Stillbirth Happens – let’s talk Podcast

Lifelong Heartache: A journey of reproductive loss for Liza and Jaye

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In this episode, Liza Walter shares her journey of reproductive loss which includes a long fertility journey, miscarriage and surrogacy. She also describes the beautiful, yet heart wrenching, birth of her son, Levi, who was stillborn at 34 weeks. As we come to understand the lengths Liza and her partner Jaye went to to become parents, we learn that not every reproductive journey ends with parenting a living child. We also hear from Courtney Handja, a registered clinical counsellor, who specializes in supporting 2SLGBTQIA+ individuals through reproduction and loss. Courtney shares what meaningful, inclusive care looks like, and why it’s so urgently needed.

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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 13 years old.

Jaime 0:26
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 of *Stillbirth Happens*, we'll hear from Liza Walter as she shares her long and painful reproductive journey—a journey that included miscarriage, stillbirth, IVF, surrogacy, and loss. Liza speaks from her experience as a queer parent navigating systems that weren't designed for 2SLGBTQIA+ families.

Erin 1:34
We'll also hear from registered clinical counsellor Courtney Handja. Courtney helps us understand what meaningful, inclusive care looks like, and why it's so urgently needed.

Jaime 1:49
Hi, Liza. I am Jaime.

Erin 1:50
And I'm Erin.

Liza 1:51
Hi!

Jaime 1:52
It's such a pleasure to meet you, we're really excited you're here with us today. Reproductive loss has been a big part of your life. Can you tell us a bit about your experience?

Liza 2:06
Yes, so it's not an easy story to tell. My partner and I went through a very long and painful reproductive journey, and it didn't end in parenthood for us. I think I always thought I would be a mother. I always wanted to be a mother. So, when Jaye and I met, I was in my mid-30s, and I was anxious to start the parenting journey. We, very early on in the relationship, started talking about being parents together, and we started that discussion that many queer families have on, how are we actually going to make this happen? One of the things that is different for most queer folks is that we have to outsource some reproductive materials. So, we need access to sperm, we need access to a uterus. There are so many ways that families create children together. We chose to go through the fertility clinic for queer families. Ourselves included, before you even get pregnant, there's a process of attachment taking place because you're investing a lot of time in discussing how you're going to create your family. And with the fertility process of procuring sperm, it's extremely expensive, it's very time consuming, it's very invasive.

Jaime 3:35
So, tell us what happened with your very first pregnancy.

Liza 3:38
I got pregnant on the first try, which was amazing, and unfortunately, that pregnancy ended in a miscarriage at about 12 weeks, which was devastating for us. But I think that our approach at that point was—again, I never anticipated any fertility complications, and the grief was deep, but it didn't last super long—and we began focusing on continuing our journey. And we kept getting the negative pregnancy tests, and there was more and more pressure to intervene with fertility drugs and other interventions. I was diagnosed with PCOS, which is polycystic ovarian syndrome, so my egg quality was in question. But eventually, after multiple failed IUIs, I got pregnant. It was very exciting for us.

4:30
Everything was straightforward, until what actually happened was, at about 18 weeks, I had a gallbladder issue. I ended up in the hospital and had to have my gallbladder removed. And in that process, they did multiple scans, looked at the baby, noted that the baby was healthy and was in a good position, was a good size. After that process, which was quite traumatic, I really didn't want any more medical intervention. I didn't want any more ultrasounds or anything. And so, when my midwife talked to me about the anatomy scan at 20 weeks and she didn't feel like we necessarily needed it, knowing that the baby was looking really healthy. So, we continued on planning a home birth, a water birth, and then at around 32 weeks, the midwife noticed that my blood pressure was high, and so they recommended that we go in to see a high-risk obstetrician. We went in for the scan, and the ultrasound technician was taking quite some time looking at him, but we also had a resident doctor in the room who was pointing out his cute little feet, and he was kicking, and at this point I could feel him moving around, and he was very active. And the ultrasound tech left, and an obstetrician came in and took a look at the scan, and they took a long time, and they left the room, and then they led us into an office, and we waited in there, and we waited, and we waited, and I was like, why is this taking so long? And then the doctor came in, and she sat down. She was also pregnant, I remember that. And she said to me and Jaye, “So we have concerns about you, and we have concerns about the baby.” She said, “I'm diagnosing you with preeclampsia, and so I need you to be admitted to the hospital immediately for monitoring.” And what went through my head was, oh, no, I'm not going to get to have my home birth. And I felt a sense of devastation just from that. And then she said, “I have concerns for the baby.” And she started to name all these markers that she had seen on his body. And she said, “There’s something going on with his brain, there's something with his kidneys, with his heart, some of his physical development looks different to me, and…”. I can't even remember exactly what she said, because at that point I couldn't even see anymore. She said, “I want you to check into the hospital”—which was just across the street from the ultrasound clinic. And she left the room, and I fell to my knees. I felt so devastated, so terrified of what would happen, and I lost control of my bladder, and I just sobbed. I was so scared.

I have a nephew, who has since passed, but who had debilitating disabilities, and I knew what it was to parent a child who had that many challenges, and so this was all flashing before my eyes.

7:50
So, we went across to the hospital and went into triage, and the midwife met with us there, and at that point, I just remember wanting to leave everything. I just wanted to flee my body. I didn't want to be pregnant anymore. I didn't want to be alive anymore. I wanted to be on a beach in Hawaii. I was like, “We got to get out of here,” like, but there was nowhere to go. It was a very trapped feeling. So, I was admitted to the hospital, and over the course of the next five or six days, doctors ran tests, and they did an amniocentesis, and they were trying to determine what was happening. And I'm assuming it was an obstetrician came, and we started making a birthing plan, knowing that he would have some heart issues and that he would need heart surgery, most likely, and what that would look like. And we were in the maternity ward, and we could hear, of course, new babies being born and crying in the hallways, and when you open the door, there was a wall of newborn baby photos on the wall, which was very difficult to see. So, we basically locked ourselves in this little room, and I remember we didn't look at our phones, we didn't watch a movie, we didn't read anything. We literally just lay in the bed and held each other and bonded with our baby. And we didn't want to know the sex of the baby, but then we decided we really did, because we wanted to get to know him in case he didn't survive. So, we found out he was a boy, we named him Levi, and we just loved him and each other.

Erin 9:39
It’s so beautiful you had that time with him.

Liza 9:42
The obstetrician came and told us that he was diagnosed with Trisomy 13, which was incompatible with life outside of the womb, and that he would most likely pass during the labour or shortly after he was born. I think we both felt somewhat of a sense of peace at that moment, because we had our answer. But then, of course, she told us I would have to give birth to him, and that was terrifying. So, I was induced. It was World Pride in Toronto. I remember we were moved to the labour and delivery room, and outside the window, there was a pride parade, there was fireworks at night, and all of our community was out like partying, and here we were in this room about to give birth to our son, who was still very much alive. He was moving, and it was very surreal. I laboured for a very long time, and I remember not wanting to do an epidural, because I thought maybe I'll never get this experience again. And I had thought about what birth would be like my whole life. I wanted to know what it felt like to labour. I wanted to know what it felt like to deliver a baby, and it was also my way of feeling close to him and feeling him. There was a point where the pain became so unbearable that I was disassociating from my body. So, I

did get an epidural and I was able to relax. Unfortunately, the nurse that was on duty, I think was really overwhelmed. She didn't come into the room very often, so it was just Jaye and me alone, and we were very scared. So, I started feeling like I was going to give birth. Jaye called the nurse, and she said, “No, you're still not fully dilated”, she checked, she said, “You're not fully dilated yet,” and she left. And probably 15 or 20 minutes later, I was like, “Jaye, he's coming out.” And I was like, “Jaye, you're gonna have to catch him.”

Liza 11:55
And Jaye was like, freaked right out. Jaye took a photograph, and there was the head coming out of my body. So, we called the nurse, and she came in. She was like, “Ooh my god, okay. Do you want me to call your midwife?” We were like, “Yyes, call the midwife.” And this was on July 1, which was a holiday. It was at, I think 10 minutes or so to 7am this is when staff changes over. The doctor who was on call was, I believe he was a resident that was about to become an official doctor, so they were eating cake in the other room, and he came in. He said, “Well, would you like to wait, or do you want me to deliver him?” And I said, “Oh, we'll wait,” because I wanted our midwife to be there. So, I was just lying there panting, trying to hold him in as long as I could. And it was just me and Jaye, and our midwife comes running down the hallway. She got there in like, under 15 minutes, 20 minutes, she comes sweeping into the room, and he came right out. And the most beautiful thing for us was how respectful she was to Levi. He was alive during my labour and when my water broke, which was shortly before he was born, I felt his spirit leave. I felt the shift, and he had stopped moving as well at that point. So, I knew he was gone, but she held him like any other baby. She spoke to him; she told us how beautiful he was. She swaddled him and put him in my arms. I was so scared to look at him, look at his body, and she encouraged me to touch him and to hold him and love on him, and I feel so grateful because we were so scared and overwhelmed. We didn't know what to do. And she said, “Most, if not all, parents see their babies as beautiful no matter what.” That was so helpful that I was given permission just to see him as perfect and beautiful. And it was a sacred space for the few hours we were with him, and there was so much love. Jaye's mother was there, my mother was there, Jaye's brother, and everybody held him, and he was so beautiful.

Erin 14:24
What was it like for you to say goodbye to Levi?

Liza 14:28
So, his body started to change, so I felt like it was time to say goodbye, and our midwife put him in a little white basket and took him away. I think it wasn't until we left the hospital that the grief hit like a tsunami, like out of nowhere, just knocked me to my feet. And just the desire to hold a baby, to breastfeed, and there was nothing. It was like all of the investment that we had made, emotionally, financially, spiritually, physically, everything that we had done, and it was over. It was just beyond words.

Erin 15:24
We'll hear the rest of Liza's story soon, but now it's time to meet Courtney.

Courtney Handja 15:30
My name is Courtney. I am a registered clinical counselor. I identify as queer. My pronouns are she/her. In my practice, I work with primarily queer clients as well as folks in the perinatal period of their lives. So, people who are trying to get pregnant, who are pregnant, postpartum, experiencing loss. I really love and feel privileged to support clients as they walk this path. Because as many people know, it's not always an easy journey.

15:58
So, I offer counseling services that are virtual, so I support people online, and I'm available to people in BC as a private practice therapist. And I think it's so important in reproduction to have a counselor who understands the experience of being queer. Pregnancy, reproduction is all such a deeply gendered experience. For folks who are queer, entering into institutions, medical settings, hospitals, there isn't often space. You have to kind of fight to be there. You have to fight for legitimacy. You have to fight just to, you know, receive the care that you need, and so it's a wonderful, beautiful thing for queer people to be building families. There are just so many unique challenges and intersections. There's so much joy and beauty to it, and there's also so many systemic and legal and financial barriers to family-building for queer people.

16:53
Something I say, which is a little bit cheeky, is queer people don't necessarily get free sex babies. We have to plan, we have to lean on our communities, we have to pay, we have to jump through hoops, like having psychological evaluations before beginning the IVF process. So, it's—reproduction is hard at a baseline, and so having someone who understands specifically the barriers that you face can be really supportive. So, the experience of loss is different for queer families for so many reasons. The first piece is the many barriers you know, just the fact that queer folks have to prove their legitimacy as parents, their worthiness to be parents and to be in these settings, loss is already such a disenfranchised grief--like pregnancy loss is already seen as a loss that's maybe lesser than. So, with queer families, where does that leave parents who are working with the surrogate you know, neither of them are pregnant, so you have to prove your legitimacy. There's so much erasure in medical settings and also too, like pieces, like finances, there are sacrifices that people are making in order to build their families. This is true for everyone, but for most queer families, this is essential, this is a part of having a baby. They might be coming up against providers who don't really welcome them in the space, who aren't inclusive, who aren't able to meet them where they're at, respect the names that they use,

respect the terms that they use for their bodies, for their identities. Although they may not be gestating, they might still be a mum. And so where does that leave people, when they're trying to seek bereavement leave? Are there systems in place to support these losses? The answer is usually no.

18:31
I think another, the big piece is, when you search online for pregnancy loss, miscarriage, stillbirth, those resources aren't typically geared towards queer folks. Occasionally, there are resources, but the vast majority, you know, doesn't include queer people. It's, you know, the pronouns that are being used for them. It's assumed it's a she/her pronoun. You're put into this box of woman. And so, for clients who are trans or non-binary or gender non-conforming, around every corner, you're having to advocate, you're having to speak up for yourself in settings that are often not safe. I had a client one time describe her challenges in the hospital of, when approaching providers as a queer parent, she expects discrimination. Partners you know, referred to as sisters or your friend, and that as a queer parent, especially a birthing parent, you come into these spaces like with your guard up, you're expecting that people are not going to be understanding of your identity, and if someone is neutral, that's good. Neutral is kind of the best we can expect. The idea of providers being able to see you and utilize your pronouns and witness your queerness and consider that in your care is so rare, and so what providers can do is with all patients, not just folks who maybe look or present queer, is inquire. “What words can I use for your body? How are you referring to yourself as a parent? Is there a term that you want to use today?” and meet them with curiosity and openness. I think so many folks, what I hear is like, although my patients might be non-binary or trans, they go in and they pretend to be a woman because it's easier in that space, they encounter a lot less resistance, and they, you know, they do it as a survival strategy, a way to avoid discrimination at the expense of their own comfort and safety and in the space where they're vulnerable and needing support, they can't be true to themselves. And so what providers can really do is see the patient as the family unit, so both parents, both partners, no matter what role they had, whether it was providing the eggs or chest feeding or postpartum care, treating both people as the patient, no matter who is actually sitting in the hospital bed, attending to everybody who's in the room as someone in need of support.

21:05
Practical ways to do this is just learning your language, learning how to use pronouns that are different, understanding that on MSP, a client might have a certain name, and they might be using a different name. And so, I often encourage providers to learn from their patients, to learn from their colleagues on how they can, you know best do this, and it means meeting these patients with curiosity. Language that providers use can feel so supportive like it is the smallest little things of just saying, like you know your partner, not your husband, not your wife, saying

partner, using they/them pronouns for people where their pronouns haven't been identified. Providers can also make sure that documentation reflects both parents. Although there is one parent who you know did not give birth, they're both parents in this experience. Following up with both people, making sure that they're resourced to the best of their abilities.

22:00
And the biggest thing providers can do is just validation of the loss, of the pain, of the complexities, even if the providers don't understand the barriers that people experience as they move through this journey are profound and often invisible, and so it can be so meaningful for a provider to inquire about, okay, yes, they're checking up on the birthing person, and "How's your partner doing? How are they coping through this?" And that doesn't take any specific training, no specific skills other than a little bit of openness. It's hard as providers, because we often have such limited time and space, especially in the hospital systems, to support loss in general, and doubly challenging when people have a non-dominant identity. The reality with any fertility journey, queer, cis, whoever it is, there's not always a guaranteed happy ending. They don't get to have a baby; they don't get to experience parenthood full stop. Or they experience caregiving and parenthood in a really different way than they imagined, and the grief of this is profound, right?

23:07
There's often an assumption that queer people don't want to have families, and queer parents are not as common. Like, the number of folks who have babies in the queer community is less than it is among cishet folks. And so there can be erasure also within your own community, because it's not assumed that a step in your life is going to be having children. And so, it can mean that, like, although you have community around you, that they might not understand this experience, and so when there aren't happy endings, it's an identity transition. It's like, okay, we had this hope, we had this dream, we had this idea for our future and our family, and it's not going to look like that anymore. For folks this could be, you know, a lifelong heartache. Our culture largely says to us, if we work hard, you can achieve whatever you want, and with fertility, that's not the case. And so, it's connecting with people who are child free, not by choice. I often say community is the key. It's connecting with people who have similar experiences, or who are able to see and understand where you're at and have respect for that. So, finding people who can understand that this is a heartache for you, that this is a path you didn't get to walk, and who are willing to be there along with you for the journey. It's fundamentally subversive to be gay and to be having a baby, and we've always done it, we will always continue to do it, and it's such an important, you know, thing for us as providers to create space, queer families are the future. I think more and more people are identifying as LGBTQ, and as providers like in order to provide inclusive care, we need to start meeting people with more yeah, more curiosity, more understanding and institutional changes that reflect the changing clientele.

Jaime 25:05
And now, back to our conversation with Liza.

Erin 25:09
What was it like for you and Jaye to go through IVF while grieving?

Liza 25:14
I think most people who've experienced a loss want to try to get pregnant again as soon as possible. What I have learned, and through other families and my own experience, is that grief can't be rushed, and it can't be fixed, and unfortunately, another pregnancy is not an antidote, but I didn't know what else to do. So, within, basically, weeks, I was banging on the door of the fertility clinic. When can we try again? What can we do? And at this point, we wanted to do IVF. I wanted all the embryos tested. I didn't want to go through this ever again. We had seen a geneticist, and he assured me that this was not genetic. I would never experience it again. And in fact, my body did a great job carrying Levi. And in fact, many people would have had a miscarriage in the same situation, but my body carried him. I was very capable, but I had lost faith.

Liza 26:17
So we went through IVF, I can't even remember anymore how many embryos, but once they were tested, I believe I had three very healthy, genetically tested embryos, and each of those embryos resulted in either a chemical pregnancy or a negative pregnancy test. Then we decided my partner, we would try their embryos, and we, I believe, ended up with another three healthy embryos. I tried with two of Jaye's embryos, and I got negative pregnancy tests for both of those. I just didn't know what to do at that point. There really were no answers from the fertility doctor's perspective, they said, well, you just have to keep trying. They ran genetic tests, they ran blood tests, they ran hormonal tests, they just couldn't come up with any reason why it wasn't working, it just wasn't working. So, Jaye and I had always explored the idea of adoption, and at this point, we had just been through so much, and we had to consider what our capacity was, but we were starting to pursue that route and feeling positive about it, and that's when a close friend of Jaye's came forward and offered to be a surrogate for us. So, we chose to pursue that route. It was very expensive and very emotional and very time consuming for all of us, but we used one of my embryos, and we used one of Jaye's embryos, and she got pregnant, and at the six-week scan, they found one healthy heartbeat, but at the 12th week scan, there was no heartbeat. So, between the time that we had our first miscarriage and this miscarriage with our surrogate, it had been about five years, and our surrogate expressed that after this she was not prepared to continue on, and I fell into a very, very dark place. We had just invested so much, and Jaye was like, we need to take a break. We hadn't had a break. It was like one try after another after another. And that was what the fertility clinic had advised us to do, and that's the road we had taken. And we just so desperately wanted to, I guess, heal

through having another child, and it just complicated our grieving. So, we stopped. At that point we had to look at each other and see the damage that had been done. And our relationship really struggled, and I know we're not alone in that. So we started therapy, although we had been in therapy all along, but we started a different kind of therapy, which really was about rebuilding our relationship, and so that is where we are.

Liza 29:22
Fast forward five years from then, and we have had to rebuild our lives, and I have had to find other ways to funnel my mothering energy. We got a dog who's super spoiled. I needed some other being that I could take care of, other than Jaye, and I had to find ways to honor Levi. I did that through my work with advocating for the Bill 141, the Pregnancy Awareness, Research and Care Act out of Ontario, which led to funding for pregnancy and infant loss initiatives. I became an educator for PAIL in 2015 and provided workshops to other healthcare providers, doctors, nurses, midwives, and I was able to speak to my experience and the experience of other families, and hear dozens of other stories with parents who have been through similar things and learn and be able to feel like his life maybe had more of a purpose in the world.

Jaime 30:33
Liza, thank you for sharing everything. Much of what you said and resonates with me in many different ways.

Erin 30:41
You tell your story so beautifully and how you acknowledged every single one of your losses. There are so many ways that I wish you could have been supported properly, like your midwife the whole time through, right?

Liza 31:04
Right, right. Yes, I mean, how do we, how do we support people? And I think a lot of it also comes down with who happens to be on staff at that time, and how educated they are, or how open they are, and to know how incredibly scary it is for the families and that they need an opportunity to change their minds. I would have loved to have known that I would have another opportunity to see and hold Levi after I said goodbye, it wasn't enough time, and I wish I had known that I could have asked to see him again.

Erin 31:36
When did you find that out, that you could have asked?

Liza 31:39
Through my work with PAIL and, actually, Erin, through your experience, I learned that you can actually bring your baby home if you want to. You could actually have them with you.

And through the experience of somebody I met who was with her baby for 24 hours in the hospital, and it wasn't traumatizing for her.

Jaime 32:03
Liza, I just want to thank you so much for being here today, so grateful, it has been a privilege.

Erin 32:11
I have loved every minute of this conversation. Thank you just doesn't seem enough. But I just wish I could meet you and give you a great big hug.

Liza 32:20
Well, let's make it happen!

Erin 32:28
Thank you so much for listening and spending time with us.

Jaime 32:32
This episode of *Stillbirth Happens: let's talk* was brought to you by the Hummingbird Project of BC Women's Hospital + Health Center. It was produced by Jasmine Coleman.

Erin 32:41
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 32:55
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 33:07
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 33:18
Thank you again for joining us. Until next time, remember to be gentle with yourself; you're not alone.