

Bereavement & Loss

Excerpt from a conversation between Anna Maria Verling Bereavement & Loss Midwife. Cork University Maternity Hospital and Marie Brett Artist

[AMV] We developed a sticker, it's a tear drop with a mother and baby figure, it's a green sticker and its something we use on our charts to highlight that this woman has had a loss. In this pregnancy, and if she goes into a future pregnancy that people can be sensitive to her needs. It's specific to this hospital and it's a work-in-progress. The hope is that in the long term that we treat this group of women with sensitivity; that the sticker alerts staff and prevents inappropriate questions or comments. I think that staff come to work each day in the hope that they do the best they can, but obviously there can be busy days and so we felt there is a need for staff to be especially aware of this vulnerable group. We have also made the sticker into a bigger size so that it can be put on the doors in the appropriate areas to highlight to staff before they walk into that area, and it'd be used throughout the hospital, more specific to areas that would be relevant, as not every patient would go to those wards. So here on 4South and the labour ward; so that maybe just before you walk in the door this sticker makes you stop and think. So we plan to do some analysis on the sticker to assess its effectiveness and part of that will be to ask women who have gone on to a second pregnancy, having had the benefit of the sticker or not, what their experience of the differences was. We'll assess this randomly. In terms of asking questions we would ask: did they meet the right people, was there anything we could have done differently or better or were they happy with things or is there anything they might recommend or suggest that they feel might be beneficial. So that's a little bit around the questioning of women. It can be difficult to do, it has to be done sensitively. It is possible (*to talk with women about their experience*) but the timing to try and do that is really important.

[MB] *I'm realising that an art project would need to be responsive ... not necessarily going to work as a weekly activity. Waiting for the right person, the right time. A woman might make a piece in memory or perhaps it could be a hospital piece that a lot of people are involved in the making of as a collective piece?*

I really enjoyed the ceremony; it was a large collective experience.

I can see the potential for a future (art) project that's intimate and individual and about working with one person. But I can also see that a project could be a collective experience

Drawing our minds back to the white sets / layettes ...

There is a triangle in a way, the makers, the hospital caring and staff and then the parents who use the sets for their little one. And I suppose it bridges one side of the triangle for the makers to hear from the staff *the voice how their work is received. How they are used, if they do make a difference, the response they promote, and in a way it gives them heart to continue. And from an art perspective perhaps it can be good to know more about the ways that the sets are used. I don't know whether to call the sets layettes or the white sets, so I wondered what the protocol or right name to use would be....* There is no right or wrong thing to say ...

Being an art book that I'll put together, it'll be like a series of thoughts and strands like a collection of inter-related pieces. I see it all as research, as an internal work. It may need contextualising. It'll record what was done and if a future project happens then the book is something we can all go back to and refer to. One thing to mention though is that the making of the white sets and donating them to the hospital, will definitely carry on.

Initially I know when Lucille (*NeoNatal staff member*) saw them (*white robes*) she was really drawn to them because in my understanding of her perspective and the NeoNatal Unit, I think she liked not alone that the clothes would be made by people who had a reason to make them, and who had been connected in different ways to loss and who wanted to give something back – and they were made with a lot of love and attention as a result, that makes them very precious. When you are in the NeoNatal Unit and a baby dies, it's a busy place, you want to dress each baby appropriately, you don't just want to go and grab bits and pieces from everywhere because this baby deserves exactly the same as any baby would. So you want to make the effort to dress all babies well and to dress them nicely. And that's us giving the respect that we feel is deserved, and I suppose our level of passing on love and care from us as well if you like. So having them come in a set is user friendly and practical, but I think it also means that there is just something so very personal about the clothes and you haven't just grabbed a top from here and a blanket from there, they are all together, so these are very specific for an individual baby. For this baby, they are his or hers. So I think from that point of view she liked what they offered – ok maybe having them all together makes life easier, but its not so much just about the easy; you want them to be right. You know when I dress a baby and hand them to their parents I want them to be right. For them and for me; because I think Mom, Dad, family and baby deserve for it to be right. So it's to try to give the same care you would give to any child at any time. You know when Mum's have their first baby and they dress them – babies first Christmas / Daddy's girl and all sorts of things, they put all that time and effort in. So it's important to not make it any less and to make it as much.

The Three different sizes (of white robes), mean that they can fit well....

Yes, they're like tailor made in a way. You do that for yourself, if you buy something you want it to fit well. It's kind of that same sense. I suppose someone took the time to make them, because in the past we have had different items donated to the hospital, it could be a cardigan, it could have been bonnets or hats; staff would have knitted over the years too. But they weren't a set if you like. So these are very specific.

I have to say as well Marie, that where possible, if we do have time and if there is prior knowledge, we would be suggesting to parents maybe to go out and buy some of their own items because that is something they can do. And for those parents, they put a lot of time and thought into each little item, outfit and matching hat or booties or whatever, and for them that's very healing and helpful. And for women who don't always get that chance, then it's nice to know that they can still dress and wrap their baby in nice clothes.

Very often, most often really, we offer for them (*parents*) to keep that outfit; even if they decide to get another outfit. That's the baby's first outfit and it would be part of that precious keepsake box that they might create. And some people would wash the clothing and other people wouldn't wash it because of the smell and even if it's stained or marked they may still not want to change that. It's part of the identity and it's part of what made their time and their memories with their baby. So we would always ask if you'd like to keep your baby's first outfit. Lots of Mum's wouldn't realise they could do that; it mightn't have been the case in the past. So that would be something we have changed and evolved with, because it mightn't have always been the case.

What other kind of things might become keepsakes?

It could be anything It could be a blanket, it could be a hat, it could be a teddy bear. I suppose it depends on parent's own views If I meet a Mum and she knows the outcome for her baby isn't good then when its appropriate I can give her lots of information, I can give her suggestions. Say for example parents often buy a small piece of jewellery – you know perhaps a small name bracelet, they might buy two, and keep one themselves and put the other one on their baby. Some parents might buy a chain – now I'm saying a piece of jewellery – it could be a cuddly toy – it could be anything that they feel has meaning for them; and they might get a couple for other siblings for when they grow up too. So it makes them connected to the sister or brother that they didn't know.

A Mum might say to me how can I mark an anniversary for my baby? I can say to them ... I'm just giving you suggestions but it can be whatever's right for you. It could be buying a plant, it could be writing your babies name in the sand on the beach and letting the waves wash it away, it could be letting a balloon go, it could be buying stones and painting them, it could be creating something in the garden, it could be anything they want it to be. Writing a letter, keeping a diary, anything that feels appropriate to them. *A way of marking a moment.* Lots of parents might buy an item for the Christmas tree, or even making something for the Christmas tree – that can be nice; some kind of a decoration that goes on the tree every year, to remember.

So would you have opportunity to talk with the women and families about these ideas?

It depends on what's happened and the timeframe you have. For women who are diagnosed antenatally with an abnormality, it can be easier because you have more time. Where as when women come for a scan or they are brought in and they have pain, or no movement, and we diagnose there is not a foetal heartbeat, they are in a very different place at that time, they are in a place of shock. You try to do what you can but they're not always in a good place to hear or do things. They are so stricken with grief, they can't believe what has happened.

The hospital is a very particular community do you then have any connection once the woman has left the hospital?

They would get offered appointments to come back to the hospital setting and Orla (*my colleague*) and I would look to link up with them, and perhaps the Chaplaincy team and social work team. It can be a chance to come back and go through some of what has happened. And some families you will have a lot of contact with for a long time. I have many women I met many years ago and they have gone on to have good stories since and others don't need the same support; it's very individual. I suppose the service is good because you can link up with people if they come back. It depends on needs for families and it depends on their coping mechanisms and their coping structures, what supports they have. It can often be family, cultural as well, so you have to respect where people are and where they are coming from.

I started in this job about 2 years before we amalgamated, so it must be six years at this stage. I think bringing us all to one site tightened things up a lot, to have the social work team and the chaplaincy, when we were in three hospitals it was much more difficult to get all the facts, to get all the stories and you had people working in different places travelling back and forth. So definitely bringing it together from that perspective means that people here have easier access to a broader service than when we were on different sites.

And has the service changed, has it shifted?

I think it's improving all the time. We learn a lot, I know we all do but Orla and myself have attended some international conferences, one in Norway, one in Australia, one in England and you learn so much about what other people are doing. You also I suppose, which is good, realise that we're not doing it too bad either; we have come a long ways by comparison. Many people we have met from many countries would have said to us – God you really are doing great things – because they really hadn't gone that far. So that's nice to hear as well you know. But I would hope Marie that we are evolving, that we are improving and

that we are open to all sorts of new ideas.

The bottom line is to give a good service to families and relatives; especially around pregnancy loss. It's sometimes the hidden side of pregnancy. Not everybody has experience of it and don't realise maybe I think those that do have involvement in pregnancy loss will know that it's hugely impactful for them. The impact is different for different people. It's not right or wrong, it's just the way it is.

Is your team called the Bereavement and Loss Team

Yes, the Bereavement and Loss Service or Bereavement and Loss Team. It is a large team, a large group of people. Dr. O'Donoghue is the consultant who looks after the pregnancy loss service as such. But every consultant will have (had) their own patients; ultrasound will have met women, the emergency room will have, the labour ward will have. They come to 4South maybe before and after they deliver depending on circumstances. Chaplaincy, social work, also Orla and myself as Bereavement and Loss Midwives. So they will meet a large group of people and have access to that team; there's a lot of people who can be involved. I suppose often when their level of care ends in the hospital setting, ours will often continue; because this is the area we're specifically assigned to if you like. The staff on the wards go onto another patient or another day ... where as this is all of the area that we cover.

Can you please tell me a little bit about how the white sets, in very practical terms, might be used?

The NeoNatal Unit have their own sets. They have them there in the sense that we leave them there, and we have some here then as well on this ward. (*Ward 4South*) We have a little chest of drawers and they would be stored inside them. And I suppose it's for women who don't always have time and preparation to go out and buy their own items. You can see when a mother wraps her baby, she knows that her baby is dead, but she still wants her baby to be minded and cared for and snuggled and cuddled and warm. Wrapping in a blanket, dressing in clothes seems appropriate. And it is appropriate, of course it is. So they don't always have items with them. They don't always come having blankets or baby grows, knitted cardigans, baby bonnets. And all of these things make each baby so precious, and so minded. And there is a lot of love and care in the passing of those on. Even though I know we are the ones passing them on, we know that they originated from love and care, they are given with love and care and they are held and cherished with love and care by families as well.

They are made by people who we know are very passionate about pregnancy loss, which makes them precious, and we hand them out with the same care and then families hold them with the same feeling. It means a lot to families that they are here. It means a lot that somebody has taken the time to make them and to give them and that they are available. I know that not everybody needs them, but it is still important and we do still need some. I know with time and planning, people can buy something, but even with that ... they get to choose... The fact that they are hand made as opposed to bought in a shop they are personal; somebody has taken time with these.

How does it work ... would you dress the baby or the parents...?

It depends on what the parent's want and you have to play that a little bit by ear. It might start in the labour ward when a midwife might say – did you perhaps bring any clothes to put on your baby? And they mightn't have thought of that. So then staff (they) have access to coming here (*Ward 4South*) or to the NeoNatal Unit to get some clothing. So you just gently tease it in. The big thing is that you don't want to make anyone feel guilty that they didn't bring something You might say ... And the reason that I ask is that because we have some items here if you didn't get a chance to bring something, and they've been made by parents and family and friends of the hospital who've had maybe connections with the hospital or perhaps relatives who've maybe been in a similar situation to you, who've made these for us. They donated items to us. Then the women or couple may look at the clothing and they would pick an item they like, and sometimes the parents will say they didn't even think, they didn't realise they might need to bring some clothing. They're not thinking in that way. And sometimes the girls/staff here might say, we have some clothing, shall we dress the baby? And when they see them then they'd think and say – God they're beautiful. They actually see the time and the effort that went into the work. Before we might have used items that people have donated, but there is no comparison to an item that people have put time and effort into making. They are different and I think you can appreciate that somebody, somewhere made

these. Because they may have had a similar story, or they may have wished that perhaps they had had a similar outfit to use.

There's an empathy.

Would the baby stay with the parents for a while? ...

There is a quiet room here, it's like a small sitting room and adjacent to it is a Cool Room. We would as much as is possible encourage parents to keep their babies with them as much as they can because it's a time you can never get back. Holding and looking and taking pictures. Take family pictures, pictures of hands, maybe your hand and their hand, the size difference.... Because they're all the precious memories that you create. That's what you can hold onto, it's very real then. But obviously medically there are times Marie when babies can't always stay with their Mums as the rooms can be quite warm, and we would encourage Mum to go to that quiet room then, depending you know... it's very difficult to tell. I suppose the Cool Room is a very difficult place to mention because for all intense and purposes it's a bit like a mortuary and that can be very hard on the Mums and Dads, to feel their baby is in that place. So where it's possible we encourage the parents to keep their baby with them, but there would be times, depending on the environment, where that might not be possible.

You do encourage that closeness and that journey together?

Yes. And we would encourage parents to bath their baby and to dress their baby if they feel up to it. We would support them in doing this because the hospital becomes babies first home and these are the things parents would do for any child.

So by doing everyday familiar things....

It's to cherish those memories, to remember all those parts, to remember the short fingers, the wrinkles, the long feet or whatever. It's a way of recognising and remembering their baby.

So you are building memories for the future ... you're facilitating that.

It's a part of this that the clothes come in. They help create some of those memories. Knowing that someone made a kind gesture and gave you an item that was precious.

So you are helping build something for the future that can be revisited ..

Yes, building a memory for the future And to be able to share these memories with other people, other family members, other children when they're older. One thing that often happens for siblings is that they wonder where they were in the equation; they're often too young to understand at the time. So we would very much encourage a family photograph – where perhaps Mum holds baby and all the family sits in, or Dad or one of the other siblings holds baby; to try and identify where their place was within that family. So that they know that they were there and they were part of it. And we have learned that. We know creating children's memories are important. So parents are thinking of their children's future memories and taking responsibility for that I suppose.

Would you as staff help with this, with the taking of the photo?

Yes, and encourage it, as sometimes parents don't know if they're allowed. I had a woman recently and she didn't want anybody to meet her baby and now she looks back and she says, "Of course it was the most obvious thing in the world, that I should share her with everybody else". That everybody else gets to meet their Grandchild, their Nephew or their Niece. The big plus about that Marie is that when you are down the road as a parent and you want to recall your baby ... If they haven't met your baby then they don't understand, they didn't see her hand/feet etc. It's an opportunity to have met baby and celebrate too that your baby was here. For Mums and Dads that they didn't shy away from acknowledging their baby because these are all the things they would do with any other child, with any other baby they would have. So to normalise it in some ways.

In the same way that you would buy a gift for/and from an older sibling for a new baby, then you might buy a gift for an older sibling from this baby too, be that a small cuddly toy, or be it anything that feels appropriate.

It's almost allowing people permission to do these things? It seems important that the team can suggest these things? I've heard it said that with bereavement people instinctively want to get through things quickly, to get through and past it, but Audrey mentioned the more time you can take, the better it serves you?

Yes, and one of the things that we would say to women and to parents when they come here is: There is no rush. There is no panic, take your time and give this thought, put whatever planning and ideas that you have or might have ... if there is any question you have we want to facilitate it as best we can ... as long as it's within the realms of the law shall we say. So if there's something you want to do we'll help you to do that if it's possible. So whether it's to take your baby home and have some prayers at home, to have family to visit... And something I might say to parents is: You might like to have baby visit your home and to have some pictures from that time. Again, these are some of the things you might do when an adult dies.

But how babies were dealt with in the past would have been different from this. They would have been very quickly dealt with and shunned and hidden, you were expected to get on with your life now and all would be fine ... but it didn't work like that, and we know it doesn't work like that. So I suppose it's to try to learn from those mistakes and to improve.

You're involved in a much bigger picture ... Yes, and the creating of memories become very much part of that.

So would the baby stay here for so long and then would the baby go to the family's parish?

Again yes it depends. There is a little prayer room downstairs. We would give families the option; they can have some prayers in that little prayer room with their own priest from their parish or with our chaplaincy here in the CUMH. And in some ways, most would probably nearly go with that, even if it's only to have some prayers, so to make the journey as a step by step approach, as to walk out the door can be very cold and, I'm on my own now. Or it can mean that you didn't give any meaning to the journey of coming in the door and leaving. So it's another little step on the path. Some will go straight from here to their graveyard and others will go to their home and stay overnight there and others might just go straight to a church. It depends, whatever you want that feels right.

The babies very much go into the family fold....

And in your experience, do you find that once the white sets / layettes go onto the babies do they tend to stay on the babies all the way through? I mean, once a baby has been dressed, is that the baby's first and last robe?

Not always, it can be either or.... Sometimes families want to leave the first outfit on baby, because it's important to them that that's what happens; others will want to keep it, as being the first outfit that baby had.

So one is an item you hold for yourself, a memory, a keepsake, and the other becomes an item of transition with the baby as it leaves you, wishing it well on its journey.

Yes, it's that minding and warmth and being wrapped, cuddled... snuggled and loved.

Do you know how many babies would be born a year in the hospital here?

In terms of live births, it'd be somewhere in the region of 8,500 roughly a year. Specific figures are available. That's covering County Cork and could be some of Kerry, Waterford and Tipperary – it depends because complicated pregnancies come to the CUMH.

& can you tell me how many babies wouldn't make it?

They'll be broken up a little bit, it would be in the region of 43 stillbirths that we had at CUMH last year (2010) and that wouldn't include NeoNatal deaths; that would be a separate number.

I don't understand what you mean

Ok, if a baby is born dead it is called a still birth. If a baby is born alive and dies a short while later then this is called a NeoNatal death.

So, if the baby was in the world for a moment it would be a neoNatal death?

Yes. I do have the figures, but I might need to check that I can give them to you.

Thinking about an art project, my work often uses multiples, so something like a symbolic teddy bear for example could be made to reflect each child born or in turn each loss. 8,000 would be a lot of teddy bears to make, but artists do work like this. It could be a candle or a lantern and one night in the year all the lanterns are put out and a message is written on each lantern for the little ones who didn't make it. Perhaps this would be a potential in the future, if people were interested as a way of marking ... it's obviously very delicate

The other side that is very important to recognise and remember as well is that those numbers we're talking about don't include miscarriages, and these would include women with very early losses and equally we would have women who would experience pregnancy loss later. Medically 24 weeks /500 grams is the medical cutoff; before 24 weeks baby is not considered viable, so it's considered a miscarriage. However at 23 weeks baby can look quite big, so for some parents it's very much their baby, and I have difficulty using the miscarriage word for these women. And I would say that to women, please appreciate ... that's what the text books say and that's not what you or I might believe it to be ... but that's within the structures of the law, legally.

After 24 weeks a pregnancy is no longer termed a miscarriage, it would then be termed a live birth or a still birth. The World Health Organisation determines its 23 weeks plus 6 days is the cutoff or greater than 500 grams in weight. So even if you were 24 weeks but your baby weighed under 500 grams it would still not be recognised as being a viable pregnancy and vice versa. For these babies, we often use little blankets for them. People may have knitted them for us and they are dropped in, so they still deserve the special care you would give to any baby. Regular clothing might not suit these babies as their tissue is fairly fragile and might damage, so they could be wrapped in a blanket. It is still very important for parents to see their baby and create as many memories as possible with these babies too.

So there is nothing as straightforward about asking for a figure really?

What I am very conscious of is that yes you can acknowledge all those pregnancies in this hospital but each pregnancy is individual to each woman and can have different meanings. The duration of a pregnancy does in no way indicate the pain that can be felt. For some women, a loss at 6 weeks is equally as great as a loss at 20 weeks or 30 weeks or 40 weeks. There is so much history that you have to take into account; where that woman has come from and how much she may have struggled with a pregnancy, how much this pregnancy would have meant. So that the love and care that she put into this pregnancy, that they as parents put into it, is what they have lost. And the dreams and hopes that they have had for this child, is what they have lost.

So possibly once you look to tying it down to numbers it can be a dangerous thing?

It can be because of perceptions We talked at one stage here of acknowledging all the losses that we'd had, but even people have different perceptions of what their losses are, and if I meet you and I say : Oh I got a card from the hospital and you say, Oh I didn't get one, why didn't I get one? ... It's not to make less or more or dismiss one over another. Everybody's individual, everybody has a right.

I remember reading a quote that I got somewhere: The length of a pregnancy is no indicator of the grief and the loss that you experience. So the gestation or the length of it in terms of weeks or days or nights or months doesn't mean that one person grieves more than another person. It doesn't give you the right to say: Well mine was worse than yours. And so it doesn't give me that right either.

So someone like me coming in naively would have to be very mindful and tactful? ...

What it can mean for different people.

It's a sensitive area. It's an area people feel very passionate about. I certainly don't want to dismiss a pregnancy or certainly not want to make little of it. So it's very much an individual experience. It's very much an individual way of handling. So everything I've said to you – some parts might be right for one person, all of it might be right for another person, but you just don't know. To meet the needs of families is what we're about. Taking their individual story of where they're at.

Is there anything else in your mind you'd like to add?

I think Orla would feel the same, and any of the staff in the Pregnancy Loss Service, but for myself, it's a big honour to be part of these lives, and I learn and I'm inspired so much by the families that I meet. It's something that I'm very respectful of ... It's very individual; it's different for each person you work with. Something that I like is that I often keep in touch with the women and I might get to meet them in a new pregnancy, and to meet their new baby and that I get to see them in a good place as well. Some people will send little cards or photos and that is lovely, and that's a very personal thing for someone to give you. *You bridge a real connection.* And that's relationships and that's people, you do that in life. So it's something that I'd be very respectful of. *It's very deep work isn't it?* Yes it is absolutely and as I said it's very individual to different people. *It's not like one size fits all...* That's right and that's what makes it rewarding if you like, to do. And it's not mine to fix in so many ways, I can only support and help and guide and people take what maybe they feel they need.

It's massive to be given the choice and to be given options, you're empowered then, you can choose...

And that's what's important about taking time, because then you don't look back in regret. You can't change ... I often say: perhaps just think about it, because what I don't want someone to say is, Oh if only someone would have told me about that, I could have done that ... *and it's too late now* And living with that can be a very big cross to carry.

To aim to do as best as you can. To do all that you could do. You remembered, you respected, you honoured. You took all the time with this baby that you would with any other family member ...

Is there anything as a team or a service that you are looking to develop into or aspiring to? I was really touched by the use of the candles in the service (of remembrance), is that something you have done for a long time?

No, 2009 was the first time we had a memorial service, (*in adjacent church*) we were one hospital, so the candle started then. We felt for most people you light a candle in remembering someone and it's like you keep their spirit alive. You hold it close to you at that time when you light it, whether you're remembering an elder relative or an older person or a neighbour, but it's that connection. We wanted to give something from the hospital and we wanted it to be something that parents and families could take from the service, from the hospital, and take home and then light again. *It has a life?* Yes, and we are evolving it (*the service*), I'm invited to different services and I see things that I think would be really nice like a song ... or something that's done that I think would work well. We're trying to hold onto things that we did well and that seemed to work well for people, but we're also trying to change the service so that it doesn't become routine, so it's not a case of, Oh yes they had the same last year, the same hymns ... the same ... Part of the service was to involve everybody in it. So all staff from the hospital, whether they are administrators, porters, security, whatever, midwives, doctors, we were all to be involved and it was to show families that we are all impacted by what

happens. That they are not forgotten, that it does touch our lives. On that night we had the consultants, the hospital manager lighting candles; we want it to be known that at that level we were here to serve you, bereaved parents if you like. I think the piece at the end where we went around (*staff walked and encircled the whole congregation*) we were trying to 'hold' and trying to let people feel they were 'held' *Yes you could feel that ...And the book ...many many people took time to write into them and you mentioned your plan was to join them together ?...*

Yes and our plan was to display them in the little prayer room downstairs ... we are talking about possibly putting it in a glass case (*not wanting it to be taken*); we're still looking at possibilities.

But I hope the memorial service will continue to change and we will continue to evolve it. I wouldn't want it to be seen as repetitive, but that each service is as individual as each baby born in our hospital. That we put in time and effort and thought. *To keep shifting as everyone's life does ...* Yes, I think those of us that are involved in the service would feel that same. So that each service itself is unique and individual. *I thought the service was lovely, you could tell a lot of time and thought had gone into it and the atmosphere itself was beautiful, that atmosphere had been created and so you walked into it.* It's nice for some of the families, they would be many many years bereaved but they may have had nowhere to go before and it gives you a safe place perhaps to go and remember; even if it is only once a year, but in a public forum at the same time. So you are part of a larger group, because yes at home you are with your own grief all the time, in your own world but you are not alone that night

There is a lot of depth to your work and thinking isn't there? I'm so delighted you took the time to talk with me – thank you so very much Anna Maria.

Anna Maria Verling ((Bereavement & Loss Midwife. Cork University Maternity Hospital) spent many hours with artist Marie Brett, over an extended period of weeks, to enable this conversation to be captured and shared.

Her support and commitment to the Amulet research project was very gratefully received.