

AJR - Julie Lazar Reshakis Transcript

0:00:01 - Annncr

Julie Ryan, noted psychic and medical intuitive, is ready to answer your personal questions, even those you never knew you could ask. For more than 25 years, as she developed and refined her intuitive skills, Julie used her knowledge as a successful inventor and businesswoman to help others. Now she wants to help you to grow, heal and get the answers you've been longing to hear. Do you have a question for someone who's transitioned? Do you have a medical issue? What about your pet's health or behavior? Perhaps you have a loved one who's close to death and you'd like to know what's happening? Are you on the path to fulfill your life's purpose, no matter where you are in the world? Take a journey to the other side and ask Julie Ryan. Hi, everybody.

0:00:45 - Julie

Welcome to the Ask Julie Ryan Show. It's where we blend spirituality and practicality to help you live a life of purpose and joy. Today, we have Julie Lazar-Reskakis with us. Julie's a death doula, perinatal bereavement specialist and grief counselor who helps families through pregnancy and infant loss. Most of us know someone, perhaps even ourselves, who's experienced a miscarriage or other pregnancy-related trauma, so I'm eager to learn how we can assist those families with their grief. Please remember to subscribe, leave a comment and share this episode with your family and friends. Now let's go chat with Julie. Julie, welcome to the show. I'm so excited to have you. It's Julie Squared today.

0:01:35 - Julie Lazar

Thank you so much. I am so honored to be here. I was so flattered when you asked me, so thank you, thank you, thank you.

0:01:42 - Julie

You bet we met when we were promoting our mutual friend Irene Weinberg's book Good to the Last Drop. We both wrote chapters in there and we'll put the link in our show notes. But I was so taken by you and what you do to help people that I thought, oh, I need to have her on the show. So thank you for making the time for us.

0:02:08 - Julie Lazar

Yes, and just back at you. We have so many amazing authors in this book, but I was really taken with your story as well and how you just have this whole other part of your life that's come around and it's just so, seems so polar opposite from the way you started. So it's really quite, quite amazing what you have done as well. So, yeah, thank you.

0:02:35 - Julie

Thanks so much. You're a death doula. That's a new term to a lot of people. Please explain and fill us in on what that is. What does that mean? What do you do as a death doula?

0:02:48 - Julie Lazar

Yeah, okay, well, the term is either death doula or end of life doula. I personally like the term end of life. I like to think about living until we die, but you know it is synonymous with the term death doula and you will hear that, in fact. So, living with my surviving parent, death was always sort of at the forefront, if you will, of my brain, because I was always terrified that he was going to die and then what would happen to us. So, yeah, I guess I always had a sort of a curiosity and a fear, and you know which kind of remained, you know sort of in me all throughout my life. And I did a lot of my work as an audiologist in my first career, working in nursing homes. So certainly I would have some patients I got very attached to and then they were gone. But I went on to some more years of working as an audiologist and finally, when it was time to retire, just completely coincidentally I'm not sure is it really a coincidence or was it

just kind of put in my path for a reason an ad somewhere for an end-of-life doula training certificate program at my local hospital. So I thought, great, I'm going to sign up and I did, and that was about eight years ago. I went through the training and I became certified with the End-of-Life Doula Association. Certified with the End-of-Life Doula Association, which is really our not governing body, because there is no governing body per se, because we're not licensed in any way. So I became a certified End-of-Life Doula and I began volunteering in a hospice, which I still do all these years later and I love it.

What is an end of life doula and what do we do? Here's what we don't do. We are not medical professionals in any way. So we are there to support the patient and their family through the end of life, their family through the end of life, whatever that sort of means to a family individually. Some families need emotional support, practical support, like I'll go into the hospice and the family's been there day and night and they simply need to go out and take a shower, go out and have a meal, so we will be there with their loved one. So we're there. We do legacy work when we can get a person who comes into the hospice early enough, which is always a problem, because even though hospice has been around for so many years, though hospice has been around for so many years, there's still a huge sort of misunderstanding about what hospice care is, and people feel like coming into a hospice is almost going to hasten their dying. What's?

0:06:18 - Julie
legacy work.

0:06:30 - Julie Lazar

Legacy work is where we want to help the family find a way to honor their loved one. Some legacy, you know somebody starts a scholarship in their loved one's name Some legacy work is huge and very impactful. But legacy work doesn't have to be that, and it's wonderful if it is. But legacy work is any way that we can help a family to remember their loved one moving forward. We've had patients where we will write letters to their, say, grandchildren that will be read at their wedding at the birth of their first child. So that's really, really special.

When a person is brave enough to know that the end is coming and to want to give that wonderful gift to their future generations, that's really lovely. But again, it doesn't. And there are some ways to do legacy work online. There are different websites that will help you by sending you prompts and you know, if you're not comfortable work with the person right in front of you, you can kind of do it on your own if you're well enough and able, and it will send you prompts about answering questions and then at the end they can compile it and present it to the family when you die or even before you die. Really, so yeah, that's what legacy work is about. It's just a way to honor the family and, yeah, remember them.

0:08:02 - Julie

You're an earth angel and I've been talking to you for five minutes, good heavens, wow. Okay, a couple of questions. First of all. What led you and I live in the deep south, so down here, they'd say now darling you were led to go to that hospice department to check it out. What was there? Something that led you to go check out the hospice area of your nursing home where you were working, or you just kind of found yourself there?

0:08:36 - Julie Lazar

I did. I just kind of there was something in me on and I when we were on Irene's podcast together I think I mentioned it was equal amounts of fear and curiosity. So it could have gone either way. I could have run off of that unit terrified and saying this is definitely not something I feel like I ever want to do. Or it could have just kind of increased that curiosity and made it grow, and that's what actually ended up happening. It just I think, yeah, I just don't know why that.

And it's funny because you know I've been in the, you know in healthcare my whole career and I've worked in different places and hospitals. I've done some acute care, hospital work as well, and I was always terrified of the hospice unit and I thought to myself I don't know how anyone could work there. How did these nurses, how can they come home at night and not just be under a rock crying all the time and so sad and so depressed? I didn't understand. Maybe it was the wisdom of age, I don't know, that led me to some sort of acceptance that well, this is going to happen to us all someday. Let's find a way to make it the very best experience that we can, and maybe I can be a small little part of that. So I think it's just something that started small and just kind of grew within me.

0:10:07 - Julie

Well, that's how it works when we're being led we get an idea and then we act on it and then we're led to the next step and the next step. I find it fascinating and I work with a lot of families, as you know, at the end of one of their loved one's lives usually and help them navigate that from a spiritual perspective. And I'm always touched by the families and just their love for their person who's dying and their commitment to be there and to help them through and it's not easy in a lot of situations. I talked to a woman this morning whose mother was dying for a very long time and she lived in a totally different state and she went back and forth and she said she talked to her caregivers every day and the mother needed round-the-clock care and she wasn't able to be moved and so and she wasn't able to be moved.

But I'm always struck by the commitment of at least the families that I run into. I know that's not always the case, but I'm struck with how people really go beyond in being with their loved ones, in figuring out what kind of care they need, in wanting to help them. I had a guy call into my show last night a guy named Tony and he said my aunt, who's like my mother, is at the end of her life. What can I do to help make her transition more smoother and more beautiful and easier for her and also help the family in that? Have you found that to be the case as well with the families with whom you work?

0:11:53 - Julie Lazar

In most cases yes, and the facility that I work in is an inpatient hospice unit, a freestanding hospice unit, although I've done community hospice as well, which is a little more unpredictable. Honestly, when you're in someone's home that takes on a whole other set of variables, mostly good. Sometimes not honestly. But when inpatient it's much more predictable. And our families are wonderful. They do for the most part really rally around. You know, you do get the occurrence of families who are at odds about what to do with mom or dad or whatever, and that can create some tension in a hospice. I think anybody that works in a hospice has seen some of those situations and they do happen. So fortunately we have an amazing staff who are there to you know, to certainly understand what's happening, the dynamics within a family. We have wonderful chaplains, social workers, volunteers, doulas, nurses, everyone who kind of can sort of help navigate that, because there's a lot going on, it's scary, it's terrifying, and then you have all these family dynamics coming into play. So it can be challenging.

0:13:34 - Julie

But for the most part, families are lovely and so appreciative that we come in as volunteers to spend time with their loved ones. They are very grateful, yeah, of cultures and religions and people from different ethnic backgrounds as well. Do you incorporate spiritual components into the work that you do and, if so, what does that look like?

0:13:57 - Julie Lazar

Well, yes, I do work in a hospital. As you know, I'm a perinatal bereavement specialist in a hospital and I do this volunteer work in the hospice. So we always want to take into account

whatever religious, cultural rights are important to that family. On the same token, we never want to assume, because they identify on their incoming paperwork as a certain religion or whatever, that they're going to want certain things. So in all areas of bereavement, choices are very, very personal, but we want to make happen whatever is important to them. So, if you know, some families want to do a prayer and want to have the doulas do prayer with their loved ones. Some want us to read the Bible with their loved one. We have a Reiki person who can be called in and she's a wonderful friend of mine who I did my certification program with, so we can almost do anything.

There really isn't any request that isn't completely outlandish, that we would deny. It really comes down to whatever is important to the family and sometimes it takes a little while to weed out what that looks like for them. But you know we never want to. You know it's not about us, it's really about what's important to them and how to make that happen. So, um, yeah, you know, with perinatal bereavement, um certain, there are many decisions that have to be made. Um, unfortunately, when a baby dies and um, people have very different um feelings about, and sometimes it's driven by their religion. Certain religions, um, don't want to see the baby when the baby's died, but I always run that by the family. I mean, just because they identify as a certain religion, that doesn't mean at that moment they may not want something else. So very, very personal choices. But we try to incorporate whatever is important spiritually, whatever is important to them or spiritually whatever is important to them.

0:16:26 - Julie

When did we get so disconnected from death, especially in our Western societies, especially in America? Was there a catalyst that caused that? What?

0:16:40 - Julie Lazar

do you think? I don't know, but it's gone so far. We are just a grief and death adverse society. We don't want to talk about it, we don't want to think about it, we just don't want anything to do with it. So just a turning point. I don't know, but like centuries ago, you know, people would die at home in their dining room and everyone would gather and everyone would be there. And it was. It was just a part of life. You know. It was an accepted part of life where family would gather and and take care of the loved one and take care of each other.

How did we get so far away from that, gosh? I really don't know. But we need to get back to this acceptance that this is going to happen to all of us. Let's talk about it. Let's see how we can just make it a normal part of the end of life. I don't know how we're going to do that, but by talking about it for sure, by creating more acceptance around it, by promoting the hospice and all the wonderful work and why it's so important and trying to lessen the fear. It's going to take a while to get back to what we had and you know, certain cultures still really embrace, you know, gathering with their loved one and just seeing them through, seeing them on to their journey, and it's not this big scary thing that they don't talk about. They just embrace it and go with it.

0:18:27 - Julie

I don't know Chris Kerr. Back to Dr Kerr. He says end-of-life medical care is this is a quote from him he calls it the assembly line of the absurd and he thinks that that really has precipitated why we're so afraid. Because the medical staff on the normal floors in the hospitals and also that are that are the elder care medical providers. They don't talk about it because they're taught to save life. They're not taught what to do at the end of life.

And I think that certainly is what's contributed to a lot of it, especially here in America, because when somebody's old and they're not feeling well, we automatically think, oh, we need to take them to the emergency room or we need to take them to the doctor, and then they get admitted instead of you've got somebody who's very elderly and has all of these medical

conditions and they're just trying to go on and go to heaven and we're going through all of these Herculean efforts with that. I think the challenge with that one last thought, before I lose it the challenge with that is how do you know when to do that, when to take them to the hospital and when to just let them, you know, ride that train. That's going to be their ticket to heaven.

0:19:54 - Julie Lazar

I think part of that is by talking about it way before it's happening. And there is a thing called the conversation project. I don't know if you're familiar with that and I wish I could give you some more concrete information about who started that. I don't know if it was a group of doctors, but the Conversation Project is all about having the I think it started with the medical professionals sit down with their patients long before they're actively dying and talk about it, have a conversation about how it's going to look, what they want, what they don't want, and just normalizing that it's going to happen. Let's talk about it, let's figure out how we can make this the very best, if you will, situation for you so we get a really clear understanding of what you want. So that's a really good way for our medical professionals to have conversation and it's a document you can download it, you can do it with your loved one at home and you can have that conversation and this will sort of help you just not having to figure out on your own.

It's actually kind of all been figured out for you, but you have to be really brave and the person has to be willing and that's hard. That's really hard, like my mother-in-law is 92. She's doing remarkably well, but she's 92. And I often say to my husband should we have a conversation about what this was going to look like, what she wants at the end? And we haven't been able to do it yet. So it's not an easy thing to do, it really isn't. And it's hard for the person to be able to really be vulnerable and brave and be able to say, okay, let's talk about it. It's not an easy thing to do, but it really is important.

0:22:02 - Julie

I find that people as they age, when they get to a certain point and they know, okay, this is inevitable that it's they're reluctant to talk to their children and grandchildren because they don't want to upset them, right? So I think it's something else that's along those lines is my parish priest, father John Fallon, whom I love. He's my favorite priest in the whole world, my whole life. He, from the pulpit, one day said people are just so afraid to die because they don't know if they're going to fly or they're going to fry. I told him after Mass. I said man, I'm stealing that line and I'm going to be using it. He laughs about that.

0:22:48 - Julie Lazar

So that is a really, really good point. Sometimes the person who is dying needs to give permission to their family to have the conversation instead of it happening the other way around, and that can free them up. Then Like, okay, I'm okay with talking about it, it's not going to upset me. It's actually going to maybe even comfort me that we can talk about this together. So that's a very good point that. Yeah, for sure, that's the other side of that point.

0:23:19 - Julie

Well, and the people that are afraid to die because of their religious beliefs or cultural beliefs. I do this exercise and everybody that takes my class learns how to do it. We call it the walk to heaven, and it's a dress rehearsal of what's going to happen. And every time, Julie, I'm telling you this has been done thousands and thousands of times. Every time the person is comforted by that and in most instances, they'll go quickly thereafter and it's a matter of them being afraid. The other thing that I hear a lot I'm sure you may as well is that when I'm talking to the person who's dying telepathically, I always ask three questions Are you ready to go? Are you in pain? What do you need? And many, many times, a person who's dying will say I need them to let me go. I need to hear that it's okay for me to go, and I'm sure you've run into that All the time.

0:24:23 - Julie Lazar

All the time, yes, yes, and sometimes we may even just need to give them a little nudge. The family like maybe, because you see, sometimes loved ones will just hang on and sometimes you can kind of just give a little whisper, a little nudge that you know maybe they're waiting for you to tell them it's okay, we're going to be okay. So, yes, that happens a lot. And listen, we never want our loved ones to die, but when they get to that point we need to release them, we need to give them permission. It's okay, we are going to be okay.

0:25:07 - Julie

Yeah, we have a family kind of a funny story. My brothers and I and our mother used to go my sister's in spirit. She passed. We buried her on her 50th birthday. That's a whole nother story. That was a nightmare Very suddenly. But my mother used to go light what we'd call killer candles at church you know the vigil candles you know like in Iraq and she'd go light killer candles when somebody was hanging on and they were suffering and the family was suffering and all that. We'd say, hey, mom, are you going to go light some killer candles? And she'd say, yeah, do you think I should? We'd say yeah, yeah, and she'd go and do that and say some prayers and inevitably the person would die quickly thereafter. So we kind of have a. You know, we have a fun story in our family. We say, yeah, get Mary Jo in heaven to start lighting some killer candles. Yeah, yeah, which is fun.

All right, let's change directions for a second. I'm really fascinated by the work that you're doing in the perinatal area. Tell us about that. What does that encompass? It's obviously going to be vastly different from what we just discussed with somebody perhaps who's ill and elderly or whatever's going on there. So tell us about that. How'd you get there? And just tell us about what you do to help families.

0:26:40 - Julie Lazar

Well, you know, in my doula life along the way I got very interested in supporting families after their loved one had died. So I had mentioned a little earlier I did a training it was actually David Kessler's inaugural training class for certified grief educators so I went through that training, which was pretty rigorous, and then I was able to support loved ones after their person had died families, I should say, after their loved one had died and ran bereavement groups and did that for a couple of years and thought that this would be where I would sort of stay and focus my energies exclusively in this hospice work, both with the patients and then with the families. Somehow along the way and I should backtrack to say that I had lost, I had a miscarriage that affected me greatly, greatly, many, many years ago. I have two wonderful adult children and two daughter-in-laws now, but 38 years ago I had a late miscarriage and I was really devastated by it. I never felt like I got the support that I needed at the time and I felt like it was really dismissed and that really affected me and still affects me to this very day. So I think that was always sort of buried within me and I don't think I ever went through really the process of grieving that loss.

One day, just in my car driving listening to Irene's podcast Irene Weinberg, our dear friend's Grief and Rebirth podcast she had a guest on that day by the name of Cherokee Isles and Cherokee is really the pioneer in this field of perinatal bereavement, recognizing very early on that we were not getting the support that we needed. In fact she wrote her first book, which we still use in the hospital today, called Empty Arms, from her hospital bed after her third loss. Just, we were just not getting what we needed. Families weren't moms weren't partners, dads, it just bereavement. Perinatal bereavement wasn't just even on the map. You know it was kind of like all right. You know all the platitudes that you never want to hear, at least they were. You know it was kind of like all right. You know all the platitudes that you never want to hear, at least they were. You know it was early and you weren't that attached. At least you know you can get pregnant At least. At least. At least you know anything that begins with at least was never helpful. So this I listened to this podcast with Cherokee and at the end of the pod I was.

It was, as I tell Irene this all the time, it was as if Cherokee was sitting in the car next to me. It was like a lightning bolt and I thought this is it, this is what I need to do. At the end of the podcast she gave out her cell phone number and I reached out to her. We spoke at length and I decided, yes, this is what I need to do. So I went on to a very rigorous training program with Cherokee. That was about seven months online and then I spent some time with her out in Pittsburgh doing some more training and she's become a friend and a great mentor. So I went through the process and I became certified. In fact, I'm the only person certified with Cherokee in the state of New Jersey.

So once I finished that training and got that certification, I thought now, what? Now, what am I going to do with this? Where am I going to go with this? My idea was to find a program that already existed, where I could kind of just slot in and become part of this bereavement team. Well, I looked and I looked and I couldn't find it. I reached out to hospitals and no one had this program that I was looking for. So there was a hospital where I had done my end of life doula training in my town and I said let me, let me try going there. And I did. And I met with the director of the labor and delivery unit and she right away saw how important this was to bring the service into the hospital. So they actually hired me and I started about two and a half years ago from really ground zero.

Years before, probably in the 90s, they did have a pretty good bereavement program at this hospital, but it was really one woman doing all the work and she retired and that was the end of the bereavement program, at least what it was. Back then Babies stopped dying but there was no program to address their needs. So you know, it became sort of incumbent upon the social worker to take on that additional work. And this is a social worker who was responsible for all of the patients on the labor and delivery unit and the pediatrics department. So she didn't really have time to create and grow the kind of bereavement program that these families need and deserve. So I walked into an empty office and I got to work. Got to work, gosh.

I started reviewing a lot of literature and determining what we could give to our families. Because remember patients they're only in the hospital for a very short period of time, so we want to make sure when they leave, they're equipped with some great resources so that they can go on and get the ongoing tier and form that grief community that they're going to need in the years to come, maybe forever. So I started gathering resources. Then I started looking at when we have these deaths. How are we going to approach this? What are we going to do? There are lots of things that should be happening here. Families are going to have to make a lot of hard choices, so we're going to need some concrete materials to help them and we're going to need a game plan and a whole team around this. So I first started getting supplies.

When a baby dies, we like to give the parents lots of opportunities to create memories with their baby. Remember, a lifetime of memories is going to have to be all compacted into a day or, at the most, two or three. So what can we do to make that time memorable, because they're going to want that in the years to come. You know, when I first walk into a room and there's been a loss or there's going to be a loss and I present to the patients, to the mom, some things that they're going to have to start thinking about when the baby's here.

Let's think about what we're going to do. Do you want to maybe see and hold your baby? We could call in the you know and have a religious, a blessing for the baby. We could give the baby a bath. We want to have these parents parent their baby for the short period of time. So I started gathering supplies beautiful, and I have wonderful organizations that have given me the most beautiful supplies. We have an organization that makes all volunteers, that makes little teeny baby clothes out of wedding gowns.

0:34:28 - Julie

My sister-in-law did that in Chicago and she sent, she donated her wedding gown and they made several outfits and they sent her a picture of the outfits for little boys, for baby boys and baby girls. Yeah.

0:34:45 - Julie Lazar

We want to encourage picture taking. Again, everything is a very personal decision and when families first hear us presenting these things, we don't go. Obviously I don't go in the room and say, ok, you can do A, b, c, no, it's almost like Cherokee calls it a dance. If you will, I'm going to go in and I'm going to give them a few ideas. Then I'm going to step away. I'm going to step out. Give them some time to think about that. Remember, their lives are shattered. This is probably the worst thing that could ever happen to someone in their life. So they can only take in so much at any given time. So I'll go in and I'll say let's just think about what we want to do when the baby is here and at first, when I present these options, they look at me like why would I want to take pictures of my baby that died? Why would I want to bathe a baby? And then I have to go into explaining, because this is all the time we have. Let's take the grief that's going to be with you in the years to come and probably forever, and let's put it in a basket and, not to sound trite, let's put it on a shelf for a day or two, and let's take this time and make it precious and memorable and spend this time loving on our baby and creating these beautiful memories. And when this part of this journey is over, we're going to take that basket down and we're going to unpack it, but right now let's try to be in this moment. This is important because this is what we have Now. We want to maximize the memories and minimize regrets.

You can't go back, and I've had it happen where I've had a family come in and I present some options to them and they say, no, we don't want to see the baby, we don't want to have the baby dressed, or we don't want any pictures. And then you know, I'll say you know what? You don't even have to look at the pictures. I'll put them in an envelope, I'll keep them in my office. You can call me in a year, 10 years, and I'll get them to. No, we don't want it. Okay, and I respect that, but I've had them call six months later. We don't have anything. Is there anything you can find? So it's so important to kind of explain why we need to, why it's important to do those things now, because that's all we have is now, because that's all we have is now.

0:37:22 - Julie

What a novel concept. I've never heard of that before and all of us I would say the vast majority of us know women who've either had a miscarriage or a stillborn baby or a baby that died really, really shortly after they were born. God bless you for doing this. I have personal experience with this One of my best girlfriends. I met her when I was 16. She and her husband were living in San Diego. He was in the Navy, he was a nuclear engineer in the Navy at the time, graduated from the Naval Academy, and I was there visiting her for a week and she was due any day and we were trying to figure it out that I'd be there when the baby was born and help her out and stuff like that. And the baby was fine, pregnancy was great, everything was just going beautifully and she woke up. I think that maybe the third day I was there, third or fourth day I was there and she said I haven't felt the baby move and I feel like we need to go check it out.

So we went to the doctor, went to the Balboa Naval Hospital in San Diego that big, huge naval hospital and the baby had died in utero full term and her husband's out on maneuvers so we can't even reach him and they decide, she decides that she wants to. You know they're going to go through labor, they're going to start the Pitocin group. So I was with her through that whole thing. The epidural wouldn't work, Julie, she had some curvature in her spine or something. She did all that labor with the Pitocin, which makes it like let's just ramp it up 10 times. And we got to her doctor, who was a naval doctor, got to the admiral that was over whatever the Pacific fleet or whatever, out of San Diego, and they sent a helicopter out to get her husband off of the aircraft carrier oh wow, oh my God.

0:39:33 - Julie Lazar
Brought him back.

0:39:34 - Julie
He got there just in time for her to deliver and she delivered a perfect, dead 10-pound baby girl. Oh my goodness, this was 45 years ago.

0:39:45 - Julie Lazar
You know what it's yesterday. You know it's like it was yesterday.

0:39:50 - Julie
And so they got to hold her. Her doctor was wonderful. They got to hold her, they named her Janine, and the next morning she was there at the hospital and the staff brought her another baby by mistake.

0:40:09 - Julie Lazar
Oh, my goodness, it was so horrific for my girlfriend. Oh, Julie, that is as bad as it gets. That's why we have these certain things that we do, and one of the very first things we do is we put a certain card on the door so everybody knows this is a bereaved family, because there are so many people in and out of the patient's room, whether it's delivering food, you know, cleaning whatever Everybody needs to know what this little drop leaf, teardrop leaf, means and be respectful of that, because that should never happen.

0:40:48 - Julie
Oh it was so traumatic for her. And I got there her husband again is out on maneuvers and I got there about 20 minutes later and she was just you can imagine so distraught and so I stayed long enough to, you know, help. You know what I was doing. I was 25 years old. You know what did? I know I didn't know, I hadn't gotten into woo-woo yet, I didn't know any of this, so I was just going with I'd never lost anybody close to me in my life and so we went through all of this Fast forward.

She was not ready to talk about this until 10 years ago, so 35 years after this happened, and she went on to have twins she's just four other kids, but this was her first one and all these years ago and we were driving someplace because we've always lived on opposite sides of the country, and we were driving someplace because we've always lived on opposite sides of the country, we were driving someplace, just she and I, and she said, okay, I'm ready to talk about it. And I said what are you ready to talk about? I mean, we were talking about the weather or something, and she said I'm ready to talk about baby Janine. She had no memory of anything that had happened. She didn't remember the labor, she didn't remember the birth, she didn't remember when they brought that baby in. So, oh my, you know I'm getting choked up just telling you about it and so we went through the whole thing again.

0:42:17 - Julie Lazar
And she had you right there with her as a witness, as a friend. Her husband wasn't there.

0:42:23 - Julie
He was on maneuvers.

0:42:25 - Julie Lazar
And you know, you say you didn't know what to do, but you knew what to do and you did the hardest thing and all those years later you were able to share that experience with her.

0:42:38 - Julie

That's truly amazing, you know she was vomiting when she was in labor. It was awful. It was so awful. But what a blessing that she, when I told her the stuff that was going on, she could recall it at that point.

How wonderful it gave her so much comfort. And again, you know I'd gotten into woo-woo by then, so you know we could communicate with her baby. But oh, my goodness that if there had been somebody like you back then 45 years ago, what could have been done to help her deal with all this grief? Because she wasn't willing to talk about it for 35 years. You know that tells you the kind of trauma.

0:43:30 - Julie Lazar

Yeah, and now there are wonderful. There's so many more resources now for these kinds of losses and there's, you know, peer-to-peer support a person who's been through a similar loss that can sort of talk you through what's going to happen you know as much as they can what's going to happen or just be an ear, be there to listen. And there are wonderful support groups, not just for moms but for dads, for grandparents, for siblings. We just are doing a lot better now, but it needs to go further. There's a lot more that can be done.

But now we have, in October, we have, you know, pregnancy Loss and Infant Death Awareness Month. That, you know, is a yeah, it's a sad day, but it's a celebration day of all those babies that died and are honored on that day or throughout that month. So we have more recognition, we have more ability to help families create this community around their grief. And there's nothing like being with other people who have been there, you know, and have that kind of support, whether it's loss of a baby or whatever kind of trauma you've experienced. When you can, you know, form that kind of a bond with other people who have been there, that's a wonderful thing. So we have a lot more of that, which is great. But yeah, and some hospitals are doing an amazing job. All of them are.

0:45:09 - Julie

I haven't heard of it before I met you.

0:45:11 - Julie Lazar

It's shocking, Julie, that I still hear I have a few moms who are coming into my current hospital who have had losses before at other hospitals, so this is what we call their rainbow baby, you know, which is a term that's used for a baby after a loss, and I hear some stories of things that just happened a year ago or two years ago, where they never got this kind of support at this other hospital or wherever they were. And it's just shocking to me in this day and age that this is not just everywhere, you know.

0:45:50 - Julie

I mean, it's just yeah, and the families don't know what to do with my girlfriend and of course, I knew her family because we've been friends in high school and and they lived in Florida and I was on the phone with her mother and her older sister and they said, do you think we need to come out? And I was like, seriously, really, yes, get on the next plane. You know, I'm only here for another couple of days. They absolutely need you to come out. She absolutely needs you. And there wasn't any lack of love there, it was they didn't know what to do. And so the fact that you're educating the family, yes, and I am 25 years old, going, yeah, doll.

0:46:36 - Julie Lazar

I know and I think the education piece is huge and I do a lot of educating within the hospital and not just on the labor and delivery unit because they have had some degree of education probably not as much as I would like, but they have had some bereavement education. But you have to remember, not everyone comes in through labor and delivery. So in the emergency department you may have women coming in who are miscarrying. So I created a whole

miscarriage program for our emergency department because what was happening was women and their families are coming in either miscarrying or being sent home to have an impending miscarriage with really nothing, no resources. So I've created miscarriage kits so that they have everything that they need and resources when they go home. Women come in on the same day surgery unit for a DNC. Now the loss has already occurred. Now they're coming in for surgery. They also need special bereavement care. So I created a program on our same day surgery unit where we do memory boxes.

Obviously these are earlier term losses so we don't have all the tangible things. But perhaps they had a sonogram. They can put that in the box. I mean perhaps they get cards or a sympathy course. They can put that in the box. I mean, perhaps they get cards or a sympathy course they can put that in the box, whatever. We just want to create a tangible remembrance for them and they want to feel acknowledged. They want their babies because, remember, gestational age does not dictate the amount of pain.

I could take 100 women and put them in a row. Some have had earlier losses, some have had later losses, and I'm not saying that's the same thing, but all of them are going to be sad, all of them are going to be crying, because a loss is a loss. And these babies we're already, in most cases, envisioning our future with these babies. They could be the size of a grape, they could be the size of a grape, they could be the size of a grapefruit, it doesn't matter. We're already some thinking about sending them off to kindergarten, walking them down the aisle. You know we are so far ahead that this is a loss of a future. These are shattered dreams. So all losses need to be acknowledged, recognized and supported.

0:48:59 - Julie

Well, the interesting thing about those babies whether they're miscarried or stillborn or die quickly after they're born or they're aborted, it doesn't matter, because we can communicate with that baby's spirit at any moment and I do that a lot with moms who've done that and we talk to those baby's spirits and all spirits are pure love. So it's a really heartwarming, wonderful experience for that mom. And the other thing that's really interesting about this, Julie, is when somebody is in the dying process and this happened with my own mother when they're in the dying process I call it the phases of transition those baby spirits are in the room with their deceased other deceased loved ones and the angels and the deceased pets. And when my mother was dying, I said to my dad I said Meemaw, my grandmother, who, before we got started, you guys, I'm wearing my Meemaw's necklace today and her name was Julia. I love that. And so we got Julie, Julie and Julia, and this necklace is probably, oh easily, 60 plus years old. And I was telling Julie before we started. I said it smells like her. She used to wear Giorgio perfume and it smelled like Giorgio. So I feel like my meemaw is here with us in this conversation. But when she was dying. Her spirit was in the room and she was holding an infant's spirit and I'm like, who is that? And so I asked my dad. I said, did you guys have a miscarriage or something before my older brother, Jay, was born? And he said, yeah, we had three. Back to the candles. He said we went to a shrine in Northern Ohio and we lit a candle and then we had four kids in five years and we always used to joke that we need to go blow out that candle because she had all these kids. Those baby spirits were in their room.

Another fun story I was at the funeral of a dear friend's husband and she's in her 90s now she's, I think, 92. And at the funeral there were infant babies, like fetus babies, spirits that were there at the funeral that I could see. And I told her because after the funeral we were at the lunch and afterwards she goes okay, tell me what you saw. And so I did and I said there were three baby spirits there and she had six kids and she called one of her daughters over and she said did your father have another family that I don't know about? And I said no, no, no, no, no, no. These were babies, that were your babies, that you miscarried. She said, well, I don't know about that. And I said women miscarry babies all the time and we don't know about it. They just come out in their period.

0:51:56 - Julie Lazar

Yeah, exactly, yeah. Well, I need my moms to be able to, but what you do is such an amazing gift that you're able to give the moms this comfort of being able to communicate with their babies. This is just an amazing, amazing gift.

0:52:15 - Julie

Well, my book Angelica Tennant's just go to Julieryangift.com Anybody that's watching. We'll give you our free digital and audio book download. Please share it with all your moms.

Yes, and it's a free digital and audio book download and I think it will bring them a lot of comfort. It does to a lot of them. I think it will bring them a lot of comfort. It does to a lot of them. What is something that we can do with women who have had a miscarriage or have lost a baby, and whether they be a family member or a friend, what do we say to them? What can we do to help comfort them? My book is given as a kind of like a funeral gift to a lot of families and also to families who've lost a loved one. But, in particular, what can we say when it comes to the perinatal part of the equation.

0:53:09 - Julie Lazar

Yeah, okay, great question Great question and I even give out information booklets. You know what to say, what not to say what family and friends, because this is scary and this is sad and people just don't know what to do. They don't know what to say. They're so afraid of saying the wrong thing. Oftentimes they'll say nothing at all, which can seem quite dismissive. So you can never go wrong with. I am so very sorry. Okay, as something to say what to do. Be there for the hard times, listen, just be willing to be in their puddle of tears and pain.

And then, of course, there are more practical things. If they have other children, perhaps you can step in by helping out getting the kids to where they need to be, or meal train. That's another great thing for families. That can be done for families. That can be done, I think, even online. You can establish a meal train so that the family doesn't have to think about things like how they're going to get dinner. They can think about how they're going to put one foot in front of the other, nevermind getting to the grocery store and making dinner. So simple, practical things. And you can even take it a step further with a meal train where you don't even want to ring the bell because you don't want to disturb them. You can just suggest that they leave a cooler outside and you can just leave your meal there and text them your meal is there. So you know those practical things but, more importantly, acknowledge I am so sorry. What's your baby's name? Would it be okay if I used your baby's name?

And then remembering them on special occasions, moving forward and it's interesting people often think that they don't want to bring up the baby that died because we don't want them to get upset or they may not be like thinking about that now and if we say something, we're going to bring them back and, trust me, they're always thinking about their baby that died. So always acknowledging perhaps even on Mother's Day or on what would have been the baby's first birthday, or acknowledging just a card or flowers or anything, any kind of acknowledgement is really really wonderful and that's the biggest piece. I think Just moms want to and families not just moms, but moms, dads, families they want to hear their child's name. So you can even say something simple. Like you know, I was thinking about your daughter, savannah, the other day and remembering how precious she was. You know, just a simple statement, that's it, you know, because you don't get to say the name. So they want to hear the name. So that's important.

So, yeah, just kind of being there and just riding through the rough times with them and, you know, listening, lots of just being quiet and listening and just letting them. You know, don't try to fix them, don't try to take their pain away, because if it were that easy, believe me, we would

have figured out a way. But unfortunately, in grief, and you know this, you have to go through it. You know you have to get through the tough times to be able to not get over it. We never get over it.

You know, and it's funny, even in perinatal bereavement and in bereavement in the hospice, people will always want to think like how long is this going to last, this bereavement, how long is this grief going to last? And we often say to them and David Kessler sort of taught me this well, how long are you going to love them? You're going to love them forever, you're going to grieve them forever. But it's not always going to feel like this, it's not always going to be with this pain and these tears, the ultimate, the ultimate goal is to remember them but be able to smile or be able to laugh at a memory. But you have to get all through that, all that tough stuff, before you can get there.

0:57:26 - Julie

Well, and that's easier said than done with a fetus.

Absolutely yes, because you don't have those memories. You have the memories that you said, like the you know, the memories of imagination, of what you wanted, what you envisioned doing with your child. So, my goodness, what a what a blessing you are and and to have focused on this niche. The other thing that I love is that in recent years, I'm starting to hear people talk about it's so-and-so's heavenly birthday. Instead of we're you know, we're remembering this person on the day that they died, they're calling it their heavenly birthday, which gives it a whole different meaning, and it lets them know that, yeah, you know this baby, this deceased grandmother, whomever is around you in spirit, and you can communicate with them anytime you want and they're always around you. It's a wonderful message. Yes, yeah.

Comforting. Yeah, absolutely Okay, let's see what else. A couple of other questions before I let you go. Can you share perhaps a story or a special moment with a family with whom you worked and what the circumstances were and how this nurturing that you're offering, how did it affect them going forward? I know you've only been doing this a couple of years, but are there any stories that stand out?

0:59:12 - Julie Lazar

Well, I'm thinking about one particular family. They had two daughters at home and they had a son who had died. He was pretty almost full term. I don't remember the exact cause or if they even knew the cause, but they were very open to doing these memory making activities, which was wonderful, and I was able to really sort of guide them into doing all of these wonderful things. We did tons and tons of pictures we did. I offered to have the other children come in to meet their sibling People.

When they hear this, they're often like why would you traumatize a child by having them meet their dead sibling? But you know, children's imaginations are almost always much worse than the reality. So they may be picturing this I don't know monster, whatever it is, and when you bring the child in and allow them to have that memory, you're creating something really special there. They did not opt to bring the children in, which I totally respected that decision, but they brought the grandma in, they brought extended family in and we called pastoral care who will come down, as I said earlier, and do a blessing. But honestly, Julie, they did almost like a complete service and I videotaped the entire thing so they will always have that. It was three priests came down.

It was amazing and it was a really a full circle moment where, almost a year later, when October rolled around and it was really a full circle moment where, almost a year later, when October rolled around and it was like I had mentioned earlier, October is Pregnancy Loss and Infant Death Awareness Month I had held a service at our hospital and I invited all the families back

and they came back and they brought their girls and other families came as well. But we planted a tree and we wrote all the baby's names on little sort of seed packets that you can plant and they planted it so it would blossom with the tree, and what was initially so sad became this amazingly joyous occasion where we just remembered the baby, we spoke of the baby and we did all of these beautiful activities writing letters and all of these things and it was just that was an amazing to see it come around. Like that was truly, truly amazing. Yeah, like that was truly, truly amazing, yeah. So that's probably my favorite experience that I've had being able to see their joy again a year later.

Sadness as well, tears, but joy.

1:02:08 - Julie

That was lovely. I love that you suggest bringing the siblings in, because little children get this spirit thing and there's a really good chance. I mean, I have thousands of examples that I could share with you and with everybody that's watching and listening of little children seeing the spirits of deceased loved ones. So I promise you, those baby spirits come visit their siblings and those siblings haven't been told yet. Oh honey, that's just your imagination, that's not real. That's number one. Number two I think it's such a great idea for those siblings because mommy is coming home and daddy too, but mommy's really sad and daddy too, but mommy's really sad. And that's a big leap of a concept from we lost this baby that was in mommy's tummy and the baby's now in heaven and that's why mommy's sad. Whereas that whole funeral type thing, are the siblings coming to visit the baby and we say, okay, the baby's spirits in heaven. Actually I have children's books that I've written along those lines, that are picture books that help with that too, and that's where they were written.

1:03:26 - Julie Lazar

And what a great gift. What a great gift to give them, because years later you're never going to have a picture of the whole family together with the baby who had died, unless the children come in. And maybe it's not something we you know, we want to put on the wall right away, or maybe we do, and that's okay too. But what an amazing gift to give them, because they're always going to want to know their other sibling. That's not with them and if we can have a tangible picture or a footprint or whatever it is, that's part of our family.

This other baby was a part of our family too, and here's, in fact, a picture or what you know. You may not remember right now, but we brought you in and you may even want to videotape it. I mean, again, very personal choices, but they're going to be curious, they're going to want to know in years to come and there's always going to be this sort of black hole. The baby died. If you don't have any memories, you know. So I think it's lovely, but again, I respect whatever any family's decision on. That is very personal of course.

1:04:34 - Julie

Well, post-mortem photography was a thing, a big thing, in the with the 1700s and 1800s maybe not 17, but the 1800s that that was very, very common and um, and so these concepts, I understand most people. When they hear them they're probably thinking what, why would I do that? And yet God bless you how you're, yeah, and you're looking forward for them when they don't have the capacity to do that. Oh, my goodness, you know along those lines.

1:05:12 - Julie Lazar

I've never had a family say I wish I didn't do that. I've only ever had a family say I wish I had done more.

1:05:23 - Julie

Along those lines. We had a gal on the show who was talking about how we can help our loved ones who are grieving, whether they be family or friends. And the food thing certainly is very

common. But she went so far as to say and this has always stuck with me, Julie, she said just regular supplies, I mean, drop off some paper towels and some toilet paper and some you know whatever things that maybe aren't food because they only have so much refrigerator and freezers, right, right, but bring other things that don't need to be refrigerated and even household items.

And I thought she said you don't have to even see them. If they don't want to see them, you can leave them on the front porch, just send them a text. Hey, I left you a care package on the front porch and it's got all these things in it Laundry, detergent, dishwasher, soap, I mean whatever. Because they a lot of times don't feel like going to the grocery store because they don't feel up to running into somebody that they may be, that may be in the grocery store at the same time, because they don't want to talk about it yet. They're not ready for that yet.

1:06:37 - Julie Lazar
Yeah sure?

1:06:38 - Julie
Yeah, interesting, all right, last question I could talk to you for hours, but last question why do we incarnate?

1:06:46 - Julie Lazar
To be here to embrace, to love, to live this wonderful life, to create beautiful families, to make things better, to take care of each other, to embrace the wonders and the nature of the world, just to appreciate, to be kind. That's why I'm here, I think you know, just to embrace everything and to be, to live my life with gratitude. And I and I do um, I really do. I haven't always been um and I think part of that comes with age and and experiences that you go through. Uh, when you get to be 66 years old, you know health struggles and deaths and griefs and all of the sad and unfortunate things that come along in a life. But to be able to still embrace life with gratitude and to be glad to be here and to try to make things better for others, that's it, I think for me Beautifully said Thank you.

1:08:00 - Julie
Well, I for one am really grateful that you incarnated, oh Julie, and that you were born.

1:08:06 - Julie Lazar
I am so lucky to be able to have found. You know, I said I was an audiologist and I love that work, but I and I was passionate about my patients. But this new passion within me to do this work, it's it, it. I could never have imagined it. So I'm the lucky one to be able to work with these amazing families and to help them in in this darkest days, to just to be able to make things just a tiny bit brighter. I'm the lucky one indeed.

1:08:40 - Julie
Yeah, you're extraordinary.

1:08:42 - Julie Lazar
How can?

1:08:42 - Julie
people learn more about you and your work.

1:08:45 - Julie Lazar
Well, if you wanted. Well, I have a chapter in Irene's book, and you had held up the book earlier, so that they can kind of learn.

1:08:53 - Julie
Good to the last drop.

1:08:54 - Julie Lazar
Good to the last drop, Irene Weinberg, and we'll put the link in the show notes, but if you're interested in learning more about the program specifically that I've created at my hospital, which is Holy Name Hospital in Teaneck, New Jersey, you could reach out to me at [jlazarriskakis](mailto:jlazarriskakis@holyname.org), at holyname.org. Should I spell that now or are you putting?

1:09:18 - Julie
it in the notes? No, we'll put it in the notes and you can reach out to me.

1:09:21 - Julie Lazar
if I can help anyone with resources or anyone who's starting out in this field to kind of figure out how to create and grow a program for your own facility, I'm all about it. Just reach out to me and I'll help you through. Yeah, because you know, not everybody has to rediscover the wheel. I mean it's hard to start from nothing and to grow a program. So I can certainly step in and kind of guide anyone who wants to do this kind of work.

1:09:53 - Julie
How wonderful. All righty, everybody. Wow, what a conversation. I didn't expect to get so so for club there, so emotional, but it's real, thank you for that.

1:10:05 - Julie Lazar
That really that touched my heart, Julie.

1:10:07 - Julie
Thank you yeah you bet Everybody's sending you lots of love from Sweet Home Alabama, and from New Jersey too, where Julie is. We'll see you next time.

1:10:18 - Ann-cr
Thank you. Thanks for joining us. Be sure to follow Julie on Instagram and YouTube at [AskJulieRyan](https://www.instagram.com/AskJulieRyan), and like her on Facebook at [AskJulieRyan](https://www.facebook.com/AskJulieRyan). To schedule an appointment or submit a question, please visit AskJulieRyan.com.

1:10:34 - Disclaimer
This show is for informational purposes only. It is not intended to be medical, psychological, financial or legal advice. Please contact a licensed professional. The Ask Julie Ryan Show, Julie Ryan and all parties involved in producing, recording and distributing it assume no responsibility for listeners' actions based on any information heard on this or any Ask Julie Ryan shows or podcasts.