



Stillborn at Home

Practical Matters for Home Stillbirths in California

by Kenna Lee-Ribas, LM, CPM

At 36+2 weeks, I had a regular prenatal appointment with my favorite client: my domestic partner, Watta. After two hours of discussions and planning for the last month of her pregnancy and the birth of our child, I laid my ear to her belly to listen to the familiar thump-thump-thump of our baby's heartbeat. I could hear only Watta's heart, so I got out my fetoscope and listened. And listened. I wasn't worried, not at first. Watta's fundal height had fallen a little behind at our last prenatal the week before, but it was nothing I had never seen before, and since then she had grown a full centimeter. The night before she had noticed for the first time the baby kicking her in the ribs. So I listened some more, my own heart rate starting to climb.

"When did you last feel the baby move?" "I'm not sure. I don't remember feeling it yet this morning." It was noon. I went to the car and got the doppler, despite my previous hope that my baby would not be exposed to ultrasound in utero, despite my inner knowledge that I wouldn't hear anything with that, either. Whoosh-whoosh, Watta's heartbeat came through loud and clear. Too loud. Nothing else.

Watta's face was panic-stricken. I must have overdone staying calm, because when I told her we needed to go to the hospital for an ultrasound, she wanted to change her clothes, take care of little details around the house. No, NOW, I almost snapped. I called labor/delivery from the car, told them I was bringing in a client; they asked me for my name, and hers. I

spelled out my name, first and last, then Watta's first name "The last name is the same; she's my domestic partner." The nurse on the other end lost her professional demeanor and became incredibly compassionate in her tone: "Just come in. We'll be ready for you."

I cannot write the details of the hospital experience, yet. It is indescribable, the moment when it is confirmed that your baby, your dream, is dead. The doctors were well, that part could have been better, but the nurse was amazing. I am crying now as I think of her many kindnesses, small and large. Respecting our shock and grief, she reminded us that no matter what the doctors said, we could just go home. The doctor came and offered us immediate induction, or a DIC panel and the option to just wait for as long as it took, with weekly labwork. We had them draw Watta's blood; then we went home.

I have been trying for three months now to write about the emotional experiences which ensued. Though it is difficult, I feel that it is vitally important for other midwives to know how they can facilitate births for families who choose to have a stillbirth in the privacy of their home. Our daughter was born into the sacred circle of our family, in stillness, quiet and darkness. It was the most beautiful and most painful moment of our lives. We feel blessed that we were able to completely preserve the integrity of the experience.

The home induction took five days: evening primrose oil,

cottonroot, blue and black cohosh, castor oil, walks, acupuncture, and more acupuncture. What worked was the combination of it all. The arrangements took five days as well, as if she didn't want to come out until everything was ready. Not the physical arrangements-at 36 weeks, we had everything ready for the birth, and the day after she died, a friend came over and set up the birth tub. But the bureaucratic arrangements, that part took time, mostly because we didn't know what we had to do. That's why I want to write this article; not everyone has five days and an incredibly supportive community to help sort it all out. Really it's not that complicated. But since our baby died on a Friday, we couldn't even find out what we needed to do until Monday. By Wednesday night, everything was in place. It seems fast, but five days is forever if you are carrying your dead child in your belly.

As for the birth itself, that experience remains very personal and private. It was beautiful. Watta and I both feel that everyone who must birth a stillborn child should have the opportunity to do it underwater. The water kept her body warm and supported her limbs, which became much limper and floppier-seeming once she was out of the water. We held her in the tub for an hour, just feeling her spirit.

So, the practicalities.

[Note: I have to credit my apprentice, Julie Hunn, with having done the research which led not only to this article, but also to our home stillbirth going without a hitch. She spent many hours talking to county officials.]

First, in California, you need a doctor. S/He doesn't have to be an OB or a pediatrician or... something. Just someone with an M.D. Without an M.D.

signature confirming that the death was of natural causes, a stillbirth is classified as an unexplained death, and is therefore under the jurisdiction of the coroner's office, with an accompanying police investigation. Not that the police or coroner will be disrespectful, but they do have to do their jobs, which include questioning the parents and performing an autopsy on the baby. Even if you have proof that the baby died before the birth, such as an ultrasound report, they still have to do an autopsy. And that means that they take the baby's body away as soon as they can after the birth, within a few hours. So you need a doctor. The doctor is technically supposed to be in attendance at the birth, but it may be possible to find someone who is willing to arrive after the birth and examine the baby. When filing the death certificate, the doctor is signing a statement that s/he was present at the birth, so legally, s/he must be there. (Although there may be some leeway for looser interpretations of the phrase attending physician.) This requirement puts some otherwise willing doctors in a bind because if they are present at the birth, they may feel (or be) legally responsible for anything that happens during the birth, and many doctors may feel that they cannot take on that level of responsibility. You may need to concoct a document absolving the doctor of any responsibility beyond examining the baby.

Our local midwifery community really came through and found us the perfect doctor. A few pediatricians whom I had met surprised us by refusing to come, but we located (well, Julie and the network of midwives located) an incredibly kind family practice doctor who had himself lost a child at 33 weeks gestation a few months earlier.

He agreed to be on call to attend the birth if we wanted (although he had to be clear that he would not be responsible for the birth itself), or to come immediately afterwards if we preferred. We felt more comfortable calling him afterwards (not to mention that when the baby came, she came quickly). It was important that we had done the ultrasound, and had a report confirming that the baby had died before labor began, as having the report in hand made the doctor feel more comfortable about the whole matter. He was incredibly respectful of our space and of our daughter. We held her

in the birth tub until he arrived, and then we handed her to the midwives to weigh her. He held a stethoscope ever so gently to her chest, and we could tell that he saw her true beauty, just as we did. He accepted no money from us. [When Julie read this article, she let me know that by the time Cedar was born, the midwifery community had actually located five physicians willing to do the job. Sending out a call across the community network got amazing results.]

The doctor must file a certificate of fetal death with the county health department. For us, this meant that he had to personally spend part of the morning after the birth down at the health department. Julie had already gotten a death certificate template and had us fill out everything except the gender of the baby (we had chosen a gender-neutral name), to minimize questioning in the intimate hours following the birth. Apparently it took some persistence to get the fetal death certificate template to fill out ahead of time; it's not standard procedure, but they can write "void" across one and give it out. As far as we can understand it, you are not allowed to transport the body from the location of the birth to any other location until

the death certificate is filed, unless by ambulance or by the coroner. A fetal death certificate is necessary for any stillbirth which happens after 20 weeks gestation; before 20 weeks, there is no legal requirement or mechanism to file papers with the state. Depending on your county, a family member or funeral director may even be able to take a blank certificate and fill it out at home, get the M.D. signature, and file it without the doctor having to go down to the vital Statistics office.

If you can't find a doctor, other options include calling an ambulance once the baby is born and transporting to the hospital, where they have mechanisms for dealing with the practical matters. But I am under the impression that, in this case, the coroner is still involved, taking the choice of whether to have an autopsy out of the parents hands. Or, you can just call the police, and they will come and call the coroner themselves. The coroner will pick up the body from your house and no one else will have to leave. But you never know how your local police and coroner's office will react to this situation. I think it would be best to alert them in advance of your plan to birth the child at home, rather than surprise them.

Not involving the coroner does not mean that you can't get an autopsy if you want one; it just leaves the choice up to the parents. You can arrange for an autopsy through your local hospital. We chose not to get one done, which is a decision that was right for us, but leaves us with a lot of questions. We did take the placenta in to a pathologist a few weeks after the birth; it stayed in our freezer until we made that decision. Of course, nothing can answer the really big question: why did my

baby die? No matter how many medical explanations are given, that question will always remain. I feel that had we chosen an autopsy, the search for an explanation would have distracted us from the more profound spiritual experience. But for Watta, having those questions unanswered is very hard now. Families can only decide for themselves what they need; different families will choose differently.

You need to decide ahead of time where the body will be buried or cremated, or at least what funeral home you will use, if you use one. This information is needed for a Disposition of Remains form, which must be filled out at the same time as the death certificate. If you are not positive, a good faith answer will do, but it will smooth the process considerably to have the correct information on the form from the beginning. Family and friends can help locate a good cemetery or crematorium, while preparations for the birth are still underway. Our doctor appointed himself as the funeral director, but a family member can also serve as ("in lieu of") the funeral director. Some county offices are unfamiliar with the right of family members to take this role, but it is clearly printed in the law. You can also use a funeral home, and they will do the paperwork, but you cannot transport the body there until the death certificate is filed. If you don't use a funeral home, the cemetery or crematorium will need a copy of the Disposition of Remains and the death certificate, so make sure to pick one up when it is filed. [Note: Home burials are illegal in California. You may not receive a death certificate for anyone who will not be buried or cremated in a legally designated cemetery or crematorium, so do not try to file one.]

For us it felt right to keep Cedar Makai at home until we buried her. A friend of ours got in touch with the Natural Death Care Project (NDCP), and they helped a lot with knowing how to simplify everything. We got a large ice chest, put ice in the bottom, and then covered the ice with chux to keep the body dry. We also wrapped chux around ziploc bags of ice and placed these around her body. We kept the ice chest closed, except for once a day we took her out, cuddled her, and changed the ice. We were very afraid of the body decomposing, as the NDCP folks weren't sure how long a stillborn baby will "keep," as decomposition can begin to occur in utero. Cedar's skin was exceedingly fragile, after having only been dead for five days inside the womb. She was born Wednesday night, and buried on Saturday morning, without any further signs of decomposition at all. In retrospect, I wish that we had not been so worried about keeping her cold, and held her more. But it was nice having her there with us. We placed her ice chest on a dresser in our bedroom, and decorated it beautifully. Someone was always with her.

The other factors which have made our home stillbirth a beautiful, if painful, memory came out of the support we received from our community. Cards, poems, and letters arrived daily. A friend made us a gorgeous casket from sustainably harvested wood. Many, many people gathered in our back yard at sundown the day after the birth, and cried, wailed, sang songs, lit candles, left flowers and otherwise lent us strength, without asking for any energy from us. We stayed in the bedroom with Cedar and watched through the window as people came and went for hours, helping us carry our grief. Our

families gathered for the funeral. We had an amazing postpartum doula come. A lactation consultant helped Watta with engorgement, and provided information on both drying up milk and donating to milk banks, allowing her to make her own decision (she pumped and donated). People magically showed up to walk our dogs. And we didn't cook for a month; fairies brought food every day, including a huge Thanksgiving feast, which was waiting on our doorstep when we returned from spending the day at the gravesite. We are grateful for all of these things, these gifts which our daughter brought us.

Please keep this article in your files somewhere. I hope you never need it for any of your clients. But if you ever are in a situation where a family wants to have their stillbirth at home, I hope that you will support them. I used to recoil when I heard stories about midwives burying babies in backyards. Now I feel that the family should be able to choose whatever they want to do, even if it is not state-sanctioned. But it would help families to know that there is a way to completely preserve the privacy and dignity of the birth and the death, without going outside of the bounds of the law. The Natural Death Care Project is a great resource, and does consultations; they also have an informative website. You can contact them at: The Natural Death Care Project, P.O. Box 1721, Sebastopol, CA 95473, (7 0 7) 8 2 4 - 0 2 6 8 , <www.naturaldeathcare.org>. I would also be more than willing to help in any way possible. I can be contacted at birthrites@igc.org.