear, distressing memories, or a changed sense of safety. These experiences can overlap, but they are not identical.

Grief may sound like:

"I miss my baby."

"I wish we could have had the future I imagined."

"I want someone to remember my baby."

Trauma responses may sound like:

"The moment keeps replaying in my mind."

"Reminders make me feel as though it is happening again."

"I feel on edge, even when there is no immediate danger."

Grief can involve the past, present, and future. Trauma responses can also involve memories of what happened and fear about what might happen next. These examples are ways to describe experiences, not a way to diagnose yourself.

You may be mourning your baby while also feeling distressed by how the loss happened or how you learned about it. Remembering that moment, or worrying about another pregnancy, does not by itself mean you have a trauma disorder.

Both your grief and your sense of safety deserve care. A therapist can help you understand what you are experiencing and what support may help.



If you feel numb, or can't remember

During overwhelming experiences, some people have difficulty taking in information, remembering details, or feeling connected to what is happening.

You might remember a face or a sound very clearly but have little memory of the conversation. You may need information repeated. You may feel tearful, angry, on edge, unusually calm, or far away from yourself.

These reactions can happen after a loss. They are not a test of how much you cared or how well you are coping. Not everyone experiences them.

Some people stay busy researching or organizing; others need quiet or distance. These actions can have many meanings. You do not have to label every response to understand that this has been a lot to carry.

Small supports in the moment

- Ask your care team to write down important information.
- Invite someone you trust to help you remember questions.
- If it feels comfortable, notice your feet on the floor or a familiar object nearby.
- Give yourself permission to pause an overwhelming conversation.

If numbness, memory difficulties, or feeling outside your body are distressing, persistent, or interfering with daily life, reach out for professional support.

Silence does not always mean peace. Stillness does not always mean acceptance. You deserve care even when your grief is hard to see.



When your partner grieves differently

If you are the partner holding this guide, this part is for you too. Your grief counts, even if you have spent these weeks being the strong one. You do not have to set your own grief aside to be helpful. You can use this guide too.

Maybe you've wondered why your partner seems quieter, or busier, or more "fine" than you. One of the most common misconceptions I hear is that the quieter partner is grieving less.

Many partners feel an enormous responsibility to stay strong. They answer questions, make phone calls, complete paperwork, tell family, and try to protect the person they love, while quietly carrying their own grief.

They're often grieving in two directions at once: mourning the baby, and watching someone they deeply love suffer. Many feel they have to set their own grief aside to be "the strong one." Their outward response may not tell you how they feel inside.

If you're crying while your partner is focused on logistics, try not to mistake different expressions of grief for different depths of love. Sometimes it helps to turn to them and ask, "How are you doing?" and then make room for whatever answer comes, even if it's "I don't know."

You do not need to guess what your partner feels or take responsibility for managing their grief. Both of you can ask for care, space, and support. Differences in grieving do not excuse hurtful or dismissive behavior.

Different expressions of grief do not tell us how deeply someone loves.



Telling your other children

If your children knew about the pregnancy, explain what happened simply and honestly, using words that fit their age. You might say: “The baby died. That means the baby’s body stopped working, and the baby cannot come home.” Adapt this to what happened in your family.

Reassure them: nothing they thought, said, or did caused the loss. Let them ask questions, now or later. It is okay to say, “I don’t know.” You may need to explain things more than once.

Children may move between sadness and play. This does not mean they do not care. Keep familiar routines where possible, and remind them who will care for them. They do not need to make your sadness go away.



Invisible grief

Pregnancy loss is often an invisible grief. Sometimes no one knew you were expecting, so no one knows you are grieving. And even when people did know, they may not know what to say, or may say nothing at all. Either way, the support you need may not arrive on its own.

There's a name for this: *disenfranchised grief*. It simply means grief that isn't fully recognized or supported by the people around you. People may not know what to do, or may underestimate the loss. They may rush toward reassurance instead of recognition. So you may hear:

"At least you know you can get pregnant."

"Everything happens for a reason."

"You're young. You'll have another baby."

Whatever someone's intention, their words can still hurt. Acknowledgment often helps more than reassurance. If words like these left you feeling more alone, nothing is wrong with you. You needed to feel seen first.

Your grief doesn't need to be solved. It needs to be witnessed. And it is real whether or not anyone else sees it.

| *Acknowledgment can help us feel less alone.*



Staying connected to your baby

Healing does not have to mean leaving your baby behind. Some parents find comfort in a connection that changes over time.

For some parents, keeping a continuing bond with their baby is meaningful. A name is much more than a name. It's identity. It's relationship. It's acknowledgment that your baby existed. Many parents tell me their greatest fear is that people will forget their baby. Hearing their baby's name can feel comforting and affirming. Others prefer privacy or different words.

Gentle ways parents stay connected

- Saying your baby's name, and inviting others to say it
- Lighting a candle
- Wearing jewelry with your baby's initials
- Marking birthdays and anniversaries
- Keeping a small box of keepsakes
- Writing a letter to your baby

None of these mean you're "stuck." They are expressions of continuing love. And if you haven't chosen a name, your baby is still yours to remember and to talk about.

These are options, not expectations. You do not have to name your baby, keep objects, or mark dates. Choose what fits your wishes and faith. For questions about mourning or remembrance practices in your tradition, ask a trusted rabbi, clergy member, or spiritual advisor.

You don't have to let go to heal.



Thinking about trying again

Some parents want to try again soon. Some cannot imagine it yet. Some feel both at once. Your feelings may change from day to day.

There is no single emotional timeline. Ask your medical team when it is safe for you to try again, based on your recovery and the circumstances of your loss. Physical readiness and emotional readiness may not arrive together.

Some parents cannot try again or decide not to. That can bring its own grief, relief, uncertainty, or a mixture of feelings. You do not owe anyone a decision or an explanation.

Another pregnancy does not replace this baby. Whatever comes next, your loss still matters.



Small things that may help this week

Gentle invitations, with no need to complete them. Take what helps and leave the rest. You can skip the writing prompts, too.

- ☐ **Let the waves come.** You don't have to be "doing better" by any certain day.
- ☐ Ask which decisions need attention now and which can wait.
- ☐ **Ask again.** It's okay to ask your doctor or nurse to repeat information.
- ☐ **Bring someone with you.** To follow-up appointments, if you can. Another person there to hear what the doctor says and write it down means you do not have to hold it all yourself.
- ☐ **Rest your body.** It may still be healing.
- ☐ **If it feels right,** say your baby's name or write a few words about your loss.
- ☐ **Let one person sit with you,** without needing to fix anything.
- ☐ **Tell someone what you need.** The next page can help.

A few words, just for you

What would I want people to know about my baby?

What had I already imagined for our future?

What does my body need from me today?



What I need from you

It can be hard to find the words, especially when the people around you don't know what to say either. Choose the statements that fit you. You can share this page, send a photo of it, or read selected lines aloud.

I'm grieving the loss of my baby. Here's what helps me right now:

- You don't need perfect words. "I'm so sorry. I can see how much you love your baby" is enough.
- Please ask whether I would like you to say my baby's name or use other words.
- Please don't rush to "at least" or "everything happens for a reason." I need you to see what happened first.
- It's okay if I cry, and it's okay if I don't. Neither tells you everything I am feeling.
- You don't have to fix this. Sitting with me helps more than you know.
- I may ask the same thing twice, or change my mind. Please be patient with me.
- If I have a partner, please check in with them too.
- Weeks and months from now, please still ask how I'm really doing.

One more thing that would help me:



When to reach out for more support

Grief itself is not a disorder, and intense grief does not automatically mean you have a mental health condition. You deserve support without having to prove that your grief is “serious enough.”

You do not need to wait until things feel unbearable, or meet criteria for a diagnosis, to ask for help. Support can be useful at any point.

It may help to talk with a therapist who understands pregnancy loss if:

- you can't stop replaying what happened
- you're avoiding hospitals, appointments, or anything that reminds you of the loss
- fear about another pregnancy feels like it's taking over
- you often feel numb, foggy, or outside your body
- getting through everyday tasks keeps feeling harder
- you feel alone with your grief, and no one is asking

Grief can coexist with depression, anxiety, or trauma symptoms. Persistent hopelessness, panic, distressing unwanted thoughts, or difficulty caring for yourself deserve attention. If symptoms worry you, worsen, or disrupt daily life, contact your medical provider or a therapist. Effective treatments are available.

Reaching out is not weakness. It is one more way of caring for yourself, and for the love you carry.

If you are having thoughts of harming yourself, please don't wait. In the United States, call **988** or text **988** (Suicide & Crisis Lifeline). If you are in immediate danger or cannot keep yourself safe, go to the nearest emergency room. Outside the U.S., use your local crisis or emergency service.



About Yonina

Yonina Kaufman, LCSW-R, PMH-C, M.S.Ed. is a Licensed Clinical Social Worker specializing in Perinatal and Reproductive Mental Health, including infertility, pregnancy and infant loss, termination for medical reasons (TFMR), postpartum mood and anxiety disorders, and reproductive trauma. As the Clinical Coordinator of ATIME HUG, she supports women and couples experiencing perinatal and infant loss.

Yonina is also a social worker with the New York City Department of Education and an adjunct professor, teaching undergraduate and graduate courses in psychology and social work. She provides telehealth psychotherapy, clinical supervision, and parent training. Yonina presents nationally on compassionate bereavement care, reproductive mental health, and women's health. Her evidence-based, compassionate approach helps clients navigate grief, healing, and parenthood.

CONNECT WITH ME

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Book a call

calendly.com/ytkaufman-lcsw/15min



Support and resources for you

ATIME HUG

hug@atime.org ·
718-686-8912 ext. 113

NECHAMACOMFORT

(833) NECHAMA ·
nechamacomfort.org

TIKVASEINU

845-827-9009 · tikvaseinu.org

POSTPARTUM SUPPORT INTERNATIONAL (PSI)

1-800-944-4773 (call or text) ·
postpartum.net

You can also connect with me at [@yoninakaufman](https://twitter.com/yoninakaufman).

KNAFAYIM

718-925-2113 (day or night) ·
knafayimwings.org

I WAS SUPPOSED TO HAVE A BABY

iwassupposedtohaveababy.org

YAD RACHEL

732-364-4462 · yadrachelnj.org

If there's one thing I hope you carry from these pages, it's this: you do not have to grieve in a particular way to deserve support. Your loss matters, and you do not have to carry it alone.

Tikvaseinu and Yad Rachel focus on perinatal mood and anxiety support. Ask each organization about services, eligibility, availability, and any fees. Community support contacts are not a substitute for emergency care.

Clinical information and resource checks

NIMH: Perinatal Depression

www.nimh.nih.gov/health/publications/perinatal-depression

NHS: Pregnancy Loss - What can I expect following my pregnancy loss?

www.hey.nhs.uk/patient-leaflet/pregnancy-loss-what-can-i-expect-following-my-pregnancy-loss/

Support contacts checked against organization websites, October 26, 2026.

ATIME HUG: atime.org (general HUG contact).

ATIME HUG PHONE SUPPORT GROUP

Monthly, Tuesdays at 9:30 pm · [718-686-8912 ext. 425](tel:7186868912) · code 047087

This guide is for education and support and is not a substitute for therapy or medical care.

Follow your own care team's guidance.

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