I stand alone in the dimly lit, quiet room, holding a baby that isn’t mine. Hardly bigger than my hand, this tiny being was born at 20 weeks gestation—too early to survive, no matter what modern miracles may occur in the NICU two floors above us. I look at his tiny face, his tiny hands, eyes still sealed shut, his chest still with no urge to breathe. He is wrapped in a standard issue hospital blanket—pink on one side and blue on the other. The same blanket that my own son had been wrapped in, 6 pounds and screaming, just down the hall from where we stand. I hold him to my chest and feel heartbroken for his parents in the next room. His parents who just yesterday were wrapped up in the joyous world of expecting—picking colors for a nursery, planning a baby shower, reading about which bottles are best. His parents, who never could have imagined themselves here, losing their baby. No one ever imagines this.

His mother who suddenly felt a gush of fluid, a cramping pain, a deep fear that something was wrong. His father who arrived at triage hoping desperately that they were worrying for nothing. His parents, who were hit by a tidal wave of information so foreign it might as well have been in a different language—rupture of membranes, chorioamnionitis, open cervix, preterm labour. The only message they hear is that it’s over—their baby, their dream, this love, this future. His parents who are in such a state of shock, and in such deep grief, that when their baby was born alive but certain to die, they couldn’t bear to hold him. His mother looked at him for a moment before her sobs overtook her. His father stared straight ahead, as if the walls of the birthing suite might suddenly explain how something like this could happen. And then after a moment it was all just too much. “Please take him,” she said to her nurse, “I just can’t.”

I place two fingers at his little belly button and feel his pulse slowing. I hold him closer to my chest to keep him warm, to comfort him. I sing him lullabies, and my mind wanders back to my own son, surely sound asleep in his bed. I look down at this little person in my hands and wonder if he knows that I’m not his mother, that I’m only a stand-in. I’m only a doctor who is far too used to seeing complex pregnancies, including these devastating losses that catch everyone else by surprise. It may not shock me anymore, but I still can’t look away, I can’t leave him alone. So, I stand there in the quiet room, holding someone else’s baby, imagining how these moments might feel more bearable if pregnancy loss was brought out of the shadows.

For such a common experience, the degree to which pregnancy loss is absent from our cultural dialogue is shocking. Thirty percent of pregnancies are lost, yet so many people feel alone. For many, early pregnancy is veiled in secrecy. It is common not to tell anyone outside your closest circle until the first trimester is over, until the period of the highest risk of loss has passed, “just in case.” In case of what? Hiding miscarriage does not stop it from happening. Hiding the excitement of early pregnancy does not make loss any less painful. What it does is make this experience terribly lonely.

People are ill-prepared to support someone in their heartbreak if they were never privy to the joy. Friends, family, and co-workers are often unsure how to provide support for this unique grief, if the grief is acknowledged at all. For many other types of loss, culture and tradition
provide frameworks for how to manage death. When someone loses a partner, a parent, or even a child, we have a rough idea of how to support them. We hold services, cry at gravesides. We send food and flowers and make donations in a loved one’s name. We talk about how the deceased leaves a legacy, tell stories, look at pictures. We know how to value our dead.

We are, however, unsure how to value a pregnancy, especially when it ends. Legal personhood begins at birth, and much of our cultural attitudes toward the value of fetal life follow a similar dichotomy: following birth, the baby is a precious person and death is tragic, but prior to birth, an enigma. But for most pregnant people, their connection to their child does not begin like the flip of a switch at birth. Connection builds slowly and gradually. The timing and intensity of this connection is personal and varied, but the emotional attachment that forms is independent of any legal definition of personhood.

Access to abortion has been hard earned, and the battle to defend a woman’s right to choose is never ending. Especially when access to abortion is threatened, it can feel dangerous to attribute value to fetal life, lest this value be used as an argument towards diminishing the value of reproductive choice. Protecting the autonomy of women is so important that we hold tightly to the fetus’ legal lack of personhood—and rightly so. But when we hold something so tightly and with such intensity, we are at risk of shutting our eyes to the messy reality that is the potential life in a pregnancy. We lose sight of the fact that being a person is not the same as having value. A fetus becomes a person at birth, but only a parent can determine the point at which their pregnancy becomes their child.

When I look down at the tiny baby in my hands, I am not numb to the profound sadness of this moment; the weight of this tiny body is painfully heavy. But I have context to understand this loss. I have the benefit of experience to process this type of death; it no longer shakes my understanding of the world. However, when a person lacks a framework with which to understand loss, these events can become destabilizing and traumatic. Even when relatively common complications of pregnancy are absent from the public dialogue, many families are left processing the fact that these outcomes exist at the same moment as learning that it is happening to them. I do not judge parents who can’t hold their dying baby—there are moments that are simply too painful to bear. But I wonder how many heartbroken parents recoil from the shock and later wish they had held their baby, even for a moment.

It may be challenging to create open dialogue about pregnancy loss, but harm is being done by the silence that surrounds this grief. Recognizing and honouring how families value their own pregnancies has tremendous power to support healing. We can openly acknowledge this value and still protect the right to bodily autonomy—it is not one or the other. There is value in potential, in promise, in growth and development, and in new life, even when that life ends before it has fully begun.

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