Questions to Ask Hospital Staff

When we receive a call from the hospital, there a few things that are important to ask. These items will help you prepare for every situation you may encounter. Also be sure that you are speaking to a medical professional and not the parent. I have received calls where I thought I was speaking to a nurse and it was the baby’s mother. There are questions that I would not ask a parent or I would phrase differently if a parent were on the phone.

For a baby who has passed away

How old is the baby?
This will tell you a lot about what to expect during your session.
A baby that is born between the 17 and 20th week will be very small. The bones will be very tiny and depending on why the baby failed to thrive, his skin and body may deteriorate fast. We almost never create images of these babies without clothing on. Their bodies are usually very ridged and too small to pose.
A baby that is full term will usually be in good condition. He may have skin missing and the bones in his head may have separated. A stillborn child may have black lips as well. These babies are generally very easy to pose with the parents included if they are comfortable doing so. Depending on the baby’s skin condition it is also possible to do skin on skin portraits with the parents as well.

Does he have a condition that I should be aware of?
If an infant’s cause of death is related to a genetic condition you may be faced with tough situation. As an example, we had a baby who died of a genetic disorder called holoprosencephaly or cyclops. His particular condition was this disorder's worst-case scenario. He was born with a single central eye. There was a cone shaped piece of skin in the middle of his forehead where the eye was located. This baby was perfect in every other way. Before we arrived we knew that images of the feet, hands, would be our main focus. We also thought that we could have the parents hold the baby in a blanket and show more of the back of his head and his gorgeous hair. It is very helpful to prepare your mind before seeing these babies. I know that it is very comforting to the parents when you do not looked shocked or afraid to work with their child. I always talk to the baby and say how beautiful he is regardless of his condition. I focus on all of the positives even in the worst-case scenario.

Do the parents want to be involved in the creation of the images?
Many times, one or more parent is not dealing with the situation very well. They may decide that they do not want to hold their little one. If the staff has informed you that they are not interested in holding their baby, I feel it is still appropriate to sit down and explain all of the options again. It is important to not be pushy and yet let them know that this is a once in a lifetime opportunity. You really have to follow your heart with this one.

Do the parents speak English? (Or, the primary language of your country/region)
A very large percentage of families that we work with do not speak English. In the beginning we relied on a translator to help us through the session. At this point we only have the translator explain what we will be doing and what we will be providing. We then rely on the universal language of love to guide us through the session. We are able to use gestures to explain our needs as we work. You can read the comfort level by the expressions on the parents faces and we use that as our guideline.
For a baby who is alive and is not expected to survive

How old is the baby?
This will again help you determine how you will photograph the baby.

Is the baby on life support?
When a baby is on life support he will be hooked up to many wires, tubes and machines. As far as the image creation goes you may be very limited on what you can do. Dad or moms hands can be used to touch the baby’s head or hold his hand and feet to show their relationship.

Will he be able to be held by his parents or will he need to stay in his isolette?
If he cannot be held or he must stay in his isolette we often are unable to use professional lighting. We generally bump our ISO to 400 and use only the warming light as our light source.

How much time do you feel he has?
This is a tough question to ask. We have found that when a baby is on life support it is often better to wait until the baby passes away to create the images. The baby can then be held in his parents loving arms. After we have established a good relationship with the hospital we will then let them know that they should determine what would be the better option for the parents. It is not appropriate to ask the parents what they would prefer. Every parent holds hope that their child will survive and it is not our place to dash that hope. Some parents ask us to take images before and after their child has passed. This requires a bigger time commitment but we are willing to provide this service at the parent’s request.

Does the baby have a condition we should be aware of?
As I mentioned above, knowing the child’s situation will help you walk into the room with confidence.

One of the most important reasons that you need to ask these questions, is regardless of this being your first or your 100th NILMDTS session, the hospital staff will assume that you are a professional and that you know what you are doing. I am always surprised that when we visit a new hospital that the staff points us in the right direction and they let us go to work. Other than a curious nurse, we almost never have assistance from hospital staff. It is wonderful knowing that they are confident in our work. However, I believe this gives us a greater responsibility to provide a professional and yet compassionate service to the family.