PREGNANCY AND INFANT LOSS NETWORK
CONNECTED IN CARE
CONFERENCE

OVERVIEW

Thank you for joining us for PAIL Network's second biennial Connected in Care Conference. This event is of great significance for the pregnancy and infant loss community as it aims to bring together health and service professionals and bereaved families with a shared goal: **to improve the quality of compassionate and skilled care and support for individuals and families who experience a pregnancy loss or infant death.**

Welcome to everyone who is joining us from across Canada and abroad. The conference will highlight key considerations for providing exceptional bereavement care and support in the following categories:

- **Leadership, Routine Building, and Volunteer Management**
- **Peer Support**
- **Community Care and Wellness**
- **Clinical Care Considerations**

New this year, our Pre-Conference on Wednesday, September 24th will have a strong focus on practical skill building like: simulated communication exercises, making hand and foot molds, toolkit development workshops, immersive presentations, and community discussions.

Conference Timeline:

Pre-Conference Registration: Tuesday, September 23rd 4:00 PM – 5:00 PM & 8:00 PM – 9:00 PM
Pre-Conference: Wednesday, September 24th 8:00 AM – 4:30 PM
Day 1: Thursday, September 25th 7:30 AM – 4:30 PM
Day 2: Friday, September 26th 7:30 AM – 4:30 PM

HOW TO PREPARE

Printing: Please save a copy of the agenda to your mobile device. In an effort to reduce our carbon footprint, we aim to print as little paper as possible. Attendees will only be provided with a printed 1-page document with the conference floor plan on one side, and a list of all presentations and room locations on the other side for easy navigation. Unless requested, we will not have the full program printed for attendees. We will keep one at the PAIL Network table for reference.

Water and Warm Beverages: Consider bringing a reuseable water bottle or reuseable coffee traveler to stay hydrated and energized at the conference. Cups and mugs will be provided, however, reusing your vessel throughout the day will help reduce water consumption for dish washing.

PAIL Network Tote Bag and Lanyard: If you attended our conference in 2023, please bring your PAIL Network grocery tote and lanyard. If you didn't attend in 2023, or forget to bring them, these will be provided to you as part of your welcome package.

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GENERAL INFORMATION

Registration

The registration desk is located left of the York Tower elevators and will be open during the following times:

Tuesday, September 23rd from 4:00 PM – 5:00 PM & 8:00 PM – 9:00 PM
Wednesday, September 24th from 8:00 AM – 8:45 AM
Thursday, September 25th from 7:30 AM – 10:30 AM
Friday, September 26th from 7:30 AM – 10:30 AM

Name Badge

All attendees will be provided a name badge at registration. These name badges must be worn at all times to identify you as a conference attendee. At the end of the conference, plastic name card holders can be returned to the PAIL Network table to be entered into a draw.

Meals

Meals will be served in the Vaughan Ballroom, and refreshments will be served in the hallway during the following times to encourage a stretch and discussion with posters and exhibitors during breaks:

Wednesday, September 24th
AM Refreshment Break: 10:00 AM – 10:30 AM (Aurora)
Lunch: 12:00 PM – 1:15 PM (Vaughan Ballroom)
PM Refreshment Break: 3:00 PM – 3:30 PM (Aurora)

Thursday, September 25th
Breakfast: 7:30 AM – 8:30 AM (Vaughan Ballroom)
AM Refreshment Break: 10:30 AM – 11:00 AM (Aurora and Markham)
Lunch: 12:00 PM – 1:30 PM (Vaughan Ballroom)
PM Refreshment Break: 3:05 PM – 3:30 PM (Aurora and Markham)

Friday, September 26th
Breakfast: 7:30 AM – 8:30 AM (Vaughan Ballroom)
AM Refreshment Break: 10:00 AM – 11:00 AM (Aurora and Markham)
Lunch: 12:00 PM – 1:30 PM (Vaughan Ballroom)
PM Refreshment Break: 3:05 PM – 3:15 PM (Vaughan Ballroom)

Gender Inclusive Accessible Washrooms

There are two set of washrooms located in the lower level. Gender-inclusive, accessible stalls are located to the West of the Vaughan Ballroom. Additional washrooms can be located at the opposite end of the lower level, East of the Stouffville meeting room.

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Scent-safe Environment

Help us provide a scent-safe environment by avoiding the use of perfumes, lotions or other scented products.

Internet Access

PAIL Network is pleased to provide complimentary WI-FI to conference participants in the meeting rooms. Wireless Network & Password will be provided on day of conference.

Poster and Exhibitor Hall

New this year, and for ease of meaningful discussion with a wide array of organizations, poster presentations and tables will be placed throughout the lower level **between Aurora and Stouffville**, and inside **Newmarket.**

The Poster and Exhibitor Hall will be open the following times:

Thursday, September 25th: 7:30 AM – 8:30 AM, 10:30 AM – 11:00 AM, 12:00 PM – 1:30 PM, 3:05 PM – 3:30 PM, (optional) 4:30 PM – 5:00 PM

Friday, September 26th: 7:30 AM – 8:30 AM, 10:00 AM – 11:00 AM, 12:00 PM – 1:30 PM, 3:30 PM – 4:30 PM

Interactive Poster Exhibit

Take a walk to **Oak Ridges** for an interactive and immersive poster titled "Contemplative Spacemaking and its Application in Perinatal Bereavement Settings." This room will be offered as a breakout session "Museum Walk" during the pre-conference, and during refreshment breaks on Thursday and Friday.

The Wellness Room

PAIL Network has a designated space available in Markham B for people to retreat to. There will be ice water available, hot water for tea, busy-hand activities, colouring sheets, beading, and a few seats to take a break. If the content feels heavy, you need a moment to self-regulate, or you wish to light a candle and take a moment to honour your baby/babies, this is a quiet, reflective space to use. Attendees are permitted to smudge in this room. Smokeless smudge spray will also be provided for use.

The Wellness Room is only open during meals and breaks when a PAIL Network team member is present and attending to open flame candles. During sessions, this room will be locked but available if needed.

Photography at the Conference

This conference will be photographed for use in future communications and publications that promote the work of Pregnancy and Infant Loss (PAIL) Network. By attending this event, you grant PAIL Network permission to use your image for promotional purposes.

No photos will be taken during ceremony or in the Wellness Room without verbal consent first. If you wish to opt out of photos, please indicate this on your session sign up form.

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PROGRAM AT A GLANCE – PRE-CONFERENCE

Registration Opens – Tuesday, September 23rd	
4:00 PM – 5:00 PM	Conference Registration begins
8:00 PM – 9:00 PM	

No virtual sessions on Wednesday, September 24; only in-person registration available

Pre-Conference – Wednesday, September 24th – Morning	
8:00 AM – 8:45 AM	Conference Registration
8:45 AM – 9:00 AM	Opening Remarks
9:00 AM – 10:00 AM Vaughan Ballroom	Keynote: Althea Jones, Registered Midwife Holding Space: Lessons from a Culturally Safe Midwifery Model for Bereavement Care
10:00 AM – 10:30 AM	AM Refreshment Break / Comfort Break
10:30 AM – 11:25 AM	**Breakout Session A**
A01 Vaughan Ballroom	Simulation: Communication Exercise (PART 1: Community/out-patient settings) – Megan Fockler, and Michelle La Fontaine
A02 Markham A	Memory Making: Hand and Foot Moulds (hands-on practice) – Meghan Donohue
A03 Aurora	Coffee and Connection – Loralee McInroy
11:25 AM – 11:35 AM	Room Transition / Comfort Break
11:35AM – 12:30PM	**Breakout Session B**
B01 Vaughan Ballroom	Simulation: Communication Exercise (PART 2: Community/out-patient) – Megan Fockler, and Michelle La Fontaine
B02 Markham A	i. Community Connections: Enhancing Care Delivery in Perinatal Palliative Care – Lesley Sabourin ii. Equipping Parents for Tender Conversations: A Call to Action for Healthcare Professionals – Julia Zinn
B03 Aurora	Unspoken Grief: Screening of the short film "Things We Feel But Do Not Say" – Conversation with PAIL Network and Writer and Director, Lauren Grant

Pre-Conference – Wednesday, September 24th – Afternoon	
12:30 PM – 1:30 PM	Lunch & Networking
1:30 PM – 1:50 PM	Stronger Together: Commemorative Activity and Ceremony
1:50 PM – 2:00 PM	Room Transition / Comfort Break
2:00 PM – 3:00 PM	**Breakout Sessions C**
C01 Vaughan Ballroom	Simulation: Communication Exercise (PART 1: Hospital-based settings) – Megan Fockler, and Michelle La Fontaine
C02 Markham A	Cultivating Compassion: Early Pregnancy Loss Provider Toolkit (hands-on) – Laura Crich, and Jennifer Burkhart
C03 Aurora	Creative Healing: An Expressive Arts Toolkit for Grief Journeys – Elspeth MacEwan

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Pre-Conference – Wednesday, September 24th – Late Afternoon	
3:00 PM – 3:30 PM	PM Refreshment Break / Comfort Break
3:30 PM – 4:30 PM	**Breakout Sessions D**
D01 Vaughan Ballroom	Simulation: Communication Exercise (PART 2: Hospital-based settings) – Megan Fockler, and Michelle La Fontaine
D02 Oak Ridge	Contemplative Spacemaking and its Application in Perinatal Bereavement Settings (Museum Walk) – Sasha Kamkin, Zachary Scholtz, and Kory McGrath
D03 Aurora	Community Think Tank: The Three Rs of Effective Volunteer Engagement – Amy Muhr

PROGRAM AT A GLANCE – CONFERENCE: DAY 1

Bolded sessions will be offered virtually

Day 1 – Thursday, September 25th – Morning	
7:30 AM – 8:30 AM	Conference Registration, Breakfast, Posters and Exhibitor Hall
8:30 AM – 9:00 AM	**Opening Remarks**
9:00 AM – 10:30 AM **Vaughan Ballroom**	**Keynote: Françoise Mathieu, MED, RP** **The Edge of Compassion - Strategies to Care for Ourselves While Caring for Others**
10:30 AM – 11:00 AM	AM Refreshment Break, Posters and Exhibitor Hall
11:00 AM – 12:00 PM	**Breakout Session A**
A01 **Vaughan Ballroom**	**Key Tools to Stay Grounded: Building your Essential Toolkit – Françoise Mathieu**
A02 **Markham A**	**i. Every Last One – compassionate care for patients and families experiencing pregnancy and infant loss at The Luke Commission in the Kingdom of Eswatini, Africa – Shawna Clouthier** **ii. Ode'imin (Strawberry) Teaching: Love, Loss, and Heart – Kim Deyman**
A03 Aurora	i. Facing uncertainty with open minds and hearts: Caring for pregnancies with severe fetal cardiac conditions – Sarah Lord, and Andrea Steadman ii. Community Connections: Enhancing Care Delivery in Perinatal Palliative Care – Lesley Sabourin iii. Creating a Standard of Care for the Periviable infant: Guidance for Health Care Practitioners supporting families who choose comfort care for their infants born at the edge of viability – Meghan Donohue, and Gillian Ballantyne
A04 Stouffville	Examining Mementoes-Based Support following Perinatal Loss: Perspectives from Care Recipients and Health Care Providers – David B. Nicholas, Jillian Wright, and Melissa Mostert

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Day 1 – Thursday, September 25th – Afternoon	
12:00 PM – 1:30 PM	Lunch, Commemorative Ceremony (12:40 pm), Exhibits, Posters
1:30 PM – 2:30 PM	**Breakout Sessions B**
B01 **Vaughan Ballroom**	**Key Tools to Stay Grounded: Building your Essential Toolkit – Françoise Mathieu**
B02 **Markham A**	**i. IWK Health Centre Bereavement Follow-Up Program – Linden Hardie** **ii. Can we create seamless, supported pregnancy loss care? Perinatal Loss Navigation in Victoria, BC – MJ Harris and Dr Kim MacDonald**
B03 Aurora	i. CuddleCots: Bridging Comfort and Care for Grieving Families and Clinicians – Jessica Fleming ii. Finding our voices: Stillbirth Happens – let's talk podcast – Erin Bohn, and Jaime Ascher (Lana Sullivan)
B04 Stouffville	Panel: Confronting the Gaps in Grief Care After Abortion
2:30 PM – 2:35 PM	Changeover / Room Transition Break
2:35 PM – 3:05 PM	**Breakout Sessions C (30 minute)**
C01 **Vaughan Ballroom**	**The University of Utah Stillbirth Center of Excellence: Why, what, and how it could be relevant to stillbirth quality of care in Canada – Susannah Leisher**
C02 **Markham A**	**i. Building a compassionate framework for perinatal loss: Enhancing peer support, leadership, and routine care in the ED – Meghan Cellamare, Briar DeFinney, and Kristen Mischtian** **ii. Mount Sinai Fertility's Early Pregnancy Program: Enhancing Early Pregnancy Loss Care for Fertility Patients – Rebecca Keller**
C03 Aurora	i. Compassion into Action: Advancing Education and Support for Pregnancy and Infant Loss – Brandon Drouillard ii. The Impact of an Educational Session on Perinatal Bereavement on the Understanding Bereavement Evaluation Tool (UBET) Scores of Second-Semester Baccalaureate Nursing Students – Nadia Torresan
C04 Stouffville	Full Circle Perinatal Care: A Multidisciplinary Practice for Perinatal Loss – MJ Harris and Dr. Kim MacDonald
3:05 PM – 3:30 PM	PM Refreshment Break, Exhibits, Posters
3:30 PM – 4:30 PM	**Breakout Sessions D**
D01 **Vaughan Ballroom**	**Self Compassion for Helping Professionals – Beth Lewis, and Jennifer Jamieson**
D02 **Markham A**	**Leading with Heart: Facilitating Grief Groups with Confidence and Care – April Boyd**
D03 Aurora	Supporting Families After Perinatal Loss: A Multi-Disciplinary Community-Based Approach – Tracy Condon, and Laura Koekkoek
D04 Stouffville	i. Heartbeat Songs and Legacy Work: Supporting Grieving Parents in the NICU – Teresa Ianni, and Meghan Donohue ii. Continuing Bonds: Fostering Connection and Healing Through Art Therapy in Pregnancy and Infant Loss Support Groups – Patricia Irvine, and Nikita Nileshwar

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PROGRAM AT A GLANCE – CONFERENCE: DAY 2

Bolded sessions will be offered virtually

Day 2 – Friday, September 26th – Morning	
7:30 AM – 8:30 AM	Conference Registration, Breakfast, Exhibits, Posters
8:30 AM – 9:00 AM	**Opening Remarks**
9:00 AM – 10:00 AM	**Keynote: Erin Gross, MTA, RP** **Building Playlists to Support the Grief Process: Using Music as a Tool for Healing After Loss**
10:00 AM – 11:00 AM	AM Refreshment Break, Exhibits, Posters and Hotel Check Out
11:00 AM – 12:00 PM	**Breakout Session A**
A01 **Vaughan Ballroom**	**i. The Journey of Developing an Early Pregnancy Loss Clinic – Pamela Winchester, and Heather Van Der Eyken** **ii. Cultivating Compassion: Early Pregnancy Loss (EPL) Provider Toolkit (hands-on) – Laura Crich, and Jennifer Burkhart**
A02 **Markham A**	**Grief Circles: Coping, Connection and Continuing Bonds – Andrea Prescott-Cornejo, and Lesley Sabourin**
A03 Aurora	Sibling Grief – Kim Breau and Jennifer Jamieson
A04 Stouffville	i. Grief Is Natural: Single Day Nature-Based Grief Retreats – Sheila MacPherson ii. Nature and Grief: A Retreat for Families Affected by SUID/SIDS Loss – Loralee McInroy

Day 2 – Friday, September 26th – Afternoon	
12:00 PM – 1:30 PM	Lunch, Exhibits, Posters
1:30 PM – 2:30PM	**Breakout Sessions B**
B01 **Vaughan Ballroom**	**Mapping the Journey: Co-Creating a Perinatal Palliative Care Pathway Together – Kira Goodman, Sarah Lord, Rebecca Williams, Andrea Steadman, Nicole Wagschal, Jordan Bast, and Lori Ives-Baine**
B02 **Markham A**	**i. Enhancing Volunteer Peer Support Programs: Foundations for Successful Volunteer Retention, Recognition, and Appreciation – Amy Muhr** **ii. Sharing stories and supporting one another: creating a peer mentor training program for reproductive loss in British Columbia – Kimberly Lockhart, and Georgia Schindler**
B03 Aurora	i. Experiences of bereaved parents who have faced perinatal loss. A Qualitative Study – Lesley Sabourin ii. Hiding in Plain Sight: A narrative review of non-parental relatives' perinatal grief – Rennie Bimman
B04 Stouffville	Panel: A Legacy of Love- Advocacy Through Commemorative Action
2:30 PM – 2:35 PM	Room Transition Break

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Day 2 – Friday, September 26th – Afternoon (cont'd)	
2:35 PM – 3:05 PM	**Breakout Sessions C (30 minute)**
C01 **Vaughan Ballroom**	**Improving Early Pregnancy Loss Care in Ontario: Insights, Challenges, and Collaborative Solutions – Michelle La Fontaine**
C02 **Markham A**	**A Midwifery-Led Early Pregnancy Clinic: Midwifery and Obstetric Collaboration to Improve Care at Michael Garron Hospital for Patients Experiencing Complications of the First Trimester of Pregnancy – Jenna Robertson Bly and Tiffany Fung**
C03 Aurora	Returning to work following a perinatal loss: when two worlds collide – Sophie Meunier, and Myriam Bédard-Lévesque
C04 Markham B	Holding Space for Healing, Together – Tsi Kanonhkhwatsheríyo Indigenous Interprofessional Primary Care Team, Allison Loft and Darcy Whalen
3:05 PM – 3:20 PM	PM Refreshment Break (Vaughan Ballroom) and Comfort Break
3:20 PM – 3:45 PM	Closing Remarks and Prizes (Vaughan Ballroom)
3:45 PM – 4:30 PM	Posters and Exhibitor Hall, and Networking

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DETAILED PROGRAM OVERVIEW

Key Note Speaker: Wednesday, September 24th at 9:00 AM (in person only)

Althea Jones, Registered Midwife
Althea Jones is a registered midwife with over 10 years of experience providing primary maternity and newborn care. For Althea, reproductive health is much more than a career, it's a passion and a calling that she has dedicated herself to. In 2021, Althea launched Ancestral Hands Midwives, a not-for-profit organization with a mission to improve the outcomes and experiences of Black people during the perinatal period. By focusing on education, access and empowerment, Ancestral Hands Midwives aims to make a positive impact on Black maternal health in Canada.

Additionally, Althea is very active in the midwifery community. She serves as the president of the Association of Ontario Midwives board of directors. Althea is dedicated to growing the profession as a mentor for BIPOC midwifery students and through community outreach. Althea not only hopes to see a midwifery profession that mirrors the diversity seen here in Ontario, but also wants to improve the retention of Black midwives.

Prior to completing her Bachelors of health science in Midwifery at Toronto Metropolitan University, Althea completed a biology degree at the University of Arizona where she attended on a soccer scholarship. As a former NCAA division one athlete, Althea is a strong supporter of women in sports. She truly believes that being an athlete has given her the skills and laid the foundation for her midwifery career and the advocacy work she does today.

Title: Holding Space: Lessons from a Culturally Safe Midwifery Model for Bereavement Care

Description: *Holding Space: Lessons from a Culturally Safe Midwifery Model for Bereavement Care* will explore how the care philosophy at Ancestral Hands Midwives offers practical and powerful lessons for supporting bereaved parents. Grounded in culturally safe, relationship-centered care, this keynote will highlight approaches to communication, compassion, and presence that honour both individual and collective experiences of loss. Attendees will gain insights into how midwifery-informed practices—shaped by trust, cultural humility, and deep listening—can enhance the ways health and service professionals support grieving families, particularly those from historically marginalized communities.

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Special Guest: Wednesday, September 24th at 11:35 AM (in person only)

Lauren Grant, Writer and Director of "Things We Feel But Do Not Say"
Clique Pictures is a vibrant film and television production company that focuses on working with female creative talent in front and behind the camera. Owned by award-winning filmmaker Lauren Grant, the company is based in Toronto, Canada. Her directorial debut short film *Things We Feel but Do Not Say* screened at festivals in North America before premiering on CBC in 2022. Her latest short film *Erase & Rewind* is based on the short story by Meghan Bell, won the Golden Sheaf Mental Health award at the Yorkton Film Festival.

She won a Canadian Screen Award for the short documentary *Take a Walk on the Wildside* and a Genie award for *Savage*. The Hollywood Reporter named Lauren one of 15 Talents to Watch, and she is an alumna of ACE Producers, Trans-Atlantic Partners, Rotterdam Lab, Berlinale Talent Campus, and TIFF Studio.

DIRECTOR'S STATEMENT
1 in 4 women will have a miscarriage. That makes it sound common, frequent, statistical, but that isn't how it feels when it happens to you. The experience is intimate, personal and heartbreaking. *Things We Feel But Do Not Say* is based on my experience with having two miscarriages before the birth of my daughter. Like so many women, I kept this private and shared with only a few close friends and some family. It weighed heavy on my heart for so long - long past what the outside world seemed to accept as a grieving period.

I wanted to make a film that captures this private grief and isolation. A time when your own body doesn't feel like a friend and even those closest to you are at a loss of how to help. I also wanted to capture how grief effects both partners – and it is easy to be so lost in your sorrow that you can miss it. I wrote the film in January 2020. Since then, the world has been facing a collective grief with loss of loved ones, stability, connection. Many suffer and struggle in silence, but through this collective grief, I've seen more and more people speak out on their losses of all kinds – including miscarriage and infant loss. I hope we take away from this time that we need our support systems, our community, our village to get through grief.

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Breakout Sessions A: Wednesday, September 24th at 10:30 AM

A01. Presenters: Megan Fockler (she/her), Manager, and Michelle La Fontaine (she/her) Regional Program Manager

Organization: Pregnancy and Infant Loss Network

Title: Simulation: Communication Exercise (PART 1: Community/out-patient settings)

Abstract: Do you wish you had more training to speak with a family experiencing a pregnancy or infant loss? Have you ever wished you could practice your communication techniques in a supportive learning environment? Have you ever wanted to receive feedback on your communication approaches and learn from your peers in a simulated environment? If you answered yes to any of these questions, please consider joining PAIL Network as we host a simulation day focused on practicing skilled, family-led, and compassionate communication around the time of a pregnancy or infant loss.

This simulation is for any professional or service provider who interacts with families who have experienced a pregnancy or infant loss, and will be focused on **community-based scenarios**. Simulation activities will be focused on skilled and compassionate communication, and are best suited to professionals and service providers who interact with families outside of the hospital (i.e. Public Health, Community Health, Outpatient Clinics, Home-visiting, Prenatal care and education, Lactation Consultants, Mental Health, etc.). We will focus on communication that centres on the time after the diagnosis of loss and birth, for example making follow-up phone calls/visits, supporting siblings, pregnancy after loss, service intakes when loss is disclosed, etc.

Learning Objectives:

1. Participants will further develop compassionate communication with simulated patients who are experiencing an early pregnancy loss, stillbirth, infant death, and pregnancy after loss (4patient scenarios)
2. Participants will further develop their ability to share information sensitively with patients who have received upsetting news about their pregnancies
3. Participants will improve their knowledge of how to discuss memory making and rituals with a patient experiencing pregnancy loss that incorporates a holistic approach
4. Participants will demonstrate their understanding of the importance of using appropriate language when talking with a patient about their pregnancy loss
5. Participants will improve their knowledge of how to communicate a next steps with a patient experiencing pregnancy loss or stillbirth that includes cultural connections as well as linkages to psychosocial supports
6. Participants will demonstrate their understanding of the unique grief needs of families who experience the death of their baby

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A02. Presenter: Meghan Donohue (she/her), MN, RN, CNeoN(C)

Organization: Pregnancy and Infant Loss Network | Sunnybrook Health Sciences Centre

Title: Memory Making: Hand and Foot Moulds (hands-on practice)

Abstract: Established to support health and service professionals in their memory making work, we are offering a hands-on practice for hand and foot molds, and a collaborative discussion around other memory making initiatives from Emergency Room to NICU.

Many families find it important to recognize, honour and remember their baby in both public and private ways. There are many ways that a family can commemorate their love and continue their connection to their baby. As healthcare professionals, you can help the family in the creation of memorial rituals and objects. Your presence and participation can help to validate that a significant loss has occurred.

During this session, we will:

- Demonstrate how to use dental supplies in a step-by-step process to create hand and foot moulds. Explore the significance of hand and foot moulds in preserving memories.
- Provide guidance for caregivers and professionals supporting bereaved families.
- Discuss best practices for creating high-quality moulds, 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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A03. Presenter: Loralee McInroy (she/her), Family Support Coordinator

Organization: Pregnancy and Infant Loss Network

Title: Coffee and Connection: A Gentle Way to Start the Day

Abstract: Join us for an informal breakout session designed especially for bereaved parents to gather, connect, and ease into the PAIL Network Conference. *Coffee and Connection* offers a warm, welcoming space to introduce yourself, share stories, and build a sense of community with others who are attending the conference with a unified voice for those with lived experience. Whether you're attending the conference for the first time or returning, this session provides a gentle start to the day with conversation, comfort, and compassion. Come as you are—coffee and morning refreshments in hand, heart open.

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Breakout Sessions B: Wednesday, September 24th at 11:35 AM

B01. Presenters: Megan Fockler (she/her), Manager, and Michelle La Fontaine (she/her) Regional Program Manager

Organization: Pregnancy and Infant Loss Network

Title: Simulation: Communication Exercise (Community/out-patient settings)

Abstract: (PART 2: CONTINUED FROM A01)

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B02.i. Presenter: Lesley Sabourin (she/her), RN, CHPCN(C)

Organizations: CHEO (Children's Hospital of Eastern Ontario), and Roger Neilson Children's Hospice

Title: Community Connections: Enhancing Care Delivery in Perinatal Palliative Care

Abstract: When a baby's condition becomes palliative, families and healthcare providers often face complex decisions about where and how end-of-life care is provided. In some cases, families and care teams may choose to forgo transfer to tertiary centers, instead prioritizing comfort and quality of life in the baby's home community. To support this, the CHEO Critical Care Transport Team and the CHEO Palliative Care team have developed a new initiative equipping community providers with the resources they need to deliver good quality palliative care.

This initiative includes the development of a comprehensive resource designed to guide community healthcare teams in delivering perinatal palliative care. The resource offers practical guidance on symptom management, communication strategies, and psychosocial support for families, ensuring continuity of care outside the tertiary setting.

This presentation will outline the creation and implementation of the initiative, including key elements of the new resource and its integration into neonatal transport practice. By strengthening partnerships with our community care providers, this initiative aims to improve access to compassionate, family-centered palliative care, ensuring babies can remain in their communities with dignity and comfort.

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B02.ii. Presenter: Julia Zinn, Certified Child Life Specialist and Thanatologist.

Organizations: Hope House Community Hospice

Title: Equipping Parents for Tender Conversations: A Call to Action for Healthcare Professionals

Abstract: This pre conference presentation will highlight the importance of supporting parents in having age-appropriate conversations with their children about dying, death, and grief, despite common barriers. Julia will present a review of current research, identify gaps, and offer actionable strategies and calls to action for health and service providers to enhance death and grief literacy among families.

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B03. Presenters: Pregnancy and Infant Loss Network with Lauren Grant, Writer and Director

Organizations: Clique Pictures

Title: Unspoken Grief: A Screening and Conversation on the Things We Feel but Do Not Say

Abstract: Join PAIL Network and Writer and Director, Lauren Grant, for an intimate screening and discussion around the things we feel but do not say. Practice writing your own version of your lived experience for different audiences – family, friends, your colleagues – and feel empowered by being surrounded by a compassionate group of people who understand the isolation and silent grief that comes with pregnancy and infant loss.

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Breakout Sessions C: Wednesday, September 24th at 2:00 PM

C01. Presenters: Megan Fockler (she/her), Manager, and Michelle La Fontaine (she/her) Regional Program Manager

Organization: Pregnancy and Infant Loss Network

Title: Simulation: Communication Exercise (PART 1: Hospital-based settings)

Abstract: Do you wish you had more training to speak with a family experiencing a pregnancy or infant loss? Have you ever wished you could practice your communication techniques in a supportive learning environment? Have you ever wanted to receive feedback on your communication approaches and learn from your peers in a simulated environment? If you answered yes to any of these questions, please consider joining PAIL Network as we host a simulation day focused on practicing skilled, family-led, and compassionate communication around the time of a pregnancy or infant loss.

This simulation is for any professional or service provider who interacts with families who have experienced a pregnancy or infant loss, and will be focused on **hospital-based scenarios**. Simulation activities will be focused on skilled and compassionate communication, and are best suited to professionals and service providers who interact with families in the hospital/en route to the hospital (i.e. ER, L&D, NICU, Maternal-Newborn, High Risk Obstetrics, First Responders, Diagnostics/Ultrasound, etc.). We will focus on communication that centres on the time around the diagnosis of loss, birthing, memory making, and discharge to home.

Learning Objectives:

2. Participants will further develop compassionate communication with simulated patients who are experiencing an early pregnancy loss, stillbirth, infant death, and pregnancy after loss (4patient scenarios)
3. Participants will further develop their ability to share information sensitively with patients who have received upsetting news about their pregnancies
4. Participants will improve their knowledge of how to discuss memory making and rituals with a patient experiencing pregnancy loss that incorporates a holistic approach
5. Participants will demonstrate their understanding of the importance of using appropriate language when talking with a patient about their pregnancy loss
6. Participants will improve their knowledge of how to communicate a next steps with a patient experiencing pregnancy loss or stillbirth that includes cultural connections as well as linkages to psychosocial supports
7. Participants will demonstrate their understanding of the unique grief needs of families who experience the death of their baby

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C02. Presenters: Laura Crich (she/her), RN, MSc, and Jennifer Burkhart (she/her), RN, MN

Organization: Pregnancy and Infant Loss Network

Title: Cultivating Compassion: Early Pregnancy Loss (EPL) Provider Toolkit (hands-on)

Abstract: In Canada, up to 80% of families experiencing an early pregnancy loss (EPL) will visit the emergency department (ED) for care. Despite this frequency, the majority of EPL patients are dissatisfied with the care they receive, and staff often report a lack of confidence, skill, and resources in caring for this population.

At an Ontario ED, a grassroots working group developed and implemented new processes and resources to improve the quality of EPL care. This group then partnered with a provincial organization and sought patient, family, and health care provider feedback to create an online toolkit, with the goal of making these resources easily accessible and adaptable for other organizations and other areas of practice.

This open-access online toolkit includes a comprehensive evidence-based care guide for health care providers, compassionate and informative resources for EPL patients and their families, implementation strategies, staff education tools, and more. Our presentation will thoroughly review the toolkit contents, and will provide attendees with strategies and real-time support in adapting the toolkit to their area of practice. Through an unfolding case study, attendees will understand the twofold medical and emotional emergency of miscarriage. Attendees will also receive a pre-made toolkit package.

Our toolkit provides staff with knowledge, resources, and confidence to provide evidence-based, compassionate, and family-centered EPL care. Attendees will leave the presentation with inspiration and practical strategies to improve EPL care and to be an agent of change in their organizations.

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C03. Presenter: Elspeth MacEwan (she/her), MD, FRCPC (Psychiatry), PAIL Volunteer, Expressive Arts Facilitator, Community Psychiatrist

Organization: Peer Volunteer, Pregnancy and Infant Loss Network

Title: Creative Healing: An Expressive Arts Toolkit for Grief Journeys

Abstract: In traditional societies, all of the expressive arts were integral to the work of helpers and healers: song, dance, visual arts, storytelling, connecting with the natural world and group activities. Psychotherapists routinely invite our clients to "lean into the pain." Yet, as the field of pain is overwhelming, emotional shutdown becomes the norm. How can we support our clients in their grief journeys in ways that are easeful and meaningful? How can we digest our own grief in this community of collective grief? The workshop will highlight some core principles of expressive arts practice, and explore some simple ways to bring creativity into the conversation of peer support and self care. The presenter is a psychiatrist, expressive arts practitioner, hospice volunteer and group facilitator with a holistic approach and an engaging presence.

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Breakout Sessions D: Wednesday, September 24th at 3:35 PM

D01. Presenters: Megan Fockler (she/her), Manager, and Michelle La Fontaine (she/her) Regional Program Manager

Organization: Pregnancy and Infant Loss Network

Title: Simulation: Communication Exercise (Hospital-based settings)

Abstract: (PART 2: CONTINUED FROM C01)

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D02. Presenters: Sasha Kamkin (She/Her), BHSc, RN, MDes (2026), Zachary Scholtz (He/Him), BA, MDes (2026), videographer, Kory McGrath (She/Her), BHSc, RM, MDes (2026)

Organizations: OCAD University, and Oak Valley Health

Title: Contemplative Spacemaking and its Application in Perinatal Bereavement Settings

Abstract: For families experiencing perinatal loss, conventional labour and postpartum units can be distressing, forever shaping memories of grief. These environments present an opportunity to reimagine spaces with greater sensitivity, privacy, and emotional support. Integrating art and biophilic design in healthcare has been shown to reduce stress, enhance well-being, and foster healing. Natural elements-real or digital-can improve mood, decrease pain perception, and accelerate recovery. Studies suggest that nature scenes activate brain regions linked to empathy and altruism, reinforcing the role of environmental design in compassionate care. As Master of Design students at OCAD University, we developed Virtual Hydrotherapy, a quality improvement project for Oak Valley Health (OVH). This innovation transforms hospital rooms into immersive, contemplative spaces using projection mapping to display cinematic nature imagery and white-noise soundscapes of water. By blending biophilia with virtual reality (VR), Virtual Hydrotherapy activates the body's innate ability to self-regulate, promoting calm, reducing anxiety and pain, and fostering moments of transcendence, purpose, and meaning. Currently being prototyped in collaboration with OVH's midwifery and interprofessional teams in high and low risk labour settings, this innovation has the potential to support the bereaved in perinatal settings, palliative care and hospice. This project challenges routine care practices and reimagines perinatal space design, offering a novel approach to integrating contemplative environments into birth and bereavement care more broadly. By leveraging the intersection of technology, design, and compassionate care, we seek to create healing spaces that honour the tenderness that the liminal moments in life deserve. Including the described contemplative space at the PAIL Conference would create a room for attendees to take refuge/decompress between sessions to experience firsthand its potential.

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D03. Presenter: Amy Muhr

Organization: Pregnancy and Infant Loss Network

Title: Community Think Tank: The Three Rs of Effective Volunteer Engagement

Abstract: Join us for an energizing and interactive volunteer management session designed to spark creativity and collaboration! In this "think tank" style workshop, we'll gather as a group to brainstorm fresh, practical ideas around volunteer recruitment, recognition, and retention. Using chart paper, markers, participants will rotate through stations, generating as many innovative ideas as they can. A fun, competitive twist will add excitement — whoever contributes the most thoughtful ideas earns some friendly bragging rights (and maybe a prize!). Come ready to collaborate, be inspired, and leave with new tools and strategies to elevate your volunteer engagement efforts.

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PREGNANCY AND INFANT LOSS NETWORK
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Opening Remarks: Thursday, September 25th at 8:30 AM (in person and virtual)

Allison Loft, Community Development Worker
She:kon Allison yonkyats. Hello, my name is Allison Loft. I grew up in Belleville, Ontario just outside of the reserve. I currently live in the Tyendinaga Mohawk Territory as a Mohawks of the Bay of Quinte member with my 4-year-old son, Rett.

I work for Tsi Kanonhkhwatsheriyo Indigenous Interprofessional Primary Care Team (IIPCT) as a Community Development Woker. At IIPCT we believe in helping the whole person by taking a wholistic approach (mental, spiritual, physical and emotional). My role is to connect self-identifying Indigenous people to services, events and programs to help their whole being. My focus is on Indigenous specific events and programs.
I graduated from Loyalist College in 2019 for Public Relations and Event Management as well as Algonquin College in 2018 for Recreation and Leisure Services.

I have been connected to the PAIL network for roughly 2.5 years and had the privilege to attend the first conference 2 years ago. As someone who has experienced a loss, I understand the importance this network provides.

I continue to learn about the ways of my people and my Mohawk language.

Darcy Whalen, Registered Social Worker
Shé:kon sewakwekon. Darcy Whalen yonkya'ts. I was born and raised in Belleville, Ontario and I am a member of the Mohawks of the Bay of Quinte. For the past 8 years I have lived in Prince Edward County, Ontario with my husband and son.

I graduated from Loyalist College with my Social Service Worker diploma in 2016 and then from Trent University with my Bachelor of Social Work in the Honours Program in 2019. I have been privileged to support individuals at Tsi Kanonhkhwatsheri:yo Indigenous Interprofessional Primary Care Team for the past 5 years as a Registered Social Worker. Over the past 5 years I have worked with both Indigenous and non-Indigenous individuals to foster wholistic balance by providing mental health counselling, cultural programming, advocacy, psychoeducation, and more. I am passionate about walking alongside others as they find their path to healing and wellbeing.

Note: Allison and Darcy are from the Tsi Kanonhkwatsheriyo Indigenous Interprofessional Primary Care Team (IIPCT). They will share a morning welcome each day, and will also be holding space tomorrow afternoon during the last presentation time.

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Key Note Speaker: Thursday, September 25th at 9:00 AM (in person and virtual)

Françoise Mathieu, MED, RP
Françoise Mathieu is the Executive Director of TEND, an organization dedicated to providing education and consulting on secondary traumatic stress, burnout, moral distress, and organizational health. A Registered Psychotherapist and sought after speaker, Françoise is widely recognized as a leading subject matter expert in high-stress, trauma-exposed environments.

Before founding TEND, Françoise worked extensively in crisis intervention and mental health support with frontline professionals, including military personnel, health care teams, law enforcement, and community-based clinicians. Her career has included in-depth work with individuals affected by trauma and grief, and she has presented widely to health care organizations, including Mount Sinai Hospital, SickKids, Sunnybrook, Unity Health, St. Jude's, and Victoria General Hospital.

Françoise's work focuses on sustaining those who care for others—bereaved families, peer supporters, and professionals alike—using evidence-informed strategies that honour both compassion and boundaries.

Title: The Edge of Compassion - Strategies to Care for Ourselves While Caring for Others

Abstract: Repeated exposure to heartbreaking stories, limited resources, and competing demands can take a toll on our capacity to stay present and compassionate. Over time, we may feel ourselves becoming numb, distant, or, on the other end of the spectrum, overwhelmed and emotionally depleted. How do we stay connected without becoming overwhelmed? How do we honour the depth of others' pain without losing ourselves in it?

Based on nearly 30 years of work in high-pressure, trauma-exposed environments, Françoise will share practical strategies to maintain a steady presence in the face of grief and loss, and how to return to a healthy baseline after difficult conversations and experiences - without shutting down or becoming overextended.

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Breakout Sessions A: Thursday, September 25th at 11:00AM

A01. Presenter: Françoise Mathieu

Organizations: TEND Academy

Title: Key Tools to Stay Grounded: Building your Essential Toolkit

Abstract: What does it really mean to pause and reset - especially when supporting others through profound grief and loss? In emotionally complex settings, standard "self-care" advice can often feel inadequate or out of step with the realities of this work. How do we recalibrate in a way that's actually helpful, especially when we're carrying both our own emotions and the weight of others' experiences? Research in the field of traumatic stress highlights self-awareness as a critical part of sustaining ourselves in this kind of work.

This session offers simple, practical strategies to help you check in and steady yourself throughout the day - even during the most difficult moments.

- Understand how stress and emotion show up in the body and behaviour
- Learn a practical framework for pausing and taking stock
- Build a set of accessible tools to stay grounded and steady, moment-to-moment

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A02.i. Presenter: Shawna Clouthier (she/her)

Organizations: The Luke Commission

Title: Every Last One - compassionate care for patients and families experiencing pregnancy and infant loss at The Luke Commission (TLC) in the Kingdom of Eswatini, Africa

Abstract: This presentation will cover work being done at the Luke Commission in Eswatini to improve care and supports for people experiencing pregnancy and infant loss. In August of 2022, Shawna Clouthier and her family spent 5 months in Eswatini and volunteered at the The Luke Commission (TLC). The senior leadership team identified a clear need to improve the quality of compassionate and skilled care and support for individuals and families who experience a pregnancy loss or infant death. TLC also wanted to prioritize supporting their team as they experienced death, loss and grief alongside their patients (VIPs).

In collaboration with the senior leadership team members, a number of training modules were developed, integrating essential cultural and social elements specific to Eswatini. The topics included grief, cultural stigma of loss, supporting families who have experienced pregnancy and infant loss and compassion for caregivers - the TLC team themselves.

These workshops were delivered on multiple occasions to ensure all of the senior team members could participate. The sessions were recorded on video for the purpose of reaching a wider audience after my departure, and to be dubbed and translated into the local dialect of siSwati.

Eighteen months later, we returned in the summer of 2024 - both to Eswatini and to The Luke Commission. TLC was experiencing a significant increase in demand for labour and delivery support - to the extent that a new building and wing were built for a unit specifically for caring for these VIPs.

We reviewed how the training had changed practices in care and participated in additional train the trainer sessions with the local staff, which were conducted in both English and siSwati.

Gugu, a key TLC staff member has been instrumental in training the trainers and offering presentations to the TLC staff. Gugu will join via Zoom to share her perspective of how the training has supported the leadership team - both with how they care for their patients and each other.

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A02.ii. Presenters: Kim Deyman

Organization: Rama First Nation

Title: Ode'imin (Strawberry) Teaching on love and loss

Abstract: This traditional teaching will explore the deep cultural significance of ode'imin (strawberry)—often seen as the "heart berry"—and how these teachings offer wisdom, healing, and connection in the face of pregnancy and infant loss. Kim will reflect and share about the strength of community, and the importance of ceremony in grief. Centering Indigenous perspectives, this session invites participants to reflect on how traditional knowledge can support culturally safe, compassionate care for families experiencing loss.

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A03.i. Presenters: Sarah Lord (she/her), MD, MHSc, FRCPC, (SickKids), and Andrea Steadman (she/her), RN, MN (Mount Sinai Hospital)

Collaborators not presenting: Rebecca Williams (NP, SickKids), Nicole Wagschal (NP, SickKids), Jordan Bast (RN, Emily's House), Lori Ives-Baine (RN, SickKids), Lindsay Freud (MD, SickKids), Nathalie Dutil (RN, SickKids), Lisa Stennett (RN, SickKids)

Organizations: SickKids, Mount Sinai Hospital, and Emily's House

Title: Facing uncertainty with open minds and hearts: Caring for pregnancies with severe fetal cardiac conditions

Abstract: Since 2019, the Infant Maternal Perinatal Advanced Care Team (IMPACT) has offered comprehensive perinatal palliative care for families in the Toronto region. We care for families experiencing severe, life-threatening fetal diagnoses, including cardiac conditions. Using case examples, we will share our experiences and lessons learned in caring for this unique population.
Key Findings:

Pregnant people carrying a fetus diagnosed with a serious cardiac condition make up over a third referrals to our perinatal palliative care team.
Families often receive information on a range of pregnancy care options, including termination of pregnancy, life-extending intensive care and surgical interventions, or comfort-focused end of life care after birth.

It is important for care providers to provide this information in a way that is transparent and compassionate, while minimizing any bias.

Even with careful planning and clear goals of care, outcomes for babies whose families choose to continue their pregnancy remain unpredictable; by developing care relationships that span the perinatal period, we aim to foster a supportive environment for families, however their experience unfolds.

Key Learning Points:

Equitable and supportive counselling needs to be offered to all parents carrying a pregnancy affected by a serious fetal cardiac condition; this counselling should begin as early as possible

Expertise should include fetal cardiology, maternal-fetal medicine, neonatology, and pediatric palliative care to ensure families can fully explore all care options and make informed decisions

Even with careful planning, post-natal trajectories can be unpredictable; longitudinal relationships in care facilitate shared decision-making throughout the pregnancy, labour, delivery and beyond

Implications for PAIL Community:

Case scenarios will be shared to illustrate the complex decision making and counselling process for pregnancies marked by serious fetal cardiac disease.

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A03.ii. Presenter: Lesley Sabourin (she/her), RN, CHPCN(C)

Organizations: CHEO (Children's Hospital of Eastern Ontario), and Roger Neilson Children's Hospice

Title: Community Connections: Enhancing Care Delivery in Perinatal Palliative Care

Abstract: When a baby's condition becomes palliative, families and healthcare providers often face complex decisions about where and how end-of-life care is provided. In some cases, families and care teams may choose to forgo transfer to tertiary centers, instead prioritizing comfort and quality of life in the baby's home community. To support this, the CHEO Critical Care Transport Team and the CHEO Palliative Care team have developed a new initiative equipping community providers with the resources they need to deliver good quality palliative care.
This initiative includes the development of a comprehensive resource designed to guide community healthcare teams in delivering perinatal palliative care. The resource offers practical guidance on symptom management,

communication strategies, and psychosocial support for families, ensuring continuity of care outside the tertiary setting.

This presentation will outline the creation and implementation of the initiative, including key elements of the new resource and its integration into neonatal transport practice. By strengthening partnerships with our community care providers, this initiative aims to improve access to compassionate, family-centered palliative care, ensuring babies can remain in their communities with dignity and comfort.

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A03.iii. Presenters: Meghan Donohue (she/her), MN, RN, CNeoN(c), and Gillian Ballantyne (she/her), BScN, RN, PNC(c)

Organization: Sunnybrook Health Sciences Centre

Title: Creating a Standard of Care for the Periviable infant: Guidance for Health Care Practitioners supporting families who choose comfort care for their infants born at the edge of viability

Abstract: Current accepted age of viability in Canada begins at 22 weeks gestation, and most parents of babies born around this age are offered the choice between intensive intervention or palliation/comfort care. Support from their health care practitioner is imperative to ensure that parents have the information they need to make this difficult decision as well as make important, personal end of life choices for their babies should they decide on palliation.

Caring for families experiencing the death of their baby can be very challenging for staff, particularly if they lack experience supporting families through loss. A Standard of Care provides guidance to ensure that an expected level of care is met regardless of patient demographics, staffing ratios, personal values of the health care practitioner or any other circumstances.

We developed a Standard of Care for the Periviable Infant to provide guidance to staff in the areas of paperwork, testing, comfort measures/pain management for the infant, memory making, supporting parenting opportunities and choices as well as connection to community supports after discharge.

Staff activate the Standard of Care upon admission of a pregnant person at this gestation who is at risk for delivering, ensuring that they are given not only the appropriate medical interventions for their individual situations, but also the same options and opportunities as every other family. The Standard of Care places equal importance on the physical, mental and emotional needs of the patient and family, with particular emphasis on supporting parent/baby connection and offering memory making opportunities.

Standards of Care can be useful tools to help health care practitioners when working under stressful circumstances, or when faced with care situations that are infrequent or complicated. Developing this type of Standard can help any hospital ensure that families losing their baby under these circumstances are supported appropriately.

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A04. Presenter: David Nicholas (he/him), PhD, MSW, RSW, FCAHS, Jillian Wright (she/her), MSW, BSW, BA, Social Worker, Alberta Children's Hospital, Melissa Mostert (she/her), B. Ed., MSW (student), Research Assistant, University of Calgary, Faculty of Social Work

Organization: University of Calgary

Title: Examining Mementoes-Based Support following Perinatal Loss: Perspectives from Care Recipients and Health Care Providers

Abstract: Background: Perinatal infant loss-the death of a fetus or neonate from conception to 28 days after birth-can have a significant impact on individuals and families. As part of end-of-life and bereavement care, health care providers (HCPs) in Maternity and NICU departments variably offer mementos. Little research has examined impacts of mementos or informed best practices. This study explored: (1) experiences of mementos recipients following a perinatal loss, (2) near and longer-term meaning attributed to mementos, and (3) means to improve HCP mementos-sharing processes.

Methods: Mementos recipients (n=20; 16F/4M) and HCPs (n=17) were interviewed about their experiences and recommendations for practice.

Results: Offered mementos included photos, hand/footprints, blankets, and many more items. Recipients described benefit from receiving, retaining and periodically re-engaging with their mementos. Embodied attribution to, and reflection on, mementos were reported. Recipients generally cherished items that had touched or enwrapped the fetus or neonate. They valued tangible items to view, touch, hold and smell. These items were viewed to, in many cases, represent the presence of the fetus or neonate in the world, which for most recipients, yielded comfort amidst grief. HCPs recognized value in offering mementos, but generally lacked knowledge about the longer-term meaningfulness to recipients. HCPs described benefits (e.g., gratification in offering something tangible at such a difficult time, deepened connection) and challenges (e.g., insufficiency or inconsistency of mementos supply, reliance in part on donated items, time constraints, lack of training, emotional toll). Building capacity invites HCP training, mentoring, debriefing, resource sufficiency, and standardized practices/quality. Clinical implications and recommendations will be offered.

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Breakout Sessions B: Thursday, September 25th at 1:30PM

B01. Presenter: Françoise Mathieu

Organizations: TEND Academy

Title: Key Tools to Stay Grounded: Building your Essential Toolkit

Abstract: What does it really mean to pause and reset - especially when supporting others through profound grief and loss? In emotionally complex settings, standard "self-care" advice can often feel inadequate or out of

step with the realities of this work. How do we recalibrate in a way that's actually helpful, especially when we're carrying both our own emotions and the weight of others' experiences? Research in the field of traumatic stress highlights self-awareness as a critical part of sustaining ourselves in this kind of work.

This session offers simple, practical strategies to help you check in and steady yourself throughout the day - even during the most difficult moments.

- Understand how stress and emotion show up in the body and behaviour
- Learn a practical framework for pausing and taking stock
- Build a set of accessible tools to stay grounded and steady, moment-to-moment

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B02.i. Presenter: Linden Hardie (she/her), RSW, MSW

Organizations: IWK Health Centre

Title: IWK Health Centre Bereavement Follow-Up Program

Abstract: Summary presentation of IWK Health Centre's standard offering of bereavement support to patients and families who have experienced a loss or death while under our care. Lessons learned from members of the team providing individualized bereavement support to patients and families across NS, NB, and PEI. This presentation will include a review of experiences from the Children's Health Program and Women and Newborn Health program.

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B02.ii. Presenter: MJ Harris (she/her) and Dr. W Kim MacDonald (he/him)

Organizations: Full Circle Perinatal Care

Title: Can we create seamless, supported pregnancy loss care? Perinatal Loss Navigation in Victoria (30 mins)

Abstract: This presentation will explore how perinatal, neonatal, and infant loss care in Victoria has transformed with the introduction of the Perinatal Loss Health Navigator. We'll reflect on patient and family experiences prior to this role—marked by fragmented care, increased surgical interventions, lack of follow-up, and uncertainty in subsequent pregnancies. Through powerful patient stories, we'll highlight how consistent, trauma-informed support from midwives specializing in bereavement has reshaped the grief journey. This includes support in the NICU, access to memory-making, and continuity from hospital admission to long-term follow-up.

The Perinatal Loss Navigator provides individualized, community-based care—discharge planning with MFM, home visits, funeral and memorial support, and early access to pregnancy monitoring. This role is non-health authority based, allowing for flexible, patient-centered care that begins before hospital admission when possible. We'll also discuss the impact on healthcare teams, including staff education, debriefing support, and

trauma resources. Additional supports include access to grief counselling, peer networks through the Pacific Perinatal Foundation, and care for future pregnancies—ensuring continuity, healing, and hope.

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B03.i. Presenter: Jessica Fleming (she/her)

Organizations: Maxwell George Fleming Foundation, and Flexmort

Title: CuddleCots: Bridging Comfort and Care for Grieving Families and Clinicians

Abstract: Cuddlecot use is rising in Canadian hospitals, offering vital support for grieving families experiencing loss. CuddleCots are cooling basinets that allow families to spend precious time with their infant after passing, fostering bonding and time to say farewell during an incredibly difficult time.

Flexmort, the developer and manufacturer of CuddleCot, is committed to raising awareness about CuddleCots among both families and clinicians. Additionally, advocating for clear and concise training programs and education for staff through our free online training modules.

By enhancing education and dialogue surrounding CuddleCots, we aim to inspire increased awareness, thereby ensuring greater availability of these vital devices in hospitals around the Country.

Together, we can empower families and clinicians to navigate this difficult time with compassion and care ensuring every family has the opportunity to cherish their moments together.

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B03.ii. Presenters: Erin Bohn (she/her), Bereaved Parent, and Jaime Ascher (she/her), Bereaved Parent

Collaborator: Lana Sullivan (she/her)

Organization: BC Women's Hospital + Health Centre

Title: Finding our voices: Stillbirth Happens - let's talk podcast

Abstract: "The cogency of the research process rises from the relationship between the research instrument (the researcher) and the participants" (Bourke, 2014, p. 3).

Weeks after her second stillbirth experience Jaime attended a conference looking for support and community. She shared an elevator ride to the conference room with Erin and they sat together at the table listening and learning. This chance meeting was the beginning of what has been over a decade of Erin and Jaime finding their voices as they parent their stillborn babies through their work on the Hummingbird Project which aims to raise awareness, offer support and provide information to help families whose lives have been touched by stillbirth feel less alone. In 2019 the Hummingbird Project reached out to BC Women's Hospital + Health Centre (BC

Women's) for help to research and develop a podcast to share stories of stillbirth experiences told by parents and providers. A partnership that resulted in the production of the podcast Stillbirth Happens - let's talk emerged shedding light on the opportunities and challenges of co-production, the importance of recognizing positionality in research, and the emerging roles each of us have in continuing to support families whose lives have been touched by stillbirth. In the two seasons of the podcast - 5 episodes each - the partnership of the Hummingbird Project and BC Women's has evolved. Erin and Jaime are learning to become confident co-hosts of the podcasts and ambassadors in the stillbirth community raising awareness and providing support. BC Women's is learning to prioritize the patient experience, recognize those with lived experience as experts, and negotiate between the needs of community and institution. Through the journey of producing the Stillbirth Happens - let's talk podcast, we will share our experiences of finding our voices on the road to raising awareness and providing support to anyone whose lives are touched by stillbirth.

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B04. Presenters: PAIL Network Volunteers with Lived Experience

Title: Confronting the Gaps in Grief Care After Abortion

Description: Join us as we hear from a panel of people with lived experience of pregnancy loss following an Elective Abortion. This panel will explore the often-unspoken grief that some people experience after elective abortion in addition to the silence, stigma, and a lack of support from both healthcare systems and their communities.

Through shared stories and open conversation, we'll talk about the emotional complexity of abortion, the need for non-judgmental spaces to process these experiences, and how grief care can be more compassionate, inclusive, and accessible for anyone who needs it.

Breakout Sessions C: Thursday, September 25th at 2:35PM

C01. Presenter: Susannah Leisher (she/her)

Organization: University of Utah Stillbirth Center of Excellence (USCOE)

Title: The University of Utah Stillbirth Center of Excellence: Why, what, and how it could be relevant to stillbirth quality of care in Canada

Abstract: Purpose: To share the rationale for and achievements of the University of Utah Stillbirth Center of Excellence (USCOE), focusing on their relevance to stillbirth quality of care in Canada.

Rationale: Stillbirth is a tragedy that happens far too often yet is largely invisible to society. One in every 173 U.S. babies were stillborn in 2021—over 400 every week—and almost 4 million are stillborn each year around the world. There are many costs associated with stillbirth, including poor mental health, unexpected bills, reduced incomes, legal concerns, societal blame, stigma, and increased risk of stillbirth recurrence. The U.S. stillbirth rate is higher than 27 other countries, with significant racial disparities. Lower stillbirth rates in

countries such as Japan demonstrate that many stillbirths could be prevented. Yet little is known about causes or prevention strategies, with one-third of stillbirths unexplained, and too many families suffering the devastation of stillbirth. In response to this crisis, USCOE was launched at the University of Utah in October 2024. USCOE is one of only a handful of centers of excellence for stillbirth prevention and support globally.

Achievements relevant to stillbirth quality of care in Canada include the Utah Pregnancy After Loss Clinic with peer support; leadership of the U.S. Pregnancy After Loss Network; inauguration of processes to build a National Bereavement Care Pathway, a U.S. Stillbirth Equity Scorecard, and a U.S. adaptation of a Safer Baby Bundle (a care bundle for stillbirth prevention); integration of parents within stillbirth research; leading the roll-out of IMPROVE-USA (a half-day clinical training workshop for improved care after stillbirth) and a U.S. adaptation of a Guiding Conversations booklet for parents; launching the Stillbirth Advocacy Working Group of the USA; establishing a Parent Advisory Council and an international Founding Partners network; and hosting an annual Stillbirth Symposium: Closing the Gaps.

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C02.i. Presenters: Meghan Cellamare (she/her), RN, MsCN, PhD, Briar DeFinney (she/her), PMP, MHI

Collaborator: Kristen Mischtian (she/her), RN

Organizations: Scarborough Health Network, and CAPWHN (Canadian Association of Perinatal and Women's Health Nurses)

Title: Building a compassionate framework for perinatal loss: Enhancing peer support, leadership, and routine care in the ED

Abstract: Emergency Departments (EDs) are often the first point of contact for individuals experiencing perinatal loss, yet these high-acuity settings frequently lack standardized, trauma-informed approaches. Many patients, particularly from underserved populations, report feeling dismissed or unsupported during pregnancy loss in the ED. This project aims to address these disparities by establishing consistent, compassionate, and equitable care protocols.

Perinatal loss carries profound psychosocial and physical significance. Ontario families have expressed that experiencing pregnancy loss in the ED is often unexpected and distressing, with many feeling unsupported (Ontario Health, 2020). Like other EDs, Scarborough Health Network (SHN) has seen a rise in early pregnancy-related visits, highlighting the need for structured, compassionate care.

To address this, a quality improvement (QI) project was developed to integrate perinatal loss care into routine ED workflows, enhancing patient experiences and staff confidence. This project aims to improve the experience of the patient in the ED through the development and evaluation of a sustainable, compassionate toolkit that integrates perinatal loss care into routine ED workflows, improving patient experiences and staff confidence in providing empathetic and compassionate care.
Using a Plan-Do-Study-Act (PDSA) cycle, the project included:

1. Current State Review - Assessing existing protocols, staff knowledge, and patient experiences.
2. Implementation - Introducing structured education, standardized guidelines, and practical tools.
3. Evaluation - Gathering feedback to refine interventions and measure impact.

A structured approach ensures families receive compassionate care while equipping providers with tools to support bereaved patients effectively. This project emphasizes the importance of integrating perinatal loss care into high-acuity settings, ensuring every patient receives acknowledgement, empathy, and support.

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C02.ii. Presenter: Rebecca Keller (she/Her), Nurse Practitioner, Mount Sinai Fertility, Adjunct Lecturer, Bloomberg Faculty of Nursing, University of Toronto

Organization: Mount Sinai Fertility

Title: Mount Sinai Fertility's Early Pregnancy Program: Enhancing Early Pregnancy Loss Care for Fertility Patients

Abstract: Individuals experiencing early pregnancy loss (EPL) within the fertility setting face unique emotional and psychological challenges, compounded by infertility or recurrent loss. Despite the documented psychological impact of EPL for fertility patients, gaps remain in tailored support and continuity of care. Emergency departments (EDs) often provide suboptimal EPL management, increasing distress and inconsistent care. To address this, Mount Sinai Fertility launched a specialized Early Pregnancy Program in December 2023 to provide timely, compassionate, and comprehensive care that is aligned with the Ontario Quality Standard for Early Pregnancy Complications and Loss.

The program integrates psychological, medical, and surgical care, including manual vacuum aspiration (MVA). A structured Nurse Practitioner led care model has been implemented to improve continuity and access to EPL management while reducing unnecessary ED visits and referral. Key program components include streamlined access to clinical assessment, early intervention and all ongoing follow-up to reduce variability in care and treatment delays, dedicated multidisciplinary support to ensure patient-centred decision-making, and mental health resources to address stress and anxiety related to EPL. Since implementation, the program has managed 251 patients experiencing EPL. Among patients opting for MVA, the median time from diagnosis/consultation to procedure is four days, supporting timely management. Patient feedback highlights the value of this integrated approach, with improved satisfaction, emotional support, and continuity of care.

By embedding EPL care within the fertility setting, the program provides holistic, patient-centred support that acknowledges the complex experience of this population, improving access to care and patient well-being, while aiming to reduce unnecessary ED visits. This scalable model can inform best practices for other fertility centres seeking to optimize EPL management.

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C03.i. Presenter: Brandon Drouillard (he/him), Educator and Coordinator

Organization: Pregnancy and Infant Loss Network
Title: Compassion in Action: Advancing Education and Support for Pregnancy and Infant Loss

Abstract: The Pregnancy and Infant Loss Network Education Team plays a critical role in supporting healthcare and service professionals across Ontario with the knowledge, tools, and resources to support families experiencing pregnancy and infant loss. This presentation will showcase the diverse programs provided by the PAIL Network Education Team, including Compassionate Care Workshops, Simulation training, evidence-based resources, and Interprofessional initiatives designed to build compassionate care practices for Ontario families who experience a pregnancy loss or the death of their baby.

Attendees will gain insight into how the PAIL Network bridges the gap between families and professionals through culturally sensitive education, peer support programs, and integrative partnerships. This session will underscore the importance of fostering empathy, resilience, and confidence among healthcare providers to enhance the quality of care for grieving families. The presentation aims to motivate Health and Service Professionals to integrate these services into their practices, ensuring families across Ontario receive the support they need, when they need it most.

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C03.ii. Presenter: Nadia Torresan (she/her), BScN, MN, DNP

Organization: Seneca Polytechnic

Title: The Impact of an Educational Session on Perinatal Bereavement on the Understanding Bereavement Evaluation Tool (UBET) Scores of Second-Semester Baccalaureate Nursing Students

Abstract: Perinatal bereavement causes grief for the bereaved family, and they require supportive bereavement care from health care professionals, especially nurses, to help them through the grieving process. There is limited perinatal bereavement education in undergraduate nursing programs. There is also little research examining the impact of perinatal bereavement education on nursing students. The purpose of this study was to examine the impact of an educational session on perinatal bereavement on the Understanding Bereavement Evaluation Tool (UBET) scores of second-semester baccalaureate nursing students. The practice-based question that guided this project was, does the implementation of an educational session on perinatal bereavement impact the UBET scores of second-semester baccalaureate nursing students? This project utilized a quantitative, quasi-experimental before and after study design. The participants (n = 42) were second-semester baccalaureate nursing students from a public college in Southwestern Ontario. The UBET was the tool completed by participants before and after the educational session to compare perceived knowledge levels before and after the intervention. Scores on the UBET questionnaire were significantly higher after the educational session on perinatal bereavement, demonstrating that implementing an educational session on perinatal bereavement in undergraduate nursing programs may positively impact nursing students' perceived knowledge of perinatal bereavement care, and this knowledge can be applied in clinical practice when caring for bereaved families.

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C04. Presenters: MJ Harris (she/her) and Dr. W Kim MacDonald (he/him)

Organization: Full Circle Perinatal Care

Title: Full Circle Perinatal Care: A Multidisciplinary Practice for Perinatal Loss

This presentation will outline the philosophy behind our perinatal loss care model, which centers trauma-informed, patient-led, and relationship-based support. We will review the structure of our interdisciplinary team and the clinical goals that guide our work. A key component is the Early Pregnancy Assessment Clinic, designed to support patients experiencing recurrent pregnancy loss, infertility, or high levels of anxiety—individuals who often fall outside the scope of typical perinatal services. We'll explore how this model provides truly wraparound care, from early assessment through to long-term follow-up, and share how we believe this approach has reshaped the landscape of perinatal loss care in Victoria by addressing gaps, reducing isolation, and creating meaningful, continuous support.

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Breakout Sessions D: Thursday, September 25th at 3:35PM

D01. Presenters: Beth Lewis (she/her), Registered Psychotherapist, Certified Core Energetics Practitioner, Regional Representative & Online Coordinator, and Jennifer Jamieson (she/her), Regional Representative

Organization: Pregnancy and Infant Loss Network

Title: Self Compassion for Helping Professionals

Abstract: Purpose: This presentation addresses the crucial role of self-compassion in supporting the well-being of volunteers, helpers, and caregivers. These individuals, driven by altruism and a desire to serve, often face significant emotional and psychological challenges, including burnout, compassion fatigue, and psychological exhaustion. Consequently, fostering self-compassion becomes not just a personal benefit but a vital component of sustainable helping practices.

Brief Description:
This session will delve into the core concepts of self-compassion, clarifying its definition and distinguishing it from common misconceptions such as self-pity, self-indulgence, and inflated self-esteem. Drawing upon the research of Kristin Neff and other experts, we will explore the three core components of self-compassion: self-kindness, common humanity, and mindfulness. Participants will learn how to replace self-criticism with self-kindness, connect with the shared human experience of suffering to combat feelings of isolation, and practice mindful awareness of difficult emotions without judgment.

Practical strategies for cultivating self-compassion will be presented, including mindful self-reflection, compassionate letter writing, and cultivating a supportive inner dialogue. We will examine the scientific evidence demonstrating the positive impact of self-compassion on resilience, emotional regulation, cognitive

function, and overall well-being. Furthermore, the presentation will address the specific risks faced by helpers, such as perfectionism, anxiety, and rumination, and how self-compassion can serve as a protective factor. Interactive exercises and real-world examples will provide attendees with opportunities to personalize and apply the concepts discussed. The goal is to empower participants to integrate self-compassion practices into their daily lives, enhancing their resilience, reducing stress, and fostering greater sustainability in their invaluable contributions to others.

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D02. Presenter: April Boyd (she/her), MSW

Organization: The Love & Loss Project

Title: Leading with Heart: Facilitating Grief Groups with Confidence and Care

Abstract: Effective group facilitation isn't about always knowing the right thing to say-it's about being able to create a space where people feel seen, safe and connected. In this experiential workshop, designed for beginner to intermediate facilitators, we'll focus on building your confidence, comfort and skill in leading meaningful, healing group experiences for grieving parents -whether you're a therapist, peer mentor, or healthcare provider.

Together, we'll explore:

- How to untangle from perfectionism, self-doubt and the fear of "getting it wrong."
- Balancing the needs of the individual with the needs of the group.

Navigating tense or complex moments, such as when differences in values, beliefs or personal choices arise.

- Practical tools and language for responding to challenging dynamics, including over-sharing, emotional flooding, monopolizing and micro-aggressions.
- Why good facilitation isn't about being perfect and polished-it's about being able to stay connected to your purpose.

Through real-world examples, interactive discussion, and supportive, down-to-earth strategies, participants will gain practical skills to be able to facilitate groups for grieving parents with more confidence and grace-even when the work feels messy, delicate and uncertain. By the end of our workshop, participants will be able to:

- Recognize and shift common internal blocks- such as perfectionism and self-doubt- that can get in the way of confident, grounded facilitation.
- Create a safe and supportive group container by balancing individual emotional needs with the safety, flow and cohesion of the group as a whole.
- Apply clear, compassionate language to navigate sensitive, difficult or disruptive group dynamics-such as emotional overwhelm, over-sharing, value clashes, and micro-aggressions-with confidence and empathy.
- Lead with steady boundaries and heartfelt purpose, while holding space for real connection, safe expression, and shared support.

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D03. Presenters: Tracy Condon (she/her), MSW, RSW, and Laura Koekkoek (she/her), BSW, RSW

Organization: Peterborough Family Health Teams

Title: Supporting Families After Perinatal Loss: A Multi-Disciplinary Community-Based Approach

Abstract: Families who experience perinatal loss often report feelings of isolation, loneliness, and uncertainty about where to turn for ongoing support. In this presentation, we will explore the Partners In Pregnancy Clinic, a Family Health Team model in Peterborough, ON, that provides families with access to community-based, multidisciplinary support following the loss of a pregnancy or baby.

Presented by the clinic's two social workers, this session will provide an in-depth look at the model, how it operates, and share real-world case examples. Attendees will leave with practical ideas, tools, and strategies to enhance the care and support available to families experiencing perinatal loss in their own communities.

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D04.i. Presenters: Teresa Ianni (She/Her), Certified Music Therapist, Registered Psychotherapist, Rhythm Breath Lullaby Certified, and Meghan Donohue (she/her), MN, RN, CNeoN(c)

Organization: Sunnybrook Health Sciences Centre

Title: Heartbeat Songs and Legacy Work: Supporting Grieving Parents in the NICU

Abstract: Music Therapy, in the Neonatal Intensive Care Unit (NICU), is a non-pharmacological, non-invasive and empirically supported intervention. During end of life care, music therapy can optimize and enhance nurturing encounters by empowering caregivers and encouraging them to create personalized lullabies for their infants.

Impact:
Music therapy interventions included the evidence-based use of gentle instruments to emulate heartbeat and womb sounds as well as the use of carefully selected or parent/ caregiver co-created lullabies. When able, heartbeat recordings are offered to families. Heartbeats can be captured for the dying infant, but also caregivers. With editing from the music therapist, a personalized heart beat song can be created, using the heartbeat as the rhythmic drum and a family's lullaby as the melody. A finalized version is provided through CD which includes multiple versions of the heartbeat song/recordings as well as images of ECG.
Follow this link to hear a heart beat song: https://youtu.be/vnlwtTwwMXI

Feedback since the implementation has been positive and are supportive for this service to continue and grow in our unit. A family member stated, "Sometimes when we're at home and missing our baby, we just listen to our heartbeat song on repeat".

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D04.ii. Presenters: Patricia Irvine (she/her), BScN, RN, MSc Quality Improvement Patient Safety, and Nikita Nileshwar (she/her), MSW, BSW RSW

Organization: North York General Hospital

Title: Continuing Bonds: Fostering Connection and Healing Through Art Therapy in Pregnancy and Infant Loss Support Groups

Abstract: In June 2022, North York General Hospital re-launched its Late Loss Support Group, transitioning from a psychiatrist-led in-person model to a virtual peer-led model facilitated by a Clinical Nurse Educator and Social Worker. In early 2023, in response to participant needs, a second group-Pregnancy After Loss-was launched. Both groups have since evolved into close-knit communities offering ongoing peer support for individuals navigating grief and subsequent pregnancies.

While virtual accessibility has been key to regular engagement, facilitators recognized the importance of in-person connection. In response, periodic in-person sessions were introduced. These sessions integrate guided art therapy techniques-including painting, sculptures, and keepsake creation-providing participants with safe, creative spaces to externalize grief, honour their babies, and build lasting bonds with peers.

Art therapy offers a non-verbal path to healing and has been shown to reduce psychological distress and enhance meaning-making in grief. The creative process enables participants to express complex emotions and cultivate a sense of shared understanding and belonging. This program innovation highlights how blending virtual continuity with in-person creative expression enhances the depth of support and peer connection. Participant feedback has been overwhelmingly positive, with many reflecting that the friendships built and art created have become anchors in their grief and healing.

This session will share the development, implementation, and impact of this evolving model of support and offer guidance for other organizations seeking to create similar spaces of healing, creativity, and connection for families experiencing pregnancy and infant loss.

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Opening Remarks: Friday, September 26th at 8:30 AM (in person and virtual)

Allison Loft, Community Development Worker and Darcy Whalen, Registered Social Worker from the Tsi Kanonhkwatsheriyo Indigenous Interprofessional Primary Care Team (IIPCT) will share a morning welcome, and will also be holding space this afternoon during the last presentation time.

Key Note Speaker: Friday, September 26th at 9:00 AM (in person and virtual)

Erin Gross, MTA, RP
Erin Gross is a certified Music Therapist (MTA) and Registered Psychotherapist (RP) with the College of Registered Psychotherapists of Ontario. She has been practicing music therapy for 20 years, and has been part of the Creative Arts Therapies team at Sunnybrook since 2010.

She is the Professional Practice and Education Leader of Creative Arts Therapies at Sunnybrook, as well as a manager in the Odette Cancer Centre. She is also a PAIL volunteer, based on her experiences as a mom to Kiera, who died in 2014 at 20 days old.

Title: Building Playlists to Support the Grief Process: Using Music as a Tool for Healing After Loss

Abstract: Each individual's journey after pregnancy and infant loss is highly personal and unique to them. Music can be an effective tool for reflecting, processing and releasing emotions, particularly because it is also highly personal and unique to the individual.

This presentation will discuss the benefits of using music in exploring emotions, particularly through the context of building meaningful playlists. Participants will engage in exercises to begin to build personal playlists in honour of their babies, as well as learn techniques for how they can offer playlists as a tool for families that they are supporting.

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Breakout Sessions A: Friday, September 26th at 11:00AM

A01.i. Presenters: Pamela Winchester (she/her), RN, MN, PNC(c), and Heather Van Der Eyken (she/her), RN

Organization: Trillium Health Partners

Title: The Journey of Developing an Early Pregnancy Loss Clinic

Abstract: Over the last 17 years, we have worked to develop an Early Pregnancy Loss clinic at Trillium Health Partners. The purpose of our outpatient clinic is to provide compassionate, patient & family centered care to those experiencing a non-viable pregnancy less than 13 weeks gestation. We began as two small clinics at different sites in Mississauga and have grown to a consolidated clinic that services Mississauga and surrounding

communities with over 2400 visits per year. We will share our journey that involves a few very passionate individuals, a supportive organization and many small steps along the way. Our definition of success has grown over the years, and we continue to reflect on what our community needs through patient experience feedback and more recently through the use of the amazing PAIL Network Early Pregnancy Loss Toolkit! We will be sharing case-based examples for discussion during the presentation to support learning.

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A01.ii. Presenters: Laura Crich (she/her), RN, MSc, and Jennifer Burkhart (she/her), RN, MN

Organization: Pregnancy and Infant Loss Network

Title: Cultivating Compassion: Early Pregnancy Loss (EPL) Provider Toolkit

Abstract: In Canada, up to 80% of families experiencing an early pregnancy loss (EPL) will visit the emergency department (ED) for care. Despite this frequency, the majority of EPL patients are dissatisfied with the care they receive, and staff often report a lack of confidence, skill, and resources in caring for this population.

At an Ontario ED, a grassroots working group developed and implemented new processes and resources to improve the quality of EPL care. This group then partnered with a provincial organization and sought patient, family, and health care provider feedback to create an online toolkit, with the goal of making these resources easily accessible and adaptable for other organizations and other areas of practice.

This open-access online toolkit includes a comprehensive evidence-based care guide for health care providers, compassionate and informative resources for EPL patients and their families, implementation strategies, staff education tools, and more. Our presentation will thoroughly review the toolkit contents, and will provide attendees with strategies and real-time support in adapting the toolkit to their area of practice. Through an unfolding case study, attendees will understand the twofold medical and emotional emergency of miscarriage. Attendees will also receive a pre-made toolkit package.

Our toolkit provides staff with knowledge, resources, and confidence to provide evidence-based, compassionate, and family-centered EPL care. Attendees will leave the presentation with inspiration and practical strategies to improve EPL care and to be an agent of change in their organizations.

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A02. Presenters: Andrea Prescott-Cornejo (She/Her), MSW, RSW, Social Worker- CHEO Palliative Care Team and Roger Neilson Children's Hospice, and Lesley Sabourin (she/her), RN, CHPCN(C) Perinatal Palliative Care Coordinator

Organizations: CHEO, and Roger Neilson Children's Hospice

Title: Grief Circles: Coping, Connection and Continuing Bonds

Abstract: Grief is often described as a lonely and isolating experience by bereaved individuals. This is very much a sentiment emphasized by parents experiencing perinatal loss, as they navigate the aftermath of their baby's death in a society that is still uncomfortable talking about death and holds misconceptions about perinatal loss. In keeping with the principles of palliative care, Roger Neilson Children's Hospice (RNCH), a pediatric hospice in Ottawa offers comprehensive grief services to families who have had a child die, including families who have experienced perinatal loss due to the diagnosis of a life-limiting condition or stillbirth from 20 weeks gestational age onwards. For over ten years, one of the core elements of this support has been the perinatal grief circle. Perinatal grief circles at RNCH are facilitated by registered professionals, who are trained in trauma-informed care, ensuring a compassionate, supportive environment for families to share their lived experiences and difficult emotions. This presentation will guide attendees through the 9-week perinatal grief circle curriculum, while highlighting the unique aspects of perinatal grief and theoretical frameworks that inform the interventions used. The session will include quotations from perinatal loss families sharing how their participation in the circle impacted their grief journeys. Parents learn coping strategies that support them in navigating everyday life and managing external responses to their grief. The circles aim to normalize grief, empower parents, create a sense of community, and allow for reflection on their ongoing connection to their babies, while exploring ways to continue to honour them for a lifetime.

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A03. Presenter: Kim Breau (she/her), Bereaved parent and Regional Representative, and Jennifer Jamieson (she/her), Bereaved parent and Regional Representative

Organization: Pregnancy and Infant Loss Network

Title: Sibling Grief

Abstract: In this presentation, we explore the delicate topic of sibling grief and how to support bereaved parents as they navigate this challenging journey. Our goal is to equip parents with the tools they need to effectively support their children through loss.

Purpose: This presentation includes intimate stories of loss from PAIL Network bereaved parents, offering a compassionate and realistic perspective on sibling grief. Through these stories, we hope to provide a sense of solidarity and understanding for parents dealing with similar experiences. Together, we can help families find hope and healing during this difficult time.

Learning Objectives:

1 . Supporting Parents While They Support Their Children: Discover practical strategies to help parents who are balancing their own grief while providing the necessary support to their children. Learn how to create a nurturing environment that fosters open communication and emotional healing.

2. Answering Common Questions Parents Have: Addressing the most frequently asked questions from parents about sibling grief, we will provide clear, concise answers that empower parents to manage their own emotions while guiding their children through theirs.

3. Providing Parents with Language to Answer Their Kids' Questions: Learn effective ways to give parents the language they need to explain grief and loss to their children in an age-appropriate manner. This includes guidance on helping children express their feelings and encouraging healthy conversations about grief.

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A04.i. Presenter: Sheila MacPherson (she/her), MSc, CCLS

Organization: Hospice Peterborough

Title: Grief Is Natural: Single Day Nature-Based Grief Retreats

Abstract: This workshop will share the development of a one-day nature-based grief retreat for those who have experienced perinatal loss. This workshop will share a retreat model offered by a community hospice and the organization's plans to adapt it for those navigating perinatal loss. The evidence-base for developing nature-based programming will be discussed along with adaptations to incorporate nature-based programming in a variety of locations. Opportunities for community collaboration and volunteer engagement will be discussed and participant feedback from previous retreat participants will be shared.

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A04.ii. Presenter: Loralee McInroy (she/her), BA

Organization: Pregnancy and Infant Loss Network

Title: Nature and Grief: A Retreat for Families Affected by SUID/SIDS Loss

Abstract: The Pregnancy and Infant Loss Network (PAIL Network) is dedicated to enhancing bereavement care and providing support to families who have experienced the loss of a pregnancy or infant. Our services are designed to address the specific needs of grieving families, shaped by their feedback.

Many families affected by SUID/SIDS have expressed a strong desire to connect with others who share similar losses, share their stories, and grieve together, but opportunities for this are often limited. In response, we organized a weekend nature-based retreat for bereaved families, offering a space for those who have lost an infant to SUID/SIDS to come together.

This presentation will highlight the evidence supporting nature-based grief support, explore the planning, implementation, and evaluation process, and provide a thorough overview of our retreat. Session attendees will leave with ideas on ways to innovate or implement similar supports for families in their local workplaces and communities coping with any form of pregnancy or infant loss.

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Breakout Sessions B: Friday, September 26th at 1:30PM

B01. Presenters: Kira Goodman (she/her), RN, BScN, MBA, Sarah Lord (she/her), MD, MHSc, FRCPC, Rebecca Williams (she/her), NP, MN, Andrea Steadman (she/her), RN, MN, Nicole Wagschal, NP, Jordan Bast, RN, and Lori Ives-Baine, RN

Organizations: Roger Neilson Children's Hospice, SickKids, Mount Sinai Hospital, and Emily's House

Title: Mapping the Journey: Co-Creating a Perinatal Palliative Care Pathway Together

Abstract: Perinatal palliative care is more than end-of-life support - it is a philosophy of care that makes space for hope, planning, grief, and presence across the full spectrum of pregnancy, birth, and early life. In this interactive workshop, we will explore how bereavement and loss are essential components of perinatal palliative care - but not the whole story.

Canada's Pediatric Palliative Care Alliance will share highlights from the Canadian Core Care Pathway for Pediatric Palliative Care, developed to outline key stages and priorities across a pediatric palliative journey. We'll be joined by the Infant Maternal Perinatal Advanced Care Team (IMPACT), who will share core components of perinatal palliative care as it is practiced today. While the current pathway focuses on a broader pediatric population, our ultimate goal is to co-develop a pathway specific to perinatal care - and to do that, we need the voices and perspectives of those who provide care and those who have lived it.

Co-facilitated by the Alliance and IMPACT, participants will be introduced to a draft care framework and invited to explore how it might look in a perinatal context. Using real-life scenarios, small groups will reflect on what families need at each stage of the journey - what supports exist, what's missing, and what matters most.

Together, we will begin shaping a future Canadian Perinatal Palliative Care Pathway, rooted in compassion, collaboration, and community wisdom. Participants will leave with a clearer sense of how their work already aligns with a palliative care approach, and how this framing can strengthen care earlier, more consistently, and more holistically.

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B02.i. Presenter: Amy Muhr (she/her)

Organization: Pregnancy and Infant Loss Network

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

Abstract: Volunteers who provide peer support and community awareness play a vital role in fostering connection, understanding, and advocacy. However, maintaining an engaged and committed volunteer team requires thoughtful strategies for retention, meaningful recognition, and ongoing appreciation. This presentation will explore foundational approaches to supporting volunteers in these roles, ensuring they feel valued, motivated, and equipped to continue their work.

Through real-world examples and engagement evaluation results, we will discuss key factors that contribute to volunteer satisfaction and longevity, including effective communication, community-building efforts, and recognizing volunteers in ways that resonate with their contributions. Attendees will gain practical strategies for enhancing volunteer experiences, strengthening commitment, and fostering a culture of appreciation.

This session is designed for volunteer coordinators, program leaders, and organizations seeking to sustain and grow their volunteer peer support and community awareness initiatives.

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B02.ii. Presenters: Kimberly Lockhart (she/her), Executive Director and Georgia Schindler (she/Her), Registered Clinical Counsellor

Collaborator: Lana Sullivan (she/her), Project Manager

Organizations: Butterfly Support Network, and BC Women's Hospital + Health Centre

Title: Sharing stories and supporting one another: creating a peer mentor training program for reproductive loss in British Columbia

Abstract: Peer volunteers contribute to addressing a significant need for support following pregnancy loss and peer support is often recognized as a hallmark of pregnancy loss organizations. Since 2020, Butterfly Support Network (BSN) has been supporting informal peer-led community events for people navigating infertility, reproductive loss and infant loss. An informal Network of peer mentors has emerged and led to the need to formalize the Network by creating a provincial training, education and professionally supported peer mentor program. BSN developed the training program with the aim to improve the quality of compassionate and skilled care available in BC via a peer-support network and provide direct support for individuals and families navigating infertility, reproductive loss and infant loss. The goal of the Peer Mentor Training Program is to provide people with lived experience, formal training and support to effectively support others navigating reproductive loss. The training therefore includes enhancing peer mentors' skills in communication, active listening, empathy and problem-solving. As evidenced in the literature, strong peer mentor training includes infrastructure such as

adequate resources, management of programs, and training and ongoing professional support for mentors. Based on this foundation, we will outline the pilot Peer Mentor Training Program model and curriculum including the structure, process and support available for mentors. We will also share formative and summative findings from the pilot program evaluation. Finally, we will reflect on the opportunities and challenges associated with designing the evaluation of a peer mentor training program in partnership between a volunteer-based community organization (BSN) and a provincial healthcare organization (BCWomens).

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B03.i. Presenter: Lesley Sabourin (she/her), RN, CHPCN(C)

Organizations: CHEO, and Roger Neilson Children's Hospice

Title: Experiences of bereaved parents who have faced perinatal loss. A Qualitative Study.

Abstract: Introduction: Perinatal loss is a very specialized subset of pediatric palliative care. The experiences of these families are unique as, for many, the diagnosis may be received prior to delivery. The entire process of meeting their baby for the first time and saying goodbye occurs in an extremely condensed time period and may be simultaneous so care for these families requires a very tailored approach.

Objectives: To explore experiences of parents who experienced perinatal loss (loss of a pregnancy due to a life-limiting condition after 20 weeks gestation regardless of whether pregnancy was continued or terminated) with aim to improve and tailor support and bereavement services for this population.

Methods: Qualitative semi-structured interviews with parents who experienced a perinatal loss between 2014-2022 and accessed services through Roger Neilson Children's Hospice or the CHEO Palliative Care team. Qualitative thematic analysis was used, a coding scheme was developed and all interviews were coded separately with disagreements resolved by consensus.

Findings: 23 families were interviewed. Participants included those who continued their pregnancy after a diagnosis of a life-limiting condition (6), those who had an unexpected stillbirth (6), those who terminated their pregnancy (7), and those who met with our team after the birth of their baby, born with a life-limiting diagnosis (4). Analysis is in progress but preliminary results show themes of the complexities of grief and their grief experience over time, the importance of connections made during bereavement support as well as the invaluable support received throughout (antenatal, if applicable, into bereavement).

Conclusion: The experiences of parents who experience perinatal loss of all types (including unexpected loss or termination of pregnancy due to life-limiting condition) are unique and require an individualized approach. For those in which the diagnosis is made and time allows there seems to be benefit from.

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B03.ii. Presenter: Rennie Bimman (she/her), BSW, MSW, RSW, LICSW

Organization: Massachusetts General Hospital: Division of Palliative Care and Geriatric Medicine

Title: Hiding in Plain Sight: A narrative review of non-parental relatives' perinatal grief

Abstract: Perinatal loss is often immensely painful for families, yet remains unrecognized despite its ubiquity. Perinatal loss frequently leads to disenfranchised grief, and members of family systems less proximate to the loss are at risk for additional disenfranchisement. Grandparents and siblings are especially vulnerable to complications in perinatal grief due to intersecting and disenfranchising factors of identity, including age, role within family, and type of loss. The purpose of this narrative review was to examine their experiences in order to provide informed support. Medline via OVID was searched using specific terms to identify articles for inclusion. Content from each article was screened, synthesized, and codified according to salient themes. Evidence found attested to the uniquely complex grief experiences these populations face as a result of their intersecting disenfranchisement, and their overwhelming lack of support and recognition. Themes were observed related to these populations' emotional and behavioural grief reactions, similarities and differences in the grief of grandparents versus siblings, these grievers' efforts to respond to and support parental grief; their engagement with memory making and ritual, family system changes following loss, the influence of gender and developmental stages on grief, and more. New insights uncovered have been distilled into practical guidelines to inform clinicians as they assess needs and provide specific, tailored support to these oft-ignored grievers. Significant research gaps remain in this subtopic, such as firsthand perspectives of nonparental grievers, data on other extended family members, and the effect of additional psychosocial stressors on nonparental perinatal grief. As recent legal restrictions curtail reproductive healthcare access, the need for support, research, and discussion of these needs is especially salient.

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B04. Presenters: PAIL Network Volunteers with Lived Experience

Title: A Legacy of Love: Advocacy Through Commemorative Action

Description: This panel brings together individuals who have transformed their personal experiences of pregnancy and infant loss into powerful advocacy and meaningful change. Through storytelling, reflection, and conversation, panelists will share how their grief became a catalyst for action—whether through peer support, policy change, community education, or improving care systems.

Together, we'll explore the emotional and practical journey from loss to leadership, the challenges of navigating grief in public spaces, and the strength that comes from building connection and purpose after loss. While this session honors the voices of those who have turned heartbreak into hope for others, it also touches on the importance of setting boundaries and future planning.

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Breakout Sessions C: Friday, September 26th at 2:35PM

C01. Presenter: Michelle La Fontaine (she/her), Regional Program Manager

Organization: Pregnancy and Infant Loss Network

Title: Improving Early Pregnancy Loss Care in Ontario: Insights, Challenges, and Collaborative Solutions

Abstract: This presentation offers an overview of the Early Pregnancy Loss Workshop co-hosted by PAIL Network, Better Outcomes Registry & Network (BORN) Ontario, and Provincial Council for Maternal and Child Health (PCMCH). The workshop included presentations by experts as well as people with a lived experience of pregnancy loss to provide a comprehensive understanding of the needs and challenges faced by individuals seeking care. With a focus on systemic barriers, gaps in provider knowledge and empathy, and discussion that highlighted the existing quality standards in Ontario. Through collaborative dialogue and shared learning, participants were able brainstorm solutions and develop implementation pathways for province-wide adoption with a specific goal: to improve the quality of care for those experiencing early pregnancy complications and loss.

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C02. Presenters: Jenna Robertson Bly (they/them/iel), Registered Midwife, and Tiffany Fung (she/her), Registered Midwife

Organization: Michael Garron Hospital – Early Pregnancy Clinic (EPC)

Title: A Midwifery-Led Early Pregnancy Clinic: Midwifery and Obstetric Collaboration to Improve Care at Michael Garron Hospital for Patients Experiencing Complications of the First Trimester of Pregnancy

Abstract: In 2018 the MATCH (Midwifery and Toronto Community Health) Program was funded through the Ministry of Health and Long Term Care to provide midwifery services integrated in a team-based, primary care model for people facing barriers to accessing high quality, perinatal care. The Program offers prenatal and postpartum care with a collaborative, team-based approach to intrapartum care at Michael Garron Hospital. The Program also offers medication abortion up to 11 weeks gestational age and counselling, prescribing and referrals for contraceptive care.

In 2021 and 2023 the Ministry provided expansion funding that allowed the Program to assume midwifery staffing of the Early Pregnancy Clinic at Michael Garron Hospital. The goal was to reduce wait times, improve follow up, improve patient-centred care, and to impact system wide learning to improve and facilitate perinatal care for patients experiencing complications and pregnancy loss in the first trimester of pregnancy.

Our vision is a “system without discharges” where any pregnant client accessing our Program for perinatal care can receive counseling and services from an integrated team of multidisciplinary providers with excellent follow up care in community and in hospital.

This presentation will provide an overview of the rapid expansion of our midwifery-led, hospital based, outpatient Early Pregnancy Clinic, and will explore our approaches to improving care for a patient population that is often poorly supported at a systems' level while they are navigating complex clinical care combined with grief and loss.

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C03. Presenters: Sophie Meunier (she/her), Ph.D., and Myriam Bédard-Lévesque (she/her), PsyD candidate

Organization: UQAM (Université du Québec à Montréal)

Title: Returning to work following a perinatal loss: when two worlds collide

Abstract: Perinatal loss is a frequent event that can impact various spheres of parent's life, including their work. Indeed, most parents going through this difficult experience are part of the active workforce and typically return to work after a brief period of leave. However, the workplace is one of the environments where perinatal loss is most taboo, and the challenges faced by bereaved parents in this specific context are often overlooked. To address this gap, this study aimed to document the experience of parents returning to work following a perinatal loss. A questionnaire was administered to working mothers who had experienced their loss either recently (n=173), or during their lifetime (n=112). The results revealed a wide variety of leave types and durations before returning to work, depending on the type of loss. Motivations for returning to work were also highly variable, ranging from social or financial pressures to enjoying one's work and perceiving it as important. Perinatal grief symptoms remained high upon returning to work, even several months after the loss. These symptoms were negatively associated with psychological well-being at work and positively associated with various work-related difficulties, such as lack of energy and motivation, as well as impaired concentration and memory. This study is one of the few to document precisely the experience of working mothers following a perinatal loss. While taboos in the workplace often lead parents to grieve in silence, their difficulties remain nonetheless real. These findings advocate for workplace awareness programs and greater supportive measures for working parents going through this difficult experience.

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C04. Presenters: Allison Loft, Community Development Worker, and Darcy Whalen, Registered Social Worker

Organization: Tsi Kanonhkhwatsheríyo Indigenous Interprofessional Primary Care Team (IIPCT)

Title: Holding Space for Healing, Together

Description: This gentle breakout session will be held for participants who wish to connect with Allison Loft and Darcy Whalen from the IIPCT in Tyendinaga Mohawk Territory. They will share their team's journey through supporting Indigenous community members in grief, and their goals for developing a support group for people experiencing pregnancy and infant loss.

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Poster Abstracts

Presenter: Lesley Sabourin (she/her), RN, CHPCN(C)

Organization: CHEO, and Roger Neilson Children's Hospice

Title: Experiences of bereaved parents who have faced perinatal loss

Abstract: Introduction: Perinatal loss is a very specialized subset of pediatric palliative care. The experiences of these families are unique as, for many, the diagnosis may be received prior to delivery. The entire process of meeting their baby for the first time and saying goodbye occurs in an extremely condensed time period and may be simultaneous so care for these families requires a very tailored approach.

Objectives: To explore experiences of parents who experienced perinatal loss (loss of a pregnancy due to a life-limiting condition after 20 weeks gestation regardless of whether pregnancy was continued or terminated) with aim to improve and tailor support and bereavement services for this population.

Methods: Qualitative semi-structured interviews with parents who experienced a perinatal loss between 2014-2022 and accessed services through Roger Neilson Children's Hospice or the CHEO Palliative Care team. Qualitative thematic analysis was used, a coding scheme was developed and all interviews were coded separately with disagreements resolved by consensus.

Findings: 23 families were interviewed. Participants included those who continued their pregnancy after a diagnosis of a life-limiting condition (6), those who had an unexpected stillbirth (6), those who terminated their pregnancy (7), and those who met with our team after the birth of their baby, born with a life-limiting diagnosis (4). Analysis is in progress but preliminary results show themes of the complexities of grief and their grief experience over time, the importance of connections made during bereavement support as well as the invaluable support received throughout (antenatal, if applicable, into bereavement).

Conclusion: The experiences of parents who experience perinatal loss of all types (including unexpected loss or termination of pregnancy due to life-limiting condition) are unique and require an individualized approach. For those in which the diagnosis is made and time allows there seems to be benefit from.

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Presenters: Meghan Cellamare (she/her), RN, MsCN, PhD, Briar DeFinney (she/her), MHI, PMP, and Kristen Mischtian (she/her), RN

Organizations: CAPWHN, and Scarborough Health Network

Title: Building a compassionate framework for perinatal loss: Enhancing peer support, leadership, and routine care in the ED

Abstract: Emergency Departments (EDs) are often the first point of contact for individuals experiencing perinatal loss, yet these high-acuity settings frequently lack standardized, trauma-informed approaches. Many patients, particularly from underserved populations, report feeling dismissed or unsupported during pregnancy loss in the ED. This project aims to address these disparities by establishing consistent, compassionate, and equitable care protocols.

Perinatal loss carries profound psychosocial and physical significance. Ontario families have expressed that experiencing pregnancy loss in the ED is often unexpected and distressing, with many feeling unsupported (Ontario Health, 2020). Like other EDs, Scarborough Health Network (SHN) has seen a rise in early pregnancy-related visits, highlighting the need for structured, compassionate care.

To address this, a quality improvement (QI) project was developed to integrate perinatal loss care into routine ED workflows, enhancing patient experiences and staff confidence. This project aims to improve the experience of the patient in the ED through the development and evaluation of a sustainable, compassionate toolkit that integrates perinatal loss care into routine ED workflows, improving patient experiences and staff confidence in providing empathetic and compassionate care

Using a Plan-Do-Study-Act (PDSA) cycle, the project included:
1. Current State Review - Assessing existing protocols, staff knowledge, and patient experiences.
2. Implementation - Introducing structured education, standardized guidelines, and practical tools.
3. Evaluation - Gathering feedback to refine interventions and measure impact.

A structured approach ensures families receive compassionate care while equipping providers with tools to support bereaved patients effectively. This project emphasizes the importance of integrating perinatal loss care into high-acuity settings, ensuring every patient receives acknowledgement, empathy, and support.

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Presenter: Andrea Steadman (she/her), RN

Organizations: SickKids, Mount Sinai Hospital, and IMPACT

Title: Empowering nurses to build bereavement care capacity: How a nursing-led end-of-life committee supports patients and families in the NICU

Abstract: The Neonatal Intensive Care Unit is a highly specialized clinical area that cares for the sickest neonates in the province. As a result of this, sadly the NICU is a unit that experiences a significant number of deaths annually. Over the last decade, the SickKids NICU has averaged between 50-70 patient deaths per year. It is important that the healthcare team feels competent and comfortable providing high-quality care to these babies and their families in these difficult situations. Nurses are well-positioned to provide and advocate for high-quality end of life or palliative care for these vulnerable patients.

Nursing-led interventions are an effective means of improving patient care, and committee work has shown to be a valuable tool in creation and implementation of these interventions. The SickKids NICU's End of Life (EOL) Committee is comprised of nursing members who feel passionate about supporting this patient population. The committee meets regularly to review recent bereavement situations from a nursing lens, identify issues, and work together to improve delivery of bereavement or end of life care.

The work that the NICU EOL Committee undertakes on the unit supports both frontline health care providers, and the patients and families that they care for. Examples of these resources and initiatives will be shared, to highlight the practical ways in which a nursing-led committee can support the perinatal loss community.

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Presenters: Sasha Kamkin (She/Her), BHSc, RN, MDes (2026), OCAD University, Zachary Scholtz (He/Him), BA, MDes (2026), videographer, OCAD University, Kory McGrath (She/Her), BHSc, RM, MDes (2026), OCAD University, Oak Valley Health

Organizations: OCAD University, and Oak Valley Health

Title: Contemplative Spacemaking and its Application in Perinatal Bereavement Settings

Abstract: For families experiencing perinatal loss, conventional labour and postpartum units can be distressing, forever shaping memories of grief. These environments present an opportunity to reimagine spaces with greater sensitivity, privacy, and emotional support. Integrating art and biophilic design in healthcare has been shown to reduce stress, enhance well-being, and foster healing. Natural elements -- real or digital -- can improve mood, decrease pain perception, and accelerate recovery. Studies suggest that nature scenes activate brain regions linked to empathy and altruism, reinforcing the role of environmental design in compassionate care.

As Master of Design students at OCAD University, we developed 'Virtual Hydrotherapy', a quality improvement project for Oak Valley Health (OVH). This innovation transforms hospital rooms into immersive, contemplative spaces using projection mapping to display cinematic nature imagery and white-noise soundscapes of water. By blending biophilia with virtual reality (VR), Virtual Hydrotherapy activates the body's innate ability to self-regulate, promoting calm, reducing anxiety and pain, and fostering moments of transcendence, purpose, and meaning.

Currently being prototyped in collaboration with OVH's midwifery and interprofessional teams in high and low risk labour settings, this innovation has the potential to support the bereaved in perinatal settings, palliative care and hospice. This project reimagines perinatal space design, offering a novel approach to integrating contemplative environments into birth and bereavement care more broadly. Rooted at the intersection of technology, design, and compassionate care, we seek to create spaces that support the traversing of territory between worlds.

This contemplative space will be presented as both a poster and a visual exhibit within the Wellness Room at PAIL Network's Conference, offering a quiet refuge where attendees may pause, breathe, and gently experience its restorative potential between sessions.

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Presenter: Teresa Ianni (She/Her), MMT, RP, MTA First Sounds: RBL Certified

Organization: Sunnybrook Health Sciences Centre

Title: Implementing a Music Therapy Program to Support Nurturing Encounters in the NICU

Abstract:
Problem statement:
Music Therapy, in the Neonatal Intensive Care Unit (NICU), is a non-pharmacological, non-invasive and empirically supported intervention. Music therapy can optimize and enhance nurturing encounters, regardless of infant care needs.

Background and Impact:
The Sunnybrook NICU has established a strong unit culture in promoting and enhancing nurturing encounters. It includes creating a space that is developmentally appropriate and encourages positive interactions between the world and the infant, and supports developmentally supportive care. Since October 2022, the implementation of a Music Therapy Program in the Sunnybrook NICU has contributed to providing age-appropriate neurological and sensory stimulation to hospitalized infants by reducing stress response, providing opportunities for positive social contact and by offering a form of environmental enrichment (Anderson & Patel, 2018).

Interventions included the evidence-based use of gentle instruments to emulate heartbeat and womb sounds as well as the use of carefully selected or parent co-created lullabies. Music therapy was also able to support families where outcomes were unfavorable. Legacy work, including heart beat recordings were used to support families during difficult transitions of care.

Staff feedback since the implementation has been positive and are supportive for this service to continue and grow in our unit. A registered nurse stated, "it is such an amazing addition to the care we can provide to decrease stress and anxiety for the families and bring joy to the unit and nurses."

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Presenters: Theresa Morrison (she/her), Marnie Lightfoot (she/her), RN, BSc, BScN, MN, MBA(c), and Nicole Leijh (she/her)

Organizations: Bridget's Bunnies, Women and Children's Health Network Central Region North, Women and Children's Health Network

Title: Little Loss Libraries

Abstract: Small communities in Simcoe-Muskoka lack the resources and support systems necessary for fully supporting families and individuals experiencing pregnancy or infant loss. Bridget's Bunnies partnered with the Women and Children's Health Network to create a solution. Little Loss Libraries, are an innovative, community-based initiative that provide bereavement resources in accessible and often non-clinical settings help fill this gap. These libraries serve as safe spaces where people can access books and local resources related to pregnancy loss, infant loss, and grief, offering discreet support without the barriers of stigma, cost, or location.

In addition to resources and support, Little Loss Libraries offer a visual presence in these communities. Pregnancy and infant loss are isolating experiences, by having something out in the open for people to see (even if they never use them) lets grieving parents know they are not alone. They also serve as a quiet connection between users through the note cards in the back, allowing message sharing, and the dedications in the front, serving as a tangible memorial.
This initiative was born from lived experience-understanding firsthand the emotional toll of loss-and strengthened through partnership with local care providers, ensuring resources are appropriate and compassionate.

We will explore the development process, including collaboration between parents and care providers, local organizations, and donors. Additionally, we will discuss the implementation strategies, challenges faced, and ongoing evaluation methods that help measure impact and ensure sustainability.
By embedding bereavement support into everyday community spaces, Little Loss Libraries are revolutionizing access to care for grieving families, demonstrating a replicable model that can be expanded to other underserved communities.

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Presenters: Tara Moffatt (she/her) MN, RN, CHPCN (c), CON (c), Palliative Pain and Symptom Management Consultants of North Eastern Ontario

Collaborators: Disa Clifford and Donna Lawrence

Organizations: Palliative Care Consultants Network of Ontario

Title: Equipping the Future of Care: An Innovative Palliative Consultation Program

Abstract: Palliative Pain and Sympton Management Consultants (PPSMCs) have been innovators in program design and delivery since 1922, supporting service profivers, organizations, and system-wide palliative care advocacy at local, regional, provincial, and national levels. This poster will highlight the reach and vast capacity-building impacts of PPSMCs and their ongoing value in delivering high-quality palliative care across Ontario.

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Presenter: (Absent Thursday/Friday) Julia Zinn, Certified Child Life Specialist and Thanatologist

Organizations: Hope House Community Hospice

Title: Equipping Parents for Tender Conversations: A Call to Action for Healthcare Professionals

Abstract: This pre conference presentation will highlight the importance of supporting parents in having age-appropriate conversations with their children about dying, death, and grief, despite common barriers. Julia will present a review of current research, identify gaps, and offer actionable strategies and calls to action for health and service providers to enhance death and grief literacy among families.

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Exhibitors and Vendors

Exhibitor Name and Description	Web	Socials
Cuddle for Keeps offers handmade, weighted and personalized keepsake bears	www.cuddleforkeeps.com	Instagram @cuddleforkeeps
The Maxwell George Fleming Foundation is a Canadian Charity organization dedicated to supporting families who experience the loss of an infant. Founded in memory of Maxwell George Fleming, the foundation donates CuddleCots to hospitals across Canada. These cooling units provide grieving families with the gift of time - precious hours to bond, say goodbye, and create memories. The foundation works closely with healthcare providers to improve bereavement care and ensure that no family faces this heartbreaking journey alone. Through fundraising, awareness, and compassion, the foundation honours Maxwell's legacy by giving other families the time every parent deserves with their child.	www.mgffoundation.org	@mgffoundation
Becoln offers comforting products, and a compassionate community for families whose parenting journeys have been touched by loss, trauma, and heartache. Our meaningful, thoughtfully designed products-including remembrance candles and journals-help you honour your baby and commemorate your journey. Inspired by founder Kieran Powers' own experience and her three sons-two in her arms and one in her heart-Becoln's mission is to provide families with comfort, connection, and support when they need it most, and to help them find their beacons of light in the darkness.	www.becoln.com	IG handle: @becoln_ LinkedIn: Kieran (Bergmann) Powers
Counselling & Co. offers in-person therapy in Oakville, Tillsonburg, and virtually across Ontario. Our team provides psychotherapy support with care, including grief & loss and the many transitions experienced by individuals, couples, and families navigating their reproductive mental health journey. We know there is no typical path, but hope our support helps people/clients feel less alone. In partnership with BridgeWay Family Centre, we facilitate a Pregnancy & Infant Loss Support Group that welcomes women who have experienced loss at any point in their reproductive journey. We would love to be a part of your village and hope you will consider connecting with us.	www.counsellingandco.com	Instagram: @counselling_and_co Facebook: Counselling & Co., Individual, Couple & Family Counselling
Centre for Reproductive Loss (CRL) is a Canadian charity offering compassionate support around reproductive loss, including abortion-related grief, miscarriage, stillbirth, infant loss, infertility, and grief following adoption placement. We also work to raise awareness about the unique grief that often goes unrecognized in these experiences, and provide fertility and body literacy education to help youth and adults reflect on the emotional, physical, and relational dimensions of sexuality,	www.crl-rho.org	

parenting, and reproductive decision-making. Come meet us to learn more, explore resources, and connect!		
BridgeWay Family Centre offers a Pregnancy and Infant Loss Support Group that is a welcoming space for moms grieving a loss at any time throughout pregnancy, during IVF, or after the birth of their baby. Led with compassion by a registered social worker, this free monthly group provides a safe environment to explore grief, share experiences (if you choose), and learn coping strategies. Topics may include types of loss, symptoms of grief and how every experience differs, possible triggers and strategies to navigating them, and types of support.	www.bridgewaycentre.ca	@bridgewayfamily centre (instagram and facebook)
Bridget's Bunnies Pregnancy and Infant Loss Support works to ensure no one endures pregnancy or infant loss alone. Working with healthcare providers and directly with grieving parents, they provide comfort kits at no cost to recipients throughout Simcoe-Muskoka and beyond, as well as hosting Bridget's Run each October.	www.bridgetsbunnies.ca	@BridgetsBunnies on Facebook, Instagram and LinkedIn
Butterfly Support Network provides support groups, counselling, peer support, and hospital resources for families across the west coast of Canada navigating pregnancy loss, infant loss and infertility.	www.ButterflySupportNetwork.ca	@ButterflySupport Network
LAO Publishing Inc. I am proud to offer my book, a deeply personal account of my lived experiences with traumatic pregnancy loss. Through raw storytelling and reflective insight, I share the emotional, physical, and spiritual journey of navigating grief, healing, and hope. This work is for those seeking connection, validation, and understanding in the face of loss. By sharing my truth, I hope to foster a compassionate space for others to feel seen and heard. The book is available for purchase during the conference, and I welcome meaningful conversations about its message.	https://znx5f1-sw.myshopify.com/	https://www.facebook.com/profile.php?id=61577778054204
Palliative Care Consultants Network of Ontario - Palliative Pain and Symptom Management Consultants of North Eastern Ontario: Palliative Pain and Symptom Management Consultants (PPSMCs) have been innovators in program design and delivery since 1992, supporting service providers, organizations, and system-wide palliative care advocacy at local, regional, provincial, and national levels. PPSMCs are integral in implementing all palliative care delivery frameworks by supporting knowledge translation and skill development of the core team through education, mentorship, and consultation. As a self-referral resource, PPSMCs help break down hierarchical barriers and foster interdisciplinary collaboration by offering direct support to healthcare providers across all disciplines; thereby indirectly supporting the needs of people undergoing a palliative approach to care and their families.	https://pccnetwork.ca/	

Roger Neilson Children's Hospice offers a Perinatal Palliative Care Program that supports families facing the heartbreak of a life-limiting diagnosis during pregnancy or shortly after birth. Whether choosing to continue or end a pregnancy, or coping with a postnatal diagnosis, the program offers specialized care, guidance, and memory-making opportunities. The Perinatal Loss Support Group is available to parents who have lost a baby after 20 weeks gestation up to 28 days of life, regardless of the cause. The Pregnancy After Loss Support Group (P.A.L.S.) offers emotional support to families navigating the complex emotions of pregnancy following a previous infant loss.		https://www.instagram.com/rogerneilsonchildrenshospice/ https://www.facebook.com/rogerneilsonchildrenshospice https://x.com/RNeilsonCH
Canada's Pediatric Palliative Care Alliance is a coming together of healthcare professionals, organizations, and families with lived experience. We are committed to supporting healthcare professionals in delivering compassionate and effective pediatric palliative care for children with serious illness and their families. Informed by the voices of families, caregivers, and healthcare professionals, the Alliance is creating a future where every Canadian family and every child with a serious illness can access high-quality pediatric palliative care in a location of their choice.	www.pediatricpalliativecare.ca	LinkedIn: @Canada's Pediatric Palliative Care Alliance Instagram: @PedPallCareCA Facebook: @Canada's Pediatric Palliative Care Alliance