**PROGRAM AT A GLANCE**

***Bolded sessions will be offered virtually***

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| **Registration Opens – Wednesday, September 20th** |
| 4:00 PM – 5:00 PM  | Conference Registration begins |
| 8:00 PM – 9:00 PM |

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| **Day 1 – Thursday, September 21st – Morning** |
| 7:00 AM – 8:15 AM | Conference Registration, Breakfast & Exhibits |
| **8:15 AM – 8:30 AM** | [**Opening Remarks: Elder Donna Debassige, Anishinaabe Kwe**](#_Elder_Donna_Debassige,) |
| **8:30 AM – 10:00 AM** | **[Keynote: Rachelle Bensoussan MA, CT, OAMHP](#_Rachelle_Bensoussan,_MA,)****[Grief Literacy: A Human(e) Guide to Understanding Grief and Loss](#_Rachelle_Bensoussan,_MA,)** |
| 10:00 AM – 10:30 AM | Comfort Break |
| **10:30 AM – 12:00 PM** | [**Breakout Session A**](#_Breakout_Sessions_A:) |
| **A01** | 1. **Why Self-Care Won’t Save Us- Rachelle Bensoussan**
 |
| **A02** | 1. **The Supporting Role Through Perinatal Loss: 3 Ways to Bring**

 **Light into the Parent’s Darkest Moments- April Boyd**1. **You are a Part of Someone’s Very Special Story: How Grieving Parents are Helping Care Providers Step Out of Their Comfort Zone and Better Support Families-** **Theresa Morrison, Charmaine Smith**
 |
| A03 | 1. You Can’t Pour From an Empty Cup: Addressing Empathy

 Strain and Secondary Trauma- Shawna Clouthier1. Thriving During Times of Difficulty- Shaunteque Harris, Sandra Kwon
 |
| A04 | 1. De-Fragment Perinatal Care: An Innovative Approach to Early

 Pregnancy Loss and Abortion at Michael Garron Hospital- Jenna Bly, Tiffany Fung1. Supporting the Stillbirth Journey: Using a Human-Centered Design Approach to Identify Opportunities for Improvement In-Hospital- Astrid Christoffersent-Deb, Nadia Beyzaei, Lana Sullivan, Courtney McCallum, Joyce Mah
 |
| A05 | 1. Completing the Circle: Exploring the Midwife Model of Care

 for Early Pregnancy Loss in Ontario- Angela Freeman1. Midwifery Led Home Postpartum Care Following Perinatal

 Loss: Improving the Quality of Postpartum Care for Bereaved Families at Oak Valley Health- Kory McGrath, Abigail Corbin1. Valuing Loss and Honouring Loss: Strategies Used to Strengthen Our Hospital’s Perinatal Loss Program-Meghan Cellamare, Pamela Baurer
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| **Day 1 – Thursday, September 21st – Afternoon** |
| 12:00 PM – 1:15 PM | Lunch & Exhibits |
| **1:15 PM – 2:45 PM** | [**Breakout Sessions B**](#_Breakout_Sessions_B:) |
| **B01** | 1. **Pregnancy and Infant Loss and the Workplace-Stephanie Gilbert, Jennifer Dimoff**
2. **Compassionate and Culturally Sensitive Care Through**

 **Inclusive Leadership- Shaunteque Harris, Sandra Kwon** |
| **B02** | **Memory Making: Heath Care Providers- Meghan Donohue** |
| B03 | 1. Collective Meanings of Miscarriage: An Art-Based Workshop- Stacey Hare Hodgins
2. Memory Making: Families- PAIL Network Regional Representatives
 |
| B04 | Family Panel: Support for Non-Birthing Parents  |
| B05 | Family Panel: Grief and Elective Abortions |
| 2:45 PM – 3:00 PM | Comfort Break |
| **3:00 PM – 4:30 PM** | [**Breakout Sessions C**](#_Breakout_Sessions_C:) |
| **C01:** | 1. **Early Pregnancy Loss (EPL) Quality Improvements: The Ottawa Hospital Emergency Departments- Laura Crich, Jennifer Burkhart**
2. **Gaps in Emergency Room Care for Women Experiencing**

**Miscarriage and Their Partner: From Research to Action-** **Francine****deMontigny**  |
| **C02:** | 1. **Perinatal Hospice Program at Roger Neilson House: Honouring Precious Lives- Stephanie Veldhuijzen van Zanten, Lesley Sabourin**
2. **Making an IMPACT: Practical Strategies for Providing Prenatal Palliative Care Support- Lindsay Pollard, Sarah Lord**
 |
| C03 | 1. Providing Pregnancy and Infant Loss Education: A Decades of

Connections Made, Lessons Learned, and Urgently Paging IT Support- Meghan Donohue, Shawna Clouthier1. Pregnancy and Infant Loss Education: Enhanced by the Power of the Family Experience- Brandon Drouillard, Amy Robert
 |
| C04 | 1. The (Un)Expected Project: Bereaved Parents as Change-Makers-

Rosa Caporicci1. Enhancing Volunteer Peer Support Programs: Foundations for

Successful Volunteer Retention, Recognition, and Appreciation- Amy Muhr |
| C05 | Listening and Learning: Bringing the voice of families forward- Michelle LaFontaine |
| 5:00 PM – 7:00 PM | Social & Exhibitor Showcase |

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| **Day 2 – Friday, September 22nd**  |
| 7:00 AM – 8:15 AM | Conference Registration, Breakfast & Exhibits |
| **8:15 AM – 8:30 AM** | [**Closing Remarks: Elder Donna Debassige, Anishinaabe Kwe**](#_Elder_Donna_Debassige,) |
| **8:30 AM – 10:00 AM** | **[Keynote: Andrea Warnick RP, RN](#_Andrea_Warnick,_RP,)****[Navigating The Tangled Web: Supporting a Health Grief Process in Ourselves and Those We Care About](#_Andrea_Warnick,_RP,)** |
| 10:00 AM – 10:30 AM | Comfort Break |
| **10:30 AM – 12:00 PM** | [**Breakout Sessions D**](#_Breakout_Sessions_D:) |
| **D01** | **Dancing In The Darkness: Creative Approaches to Supporting A Health Grief Process- Andrea Warnick** |
| **D02** | 1. **Pregnancy After Loss: Nurturing Sadness and Joy at the Same Time-Lesley Sabourin**
2. **North York General Hospital: Late Loss Support and Pregnancy and Loss- Nikita Nikeshwar, Patricia Irvine**
3. **Supporting Siblings After Pregnancy or Infant Loss- Amy Muhr, Loralee McInroy**
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| D03 | 1. Creating Inclusive, Intentional and Supportive Dialogue Through Loss- Aditi Loveridge, Danyelle Kaluski
2. Perinatal Loss & Stigma: Granting Permission to the Elephant in the Room- Rennie Bimman
 |
| 12:00 PM – 1:30 PM | Lunch & Exhibits |
| **1:30 PM – 3:00 PM** | [**Breakout Sessions E**](#_Breakout_Sessions_E:) |
| **E01** | 1. **What Was Lost: Experiences of Support After Pregnancy Loss Among Syrian Refugee Families-** **Bree Akesson**
2. **Pregnancy and Infant Loss in Northern Indigenous Communities- Meagan Noble, Michaela Parenteau**
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| **E02** | 1. **Hospitalist Midwives: Providing Culturally-Safe to Indigenous Patients of the DAN Women & Babies Program at Sunnybrook Health Sciences Centre- Claire Osepchook, Odaemin Mckay-Loescher**
2. **Infant Palliative Care and Stillbirth at Home with Registered**

**Midwives- Emily Stupple, Erin Hayden** |
| E03 | Family Panel: Cultural Safety Considerations |
| EO4 | Family Panel: Pregnancy After Loss  |

**DETAILED PROGRAM OVERVIEW**

**Welcoming Speaker: Thursday, September 21, 2023**

# Elder Donna Debassige, Anishinaabe Kwe, Fish Clan

Boozhoo. Bebibdekwedang dishnikaaz, Donna Debassige, Anishinaabe Kwe, of the Fish Clan. I am from Mnidoo Mnissing, (Manitoulin Island), and am a member of the Wiikwemkoong Unceded Territory. I am a mother of three children, Cheryl, Lynda and Ray, and grandmother to four grandsons, Devin, Seth, Joel and Drake.

I am a former Spanish Residential School student. I graduated in 2015 from Laurentian University with a Bachelor of Arts degree with a combined specialization in Gerontology/Indigenous Studies. I had retired from the United Chiefs & Councils of Manitoulin Tribal Council after 35 years of employment, beginning in 1974 to 2009. Several seats I presently hold are: Elders Advisory Council, Indigenous Justice Division, MAG; Elders Council, Chiefs of Ontario; Getzijig Elders Advisory Council, Anishinabek Nation; Anishinabek Nation KweWuk Council, representing the Lake Huron Region; Chiefs of Ontario First Nations Womens’ Council, representing Anishinabek Nation; Manitoulin Anishinabek Research Review Committee; Chiefs of Ontario Data Governance Committee; Elder, Ontario First Nations Technical Services Corporation.

I am a fluent speaker of my original language, Odawa, and am a member of the Rain Dance Lodge. ([Back to top](#_top))

**Key Note Speaker: Thursday, September 21, 2023**

# Rachelle Bensoussan, MA, CT, OAMHP

Rachelle is the original co-founder and former managing director of Being Here, Human, an organization that provides grief literacy, education and support to BIPOC, LGBTQIA+, disabled and chronically ill communities. She holds a master’s degree in Thanatology and has spent the last fourteen years building community-based bereavement programs for hospices across Southern Ontario. Rachelle is a former faculty member at McMaster University’s Michael G. DeGroote School of Medicine, in the department of family medicine, division of palliative care, as well as a former faculty member at King's College, Western University in the department of Thanatology.

Rachelle is a two-time nominee for the Association of Death Education and Counselling’s Clinical Educator Award and Community Educator Award. Rachelle is a queer-identified woman of North-African & Middle Eastern descent.

**Title:**Grief Literacy: A Human(e) Guide to Understanding Grief and Loss

**Description:**Despite a mountain of evidence to the contrary, our society continues to perpetuate a pathology-based orientation to grief and loss, including those of us in healthcare. We all agree that grief is normal however, saying so simply places grief in juxtaposition to what is abnormal. What if we remove grief from this binary all together and state what is most true? That grief is human, and to grieve is to be human. This engaging and confronting keynote event will challenge you to consider what a truly non-pathology-based orientation to grief and loss might look like.  ([Back to top](#_top))

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## Breakout Sessions A: Thursday, September 21st 10:30 AM

**A01 Presenter:** Rachelle Bensoussan MA, CT, OAMHP

**Organization:**  Grief Literacy by Rachelle Bensoussan

**Title:**Why Self-Care won’t Save us

**Abstract:**This interactive and experiential workshop will offer a critique on current self-care practices. It will highlight who benefits from our current rhetoric of self-care, and who is harmed. Participants will be invited into a three-part exercise exploring the inevitable impacts of grief and loss on professionals, while exploring ways of holding those most responsible for the impact to account.

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**A02.i Presenter:** April Boyd, MSW RSW

**Organization:** The Love & Loss Project

**Title:** The Supporting Role Through Perinatal Loss: 3 Ways to Bring Light into a Parent’s Darkest Moments

**Abstract:** This workshop invites care providers and peer supporters to explore three ways of creating a little light for grieving parents in their darkest moments. Through a mix of story-telling, practical guidance and interactive discussion, this presentation provides caregivers with a map they can use to walk alongside parents through the devastation of pregnancy loss and infant death. Attendees will have the opportunity to gain new understandings and interventions for their helping toolkit and to increase their comfort and confidence within their supporting role.

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**A02.ii Presenters:** Theresa Morrison, ED and Co-founder of Bridget’s Bunnies Pregnancy and Infant Loss Foundation & Charmaine Smith, RN – Birthing Unit, Bridget’s Bunnies Board Member

**Organization:** Bridget’s Bunnies Pregnancy and Infant Loss Foundation

**Title:** You Are Part of Someone Very Special’s Story: How Grieving Parents Are Helping Health Care Providers Better Support Families

**Abstract:** Bridget’s Bunnies Pregnancy and Infant Loss Foundation has been working to ensure no one endures pregnancy or infant loss alone since 2018. This is done using a comfort kit program that meets grieving parents in their moment of crisis. Bridget’s Bunnies was founded by Theresa and Mathew Morrison in memory of Bridget Bell who was unexpectedly born still one day before she was due in November 2017. Because hospital practice at the time was to give families space to grieve, they were left alone with little guidance and made to feel like they were the only parents who had been through this. Theresa and Mat soon learned they were not the only ones to feel alone following stillbirth and decided to change the experience for future parents and families. Parents needed to know that others had come before them and survived. Hospital staff needed to change the way they handled these situations. Parents experiencing loss needed guidance and compassion, not avoidance. Since 2018, Bridget’s Bunnies partnered with Emergency Departments, Birthing Units, Obstetrical Units, NICUs, and Post Anesthetic Care Units (PACU) at multiple hospitals, as well as Midwifery Clinics in Simcoe Muskoka and the rest of Ontario. Hospital comfort kits come in three varieties: Early Pregnancy Loss Kit; Late Pregnancy Loss Kit; and Stillbirth and Infant Loss Kit. Each was designed in collaboration with parents and health care providers. Comfort kits offer support, resources, tangible reminders, and gentle guidance for the grieving parents while giving providers the tools they need to support families with compassion.

This program improves the experience of families, especially in Emergency Departments, while ensuring dedicated funding of bereavement items and consistent program development and standardization for health care providers.

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**A03.i Presenter:** Shawna Clouthier

**Organization:** Pregnancy and Infant Loss Network | Sunnybrook Health Science Centre

**Title:** You Can’t Pour From an Empty Cup – Addressing Empathic Stain and Secondary Trauma

**Abstract:** This workshop, developed with content from TEND Academy, will provide an overview of how empathic strain (also known as compassion fatigue) and secondary trauma impacts those in helping roles. Participants will gain a better understanding how empathic strain differs from burn out, secondary trauma and moral distress. The workshop will review factors that can contribute to someone developing empathic strain and how to recognize the signs and symptoms. Participants will be provided with concrete strategies and meaningful tools to help assess their level of empathic strain and secondary trauma. The session will provide an overview of how to develop a plan for making positive change by implementing self-care strategies to build resiliency at work and at home to increase their compassion satisfaction and rediscover the rewards of their work.

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**A03.ii Presenters:** Shaunteque Harris, B.Ed., Adult Education & Sandra Kwon, BSc, B.Ed., PMEd

**Organization:**  Sunnybrook Health Science Center

**Title:** Thriving During Times of Difficulty

**Abstract:** In this workshop, we set out to share best practices and strategies for thriving during times of difficulty. Research on coping with extreme events have shown that it is not so much the event per se that affects well-being, but more so the emotional and psychological processing of the event. The workshop includes exercises and discussions about navigating change, and opportunities for participants to identify their preferred approach to change and the emotional phases associated with loss. We will also introduce a framework called the resilience portfolio model to seek a more comprehensive understanding of how individuals survive and even thrive after experiencing adversity. The model integrates work on resilience with research on positive psychology and coping to identify factors that could contribute to health and well-being following exposure to stressful and traumatic events. Using the resilience portfolio model as a conceptual framework, the workshop seeks to share intentional coping best practices, and strategies associated with thriving including purpose, optimism, emotional regulation, emotional awareness, compassion, self-care, and community support.

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**A04.i Presenters:** Jenna Bly RM, MA (they/them) & Tiffany Fung RM (she/her)

**Organization:** Michael Garron Hospital, in collaboration with the MATCH (Midwifery and Toronto Community Health) Program at South Riverdale Community Health Centre

**Title:** De-fragmented Perinatal Care – An Innovative Approach to Early Pregnancy Loss and Abortion at Michael Garron Hospital

**Abstract:** This will be the first time in the province that early pregnancy care will be delivered in a hospital setting with midwifery leadership and obstetric collaboration. The goals of the new clinic are to reduce wait times, improve follow up, and to increase access to integrated perinatal care that includes referral pathways for prenatal care for wanted pregnancies,

miscarriage management for early loss (both surgical and medical) and abortion counselling and care for patients choosing or requiring termination. Largely due to the politicized and stigmatized nature of abortion, perinatal care has been fragmented in the way it is delivered. Our vision is a “system without discharges” where any pregnant client accessing our hospital for perinatal care can receive counseling and services from an integrated team of multidisciplinary providers with connections back to community-based care. This presentation will describe our initial experiences with this new program and outline our goals for expansion.

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**A04.ii Presenters:** Astrid Christoffersent-Deb, Medical Director, Gyne/Sexual Health & Specialized Programs, Nadia Beyzaei, Manager, Health Design Lab, Emily Carr University of Art + Design, Lana Sullivan, Project Manager, Population and Global Health, BC Women’s Hospital + Health Centre, Courtney McCallum, Bereaved parent, Joyce Mah, Maternal Newborn, Nurse Educator, BC Women’s Hospital + Health Centre.

**Organization:** Population and Global Health, BC Women’s Hospital + Health Centre, Provincial Health Services Authority & Emily Carr University Health Design Lab

**Title:** Supporting the Stillbirth Journey: Using a Human-Centered Design Approach to Identify Opportunities for Improvement In-Hospital

**Abstract:** Approximately 3000 families experience a stillbirth annually in Canada. Nearly all take place in the hospital setting, where the experience of care can be uneven, if not confusing and heartbreaking, from diagnosis to delivery and discharge home. To help families navigate their hospital experience, BC Women’s Hospital + Health Centre collaborated with the Emily Carr University Health Design Lab to identify opportunities for improvement in the hospital stillbirth experience. This process was informed by a human-centered design approach, engaging 30 bereaved parents across two workshops (one in-person and one virtual) in a series of generative activities: an advice journal, a comfort map based on sensory experiences, a personal stillbirth journey mapping exercise, and wish-making exercise. A 17-member core design team — made up of people with lived experience, hospital staff from diverse disciplines, Indigenous Health representatives, a designer, and students — developed and facilitated the workshops. An Elder was present as well as a counselor. Data were gathered through written and verbal responses and synthesized into themes using reflexive thematic analysis, by a team of 8 coders (4 health care professionals and 4 designers) The synthesis revealed pain points in the hospital journey and opportunities for improvements. Insights were compared to an environmental scan of patient resources to identify gaps in existing resources and inform a proposal for a patient-facing resource. The resource aims to prioritize a trauma-informed and culturally safe approach to navigating the stillbirth journey in hospital. In this presentation, we aim to demonstrate the value of approaching quality improvement initiatives with a trauma-informed lens. We will share findings and lessons learned in engaging people with lived experience virtually and in-person. We invite participants to consider how we might create more just conditions in the hospital to reduce disparities in quality-of-care people who experience a stillbirth.

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**A05.i Presenter:** Angela Freeman, RM, MSc

**Organization:** University of Waterloo

**Title:** Completing the Circle: Exploring the Midwifery Model of Care for Early Pregnancy Loss in Ontario

**Abstract:** Patient experiences of receiving healthcare for early pregnancy loss (EPL) are often described as negative within the research literature. While studies to date have largely emphasized EPL care within the hospital setting, there has been little research exploring the midwifery model of as an EPL care option, or EPL care within a broader healthcare system context.

This study examined 1) the experiences Ontario midwifery clients accessing and receiving healthcare in cases of EPL and (2) the experiences of midwives providing EPL care for their clients. The overall objective of this study was to understand how EPL care can be improved. Semi-structured interviews were conducted with midwifery clients (n=14) and midwives (n=10). Data were analyzed by mapping a healthcare journey for each client, from point of access to aftercare. Additionally, thematic network techniques were undertaken to analyze the interview data, with specific attention being paid to participants’ experiences and how they can be improved. We found that midwifery clients’ healthcare trajectories and their experiences of accessing and receiving care for EPL varied considerably from positive to negative. While participants described challenges navigating their care, four main themes were identified that made the biggest differences on clients’ experiences: (1) Accessing care for early pregnancy loss, (2) Continuity and following-through, (3) Compassionate and supportive care, and (4) Knowledge, information, and choice. Midwives reported facing challenges related to their compensation, training and pharmacopeia that impacted their ability to respond to clients’ EPL care needs and expectations.

Midwifery care for EPL is valued by clients and is an important part of the provincial healthcare landscape. Practice and policy recommendations that look beyond client-provider interactions to address system-level challenges are needed to improve EPL care within the midwifery model, and quality of care overall.

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**A05.ii Presenters:** Kory McGrath, RM & Abigail Corbin, RM, Masters of Health Management

**Organization:** Oak Valley Health

**Title:** Midwifery Led Home Postpartum Care Following Perinatal Loss: Improving the Quality of Postpartum Care for Bereaved Families at Oak Valley Health

**Abstract:** Traditionally, families that experience loss are discharged from the hospital with potential gaps in care. Important information is shared before discharge, but can be challenging to comprehend in the moment. OVH has a midwifery led postpartum program where patients under physician care are offered early discharge and seen at home by a registered midwife. It was a natural extension of the program to offer this service to bereaved families. Patients that are in midwifery care who experience loss benefit from continuity of care in the postpartum period. This innovation provides equity and access of this continuity for a wider obstetrical population, independent of care provider. By offering a home visit with a midwife, parents are able to debrief, have questions answered, and receive a vital wellness check. Process of developing: In collaboration with the midwifery program, social work, leadership and Obstetricians, the service offering was created. This service utilizes midwifery scope and expertise in postpartum support for perinatal loss.

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**A05.iii Presenters:** Meghan Cellamare, RN, MScN, PhD, SHN, CAPWHN & Pamela Baurer, M.Div, RP, SHN

**Organization:** Scarborough Health Network

**Title:** Valuing Loss and Honouring Life: Strategies Used to Strengthen Our Hospital’s Loss Program

**Abstract:** When errors or system breakdowns occur, the impacts on bereaved families can be significant. Motivated by our commitment to improve the quality of care and experience for bereaved families, a multidisciplinary team collaborated to revitalize our perinatal loss program and its processes. Through a Failure Modes and Effects Analysis (FMEA) process, the interdisciplinary team reviewed the current state, identified contributing factors, and explored possible solutions and improvement opportunities. The perinatal loss program updated hospital resources, processes and programs to encompass all perinatal loss in the perinatal and emergency departments.

The program is multifaceted and includes ongoing social work and spiritual religious involvement, continuous patient and family support, and nursing and staff education. Unique to our hospital is our compassionate burial program that values the life and impact of pregnancy loss on a family by honoring each miscarried baby. It helps families with the grieving process, provides a physical mourning space that families may return to and validates the loss. We strengthened our processes, updated relevant checklists, algorithms and policies to have clear and transparent guidelines. We created an intranet site for ease of access to relevant and current information, and offered continuing education in the birthing and emergency department to build confidence and abilities in providing excellent and compassionate bereavement care. This education emphasizes the importance of patient driven care, that nurses grieve too, and that all experiences of loss are unique. We must value and honor the life lost. As we make improvements, our perinatal bereavement committee evaluates changes, with an overarching goal being to ensure that the processes are seamless and that we continuously support the families in their grief journey, foster emotional well-being and to ensure that the legacy of the baby. ([Back to top](#_top))

## Breakout Sessions B: Thursday, September 21st 1:15 PM

**B01.i Presenters:** Stephanie Gilbert, PhD & Jennifer Dimoff, PhD

**Organization:** Cape Breton University

**Title:**  Pregnancy and Infant Loss and the Workplace

**Abstract:** Pregnancy and infant loss is a seldom-explored topic in management and organizational studies, even though it may have significant workplace implications for employed people. As such, little is understood about the experiences of employees who work following pregnancy and infant loss, or how their workplaces could support them. This session includes audience participation in small group discussions and two presentations by the facilitator to spark new ideas, uncover organizational and employee challenges, and make connections. First, the presenter will introduce the topic of pregnancy and infant loss and the workplace and present the results of a recent qualitative paper on pregnancy loss and the workplace (~15 mins). Next, the presenter will lead round table discussions asking attendees to note the key challenges and potential recommendations for employees navigating each of the themes in our paper (1-2 themes per group; ~15 mins). A second presentation will focus on known evidence-based strategies for bereavement support at work and for leave options and work accommodation after pregnancy and infant loss in Canada (~15 mins). Finally, a second round table discussion will focus on challenges and recommendations for organizations in supporting employees following pregnancy and infant loss (i.e., How might organizations navigate supporting an employee returning to work following pregnancy loss?; 15 mins). Finally, a large group discussion will enable all attendees to share and discuss their most important ideas, suggestions, and challenges in this area (~15 mins). This rich and informative session will guide future research and practice on pregnancy and infant loss in employed people, especially given the special knowledge of those in the audience.

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**B01.ii Presenters:** Shaunteque Harris, B.Ed., Adult Education & Sandra Kwon, BSc, B.Ed., PMEd

**Organization:**  Sunnybrook Health Science Center

**Title:** Compassionate and Culturally Sensitive Care Through Inclusive Leadership

**Abstract:** Inclusive leadership is an approach that values diversity, invites different perspectives and creates an environment where others are encouraged to contribute and be engaged in decision making. It requires a leader to be aware of their own biases and limited world view, and take conscious steps towards breaking down barriers to advance collaboration and

empower others. Cultural intelligence is identified as a key trait of the inclusive leader, in their respect, understanding and competency working with people from various cultural backgrounds. Beyond what one might see and hear, an inclusive leader possesses a deeper understanding of the beliefs and values of a culture, which is relevant in how they as healthcare workers, would provide person-centered care for individuals and families experiencing a pregnancy loss or infant death. Valuing the development of cultural intelligence will grow inclusive leaders who are motivated to increase capacity, adopt behaviours and have an openness to culturally sensitive practices that put patients’ individualized needs and care at the forefront during a time of grief.

Bereaved individuals and families will express grief and need support in unique ways, which may or may not align with their cultural practices and traditions. Awareness of the diversity of cultural practices surrounding the grief experienced after a pregnancy loss or infant death supports healthcare providers’ competency in compassionate, person-centered care. An overview of some of the cultural and religious traditions, ideas, attitudes and rituals associated with pregnancy and infant loss seeks to build awareness as a starting point for greater sensitivity and respect for bereaved families. Opportunities for both healthcare workers and bereaved families to share their personal experiences in how cultural practices affect coping and support needs will facilitate mutual learning and foster inclusivity.

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**B02 Presenter:** Meghan Donohue, MN, RN, CNeoN(C)

**Organization:** Pregnancy and Infant Loss Network | Sunnybrook Health Science Centre

**Title:** Memory Making: Health Care Providers

Established to support health and service professionals in their memory making work, we are offering a hands-on demonstration and practice for hand and foot molds, and a collaborative discussion around other memory making initiatives from Emergency Room to NICU. We will discuss photography, heart beat tattoo art, memory boxes, certificates of life, and more. Bring examples and suggestions from your own work to build on this resource of support for families.

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**B03.i Presenter:** Stacey Hare Hodgins, BA, HBSW, MA, RSW

**Organization:** Social Worker (Private Practice)

**Title:** Collective Meanings of Miscarriage: An Art-Based Workshop

**Abstract:** This is an arts-based grief workshop for those who have experienced an early pregnancy loss and wish to connect with others who have had similar losses. Using a variety of therapeutic writing techniques, participants will be gently guided through expressive writing activities. We will reflect on our unique loss experiences with self-compassion and weave elements of our stories together into a collective artwork to unite our multiple meanings with intention and care. This hands-on workshop was created especially for those who don’t see their loss experiences (or their complicated feelings) reflected in conventional grief or loss-specific support groups, and for those who want to disrupt some dominant narratives about pregnancy, mother/parenthood, and grief: that miscarriage is no big deal, that abortion never carries grief, that we can control our bodies, and that a designated duration and shape of grief exists. No prior writing, arts, or group experience is necessary to participate.

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**B03.ii Presenters:** PAIL Network’s Team

**Organization:** Pregnancy and Infant Loss Network | Sunnybrook Health Science Centre

**Title:** Memory Making: Families

Established to encourage a collaborative discussion around legacy work, PAIL Network’s team will share examples of what some parents do to remember their babies. We will discuss more about planning community events like ‘A Walk to Remember’ and The October 15th ‘Wave of Light’, and other ways to hold space for your baby’s memory and other families you know who are grieving.

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**B04 Family Panel:** Support for Non-Birthing Parents

Join PAIL Network’s family panel of Non-Birthing Parents as they share personal details of the care received during the time of their loss. Hear from non-birthing persons who have experienced a pregnancy or infant loss about what they found helpful to better support their own needs, and come with your questions about how your program can improve the care offered to grieving partners.

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**B05 Family Panel:** Grief and Elective Abortion

Join us as we hear from a panel of people with lived experience of pregnancy loss following an Elective Abortion, and learn more about how best to offer skilled and compassionate care with a person-centered lens.

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## Breakout Sessions C: Thursday, September 21st 3:00 PM

**C01.i Presenters:** Laura Crich (she/her) RN, BScN, MSc & Jennifer Burkhart (she/her) RN, BScN, MN

**Organization:** The Ottawa Hospital

**Title:** Early Pregnancy Loss (EPL) Quality Improvements: The Ottawa Hospital Emergency Departments

**Abstract:** In Ontario, approximately 106 patients visit emergency departments (EDs) every day for early pregnancy loss (EPL) and associated complications. Despite this frequency, many of these patients leave feeling dissatisfied with the care they received, and staff often report feeling a lack of confidence and skill in caring for this population. After several difficult EPL cases at an Ontario ED, two nurses formed a multidisciplinary working group with the goal of improving EPL care. Over two years, this group developed and implemented new processes and resources for the care of EPL patients. This included overhauling existing resources, developing a nursing care checklist, creating patient and family information packages, and aligning supply management and staff resources to support these changes. These quality improvements promoted a family-centered approach and gave staff the resources and confidence to provide more skilled and compassionate care to EPL patients. This session will provide an overview of these quality improvement changes, from the bedside to systemic changes, referencing evidence-based practice and quality standards in Ontario. Attendees will gain skills, strategies, and practical examples so they can confidently care for, support, and educate EPL patients and their families. Attendees will be empowered and supported by access to resources and tools so they can become agents of change in their own workplace, with the end goal of creating better care for individuals and families who experience EPL.

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**C01.ii Presenter:** Francine deMontigny, Ph.D., OC, FCAN

**Organization:** Université du Québec en Outaouais

**Title:** Gaps in Emergency Room Care for Women Experiencing Miscarriage and Their Partner: From Research to Action

**Abstract:** Miscarriage is common, occurring in nearly 20% of pregnancies. Most women experiencing symptoms such as bleeding or abdominal pain in early pregnancy consult emergency services, the front line of care. While research has shown the psychological and physical effects of miscarriage on women, less is known about how emergency services are organized to manage their care and about women’s experience of this care. A four-hour workshop was developed, implemented, and evaluated to support health professionals in modifying attitudes, beliefs, and practices. Care trajectories and guidelines were developed for assessing immigrant women’s needs. These knowledge transfer activities contributed to improve care delivery.

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**C02.i Presenters:** Stephanie Veldhuijzen van Zanten, MD, FRCPC & Lesley Sabourin, RB, CHPCN(C)

**Organization:** Children’s Hospital of Eastern Ontario, Roger Neilson House

**Title:** Perinatal Hospice Program at Roger Neilson House: Honouring Previous Lives

**Abstract:** Perinatal palliative care is an active approach that honors unique needs of families who continue a pregnancy following diagnosis of a life-limiting condition. It embraces physical, emotional, social, & spiritual needs while focusing on the baby’s comfort & quality of life. As parents navigate their new reality specialized support can significantly shape how their baby’s life is remembered. Recognized benefits include continuity, holistic & family-centered approach, validation of the life of the baby and promotion of parental bonding through memory making & legacy building. The session will describe the Perinatal Hospice Program at Roger Neilson House, including the foundational elements that led to its current care delivery model. The specialized team of doctors, nurses and social work assists families with difficult medical decision making, development of specific birth plans, advanced care planning & bereavement. We have observed this model can improve patient experience and grief.

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**C02.ii Presenters:** Lindsay Pollard, Clinical Nurse Specialist and Sarah Lord, MD, FRCPC, Assistant Professor

**Organization:** Mt. Sinai Hospital and Hospital for Sick Children

**Title:** Making an IMPACT: Practical Strategies for Providing Prenatal Palliative Care Support

**Abstract:**Since it began piloting a streamlined perinatal palliative care pathway in 2018, the Infant Maternal Perinatal Advanced Care Team (IMPACT) has been increasing access to palliative care supports for families facing a life-threatening fetal diagnosis. The program is a collaboration among Sinai Health System, the Hospital for Sick Children, and Emily’s House in Toronto and serves ~50-60 families per year. Through the last five years we have learned innovative and practical methods of enhancing prenatal palliative care supports across a variety of clinical situations. This presentation will focus on prenatal palliative care support and practical strategies for engaging in and documenting labour and delivery care plans. We will generate discussion among participants about how to collaborate and adapt these materials to diverse clinical settings across regions.

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**C03.i Presenters:** Meghan Donohue, MN, RN, CNeoN(C), Shawna Clouthier, PAIL Network Educator

**Organization:** Pregnancy and Infant Loss Network | Sunnybrook Health Science Centre

**Title:** Providing Pregnancy and Infant Loss Education: A Decade of Connections Made, Lessons Learned, and Urgently Paging IT Support

**Abstract:** Join Pregnancy and Infant Loss Network Educators Meghan Donohue and Shawna Clouthier for an overview of PAIL Network’s Education Program. Keeping the family voice front and center, this collaborative discussion will focus on why providing staff with education related to pregnancy and infant loss supports quality improvements at all levels of care. Participants will review PAIL Network’s provincial needs assessment survey, how to provoke discussion around hopes and fears, and strategies for gaining the support of Leadership. Meghan and Shawna will also share practical considerations around educational format (in-person vs virtual), engaging and supporting staff, and amplifying the family voice by engaging a panel of people with lived experience of pregnancy and infant loss.

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**C03.ii Presenters:** Brandon Drouillard & Amy Robert

**Organization:** Pregnancy and Infant Loss Network | Sunnybrook Health Science Centre

**Title:** Pregnancy and Infant Loss Education: Enhanced by the Power of the Family Experience

**Abstract:** Professionals have a profound impact on how a family perceives their care at the time of their pregnancy or infant loss. Skilled and compassionate care matters; however, many professionals do not have the resources or training to bring the family voice to the forefront when a pregnancy ends or a baby dies.  As part of Pregnancy and Infant Loss Network's strategic priority to improve bereavement care, Compassionate Care Workshops are co-facilitated by a health and service professional alongside a bereaved parent.  In this session, facilitators Amy Robert and Brandon Drouillard will provide an overview of how the Family Experience is an integral part of perinatal bereavement education, and how the parent voice is represented throughout.

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**C04.i Presenter:** Rosa Caporicci, MA, Counselling Psychology, Psychotherapist

**Organization:** NDG Therapy, Concordia University

**Title:** The (Un)Expected Project: Bereaved Parents as Change-Makers

**Abstract:** Perinatal loss is all too-often an isolating and disjointed experience for bereaved parents. They very frequently are left to navigate the aftermath of pregnancy or infant loss on their own; community resources may be either non-existent (e.g., absence of professionals trained in perinatal bereavement care or other sources of care such as support groups not being available in their neighbourhoods) or inaccessible (i.e., financially prohibitive). Further, because we generally live in a “death-denying” society—especially as it pertains to the death of babies and children—supports offered by family members, co-workers, employers, friends, etc. can further reinforce what is an already alienating life event (i.e., the strong reliance on platitudes, clumsy and awkward comments). Bereaved parents can feel shunned, misunderstood and most of all, ignored. These are the very conditions that run counter to what helps the bereaved do the hard work of integrating the loss as part of their life’s narrative, namely others bearing witness to and accompanying them along their grief journey. The (Un)Expected Project intends to break this insidious cycle by making the invisible, visible. Using a community-led, arts-inspired methodology, bereaved parents are invited to participate in weekly or bi-weekly activities, such as making "zines," poetry writing, photography, collaging, embroidery, etc. to express and help others understand their lived experience of pregnancy and infant loss.

Using these figurative and sometimes non-verbal modes of communication, parents teach others about what helps, what doesn't and what further changes on a societal level are needed to influence policymaking (e.g., hospital practices, legislation, workplace procedures).

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**C04.ii Presenters:** Amy Muhr and members of the Regional Representative Team

**Organization:** Pregnancy and Infant Loss Network | Sunnybrook Health Science Centre

**Title:** Enhancing Volunteer Peer Support Programs: Foundations for Successful Volunteer Retention, Recognition, and Appreciation

**Abstract:** Join Amy Muhr and members of the Regional Representative and Volunteer Team at Pregnancy and Infant Loss (PAIL) Network for a deeper look at their peer support model of care.  This unique volunteer-driven program is the only one of its kind in Ontario, and focuses on laying the foundation for successful retention, recognition, and appreciation across their team.  Offered through an extensive training platform, volunteers receive a thorough overview of PAIL Network’s peer support model, and are able to further understand and implement the core principles that guide the development and facilitation of peer-led group and individual support.  Learn about the many ways peer volunteers are carried through their own grief, and how PAIL Network continues to provide support to the volunteer through commemorative events, town halls, and Regional Representative check-ins.

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**C05 Presenter:** Michelle LaFontaine BAA, MHA(CC)

**Organization:** Pregnancy and Infant Loss Network | Sunnybrook Health Science Centre

**Title:** Listening and Learning: Bringing the voice of families forward

**Abstract:** PAIL Network has a mandate to provide peer support and education, and we do this work alongside the families who have a lived experience of loss.  In this presentation, we will discuss ways PAIL Network has endeavoured to have programs for families and education for professionals that are reflective of the needs expressed by bereaved parents and explore how healthcare teams can begin to include families with lived experience in their planning and program delivery. ([Back to top](#_top))

**DETAILED PROGRAM OVERVIEW**

**Closing Speaker: Friday, September 22, 2023**

# Elder Donna Debassige, Anishinaabe Kwe, Fish Clan

Boozhoo. Bebibdekwedang dishnikaaz, Donna Debassige, Anishinaabe Kwe, of the Fish Clan. I am from Mnidoo Mnissing, (Manitoulin Island), and am a member of the Wiikwemkoong Unceded Territory. I am a mother of three children, Cheryl, Lynda and Ray, and grandmother to four grandsons, Devin, Seth, Joel and Drake.

I am a former Spanish Residential School student. I graduated in 2015 from Laurentian University with a Bachelor of Arts degree with a combined specialization in Gerontology/Indigenous Studies. I had retired from the United Chiefs & Councils of Manitoulin Tribal Council after 35 years of employment, beginning in 1974 to 2009. Several seats I presently hold are: Elders Advisory Council, Indigenous Justice Division, MAG; Elders Council, Chiefs of Ontario; Getzijig Elders Advisory Council, Anishinabek Nation; Anishinabek Nation KweWuk Council, representing the Lake Huron Region; Chiefs of Ontario First Nations Womens’ Council, representing Anishinabek Nation; Manitoulin Anishinabek Research Review Committee; Chiefs of Ontario Data Governance Committee; Elder, Ontario First Nations Technical Services Corporation.

I am a fluent speaker of my original language, Odawa, and am a member of the Rain Dance Lodge. ([Back to top](#_top))

**Key Note Speaker: Friday, September 22, 2023**

# Andrea Warnick, RP, RN

Andrea is a Registered Psychotherapist, Registered Nurse, and thanatologist with over 20 years of experience supporting grieving children and families and communities. Her caring and unique approach to dying, death, grief and healing has helped thousands of people, from toddlers to the elderly, across North America and internationally. Recognizing the provision of support for grieving children and youth as a social justice issue, Andrea brings the topics of dying, death, and grief into the necessary realm of discussion, education, and advocacy.

**Title:** Navigating the Tangled Web: Supporting a Health Grief Process in Ourselves and Those We Care About

**Abstract:** While grief is a natural and healthy part of the human experience, navigating grief in our often grief-illiterate society tends to be an experience permeated by misconceptions and well-intended yet misguided advice. It can be challenging enough to find healthy ways to navigate one’s own grief following a pregnancy loss or the death of an infant, and extra challenging to do so while also supporting other family members. This key note presentation will identify some commonly held and misconceptions about grief, as well as practical strategies that can be used to support oneself and as well as one’s family members through the tangled web of grief.   ([Back to top](#_top))

## Breakout Sessions D: Friday, September 22nd 10:30 AM

**D01 Presenter:** Andrea Warnick RP, RN

**Title:** Dancing in the Darkness: Creative Approaches to Supporting a Healthy Grief Process

**Description:** This interactive workshop will build on Andrea’s keynote presentation by offering a deeper dive into various strategies and approaches for supporting one’s own grief as well as the grief of others. The concept of grief literacy will be woven throughout the workshop, and grief support strategies such as bearing witness and self-compassion will be elaborated on. We will also explore the important, yet often overlooked, topic of finding ways of staying connected to a baby who has died.

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**D02.i Presenter:** Lesley Sabourin, Perinatal Hospice Coordinator, RN, CHPCN(C)

**Organization:** Roger Neilson House & CHEO

**Title:** Pregnancy After Loss: Nurturing Sadness and Joy at the Same Time

**Abstract:** Pregnancy after loss is a unique experience and is often fraught with a complex array of emotions ranging from deep sadness and sorrow to moments of overwhelming joy. Specialized support from healthcare providers and volunteer peer supports can greatly shape how a baby's life is remembered and how families welcome a new baby as parents navigate these confusing emotions. This presentation describes the unique grief experienced by families, as well as the resources available at Roger Neilson House (pediatric hospice located in Ottawa, Ontario) through the pregnancy after loss support group. Continued support during pregnancy after a loss can improve the parents' experience while planning for the birth of their new baby and can have a positive impact on their grief. Participants will have the unique opportunity to hear a bereaved mother share her story of becoming pregnant after loss, how support influenced her experience and how her loss has shaped her as a mother.

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**D02.ii Presenters:** Nikita Nikeshwar MSW, BSW RSW, Patricia Irvine BScN, MSc (QIPS)

**Organization:** North York General Hospital

**Title:** North York General Hospital: Late Loss Support/Pregnancy After Loss

**Abstract:** In June 2022, North York General Hospital re-launched its Late Loss Support Group, which was previously run in person and facilitated by a Clinical Psychiatrist and Social Worker.  Of course, due to the pandemic, the shift from in-person to virtual was expected, however with the loss of the Clinical Psychiatrists’ support, some amendments had to be made for facilitation of the sessions.  The Clinical Nurse Educator in the Maternal Newborn Program has extensive experience with education and patient interactions related to perinatal bereavement and was ready and willing to co-facilitate along with the Maternal Newborn Social Worker.  The goal of the program is to ensure patients and families have equal access to such an important support in the community. The group was open to anyone who had experienced a loss or neonatal death, regardless of where they delivered their baby.  Albeit an adjustment moving to a virtual platform, it quickly became evident that virtual care had better accessibility and even increased comfort levels for participants to attend.  Over time the group grew in numbers and many participants have remained constant throughout the process.  A sense of “family” and “connectedness” is palpable each week.  As facilitators, the growth and support each participant have provided to new and old members alike has been transformational.  The need for physical interaction was also evident, and so incorporation of occasional in-person meetings started in the fall of 2022 (following COVID precautions).

Utilizing art therapy in these sessions allowed for parents to express their unconditional love and grief for their children in a physical way that would give them tangible mementoes to take home and add to their small but treasured collections.  Utilization of the Child Life Specialist has also been incorporated into some virtual sessions, to provide support and innovative ideas to include siblings in the memory making on their unique grief journey. As members of the group have navigated through their grief, some of them are now in subsequent pregnancies which inspired the facilitators to open a second group – Pregnancy After Loss – to support this new stage in their life.  This group launched in February 2023. The Late Loss Support Group is something that could be provided at any organization, so long as those facilitating the group are passionate and willing to stand with parents and support them through their tumultuous journey of loss.  It requires dedication and perseverance to ensure that there is a consistent meeting place for the participants week after week.  Having an opportunity to support our peers to create their own groups would enhance options for patients to receive the help they undoubtedly need.

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**D02.iii Presenters:** Amy Muhr & Loralee McInroy

**Organization:** Pregnancy and Infant Loss Network | Sunnybrook Health Science Centre

**Title:** Supporting Siblings After Pregnancy or Infant Loss

**Abstract:** To provide health care providers with the appropriate knowledge and resources to effectively and compassionately support bereaved parents and their children through pregnancy and infant loss. Grieving a pregnancy or infant loss while parenting living children can be very challenging for the whole family. The end of a pregnancy or death of a baby is a very sad and difficult time for adults that can be made even more complex when they are responsible for supporting children in their own grief. Through case studies, the voices and the stories of bereaved families from diverse backgrounds, this knowledge translation workshop will explore how parents can help kids have difficult conversations and navigate their grief in an age-appropriate way. Opportunities for the session participants to network and share their experiences will be provided throughout the session. Additionally, as health care providers, our commitment to family-centered care is evident through our ability to help parents understand children’s grief and giving parents the language to answer questions their kids might have. As providers, empowering families by sharing examples and ideas of commemorative family activities and rituals will help foster a healthy grief relationship between children and their families.

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**D03.i Presenters:** Aditi Loveridge, Founder/CEO of Pregnancy & Infant Loss Support Center and Co-Founder of Seeds of Growth, Grief Education Inc. & Danyelle Kaluski, Co-Founder/Director of Operations of Pregnancy & Infant Loss Support Center and Co-Founder of Seeds of Growth, Grief Education Inc.

**Organization:** Pregnancy & Infant Loss Support Centre

**Title:** Creating Inclusive, Intentional and Supportive Dialogue Through Loss

**Abstract:** Aditi Loveridge (she/her) and Danyelle Kaluski (she/her) have over twenty years combined of personal and professional experience in perinatal loss. Having lived through and supported thousands of families through loss, a frequent thread of frustration is how common words and phrases that are intended to support, often cause unintentional harm. Words are one of the simplest and underutilized tools that can make the difference between people feeling supported vs unsupported, included vs excluded. Words are a powerful tool to create brave spaces for every person so that every loss experience can feel affirmed.

In this honest and interactive workshop, Aditi and Danyelle will facilitate a brave and authentic space for attendees to get candid about the impact that words can have. Attendees will learn how to connect with bereaved parents, will find the power in words, and how to create a dialogue that is inclusive, intentional and supportive.

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**D03.ii Presenter:** Rennie Bimman, BSW, MSW, RSW: Affiliated with CHEO Palliative Care and Roger Neilson House

**Organization:** Children's Hospital of Eastern Ontario (CHEO) and Roger Neilson House

**Title:** Perinatal Loss & Stigma: Granting Permission to the Elephant in the Room

**Abstract:** Hushed, ignored, and living at the margins: perinatal loss enacts suffering that bereaved individuals are often made to feel unworthy of feeling. This workshop will address the specific, harmful impact of stigma on perinatal loss experiences, and how to provide informed support. Narratives of perinatal loss are often unwelcome, in healthcare and in the broader social script, especially as they come in sharp contrast to the joys expected with pregnancy and childbearing. This leads bereaved families to become disenfranchised in their grief: living a reality that is unacknowledged and unseen, but all the while unforgiving. Families may feel they must continue as ‘normal’ among those unaware they were expecting, or forced to navigate uncomfortable, unhelpful responses from others. Parents often feel isolated and incongruous among their peers, and may feel their natural grief reactions are incorrect, particularly socially maligned emotions like anger and jealousy.

Additional stigmas may further complicate perinatal loss experiences; e.g. terminations, loss of a single twin, or involvement of the justice system. Stigma can lead families to feel unable to share: harmfully reducing their access to support and their opportunities to process their grief in healthy ways. Therapeutic interventions must be cognizant of these impacts, and offer radical, empathetic permission to move past the barriers of stigma. Acknowledging and understanding stigma is a crucial first step. In this workshop, participants will learn about the unique and dangerous role of stigma in perinatal loss, and explore and imagine how it can be addressed. Participants will build clinical expertise in perinatal grief-related topics, and tangible intervention skills in addressing stigma when providing bereavement support in both individual and group settings. This workshop will explore permission as a therapeutic intervention, and how to employ it to reduce isolation and facilitate healthy processing of loss. ([Back to top](#_top))

## Breakout Sessions E: Friday, September 22nd 1:30 PM

**E01.i Presenter:**  Dr. Bree Akesson, LMSW, RSW, MPH, PhD

**Organization:** Wilfred Laurier University

**Title:** What Was Lost: Experiences of Support After Pregnancy Loss Among Syrian Refugee Families

**Abstract:** More than 15% of refugee families will experience pregnancy loss, defined as miscarriage or stillbirth (World Health Organization, 2022). Feelings of stigma, shame, and guilt may be common after experiencing such a loss. Factors such as the presence or absence of supports may help to exacerbate or ameliorate these feelings. Despite being a common experience, pregnancy loss is still an under-researched and under-discussed topic, especially in war-affected contexts. Furthermore, nearly all research on pregnancy loss focuses exclusively on mothers and does not consider the impact of such loss on fathers or the family as a unit of analysis. The research used a qualitative approach to explore experiences of pregnancy loss among Syrian refugee families who were displaced in Lebanon.

The foundation of the research was 13 collaborative family interviews (CFIs) with mother-father dyads who had experienced pregnancy loss within the previous 5 years (n=26). CFIs were followed by one-on-one interviews with mothers (n=15) and fathers (n=12) and two focus groups with mothers (n=8) and fathers (n=7). The viewpoints and experiences of practitioners (physicians, midwives, nurses, etc.) were elicited through one-on-one interviews (n=3) and four focus group discussions (n=10). In total, 36 mothers, 32 fathers, and 13 practitioners participated in the research. The data uncovered three themes related to supports for families who have experienced pregnancy loss. The first theme—formal supports—included the attitudes and actions of health professionals towards families who have experience pregnancy loss and community outreach or awareness-raising programs that are primarily geared towards women of childbearing age. The second theme—informal supports—included mechanisms that help or hinder a family’s healing process such as one’s partner, extended family, community support from neighbors or friends, religious support, and cultural support. The third theme explored barriers to support, including financial, legal, access, and awareness. By focusing on a variety of supports that both hinder and help families, the research suggests ways that practice and policy may be improved to better meet the needs of families who have experienced pregnancy loss.

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**E01.ii Presenters:**Meagan Noble BA(Kin), BScN, MN-CSRS, NP & Michaela Parenteau BScN, MPH, NP(c)

**Organization:** Indigenous Services Canada

**Title:** Pregnancy and Infant Loss in Northern Indigenous Communities

**Abstract:**Colonization has had a significant and lasting impact on Indigenous bodies, culture, and traditions. As a result, studies have consistently documented much higher risks of perinatal and infant mortality among Indigenous compared with non-Indigenous births in Canada. There is an urgent need for more culturally sensitive supports for those coping with pregnancy and infant loss. This presentation aligns with the Pregnancy and Infant Loss (PAIL) Network educational theme *Leadership, Routine Building, and Volunteer Management*. More specifically, addressing bereavement care inequities with a culture-focused lens on Indigenous communities. This presentation will: (1) identify the unique risk factors Indigenous peoples face as they continue to shoulder pregnancy and infant loss at alarming rates; (2) describe the current landscape and barriers to pregnancy and infant loss care in Northern Indigenous communities; and (3) discuss roles for truth and reconciliation and future directions to address the bereavement care inequities in Northern Indigenous communities. Our goal is to create culturally safe spaces, empower Indigenous people to revitalize traditional knowledge, identify and bridge care gaps to support truth and reconciliation, and offer peer support for Indigenous people coping with pregnancy and infant loss, in an environment free of oppression and racism.

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**E02.i Presenters:** Claire Osepchook, RM, MSc & Odaemin Mckay-Loescher, RM

**Organization:** Seventh Generation Midwives Toronto & Sunnybrook Health Science Centre

**Title:** Hospitalist Midwives: Providing Culturally-Safe to Indigenous Patients of the DAN Women & Babies Program at Sunnybrook Health Sciences Centre

**Abstract:** We know that Indigenous people have experienced harm in healthcare for many years due to racism, inadequate access, discrimination, stereotyping and stigmatization. It has been shown that Indigenous people have the poorest health outcomes when compared to other populations in Canada. To address this disparity, it is vital that health care institutions take immediate action to provide culturally safe access to care. To support culturally safe care, Seventh Generation Midwives Toronto, with the support of Sunnybrook DAN Women & Babies program, have developed the role of the Hospitalist Midwife.

The Hospitalist Midwife provides cultural support for Indigenous patients accessing care at Sunnybrook during their pregnancy, birth or postpartum. Registered Indigenous Midwife Odaemin Mckay and Registered Midwife Claire Osepchook support Indigenous patients through assisting with the understanding of the health care plans, and act as a liaison between healthcare teams by providing guidance so that Indigenous culture is incorporated into service. In this way, the care team can focus on the goals and wishes of these families in a way that is culturally relevant and supportive. This role also aims to address the gaps in healthcare and erode barriers to accessing equitable health care for Indigenous patients and families. Our presentation will include how a Hospitalist Midwife plays an integral role in cultural care considerations in the support of Indigenous families in their pregnancies. We will highlight the importance of the insurance of family-centered care and seeking guidance and direction from the patient.

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**E02.ii Presenters:** Emily Stupple, RM & Erin Hayden, RM

**Organization:** Midwives Grey Bruce

**Title:** Infant Palliative Care and Stillbirth at Home with Registered Midwives

**Abstract:** Midwives provide care to diverse clientele, including the Old Order Amish community of Southwest Ontario, who have higher rates of a known set of genetic disorders. Midwives’ model of care, which includes informed choice and choice of birth place, can be leveraged to provide supportive care options for families who are expecting infants who may have disorders incompatible with life or palliative. By reviewing three case studies, midwives describe their experiences of providing culturally sensitive and collaborative care approaches to meeting their clients’ wishes for antenatal testing and monitoring, genetic testing, birth, and palliative care at home. Presenters will further describe some considerations and challenges when providing care outside typical routes.

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**E03 Family Panel:** Cultural Safety Considerations

Join PAIL Network’s Family Panel discussing Cultural Safety Considerations when a pregnancy ends or a baby dies. Hear from families about what they found helpful to better support their own needs, and how their external support systems and culture played a role in their grieving process. ([Back to top](#_top))

**E04 Family Panel:** Pregnancy After Loss

Perinatal loss has a pervasive impact on families, which often extends to a subsequent pregnancy.  Join PAIL Network’s Family Panel as we hear from people who have been pregnant following a pregnancy or infant loss, and what they found positive or impactful in the care they received. ([Back to top](#_top))