

Pregnancy Loss

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Pregnancy Loss

- There is a wide range of normal reactions to pregnancy loss. Some people will conceptualize it as their baby died and will even assign a sex and choose a name. Others will be more detached and focus on believing that their body did what it had to do. The depth of grief is only loosely correlated with the facts of the pregnancy and the loss.
- Always take cues from the patient, and even ask them what they would like to hear now. Ask both open ended and close ended questions. "What questions/fears do you have?" "What worries you the most right now?" "Would you like to discuss trying to conceive again?" If possible, offer to schedule another follow up appointment to answers questions they might not be ready to discuss right now.
- Most patients take comfort in being told that miscarriage is common and that there was nothing they did to cause it. However, few patients take comfort in being told that their body did the right thing by miscarrying a potentially abnormal pregnancy, as they see their body as what created the abnormal pregnancy in the first place.
- When the evidence base is slim or controversial, offer the patient clear options and rationale rather than absolute guidelines. For example, "Most people choose to wait for at least one period after their miscarriage before trying to conceive again. It makes it easier to date the next pregnancy and helps reassure you that your body has recovered. It is also okay to take more time to grieve and rest. There is no data that shows that it is easier to conceive immediately after a miscarriage."
- Be honest when recommendations are based in what insurance may or may not cover, as the reassurance from certain tests or procedures (for example, testing the products of conception after a first miscarriage) may be worth the out-of-pocket cost for some patients.
- Most women do not require psychiatric care after a single miscarriage, but some do. These losses can either cause a decompensation of a previous mental health diagnosis or can be the initial precipitation event for a new diagnosis. Consider having a standard list of self-help and professional resources to offer routinely, especially if the patient will not be having a follow up appointment to further discuss the miscarriage.
- For appointments related to pregnancy or infant loss, when possible, try to room the patients quickly to avoid leaving them in the waiting room. While they will not be able to avoid pregnant women forever, returning to your clinic or the hospital is often very stressful, and these little policy changes can make a world of difference for them. If possible, avoid rooming them in the same room where they found out about their loss. You can also consider turning down the volume on dopplers for heartbeat checks so that they are less likely to be heard between rooms.
- If a partner is present, remember to address them and their possible grief as well.

Additional Considerations

Terminations for Medical Reasons (TFMR): Patients who decide to terminate a pregnancy for medical reasons (either for their own health or due to medical findings about the fetus), typically experience these losses similar to those who experience spontaneous pregnancy losses and stillbirths, but often with an added layer of potential social stigma. These are situations in which the pregnancy was very much wanted, and TFMR often happens at a point in the pregnancy where they have either socially announced their pregnancy or were about to. Most parents who choose to TFMR are confident that they made the right decision, and also feel deep grief about their loss.

Elective Terminations: Several studies have shown that when elective terminations (terminations for social/personal reasons) are pursued without coercion, there is minimal to no long-term mental health impact. At the same time, some people, especially those who feel that they may have made a different decision if social or financial situations were different at the time of the pregnancy, may have more complicated feelings in the aftermath. Follow your patient's lead in how they talk about the termination, and do not assume guilt or emotional conflict.

Pregnancy After Loss: Pregnancy after loss often comes with a mix of joy and fear. Not only is there usually anxiety that the same type of loss may happen again, but often times, people have heightened anxiety about other potential adverse outcomes that can happen during pregnancy, or postpartum. Some people feel significant relief once they pass the timeframe of their previous loss(es), but this is not the case for everyone. And in the case of those who experienced stillbirth, the entire pregnancy may be experienced as a time of concern.

Common Medical Terms

Chemical/Biochemical Pregnancy – A very early miscarriage before anything can be seen on ultrasound. More commonly noticed these days due to the combination of the increased sensitivity of home pregnancy tests, and more people tracking their cycles more closely, and therefore testing earlier.

Miscarriage/Spontaneous Abortion – Pregnancy loss prior to 20 weeks gestational age. Most commonly happens prior to 10 weeks.

Threatened Miscarriage/Threatened Abortion – Bleeding during early pregnancy. May resolve without any consequences or may be the precursor to a miscarriage.

Missed Miscarriage/Missed Abortion – Fetal demise prior to the 20th week without spontaneous expulsion of the products of conception.

Blighted Ovum – A pregnancy characterized by the development of the gestational sac without an embryo.

Recurrent Pregnancy Loss – (old diagnosis: Habitual Aborter) The threshold number of losses varies from 2 to 3.

Stillbirth – Pregnancy loss after the 20th week.

Incidence

- Early Pregnancy loss (within the first trimester) is most common, and may be up to 31% especially when biochemical pregnancies are taken into account. Once a pregnancy is visualized on ultrasound with a reassuring heartbeat, the rates drop significantly.
- The rate of second trimester miscarriages is less than 1%.
- The stillbirth rate in the US is 6.0 per 1000 births, approximately 50% of which occur between 20 and 27 weeks gestation.
- With each subsequent pregnancy loss, the risk of having another one increases.

Pregnancy Loss Resources

Local organizations:

Parent Support of Puget Sound

Support groups and resources for those who have experienced miscarriage or infant loss.

<http://psopugetsound.org/>

National organizations:

RESOLVE: 1-866-668-2566

A national helpline providing peer support for people experiencing infertility or miscarriage.

<https://resolve.org/>

Virtual support groups:

Postpartum Support International (PSI) online support groups

Online support groups for pregnancy and infant loss and fertility challenges

<https://www.postpartum.net/get-help/psi-online-support-meetings/>

Workbooks:

Coping With Infertility, Miscarriage, and Neonatal Loss: Finding Perspective and Creating Meaning by Amy Wenzel

<https://www.amazon.com/Coping-Infertility-Miscarriage-Neonatal-Loss/dp/143381692X/>

Books:

The Brink of Being: Talking About Miscarriage by Julia Bueno

<https://www.amazon.com/dp/B07JVZGX1C/>

The Miscarriage Map: What To Expect When You Are No Longer Expecting by Sunita Osborn

<https://www.amazon.com/Miscarriage-Map-Expect-Longer-Expecting-ebook/dp/B07W4RV5DQ>

You Are Not Alone: Love Letters From Loss Mom to Loss Mom by Emily Long

<https://www.amazon.com/You-Are-Not-Alone-Letters-ebook/dp/B01CKR76P2/>

About What Was Lost: Twenty Writers on Miscarriage, Healing, and Hope by Jessica Berger Gross

<https://www.amazon.com/About-What-Was-Lost-Miscarriage-ebook/dp/B000SEGUS4/>

Empty Cradle, Broken Heart: Surviving the Death of Your Baby by Deborah Davis (Author)

<https://www.amazon.com/Empty-Cradle-Broken-Heart-Surviving-ebook/dp/B01MXLRP37/>

More about stillbirth, but some women who miscarry find reading about that helpful as well:

An Exact Replica of a Figment of My Imagination: A Memoir by Elizabeth McCracken

<https://www.amazon.com/Exact-Replica-Figment-My-Imagination-ebook/dp/B001DR7K02/>

Articles:

Eighteen Attempts at Writing About a Miscarriage by Alice Bradley

<https://www.thesunmagazine.org/issues/408/eighteen-attempts-at-writing-about-a-miscarriage>

Dear Newly Bereaved Parent by Angela Miller

<https://stillstandingmag.com/2016/01/27/dear-newly-bereaved-parent/>

The Japanese Art of Grieving a Miscarriage by Angela Elson

<https://www.nytimes.com/2017/01/06/well/family/the-japanese-art-of-grieving-a-miscarriage.html>

Mourning my Miscarriage by Peggy Orenstein

<https://www.nytimes.com/2002/04/21/magazine/mourning-my-miscarriage.html>

The Heartbreak of Almost: A Modern Miscarriage Story by Nora McInerney

<https://medium.com/@noraborealis/the-heartbreak-of-almost-a-modern-miscarriage-story-d9cf5bb3d85d#.7hp46nsh1>

That Time We Didn't Become Parents on Social Media by Kelly Ferraro

<https://medium.com/@kellyferraro/that-time-we-didn-t-become-parents-on-social-media-bf18b1fb32a0#.tanuitv9x>

The Internet Still Thinks I'm Pregnant by Amy Pittman

<https://www.nytimes.com/2016/09/04/fashion/modern-love-pregnancy-miscarriage-app-technology.html>

"There Was No Child, I Told Myself": Life and Marriage after Miscarriage by Christen Decker Kadkhodai

<https://www.theguardian.com/lifeandstyle/2016/jul/16/miscarriage-pregnancy-motherhood-loneliness>

Podcasts:

Terrible, Thanks for Asking (Not specifically about miscarriage, but generally about coping with loss and hardship)

<https://podcasts.apple.com/us/podcast/terrible-thanks-for-asking/id1126119288?mt=2>

Sisters in Loss

<https://sistersinloss.com/blog/>

The Still Mama Tribe (again, more about stillbirth but some episodes about miscarriage)

<https://thestillmamatribe.wixsite.com/stillmamatribe/podcast>

Specific Episodes:

Katie's Crib: Miscarriages: You are not Alone with Amy Mass & Jackie Seiden

<https://podcasts.apple.com/us/podcast/miscarriages-you-are-not-alone-w-amy-mass-jackie-seiden/id1367251383?i=1000411993304>

Dear Sugars: Redux: When Your Loved Ones Just Don't "Get It"

<https://podcasts.apple.com/us/podcast/redux-when-your-loved-ones-just-dont-get-it/id950464429?i=1000497826030>