

PPPS



Prenatal Infection Prevention Symposium

25-28 FEBRUARY 2019

E-CONFERENCE BAG

- 2** **GROUP B STREP INTERNATIONAL - PRENATAL INFECTION PREVENTION POSTER AND HANDOUT**
- 4** **STILLBIRTH ADVOCACY WORKING GROUP - GLOBAL SCORECARD**
- 6** **GROUP B STREP INTERNATIONAL - GBS POSITIVE & NEGATIVE INFO SHEETS**
- 8** **NATIONAL CMV FOUNDATION - CMV INFOGRAPH**
- 9** **STAR LEGACY FOUNDATION - STILLBIRTH SUMMIT 2019**
- 10** **INTERNATIONAL STILLBIRTH ALLIANCE - ISA 2019 MADRID**
- 11** **PREGNANCY AFTER LOSS SUPPORT - TIPS FOR HEALTH PROFESSIONALS**

Help protect your baby from infection during pregnancy!



*Many types of infections can be prevented with healthy pregnancy behaviors. Use the word “**HYGIENE**” to help you make these behaviors routine!*

Handwashing helps
Yes to prenatal care
Good food prepared safely
Immunizations
Evade others' bodily fluids
No to unnecessary invasive procedures
Environmental precautions

For more information and resources on how to help protect your baby from prenatal infections, please visit www.groupbstrepinternational.org



Help protect your baby from infection during pregnancy!

HANDWASHING HELPS

Routine handwashing is an easy way to reduce the risk for your baby! Wash your hands with soap and water for at least 20 seconds after:

- Changing a diaper
- Feeding a young child
- Wiping a young child's nose or drool
- Gardening or contact with soil or sand

Remember to wash under your nails!

Handwashing can help prevent infections such as influenza, cytomegalovirus (CMV), and toxoplasmosis.

YES TO PRENATAL CARE

Prenatal care is an excellent opportunity to team up with your provider to prevent infection in your baby!

Having your urine cultured for bacteria at your first prenatal visit is important so you can be treated if necessary.

See your provider right away if you have any vaginitis symptoms. Medications for yeast infections are not effective against bacteria although symptoms can be similar.

Your provider will test you for some germs that you may not know you carry. Keep a copy of all test results with you to have ready when you arrive at the hospital to give birth.

Besides brushing and flossing your teeth regularly, see your dentist for cleanings and checkups as part of your routine prenatal care. Make sure to tell your dentist you are pregnant.

Prenatal care can help detect germs such as group B strep (GBS), hepatitis B, and chlamydia so they can be treated. Dental care can help prevent bacterial infections such as periodontal disease and tooth decay.

GOOD FOOD PREPARED SAFELY

Getting your recommended daily nutrition from good food prepared safely can help nourish your growing baby and prevent exposure to infection!

Avoid the following:

- Unpasteurized milk
- Cheese made from unpasteurized milk
- Raw or undercooked meat or poultry
- Hot dogs and lunch or deli meats unless heated until steaming hot just before serving

Use special care in food handling:

- Peel or wash fruits and vegetables
- Store raw meat separately from other foods
- Avoid getting fluid from hot dog packages on other surfaces
- Wash cutting boards and counters after contact with raw meat, poultry, seafood, or unwashed fruits and vegetables

Good food prepared safely can help protect your baby from infections such as listeriosis.

IMMUNIZATIONS

Making sure your immunizations are up-to-date (ideally before becoming pregnant) is another easy way to help prevent infection in your baby!

Ask your provider if you are immune to German measles (also known as rubella) and chickenpox, both causes of stillbirth and serious birth defects. These vaccines can't be given during pregnancy so if you aren't immune, avoid contact with anyone infected with these viruses.

Make sure you get recommended flu shots. Having the flu increases the risk of your baby being born premature as well as having birth defects.

Immunizations can help prevent infections from many causes including influenza, German measles, and chickenpox.

EVADE OTHERS' BODILY FLUIDS

Simply staying clear of germs found in saliva, urine, blood, semen, and other bodily fluids can help keep your baby safe!

Keep away from anyone with infections that can be spread through coughing and sneezing.

Pregnant women are most commonly exposed to CMV through the saliva and urine of young children. Use these precautions:

- Don't share food, drinks, eating utensils, and toothbrushes with young children
- Don't put a child's pacifier in your mouth
- Avoid contact with saliva when kissing a child
- Clean toys and surfaces that come into contact with children's saliva or urine

Always use safe sex practices. New partners can introduce germs even through oral sex.

Be careful to not come into contact with used needles, blood, or open sores and don't share toothbrushes and razors.

Evading others' bodily fluids can help prevent exposure to germs such as HIV, CMV, GBS, E. coli, hepatitis C, and parvovirus B19.

NO TO UNNECESSARY INVASIVE PROCEDURES

Avoid unnecessary, frequent, or forceful internal exams which may push germs closer to your baby. Some germs can cross intact membranes! Vaginal or perineal ultrasounds are less invasive options.

Talk to your provider early in pregnancy about not stripping your membranes (a procedure often used to ineffectively induce labor). Not all providers ask before stripping membranes during a cervical exam. Even if you test negative for GBS, you may be carrying other germs that could harm your baby.

Saying "no" to unnecessary invasive procedures can help prevent infections with germs such as GBS and E. coli.

ENVIRONMENTAL PRECAUTIONS

Enjoy your environment while making precautions routine! Some good strategies are:

- Avoid changing cat litter
- Don't handle stray cats
- Wear gloves when gardening
- Walk in the center of trails to avoid ticks
- Remove sources of standing water around your home to avoid mosquitoes breeding

Environmental precautions can help prevent infections such as toxoplasmosis, Lyme disease, and West Nile and Zika viruses.



For more information, please visit www.groupbstrepinternational.org
This document is for informational purposes only and does not constitute medical advice

The Ending Preventable Stillbirths Scorecard: Global, December 2018

Tracking progress against the Lancet's Ending preventable stillbirths series call to action (2016)



Developed by the Stillbirth Advocacy Working Group, co-chaired by the International Stillbirth Alliance and the London School of Hygiene & Tropical Medicine, founded by the Partnership for Maternal, Newborn and Child Health.

For more details and references, please visit: <https://bit.ly/2LdGUDH>

The Ending Preventable Stillbirths Scorecard: Global, December 2018

| CALL TO ACTION COMPONENT | | INDICATORS | PROGRESS | | | |
|--|--|--|-------------------|-----------------------|---------------|-------------|
| | | | Global | High Burden Countries | | |
| | | | | All (n=74) | Africa (n=44) | Asia (n=30) |
| Mortality targets by 2030 | 12 stillbirths or fewer per 1000 total births in every country | 1.1 Countries with Newborn Plan | ○ NA | ● 81% | ● 73% | ● 93% |
| | | 1.2 Countries with stillbirth rate target | ○ NA | ● 23% | ● 16% | ● 30% |
| | | 1.3 Countries achieved stillbirth rate global target | ● 48% | ● 23% | ● 7% | ● 47% |
| | All countries set and meet targets to close equity gaps and use data to track and prevent stillbirths | 1.4 Countries with a subnational Newborn Plan | ○ NA | ● 31% | ● 30% | ● 30% |
| | | 1.5 Countries with stillbirth rate equity target | ○ | ○ | ○ | ○ |
| | | 1.6 Countries reporting subnational SBRs | ○ | ○ | ○ | ○ |
| UHC: Family planning | By 2020, 120 million more women and girls with access to contraceptives | 2.1 Additional users of modern methods of contraception | ● ¹ | ○ NA | ○ NA | ○ NA |
| | By 2030, universal access to sexual and reproductive health-care services and integration of reproductive health into national strategies and programmes | 2.2 Percentage demand for contraception satisfied | ● 68% | ● 54% | ● 48% | ● 62% |
| | | 2.3 Countries with reproductive health plan | ○ | ○ | ○ | ○ |
| UHC: Antenatal care | By 2030, universal quality of care and comprehensive antenatal care for all women | 3.1 Availability of global standards for antenatal care | ● | ○ NA | ○ NA | ○ NA |
| | | 3.2 Antenatal care | ● 62% | ● 56% | ● 50% | ● 59% |
| | | 3.3 Quality of antenatal care | ○ | ○ | ○ | ○ |
| UHC: Care during labour and birth | By 2030, effective and respectful intrapartum care to all women in all countries | 4.1 Global standards for intrapartum care | ● | ○ NA | ○ NA | ○ NA |
| | | 4.2 Skilled birth attendants | ● 78% | ● 73% | ● 57% | ● 81% |
| | | 4.3 Quality of intrapartum care | ○ | ○ | ○ | ○ |
| Milestones | Every Newborn global and national milestones met by 2020, including the Measurement Improvement Roadmap | 5.1 MNH Quality improvement | ○ NA | ● 53% | ● 48% | ● 60% |
| | | 5.2 Perinatal Death Review systems | ○ NA | ● 50% | ● 52% | ● 47% |
| | | 5.3 Research focusing on stillbirths planned by country | ○ NA | ● 27% | ● 20% | ● 37% |
| | Respectful care, including bereavement support after a death: by 2020, global consensus on a package of care after a death in pregnancy or childbirth for the affected family, community, and caregivers in all settings | 5.4 Respectful care after a death | ● ² | ○ NA | ○ NA | ○ NA |
| | | Reduce stigma: by 2020, all countries to identify mechanisms to reduce stigma associated with stillbirth among all stakeholders, particularly health workers and communities | 5.5 Reduce stigma | ○ | ○ | ○ |

LEGEND:

● Achieved
● On track
● Making progress
● Slow/no progress
○ No data
○ Not applicable

REFERENCES:

¹ 120 million users

² Co-ordinated background research undertaken to inform global consensus



Now that you've tested **positive** for Group B Strep (GBS), learn how to help protect your baby

Testing positive for GBS means that you “carry” or are “colonized” with group B strep, a type of bacteria naturally found in the digestive tract and birth canal. Carrying GBS does not mean that you have an infection. However, GBS can infect babies before birth through several months of age due to their underdeveloped immune systems.

You can help protect your baby from GBS (☑ as done)

...DURING PREGNANCY

- Ask your provider to do a urine culture for GBS and other bacteria if not already done early in pregnancy. Oral antibiotics should be prescribed if you have a significant level of GBS in your urine. *GBSI advocates a recheck (“test of cure”) after treatment. GBS in your urine means that you may be heavily colonized which puts your baby at greater risk.*
- See your provider promptly for any symptoms of a bladder (urinary tract) infection.
- See your provider promptly for an exam and possible GBS testing if you have any symptoms of vaginal infection. *Be aware that bacteria can be passed between sexual partners, including through oral contact.*
- Contact your care provider **immediately** if you notice either of these signs:
 - Decreased or no fetal movement after your 20th week
 - You have any unexplained fever
- Get a copy of all culture test results and keep them with you!
- Plan ahead if you have short labors or live far from the hospital. Ask about a late 3rd trimester penicillin shot as a possible safeguard. (Note: This is not a widely accepted strategy.) *The IV antibiotics you receive in labor generally take 4 hours to be optimally effective.*
- Tell your provider if you are allergic to penicillin. There are antibiotic alternatives.
- Know that “alternative medicine” treatments such as garlic or tea tree oil have **not** been proven to prevent your baby from becoming infected. Some are unsafe.
- Avoid unnecessary, frequent, or forceful internal exams. *Knowing how far you are dilated does not accurately predict when your baby will be born. Internal exams may push GBS, E. coli, or other microorganisms that can also cross intact membranes closer to your baby. Vaginal or perineal ultrasounds are less invasive options.*
- Discuss the benefits vs. risks of possible methods of induction with your provider well before your due date as not all providers ask before “stripping” (also known as “sweeping”) membranes.

- Ask your provider to **not** strip your membranes. *Procedures such as stripping membranes and using cervical ripening gel to induce labor may push GBS, E. coli, or other microorganisms that can also cross intact membranes closer to your baby.*
- If you are having a planned C-section, talk to your provider about the risks vs. benefits of starting IV antibiotics well before your incision. *C-sections do not prevent GBS infection although the risk during a planned C-section is extremely low if performed before your labor starts and before your water breaks.*
- Talk to your provider about whether or not to have an internal fetal monitor and/or have your water broken before you have had IV antibiotics for at least 4 hours.

... WHEN YOUR WATER BREAKS OR LABOR STARTS

- Call your care provider. Remind him or her of your GBS status. Report any fever.
- Go to the hospital immediately. Have all test results with you. Be sure to tell the nurses that you need to start your IV antibiotics for GBS.
- Avoid unnecessary, frequent, or forceful internal exams. *The IV antibiotics you receive in labor generally take 4 hours to be effective. Vaginal or perineal ultrasounds are less invasive options.*

...AFTER YOUR BABY IS BORN

- If you give birth before you have had 4 hours of antibiotics, the hospital may culture and should observe your baby for 48 hours. You can ask about your baby having antibiotics while waiting for the results of the culture. *Note: Recent research suggests antibiotic treatment may disturb the baby's protective intestinal flora.*
- Breastfeeding can supply your baby with important antibodies to fight infection. However, it is speculated that a few late-onset and recurrent GBS infections are possibly associated with infected breast milk. *It is currently thought that the health benefits of breastfeeding outweigh any potential risk of exposure to GBS.*

Post for quick reference

- Have **everyone** wash their hands before handling your baby. *Babies can become infected with GBS by sources other than the mother.*
- Make sure **everyone** who takes care of your baby knows the symptoms of GBS infection in babies and how to respond. *GBS can infect babies up to several months of age.*

SYMPTOMS OF GBS INFECTION

Call your baby's care provider **immediately** or take your baby to the emergency room if you notice any of these signs:

- **Sounds** — High-pitched cry, shrill moaning, whimpering, constant grunting as if constipated
- **Breathing** — Fast, slow, or difficult breathing
- **Appearance of Skin** — Blue or gray or pale skin, blotchy or red skin, tense or bulging fontanel (soft spot on a baby's head), infection (pus and/or red skin) at base of umbilical cord or in puncture wound on head from an internal fetal monitor
- **Eating and Sleeping Habits** — Feeding poorly, refusing to eat, not waking for feedings, sleeping too much, difficulty being aroused
- **Behavior** — Marked irritability, projectile vomiting, reacting as if skin is tender when touched, not moving an arm or leg, listless, floppy, blank stare, body stiffening, uncontrollable jerking
- **Body Temperature** — Fever or low or unstable temperature, hands and feet may still feel cold even with a fever

EMERGENCY CONTACT INFO: _____



For more information, please visit www.groupbstrepinternational.org



Even though you've tested **negative** for Group B Strep (GBS), learn how to help protect your baby

GBS is a type of bacteria naturally found in the digestive tract and birth canal of about 1 in 4 pregnant women. However, GBS status can change throughout pregnancy and culture tests can show a false negative so it is important to be aware that GBS can infect babies before birth, during birth, and even by sources other than the mother up to several months of age. Women who test negative are not usually treated with IV antibiotics during labor and delivery due to concerns about antibiotic resistance and altered vaginal flora.

You can help protect your baby from GBS (☑ as done)

...DURING PREGNANCY

- Ask for the results of your urine culture for GBS and other bacteria which should be done early in pregnancy. If you have already had a baby with GBS disease or have had GBS in your urine at any time during this pregnancy, you should receive IV antibiotics promptly when your water breaks or labor starts **regardless** of this pregnancy's GBS test results. **Use checklist for GBS positive women instead!**
- See your provider promptly for any symptoms of a bladder (urinary tract) infection. Oral antibiotics should be prescribed if you have a significant level of GBS in your urine. GBSI advocates a recheck ("test of cure") one month after treatment. **GBS in your urine means that you may be heavily colonized which puts your baby at greater risk.**
- See your provider promptly for an exam and possible GBS testing if you have any "vaginitis" symptoms. **Symptoms may be mistaken for a yeast infection and treated incorrectly. Be aware that bacteria can be passed between sexual partners, including through oral contact.**
- Know that "alternative medicine" treatments such as garlic or tea tree oil have **not** been proven to prevent your baby from becoming infected. Some are unsafe.
- Contact your care provider **immediately** if you notice either of these signs:
 - Decreased or no fetal movement after your 20th week
 - You have any unexplained fever
- Avoid unnecessary, frequent, or forceful internal exams. **Knowing how far you are dilated does not accurately predict when your baby will be born. Internal exams may push GBS, E. coli, or other microorganisms that can also cross intact membranes closer to your**

baby. Vaginal or perineal ultrasounds are less invasive options.

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- Ask your provider to **not** strip your membranes. **Procedures such as stripping membranes and using cervical ripening gel to induce labor may push GBS, E. coli, or other microorganisms that can also cross intact membranes closer to your baby.**
- Get tested between 35–37 weeks even if you tested negative earlier in pregnancy. (If you still test negative, ask your provider about having a new test after five weeks if you have not yet given birth.)
- Know that you still need to be tested at 35–37 weeks even if you are having a planned C-section.

... WHEN YOUR WATER BREAKS OR LABOR STARTS

- Call your care provider. Report any fever.
- Avoid unnecessary, frequent, or forceful internal exams. **Vaginal or perineal ultrasounds are less invasive options.**

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EMERGENCY CONTACT INFO: _____



CMV is short for **cyto-megalo-virus**

CMV is preventable



Pregnant women who already have young children, or who work with young children, are at highest risk of catching CMV

CMV is found in home and daycare settings



Avoid contact with saliva - Kiss kids under the age of 6 on the forehead instead of lips or cheek



75% of toddlers have CMV in their urine or saliva in studies at child-care settings



Wash your hands after contact with bodily fluids of kids under the age of 6



Don't share utensils, drinks, or toothbrushes with kids under the age of 6



Save the Date!

June 19-21, 2019

Minneapolis, Minnesota

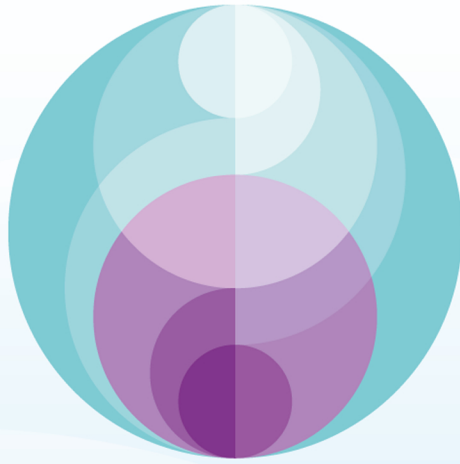
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and leading still birth researchers
from around the world at

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More details available at
www.stillbirthsummit.org



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*Passionate about
saving babies lives
and supporting families*



Tips for Health Professionals When Treating the Mom Experiencing Pregnancy After Loss (PAL)

Compiled by Lindsey M. Henke MSW, LICSW

- 1 Understand the Unique Emotional Experience of PAL**

Many women feel alone and confused when pregnant again after loss. They often feel like they no longer fit into the loss community, but they also feel uncomfortable in the mainstream pregnancy world. Encourage them to reach out to others who have been through pregnancy after loss (PAL) and consider referring them to Pregnancy After Loss Support's online community at PregnancyAfterLossSupport.com.
- 2 Remember the Loss Mom's Need for Reassurance**

Women who are pregnant again after a loss often need a great deal of reassurance. Extra doctor's visits, extended time during these visits, and understanding care from the hospital's labor and delivery department/emergency room will help reduce some anxiety in the mom, as well as provide attentive care with the added level of reassurance that the PAL mom needs.
- 3 Help Reduce Anxieties**

Doctors' appointments and ultrasounds can provoke high anxiety for the PAL mom. Most PAL moms received the news and confirmation that her baby had died during a past doctor's visit or ultrasound check. Taking into consideration that these visits can be stressful and even bring back past traumas for the mom is vital. One way to reduce this anxiety is to begin by reassuring the mom that the baby is alive, either through a Doppler check in the doctor's office or during an ultrasound.
- 4 Provide Concrete Medical Information**

PAL parents need truthful and concrete medical information about the development and health of their baby. PAL parents might need information repeated or explained further. Please remember to be patient with their questions, as they are not questioning your professional training; they are insecure about this pregnancy and the health of their baby.
- 5 Understand that the Relationship between a Loss Mom and Her Body is Complex**

A woman pregnant again after a loss often has a hard time trusting her body to do what it is supposed to do during the pregnancy and birth of her baby. Her trust in her body has been broken after the loss of her previous baby, and sometimes that lack of trust is accompanied by guilt. Understanding this loss of trust can help medical doctors advise a woman on her birth options, as well as direct the PAL mom to further mental health services if needed.
- 6 Know That Risk of Mental Health Disorders are Increased for PAL Parents**

PAL moms and dads are at an increased risk for mental health disorders, including perinatal and postpartum mood and anxiety disorders. Research shows that women who are pregnant again after a loss report having higher symptoms of anxiety and depression during their subsequent pregnancy compared to those who have not experienced a previous loss. Keep this in mind when assessing if parents need further mental health support and a referral to a mental health therapist or a support group during this pregnancy.
- 7 Acknowledge Their Grief and Their Fears**

PAL parents are often afraid that this baby will die too. Acknowledging their fears with phrases like, "It makes sense you would feel this way," and "This must be very difficult for you," can help the PAL parents realize you are empathetic towards their loss and haven't forgotten how they have arrived at this place of pregnancy after loss.
- 8 Know that it's Normal for PAL Parents to be Hesitant to Attach During Pregnancy**

Couples who are pregnant again after a loss may struggle with making plans for the baby's arrival. They often have restrained expectations and use language like, "if the baby lives." PAL parents may resist attending prenatal and childbirth classes. It is also quite common for PAL parents to refuse celebrations such as baby showers as well as purchasing any items for the baby until he or she arrives. Parents struggle with attaching due to fear of this baby dying too. Remember to normalize this experience for the PAL parents if they question their actions.

9 Realize One Baby Does Not Replace the Other

Sometimes PAL couples admit to having a hard time realizing that this is a different baby. Encourage the couple to continue to find ways to connect with their child who died in order to differentiate between this baby and the one they lost. Parents need health professionals to acknowledge the loss of their child who died and understand that a new baby does not take away the pain of losing the other.

10 Use the Child Who Died's Name in Conversations

When working with the PAL parents, if you don't know the name(s) of the child/children who have died, then ask them gently. If you do know the name(s), use them in conversations with the PAL parents when appropriate. Using the child's name will validate the significance of the loss and build trust between the parents and professional.

11 Understand that Detachment After the Birth Can Be Normal

Feelings of detachment from the baby born after a loss is quite normal at birth. PAL parents report having a hard time coming to terms with realizing that this is a different baby. Like during pregnancy, they also struggle with attaching after birth due to fear of losing this baby too. This detachment should dissipate over time. However, if attachment issues arise that are of concern, consider referring the PAL parent to the appropriate resources for support to help build a secure attachment for both baby and parents.

12 Educate Yourself and Your Patient on Emerging Resources for Support

Studies have shown that peer-to-peer relationships have been a significant source of support for women who experience perinatal and postpartum mood disorders as well as bereaved parents (specifically for those who have lost a child during pregnancy or within the first year of that child's life). Encourage the PAL parents to connect to other PAL moms and dads through in-person support groups or reputable online support communities such as Pregnancy After Loss Support.

13 Anticipate Anxiety During Early Parenting of This New Baby

Professionals working with PAL parents should expect the parents to experience anxiety over the health of a baby born after a loss. Be patient and understanding. Acknowledge their concerns and gently remind them that this is a different baby, constantly reassuring them about the health of the baby, as long as the baby is healthy. Also, be mindful of the PAL parents' history of loss and use your professional judgment to determine if all that is needed is extra reassurance. If the PAL parents are suffering with larger underlying issues, including postpartum mood and/or anxiety disorders, for which they are at higher risk, refer them to the appropriate resources.

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Pregnancy After Loss Support strives to support women pregnant after a loss and encourage them to choose hope over fear while nurturing grief. Pregnancy After Loss's services include an online magazine of articles written by both professionals and women who have also experienced PAL, peer-to-peer support through a Facebook forum of seven moderated support groups and a mentor program, and a collection of resources for both the PAL mom and the professionals treating the PAL Mom. Health care professionals can request flyers about Pregnancy After Loss Support to give to patients experiencing PAL by emailing palsmagazine@gmail.com.

Pregnancy After Loss Support

PregnancyAfterLossSupport.com | palsmagazine@gmail.com