

Ella

I am a stillborn child.

**We break the silence and give a
voice to grieving parents and siblings.**

Information and emergency support:
sternenelternsaarland.de

Support booklet for bereaved parents of stillborn children

Table of contents

Introductory remarks	Page 4
1. A distressing diagnosis	Page 5
1.1 Miscarriage, stillbirth, or anticipated pregnancy loss	Page 5
1.2 Abnormal findings in prenatal diagnostics	Page 5
1.3 Termination of pregnancy or carrying to term?	Page 6
1.4 The three-day reflection period	Page 7
2. Arrival at the hospital	Page 8
2.1 Assignment of patient room – Room selection	Page 8
2.2 Ultrasound images and fetal heartbeat recordings	Page 8
2.3 Support by family members	Page 9
2.4 Observance of religious customs and traditions	Page 9
2.5 Emergency call button / Counseling request button	Page 9
3. Birth	Page 10
3.1 Delivery room or patient room	Page 10
3.2 Induction of labor	Page 10
3.3 Birth support	Page 11
3.4 Palliative birth	Page 12
3.5 Caesarean section	Page 12

4. After the Birth	Page 13
4.1 Naming the child	Page 13
4.2 Time to say goodbye – Allowing space for farewell	Page 14
4.3 Uterine curettage	Page 14
4.4 Creating memories – Supporting grief work	Page 15
4.5 Entitlement to postnatal midwifery care and recovery support	Page 16
4.6 Burial rights	Page 16
4.6.1 Types of burial	Page 19
4.6.2 Social welfare office	Page 20
4.7 Autopsy	Page 21
4.8 Entry in the family register	Page 21
4.9 Maternity protection	Page 22
4.10 Parental leave and parental allowance	Page 23
4.11 Care supplement	Page 23
4.12 Incapacity for work	Page 23
4.13 Special leave	Page 24
Concluding remarks	Page 26
“Schmetterlingsgeflüster” – The Podcast	Page 28
Self-help services	Page 29
Digital support	Page 30
Personal notes	Page 31

Dear parents,

If you are holding this booklet in your hands, you have likely received the most devastating diagnosis of your life. With this guide, we hope to provide you with answers to your questions, offer support, and accompany you through this incredibly difficult time.

Our association is supported by many dedicated volunteers — most of whom have experienced a similar loss themselves. We know the pain, the helplessness, the confusion. It is our mission to stand beside other bereaved parents ("Sterneneltern") during this time of sorrow. In our peer support groups, you will find information, guidance, and a space to grieve.

Your world — and that of your partner — may feel like it's falling apart. What now? What has happened? What will happen to your child? What options are available to you? What steps must be taken? You likely have more questions than answers. Suddenly, you are faced with decisions you never imagined having to make.

We are here to support you during this time.

As part of our voluntary work, we create keepsakes such as 3D casts of your baby's hands and feet. Our creative team lovingly designs custom-made clothing for still-born children, among other mementos. Our counseling team is available to answer any questions you may have. In acute situations, our emergency response team can bring you a personalized memory box, prepared with care. We can also help connect you with volunteer photographers from Dein Sternkind, who sensitively document these precious moments.

"You are not alone in your grief and pain."



**With heartfelt solidarity,
Your team at SternenEltern Saarland e.V.**

1. A distressing diagnosis

1.1 Miscarriage, stillbirth, or anticipated pregnancy loss¹

If you have recently experienced a miscarriage or stillbirth, or if a pregnancy loss is expected, the question “Why did this happen?” may arise quickly. Searching for a cause may provide clarity—but it is not always necessary or helpful for every parent. Most health insurance providers cover the cost of genetic testing (cytogenetic and molecular diagnostics) after the third miscarriage. Some insurers may cover testing after the second loss. Please consult your health insurance provider for details.

Human genetic diagnostics typically involve blood sampling from both parents to detect abnormalities in the genome that may lead to chromosomal anomalies, such as:

– Trisomy 13 (Patau syndrome), Trisomy 18 (Edwards syndrome), Trisomy 21 (Down syndrome), Triploidy, among others.

Other potential causes of miscarriage or stillbirth may include:

- ▶ Diabetes (indicated by elevated fetal weight)
- ▶ Coagulation disorders (thrombophilia)
- ▶ Insufficient placental function (often associated with intrauterine growth restriction)
- ▶ Autoimmune disorders, such as Hashimoto’s thyroiditis
- ▶ Rhesus incompatibility or other blood group incompatibilities

Additionally, various environmental or lifestyle-related risk factors may contribute to pregnancy loss, such as alcohol consumption, smoking, obesity, etc. A consultation with your attending physician can help you explore diagnostic options and appropriate next steps.

1.2 Abnormal findings in prenatal diagnostics

If a prenatal screening or diagnostic procedure reveals abnormal results, you are legally entitled — according to the German Genetic Diagnostics Act (GenDG) — to receive non-directive genetic counseling. Furthermore, under the Pregnancy Conflict Act (SchKG), every pregnant person has the right to comprehensive counseling and information on all available options, including continuation of the pregnancy or termination. Often, the most pressing questions arise only after the initial counseling sessions. We recommend writing these questions down so that they can be addressed in follow-up consultations. Only when you feel fully informed you will be able to make the decision that is right for your specific situation. Additional information can be found at: www.familienplanung.de. A directory of certified prenatal medicine specialists is available at: www.bvnp.de

¹ In Germany, a distinction is made between miscarriage and stillbirth: A miscarriage is defined as the birth of a deceased fetus weighing less than 500 grams. A stillbirth refers to a fetus born deceased with a weight of 500 grams or more.

1. A distressing diagnosis

1.3 Termination of pregnancy or carrying to term?

"A medical indication for termination of pregnancy exists when, from a physician's perspective, continuing the pregnancy poses a risk to the life of the pregnant person or a risk of severe impairment to their physical or mental health, and when this risk cannot be averted by any other means considered reasonable for the pregnant person. A termination based on medical grounds is not unlawful and may be performed even after the 12th week of pregnancy."

www.familienplanung.de/lexikon/medizinische-indikation

What does it mean to continue your pregnancy after receiving a concerning prenatal diagnosis? You may find yourself asking difficult questions such as: "Could we handle this?" or "How would we manage?" It may be helpful to reach out to specialized counseling services or advocacy organizations that support families dealing with prenatal diagnoses of genetic or congenital conditions. (You will find a list of local and national resources on our website.) In the federal state of Saarland, for example, the association Saar 21 Down-Syndrom Saarland e.V. offers region-specific information and support related to trisomy 21. On their website, www.downsyndrom-saarland.de, you will find helpful resources such as articles, book recommendations, and videos. The organization Weitertragen e.V. provides comprehensive support and information for those considering continuing a pregnancy following a prenatal diagnosis: www.weitertragen-verein.net

We encourage you to seek in-depth information about the specific condition your unborn child may be affected by. To make an informed and confident decision, it can be valuable to gather knowledge from a variety of sources: medical literature, specialized associations, support groups, counseling centers, and — if you wish — direct exchange with parents who are raising a child with a similar condition.

1.4 The three-day reflection period

If you are considering a termination of pregnancy, you will typically be advised that the procedure should ideally take place before the 24th week of gestation. Before this point, the fetus is generally not viable outside the womb and, in most cases, would not survive the birth process or would pass away shortly after birth.

From the 24th week of pregnancy onward, terminations — if performed—usually involve a feticide. This procedure entails administering potassium chloride via intracardiac injection, which causes the fetal heartbeat to stop. This measure is taken to ensure that the fetus does not experience pain during the subsequent labor and delivery process.

An induction of labor is generally scheduled in advance, typically around three days after the decision. Under German law (§ 218a (1) sentence 1 of the Criminal Code), a mandatory three-day reflection period applies in the case of a medically indicated late termination of pregnancy. This statutory requirement is intended to provide affected individuals with at least three days of counseling and reflection time before making a final decision.

If you are unsure of your decision within this short period — or if you feel pressured — do not hesitate to take more time. Let your physician know that you are not yet ready to proceed. You are entitled to make this decision in your own time, based on what feels right for you.

2. Arrival at the hospital

If you are admitted to a hospital in the context of a miscarriage, preterm birth, stillbirth, or a medically indicated termination of pregnancy, please be aware that this is not a routine situation.

If you have any questions — regardless of their nature or timing — please do not hesitate to speak to the hospital staff. You are entitled to ask for support, clear answers, and compassionate care. The following sections are intended to provide orientation and important information for your hospital stay.

2.1 Assignment of patient room – Choice of room

Upon arrival at the hospital, you may be offered a choice of room. This may include the option of a private room or a family room, as well as the possibility of being accommodated on a gynecology ward, rather than in a room next to mothers with newborns (postnatal ward). In your situation, it is especially important that the environment is as respectful and emotionally supportive as possible.

We encourage you to communicate your preferences in advance, if possible, during a preliminary consultation. Please note, however, that due to ward occupancy and capacity, not all requests can always be fulfilled.

2.2 Ultrasound images and fetal heartbeat recordings

Visual documentation — of any kind — can be of immeasurable emotional value for bereaved parents and play an important role in the grieving and remembrance process. This includes, in particular, ultrasound images. During an ultrasound performed at the hospital, you can request printed copies or ask for the images to be saved to a digital device such as a USB stick. These may become cherished keepsakes from your time in the hospital and beyond.

If your baby has not yet passed away, we also recommend recording the heartbeat, both visually (e.g., via ultrasound) and audibly (e.g., via a voice memo on your phone). Even a brief recording can become a deeply meaningful memory.

“Every memory can be precious.”

2.3 Support by family members

Please consider allowing your family members to see your child and say goodbye. Siblings, too, grieve the loss of their brother or sister. They should also be given the opportunity to say farewell. You may feel the instinct to protect your child(ren) from such a difficult experience — but remember:

i

Children grieve differently from adults, depending on their age and development. Involving children actively in your grieving process and in the farewell rituals can help them understand and process the loss. Offer them honest, age-appropriate answers to their questions and validate their emotions.

2.4 Observance of religious customs and traditions

If your faith or cultural background includes specific rituals or spiritual needs, please inform the hospital staff and ask for support in honoring these practices. Most hospitals have chaplains or spiritual care providers available who can accompany you and your family. You may also ask them about possibilities such as an emergency baptism or other meaningful rites.

2.5 Emergency call button / Counseling request button

Our association provides counseling services in acute situations, information and help related to pregnancy loss and stillbirth ("Sternenkinder"). You, your family members, or — at your request — the hospital staff can contact our emergency response team via the homepage of our website: www.sternenelternsaarland.de

Once the emergency button is activated, a member of our team will reach out to you, your family, or the clinical staff as quickly as possible. Upon request, we can provide hand and foot impressions of your child, contact with a professional volunteer photographer from www.dein-sternenkind.eu or clothing for your child, prepared with care and compassion.

We recommend that you contact our emergency team prior to or during labor induction, if possible, so that appropriate arrangements can be made in time.

Links:

- ▶ www.sternenelternsaarland.de
- ▶ www.dein-sternenkind.eu

3. Birth

The birth of a child is typically a deeply meaningful and transformative experience for expectant parents. But what happens when the pregnancy becomes complicated, when your baby is stillborn, or when it becomes clear that your child will not survive long after birth? Whether you were informed of your baby's death during pregnancy, have chosen to terminate the pregnancy, or are only now — shortly before or after birth — confronted with the reality that you will not be able to take your child home, each of these scenarios presents profound emotional and medical challenges. They require not only professional clinical care, but also sensitive emotional and spiritual support.

3.1 Delivery room or patient room

You have the legal right to midwifery care in accordance with § 24d of the German Social Code, Book V (SGB V): <https://www.sozialgesetzbuch-sgb.de/sgbv/24d.html>

When planning your delivery, you should be informed if there may be direct contact with other parents and their healthy newborns. The hospital should make every effort to create a setting that is respectful of your wishes and provides the privacy and dignity you need.

If you choose not to deliver in the delivery suite but instead prefer to remain in your patient room, you are still entitled to full support and care. You may discuss all your fears, questions, and personal preferences openly with the medical team.

The hours leading up to the birth, the moment of birth itself, and the brief time you will have with your baby are moments you will carry with you for the rest of your life. These moments can be deeply painful, but they can also contain meaningful and comforting memories, shaped by the quality of the support and presence you experience.

3.2 Induction of labor

In a well-organized hospital setting, you will be fully informed about the labor and delivery process, including any subsequent procedures such as uterine curettage if medically necessary. You have the right to receive clear and comprehensive information about all medications used, their intended effects, and any potential side effects.

3.3 Birth support

You are entitled to be supported by a licensed midwife during the birth and to receive clear information about the birth process. This right is protected under § 24d of the German Social Code, Book V (SGB V): <https://www.sozialgesetzbuch-sgb.de/sgbv/24d.html>

If this is your first delivery and you have not attended a childbirth preparation course, it is all the more important that you receive adequate support. You should be offered pain relief options, and these must not be withheld from you.

In many cases, the onset of labor in this context may not be recognized as such. Especially during earlier gestational weeks, the cervix may not need to fully dilate for the birth to occur. Before the baby is born, you may only experience mild pressure.

To prevent your baby from being unintentionally delivered into the toilet, we strongly recommend that a commode insert or collection bowl is made available in your patient room ahead of time.

Due to the realities of clinical staffing and hospital routines, continuous one-on-one support may not always be possible. You may consider requesting external support, for example through our organization. We would be pleased to come to the hospital to guide you through your options and assist in person.

i

You should not have to go through this difficult and emotional experience alone.

3. Birth

3.4 Palliative birth

In cases of preterm birth or a medically indicated termination, where the newborn is expected to die shortly after delivery, a palliative birth may be an appropriate and compassionate option. If your hospital is not equipped to provide the necessary supportive care, you are welcome to contact us. Please note that every patient in Germany has the right to choose their hospital freely.

Through our collaboration with the Palliative Care Team led by Prof. Dr. Sven Gottschling at the University Hospital in Homburg, it is possible to ensure a pain-free and dignified postnatal period for your child, as well as psychological support for you and your family. You may also ask your hospital to directly contact the Center for Pediatric Palliative Medicine and Pain Management at Homburg University Hospital to explore available options.

3.5 Caesarean section

A caesarean section (C-section) is a significant surgical intervention, in which the baby is delivered through an incision in the mother's abdominal and uterine wall. Some bereaved mothers may feel the urge to resolve the situation quickly and consider requesting a caesarean section. However, for several medical and emotional reasons, this is not generally recommended in the context of perinatal loss.

Your baby has already been part of your life for some time. A vaginal birth can allow you to experience the final moments of your pregnancy more consciously, to form a deeper connection with your child, and to say goodbye in a calm, intimate environment shortly after birth. You may find comfort in taking in the small, unique details of your child—tiny toes and fingers, their nose, their hair—creating memories that will accompany you throughout your grieving process.

This time is a meaningful and irreplaceable part of your farewell and may help support you in your long-term emotional healing.

Please also keep in mind that future pregnancies are typically not recommended until 12 months after a caesarean section and that a surgical birth usually requires a longer hospital stay and recovery time.

4. After the birth

The time after birth will be the most meaningful and intimate time you will have with your child. This time is precious and should be used consciously. Every minute spent with your baby should be made possible so that you can say goodbye in your own way, in peace and without pressure. This period of parting is a central component of the grieving process. Please allow yourself this time — it is your right, and it should be respected. It may be the only time you will ever share with your child. Understanding, letting go, and expressing your wishes are important steps in the grief journey. A final physical contact, one last look, one final shared moment—these can offer comfort and become meaningful memories as you move through mourning.

4.1 Namensgebung

You have the right to give your child a name. If the sex of your baby is indeterminate — as is often the case in very early pregnancies — you may choose a gender-neutral name, such as Kim, Laurin, Kaya, Mika, or Sascha.

All live-born babies, regardless of their birth weight, must be officially registered and receive a birth certificate under § 31 (1) of the German Civil Status Regulation (PStV). In the case of stillbirth, only the sex of the baby is recorded in the civil birth register and on the stillbirth certificate. Since 1998, however, parents have the right to request that their child's first name is also recorded (§ 31 (2) PStV). Currently, there is no clear legal provision for the naming of stillborn babies in the context of pregnancy terminations.

If your baby was miscarried but was part of a multiple pregnancy in which at least one sibling was born alive or weighed 500 grams or more at birth, you may request official birth and death certificates for all children (§ 31 (3) PStV). Since 2013, miscarried babies under 500 grams may also be voluntarily registered at the local civil registry office (Standesamt). To do this, you will need a confirmation of miscarriage from your physician or midwife, or the relevant entry in your maternity record booklet (Mutterpass). The registry office will then issue a certificate that includes your baby's given name and family name, sex, date, and place of birth — containing all essential elements of an official birth certificate.



This certificate can be issued retroactively at any time by the registry office where your child was born. The time elapsed since the miscarriage does not affect your right to request this documentation.

4. After the birth

4.2 Time to say goodbye – Allowing space for farewell

The brief time you have with your child must last you a lifetime. Therefore, it can be important to create lasting memories, and you should be given the opportunity to interact with your child as much as possible. Washing and dressing your child after birth can be experienced as meaningful and enriching. Please allow the hospital staff caring for you to provide you with guidance and support. Fathers can and should also be included in these moments. Measuring and weighing your child can be done together with you, in consultation with the staff.

You may stay overnight at the hospital and have your child with you in your room. If your child is still alive, there may also be an opportunity to bring them home for a short time through our cooperation with the Wünschewagen Saarland project of the ASB (Arbeiter-Samariter-Bund). During this journey, both medical and nursing professionals would accompany you and remain available to support you at home during the initial period.

4.3 Uterine curettage

Unless medically urgent, you may take time with your child before a curettage is performed. Our experience in hospitals has shown that mothers often miss the final moments with their still-living child due to the immediate scheduling of this medical procedure.

This can make the process of saying goodbye much more difficult. Knowing that you could have seen your child alive after birth may stay with you for a long time and complicate the grieving process. Especially in the early weeks of pregnancy, when the child has already passed away, it is important to be aware that the physical condition can change rapidly – making time a precious and sensitive resource.

4.4 Creating memories – Supporting grief work

Memories can provide valuable support during your grieving process. There are many ways to create, preserve, and shape memories of your deceased child.

Even if you feel you do not want any keepsakes right now, please consider how meaningful and unique these tangible mementos of your child might become for you. If not immediately, then perhaps at a later stage in your grieving journey, they may prove to be of immeasurable value. Our emergency support team can take impressions of your child's hands, feet, or fingers, which can later be used to create memory items. Photographs taken by professional bereavement photographers from Dein-Sternenkind.eu can also be stored securely until you feel ready to view these images of such significant moments.



The following memory items and appropriate provisions are offered free of charge by our emergency team:

- ▶ **Professional photographs**
taken by photographers from Dein-Sternenkind.de
- ▶ **3D hand and foot impressions**
which may later be turned into keepsakes such as framed artwork with name and date of birth, jewelry, tattoos, and more
- ▶ **Hair keepsakes**
If your child has hair, a small lock can be carefully cut and preserved as a personal memento
- ▶ **Properly fitting clothing**
- ▶ **Farewell basket**

4. After the birth

4.5 Entitlement to postnatal midwifery care and recovery support

Following the birth of your child, you are entitled to postnatal care provided by a licensed midwife as well as participation in a postpartum recovery course (pelvic floor rehabilitation). The costs for both services are covered by your statutory health insurance or will be reimbursed upon completion. Some midwives offer specialized recovery courses tailored to the needs of bereaved mothers. We are happy to support you in finding and arranging appropriate care.

4.6 Burial rights

In Germany, funeral and burial regulations (Bestattungsgesetz, BestattG) are governed individually by each federal state (Bundesland). The definitions of live birth, stillbirth, and miscarriage in this context are based on the national ordinance for implementing the Civil Status Act (Personenstandsgesetz, PStG).

Parental obligation to arrange a burial

If a legal obligation to arrange a burial exists, the parents are required to commission and cover the costs of their child's burial. Please note: The following legal information refers exclusively to the applicable regulations in the federal state of Saarland.

Parental right to burial (for children not subject to mandatory burial)

If there is no legal obligation to arrange a burial, parents still have the right to choose an individual funeral with a private grave or a shared memorial burial (collective interment).



General legal framework (valid nationwide):

- ✓ Mandatory burial for every live-born child, regardless of birth weight.
- ✗ No legal burial obligation for stillborn children with a birth weight under 500 grams.

	Legal burial obligation (parents)	No legal obligation	Parental right to burial
Live birth (regardless of birth weight)	x		
Miscarriage (up to 22+6 weeks of gestation)		x	x
Stillbirth (from 23+0 weeks of gestation)	x		

According to the updated Saarland Burial Act (Bestattungsgesetz, 2021), pregnancy terminations are no longer treated as a separate category in terms of funeral law.

Collective (Group) burials

All hospitals in Saarland are legally required to offer a free communal burial (Sammelbestattung) for children who are not subject to a legal burial obligation. Hospitals are also obligated to inform at least one parent about the available funeral and memorial options.

4. After the birth

Under Saarland's funeral legislation (Bestattungsgesetz), parents have the right to request an individual burial for children with a birth weight under 500 grams, even though there is no legal obligation to do so. In addition to the Sternenkinder memorial sites provided by hospitals, independent communal burial fields for Sternenkinder have been established—or are currently being planned — in several municipalities.

Forest burial

Forest burial offers a special place of eternal rest for Sternenkinder (stillborn children), such as the Shooting Star Tree (Sternschnuppenbaum). Possible forest burial sites include:

- ▶ Friedwald Imsbach
- ▶ Friedwald Litermont
- ▶ Friedwald Saarbrücken
- ▶ Ruheforst Losheim

Cemetery of Schwalbach

In Schwalbach, it is possible to arrange an individual burial for a child who passed away during pregnancy or shortly after birth. For further information, please contact the parish office of Heilig Kreuz Schwalbach at: Phone: +49 (0)6834 9569670

Designated memorial grave sites for stillborn children can be found in:

- ▶ Illingen
- ▶ Riegelsberg
- ▶ Wadgassen
- ▶ Schmelz
- ▶ Dillingen
- ▶ Eppelborn

Important note for families of Non-Christian faiths

Please communicate openly with hospital staff and funeral service providers about the customs and specific requirements of your traditional funeral practices. Be sure to provide clear instructions concerning the handling of your child's remains in accordance with your beliefs. Please note that in communal burials (Sammelbestattungen), the children are typically cremated.

4.6.1 Types of burial

A. Earth burial – A place of rest and remembrance

Earth burial (in-ground burial) is the most traditional form of interment and provides many families with a permanent place for mourning, remembrance and visitation. Your child is laid to rest in a casket within a grave at a cemetery.

Various types of graves may be selected. Please consult a funeral service provider for advice on available options.

B. Cremation burial

Cremation requires the prior incineration of the body (cremation). This form of burial offers a wider range of options for the interment of the urn:

► **Sternengarten („Star garden“)**

A communal memorial site designed specifically for Sternenkinder (stillborn and miscarried children), established in many municipalities across Saarland.

Alternative grave types may also be available; please consult a funeral director for more details.

► **Row grave for stillbirths and fetuses under 500 grams**

- Fixed burial term: 15 years
- Available at: Saarbrücken Central Cemetery (Hauptfriedhof Saarbrücken) and Burbach Forest Cemetery (Waldfriedhof Burbach).

► **Row grave for children weighing 500 grams to 5 years**

- Fixed burial term: 15 years
- Available at: Saarbrücken Central Cemetery and Burbach Forest Cemetery

4. After the birth

C. Forest burial – Friedwald and RuheForst

At Friedwald burial sites, a designated place beneath the "Shooting Star Tree" (Sternschnuppenbaum) is offered free of charge for children up to the age of three.

Parents are only responsible for covering the basic burial fee and, if desired, the cost of a name plaque.

Families may also opt to purchase a family tree within Friedwald. The tree can be selected in person during a scheduled appointment with a forester at the burial site.

Alternatively, burial is also possible at a basic forest site, which is a communal tree selected by the forester (no individual selection). Another option is to choose a shared tree in collaboration with the forester.

D. Sea burial

In a sea burial, the urn is ceremoniously committed to the sea.

As the burial site is not easily accessible, annual memorial voyages are offered to provide a space for remembrance.

E. Balloon burial (Aerial ash scattering)

In this rare form of burial, the ashes are released into the wind from a hot air balloon, in the presence of the bereaved. This type of burial is currently only permitted in France.

4.6.2 Social welfare office

If you are unable to cover the costs of the burial, you may apply for financial assistance from your local social welfare office (Sozialamt).

Upon approval, the following expenses may be fully covered:

- ▶ Cremation costs
- ▶ The cost of the least expensive eligible burial site
- ▶ Basic funeral service fees

Billing is based on the standard rates for social welfare burials in Saarland.

Basic funeral services typically include a standard coffin with interior fittings (lining, blanket, pillow), preparation of the deceased for burial, one-time transportation of the deceased within 30 km (including 2 pallbearers), a name plaque with inscription and handling of all official formalities. Additional costs for extra services may also be covered and are determined in a personal consultation with the family.

4.7 Autopsy

In certain cases, an autopsy (post-mortem examination) may help clarify the causes of the early delivery or your child's death (e.g., genetic factors, coagulation disorders, etc.). The results may also be relevant for future pregnancies. You have the right to receive detailed information in advance regarding the option of an autopsy, and your decision must be documented clearly. An autopsy carried out against your wishes can be deeply distressing and traumatic.

4.8 Entry in the family register

For miscarried children

Since 2013, bereaved parents in Germany have had the legal right to have the birth of their miscarried child officially documented, thereby giving the child a recognized legal existence. This applies regardless of the gestational age or birth weight of the child. A certificate of stillbirth or miscarriage is issued by the registry office (Standesamt) responsible for the place of birth, not necessarily the parents' place of residence. Required documents include the mother's maternity record (Mutterpass) indicating the miscarriage/stillbirth, or a medical certificate from the attending physician or hospital. The certificate usually costs around €10, although many registry offices issue it free of charge.



Key Facts:

The certificate includes the child's first name, gender, date and place of birth, as well as names of both parents.

- ▶ The document must be requested from the registry office responsible for the place of birth (not necessarily the parents' local office).
- ▶ No minimum gestational age or birth weight is required for issuance.
- ▶ Required documents:
 - Maternity record (Mutterpass) with documentation of the miscarriage or stillbirth, or
 - Official certificate from the physician or hospital confirming the pregnancy and loss.

Further information (in German):

www.bmfsfj.de/bmfsfj/themen/familie/sternenkinder/75368

4. After the birth

Stillbirths

Stillbirths are subject to mandatory registration under German civil law.

Parents will receive a birth certificate with a notation of death.

They have the legal right to name their child, and the family name may be chosen from either the mother or the father.

4.9 Maternity protection

Maternity protection always applies if there were any signs of life after birth—regardless of the child's weight or gestational age.

Signs of life may include:

- ▶ a heartbeat
- ▶ a breath
- ▶ or a pulsating umbilical cord

If the child was stillborn, the mother may waive or shorten the maternity leave period at her own request; however, this cannot be denied by the employer.

New regulation (effective from 1 June 2025):

Women who experience a miscarriage from the 13th week of pregnancy onward are entitled to graduated maternity leave periods:

- ▶ **From the 13th week of gestation:** 2 weeks of maternity protection
- ▶ **From the 17th week of gestation:** 6 weeks of maternity protection
- ▶ **From the 20th week of gestation:** 8 weeks of maternity protection

For stillbirths from the 24th week of gestation, the standard 14-week maternity leave period continues to apply.

The use of maternity leave is voluntary in all cases. Affected women may decline the employment ban or shorten the duration of leave. However, it is strongly recommended to make this decision in consultation with the attending physician..

	Maternity protection	Extended maternity protection if one of the following applies: <ul style="list-style-type: none"> ▶ Birth before completion of 37 weeks' gestation ▶ Birth weight up to 2,500 g ▶ Disability 	Protection against dismissal
Live birth (independent of birth weight)	x	x	x
Miscarriage, stillbirth, or medically indicated termination of pregnancy			
from the 13th week of gestation	2 weeks	-	x
from the 17th week of gestation	6 weeks	-	x
from the 20th week of gestation	8 weeks	-	x
from the 24th week of gestation	14 weeks	-	x
Social indication	-	-	-

4. After the birth

4.10 Parental leave and parental allowance

If you have already applied for parental leave and your child is born alive but, sadly, passes away at a later time, your parental leave will end three weeks after the death of your child. This provision is stipulated in Section 16 of the German Federal Parental Allowance and Parental Leave Act (Bundeselterngeld- und Elternzeitgesetz – BEEG). The three-week period is intended to provide you with a short transitional phase during this extremely distressing emotional situation.

4.11 Care supplement

Employees with children are generally entitled to a reduction in their statutory long-term care insurance contributions. This means you pay a lower contribution rate because you have children. In order to receive this allowance, you must provide proof of your parental status (Elterneigenschaft).

Unfortunately, the law makes a very painful distinction:

- ▶ **Miscarriage or stillbirth** – In these cases, the legal definition of parental status is unfortunately not considered fulfilled. This means that, despite your loss, you are not entitled to the reduced contribution rate in the long-term care insurance scheme.
- ▶ **Live birth followed by the death of the child** – In this case, parental status is deemed fulfilled. You are entitled to the reduced contribution rate for long-term care insurance.

We understand that this distinction can be particularly distressing. If you have questions or are unsure how this applies to your individual situation, please contact your health insurance provider or seek legal advice.

4.12 Incapacity for work

The loss of a child is a grief that can be both physically and emotionally overwhelming. It is completely understandable if, during this exceptional period, you do not feel able to return to work. The following information will help you secure your rights during this time:

- ▶ **Medical certificate of incapacity for work** – If you are unable to work after the death of your child, it is essential to obtain a medical certificate from your physician. There are no specific provisions in employment law for this situation; however, the general rules for sickness-related absence apply. Fathers and mothers are unfortunately not entitled to statutory maternity protection periods in the event of an early miscarriage. It is therefore all the more important that you actively request a medical certificate for sick leave in order to allow yourself the necessary time and rest.
- ▶ **Entitlement to continued payment of wages** – If you are unable to work, you are generally entitled to continued wage payments by your employer for up to six weeks, provided the incapacity is medically certified. After this period, you will receive statutory sickness benefit from your health insurance provider.
- ▶ **Gradual Return to Work (Phased Reintegration)** – If, after this period, you feel ready to re-enter working life but are not yet able to work full time, you have the option of a gradual return to work. This should be discussed with your employer. Under this arrangement, you resume your work duties step by step while maintaining officially certified as unfit for work and continue to receive sickness benefit during this phase. This approach enables a gentle and supportive transition back into working life.

4.13 Special leave

As a general rule, both for the birth and for the death of your own child, you are entitled to statutory special leave. This is intended to give you the necessary time to recover, grieve, and handle the initial administrative and organisational matters.

Special circumstances in cases of miscarriage or stillbirth

Unfortunately, the statutory provisions in cases of miscarriage or stillbirth are not always clearly defined. This means that entitlement to special leave in such specific circumstances may be handled differently from one employer to another.

What you can do

We strongly recommend that you speak directly with your employer in any such case. Clearly explain your situation and inquire about the possibility of special leave. Many companies show understanding in such exceptional circumstances and will seek to support you, even when the legal basis is not entirely clear.

Concluding remarks

We hope that this brochure has been able to provide you with the most important answers to your most pressing questions. Drawing on the personal experiences of the members of Sterneneltern Saarland e.V., our network activities, and extensive research, we have compiled this resource for you.

If you have any questions regarding the topics covered here – or beyond – please do not hesitate to contact us via the emergency or counseling buttons on our website at www.sternenelternsaarland.de. Sometimes, it can help to speak with someone who truly understands your situation through their own experience of losing a child.

Further information, a detailed directory of addresses, and reading recommendations on the topic of stillborn and neonatal loss (Sternenkinder) can be found online. It is a matter close to our hearts to stand by you in the particularly difficult times of diagnosis, farewell, and grief for your child. We offer a listening ear for your questions, fears, and sorrow.

We would be very grateful for any feedback – including constructive criticism – so that we can continue to improve our voluntary work. We also welcome entries in the guest-book on our website, on Instagram, or on our Facebook page. Your personal thoughts and accounts of your experiences may bring comfort to other bereaved parents and send a powerful message to all Sterneneltern:

“You are not alone in your pain and grief.”

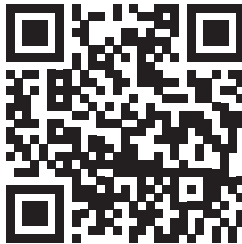
In addition to all the information regarding diagnosis, hospital stays, birth, and the time thereafter, our website contains a list of addresses and links to local self-help groups and pregnancy counseling centres, as well as information on national associations, organisations, networks, and working groups dedicated to raising awareness, providing information, and supporting those affected.

Our self-help group meetings offer further information on Sternenkinder and Sterneneltern, as well as opportunities to connect and share experiences with other bereaved parents.

There, you will also find an extensive bibliography, including specialist and non-fiction books, poetry collections, personal memoirs of bereaved parents, as well as picture books and stories designed to help explain and process grief with and for children.

**From bereaved parents, for bereaved parents –
Your team at Sterneneltern Saarland e.V.**

Further information, a comprehensive directory of addresses, and recommended literature on the subject of stillborn and neonatal loss (Sternenkinder) can be found online at



sternenelternsaarland.de



STERNENELTERN
Saarland e.V.

„Schmetterlingsgeflüster“- The Podcast



Touching. Gentle. Healing.

With "Schmetterlingsgeflüster", we have created a very special space – a place for listening, empathy, and understanding. Moderated by Martina Straten, this podcast is aimed at parents of Sternenkinder (stillborn or neonatal loss), relatives, professionals, and all those who feel connected to the subject.

In each episode, voices are heard from people who have themselves been affected or who accompany those affected: parents, siblings, midwives, physicians, and dedicated specialists. They speak openly about grief, pain, and helplessness – but also about hope, strength, and new paths. Without taboos. Deeply connected to life.

Schmetterlingsgeflüster offers space for emotions, for remembrance, and for gentle tones that are nevertheless strong. Every voice is a piece of comfort, a piece of understanding, a piece of healing.



Available on all major podcast platforms and at
www.sternenelternsaarland.de/podcast



Self-Help services in Saarland – Being there for one another in person

Sometimes, the greatest help comes from speaking with people who have had similar experiences – people who truly understand what you are feeling. For this reason, we offer self-help groups in Saarland that are open not only to bereaved parents (Sterneneltern), but also to relatives such as grandparents, other family members, and friends.

In these confidential discussion groups, you have the opportunity to:

- ▶ Share your experiences, concerns, and fears openly
- ▶ Listen to others who have walked similar paths
- ▶ Offer each other strength and discover new hope
- ▶ Participate in special group sessions designed for relatives

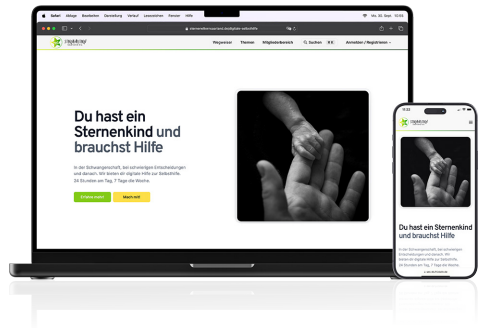
These meetings create space for comfort, understanding, and a valuable sense of community – across generations, whether among bereaved parents, during subsequent pregnancies, or in exchange with relatives. Without judgment, without pressure.

If you would like to participate or help organise a group yourself, we warmly welcome you to get in touch. **Further information is available on our website:**

www.sternenelternsaarland.de/selbsthilfe



Stronger together: Our digital self-help platform for bereaved parents and relatives



The loss of a child during pregnancy or shortly after birth changes everything. Nothing is as it was before. In the midst of pain, emptiness, and unanswered questions, there is often the feeling of being alone – with the grief, the uncertainty, and all that lies ahead.

Not alone in crisis

Especially in the early days after the loss, many decisions must be made – at a time marked by shock, overwhelm, and profound emotional pain. The search for stability, understanding, and guidance often begins later – and takes a different course for each individual.

Our response: A digital self-help platform

To support you during this difficult time, we have created a digital self-help platform – a safe space, accessible at any time, that meets you where you are.

The platform offers:

- ▶ **Exchange with other bereaved parents (Sterneneltern) – honest, compassionate, and on equal terms**
- ▶ **Helpful information on grief, remembrance, and legal matters**
- ▶ **Self-help tools and guidance – to help you navigate your personal journey through grief**
- ▶ **Support for relatives – including grandparents, siblings, and close family friends**

The platform is available to you regardless of when you lost your child.

More information is available at: www.sterneneltern.saarland

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The printing of this brochure was supported by



SternenEltern Saarland e.V.

Humesstr. 8
66793 Saarwellingen
verein@sternenelternsaarland.de
www.sternenelternsaarland.de

Donation Account

Vereinigte Volksbank eG Dillingen – Dudweiler
– Sulzbach/Saar

IBAN: DE14 5909 2000 1626 1600 06
BIC: GENODE51SB2

Please include your address in the payment reference so that we can issue and send you a donation receipt at the end of the respective calendar year.