

STAYING ALIVE

Tales of Miscarriage



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INTRODUCTION

You're pregnant. Maybe you've been trying for a while, and it's happened at last. Maybe you were lucky early – even straight away. Or it was unplanned – but, all the same, you're thrilled. You're just getting used to the idea, excited, perhaps a little apprehensive. A new future stretches ahead.

And then it all goes wrong. You miscarry. The future disappears. There's no baby, no motherhood and, often, a lot of painful questions to answer.

Now what?

You want to know so much. What went wrong? *Why?* Can I have another child? Will I ever feel happy again?

Not everyone responds in the same way to a miscarriage, and there is no 'right' or 'wrong' way to feel. But for most, there is a need to grieve, and a need for information.



ONE

What is a miscarriage?

‘The problem with early miscarriage is that it is terribly, terribly common...’

Professor Lesley Regan

A miscarriage is a pregnancy that ends naturally before the baby can possibly survive outside its mother's womb (or uterus) – that is, before 'viability'.

It can occur in the earliest stages, while the organs are still developing, when the baby is called an embryo, or later, when it is known as a foetus. In legal terms, in Britain, 'miscarriage' usually means that the embryo or foetus dies before 24 weeks of pregnancy.

It is estimated that one in four women will have a miscarriage at some time in her life and 15% (one in six) clinically recognised pregnancies will end in miscarriage.

The words 'clinically recognised' imply that miscarriages are more common than records show. Some doctors estimate that as many as one conception in three never develops far enough to be recognised as such.

Some women feel a particular kind of distress at losing a baby they never knew was there, thinking they should, somehow, have known they were pregnant. That this can happen is not surprising – women often progress remarkably far into pregnancy without realising it.

The fact that miscarriage is common can be a small source of comfort. It adds weight to what you will almost certainly be told – that there is no need to assume that there is something seriously wrong with you, or that it was in some way 'your fault', or that it is bound to happen every time.

But, on the other hand, the very fact that it is not unusual may lead other people, who have no first-hand experience of a miscarriage, to make light of it and fail



to understand your sense of loss, making your grief and disappointment worse.

Early miscarriage

Most miscarriages occur within the first three months/13 weeks of a pregnancy (the first trimester).

These are early miscarriages.

Unless you have had several early miscarriages (recurrent miscarriage)

it is unlikely that your doctors will do more than ensure that the

miscarriage is complete (see page 10) and uncomplicated, and give you treatment if it is not. (The reasons for this are given on page 21.) You may also be offered emotional counselling and support (see Chapter 3).

Late miscarriage

A late miscarriage involves a baby of 13 weeks' size or more. The word 'size' is important: a miscarriage after 13 weeks from your last menstrual period (LMP) is not necessarily 'late' as the baby could have died earlier and this may not be discovered until that point. Probably only about 1% of miscarriages are genuinely late losses.

When a baby dies after 13 weeks' gestation (development in the womb), the medical implications are different from those in an early miscarriage. You will probably already have had an ultrasound scan (a picture made using high-frequency sound waves to produce an image of the body tissues) to help find out the size and state of the baby when it died. Most doctors will also suggest that you have further investigations into the possible causes.

It is estimated that one in four women will have a miscarriage at some time in her life.

Ectopic pregnancy

An ectopic pregnancy is one that forms outside the womb – usually in one of the fallopian tubes (the tubes that lead from the ovary into the womb). But, because there isn't room for a baby to develop there, the tube can burst, putting an end to the pregnancy and placing the mother's life at risk. The pregnancy must be terminated, usually by having an operation, and often the part of the tube must be removed too – thus diminishing the chance of further pregnancies.

An ectopic pregnancy usually causes severe pain as the fallopian tube is stretched, and there will probably be some bleeding. An ultrasound scan determines whether the pregnancy is forming in the womb.

'Abortion'

Most of us think 'abortion' means therapeutic abortion – the voluntary termination of a pregnancy. In fact, it can simply mean 'miscarriage' – which was how the word was used in the past. Doctors and nurses today are generally discouraged from using the term to mean anything other than a deliberately-sought termination, but some may refer to a miscarriage as an 'abortion' and inadvertently cause distress.

If anyone refers to your miscarriage as 'an abortion', it's probably a good idea to suggest, gently and politely, that this can be confusing and upsetting.

This is not to say that women who choose termination do not also suffer distress, a sense of loss and, very often, acute feelings of guilt. Often, a termination is a painful sacrifice, certainly not an indulgence.



TWO

Symptoms

'I knew it – I knew on Sunday something had gone wrong. I thought I was just panicking... my boobs had changed.'

Julie

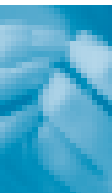
Many of us think we know what a miscarriage is like... sudden pain, heavy bleeding, possibly contractions. This is certainly the experience for some but, in fact, symptoms are likely to be very different depending on the stage at which the miscarriage happens. Early miscarriages not only have different symptoms from later ones, but require different treatment. Who you are, and why you are miscarrying can make a difference, too.

The first signs can be almost nothing more than a feeling that something is wrong.

It might sound alarming that you can't always tell whether what you're experiencing (or not experiencing) is important. How on earth do you know – especially if it's the first time – that your pregnancy is progressing normally?

It is important to keep in mind that your pregnancy is much more likely to go well than badly – even if you've had a miscarriage before. If you feel OK, you probably are OK, and even if you don't feel OK, you are still probably OK. In later pregnancy, your regular check-ups will reassure you.

- However if, at any point, you think something might be wrong, don't hesitate to ask for help. Don't be afraid of looking silly or neurotic.



Early miscarriage

Bleeding...

Bleeding (for example, spotting around the time your period was due) is common in early pregnancy, and does not inevitably point to a miscarriage, especially if it is not heavy.

‘Heavy bleeding’ is the symptom most of us associate with miscarriage – but ‘heavy’ is a relative term. Even apparently heavy bleeding (as it seems to you) may not spell the end. Such bleeding, and perhaps tenderness in the lower abdomen, may be a threatened miscarriage – meaning that a miscarriage looks likely, but there is no certainty that this is inevitable.

If the cervix (neck of the womb) remains tightly closed, the pregnancy may carry on normally, and the only damage will be to your nerves, your dignity, and possibly your clothing.

Bleeding may have a number of causes, a common one being a blood clot behind the placenta (the structure of tissues and blood vessels inside the uterus that supply the developing baby with the nourishment it needs). The baby may not be harmed at all.

Often, the bleeding stops of its own accord, and a scan will show no damage to your pregnancy.

Pain accompanying the bleeding is a more serious indication that something may be wrong. In late miscarriage, you may feel contractions similar to labour (see page 10).

- Some kinds of bleeding are more serious than others. A pinkish or brown stain, or spotting without pain are less likely to point to problems than red blood,

coming steadily. It is a good idea to save bloodstained pads or clothes to help the doctor assess the situation.

- With any bleeding, seek medical advice.

... or not

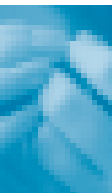
The absence of bleeding does not necessarily guarantee that all is well. The sudden disappearance of the other symptoms of pregnancy, such as feeling sick and breast discomfort, can sometimes be a bad sign. But again, feeling 'less pregnant' one day than the day before need not mean anything. As always, if you are worried, seek advice.

In some cases, the loss of the baby may only be detected when a scan shows that the embryo or foetus is smaller than would be expected (taking into account the date of the last period), or that no normal embryo or foetus is present.

This could mean that it has died in the womb, but remains there. There may be no other symptoms except, sometimes, an abdominal ache and a brown, watery discharge.

If the news is bad

If it becomes clear that your baby has died, you will probably want to get the whole thing over quickly, rather than wait for the messy and distressing process of allowing the remains of your pregnancy to leave your womb naturally. Unfortunately, immediate treatment may not always be possible, and you may have to wait a few days before an appropriate bed becomes available and you can have an ERPC (evacuation of the retained products of conception). This is a routine, quick



procedure in which you are given a general anaesthetic, your cervix is dilated (opened) and the tissues left over from your pregnancy are removed from your womb. Alternatively, certain drugs can be used to clean out the womb.

Inevitable miscarriage

If an examination shows that the cervix has started to dilate, miscarriage is inevitable. Later on in the pregnancy, it may be possible to stop the cervix opening too far by inserting a cervical stitch, but in early miscarriage, this will not help.

Complete or incomplete

A miscarriage is described as complete when all the tissues associated with pregnancy have left your womb. This usually involves heavy bleeding, the passing of blood clots and tissue and the sac in which the embryo or foetus was forming may also be seen.

If some tissues remain in the womb, the miscarriage is incomplete, and treatment, such as an ERPC will be advised to prevent infection and further bleeding.

Late miscarriage

A late miscarriage is likely to be more painful and physically traumatic. Sometimes it starts with a trickle or rush of clear fluid, confirming that the waters have broken (ruptured membranes). This is likely to be followed by painful contractions similar to labour, and heavy loss of blood.

If it is found that a foetus of more than 16 weeks' gestation has died in the womb, you may have to go through the distressing process of being induced and giving birth to the foetus, although you will always be offered painkilling drugs.

- A late miscarriage should always be investigated to find the underlying cause.

THREE

What to do if you think you may be miscarrying

*'It is not as active as
before... it was active
every single day, kicking
hard... now it isn't.
I don't know what's
happening.'*

Misrak

Early pregnancy

Despite everything you've been told, heavy bleeding during pregnancy is bound to frighten you. The fact that this may not signify anything serious is no reason not to act as fast as you can.

First steps

Your first thought will probably be to call your GP – the doctor who has been treating you during, and probably before your pregnancy. The practical problem here is that crises do not keep office hours and many surgeries do not offer the kind of out-of-hours service you'd probably like. The most likely advice you will be given is to go to the accident and emergency ('casualty') department of your local hospital as, if something is wrong, you will need the specialist help a hospital can offer.

Tests and checks

Tests at an antenatal clinic or early pregnancy unit may allow your baby's heartbeat to be heard. This is a positive sign as, for women who have never had a miscarriage before, the chances of a pregnancy being successful after a foetal heartbeat has been detected are 95%. (Sadly, this is not necessarily the case if you have had several miscarriages.)

Even if the heartbeat can't be heard, all may be well. Early on in a pregnancy, it may not be possible to detect it other than through an ultrasound scan.

*Even if the
heartbeat
can't be
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well.*



Late pregnancy

In late pregnancy, there are treatments that can prevent miscarriage if it threatens: there is bed rest, for example, some drugs can postpone early labour, and give the baby vital extra time to develop in the womb. So it is especially important to get to hospital fast if you suspect that something is wrong.




FOUR

Why does it happen?

‘There is a large group of couples in whom we don't find any underlying problem...’

Professor Lesley Regan



Many women find it hard to believe that their miscarriage was not their ‘fault’ in some way – yet the truth is that almost all miscarriages are quite simply, just bad luck.

Myths and misunderstandings

There are any number of theories about why miscarriages happen – most of which are simply not true, or at best only partly so.

These include the following:

- Getting too tired/‘dashing about’ too much
Whether or not you take life easier during your pregnancy will probably make no difference to your baby, but it may to you. You’ll feel a lot better if you get all the rest you need – so make the best of the excuse your pregnancy gives you to slow down, if that’s what you want (or need) to do.

- Taking exercise

Regular exercise is good for you, especially if you enjoy it – but there is no need to tire yourself out.

- Having penetrative sex

There is no evidence that making love during pregnancy can damage the growing baby. A few women may experience some bleeding after sex in the early stages of pregnancy, which may make you want to avoid it – for a while.

- Taking prescription drugs

Doctors are wary of giving prescription drugs to women who are pregnant unless these are absolutely necessary. Some drugs do cause deformities or other problems in the developing baby, some of which may lead to miscarriage. There’s always the worry that

something you took before you knew you were pregnant will harm the baby, but this is unlikely. Over-the-counter remedies will probably do no harm, but check with your doctor, pharmacist or midwife before taking anything.

- Working with computers

There is no evidence that this can cause miscarriage or any other problem with pregnancy (other than a painful back caused by poor posture).

- Constipation

Many women suffer constipation during pregnancy, which is uncomfortable. But ask your doctor about suitable treatments; some common ones can cause miscarriage – something many women knew when elective abortion was illegal and they sought other ways to end their pregnancy. If you are constipated, it helps to drink plenty of water and unsweetened fruit juice.

- Having taken the contraceptive pill


There is no evidence that this increases the chances of a miscarriage.

- Having had a pregnancy terminated

If this was done early, successfully, professionally and without complications, there should be no more problem than for anyone else. A poorly-carried out termination with complications can add to the risk of miscarriage in a later pregnancy.

- Long-distance travel

This is not a cause of miscarriage – but it is as well to think twice about travelling abroad, especially if you have a history of miscarriage. This is partly because of



the danger of deep-vein thrombosis (a potentially fatal condition associated with long-haul flights that can attack anyone, pregnant or not). Mainly it is because coping with the situation in a foreign country, with language and possibly insurance difficulties, would make a deeply distressing situation into something worse than a nightmare.

Sporadic miscarriage

Most miscarriages are one-off events for which no cause is ever established. These are sporadic miscarriages. Although there is a statistically very slightly higher chance of having a second miscarriage if you've already had one, there really is no reason to assume that will happen again.

Beyond your control

Miscarriage is beyond your control. If it happens, there is nothing you can do about it, and nothing you could have done about it.

However, there are factors that make the likelihood of miscarriage greater for some women than others.

These include:

- Your age

The risk for young women is around 5%, rising to around 25% for over-40s. But even these statistics show that having miscarried once, even as an older mother, doesn't mean it is bound to happen again.

- Multiple pregnancy (twins or more)

These are more likely to result in miscarriage than single births. The more foetuses there are in your womb, the more likely it is that one of them has a problem and the earlier you are likely to go into

premature labour. Your womb may become overstretched and contractions may start too early for the babies to be born safely. There are treatments to postpone premature labour and so give the babies a better chance.

- Certain medical conditions

An example is pre-existing diabetes – but there should be no problem if it is properly controlled.

Abnormalities in the developing baby

Of all the possible causes of miscarriage, the most common is that the developing embryo has some sort of abnormality that makes it unable to survive.

The human body, like that of all living things, is made up of cells – in our case, millions of them. Within our cells there are long strings of genetic material called chromosomes. There are 46 of these, arranged as 23 pairs, to which scientists have assigned numbers.

Each chromosome contains thousands of genes, which carry the ‘information’ needed to create a viable human being.

If something is wrong with either the developing baby’s chromosomes or the genes within them, it may develop in such a way that it is unable to survive in the outside world or remain growing in the womb. If it does survive, the baby will be born with some degree of abnormality – ranging from minor and treatable to serious and life-threatening.

For example, the chromosomes themselves may be faulty, as when the growing baby has three copies of chromosome number 21, rather than the usual two, (resulting in Downs Syndrome).



Sometimes, defective genes are passed on by one or both parents, and the foetus develops with abnormalities. Cystic fibrosis, for example, can be traced to a defective gene.

Sometimes, chance dictates that abnormalities develop during the formation of the embryo, and no reason can be identified. Environmental factors may play a part (for example, either parent's exposure to dangerous chemicals or high doses of radiation), and nutrition can also be a factor, as in the case of the malformation of the spine known as spina bifida. Doctors recommend that women planning pregnancy take extra folic acid, as this can help prevent spina bifida in the developing baby.

Some infections during pregnancy pose a risk to the growing baby, as for example, rubella (German measles). This can result in the birth of a child with severe physical problems, such as blindness, deafness, or both.

- All women have their immunity to rubella checked when they first register for maternity care. If you are already pregnant when you discover you do not have immunity, make sure you are vaccinated as soon as your pregnancy is completed.

Infections and illnesses as a trigger

Some infections, such as severe 'flu, can trigger a miscarriage, though this is far from inevitable and, as always, the chances are that you and the baby will be fine. Any high fever of over 38°C (100°F) can be a source of concern.

Other diseases that may cause problems include rarities, such as hepatitis, cytomegalovirus (also known as CMV), toxoplasma (a parasite associated with cat

faeces and rare meat), human immuno-deficiency virus (HIV, the virus that causes AIDS) and human parvovirus. Your doctor will advise you if it seems that any potentially dangerous diseases are a risk.

- If you are ill during pregnancy, or know you have a pre-existing serious condition, tell your doctor about it quickly.

Doctors recommend that women planning pregnancy take extra folic acid.

Hormonal imbalances

Getting and staying pregnant depends on your hormones retaining the correct balance – that is, having the right amount of reproductive hormones at the right time in your pregnancy. This sometimes goes wrong and causes miscarriage, but the fact that it has happened once does not mean it will again.

Why you may never know

Because miscarriage in early pregnancy is common and has little or no implication for the future, it is unlikely that your doctor will even try to find its cause.

To do so would involve an analysis of the tissue from the miscarried embryo. This is difficult for a number of practical reasons – not least because it may have been lost in the blood produced during the miscarriage.

Thus, you may have to face the fact that the answer to what seems like the most important question in the world – ‘why?’ – can never be known.



Recurrent miscarriage

If you are basically healthy when you get pregnant and you miscarry three times, this is defined as recurrent miscarriage and doctors will try to find out why it is happening. (In some countries, you need only miscarry twice for this to be done.)

This may not be simple. Each miscarriage may have had a different ‘sporadic’ cause. Knowing why you had one miscarriage may not give any hint about why you had the next one.

But, on the other hand, it may.

Reasons for recurrent miscarriage

The reasons why a woman may keep having miscarriages include:

- hormonal deficiencies or imbalances;
- reactions to certain necessary drugs that are being taken for other conditions;
- immune system problems;
- problems with the make-up of the mother’s blood that result in clots forming in the placenta that prevent the foetus getting the nourishment it needs.

Abnormalities of the uterus and cervix can also result in recurrent miscarriage. An example of this is a ‘double’ uterus (a uterus divided into two cavities) or one that has developed fibroids (growths on the wall of the uterus). Neither of these problems inevitably leads to miscarriage, but they can mean the embryo is unable to implant properly, and will miscarry early. Or it may have difficulty in growing to full size, leading to late miscarriage or premature birth.

Sometimes, the cervix is weak and starts to open as the growing baby presses down on it, causing a late miscarriage. Women with a weak cervix can have a ‘stitch’ inserted to give the baby the extra time it needs in the womb.

Treatment for recurrent miscarriage

Recurrent miscarriage affects approximately 1% of women and, even if you have several miscarriages, there is a chance that the reasons will never be known. But if the reason can be established, there may be an appropriate treatment. For example, women who have a tendency to form blood clots that cause miscarriage can be treated with a combination of drugs (aspirin and heparin).

Tender loving care

Professor Lesley Regan at the Recurrent Miscarriage Clinic at London’s St Mary’s Hospital, in her book, *Miscarriage: What every woman needs to know*, notes that providing ‘tender loving care’ alone appears to raise the chances of a successful pregnancy among those who have suffered recurrent miscarriage – even when no reason has been found – to about 70% or 80%.

If the reason can be established, there may be an appropriate treatment.



FIVE

The emotional impact

‘People often think they should be able to pretend that everything is all right – when it isn’t.’

Elinor James, counsellor

There is no right or wrong way to feel after a miscarriage – no ‘ought’ or ‘should’. You feel the way you do and it is impossible to predict. Many factors make a difference – whether you have had fertility problems, for example, or previous miscarriages, and your relationship with your partner (if you have one). But most important is the sort of person you are.

Some women find their grief is immediate and overwhelming, while for others, it remains in the background for a long time. Some are surprised by grief that surfaces long after the baby was lost.

Some want to talk about their loss, others do not. But few can lose a pregnancy – even one they were ambivalent about – without some emotional impact.

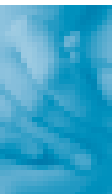
Some feelings you might have

A sense of failure or guilt

For many women, there is an overwhelming sense of failure, of a promise that was never fulfilled. Elinor James, counsellor at the Recurrent Miscarriage Clinic says: ‘No one expects it. No one expects to be infertile, and no one expects to miscarry.’ Women simply assume they will get pregnant and assume they will have a baby. If it doesn’t happen, it comes as a huge shock.

Often, they feel there must have been something they could have done to prevent their miscarriage.

For many women, there is an overwhelming sense of failure.



Then they feel under pressure – from themselves or others – to ‘get over it’ within a certain time, and guilty or inadequate when they don’t. They feel they ought to be able to cope – to go back to work, to put on a brave face.

- Don’t be too hard on yourself. It wasn’t your fault, it isn’t a failure.
- Your feelings are deep and valid. Allow yourself to have them.

Feeling angry and jealous

‘Why did it happen to me?’ ‘It’s not fair... other women have babies... other women have babies when they don’t even want them...’

Such feelings are a natural part of being hurt. Working through them, you will, eventually, stop feeling bitter, and will be able to look at babies and children without being overwhelmed by loss and jealousy.

A sense of bereavement

For most women, and their partners too, a miscarriage is the loss of baby – a baby no one else ever knew. It may be different from the loss of a friend, a parent, a partner or a living child, but it is still a bereavement.

This can be as true for an early miscarriage as a late one – don’t think that because it happens early, you somehow have less right to be unhappy.

- You may find it hard to explain the depths of your sense of loss, but that doesn’t make it any less real – you have a right to grieve.

Depression

Depression comes in many forms. You may feel waves of sadness, anger, resentment, a sense of failure, and

that life is hopeless. You may be unable to stop crying – or you might feel numb, incapable of feeling anything. You may want to sleep all the time, or find you cannot sleep, though you are constantly tired. Concentrating may be difficult. You may lose interest in sex. You may feel isolated and alone, and that no one can possibly understand.

- These feelings will probably fade over time, but if they don't, or you find them unbearable, tell your doctor about it. Help will be available – seek it out and use it. You can recover.

Someone to talk to

The first step is to face the fact that you would like help. There's no need to struggle on alone.

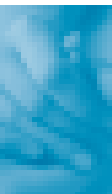
Sharing the experience

The Miscarriage Association (see page 37) can help you find someone in your area you can talk to, who has experienced miscarriage, and knows about the distress you feel. The association may be able to put you in touch with a support group where you can share your feelings with others who know what you are going through.

Counselling

You might feel that such support is not enough, and you need professional counselling – which may be available at your GP's surgery or the hospital.

The idea behind counselling is not to abolish your pain, or to encourage you to 'pull yourself together'. Rather, it is to acknowledge what you are feeling, talk about it, and find ways of leaving the distress behind. Counselling won't make the hurt disappear overnight –



or even in a short time – but it can help you find ways of coping.

As you talk to your counsellor you can be as honest as you like without feeling (as you might with a partner or friend) that you're 'going on and on', putting pressure on the listener or boring her (or him). An experienced counsellor will be able to suggest ways out of your despair and into your own healing process.

- You may decide to opt for private counselling. Some organisations, such as Relate and the British Association for Counselling and Psychotherapy (see page 37) keep lists of registered private counsellors. Most charge a fee, often operating a sliding scale depending on what you can afford.
- You may need time off work for counselling, and you will have to judge whether this is likely to be given. Do explain, if you need to, to employers and colleagues, that you are not 'losing it' or going mad. You must recover fully in order to give your best in the rest of your life.

Remembering the baby

Do remember the baby as much as, and in any way, you want to. In some cases, it may be possible for you to hold your baby after the birth and to look at him or her. Realising that there was nothing very terrible or frightening about the baby can be a source of great comfort.

Afterwards, you may be able to arrange a blessing or a service of remembrance. There may be a Book of Remembrance in the hospital in which you can write. You may want to plant a tree or a flower in his or her memory.

- Sometimes, with later miscarriages, you may be able to know the sex of your baby or have a photograph, or a scan photo of your baby.

Some dos and don'ts

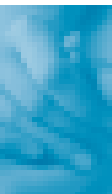
- Do talk about your experience as much as you want to. Write about it – a poem, or a letter, perhaps, or draw pictures of the baby, if that helps.
- Don't be afraid to ask your doctor about anything you need to know. Ask your doctor, staff at the hospital or the Miscarriage Association.
- Don't let anyone try to persuade you that, because miscarriage is common, it is unimportant.

Partners and relatives

However alone you feel, there are likely to be others who share your loss to some extent. A partner may feel it inappropriate to express this – thinking, perhaps, that you have more 'right' to it and that their proper role is to be strong for you. Not having felt the baby growing and moving, perhaps not having seen a scan, may add poignancy to this.

A miscarriage, like any sorrow, can put a strain on a relationship – each partner feeling the other doesn't understand, one feeling that it's 'time we got over this' while the other is still in despair, seeing no way out.

A partner may feel isolated – powerless to help, wanting to be 'there', while being unwilling to share their own sorrow, or unused to doing so. Men, more often than



women, may choose to be alone with grief. However, some may not and could find counselling helpful, either by themselves or as a couple.

Your parents, too, may feel the loss of the grandchild they never had and, like your partner, want to be strong for you and yet feel powerless.

At the other end of the generation scale, it's easy to overlook the needs of other children in the family during what seems like a grown-ups' crisis.

Try to explain, in appropriate words, what has gone wrong: 'Mummy was going to have another baby, but it didn't work out and now she isn't. She's very sad.'

Young children sometimes wonder if they did something to make the new baby go away, and feel guilty. They may need reassurance.

- Children will need to know that, distressed as you are over the loss of the new baby, you still love your 'old' ones as much as ever.
- The Miscarriage Association can offer help to partners and relatives, too.

What to say to someone who has had a miscarriage:

- As with all bereavement, remember it's better to acknowledge that it has happened than to avoid the subject.
- Ask how your friend is feeling – and listen to her answer. Don't let her feel guilty about 'going on' about it.
- Let her cry as much as she needs to.
- Don't let her 'beat herself up' – either over the miscarriage itself (it wasn't her fault) or her sadness.
- Don't look for positive things to say: 'It was probably for the best because...'; 'Be thankful you've got other children...'; 'You can always try again...'.
[Read more about miscarriage](#)
- Don't complain about your own children!
- Unless you really do know how she is feeling, don't say you do.
- Do offer support to her partner, as well.

A woman is lying on a bed, partially covered by a white sheet. She is wearing a dark-colored top and light-colored shorts. The entire image is overlaid with a semi-transparent blue filter. The text is positioned on the left side of the image.

SIX

Another try

*'I'm just hoping we've
got the lucky card...'*

Cheryl

The physical after-effects of a miscarriage depend on many factors – such as what caused it, how far into your pregnancy you were when it happened, and whether there were complications.

You may bleed for a while – though if this goes on for a long time (more than three weeks), or becomes heavier rather than diminishing, you should see a doctor. You may also bleed for about three weeks after an ERPC (see page 9-10). After a late miscarriage, your breasts may be painful and leak milk, which can be upsetting. If this happens, ask your doctor for advice.

Your periods should return within four to six weeks – if they have not come back after two or three months, see your doctor.


- Using pads rather than tampons while you are bleeding will help minimise the risk of infection. For the same reason, it is best not to have penetrative sex until after the bleeding stops, and some doctors may suggest waiting a bit longer than that. (Many women find it's a while before they feel like it again, anyway.)
- You'll probably feel tired and low – don't push yourself too hard.

Trying again

It is best to wait until you have recovered fully – emotionally as well as physically – before trying to get pregnant again.

Although there was nothing you could have done to prevent the miscarriage, you are bound to feel anxious about whether it could happen again.

There is no way you can guarantee it won't, but you can make sure you are as fit as possible when you embark



on a new pregnancy. That way, you will feel at your best, and that you are doing your best for your baby.

Taking care of yourself

If you are planning pregnancy, the following will all help contribute to a healthy pregnancy:

- Start taking folic acid three months before you plan to become pregnant.
- Make sure you get a healthy, balanced diet that includes protein, carbohydrates, fats and all the necessary vitamins and minerals. (Seek medical advice if you are unsure about this.) There's no need to eat foods you don't like – but try to avoid food poisoning. Don't eat unpasteurised dairy products, which contain the potentially dangerous listeria bacteria.
- Avoid contact with cat faeces and don't eat rare meat (see page 21).
- Avoid excess alcohol.
- Avoid other drugs, including prescription drugs. Talk to your doctor about any medical problems you may have and the best type of drug to take for it.
- Don't smoke. This can deprive the growing baby of the nourishment it needs and, in any case, all problems associated with pregnancy can be made worse if you smoke.
- Before pregnancy starts, make sure of your immunity to rubella.

Health House www.channel4.com/health
Channel 4 health site offers vital information on health issues and features a team of online counsellors to answer users' questions.

Books

Miscarriage: What every woman needs to know by Professor Lesley Regan (Orion Publishing, March 2001) £7.99

Professor Regan provides up-to-date information on the causes, treatment and prevention of miscarriage. She examines the medical and emotional impact it brings.

Hidden Loss: Miscarriage and ectopic pregnancy by Valerie Hey, Catherine Itzin, Lesley Saunders and Mary Anne Speakman, (The Women's Press, 1996) £7.99

Examines miscarriage and ectopic pregnancy through women's personal accounts. It offers insight from an emotional and medical perspective.

Pregnancy Loss: A silent sorrow: Guidance and support for you and your family by Ingrid Kohn, Perry-Lynn Moffit and Isabelle Wilkins MD (Routledge, 2000) £9.99

Offers guidance for women and their families seeking emotional and practical support after a pregnancy loss. It examines the different types of grief, loss and responses from others and includes up-to-date information on medical procedures.

Pregnancy after a Loss: A guide to pregnancy after a miscarriage, stillbirth or infant death by Carol Cirulli Lanham (Berkley Publishing Group, 1999) £14.95 Comprehensive guide exploring the practical and emotional issues for the devastated couple dealing with the many questions and fears that occur with a subsequent pregnancy.

Trying Again by Ann Douglas, John R Sussman MD and Deborah L Davis (Taylor Publishing Company, 2000) £14.99

Written from a US medical perspective, this is for those who have gone past the worst grieving following a miscarriage or the bereavement of a child.

Miscarriage: A Woman Doctor's Guide by Irene Daria and Lynn Friedman (Kensington Publishing, March 2001) £5.99

Authoritative guide to coping with a miscarriage discusses

pregnancy loss and its aftermath, details reasons for miscarriage, provides new information on carrying a baby to term, and answers questions about recovery, health, emotional upheaval and trying again.

Miscarriage: The facts by Gillian Lachelin (Oxford University Press, 1996) £7.99

Aims to give an understanding of the events of early pregnancy and of the factors that may adversely affect the development of an embryo. The process and causes of miscarriage are explained and advice is given about future pregnancies.

Motherhood after Miscarriage by Dr Kathleen Diamond (Bob Adams, 1993) £10.95

Describes the physical and psychological consequences of having a miscarriage, suggests ways to overcome the grief of losing a pregnancy and discusses the biology of pregnancy and ways to understand and prevent miscarriages.

Organisations and Helplines

Recurrent Miscarriage Clinic (RMC)

RMC: St Mary's Hospital, Winston Churchill Wing

Praed Street, London W2 1NY

Helpline: 020 7886 7777

Website: www.miscarriageclinic.co.uk

Featured in the programme, *Staying Alive: Tales of Miscarriage*, RMC is the largest such clinic in Europe. Patients must be referred by their doctor or another hospital. Online information includes articles on the causes of miscarriage, frequently asked questions and a publication list.

The Miscarriage Association

c/o Clayton Hospital, Northgate, Wakefield

West Yorkshire WF1 3JS

Helpline: 01924 200799 (Mon-Fri, 9am - 4pm)

Scottish helpline: 0131 334 8883

(answerphone with names of local contacts)

E-mail: miscarriageassociation@care4free.net

Website: www.miscarriageassociation.org.uk

Provides support and information to anyone affected by pregnancy loss, with over 50 support groups across the UK. Also publishes a variety of informative leaflets and fact sheets which can be ordered online.

British Association for Counselling and Psychotherapy (BACP)

1 Regent Place, Rugby, Warwickshire CV21 2PJ

Tel: 0870 443 5252 Fax: 0870 443 5160

Minicom: 0870 443 5162

E-mail: bac@bac.co.uk

Website: www.counselling.co.uk

Offers an online directory of counsellors, searchable by post code, plus a comprehensive range of publications on counselling and related issues.

The Child Bereavement Trust

Aston House, High Street, West Wycombe

High Wycombe, Bucks HP14 3AG

Helpline: 0845 3571000 (Mon-Fri 9am-5pm)

Fax: 01494 440057

E-mail: enquiries@childbereavement.org.uk

Website: www.childbereavement.org.uk

Offers information and advice, plus supportive resource materials for grieving families. Also conducts a range of training courses for professionals, schools and other educational establishments.

Compassionate Friends

Helpline: 0117 953 9639 (10am-4pm daily, 6.30pm-10.30 daily)

E-mail: info@tcf.org.uk Website: www.tcf.org.uk

Bereaved parents and their families offer understanding, support and encouragement to others after the death of a child or children of any age.

Disability, Pregnancy and Parenthood International (DPPi)

National Centre for Disabled Parents
Unit F9 , 89/93 Fonthill Road , London N4 3JH
Helpline: 0800 018 4730 (Mon-Fri 9.30am-5pm)
Textphone: 0800 018 9949 Fax: 020 7263 6399
E-mail: info@dppi.org.uk
Website: www.dppi.org.uk

Offers advice and support for disabled people who are already parents and those who wish to become parents; health and social work professionals and students and organisations concerned with disability and/or pregnancy and parenthood.

Ectopic Pregnancy Trust

Maternity Unit, Hillingdon Hospital, Pield Heath Road,
Uxbridge, Middlesex UB8 3NN
Helpline: 01895 238025 (Mon-Fri 10am-1pm, Mon & Wed 7pm-10pm) Fax: 01895 259779
Website: www.ectopic.org

Offers sympathetic help and advice on ectopic pregnancy. Website contains information on the symptoms and causes, with a list of frequently asked questions.

National Childbirth Trust

Alexandra House , Oldham Terrace, Acton, London W3 6NH
Enquiry line: 0870 444 8707 (Mon-Thurs 9am-5pm, Fri 9am-4pm)
Website: www.nctpregnancyandbabycare.com

Provides a network of branches UK-wide offering advice and information on all issues related to pregnancy.

Relate

Herbert Gray College, Little Church Street, Rugby CV21 3AP
Tel: 01788 573241 Relateline: 0845 1304010 (Mon-Fri, 9.30am-4.30pm) Fax: 01788 535007 Website: www.relate.org.uk

Provides trained counsellors offering advice and support, plus information on relationship counselling through a UK-wide network of local centres.

Stillbirth and Neonatal Death Society (SANDS)

28 Portland Place, London W1B 1LY

Tel: 020 7436 7940 Helpline: 020 7436 5881 (Mon-Fri, 9.30am - 3.30pm) E-mail: support@uk-sands.org

Website: www.uk-sands.org

Offers support, advice and information on where to find local support groups. Also provides leaflets and books for parents whose babies have died before, during or shortly after birth.

Tommy's The Baby Charity

1 Kennington Road, London SE1 7RR

Tel: 020 7620 0188 Fax: 020 7928 6628

E-mail: mailbox@tommys.org Website: www.tommys.org

Funds a national programme of research aimed at understanding and preventing premature birth, miscarriage and stillbirth.

Online articles and information

Channel 4's Health House

www.channel4.com/health

The Health House offers straight talking information on a wide range of issues, from stress and mental health to physical illness, families, sex, drugs and food. Specialist advisers will answer your questions in complete confidence within 24 hours. To ask your question, go into any room and click on 'just ask'.

Babyloss

www.babyloss.com

UK site offering a support forum for women and their partners who have experienced pregnancy loss, plus a comprehensive collection of related links.

British Medical Journal

www.bmj.com/all.shtml

Contains a range of articles and medical papers on the causes of miscarriage.

Net Doctor

www.netdoctor.co.uk/diseases/facts/miscarriage.htm

Independent health site includes medical information on miscarriage in a question and answer format, plus links to a range of articles on complications that may occur during pregnancy.

Royal College of Obstetricians and Gynaecologists

www.rcog.org.uk

College website provides an online bookshop with a range of medical publications and pamphlets on miscarriage.

Save the Baby

www.savethebaby.co.uk

Research charity based at St Mary's Hospital, Paddington. Offers 'Footsteps' a downloadable newsletter with current information on research into infertility, miscarriage and pregnancy complications.

Still Fathers

www.stillfathers.org

American-based site for men who have experienced stillbirth, infant death, or miscarriage, providing support and encouragement.

Womens Health

www.womens-health.co.uk/miscarr.htm

Contains general information on miscarriage, recurrent miscarriage and its causes, including a series of useful questions and answers.

Published in 2002 by Channel 4 Television
124 Horseferry Road, London SW1P 2TX

Produced to accompany the series *Staying Alive: Tales of Miscarriage* (A Dual Purpose production for Channel 4)
first shown on Channel 4 in spring 2002

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Design: Simon Fenton Creative

Photography: Adrian Turner

Printed by: Windsor Print

Distribution: BSS

For a further copy of this publication, please send a postal order or cheque (made payable to Channel 4 Television) for £2.00 (including postage & packing) to:

Staying Alive: Tales of Miscarriage

PO Box 4000

Manchester M60 3LL

Or telephone 0870 5 44 66 99

To find out more about off-screen services for Channel 4 viewers: go to 4-Tel pages 320 and 340

Tales of Miscarriage

It is estimated that one in four women will have a miscarriage at some time in her life. Despite this number, for most it comes as a huge shock, with an overwhelming feeling of 'why did it happen to me'.

This booklet aims to break through the sense of isolation to offer an understanding of the symptoms, what to do and the steps in coming to terms with the emotional loss.

Price: £2.00

ISBN: 1 85144 302 9