

The Early Days After Loss

Gentle guidance for the first hours, days, and weeks — when everything feels impossible.

For loss moms and families. This guide is a compassionate, practical companion for the earliest days after pregnancy or infant loss. You do not have to do everything today. You only need to take the next kind step.

How to use this guide:

- Read one section at a time—slowly. Grief can make reading hard.
- Circle or highlight what feels helpful. Ignore anything that feels like “too much” right now.
- Share with a partner, family member, or friend who wants to support you but doesn’t know how.

Important note: This resource is supportive information and not a substitute for medical or mental health care. If you feel unsafe or at risk of harming yourself, call 988 (U.S.) or local emergency services.



1) What to Expect Emotionally

In early grief, emotions can feel unpredictable—like waves that arrive without warning. Many loss moms describe feeling several emotions at once, or feeling nothing at all. Both are normal responses to trauma and loss.

Common emotional experiences

- Shock or numbness: “This can’t be real.” You may feel detached or on autopilot.
- Deep sadness and longing: intense crying spells, aching emptiness, missing your baby constantly.
- Anger: at your body, the situation, medical systems, other people, or the unfairness of it all.
- Guilt and self-blame: replaying decisions, symptoms, or moments—asking “What if?”
- Jealousy and triggers: pregnancy announcements, baby cries, due dates, holidays, social media.
- Anxiety: fear about the future, fear of another loss, fear of medical appointments.
- Relief mixed with grief (sometimes): especially after complicated pregnancies—this can bring shame, but it can be normal.

What helps in the moment

- Name what you feel: “I feel numb.” “I feel rage.” Naming can reduce overwhelm.
- Breathe in counts of 4, out counts of 6 (repeat 5 times).
- Lower your expectations: grief is heavy—simple tasks may feel impossible.
- Choose one “safe person” to update others so you don’t have to repeat your story.
- Limit social media if it increases pain—mute keywords or take breaks.

When to reach for extra support

- You cannot sleep for several nights in a row, or you cannot stop panic symptoms.
- You feel detached from reality or unable to function safely.
- You have thoughts of self-harm or feel you cannot keep yourself safe.



2) The First Hours After Loss

The first hours can feel unreal. Your brain may be trying to protect you by slowing everything down. Focus on safety, support, and only the decisions that truly must happen right now.

Your only priorities right now

- Stay safe: be with someone you trust if possible.
- Hydrate and eat something small (even a few bites).
- Rest your body: shock and hormones are exhausting.
- Get clear on the immediate medical plan and who to call with questions.

If you are at the hospital (or just leaving)

- Ask what to expect physically over the next 24–72 hours (bleeding, cramping, milk supply, etc.).
- Request written aftercare instructions and an emergency contact number.
- If offered, ask about memory-making options (photos, footprints/handprints, a lock of hair, blankets).
- Ask for a follow-up appointment plan and lab/pathology results timeline (if applicable).
- If you feel able, ask for a note for work/school—grief is medical and personal.

What you do NOT have to do today

- Explain details to everyone.
- Make long-term decisions about trying again or future plans.
- Attend events, answer messages, or be “strong.”
- Handle paperwork alone—ask someone to help.

Grounding for an unbearable moment

- Place one hand on your chest, one on your stomach. Whisper: “I am here. I am surviving this moment.”
- Choose one small comfort: a blanket, warm shower, dim lights, quiet music.
- If you cannot talk, text one sentence to a trusted person: “I need you to sit with me.”



3) The First Days

The first days often bring a painful shift: reality settles in while your body may still be recovering. Give yourself permission to move slowly and protect your heart.

What may happen physically

- Bleeding/cramping or postpartum symptoms (varies by type and timing of loss).
- Breast changes or milk coming in (especially later losses).
- Fatigue, headaches, appetite changes, nausea, or dizziness.
- Hormonal shifts that can intensify sadness and anxiety.

If you have heavy bleeding, severe pain, fever, foul-smelling discharge, or feel faint—seek urgent medical care.

Protect your space

- Decide what contact feels safe: visits, calls, or only texts.
- Let someone else manage group messages or social media announcements.
- Create a “no surprises” boundary: ask visitors not to bring babies or pregnancy talk.
- Prepare for triggers: mute social media, postpone baby-related shopping, store items if needed.

Gentle daily structure

- Morning: water + a few bites of food.
- Midday: a short shower or face wash; step outside for 2 minutes if possible.
- Evening: dim lights, warm drink, one calming activity (music, prayer, breathing, journaling).
- Night: ask someone to check in; keep a small comfort item nearby.

How others can help (copy/paste list)

- Drop off a meal or groceries (no need to visit).
- Pick up prescriptions or run errands.
- Help with childcare, laundry, or cleaning.
- Make phone calls or handle paperwork with permission.
- Sit quietly—no advice, no fixing.

4) Practical Next Steps

Practical tasks can feel cruel in the middle of grief. The goal is not to do everything—it is to do the next smallest step with support.

Medical follow-up

- Schedule follow-up care (OB/midwife, primary care, or specialist if needed).
- Ask what symptoms are normal vs. urgent.
- Discuss test results and next steps (if testing was done).
- If you want, ask for a written summary—grief makes it hard to remember details.

Paperwork and logistics (as applicable)

- Work: consider bereavement leave, medical leave, or accommodations.
- Insurance/billing: ask for itemized bills if needed; request a patient advocate.
- If there was a stillbirth/infant loss: ask about certificates, burial/cremation options, and hospital processes.
- Keep a single folder (paper or digital) for all documents, names, and phone numbers.

Communication plan

- Choose one person to be your “point of contact.”
- Create one short message you can reuse: “We experienced a loss. We’re not ready to talk, but we appreciate your love.”
- Decide what you do and do not want shared publicly.
- If you receive hurtful comments, allow someone else to filter messages.

Returning to work or routine

- Ask about remote work, reduced hours, or a gradual return if available.
- Plan “exit options” for hard moments (a private room, a short walk, a trusted coworker).
- Set boundaries: “I’m not able to discuss details right now.”

5) Self-Care Basics (Survival Edition)

Self-care in grief is not bubble baths and productivity. It is meeting your basic needs so your body can carry you through.

Basic needs checklist

- Water: keep a bottle nearby; sip often.
- Food: aim for small, simple meals (toast, soup, yogurt, smoothies).
- Rest: lie down even if you can't sleep; your body still benefits.
- Movement: gentle stretching or a 3–5 minute walk if safe.
- Medication: take prescribed meds as directed; set phone reminders if needed.

Emotional self-care

- Limit triggers when possible: mute accounts, step away from baby aisles, decline invitations.
- Create a small “comfort corner” (blanket, candle, photo, soft light, journal).
- Journal prompts: “Today I miss...”, “What I wish people understood...”, “One thing that helped today...”
- Give yourself permission to say: “Not today.”

If milk comes in and you are not breastfeeding

This can be deeply painful. Consider supportive care and ask your provider what is safe for you. Some moms find comfort in a snug supportive bra, avoiding stimulation, and using cool compresses. Seek medical guidance for severe pain, fever, or redness.

Gentle boundaries

- It's okay to ignore messages.
- It's okay to ask people not to offer advice or spiritual explanations.
- It's okay to unfollow accounts that hurt right now.
- It's okay to protect your heart fiercely.

6) You Are Not Alone

Loss can be isolating, but support exists—and you deserve it. Healing is not meant to be done alone.

Types of support that can help

- Peer support: groups for pregnancy loss, infant loss, and grief after loss.
- Professional support: grief counselors, trauma-informed therapists, perinatal mental health specialists.
- Spiritual support (if desired): chaplain, faith leader, or spiritual mentor who honors your experience.
- Practical support: meals, childcare, errands, rides, help with paperwork.

What to say when you don't know what to say

- “I don't have the words, but I'm here.”
- “Your baby matters, and your grief matters.”
- “Would you like me to sit with you, or would you prefer space?”
- “Can I do something specific—food, laundry, childcare?”

If support feels hard

- You can start with one safe person.
- You can communicate by text if talking feels too heavy.
- You can ask someone to attend appointments with you.
- You can change your mind—boundaries can shift day to day.

If you ever feel like you cannot keep yourself safe, call 988 (U.S.) or contact local emergency services.



7) Moving Forward Gently

Moving forward does not mean moving on. It means learning to carry love and grief together. Your baby's life matters, and your motherhood remains real.

Ways to honor your baby (choose what feels right)

- Say your baby's name (if you chose one).
- Create a memory box: ultrasound, photos, letters, bracelets, blankets.
- Light a candle on significant dates.
- Wear a piece of remembrance jewelry.
- Plant flowers or a tree; create a small "remembrance space" at home.
- Write a letter: "What I want you to know..."

Anniversaries and triggers

- Plan ahead for due dates, Mother's Day, holidays, and birthdays.
- Give yourself permission to opt out of events.
- Ask loved ones for specific support on hard days.
- It's okay if grief returns strongly—this is normal.

If you are thinking about trying again

Many loss moms feel a mix of hope and fear. If and when you choose, consider discussing a plan with your provider, asking about monitoring, and building emotional support around you. There is no deadline and no "right" timeline.

United Mothers of Loss Foundation — Turning Loss Into Light

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