Perinatal Grief and the Postpartum Body: An Embodied and Trauma-Informed Approach to Care

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TTAC
Perinatal and Early Childhood Mental Health Network
Training and Technical Assistance Center

A Collaboration Between

NEW YORK CENTER FOR CHILD DEVELOPMENT

McSILVER INSTITUTE
FOR POVERTY POLICY AND RESEARCH
NEW YORK UNIVERSITY

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Who We Are

The New York City Perinatal and Early Childhood Mental Health Training and Technical Assistance Center (TTAC), is funded by the NYC Health Department.

TTAC is a partnership between the New York Center for Child Development (NYCCD) and the McSilver Institute for Poverty Policy and Research

- **New York Center for Child Development** has been a major provider of early childhood mental health services in New York with expertise in informing policy and supporting the field of Early Childhood Mental Health through training and direct practice

- **NYU McSilver Institute for Poverty Policy and Research** houses the Community and Managed Care Technical Assistance Centers (CTAC & MCTAC) and the Center for Workforce Excellence (CWE). These TA centers offer clinic, business, and system transformation supports statewide to all behavioral healthcare providers across NYS.

  TTAC is tasked with building capacity and competencies of mental health professionals and early childhood professionals in family serving systems to identify and address the social-emotional needs of young children and their families.

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I have nothing to disclose.

Agenda

- Embodied Grief Theory
- Embodied Grief in historically marginalized communities (US)
- Applications and Interventions

Land Acknowledgment

I acknowledge that we gather on the ancestral and unceded lands of the Lenape People.

As we discuss grief, loss, and healing, may we do so with humility, respect, and a commitment to justice and collective care.

Learning Objectives

Describe how perinatal grief manifests physiologically, emotionally, and somatically in the postpartum body after reproductive loss.

Identify trauma-informed and culturally responsive assessment considerations when working with bereaved postpartum individuals and families.

Apply body-centered and integrative clinical interventions to support healing, meaning-making, and embodied grief processing after perinatal loss.

Embodied Grief Theory proposes that after reproductive loss, grief is experienced not only psychologically and relationally, but through the postpartum body itself as a living archive of loss.

Embodied Grief Theory
Clinical Assumptions

- The postpartum body is an active participant in grief, not merely the site where symptoms occur.
- Bodily sensations following reproductive loss are meaningful clinical data.
- Reproductive loss disrupts embodied identity, attachment, and physiological expectations.
- Healing involves restoring a compassionate relationship with the postpartum body.
- Grief integration includes both psychological and embodied processes.

DISTINCTIVE CONTRIBUTIONS OF EMBODIED GRIEF THEORY

EXISTING GRIEF THEORIES

Focus on emotional, cognitive, relational adaptation

EMBODIED GRIEF SCHOLARSHIP

Recognizes grief is lived through the body

EMBODIED GRIEF THEORY

- Identifies the postpartum body as a primary site of grieving after reproductive loss
- Introduces the **Postpartum Condition of Absence**
- Integrates reproductive justice and intersectionality
- Provides a clinically actionable framework

What Clinicians Often Miss.

EXAMPLES:

Treating lactation only as a medical issue

Ignoring postpartum physiology after stillbirth

Focusing exclusively on cognitions

Pathologizing continuing bonds

Viewing body sensations only as trauma symptoms

Forgetting the postpartum period still exists after loss

THE POSTPARTUM BODY PERSISTS

A TIMELINE OF LOSS AND CONTINUING PHYSIOLOGY

PREGNANCY

The body prepares, adapts, and changes to support life and attachment.

LOSS

The pregnancy ends. The baby is no longer physically present.

POSTPARTUM

Postpartum physiology continues—hormonal shifts, lactation, bleeding, healing, sensations, and more.

KEY MESSAGE:

Loss ends pregnancy.

It does not end postpartum physiology.

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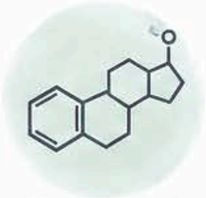
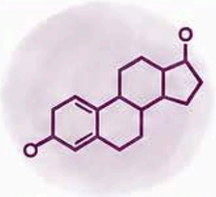
HORMONE	TYPICAL POSTPARTUM FUNCTION	POSSIBLE EXPERIENCE FOLLOWING LOSS
 ESTROGEN	Supports mood regulation and pregnancy maintenance	 Sudden withdrawal may contribute to emotional vulnerability, tearfulness, and mood fluctuations
 PROGESTERONE	Supports pregnancy and neurological regulation	 Rapid decline contributes to physiological transition and emotional instability
 PROLACTIN	Stimulates milk production	 Milk may come in despite infant absence, creating profound bodily contradiction
 OXYTOCIN	Facilitates bonding, caregiving, and attachment	 Attachment systems remain activated despite loss, contributing to yearning and longing

SENSORY MEMORY

Sensory experiences can activate attachment memories, grief responses, and autonomic nervous system reactions.

SMELL

EXAMPLES

- Baby lotion
- Breastmilk
- Hospital disinfectant
- NICU scents

CLINICAL NOTE

Smell has direct connections to emotional memory systems and can evoke immediate grief responses.

SOUND

EXAMPLES

- Infant crying
- Monitor alarms
- Fetal heartbeat recordings
- Hospital announcements

CLINICAL NOTE

Auditory cues may activate trauma memories and attachment longing.

TOUCH

EXAMPLES

- Empty arms
- Breast fullness
- Feeling postpartum bodily changes
- Touching keepsakes or memory items

CLINICAL NOTE

The body remembers attachment through sensation.

HOSPITAL ENVIRONMENTS

EXAMPLES

- Labor and delivery units
- NICU hallways
- Waiting rooms
- Medical equipment

CLINICAL NOTE

Physical spaces can become embodied grief landscapes.

WHY THE BODY MATTERS

IN GRIEF TREATMENT

The body holds the story that words alone cannot reach.

WHEN THE BODY IS IGNORED	WHEN THE BODY IS INCLUDED
Symptoms seem confusing Without understanding the body, reactions may appear irrational or hard to explain.	**Symptoms become meaningful** The body provides clues to the grief, attachment, and trauma being held within.
Clients feel broken Their experiences may be minimized, pathologized, or misunderstood.	**Clients feel understood** Their embodied experiences are validated, normalizing their grief and reducing shame.
Treatment focuses on cognition only Interventions may stay in the mind, overlooking the body's role in grief and healing.	**Treatment includes regulation** Somatic, nervous system, and body-based approaches support stabilization and healing.
Loss becomes abstract The baby and the grief can feel distant, unreal, or disconnected from daily life.	**Loss becomes embodied** Grief is held, witnessed, and integrated through the body and daily living.

WHEN WE INCLUDE THE BODY,
we don't just treat grief—we honor the person's whole experience.

This is how we move from surviving to healing.

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FOUR CORE PRINCIPLES OF EMBODIED GRIEF THEORY

A framework for understanding how grief is experienced through the postpartum body.

1. BODY AS ARCHIVE

The body stores and expresses grief through:

- Sensation
- Physiology
- Memory
- Attachment

2. POSTPARTUM CONDITION OF ABSENCE

The body remains postpartum despite the absence of the expected infant or future.

Bodily contradiction becomes part of mourning.

3. INTERSECTIONAL EMBODIMENT

Grief is shaped by:

- Race
- Culture
- Gender
- Sexuality
- Disability
- Systems of care

4. RE-EMBODIMENT PRACTICES

Healing involves reconnecting with the body through:

- Regulation
- Somatic awareness
- Cultural responsiveness
- Trauma-informed care

Together, these four principles position the postpartum body as a central site of grief, meaning-making, and healing.

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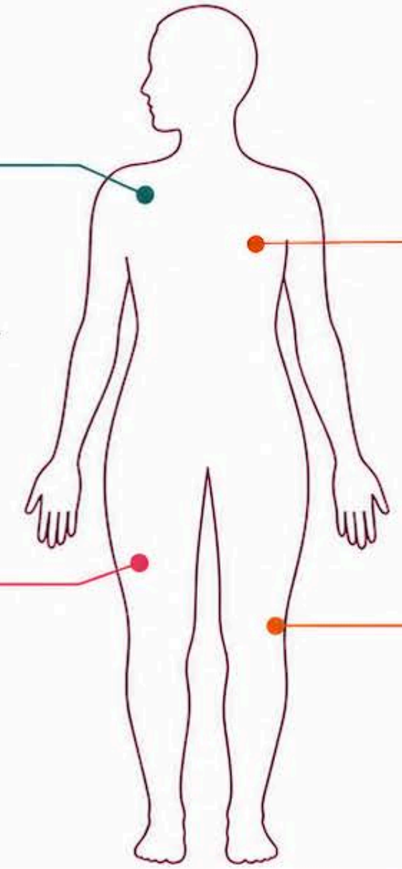
BODY AS ARCHIVE

THE BODY HOLDS WHAT WORDS CANNOT EXPRESS.



MEMORY

The body stores experiences, impressions, and relational memories.

TRAUMA

The body holds overwhelming experiences and protects what felt unbearable.

ATTACHMENT

The body carries the imprint of connection, loss, and longing.

MEANING

The body seeks understanding, integration, and purpose.

The body is not just a vessel.
It is a living archive of our experiences.

YOUR BODY HOLDS WISDOM. LISTEN WITH COMPASSION.

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THE POSTPARTUM CONDITION OF ABSENCE

THE BODY REMAINS POSTPARTUM.
THE BABY IS **NOT** HERE.

LACTATION

Milk production can begin and continue.

HORMONAL SHIFTS

Hormones fluctuate in ways that impact mood, sleep, and the whole body.

BLEEDING

Postpartum bleeding continues as the body heals.

ABDOMINAL CHANGES

The body continues to recover and change, even in the absence of a baby.

EMPTY ARMS.

ONGOING PHYSIOLOGY.

YOUR BODY HOLDS WISDOM. LISTEN WITH COMPASSION.

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INTERSECTIONAL EMBODIMENT

A CRENSHAW-INSPIRED FRAMEWORK

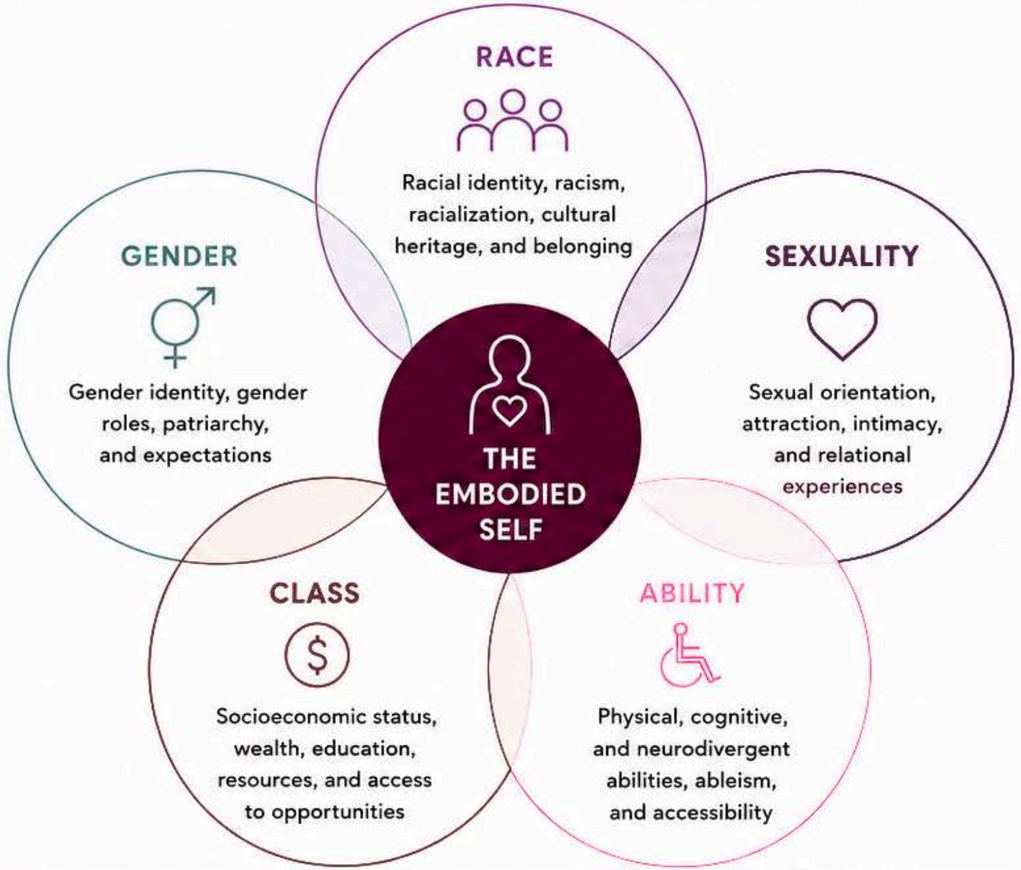
Embodiment is shaped at the intersections of multiple, overlapping identities.
These intersections create unique experiences of privilege, oppression, and resilience.

WHY INTERSECTIONALITY MATTERS

No identity exists in isolation.

The body carries not only individual stories, but also the impact of systems, histories, and structures.

Understanding these intersections is essential for culturally responsive, anti-oppressive embodied care.



CLINICAL IMPLICATIONS

- Look beyond single-axis identities.
- Explore how systems shape embodied experiences.
- Honor the full complexity of the person.
- Center justice, equity, and liberation.

THE INTERSECTIONAL EMBODIMENT LENS

When identities intersect, experiences of the body, grief, health, and healing are shaped in ways that cannot be understood by looking at any one identity alone.

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RE-EMBODIMENT PRACTICES

A CIRCULAR PATH TO INTEGRATION AND HEALING

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FOUR CORE PRINCIPLES OF EGT AND CLINICAL IMPLICATIONS

PRINCIPLE	CLINICAL IMPLICATION
Body as Archive	Assess somatic grief manifestations
Postpartum Condition of Absence	Normalize postpartum contradictions
Intersectional Embodiment	Explore structural and cultural influences
Re-embodiment Practices	Facilitate reconnection with the body

EMBODIED GRIEF IN BIPOC COMMUNITIES

Grief is not experienced in a vacuum.
It is shaped by systems, histories, and inequities.

MEDICAL RACISM

- Bias and discrimination in healthcare settings
- Dismissal of pain and concerns
- Lack of culturally responsive care
- Erosion of trust and safety in the body

WEATHERING

- Chronic exposure to stress and oppression
- Accelerated wear and tear on the body
- Impact on physical and mental health
- Shapes how grief is held, felt, and expressed

REPRODUCTIVE INJUSTICE

- Limited access to quality, culturally affirming care
- Disproportionate maternal morbidity and mortality
- Criminalization and stigma surrounding pregnancy outcomes
- Barriers to bodily autonomy and decision-making

THE TAKEAWAY

Embodied grief in BIPOC communities exists at the intersection of love and loss, history and resilience, oppression and survival.

Healing requires acknowledgment, justice, and collective support.

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EMBODIED GRIEF IN LGBTQ+ FAMILIES

LOVE. LOSS. IDENTITY. VALIDATION. BELONGING.

NON-GESTATIONAL PARENTS

Grief is not defined by biology.
All parents can lose.

- Non-gestational parents experience profound loss and attachment.
- Their grief is real, valid, and deserving of support.
- Exclusion from care and conversations causes additional harm.

GENDER DIVERSE BIRTHING PEOPLE

Pregnancy and loss experiences exist beyond traditional gender norms.

- Gender diverse birthing people may face erasure in perinatal care.
- Grief can be intensified by misgendering and invalidation.
- Affirming language and care promote safety and healing.

RECOGNITION AND LEGITIMACY

Legitimacy saves lives. Recognition supports healing.

- LGBTQ+ families often face invisibility in systems and society.
- Lack of recognition can deepen isolation and grief.
- Affirmation, inclusive policies, and culturally responsive care matter.

THE TAKEAWAY

Embodied grief in LGBTQ+ families is shaped by love, identity, and the need for recognition.

Affirming all parents. Honoring all bodies. Validating all grief.

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Tools and Interventions

SOMATIC STABILIZATION TOOLKIT

TOOLS FOR SAFETY, REGULATION, AND CONNECTION

GROUNDING

Connect to the present

ORIENTATION

Reconnect to time and space

SENSORY TRACKING

Notice and name sensations

BREATH

Regulate and restore rhythm

CONNECTION

Rebuild safety through connection

Add an event

Small shifts. Repeated often. Lead to lasting change.

Your body is doing its best to protect you. **You are safe. You are allowed to slow down.**

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EGT-Informed Assessment: Exploring the Postpartum Body

DOMAIN	EXAMPLE QUESTIONS
 BODY MEMORY	“Where does your body remember your baby?”
 IDENTITY	“How has your relationship with your body changed?”
 ATTACHMENT	“What does your body still long for?”
 PHYSIOLOGY	Lactation, pelvic pain, hormonal changes, sleep
 MEANING	“What does your body believe happened?”

BODY MAPPING

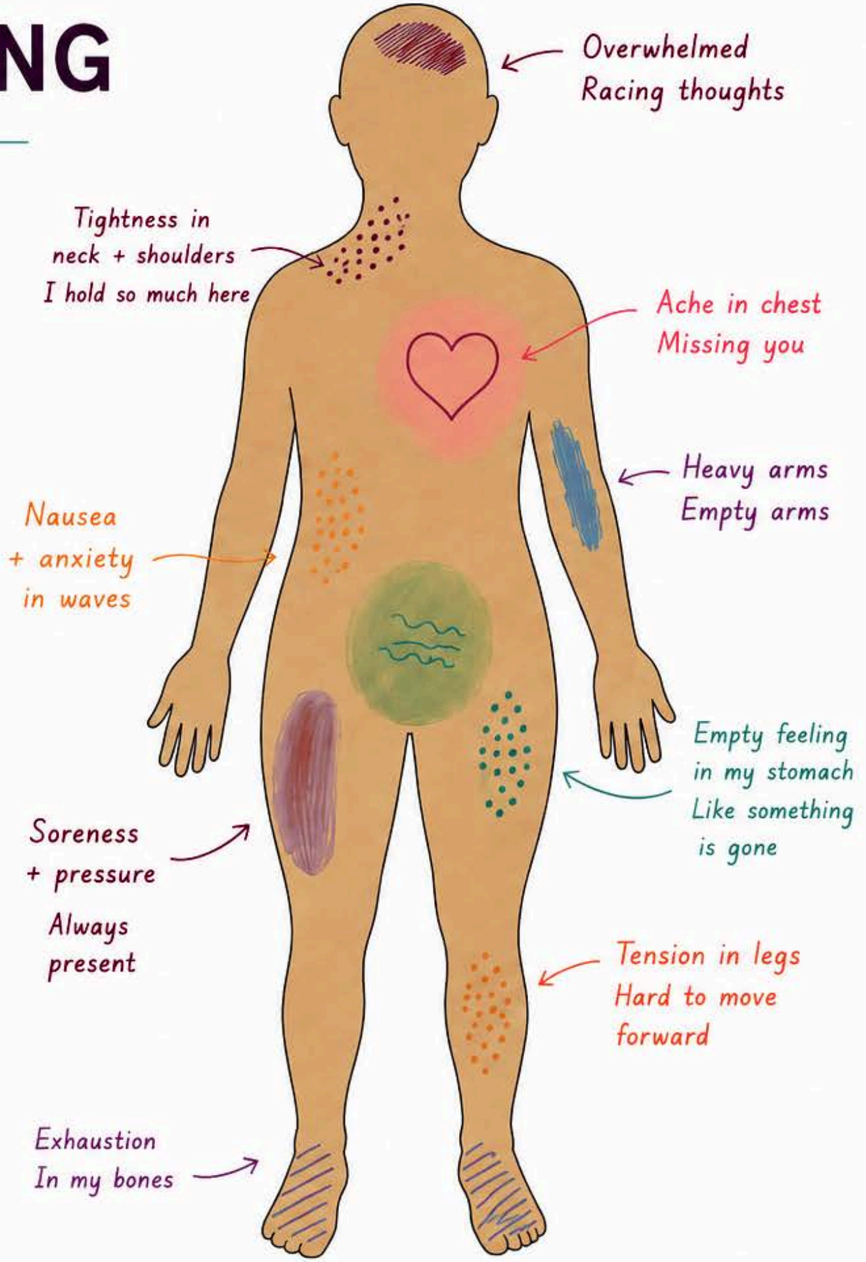
A tool to explore where grief lives in your body.

HOW TO USE

1. Scan your body.
2. Notice sensations, emotions, or memories.
3. Color or mark areas on the body map.
4. Add words to describe what you experience.

LEGEND (EXAMPLE)

- Tension / Tightness
- Pain / Discomfort
- Numbness / Emptiness
- Heavy / Pressure
- Emotional Sensations
- Yearning / Longing
- Other / Notes



REFLECTION PROMPTS

- Where do you feel grief in your body?
- What sensations are present?
- What emotions come up when you notice this area?
- What might your body be trying to communicate?

REMEMBER

There are no right or wrong ways to map your body.

Your experience is valid.

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INTEGRATING EGT WITH EMDR: A CLINICAL COMPARISON

TRADITIONAL EMDR	EMDR THROUGH EMBODIED GRIEF THEORY
Processes traumatic memories	Processes the embodied experience of loss
Body sensations support processing	The postpartum body becomes a primary therapeutic target
Focuses on trauma resolution	Focuses on trauma resolution and re-embodiment
Installs adaptive cognitions	Installs adaptive embodied maternal identity
Ends when distress decreases	Continues toward restoring a compassionate relationship with the body

Clinical Adaptations of EMDR Through Embodied Grief Theory

STANDARD EMDR	EGT ADAPTATION
Target traumatic memory	Target embodied grief experiences
Negative cognition	Body-based negative cognition
Image	Somatic sensation as entry point
Interweave	Embodied interweave
Installation	Compassionate relationship with the body
Future template	Rehearse embodied postpartum experiences
Body scan	Body scan as assessment and outcome measure

EGT-Informed Therapeutic Interweaves

CLIENT PRESENTATION	EGT-INFORMED INTERWEAVE
“My body failed.”	“Whose voice says your body failed?”
Persistent pelvic pain after loss	“What might your body be remembering?”
Milk production after stillbirth	“What did your body expect would happen?”
Empty arms sensation	“What are your arms still reaching for?”
Fear of future pregnancy	“What does your body most need before it can feel safe again?”
Shame about cesarean scar	“What story does your scar tell about love and survival?”
Anniversary body reactions	“What is your body remembering today?”
Difficulty connecting to living baby	“Can your body hold love for this baby while remembering the babies who came before?”

INTEGRATING EGT WITH INTERNAL FAMILY SYSTEMS

TRADITIONAL IFS	IFS THROUGH EMBODIED GRIEF THEORY
Parts are primarily psychological	Parts are understood as both psychological and embodied
Body sensations help identify parts	The postpartum body is an integral member of the internal system
Self develops relationships with parts	Self develops relationships with both parts and the grieving body
Unburdening focuses on emotional pain	Unburdening includes releasing embodied grief while honoring continuing bonds
Goal is internal harmony	Goal is embodied integration of grief, motherhood, identity, and connection

INTEGRATING EGT WITH DIALECTICAL BEHAVIOR THERAPY (DBT)

TRADITIONAL DBT	DBT THROUGH EMBODIED GRIEF THEORY
Mindfulness of present experience	Mindfulness of the postpartum body as a site of grief and memory
Radical acceptance of reality	Acceptance of embodied postpartum paradoxes
Distress tolerance for emotional crises	Distress tolerance for body-based grief experiences and triggers
Emotion regulation through awareness and skills	Emotion regulation that begins with somatic awareness
Build a life worth living	Build a meaningful life while maintaining an embodied continuing bond with the baby

How Embodied Grief Theory (EGT) Enhances Major Therapeutic Approaches

THERAPY	EGT CONTRIBUTION
EMDR	Body becomes treatment target
IFS	Body as part of the internal system
DBT	Mindfulness of embodied grief
ACT	Acceptance of embodied paradox
CBT	Challenge beliefs about the grieving body
Psychodynamic	Body as unconscious expression of attachment and loss

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CASE 1: "MY BODY KEEPS LOOKING FOR HER"

Embodied Grief Theme:
The Postpartum Body as an Archive of Grief

BACKGROUND

Maria is a 33-year-old Latina who experienced a stillbirth at 38 weeks after an uncomplicated pregnancy. Six weeks postpartum, she reports that everyone keeps asking how she is "emotionally," but no one asks about her body.

She says:

"My body hasn't gotten the message that my daughter died."

Her milk came in several days after delivery. She describes intense breast pain, involuntary leaking whenever she hears another baby cry, and overwhelming sadness each time she showers and sees her postpartum abdomen.

She repeatedly places her hand on her stomach without realizing it.

Although she no longer meets criteria for acute traumatic stress, she feels trapped inside a body that constantly reminds her of motherhood.

TRADITIONAL CONCEPTUALIZATION

Primary diagnosis:

- Acute Grief
- PTSD symptoms related to delivery

Treatment:

- Process traumatic birth.
- Reduce intrusive memories.
- Address depressive symptoms.

EMBODIED GRIEF THEORY CONCEPTUALIZATION

- The distress is not only about the traumatic memory.
- Her postpartum body continues to enact motherhood through lactation, uterine changes, hormonal shifts, and sensory memories.
- Her body has become the archive where grief is stored.

REFLECTION QUESTIONS

What body sensations would you assess?

How might EMDR begin with the leaking breasts rather than the delivery?

How might IFS conceptualize the hand resting on her abdomen?

Which DBT skills would help her tolerate these embodied reminders?

CASE 2: "I DON'T TRUST MY BODY ANYMORE"

Embodied Grief Theme:
Embodied Identity Rupture

BACKGROUND

Jasmine is a 37-year-old physician who experienced three miscarriages over two years before undergoing IVF. She recently delivered a healthy son but reports persistent anxiety, panic attacks, and emotional numbness.

She says:
"Everyone tells me I should be happy, but every time I hold him I remember the babies I couldn't keep."

She avoids looking at her cesarean scar.
She cannot tolerate postpartum checkups because they remind her of fertility procedures.
She tells her therapist: ***"My body has betrayed me too many times."***
She feels disconnected from both her body and her baby despite wanting desperately to bond.

TRADITIONAL CONCEPTUALIZATION

Diagnosis:

- Birth trauma
- Postpartum anxiety
- Complicated grief

Treatment:

- Psychoeducation
- CBT
- Exposure
- Parent-infant attachment work

EMBODIED GRIEF THEORY CONCEPTUALIZATION

- Her body is experienced as an unsafe attachment figure.
- The scar represents not only surgery but years of reproductive trauma.
- Healing requires rebuilding trust in the postpartum body itself.

REFLECTION QUESTIONS

Which embodied negative cognitions emerge?

How could Self leadership (IFS) help restore trust in the body?

How could EMDR target reproductive procedures rather than only childbirth?

Which acceptance strategies from DBT might help integrate joy and grief simultaneously?

CASE 3: "I FEEL LIKE I'M STILL CARRYING HIM"

Embodied Grief Theme:
Continuing Bonds Through the Body

BACKGROUND

Danielle is a 29-year-old Black mother whose son died in the NICU after living for twelve days.
Nearly one year later, she reports episodes where she wakes up instinctively reaching across the bed to check on him.

When she hears hospital monitor alarms on television, she feels immediate tightness in her chest.

Every Mother's Day she experiences pelvic heaviness and aching arms.

She worries these sensations mean she is "stuck."

Family members encourage her to "move on."

She quietly wonders whether letting go of the physical sensations would feel like losing him all over again.

TRADITIONAL CONCEPTUALIZATION

Focus:

- Anniversary reactions
- Persistent grief
- Trauma reminders

Treatment:

- Cognitive restructuring
- Exposure
- Behavioral activation

EMBODIED GRIEF THEORY CONCEPTUALIZATION

- The body continues to express an attachment relationship.
- The physical sensations are not simply symptoms.
- They are embodied expressions of continuing bonds.
- Treatment focuses on helping Danielle develop a compassionate relationship with these bodily experiences while reducing suffering.

REFLECTION QUESTIONS

How might EGT distinguish these sensations from pathology?

How could EMDR strengthen adaptive continuing bonds?

How could IFS approach the part that fears letting go?

Which DBT mindfulness skills could help Danielle observe these sensations without interpreting them as evidence that she is "broken"?

OB COLLABORATION

INTEGRATING OBSTETRIC AND MENTAL HEALTH CARE THROUGH AN EMBODIED GRIEF LENS

SHARED ASSESSMENT AREAS

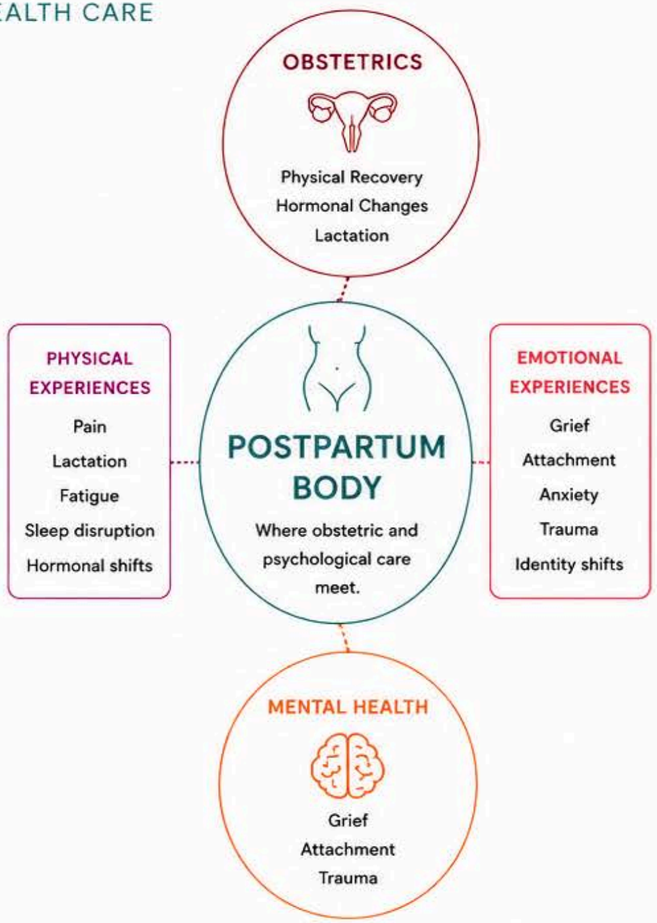
OBSTETRICS	MENTAL HEALTH
• Physical recovery	• Emotional adaptation
• Lactation changes	• Attachment disruption
• Hormonal transitions	• Trauma responses
• Sleep disturbance	• Anxiety and depression
• Postpartum symptoms	• Meaning-making and grief

QUESTIONS THERAPISTS CAN ASK OB PROVIDERS

- What physical recovery concerns are present?
- Is lactation occurring?
- Are there ongoing medical complications?
- What should clients expect physiologically?
- Are there postpartum concerns contributing to distress?

QUESTIONS OB PROVIDERS CAN ASK THERAPISTS

- How is grief showing up emotionally?
- Are trauma symptoms present?
- How is the client relating to their postpartum body?
- Are attachment concerns emerging?
- What support systems are available?



WHY COLLABORATION MATTERS

The postpartum body often communicates grief through physiological experiences before clients ever enter a therapy office. Obstetric providers are frequently the first professionals to witness embodied grief.

CLINICAL COLLABORATION EXAMPLES

1 LACTATION AFTER STILLBIRTH

OB PROVIDER NOTICES	COLLABORATIVE RESPONSE	EMBODIED GRIEF LENS
Milk production Breast engorgement Distress at visit	Normalize experience Referral to therapist, lactation consultant, bereavement support	Milk production may represent attachment, longing, bodily contradiction, and continuing bonds.

2 POSTPARTUM FOLLOW-UP VISIT

PATIENT REPORTS	COLLABORATIVE INTERVENTION	EMBODIED GRIEF LENS
"I hate looking at my body." Traditional view: Body image concern	OB identifies distress Therapist explores: identity, grief, trauma, attachment, culture	Body changes may reflect identity disruption, grief, reproductive trauma, and loss of anticipated future.

3 PREGNANCY AFTER LOSS

OB OBSERVES	COLLABORATIVE CARE TEAM	EMBODIED GRIEF LENS
Extreme anxiety Frequent reassurance Hypervigilance	Therapist, perinatal psychiatrist, MFM, OB provider	The body remembers prior loss. Current pregnancy may activate trauma and attachment fear.

SHARED LANGUAGE

Instead of "Everything looks medically fine."
Consider: "Your body may be healing physically while still carrying grief emotionally."

SHARED GOALS

- ✓ Reduce isolation
- ✓ Normalize postpartum physiology
- ✓ Identify trauma responses
- ✓ Support attachment and meaning-making
- ✓ Improve continuity of care

EMBODIED GRIEF THEORY PERSPECTIVE

The postpartum body sits at the intersection of obstetrics and mental health. Neither discipline alone sees the entire picture. Healing often occurs when both perspectives are integrated.

COLLABORATION HONORS THE WHOLE PERSON. *HEALING HAPPENS TOGETHER.*

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NICU AND PALLIATIVE CARE COLLABORATION

SUPPORTING FAMILIES THROUGH UNCERTAINTY, LOSS, AND LOVE

Families often begin grieving before a death occurs. Collaboration ensures families are supported medically, emotionally, and relationally throughout the journey.

A SHARED JOURNEY

DIAGNOSIS
Receiving information brings shock and uncertainty.

ATTACHMENT
Connection grows even in the face of uncertainty.

NICU / PPC JOURNEY
Families walk a complex path of medical care, decisions, and hope.

MEMORY MAKING
Meaning is created through moments, memories, and love.

GRIEF & MEANING MAKING
Grief continues, love remains, and meaning is carried forward.

SHARED FOCUS

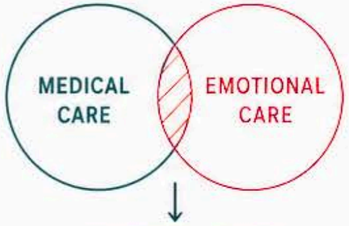
NICU / PALLIATIVE CARE

- Medical status
- Symptom management
- Developmental concerns
- Prognosis discussions
- Family communication

MENTAL HEALTH / GRIEF CARE

- Emotional adaptation
- Trauma responses
- Attachment processes
- Meaning-making
- Grief and bereavement

COLLABORATION LOOKS LIKE



RELATIONAL CARE
Family-centered, trauma-informed, and culturally attuned.

EXAMPLES OF COLLABORATIVE SUPPORT

- Birth planning and decision support
- Memory making and legacy building
- Emotional and bereavement support
- Cultural and spiritual care
- Trauma-informed follow-up

> *"Healing occurs when families are supported medically, emotionally, relationally, and culturally throughout the journey."*

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BUILDING TRAUMA-INFORMED SYSTEMS

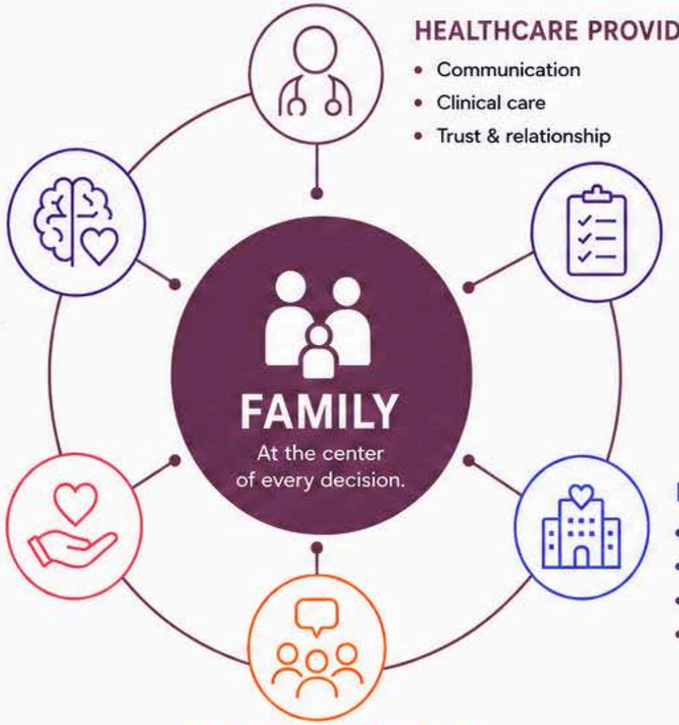
A SYSTEMS MAP FOR SUPPORTING FAMILIES AFTER PERINATAL LOSS

WHAT TRAUMA IMPACTS

- Bodies
- Relationships
- Decision-making
- Trust
- Memory
- Healthcare experiences

TRAUMA-INFORMED SYSTEMS ASK

- What happened to this family?
- How can we reduce harm?
- How can we support dignity?
- How can we support choice?
- How can we support attachment?



HEALTHCARE PROVIDERS

- Communication
- Clinical care
- Trust & relationship

MENTAL HEALTH SERVICES

- Counseling
- EMDR
- Grief support
- Trauma-informed care

POLICIES & PROCEDURES

- Birth & care planning
- Bereavement pathways
- Documentation
- Follow-up care

PALLIATIVE CARE

- Meaning-making
- Comfort care
- Legacy building
- Symptom management

PHYSICAL ENVIRONMENT

- Labor & delivery
- NICU
- Waiting areas
- Privacy & comfort

COMMUNITY SUPPORT

- Peer support
- Faith communities
- Advocacy organizations
- Practical resources

EVERY SYSTEM INTERACTION CAN

REDUCE SUFFERING

OR

INCREASE SUFFERING

TRAUMA-INFORMED SYSTEMS ARE:

SAFE
Families feel emotionally and physically safe.

TRUSTWORTHY
Information is transparent and consistent.

CHOICE
Families maintain agency wherever possible.

COLLABORATIVE
Families are partners in care.

EMPOWERING
Strengths and resilience are recognized.

CULTURALLY RESPONSIVE
Care reflects identity, culture, and lived experience.

EMBODIED GRIEF THEORY PERSPECTIVE

Systems become part of the grief experience. Families often remember: words spoken, how information was delivered, who stayed present, who disappeared, and how their bodies were treated. These experiences may remain embodied for years.

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FIVE CLINICAL TAKEAWAYS

SUPPORTING FAMILIES THROUGH EMBODIED GRIEF

01

THE BODY MATTERS.

The body is not separate from grief. It is one of the primary places where grief is experienced, expressed, and processed.

02

LISTEN FOR EMBODIED MESSAGES.

Physical symptoms, sensations, and physiological changes may carry meaning about attachment, trauma, and loss.

03

RELATIONSHIPS ARE CENTRAL.

Attachment, connection, and identity are deeply impacted by perinatal loss and should be part of assessment and care.

04

INTEGRATE MEANING AND IDENTITY.

Support meaning-making and identity reconstruction as essential parts of the grief process.

05

CARE REQUIRES COLLABORATION.

Trauma-informed, interdisciplinary systems of care create safety, choice, and dignity for families.

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References

Refer Castilla-Puentes, R., Isidoro, A. F., Orosito, A., Eaton, S., Goyeneche, M., Cabrales, L. G., & Santaella, G. (2025). Perinatal bereavement rooms: A narrative review of physical space in perinatal grief. Archives of Gynecology and Obstetrics, 312(5), 1515–1527. https://doi.org/10.1007/s00404-025-08175-4

Pearce, C., & Komaromy, C. (2022). Recovering the body in grief: Embodied presence. Health,26(4), 393–410.

Jalloh, M. F., & Gebreamlak, W. (2021). Black women's experiences with perinatal loss. JOGNN, 50(3), 255–264.

Vissing, H. (2024). Somatic maternal healing. Routledge.

Santiago-Warner, S. (2024). Social work practice in perinatal palliative care: An overview. Social Work in Health Care, 63(4–5), 248–262. https://doi.org/10.1080/00981389.2024.2316697

Ferrarello, S. (2023). The phenomenology of pregnancy and early motherhood. Springer.

thank you!

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