



SANDS

When birth and death are close together SANDS (WA) Inc. is there to help.

SANDS (WA) Inc. is a voluntary self help group for parents who experience the loss of a baby through miscarriage, stillbirth or neonatal death.

It started in Perth in 1979 and has received support, funding and recognition from:

- Centre for Women's Health - KEMH
- Lotteries Commission
- Appealathon - 5th beneficiary 1998
- Community Services Industry Award - finalist 1997
- Corporate sponsors

Miscarriage



SANDS

Saying goodbye before you've said hello

SANDS (WA) Inc. provides:

Contact

- personally or by telephone
- at home or in hospital
- individually or in groups

Information

- a quarterly newsletter
- regular support meetings
- a resource library
- internet support

Support line

1800 686 780

A handbook for bereaved parents, their families and friends following Miscarriage.

SANDS (WA) Inc.
Stillbirth and Neonatal Death Support (WA) Inc.

**Support line
1800 686 780**

Publication was possible with the support of



**Stillbirth and Neonatal Death Support
SANDS (WA) Inc.**

is a self help group which provides immediate and ongoing support to parents who have experienced the death of a baby (or babies) from miscarriage, stillbirth or neonatal death.

SANDS (WA) Inc. was started in Perth in 1979 with a team led by Libby Lloyd and Jenny Miolin.

This booklet celebrates 20 years of education and support.

Contents

| | |
|---------------------------------------|-----------|
| What is miscarriage? | 2 |
| Why does it happen? | 6 |
| Recurrent miscarriage | 8 |
| Following a miscarriage | 9 |
| Lactation | 12 |
| Health after miscarriage | 13 |
| Future pregnancies | 14 |
| Feelings and reactions | 15 |
| Men as partners | 18 |
| Children's responses | 18 |
| I need help, who can I talk to? | 20 |
| Planning another pregnancy | 20 |
| When will I feel better? | 22 |
| Creating memories | 22 |
| How others can help | 25 |
| Hurtful comments and actions: | 25 |
| Visiting in hospital or at home. | 26 |
| For Grandparents. | 28 |
| Contacts | 29 |

Contacts

Postal address:

Stillbirth and Neonatal Death Support (WA) Inc.
Agnes Walsh House
Bagot Road SUBIACO 6008

Adjacent to King Edward Memorial Hospital.

Telephone:

Support line **1800 686 780**
City and Country Freecall
Administration: 08 9382 3130

Fax:

08 9382 3003

Email:

info@sandswa.org.au
support@sandswa.org.au

Internet:

<http://www.sandswa.org.au>

SANDS (WA) Inc. is a registered charity and donations are tax deductible.

“I feel a need to talk to people about my baby, not have them say ‘it was only a miscarriage’ or ‘it was probably for the best’.”



For grandparents

Grandchildren are a treasure, there to spoil and cherish without all the responsibility, a link to your immortality. A grandchild can strengthen the bond with your adult children but when things go wrong you hurt twice.

You hurt for your child, whom once you could kiss better and take the pain away. And you hurt for your loss of a grandchild, and the loss of another childhood.

The loss of this baby may resurrect memories for you of your own lost babies from a time when these little ones were not remembered in the way we find helpful today. Should this be the case, your grief will be all the stronger. Grandparents often find this is the opportunity, the permission, they have been seeking for decades, to grieve for their own lost baby/babies. Please feel free to contact SANDS for ideas other people have used successfully.

While you can't kiss away the pain for your child as you once did, there are things that you can do for them and things that you need to allow them to do for themselves. There are things you can do for yourself too.

Allow yourself to talk about your feelings with your partner, family, friends or within your religious community. Allow yourself to grieve, you have experienced a loss also.

Use the hints in this booklet, and obtain "A baby has died ..." from SANDS (WA) Inc which contains more information on grief.

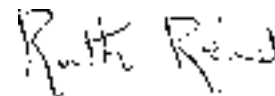
Foreword

As Patron of SANDS (W.A.) Inc. I am delighted to write the foreword for this important booklet which I trust will help many bereaved parents to gain strength. I hope the book will help them to realise they are not facing that sadness alone.

Many of us have walked the same path and understand and share their natural feeling of grief, frustration and emptiness. The information in the booklet has been collected from the experiences of many of the members of SANDS across Australia. It is not only written for recently bereaved parents, but is also a valuable resource for family members and friends, who long to show love and support when a baby is lost, but feeling inadequate and unable to deal with it, will turn away.

Many years ago when I experienced this loss, it was a lonely and painful experience and there was no SANDS to give support. We are fortunate to have such a group in Western Australia and fortunate too, to have a book such as this, to provide answers to the many, often unasked, questions.

I trust this book will bring solace and new hope to those in the community who have experienced the loss of a baby or babies.



Mrs. Ruth Reid

“My family are telling me to have another baby, but somehow this doesn't seem right yet. Every time I see a mother with her baby, I can feel tears about to come.”



Miscarriage

Miscarriage is a widely used term for early pregnancy loss, which can also be experienced through an ectopic pregnancy or a termination or pregnancy.

Miscarriage is common; it is estimated that 20-25% of all pregnancies end with the loss of the baby, mostly through miscarriage.

The information in this booklet is written from the collective experiences of many women and their families who have experienced miscarriage.

Introduction

Those who have experienced a miscarriage often feel that the subject is taboo, and that there are very few people to whom they can talk comfortably about their loss.

While you may have had the best medical care possible, you may not realise that when you go home you could grieve the death of your baby for weeks or months or even longer. You will probably wonder why this had to happen to you, worry about future pregnancies, and wonder if your fears are unfounded.

For some, the information contained in this booklet may be upsetting. However, for others who are looking for answers to their questions, the facts may be of great comfort. Many find knowledge, however unpleasant, is easier to cope with than not knowing.

As parents who have recently experienced a miscarriage, or fear that your pregnancy may be about to end, you may be quite overwhelmed by the feelings you are experiencing. To miscarry early in pregnancy means not only the loss of that potential

While assisting a bereaved family, a supporter needs to have someone who can be available for them to talk with. Along with the carer's own sadness, supporting others through bereavement may be physically tiring and emotionally draining.

Rushing the family, expecting that they will have recovered from their experience and be planning for the future in any particular amount of time is also unhelpful. Grieving is an individual process and people 'move on' from their sadness when and how they are able to.

Bereaved parents are sometimes reluctant to state their needs. Even given the opportunity to talk they may not be willing to take the risk for fear of being hurt or embarrassed. However, listening and providing opportunities to talk openly with you will let them know that you care. Following a miscarriage, some parents have found that their family and friends have added to their sadness through insensitive remarks and lack of understanding. However, many parents have also often described how much it has meant to them that their family and friends have been so supportive. Indeed, the support a bereaved family has available from the people around them can greatly affect how the family will 'get through' the months ahead.

“I feel so angry, why didn't ... listen to me when I said I thought something was wrong.”



“I feel so guilty – was it something I did?”

Asking after the welfare of only one partner, either the man or the woman, can be hurtful. It is important to acknowledge that both parents may be grieving in their own way. The question “How are you, and how is your partner?” demonstrates that you care about both of them.

Visiting in hospital or at home

Acknowledging the family’s experience and expressing your own feelings of sadness, disbelief and helplessness is perfectly acceptable. Often “I just don’t know what to say” is the most helpful thing anyone can say. Other suggestions are:

- If the baby was named talk of him or her by name, and talk about the hopes and dreams you had for the family as the parents of this baby.
- Reading this and other books to learn about miscarriage and bereavement.
- Make or buy something in memory of the baby. Display it in your home, or give it to the parents.
- Offer to assist with creating memories of the baby.
- Offer practical help including housework, cooking, child care etc.
- Be available to listen to the parents, often to the same details over and over.
- Be sensitive to the sometimes unpredictable behaviour of bereaved parents.
- Understand that sometimes parents will want to be alone.
- Offer to accompany the parents as a support person to a support group meeting or on a follow-up visit to their health care provider.



child, but also dreams of parenting and hopes for the future. You may be feeling quite alone, and that no one else understands what you are going through.

Every miscarriage is a private loss, and everyone is different. Reactions may range from an experience of little significance to a devastating life event. It is important to realise that there is no right or wrong way of ‘coping’ after a miscarriage, but we hope the following information will enable you to better understand the emotions you may experience.

Often, parents describe an expectation, bonding or attachment to their baby very early in pregnancy, or even prior to conception. When their baby dies, many parents feel the loss of the hopes, plans and dreams they had for their future.

To feel sad, empty and bewildered at this time is normal and understandable. You may feel that others do not acknowledge your loss and that you are alone in your grief. Our society still does not encourage women to grieve the death of their baby in early pregnancy, and often does not recognise that a miscarriage means the loss of dreams and hopes for that child. Because of this, many women feel that they must hide their grief, or that their feeling are abnormal.

What is miscarriage?

For the purposes of this booklet, we have chosen to use the word miscarriage, which is also known in medical terms as spontaneous abortion. A miscarriage occurs when the uterus expels the ‘products of conception’ before the twentieth week of pregnancy. In simple terms, this means that a miscarriage is the unplanned end of a pregnancy before the baby can live on its own. In Australia, this is regarded as before 20 weeks gestation. Figures quoted in the Australian And New Zealand Journal

“My partner doesn’t understand, he hadn’t got used to me being pregnant.”



of Obstetrics And Gynaecology 1986 give the incidence of miscarriage as one in every seven pregnancies, but this figure is probably much higher because many miscarriages go unrecognised or unreported. Some references estimate that one in every four women who become pregnant will have one or more miscarriages. About 75% of miscarriages happen within the first 12 weeks.

- An induced abortion, is a planned a voluntary termination of a pregnancy. Sometimes an induced abortion is necessary due to medical conditions of the mother or the baby.
- A missed miscarriage is the medical term used when the foetus dies and is retained in the uterus.
- An incomplete miscarriage is when some tissue remains in the uterus.
- Stillbirth is generally used when the baby dies after 28 weeks.
- Neonatal death is the death of a child that has lived from birth to 28 days after birth.
- A threatened miscarriage is where vaginal bleeding occurs over several days or weeks. The amount of blood loss can vary greatly. If any bleeding occurs it is important to consult a doctor or clinic. As the pregnancy progresses the mother's body produces an increased blood supply to nourish the baby. The sudden loss of quantities of this blood and the onset of sometimes severe pain can be very distressing and frightening to women and their partners. A threatened miscarriage may result in a miscarriage, although if the symptoms cease the pregnancy may continue.

If a miscarriage occurs before the seventh week of pregnancy, a curette may not be needed. On the other hand, if a woman has a missed abortion or an incomplete miscarriage, a curette is performed to remove any tissue that remains in the uterus.



How others can help

Family and friends are often deeply distressed when someone close to them experiences a miscarriage. They may feel incredibly helpless and powerless and wonder what they can possibly do to make the family 'feel better'. It is often distressing for family and friends that the people closest to them are going through an experience that no one has any control over or can prevent.

Hurtful comments and actions

Parents may feel hurt and upset at some things that well-meaning family and friends will say and do following miscarriage. Some of these include:

- Meeting or talking with the parents and not acknowledging their loss. For many parents it is important to have their experience recognised
- Certain sayings that are offered as comfort following miscarriage can also be hurtful, such as "It was only a miscarriage, you'll get over it"; "You're young and fertile, you can always have another one"; "You've already got two healthy children, maybe this one wasn't normal"; "Put it behind you and get on with your life"; or "I've had three miscarriages and I've just lost my job."

These statements provide little or no comfort to parents who are grieving for the their baby. There should be no competitions in grief; each persons loss must be respected for the sense of loss and sadness it has for them.

"Friends and family were so helpful, providing meals, childcare and comfort, which we will always appreciate and remember."



A memorial service may not be appropriate for you. An alternative is to hold a private or close family remembrance at home. Perhaps some other symbolic event such as planting a tree or a shrub, or creating your own personal memorial may appeal to you.

This may take place weeks or even longer after your miscarriage has occurred. It is an opportunity to express your grief, and may help you to move towards the future.

The type of decision you make may play an important role in your grieving process. It is a decision that only you and your partner can reach together.

Any of the above suggestions may be of use in creating memories. For some families it doesn't feel right or make sense to create memories in these ways. There are no right or wrong ways and it is important that you do whatever you feel comfortable with. Help and support in creating memories this may be available from medical or hospital staff, family or friends.

A dilation and curettage, or D & C, as it is commonly known, is an operation performed under general anaesthetic to remove tissue from the uterus vaginally.

While you are in hospital, you may have worries and questions about what has happened to you. Ask the staff who are caring for you to answer any questions that you may have. It is better for you to know as much as possible about your miscarriage, rather than to go home with unanswered concerns.

When a miscarriage occurs

When a pregnancy threatens to miscarry there is often very little the mother, father or health professionals can do to alter the outcome. This can be a time of considerable uncertainty and anxiety for many women and their partners as they wait, hoping the symptoms will go away and that their baby is still alive and growing. Feelings such as fear, guilt and sadness may be intense as parents search for explanations for the onset of symptoms.

Sometimes, abdominal or vaginal ultrasound examinations are carried out to determine whether the cervix has opened or remained closed and if the baby's heartbeat is present. If the examination shows there is no heartbeat and the cervix is open, then a miscarriage is inevitable or has already occurred.

Waiting for a miscarriage that is inevitable can be lonely and confusing. It can be difficult knowing that you are carrying your baby who has died while trying to anticipate and prepare yourself for the completion of your miscarriage.

A miscarriage may follow a threatened miscarriage, or there may be no warning. When a miscarriage occurs it may be either complete, incomplete, missed or unnoticed.

“I felt so numb, I couldn't believe this was happening to me.”



Why does it happen?

There are many suggested causes for miscarriage such as infection, hormone imbalance, problems with implantation or the placenta. Most often, something went wrong at or soon after conception, and the foetus did not develop properly. It is very rare for miscarriage to occur because of something you have, or have not done.

For the majority of women the cause of the miscarriage will never be known, even after extensive testing. Many parents have expressed feelings of frustration and helplessness when a cause for their miscarriage cannot be found.

Some of the known causes of miscarriage are listed below. Further information may be obtained from health professionals or your local library.

- **Abdominal surgery:**

While uncommon prior to twenty weeks gestation, abdominal surgery may increase uterine irritability.

- **Anembryonic pregnancy:**

(previously known as blighted ovum)

Sometimes an egg is fertilised but does not continue to divide. A pregnancy test will be positive and a sac is formed, although there is no baby. Miscarriage usually occurs between seven and twelve weeks.

- **Any severe or poorly controlled illness:**

Illnesses such as hypothyroidism and diabetes, if not well controlled, may cause miscarriage, although only rarely.



- Keeping a journal or diary to write about their baby, about the hopes and dreams they had and the things they would have done together
- Writing poetry about their baby and about their own experience of loss
- Drawing the image they have of their baby, or having an artist professionally draw their baby from a description
- Collecting any early ultrasound pictures, medical reports and papers, arm bands, etc. From their hospital admission
- Sending cards or writing to family and friends letting them know what has happened
- Choosing a piece of jewellery, eg. A locket on a chain, a bracelet, a birthstone or ring engraved with their baby's name or initials
- Choosing a special painting, book or ornament to place in their home in memory of their baby
- Placing a memorial to their baby in the personal notices section of the newspaper
- Creating a birth, name giving or memorial certificate which can be displayed at home or kept in an album with other mementos
- Some families gather memories of their baby over weeks, months or years.

For some parents a memorial service provides an opportunity to acknowledge and say goodbye to their baby. Through a funeral or memorial service, family and friends can share in the parents' loss. Many parents describe that holding a memorial service was helpful for them in the months that followed. A service can be arranged through a funeral director or, alternatively, the parents may decide to arrange a ceremony themselves. The hospital Social Worker or other staff may be able to help with information and ideas. Following a funeral, the baby's body may be buried or cremated.

“It seems like a wisp of time that you were here. Places ache inside as I silently mourn.”



When will I feel better?

It is important to realise that grief has not time limits and that a good day may quite often be followed by bad and vice versa. Feelings of loss can return at any time and may be triggered at the baby's due date, or anniversary, or perhaps years later when a milestone would have been reached.

Creating memories

Following miscarriage, some parents are left wondering if their pregnancy was ever real. For parents who have or have not seen their miscarried baby there are many ways to create mementos that relate to their baby's existence. Parents often describe that creating lasting memories of their baby is an acknowledgment of the reality of their baby's brief life.

For parents who experience early miscarriage there may not be any physical evidence of the baby. When miscarriage occurs later in pregnancy parents may have the opportunity to see and touch their baby. This will depend on the type of miscarriage you have experienced and how developed your baby was when your miscarriage occurred.

Some ways parents have created memories of their baby include:

- Deciding what sex their baby was if this is unknown
- Naming him or her
- Inviting extended family and friends to participate in a memorial occasion to acknowledge their baby
- Conducting a ceremony of significance for their culture or belief which acknowledges their baby
- Planting a shrub or tree in memory of their baby, perhaps one that flowers around the time of the expected birth date or another significant day

• Cervical incompetence:

Cervical incompetence is where the cervix is unable to hold the contents of the uterus in place and painlessly dilates too early, usually after the fourteenth week of pregnancy.

• Chromosomal defect or abnormality:

The majority of chromosomal defects or abnormalities happen by chance, and in most cases, will remain unknown.

• Direct trauma:

An extremely severe, direct blow to the lower abdomen may damage the uterus and placenta.

• Hydatidiform mole or molar pregnancy:

In rare instances, the placenta develops abnormally into a mass of fluid-filled sacs. The symptoms of pregnancy exist although there is no baby. In very rare cases, a form of cancer can develop after such a pregnancy.

• Immunological problems:

Sometimes the mother's immune system does not produce the antibodies necessary to prevent rejection of the baby.

• Indirect trauma:

Examples of indirect trauma are cardiac arrest, severe blood loss and shock.

• Infection or virus:

Infections or viruses such as listeria, toxoplasmosis and others may lead to miscarriage.

“Weeks later I wondered if I had really been pregnant at all.”



- **Uterine abnormalities:**

Some women are born with an unusually shaped uterus, which can increase the chance of miscarriage.

- **Ectopic pregnancy:**

An ectopic pregnancy develops outside the uterus, usually in the fallopian tube and occasionally at other pelvic sites. This often causes bleeding, severe abdominal pain and discomfort to the mother. Some women will not be aware they are pregnant until the ectopic pregnancy is diagnosed. Symptoms are usually present by about the eighth week of pregnancy. Should symptoms be present seek medical advice, as untreated ectopic pregnancies can be life threatening.

An operation is necessary to remove the pregnancy and often the fallopian tube, as the tube may burst and cause internal bleeding. Discuss with your doctor the time needed to physically recover following this operation.

Many women wonder whether they will be able to become pregnant again if their fallopian tube has been removed or damaged. Usually, as every woman has two tubes, it is possible to become pregnant again if there are no other complications. However, discuss with your doctor the results of your ectopic pregnancy and any related concerns you may have.

Recurrent miscarriage

Most doctors tend not to investigate to find reasons after the first miscarriage, but after two miscarriages, chromosomal tests are usually performed on the miscarried baby. If you have three or more miscarriages in a row, medical staff will sometimes refer to them as recurrent or habitual miscarriages. After three miscarriages the chance of

- **Your health professional:**

Do you feel that you could comfortably work together with your health professional through another pregnancy? Discuss any unresolved issues or concerns you may have with the health professional concerned; if you are not satisfied you may wish to seek other care.

- **Results of testing:**

You may need to consider the results of post-mortem, pathology or genetic investigations when contemplating another pregnancy. Discussions of these issues with your doctor may lead to consultation with a geneticist, genetic counsellor or other specialist.

- **Birth plan:**

You may want to consider discussion a birth plan with your health professional. This might include pre-pregnancy discussions about investigations, tests and also the frequency of visits during another pregnancy. You may also wish to talk about choosing a birth place with particular facilities, the type of birth you wish to have and plans for “What if something goes wrong?”

- **Support people:**

Supportive people around you will help you through the often anxious and stressful months of a subsequent pregnancy. These may include your extended family, friends, health professionals, SANDS (WA) Inc. and others who have had a similar experience.

“I was so confused and scared. Part of me wanted to ask questions but I was too frightened and mixed up to ask. I was wondering if I would be able to tell if my baby was a boy or a girl.”



I want more help, who can I talk to?

After going home, people may expect you to behave 'normally', but you probably won't feel 'normal'. Sometimes it helps to talk to someone who has also experienced a miscarriage and who understands that it is not 'for the best', or 'nature's way'.

SANDS (WA) Inc. offers support through phone contact, group support, or on a one to one basis. You may feel that professional help could be of benefit.

Ask to be referred to a grief counsellor, or see a social worker, minister of religion or someone else who is trained to help people cope with loss.

Planning another pregnancy

Following miscarriage some parents are keen to become pregnant again as soon as possible. Others feel the need to wait for some time. Sometimes, partners have differing views about subsequent pregnancy, causing strain in their relationship. Also, planning future pregnancies may involve medical and/or genetic investigations and counselling. Emotional, cultural, religious and other considerations may influence a family in making this decision.

Apart from medical and physical considerations, there is no correct or appropriate period of time to wait before trying again. Your doctor or clinic medical staff may suggest how long to wait before resuming sexual activity and before attempting to become pregnant again. You should discuss your individual needs with them.

again miscarrying rises significantly. The cause of recurrent miscarriages often cannot be identified, however, it may be beneficial to consult with a geneticist for discussion about previous miscarriages and future fertility.

Treatment for some problems may be available. This includes surgery to correct uterine abnormalities, hormone supplements, a cervical stitch for cervical incompetence and immunological treatment (which is still in the research stage). In most cases, no cause is found, and no treatment is available.

For women who have had repeated miscarriages, each successive pregnancy will mean cautious hope, accompanied by the fear of yet another loss. Often the fear will not pass until the pregnancy progresses past the stage of the previous miscarriage, and even then, it may be difficult to relax and be confident about the successful completion of the pregnancy.

Following a miscarriage

There a number of procedures and choices that may follow either an early or late miscarriage.

• Dilation and curettage (D & C):

Following an early or late miscarriage it may be necessary to have D & C or suction curettage. This is because there is a risk of infection developing from tissue remaining in the uterus.

These short operations are usually conducted under general anaesthetic but can be performed under a local anaesthetic. During a D & C the cervix is dilated and the lining of the uterus is gently scraped. A suction curettage is where the contents of the uterus are removed by suction.

“In some ways I feel relief—the uncertainty is over, I can get on with my life.”



- **Pathological examination:**

Any tissue passed vaginally or recovered through a D & C, is usually sent for pathological examination to try to determine the cause of the miscarriage.

- **Seeing the collected tissue:**

Following a miscarriage some parents wish to see the remains of their baby. Discuss this with the medical staff before any operation occurs if you think this may be an option for you.

- **Size and appearance of the baby:**

The baby's size will depend on the length of time the baby continued to grow and any medical condition of the baby. The appearance of the baby may depend on any time lapse between death and when the baby miscarried, a particular medical condition and/or the manner of delivery. However, a fully developed, normal baby that miscarries at twelve weeks is approximately 7-9 cms in length while at sixteen weeks would be approximately 16-18 cm long (or about the size of an adult's hand). Talk with medical staff about what to expect if you are choosing to see your baby.

- **Late miscarriage:**

A late miscarriage occurs between the twelfth and twentieth week of pregnancy. As with early miscarriage, a D & C or suction curettage will be required from an incomplete or missed miscarriage.

Following a miscarriage, your own feelings of grief, sadness, hurt and confusion may make it difficult for you to provide the comfort and explanations that your children may need. Talk to your children honestly about your miscarried baby and about how you feel. Provide explanations of what has happened suited to their age, ability to understand and your family beliefs. It is better to give simple, short, accurate explanations frequently rather than lengthy talks. Their questions will help you to understand their specific concerns. Answer honestly, even if the answer is "I don't know."

Your doctor

Sometimes after a miscarriage, you may feel that your doctor was somehow to blame. It is natural that in this situation you will be looking for a reason for your loss. Doctors unfortunately, are rarely able to predict the course of nature when a miscarriage is threatening, but they can answer your questions and suggest an ultrasound, which may reassure you.

Do not hesitate to see your doctor even at a much later date, if you feel that you are still unclear about what has happened to you. While you have every right to ask for information, do not be surprised if your doctor is as perplexed as you are. It is frustrating for the medical profession that miscarriage is an area where they are often unable to help their patients.

SANDS (WA) Inc. provides Doctors and other professionals with useful information on reactions following miscarriage. They may appreciate you giving them a copy of this booklet, or the contact details for SANDS (WA) Inc.

"I had told my daughter we were to have a new baby, and then I had to tell her that the baby had died. She was so angry and I couldn't explain it to her properly."



“My partner is devastated, this was his baby too.”

Men as partners

Your partner may find the events in hospital very difficult. He may feel powerless and unable to protect you from the hurt. In his concern for you, he may ignore his own intense emotions and grief. He should be included in discussions with your doctor, hospital staff or counsellors, and given every opportunity to express his own feelings. It is important that you both share your grief, talk to each other about your feelings and needs. There is a need to understand and respect that each will grieve differently and in their own time.

Children’s responses

If you have other children they may be affected by your miscarriage. Their reactions to the loss of your baby will be individual, and will be influenced by age, personality and the parental, cultural and religious influences present in their upbringing.

Even if they didn’t know that you were pregnant, children may be aware that their parents are upset, not reacting in their usual way and that something is wrong within the family. It is possible that during this time their normal routine has been disrupted and they have been separated from one or both parents.

Children react to the stress they feel themselves and to what they see happening around them. Young children may become unusually clingy, easily upset and distressed. Older children may be aggressive, disruptive or unusually quiet. These are common grief reactions in children.



• Labour:

Where the gestational age of the baby is more than fifteen weeks and miscarriage is inevitable, medical staff may recommend that labour be induced. An intravenous infusion or vaginal pessaries are usually used to stimulate uterine contractions. Consideration will need to be given to such issues as pain relief and your choice of support persons.

Sometimes the placenta is retained in the uterus following the miscarriage. If this occurs, your doctor may recommend a D & C. Before and during labour, medical staff can provide support and information. They can describe how your baby will look and the expected size of the baby. Most miscarried babies will die before, or during birth.

What will happen to the baby?

Unless the parents request otherwise, babies routinely go to pathology/histology for tests to try to discover the cause of the miscarriage. Individual hospitals have their own policy which covers the cremation or burial of babies born before 20 weeks gestation. Be reassured that the staff will deal humanely with your baby.

In some hospitals, the babies are cremated. Some parents may choose to cremate or bury their baby. This can be arranged through a funeral director.

It is possible to have a memorial service for your baby, and this can be discussed with the hospital chaplain or your own minister. It may help to discuss your options with the hospital social worker.

You may find that you need to make your decision and arrangements but in the meantime it is important to tell the hospital before the baby goes to pathology, that you are considering a burial or cremation.

“I often wonder if there was something I could have done differently. Maybe rested more or have been less anxious.”



Spending time with your baby

Seeing and spending time with your baby can be a positive way to express your feelings for this baby and can help you to understand the reality of the miscarriage. However, this may only be possible if you experience a late miscarriage.

Depending on the gestational age and the condition of the baby at birth, some parents are able to hold and bathe their baby. They may be able to take photographs and have ink prints made of the baby's hands and feet. Some parents may choose to bless or baptise their baby at this time. With the support of caring staff to assist them, many families find that this opportunity helps them create lasting memories of their baby.

Choosing to see a baby after miscarriage is a very personal, individual decision that has to take many factors into account. Whatever your choice, it is important only to do what is right for you in your particular circumstances.

Will I be in a ward where there will be babies?

Many women find it distressing after miscarriage to be close to newborn babies. Most country hospitals and small private hospitals usually have a combined maternity/gynaecology section and this may make it difficult to be separated from newborns. If you find this closeness too distressing, discuss your feelings with the staff caring for you, as this will help them to understand how you are feeling, and enable them to provide you with the best possible care.

Lactation

Following late miscarriage your breasts may produce milk. Breast milk will usually not be produced if your pregnancy was less than fourteen weeks duration.

Antidepressant medications often prevent the expression of emotions and are usually unnecessary.

Future events such as your expected date of delivery, the anniversary of your miscarriage, another pregnancy, Christmas and significant family occasions may be difficult for you. Being aware of this ahead of time may be helpful.

Often, couples who have experienced a miscarriage feel isolated and lonely, particularly when others around them are having babies. It can be painful to see pregnant women at work or at the shopping centre, and you may find you avoid holding other people's babies. You will perceive everyone you see will be pregnant, and your sadness will be increased because you're not. This resentment is very common amongst couples who have lost a baby and it will ease as time passes.

You may feel very alone in your grief, particularly if other people did not even know you were pregnant. They will not realise what has happened and you may feel awkward and too vulnerable to tell them now. Those women without a partner to support them may also experience difficulties in having their emotional and physical needs met. It is important to have someone with whom you can share your thoughts and feelings at this time.

After your miscarriage, understanding family members or close friends may provide valuable support. Nevertheless, there may be occasions when you feel particularly alone and support from others may be helpful.

**“I feel empty,
like there's a
big hole
inside me.”**



Our culture, beliefs and upbringing all influence the ways we will express our grief. Families and individuals within a particular culture often have a wide range of attitudes or reactions. All individuals will have differences in needs, expectations and ways of experiencing and expressing their grief.

As individuals, many parents describe that their thoughts and reactions during bereavement are often different to those of their partner. It can be difficult for partners to maintain effective communication in their relationship while they are experiencing feelings of grief and sadness. This is particularly so when one partner seems to be 'getting on with life' and the other is continuing to express sadness. It can seem that one has forgotten and doesn't care about the miscarriage while the other is not 'coping well.'

Try to talk openly and honestly about your own feelings and needs with your partner. Listening to each other's different needs and expectations may be helpful in understanding your partner's grief. Just as sadness does not mean you are 'not coping'; 'getting on with life' does not mean that a person doesn't care. You may be just experiencing grief differently. Often, your partner cannot be expected to meet all of your needs and it may be helpful to have others to talk to.

There may be times when you withdraw your interest in everything around you. This is a part of normal grieving. It may take weeks or even months before you feel able to return to daily activities. Give yourself time to recover both emotionally and physically. As far as possible, maintain a proper diet and get adequate sleep.

Women cannot control the hormones that stimulate the breasts to fill with milk. Full breasts may leak following an embrace, hearing the cry of a baby or even after thinking of the miscarried baby. The breasts can be very sensitive to touch and may be painful and uncomfortable. Production of milk is distressing for some mothers and comforting for others. Some women feel that their milk is the last link they have to their baby.

Breast milk can be suppressed by avoiding stimulation of the breasts and wearing a firm bra both day and night. Painful breasts are often relieved by taking warm showers, the application of chilled cabbage leaves and cold compresses and using pillows for support. Small expressions of milk may be necessary to relieve discomfort and can gradually be reduced over time.

Breast milk can also be suppressed through the use of prescription drugs. Your doctor can explain the use of these medications. Tender lumps or red areas on your breasts may indicate a blocked duct; if this occurs seek medical advice through your doctor or clinic.

Women's health following miscarriage

Medical follow-up is important to ensure that your general state of health is good and your uterus has returned to normal. This follow-up should be carried out within six weeks of the miscarriage by your doctor, early discharge nurse or community nurse.

- **Anaemia or infections:**

Some women who experience great blood loss during miscarriage become anaemic and may require medications or dietary supplements. Antibiotics may also be prescribed following miscarriage to treat or prevent infection.

“My body began making milk for the baby I had lost, I couldn't believe this was happening to me.”



“It took so long for me to feel my body had healed.”



- **Bleeding:**

Vaginal bleeding usually continues for seven to twenty-one days, gradually becoming lighter. It is advisable to use sanitary napkins (pads) at this time rather than tampons. If heavy bleeding occurs or if you experience strong pain, medical advice should be sought.

- **Sexual intercourse:**

Your doctor or medical staff may suggest the period of time before you body will be physically ready to resume sexual intercourse. However, when you will be emotionally ready is an individual experience. Discuss your feelings with your partner so that the timing is appropriate for both of you. Concern and love for each other may be expressed in other ways until you feel you are ready for sexual intercourse.

Future pregnancies

For most women, a miscarriage is a chance occurrence. The next pregnancy is very likely to proceed to the full term. Within a month or two of a miscarriage occurring, your reproductive system will have returned to normal, and unless there has been some pelvic infection, your fertility will be unaltered.

However, you may need time to get over your grief for the pregnancy that you have lost before you feel emotionally equipped to handle another pregnancy. It is normal to feel anxious about any subsequent pregnancy, especially up to the time of your earlier miscarriage. Expressing these feelings and fears to others may help.

Feelings and reactions: ‘Grief’

Many parents describe a range of responses, including disbelief, anger, sadness, guilt, heartache and overwhelming confusion. Life may suddenly seem to be ‘out of control’.

Your grief may be combined with feelings of anger and bitterness. The unfairness of losing a much wanted baby can be as traumatic in early pregnancy as at full term. You may feel a sense of betrayal of your body which you trusted to cope easily with your pregnancy.

Another common emotion is guilt. Perhaps you may worry that activities such as exercise, housework, going to work, drinking, smoking or sexual intercourse caused the miscarriage. Doctors today believe it is unlikely that these have any direct effect on miscarriage. However, the excessive use of alcohol and cigarettes are thought to have other detrimental effects on the pregnancy. When a pregnancy is unplanned and initially unwanted and a miscarriage occurs, the mother may feel that somehow her feelings of rejection towards the baby have caused the loss. This too, is a natural emotional reaction, and eventually such feelings of guilt will be put into perspective.

Physical reactions such as changes in appetite, sleeping difficulties, a general feeling of being unwell, fatigue and difficulty in concentrating may also be experienced. These are all part of grief and bereavement and are normal response to loss.

“You know I’ll never forget this miscarriage. I might not tell other people but I will remember.”

