

Coping with Miscarriage

By Fran Rushworth
Specialist Registrar in Obstetrics & Gynaecology.

The shock of losing a pregnancy brings with it many emotions, and it can take some time to recover from the loss. Here's some information on why and how miscarriages happen.

Women can find it difficult to return to normal life after a miscarriage

Having a miscarriage comes as a tremendous shock, physically and emotionally. The mother expected a baby, even if the miscarriage occurred very soon after finding out she was pregnant. In effect, it is a baby that she has lost. Some women are able to put it all down to experience and move on quite quickly, for others, grief and distress take a long time to subside. There's no single way to cope with miscarriage. Women, their partners, families and friends are all involved. It is important to understand what has happened, the physical process and choices about medical care. After the loss, the shock has to be absorbed and the future considered.

Why miscarriage happens

During the first 12 weeks of pregnancy, a single cell develops into a baby with every organ formed in miniature. The rest of the pregnancy is only necessary for this baby to grow and mature enough to survive in the outside world.

The majority of miscarriages occur because the subtle coding process of mingling the genetic material of an egg and a sperm to produce the first cell has not gone perfectly. When this initial step in the pregnancy is faulty, at some stage in the first 12 weeks, development stops. Doctors are not able to alter the coding of early pregnancies and cannot prevent this kind of loss. There are other factors that can stop this development going smoothly, such as viral infections causing fever, or medicines taken before the pregnancy was recognised. Smoking is known to increase the chances of miscarriage, but in the main, there's little a woman can do to alter the risk, which is quite high; over 13% of pregnancies end in early miscarriage. Commonplace accidents and upsets don't cause it and bed rest doesn't prevent it. For some women, being pregnant is a bad shock in itself, but they're as powerless to stop being pregnant as other women are to continue.

How miscarriage happens

The baby develops within a sac of fluid inside the womb. During miscarriage, this collapses and separates from the womb lining, causing bleeding inside. The muscle of the womb then contracts rhythmically, pushing the sac out. Symptoms of bleeding and cramping pain may come on very rapidly, and the pregnancy sac can be expelled within a few hours. More commonly, there's first a small loss of blood, then an interval of hours or days before the cramps begin. Some women have a silent miscarriage; an ultrasound scan may show that the baby stopped developing several weeks earlier, although hormones are still giving the symptoms of pregnancy. The amount of bleeding and pain will be greater the later it is in pregnancy, and will vary from one woman to another. It's rare for bleeding to reach a dangerous level, and it's quite reasonable for a woman to stay at home rather than in hospital, if she prefers. Staying in hospital offers stronger pain relief and the security of experienced care.

If a silent or incomplete miscarriage is diagnosed by ultrasound scan, 3 options are available: conservative management— waiting for the miscarriage to happen by itself; medical management— giving medicine to bring on the miscarriage process; or surgical management— having the womb emptied under anaesthetic. All of these have different advantages and the choice is for the woman concerned to make.

REMEMBER !

Having a miscarriage is nobody's fault; it has happened to many women you have met and does not mean that there is something wrong with you

Afterwards, there will always be some bleeding and cramps while the womb contracts back to its normal size. The pains should ease in a day or so, and the bleeding should dwindle and become darker in colour, but may persist for

several weeks. Women who already have families to care for may not be able to take time off, but it is wise to take life as quietly as possible for at least a week, to let the body and mind settle.

Pippa's story

When at 12 weeks the spotting started, I was consumed with guilt. I had been running around trying to cope with a new baby, and felt I had not 'wanted' this baby as much as I should. When the pains started I was shocked at how similar they were to the early stages of labour. My husband drove me to the hospital. He was still hopeful, but I knew that in among the blood clots lay my baby.

At the hospital, the nurse explained that the bleeding should stop in a few days. I stayed overnight and went home the next day. My mum came to look after us all for a week while I tried to rest, although it was difficult with a small baby, and actually I preferred to keep busy. The hospital put me in touch with a counsellor, but I didn't contact her immediately.

Afterwards, I picked myself up and got on with life, but I was unprepared for the wave of emotions that hit me around the due date of my lost baby. Two months after that, I was pregnant again. My daughter was a happy, healthy, 9lb 2oz with no complications. I have had two further miscarriages, but now, 6 years on, I have another little boy. I have hated my useless body, but I have a lot to thank it for.

After the miscarriage

It's safer to use sanitary pads rather than tampons and to avoid sex until the bleeding has stopped. It's possible to conceive very quickly afterwards. There is no clear extra risk of future miscarriage if you do start trying immediately, but it is a good idea to use contraception until the next normal period. This helps with working out dates for the next pregnancy and being sure about how far on you should expect to be if you have an early pregnancy scan.

Trying for another baby may be frightening. Sex, pregnancy and loss have become linked. Every pregnancy starts with a risk of miscarriage.

Couples who have experienced 1 miscarriage will be much more worried about this than couples who have not. However, they're not more likely to miscarry than anyone else. If a couple has had 3 consecutive miscarriages, there's a 50/50 chance that they have an underlying problem. After 3 miscarriages, it's worth seeing a gynaecologist to discuss investigation. Many women find it difficult to return to their previous lives. A woman can feel that those around her fail to acknowledge the baby that was lost, expecting her to bounce back to her old self, when everything seems changed. Family and friends may be afraid of saying the wrong thing and end up doing the worst thing—saying nothing.

The partner has a desperately hard role, losing his baby and unable to protect the woman from pain. If she isn't ready to accept or to give comfort, his helplessness and isolation can grow worse. Both partners may feel bewildered, sad, angry and alone.

It is common for women to feel unusually tired, but there is no such thing as a normal reaction, no standard time to feel better. Allowing others to share your loss, be they your partner, family or friends, can help greatly. Outside resources have made coping with a miscarriage easier for many women. Whether it takes a few weeks or many months, the shock and misery of miscarriage will distance and subside.



www.wellbeingofwomen.org.uk