

Memorandum

To: New Westminster City Council

Date: February 9, 2026

From: Councillor Nadine Nakagawa

Re: Background: Enhanced Mental Health Supports Following Infant Loss

Infant loss, including miscarriage, stillbirth, neonatal death, embryo loss, and failed fertility or IVF treatments, is a significant public health and mental health issue with profound and long-lasting impacts on parents and caregivers. Miscarriage alone affects approximately 15–25 per cent of clinically recognized pregnancies, meaning thousands of families in British Columbia experience pregnancy loss each year.¹ These losses are associated with increased risks of depression, anxiety, post-traumatic stress disorder, complicated grief, and suicidal ideation, with impacts that can persist for years when appropriate supports are not available.²

Despite the prevalence of pregnancy and infant loss, access to timely, specialized, and trauma-informed mental health and bereavement supports remains inconsistent across British Columbia. Service availability varies significantly by geographic location, with more comprehensive resources typically concentrated in larger urban centres. Families in smaller or rural communities may encounter long wait times, limited provider availability, or a lack of specialized care. Community-based bereavement and peer-support programs play an important role in supporting families following loss, yet many operate with short-term or unstable funding, limiting continuity and equitable access across regions.³

Families who experience infant loss often interact with multiple points within the health care system, but many report inconsistent communication, limited follow-up, and a lack of coordinated care once hospital-based treatment concludes. Health care providers across disciplines receive varying levels of education related to pregnancy and infant loss, and there is currently no standardized provincial requirement for trauma-informed, evidence-based training in this area. In addition, inconsistencies in how pregnancy loss and stillbirth data are collected and reported in British Columbia limit the Province's ability to fully understand the scope of the issue and to plan and evaluate effective services.⁴

¹ Public Health Agency of Canada. (2018). *Family-centred maternity and newborn care: National guidelines – Chapter 7: Loss and grief*. Government of Canada. <https://www.canada.ca/en/public-health/services/publications/healthy-living/maternity-newborn-care-guidelines-chapter-7.html>

² Meaney, S., Corcoran, P., Spillane, N., & O'Donoghue, K. (2017). Experience of miscarriage: An interpretative phenomenological analysis. *BMJ Open*, 7(3), e011382. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10798063/>

³ Fraser Health Authority. (n.d.). *Community resources and support groups for pregnancy loss*. <https://www.fraserhealth.ca/health-topics-a-to-z/pregnancy-and-baby/labour-birth-and-early-postpartum/pregnancy-loss-and-grief/community-resources-and-support-groups-for-pregnancy-loss>

⁴ Health Research BC. (2023). *Pregnancy loss rates in British Columbia: Pathways to improved care for patients and families impacted by pregnancy loss*. <https://healthresearchbc.ca/award/pregnancy-loss-rates-in-british-columbia-canada-pathways-to-improved-care-for-patients-and-families-impacted-by-pregnancy-loss/>

The mental health impacts of infant loss extend beyond individual families and affect community well-being, workforce participation, and demand for local services. Parents and caregivers experiencing grief and trauma may require extended mental health supports, workplace accommodations, or assistance from community and social services.

Evidence from Canada and internationally demonstrates that effective infant loss and bereavement care includes trauma-informed, family-centred approaches, early mental health screening, proactive follow-up, and clear pathways between hospital-based care and community supports. The Canadian Paediatric Society emphasizes that compassionate communication, continuity of care, and access to ongoing mental health support are essential components of quality care following perinatal loss.⁵

Addressing current gaps in pregnancy and infant loss care requires sustained provincial leadership and investment. Ongoing provincial funding for research related to pregnancy loss and bereavement care would support improved data collection and evidence-based policy development. Standardized education and training for health care providers would promote consistent, trauma-informed care across British Columbia. Stable funding for bereavement and mental health support programs would help ensure that families experiencing pregnancy loss, infant loss, embryo loss, or failed fertility and IVF treatments have equitable access to appropriate supports, regardless of where they live. Provincial action in these areas would strengthen mental health outcomes for families, reduce long-term system pressures, and ensure a compassionate and coordinated approach to care following infant loss across British Columbia.

⁵ Canadian Paediatric Society. (2020). *Supporting and communicating with families experiencing a perinatal loss*. <https://cps.ca/documents/position/perinatal-loss>

