

Early Pregnancy Loss

The death of a baby at any stage of pregnancy can be a very sad and distressing time. Even at an early gestation parents are already busy preparing for a new life with their baby. Suddenly and unexpectedly their plans come to an end.



"It all happened so quickly. One minute I was at work and then all of a sudden I was being admitted to hospital to have my pregnancy removed. My much wanted pregnancy my living pregnancy."...Kim

Early pregnancy loss is the loss of a pregnancy prior to 20 weeks gestation. The term is a broad one, encompassing miscarriage, ectopic, molar and any other loss that occurs prior to 20 weeks. There are many medical terms that describe how a pregnancy has ended. Sometimes these can be confusing or distressing to hear. To help you understand what you may experience or are currently experiencing with the physical loss of your pregnancy the brochure 'Pregnancy Loss' by Sands and RANZCOG may help and there are definitions at the end of this brochure.

You may have many questions about your choices and about what comes next. Many parents want to know what will happen to their baby, how they will cope, and what this experience will mean for the future. Every pregnancy loss is different, and there is no right way to feel about it. Feeling sad, confused, frightened, socially isolated, overwhelmed by grief or even a sense of relief are all common and normal.

For some parents, the loss of an early pregnancy is a shocking life event from which it takes a long time to recover, whereas for others, it is an event of relatively minor significance.

Many women who have experienced an early pregnancy loss feel guilty and may blame themselves. In most cases, there is nothing that the mother did to cause this event and nothing that could have been done to prevent the loss. Because there is still a lot that is unknown about many early pregnancy losses, most parents do not ever find out the cause, and this can be difficult to accept.

The most common type of early pregnancy loss is a miscarriage. Many parents are surprised to learn that about one in five confirmed pregnancies end in miscarriage. While this statistic may provide little consolation, it does sometimes help couples understand that they are not alone in this experience. Parents react to miscarriages in different ways – there is no right or wrong way to feel.



IT IS NATURAL TO EXPERIENCE SOME OF THE FEELINGS AND REACTIONS ASSOCIATED WITH SIGNIFICANT LOSS SUCH AS:

- Shock
- Loneliness
- Feeling numb or empty
- Sadness
- Crying
- Frustration and irritability
- Anger
- Denial
- Guilt and self-blame
- Confusion
- Acceptance
- Relief
- Jealousy on seeing pregnant women or babies

COMMON QUESTIONS

Will I be able to see my baby?

Don't be afraid to ask your midwife or doctor if it is possible to see your baby. With pregnancy loss at earlier gestations there is unfortunately a chance that there will be no recognisable baby for you to spend time with. If you do have the option to see your baby deciding whether or not to do so can be difficult. Talking to your midwife or doctor about what to expect can help you make an informed decision.

For those who are able to, seeing, holding, spending time with, or photographing their baby can help make treasured memories.

If you choose not to see your baby, you can ask hospital staff to take photos of your baby for you to look at later on. Remember there is no right or wrong decision. Do what feels right for you.

What will happen to my baby?

It's important to consider what you would like to happen with your baby's remains. You can request your baby is returned to you or have your hospital follow its own procedures for cremation. It's important to discuss these options with staff so you are entirely clear on the process that will happen.

Although there is no legal requirement to bury or cremate babies miscarried before the 20th week of pregnancy, it is generally possible for you to do so if you choose.

You may be able to bury your baby in a cemetery or at home. Your hospital should have more information on your options or you can contact your state health department for assistance.

Do I need to register my baby's birth/death?

Official birth and death certificates cannot be issued for babies delivered prior to 20 weeks gestation. Some hospitals offer commemorative certificates to acknowledge your baby's life and Sands also has available 'In Memory' certificates you can request.

How can I make memories of/with my baby?

Even if you are not able to see or hold your baby, it is possible to create meaningful memories of their life.

Some suggestions include:

• Naming your baby:

Even though you may not know your baby's gender, some parents find naming their baby to be an important step in acknowledging their life. Many choose to use the nickname they chose for their baby during pregnancy.

• Collecting mementos of your pregnancy:

Some parents create a memory box full of their positive pregnancy test, ultrasound photos or hospital tags. You could also include records of any hospital stay, sympathy cards, pressed flowers, or toys or clothes you had prepared for your baby.

How will I cope with grief?

Women often feel confused or distressed by the sense of having no real control over their body. Many feel as if their body has betrayed them or feel guilt that somehow through their thoughts or actions they caused their pregnancy loss to occur.

In the case of early pregnancy loss many parents feel cheated that they have nothing tangible to show for their pregnancy and no memories to grieve over. This can be a particularly lonely time if their pregnancy had not yet been announced as there are few people to acknowledge their loss or offer support.

Physically, grief can be an intense experience. Parents may experience insomnia, tummy upsets, loss of appetite, headaches and anxiety. Mothers have described an intense physical craving to hold their baby, like their arms are aching.

"I was worried about going back to work - just the idea of coping with that type of pressure. But my work was really good. I took some time off first, and when I returned they lightened my load for the semester."

- Lianne



What about my partner?

Partners can sometimes feel left out when their baby dies. This may be more marked after a miscarriage because the mother has experienced the physical loss of the baby and so people think of her first and foremost. Also, some partners may find it difficult to express their emotions, which may lead others to assume their grief is less pronounced.

Supporting your relationship

Grief resulting from early pregnancy loss can bring couples together, but it can also cause significant strain in relationships, particularly when parents express their grief in different ways and at different times. Try to accept these differences and support each other. If you feel you would benefit from additional help in supporting your relationship see 'Where to go for help' at the end of this fact sheet.

Caring for other children

Children's reactions will vary according to their age and level of knowledge and understanding of the pregnancy. For children who knew about the pregnancy try to provide a simple and honest explanation of what has happened. They may need time to deal with their emotions and behavioural changes are also common during this time. A child who is too young to understand what has happened will react to parents' sadness and distress. They will need comfort and reassurance. Sands' fact sheet 'Children and Grief' goes into this topic in more detail.

How will other people react?

Although early pregnancy loss is common, the impact it has on parents as well as the wider family is often underestimated. People often assume miscarriage is a minor event, easily replaced with another pregnancy, leading parents to feel that even those closest to them do not understand their pain. Letting people know what your baby meant to you, telling them what you need and letting them know if you want to talk about your experience can help others offer the support you need. Sands has free resources written especially for friends and family to help them support parents who have experienced the loss of a baby.

Returning to work

It's unlikely you'll feel well enough to go back to work straight after your miscarriage. Give yourself time to recuperate. Even when you feel physically OK, you will still need time to recover emotionally. Your doctor should be able to provide you with a medical certificate that gives you enough time but if you feel you need longer don't be afraid to ask.

If you feel concerned about returning to work, speak to your employer. Open communication can help them understand what you're going through and how to accommodate your needs. You should also consider how they can help you communicate to others in the workplace what has happened. Do you want them to make an announcement on your behalf? Would you like them to ask people not to discuss it with you in the first week? Would you prefer to tell people yourself?

When to consider another pregnancy?

Thinking about trying to conceive after a miscarriage can be overwhelming. Some parents desperately want to try again but are terrified or experiencing another loss. Others need more time to adjust to their loss before looking to the future.

It's important to discuss your feelings with your partner and decide how you both feel about another pregnancy.

Sands has additional resources to support you if you are considering another pregnancy.





1300 072 637
24 Hour
Support

WHERE TO GO FOR MORE HELP

It is important to remember that you are not alone in this experience. If you are still in hospital you can direct your questions to a variety of health professionals including nurses, midwives, doctors, pastoral care team, social workers, the hospital bereavement service or a parent liaison officer.

Outside of the hospital your partner, and family and friends will

also be good sources of support. You can also speak to your GP, midwife, gynaecologist, a funeral director or a minister of your own faith.

Sands has parent supporters available through phone, email or online support. Sands also offers local support groups across Australia. Visit sands.org.au for details.

COMMON MISCARRIAGE DEFINITIONS

Miscarriage	A miscarriage refers to the spontaneous loss of a pregnancy before 20 weeks of pregnancy.
There are various types of miscarriage	
Threatened miscarriage	is when the body shows signs that it might miscarry, but the baby is still alive. Vaginal bleeding during pregnancy can be referred to as a threatened miscarriage
Complete and incomplete miscarriage	This is when the baby has died, and the contents of the uterus have either completely emptied or partially emptied
Missed miscarriage	Is used when the baby dies but is retained in the uterus
Blighted ovum	When a fertilised egg implants in the uterus but the embryo does not develop
Ectopic pregnancy	happens when a fertilised egg starts growing in the wrong place, somewhere outside the uterus, such as in the fallopian tubes.
Molar pregnancy	A complete molar pregnancy is related to chromosomal abnormalities and no fetus develops. A partial or incomplete mole occurs when the placenta is abnormal, but a fetus is present.

"We decided to have our baby cremated, and to keep her ashes. I keep some in a special urn, some in a beautiful pot plant, and some in a necklace around my neck. If we ever move, I know she will be able to come with us." - Sarah

