

# EARLY HEAD START TIP SHEET

No. 49

Pregnancy Loss, 2012

## Can we continue to serve a family after pregnancy loss?

### Response:

Yes, for a time. Early Head Start staff who have built relationships with families during pregnancy are in a unique position to provide meaningful help after pregnancy loss. Individual parents and extended family members will experience the loss in different ways and will benefit from continued support from familiar staff. Family member responses can include disappointment, sadness, deep guilt, anxiety, or even relief.<sup>1</sup> Siblings, even very young children, can also be affected by pregnancy loss.<sup>2</sup> However family members experience the loss, Early Head Start services may be crucial. The relationship between staff and families is specifically focused on this pregnancy, and there may be limited community support after pregnancy loss.

Staff should work with families in conjunction with mental health consultants to identify each individual's sense of loss or grief and to offer support. Staff can document plans for support and eventual transition out of the program in the Family Partnership Agreement. It is important to note that families may be surprised by the ups and downs of their grieving. They might feel ready to transition out of the program at one visit and then find that they need additional support at the next. Although it is hard to anticipate these changes, predictably, between 6 and 8 weeks after a loss, as other kinds of support begin to dwindle, families may need more support from the Early Head Start program.<sup>3</sup> Given the unpredictable nature of grief, staff should revisit the Family Partnership Agreement with families often. Support for family members may include, but not be limited to, the following:

- Providing information about pregnancy loss and grief;
- Meeting with families or individuals to listen and support their grieving;
- Helping family members recognize and understand the responses of others in their families and communities;
- Working with families to identify friends and family who can be supportive as families transition out of the program; and
- Making referrals to mental health services or support groups.

Grief can be a complicated process, and it can be hard to know when families are ready for transition. As staff work with families to transition out of the program, they can look for signs that families are taking care of their physical and emotional needs, are able to meet their responsibilities, and/or are connected with community services that can offer long-term support.

Pregnant women living in poverty are at increased risk for pregnancy loss.<sup>4</sup> Therefore, Early Head Start programs need to be prepared to support families through this experience.

Administrators and staff should work with their Policy Council to develop a policy that clearly

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<sup>1</sup>Early Head Start National Resource Center, 2005.

<sup>2</sup>O'Leary, 2007.

<sup>3</sup>Early Head Start National Resource Center, 2005.

<sup>4</sup>Nagahawatte & Goldenberg, 2008.

articulates the program's plan to offer ongoing and individualized support to families through pregnancy loss.

### **Questions to Consider for Planning and Programming:**

- Is pregnancy loss addressed in the Community Assessment?
- What community partners (e.g., Healthy Start, hospitals, clinics, grief counselors, mental health providers) can offer information and support around pregnancy loss?
- How are staff trained to work with families around pregnancy loss? How are staff, who may also be affected, provided with support after a pregnancy loss?
- What are the cultural beliefs around pregnancy and pregnancy loss in the community or communities served by the program? How do staff understand each family member's individual beliefs around pregnancy and pregnancy loss? How does this information support practice after pregnancy loss?
- How will the program use its Family Partnership Agreement to guide service delivery after a pregnancy loss?
- How does the program document services to expectant families? How does it document services to families who have experienced pregnancy loss?
- Does the program monitor families for signs of depression? If so, how? How does the program offer support for families who may be experiencing depression? How might program staff monitor families for depression following pregnancy loss and serve families who are identified as needing additional services?
- Does the program have a policy for supporting families following pregnancy loss? How does it allow for individualization?

### **Performance Standards, Title 45, Code of Federal Regulations:**

- 1304.40(a) (1) Grantee and delegate agencies must engage in a process of collaborative partnership-building with parents to establish mutual trust and to identify family goals, strengths, and necessary services and other supports. This process must be initiated as early after enrollment as possible and it must take into consideration each family's readiness and willingness to participate in the process.
- 1304.40(a) (2) As part of this ongoing partnership, grantee and delegate agencies must offer parents opportunities to develop and implement individualized family partnership agreements that describe family goals, responsibilities, timetables and strategies for achieving these goals as well as progress in achieving them. In home-based program options, this agreement must include the above information as well as the specific roles of parents in home visits and group socialization activities (see 45 CFR 1306.33(b)).
- 1304.40(c) (2) Grantee and delegate agencies must provide pregnant women and other family members, as appropriate, with prenatal education on fetal development (including risks from smoking and alcohol), labor and delivery, and postpartum recovery (including maternal depression).
- 1304.40(f) (4) Grantee and delegate agencies must ensure that the mental health education program provides, at a minimum (see 45 CFR 1304.24 for issues related to mental health education): (ii) Individual opportunities for parents to discuss mental health issues related to their child and family with program staff.
- 1304.40 (h) (2) Staff must work to prepare parents to become their children's advocate through transition periods by providing that, at a minimum, a staff-parent meeting is held toward

the end of the child's participation in the program to enable parents to understand the child's progress while enrolled in Early Head Start or Head Start.

**Resources:**

Early Head Start National Resource Center. **Lost expectations: Supporting families through pregnancy loss** [Audioconference]. Washington, DC: DHHS/ACF/OHS. 2005, April 27.

Nagahawatte, N. T., & Goldenberg, R. L. **“Poverty, maternal health, and adverse pregnancy outcomes.”** *Annals of the New York Academy of Sciences*, 1136, 2008, June: 80–85. DOI: 10.1196/annals.1425.016.

O’Leary, J. M. **“Grief and its impact on prenatal attachment in the subsequent pregnancy.”** *Archives of Women’s Mental Health*. 7(1). 2004: 7–18. Accessed July 11, 2011. DOI: 10.1007/s00737-003-0037-1.

O’Leary, J. M. **“Pregnancy and infant loss: Supporting parents and their children.”** *Zero to Three*, 28(6). 2007: 42–49.

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*This Tip Sheet is not a regulatory document. Its intent is to provide a basis for dialogue, clarification, and problem solving among Office of Head Start, Regional Offices, TA consultants, and grantees. If you need further clarification on Head Start Policies and regulations, please contact your Regional Program Specialist.*