Medical Terms

Abortion

Miscarriage—spontaneous, threated, incomplete, complete, inevitable, missed

D&C (Dilation and Curettage)

Opening of the neck of the womb and clearing out the lining of the womb.

Ectopic

Pregnancy outside the womb (usually in the tube)

Foetus

The baby developing in the womb.

Gestation

Length of pregnancy, taken from the first day of the last menstrual cycle.

Liquor

Amniotic fluid—the fluid around the baby.

Products of Conception

The term used to describe any part of a pregnancy as seen following miscarriage and/or D&C.

Scan

Ultrasound waves used to visualise the womb and its contents (a full bladder is usually needed to see the womb clearly—this can make the scan a little uncomfortable).

Trimester

Each third of the pregnancy (approximately 13 weeks each).

Uterus

Womb

"It is a mark of a human society to meet the needs of those couples who lose their babies"

Oakley, McPherson and Roberts "Miscarriage" (1984)

For more information or for your local Sands contact visit the Sands NZ website www.sands.org.nz.

SANDS NZ are a voluntary, parent-run, non-profit organisation set up to support parents and families who have experienced the death of a baby.

Text taken from a Christchurch SANDS resource, compiled by Chris Stanbridge (1991).

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Early Pregnancy Loss

Pregnancy loss through spontaneous and therapeutic miscarriage (abortion), ectopic pregnancy and blighted ovum

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

Medical staff caring for women who lose their baby in early pregnancy may dismiss it as a common and relatively unimportant physical event as it is usually followed, sooner or later, by a successful pregnancy.

For you it may be the first time you have had to cope with what can have a major emotional impact. Because we expect childbirth to have a successful outcome, it may have come as a shock to you to be threatened with losing, or having lost, your baby in early pregnancy. However, at least one in five pregnancies are lost at this time.

Grieving following the loss of your baby may be quite overwhelming, often with no acknowledgement from family or friends. Feelings of grief include:

- Disbelief or shock
- A sense of numbness and/or timelessness
- Relief
- Guilt
- Blame
- Helplessness and/or powerlessness
- Anger and/or resentment
- Fear and/or apprehension
- Confusion and/or uncertainty
- Shame
- Disappointment
- Depression
- Failure
- Sadness
- Acceptance

You may feel all or some of these now, or in the next few weeks, as you think over what has happened.

You partner and you may experience different responses to your loss—keep talking to one another about what you are feeling and the disparity of your reactions will be lessened and your relationship enhanced rather than threatened.

Vaginal spotting or bleeding, abdominal cramping (contractions) and/or backache may indicate a threatened miscarriage. Ectopic pregnancy usually presents with abdominal pain and sometimes bleeding—check with your midwife or doctor if you have any of these symptoms. No known treatment for threatened miscarriage ensures a guaranteed term pregnancy. Half the women who bleed in early pregnancy go on to have normal deliveries of normal babies.

A scan and/or a negative pregnancy test usually confirms your baby's death. Unless medical intervention is urgent (e.g. for severe bleeding or pain), delay of any procedure and the chance to begin to acknowledge your loss will help you cope later.

Part or all of your pregnancy may be passed spontaneously—at twelve weeks or less, your baby is rarely recognised mainly because of its small size and the fact that it is often surrounded by clot. Consider seeing and holding your baby if this is possible—it gives you a physical focus for your loss and helps with your grief. You might like to ask for any tissue or remains from your baby either to see and/or take home for burial. There is no legal requirement for burial or cremation for any baby dead born before 28 weeks of pregnancy, however you may do so if you would like to.

Your baby should be available for you to see at any time up until your discharge from hospital (if you have been admitted) or longer if you request. The hospital will dispose of your baby's body (it is incinerated) or you may want to care for this yourself. Another option is to have some symbolic memorial—a little crystal vase/tree/picture/shrub. You may like to name your baby—perhaps a unisex name if the sex is unknown (e.g. Chris, Sam, Robin, Lee, Pat, Nicky).

A D&C if often used to completely evacuate the uterus, unless everything has been passed and the bleeding has stopped. Foetal death in later pregnancy may require labour to be induced to deliver the dead baby.

Following early pregnancy loss you may continue to have some vaginal loss while your uterus pulls back to its non-pregnant size, and your breasts may feel full and produce milk. Ask your midwife, nurse or doctor what to expect. Pain and/or fever are symptoms that need medical attention.

Emotional responses to early pregnancy loss are varied - from feeling no different to being overwhelmed by profound grief. Spending time together with your partner sharing your thoughts and feelings is an important part of coming to terms with your loss. Writing down what has happened and how you feel about it may help. Talk to friends, family and others who have miscarried; many women who have aborted have found their greatest comfort from another women who has lost her pregnancy. Draw, paint, make or listen to music. Talk to your midwife, nurse, GP, minister, hospital social worker, and/or someone from Sands NZ.

Reading how it has been for others may be helpful-check at your local library.

Remember there is no time framework for you to get over your baby's death. Anniversaries (e.g. when baby was due, or a year after miscarriage) will often be painful reminders of your lost hopes, plans and expectations, as well as your physical baby. Seeing other pregnant women (especially relatives and friends) may be difficult. You may feel your womanhood has been challenged and wonder if you will ever have a baby. If you have other children you may find it hard to explain to them that they baby has died—nevertheless they will know that all is not well with you and honesty and the chance to talk about how they feel helps them to resolve their loss.

Your parents' feelings are often concealed since older generations were taught to suppress their emotions but they too grieve from their lost potential grandchild AND at seeing their own child's grief.