



Stillbirth Happens – let's talk Podcast

Grieving Differently: The experience of stillbirth for a non-gestational parent

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In this episode, we learn from Leah Riske, the non-gestational parent to Maddox, who was born still in 2023, about her unique experiences of family planning with her wife, Sara, and teaching their older son, Nolan, about his younger brother. We also hear from Cora Beitel, midwife and owner of the Strathcona Midwifery Collective, about how important it is for providers to not make assumptions about the needs of families. Meeting the needs of each unique family means listening to and learning from clients and patients and taking time to self-reflect.

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Erin 0:01

Welcome to our podcast, *Stillbirth Happens - let's talk*. My name is Erin Bohn, and I'm a proud mother to three children. My daughter Gracie is 17 years old, my daughter Ryann would have been 15, and my son Quinn is now 13 years old.

Jaime 0:29

My name is Jaime Ascher, and I'm also a mother to three. My daughter Marissa is 20 years old. My son, James, was stillborn in 2010, and my son, Zachary, was stillborn in 2013. Erin and I met at a conference and have been friends ever since. Our shared identity as bereaved parents and our commitment to support other families whose lives are touched by stillbirth has bonded us forever.

Erin 1:00

Jaime and I are here to help you feel less alone. We are working to break the silence around stillbirth. As Jaime and I know, personally, stillbirth happens, let's talk.

Jaime 1:12

In this episode, Erin and I sit down with Leah Riske, a mother of two whose son, Maddox, was stillborn in 2023. As the non-gestational parent to Maddox, Leah shares her unique experience from family planning with her wife, Sara, to teaching their older son, Nolan, about his younger brother.



Erin 1:30

Then, we'll hear from Cora Beitel, a midwife and owner of the Strathcona Midwifery Collective. They'll share what it's like to provide care for trans and queer clients and patients, and what practitioners should know in order to give all of their patients the best care and resources possible.

Jaime 1:49

Leah, thank you so much for joining Erin and I today.

Erin 1:53

It is so lovely to have you on our podcast, and I would love to hear a little bit about you.

Leah 1:59

Yeah, well, mom to two, Nolan is my oldest. He's going to be four this August, and then my wife and I, we had Maddox, our stillborn, in February, two years ago, 2023.

Erin 2:13

The four-year-old keeps you busy.

Leah 2:16

He's an extremely busy boy, that's for sure, yes!

Jaime 2:21

Can you share why you wanted to join our podcast today?

Leah 2:26

Yeah. I mean, I think it's just a really important thing to talk about because what I discovered when my wife and I were going through it is like nobody knew what to say to us, and that was the biggest thing. It's like, that awkwardness of, you know, they're like, "Sorry for your loss"; they didn't know what, how to navigate it either and we didn't either. And the one thing, I think the biggest thing I learned or discovered kind of after, was I had people coming to me that I knew from my past saying, like, "Hey, I'm here to support you. We went through the same thing." And it was just never something people talked about. My best friend of 25 years, her mom, took it really hard and she said to me later, like, "I had a stillborn too before I had I had Hayley." And I was like, it was just never a thing that anybody ever talked about. Nobody just knew how to navigate it. So, I wanted to do this because I appreciate people just wanting to discuss it and talk about it, like it happened

Erin 3:24

Mhm...

Jaime 3:25

Exactly. It's part of our journey. They are our children, and you're so right. Hardly anybody talks about it.

Leah 3:33

Yup.

Jaime 3:34

Can you share with us...Maddox was your and your wife's second pregnancy...

Leah 3:40

Yes.

Jaime 3:41

Who carried Maddox?

Leah 3:42

My wife carried both, both Maddox and Nolan, but both were, were my embryos. Nolan was a two, I call him a two-round IVF baby. He was our second-round IVF and then Maddox was actually our third-round IVF baby. So, I had done three rounds at that point.

Erin 4:01

So, when did you guys find out? How far along were you with Maddox when your wife was pregnant with him? Did you find out...

Leah 4:10

39 weeks. We found out the morning of. My wife was scheduled for a c-section for February 14, and I always remember the nurse came in, she just got us all checked in. She's trying to find the heartbeat, and she's like, "Oh, you know these old machines, I'm gonna go get a different one." So not stressed out, we're thinking, everything's okay. She comes back in with a new ultras... like the portable one, and again, she's she can't find the heartbeat, so she says, "Okay, I'm gonna just have our doctor..."—who's actually my wife's OB—"Come into the room, and she'll bring the more sophisticated one that the doctors use." She set it all up, and then she was looking, looking, and then I saw her give a look to the nurse. And then that's when we kind of knew something was wrong. So, my wife had said, "Is there something wrong?" and there was just that moment of, I could just tell the body language had changed. And there was just a silent moment where nobody was saying anything. It was a couple seconds pass, I'm looking at her, I'm looking at our doctor, and then she just said, "I'm so sorry, but there's no heartbeat." So that was the morning of our c-section.



Erin 5:16

Wow.

Leah 5:16

So, he was like, a full-term.

Erin 5:18

And what happened afterwards? Did she still have a c-section? Was she induced?

Leah 5:25

They gave us some time to think about, like, what we wanted to do. I remember she said, "Well, I think you should maybe reconsider that...", because she did say, "You know, you do have a toddler at home..." Obviously, the recovery after a c-section is--I've watched my wife go through it—is very difficult. And so, we decided, my wife decided at that point to be induced and then just have a natural birth with medics.

Jaime 5:49

So as the non-gestational parent, did you feel included in learning about what happened, what to expect, and in the process itself?

Leah 6:02

I guess maybe the preparation, it's it's very, I just always remember it's kind of almost feels surreal, right? Because you've just been given this terrible news no parent ever wants to hear on the morning that you think your son is going to be born. And I remember they're asking her, like, what she wants, and I'm thinking, like, I don't know, like, I didn't know what to say. I don't know if she knew what to say. Nobody knew what to do, what to say. I was out of the room a lot because I was making all the phone calls, you know, to the grandparents, to my my siblings, my dad, her mom. And it's just like, okay, this happened, but now it was tough to deal with this, and it's like, how is this gonna now proceed?

Erin 6:43

Right

Leah 6:43

So, I did feel like that's very difficult for my wife, obviously, like you're being told to make all these new choices, things you never thought about when you went to a hospital that morning, plus you're dealing with just kind of being in shock, really about everything that's going on.

Erin 6:59

Absolutely.



Jaime 7:00

It's important to have this discussion, because it's so important to understand that there's both the birthing parent and the non-birthing parent, and what happens for you in those moments in the hospital after.

Erin 7:15

Mhm. One of the things I'm kind of wondering about, and I've heard this from other non-birthing parents, the room that you and your wife were in when they were doing the ultrasound, were you still in that room to deliver Maddox, or did you get moved to another room?

Leah 7:35

They moved us to another room.

Erin 7:36

Were you on, like, the labour and delivery floor still?

Leah 7:39

We were. Langley is a smaller hospital, like, in terms of, I think, birth birthing rooms. But I remember we were in in one room, and she had said to us, a nurse had come in and said, "Hey, we're going to move you guys to just down the hall." It wasn't too far, but she said, "It's a, it's a larger room." She said there's two reasons they want to do this. Is because, if you're going to have family come in, like they were going to allow for more family to come in. And also, I think, well, part of it, my guess, is just to take us away from the other parents that are giving like, birth in the nearby rooms. I remember afterwards, like appreciating the fact that, even though it feels a little bit isolating to move to a different room, you're not, you know, right beside the rooms where you're hearing the babies crying and you're hearing the people congratulate, you know, like that was hard to be like right in that when we were trying to, trying to navigate it.

Jaime 8:32

And what was your experience like in the hospital, were you recognized as a parent?

Leah 8:38

I would say for me, like as a non-birth parent, they were. The OBs at the hospital are from the same clinic that my wife had went to with Nolan, with Maddox, her whole pregnancy. And I hate kind of saying it this way, but they all knew that that was my embryo. They were well aware that I was the one who had went through the IVF cycles, and Sara was carrying. So, I don't know if that changes for other people that maybe are same-sex couples, but you know, probably for people like you walk into a hospital and you don't know the doctors on call, maybe you've never met them. We were super fortunate that we knew the doctors that were working that day, and actually, our midwife had come in that morning that we were finding out. She ended up staying



with us the whole time, and then she was actually the one that delivered Maddox for us. We were very grateful that she did that for us. She really helped us kind of make those decisions, like talk to us when doctors or nurses are saying, "Hey, what do you want to do?" We respected her opinion and appreciated her input, and so that was for us, that was, that was huge.

Jaime 9:40

It sounds like you were really supported by her.

Leah 9:41

Yeah, she's, she's, she's been nothing but fantastic. Afterwards she would always check in on us, always, constantly.

Erin 9:51

I love hearing that.

Leah 9:52

I remember the social worker had come in and she's asking me questions about the after. "Are you thinking about cremation? Are you thinking about..." and I think I told her, "Like, I don't, I don't want to discuss this right now, like you're asking me questions, my son's not even born yet." I remember feeling the pressure from the hospital in that sense, like, "What are we doing after?" You know, they're handing you pamphlets of like services, and it's like, "What do you want me to do with this? Like, how, you know, how am I supposed to deal with this right now? I'm trying to, you know, support my wife, who's still in labour." I do remember that and being like, "Wow, okay, let's, let's just give us a little second here."

Jaime 10:31

Yeah, let's slow it down. I think that's really great learning: let the labour be the labour, and let the birth happen. There will be time for all of these decisions after, and it doesn't need to be rushed. You needed the support, your wife needed the support, and that's what needed to be happening in those moments. So, tell us about when Maddox was born.

Leah 10:52

Yeah, it was, it was a late, a late-night birth. We ended up getting birth later that evening. There's a couple, like, very distinct memories I have from watching my wife go through this and, and I will say this about my wife, like she's the small percentage where the epidural doesn't work. So I knew that, obviously, she's going through labour, she's actively, she's in a ton of pain, knowing that, like, you know what the outcome is going to be when he came out our midwife, like I said, she delivered him for us, when he came out, she actually grabbed him and kind of just rushed him a little bit away with the nurse. We didn't know what we were having. We never found out what sex we were having, if we were having a boy or girl. And I remember that they



had put like a little blue cap on him, right, and that's how she kind of, like, told us it was gonna it was a boy. But she did tell us afterwards that, you know, she had kind of just kind of taken him away, just to, I guess, protect us from some, some of the things maybe that we weren't expecting to see with him because we hadn't known when his heart had stopped. I guess, a little bit of story of a little bit backwards of that I'll go back just from the week before, is that my wife was a little bit concerned about, like, then the amount of movement about a week before, she said, "Hey, like, he's not moving as much as he was before." It wasn't as much kicking. And so we scheduled an appointment with our midwife, she went in, our midwife was like, "Okay, that that could be quite normal, because he's getting very crowded in there, it's getting very tight for him." She did an ultrasound, heartbeat was strong, everything looked good and that was about five or six days before. So, went into the weekend, not, not thinking anything of it, obviously and then there was that Tuesday that he was born. But yeah, the birth of him was he looked just identical to my first, like, just absolutely identical. I'll always remember that for sure...

Jaime 12:48

And now, let's meet Cora Beitel.

Cora Beitel 12:52

My name is Cora Beitel. I am a midwife here in Vancouver on the unceded territories of the Musqueam, Squamish and Tsleil-Waututh Nations. I am one of the owners at the clinic, the Strathcona Midwifery Collective. I'm a parent and I'm a community educator, very involved in increasing affirming and accessible care for trans and queer clients and patients. And I myself am also non-binary, and I use they/them pronouns.

13:23

I care for a high percentage of queer and trans clients within my practice. Their journey to becoming parents is often unique but along that journey, people are often treated differently, perceived differently, in in community and from our healthcare providers, people have often experienced different degrees of discrimination in small and big ways during their reproductive journeys.

13:50

Certainly, people who are, who are transgender face very specific challenges throughout their reproductive journey, especially if they're non-binary. So, people are carrying all of that when they come into their reproductive journey, and depending on their experiences with their fertility

journey, when they're coming and accessing reproductive care, either seeing, you know, a midwife, family practice or obstetrician. There's a lot that people are bringing to those first encounters that make the care that they're needing really specific. I think sometimes we can kind of focus a little bit on, like, good care looks the same for everybody, I think more and more we know that to not be the case. And that really meeting people where they're at, finding out what people's specific needs are, is really so important in terms of being able to provide really safe and accessible care to our clients.

14:44

When people are, have experienced reproductive loss, every person has a really specific way of grieving and also a specific way that they want to celebrate the life that was lost. Overall, I really see families when they're ready. Bereaved families want to be seen by their community. They want to be seen by, whether it's their families, their friends, their workplaces and within the healthcare system, they really want their experience to be honoured and acknowledged. When people are ready to, there's often really specific ways that they want to engage within their community and within their family, to be supported and to be honoured in their experience. And I think within the healthcare system, sometimes we can be uncomfortable or unfamiliar with how to support people who are going through a loss. And sometimes, you know, families can really feel that, and sometimes that can look like moving quickly through the steps, or like rushing a family to kind of keep moving through the process. And really, people need time. They need time when they're first finding out that there's been a loss. They need time in figuring out what the next steps are going to be, and if they have an opportunity to, they need time with their baby. And I've really seen how meaningful that is, and I think that's just such a huge improvement.

16:10

As a midwife, my care is predominantly focused on my client, who's the birthing parent, and it's so it's really, it tends to be up to that family how much the non-gestational partner or parent is going to be involved in the care. I would say that there's a range. Sometimes it's only ever the pregnant person who's coming to the appointments, and sometimes they're coming with their partner or partners, the non-gestational parent, throughout all of the appointments. And so, for me, it's important that when I'm establishing care with a family, that I'm letting them know that whoever is part of their family and their care circle is welcome into the visit and that, of course, the non-gestational partner is always really included, but it's also as much as that works for that family. The care that we're providing is really patient-focused and family-centered. At each step along the way, really assessing what the needs are, and so either during a birth or after birth, in a case where there's been reproductive loss, we're very, very attentive to the needs of both partners, of the whole family, and really just making sure that that everyone is really included.

17:27

You know, each parent is going to go through a different journey with their grief, and so meeting each parent as as a bereaved parent in terms of what it is that they're needing at that time, you know, the person who's given birth will be going through their process of grief and will also have really physical needs, but then also making sure that we're equally attending to the support needs that the, that the non-gestational parent has and making sure that they really know that we're we're there for them equally. When providers are caring for a family that has experienced reproductive loss, that when they're engaging with the non-gestational parent, that they start off by seeing that person equally as a bereaved parent, but in their assessment of what that parent will need, try not to make assumptions. It's so important to meet people where they're at and to ask them what it is that they need, and also just being aware that when queer and trans people are navigating the reproductive health system that oftentimes our families weren't considered when these systems were established, and so a lot of these systems are needing to change and grow and shift in really important ways, but that these changes take time. And it's often the queer and trans families noticing where gaps are and requesting these changes to happen, saying, "My family's needs weren't met here, and we, our needs weren't met there, and this was problematic and...", and so, I think being aware that there will be gaps in care and so being very open that these are the services available, "Does it seem like these services are going to be beneficial to your family?"

19:14

Because, you know, we know one of the significant aspects of care that families will need is around like mental health and bereavement and support networks, and that oftentimes those were not designed to include queer and trans families, and they especially weren't designed to be able to take into consideration the specific needs of non-gestational parents. You know, a non-gestational parent might be seen as there to support the birthing parent, and it's so important that that person not be seen as a support, but be seen as a bereaved parent and needing the full amount of support in the same way that a birthing parent would be, but also being aware that the services might actually not be available.

19:56

You might have your regular, you know, list of resources that you would, you know, hand out to your patients, and it's possible that none of those would really be the right kinds of supports for a non-gestational parent. They're not going to want to go to dad's groups, they're not going to be reflected in those kinds of services. And so, it's important to talk about what alternatives in resources there might be, to find out if there are specific mental health resources. You know, we're not under the assumption that all of these resources exist for people within our community, and so people will often be very aware of, you know, kind of how to piece together different resources. So sometimes it is meaningful to go to a bereaved parent group, and then

also, it might be important to find resources that are specifically for queer and trans parents but are maybe not specifically for bereaved parents. But so you're kind of, you're piecing together, like, "Okay, this is for people in the queer and trans community, okay, this is for bereaved parents—neither of them are going to fit perfectly—but if I engage with these different community resources, some that are from organizations, some that are, you know, from the ground up, just grassroots organizations that families have built for themselves you'll kind of have something that might meet some or most of your needs, but you might not really find exactly the thing that will be representative of you and your experience."

21:25

One of the things that I will often talk to my clients about is that it's quite common for each parent to have a different journey with their grief and to just kind of prepare them for that ahead of time, that their their needs while they're grieving might be at times, very different, and they may not always be able to support each other in the ways that they're used to during that process. And I think, kind of, hearing that ahead of time can sometimes be helpful.

21:56

I think overall, as providers, I mean, what we need to do is we need to listen to the families that were there, taking care of the people in front of us. So important to be like asking open-ended questions, not making assumptions about what the family is going to need, and to really be open to the family, like letting us know what it is that they're needing. And at some times, that can mean that as providers, we're being told that we didn't do the right thing. And I think that that can be really difficult. There might be times along the way that we don't do the right thing right. We care for people in a way that that didn't, didn't sit right for them, and so I think always being open to being informed of that, and having that, that personal reflection as care providers. We're always learning from our clients, and I think even in times when we didn't meet the family's needs in the best possible way, that that can provide such an important opportunity for for self-reflection and for learning, and that makes a difference for the families that we care for in the future.

Erin 23:01

And now, back to our chat with Leah.

Jaime 23:03

So, did you have outlets that you use to support your grief process?

Leah 23:07

Um, no, I think the biggest thing, like, of my opinion of going through it, what I discovered is, me and my wife grieved very differently. I think for me, like that's the biggest thing when I talk to

people about grief, it's like when you have, I think a child is very different, because you have two people that are grieving so differently, but for the same thing at the same time.

Jaime 23:29

That appears to be very normal, is the grieving process is just so very different for partners.

Erin 23:36

How did you and Sara decide to tell Nolan? Or have you told Nolan?

Leah 23:41

Yeah. He was only a year and a half. He kind of knew he was supposed to have a baby, but he couldn't really conceptualize it. I remember like I made the phone call to my mother-in-law, who was at home with Nolan at the time, you know, and I'm telling her, and, you know, she's crying, and I can hear him in the background, and he's laughing, and he's playing with these, I remember this bowling set that she had got him that, you know, first thing in the morning is bowling. But he's definitely much more in tune now to what happened, I have a niece who's just around his age, and they had a second, and she's 10 months now, but you know, he says, "Okay, well, she has a baby." Like, that's how he looks at it, right? "She has a baby, like, where's my baby, you know?" And we always explain to him, you have a brother. And then, you know, he he's now really starting to understand, I don't know if he understands it fully, but you know, he says, "Okay. He says, like..." (cute things to us, you know, like), "Oh, I miss baby Maddox. Or maybe one day I could see baby Maddox." And even the other day, he said to me, what did he say to me now? If he says, "I think baby Maddox misses me", and then he says, "you think I can get in a rocket ship, and do you think that we could go there?"

Erin 24:50

Ah...

Leah 24:52

Yeah. And he says, like, "Oh, my brother with wings", like, he says stuff like that...

Erin 24:55

Yeah...

Leah 24:57

So, I think he's trying to, and we've really kind of tried to aid that, like him to understand like, "You have a brother, he's just not here with you right now, right?" But I said, "One day you'll see him."

Erin 25:09

I love that you're keeping Maddox in the conversations in your family and having Nolan learn and, something that Jaime and I have definitely gone through, and I think both of us are, at the time, "How much do you say? What do you say? Is this going to be helpful one day?" And now that our kids are obviously quite a bit older than Nolan, I think we've both learned a lot that we made the right decisions of talking about their sibling. For myself, it's always so heartwarming when my kids bring up their sister and ask questions. So, I love that we're sitting down with you and hearing that you are breaking the silence away and taking the shadows away for Nolan.

Leah 25:59

Yeah, and it's like, I think having him still try to navigate, like our everyday life, and I think, even now, as he starts to ask more questions, you know, it's a good thing. It's positive for us, because we do, we keep talking about him, we keep his memory alive.

Jaime 26:15

So how was that navigating parenting Nolan right after Maddox's stillbirth?

Leah 26:22

Yeah, I think it's like we came home from the hospital and nothing for him had changed, because he just wasn't understanding, he just couldn't understand. I'm a very much person based on routine, I like routine, I like order, I like that. And I think having him and having to keep his routine in his order was something I feel like that saved me through my grief process. That was a huge thing for both of us.

Erin 26:43

These little kids of ours, at that age, and I don't think they knew how much we needed them at that time. You know toddlers, they just do the silliest things or say the silliest things, and the next thing you know, you're laughing, and you're like, "What is what's going on? Like, how could I be laughing right now?" But they don't realize how much their space and their energy and needing our time actually gave us that purpose.

Leah 27:12

Yeah, absolutely. Like, he has no idea, but, yeah, when me and my wife have that discussion all the time about him, it's like, what would have happened if we didn't have him, you know, to help us get through that?

Jaime 27:23

Are there other supports that either of you reached out to in the 2SLGBTQIA+ community?

Leah 27:31

I don't think I did. I'm a pretty closed off person in terms of that. We have friends, obviously, part of the community and stuff. And I will say, like, one of the biggest things, I think, is that, because I've now been through five rounds of IVF, so Maddox was round three, and so we've had failed IVFs after him as well, people kind of don't think about when you have a same-sex couple trying to have a baby at the same time it's like, how challenging it even is to have a baby. Like, to get it to, you know, implantation. And that was very tough for us as well, after when we were discussing, "Okay, are we gonna try again?" So yeah, it's almost like, in that sense too, like you've got this added pressure if you're a same-sex couple, because it's like, okay. I only imagine if you're a heterosexual couple, it's like, okay, when you're ready to try again emotionally you will, right? But with us, it's like, okay if we're emotionally ready now to try again, now we have to go through this phase of IVF again, right? And then it's another failed one, and then it's like, "Okay, do we try again?" And the amount of stress like that puts on us as a couple was, was, it's immense. It still is, as we try to still navigate if we still want to keep trying, right? So, yeah, I think that's the thing that I will say, from the perspective of the same-sex couple, it's not just when you're emotionally ready. There's so many other steps involved in trying to even get to that phase.

Erin 28:59

You know, I have to say, you certainly to me, I would have never thought that you would have been closed off because you are sharing so openly and so freely, and I really appreciate that.

Leah 29:09

Yeah, and I do that because I just think it's so important to have other people understand, like, you know, I always remember people, too, ask me questions about our IVF or like, Oh, you have a son, or you have a wife." And I can tell they want to ask, you know, like, "Oh, how did that happen, right?" And I'm very honest about it, because I think just the more people understand, the more they know it's less there's less stigma, it's less questions, it's just, like, becomes more normalized.

Jaime 29:37

Exactly, it's less scary, it's less unknown. So, do you have anything about your experience that might help another family navigating stillbirth?

Leah 29:49

You know, I think it's just to support one another. You know me and my wife, we have a very strong marriage, and we had a strong marriage but going through that that almost broke us,

because she wanted to grieve this way, I wanted to grieve this way, or just the way we naturally wanted to grieve and at different paces and at different times. But just, I think the biggest piece of advice I would ever give someone is just to keep supporting each other, because it's happening at the same time, but in two different ways, and it might come off to somebody, or might come off to your spouse that you know maybe you're not grieving enough, or you're grieving too little, or you're grieving too much, that would be my biggest piece of advice is just have to support each other and let each other go through it, the way that that person sees like fit and how they think that they can grieve.

Jaime 30:37

So really, to find space for each other, whatever that may look like.

Leah 30:40

Yes, absolutely. And that's something like, I think, when we look back at that time of our lives, when, like I said, we were a very...we had a very strong marriage, trying to navigate that extreme hurt that not everybody understands what that feels like. But I think that support, communication and friendship at the end of the day, you have to be friends to get through that together.

Erin 31:04

Absolutely.

Jaime 31:07

Is there anything else that we haven't touched on today that you would like to share about your experience with Maddox?

Leah 31:13

Yeah, I want people not to be afraid to talk about it. People wanted to ask, people didn't want to ask, people, you know, want to know what happened. And that's just human curiosity to kind of want to know, and like, we had friends at the time that were pregnant, right? So, they wanted to know "What, is this something I have to be they had to be worried about?" And I was always very open and talking about what happened, the results that we got after it was a cord accident for Maddox. So, at some point, from my wife's last ultrasound until five or six days later, you know, the cord got, it tightened. And I think when we talk about it, it just helps people, like, the stress, right for them as well, of like, "Oh my God, this could be us too, right?" Like that that's what people are thinking. So, I just, you know, I just think talking about it just helps. I always say people, "You can ask me any question about it, and, you know, I'm always going to be honest."



Erin 32:09

Yeah. I think that's something that I've heard over the years from every bereaved parent. And so, if anything, for people who are listening to how to support their friends or their family or their spouses, is to ask the questions, talk about their baby, say their name...

Jaime 32:28

...acknowledge that they're part of your family...

Erin 32:31

Yes, exactly

Leah 32:32

Yeah

Erin 32:33

It helps with the grieving process, and it may spark some amazing new conversations. So, I love that you wanted to put that in there, that is huge.

Jaime 32:43

Leah, thank you so much for joining us today. It's so important to talk about it, and it was a privilege to talk with you today.

Erin 32:52

Thank you so much, Leah.

Leah 32:54

Yeah, thank you guys so much for having me, and thank you for what you do, because it's so important that people have this for sure.

Erin 33:04

Thank you so much for listening and spending time with us.

Jaime 33:08

This episode of *Stillbirth Happens - let's talk* is brought to you by the Hummingbird Project of BC Women's Hospital + Health Center. It was produced by Jasmine Coleman.

Erin 33:18

If this episode resonated with you, we invite you to take care of yourself in whatever way feels right, whether that's by accepting support, setting boundaries, or connecting with others who understand.



Jaime 33:31

You can find information, resources, connections and ways to take care of yourself in the show notes of every episode and on our website. Go to bcwomens.ca and search for stillbirth happens.

Erin 33:43

And to stay connected, follow us and drop us a comment or a review on Spotify or Apple podcasts; we truly do love hearing from you.

Jaime 33:53

Thank you again for joining us. Until next time, remember to be gentle with yourself. You're not alone.