



This program is being presented with financial assistance as a grant from the West Virginia Department Health and Human Resources.



NAVIGATING THROUGH MISCARRIAGE

a guide



WHAT IS A MISCARRIAGE?

By definition a miscarriage is a pregnancy that ends before 20 weeks gestation.

Although most women don't realize it, one out of four pregnancies end in miscarriage. Many times, a clear reason for why a miscarriage occurs is never found. One thing for certain, everyone's experience is unique to them. Many women find that they blame themselves for the loss.

CAUSE OF MISCARRIAGE:

Miscarriage is NOT caused by "over doing it", thoughts of uncertainty about the pregnancy, poor diet or too much stress.

Some common medical reasons for miscarriage include the following:

- The baby implants outside of the uterus.

- The placenta is not functioning properly.

- The cervix may open prematurely.

- There may be an infection in the uterus or cervix.

- Chromosomal abnormality may lead to the abnormal development of the baby.

The medical term "abortion" can be used to refer to any pregnancy loss. It is frequently used in place of "miscarriage" in medical records and on patient charts.

TYPES OF MISCARRIAGE or PREGNANCY LOSS:

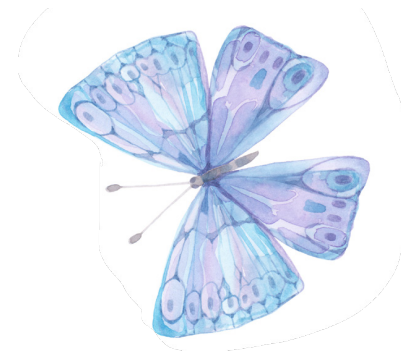
Threatened Miscarriage: This occurs when there is some bleeding early in pregnancy. The cervix may stay closed and the pregnancy *may* continue.

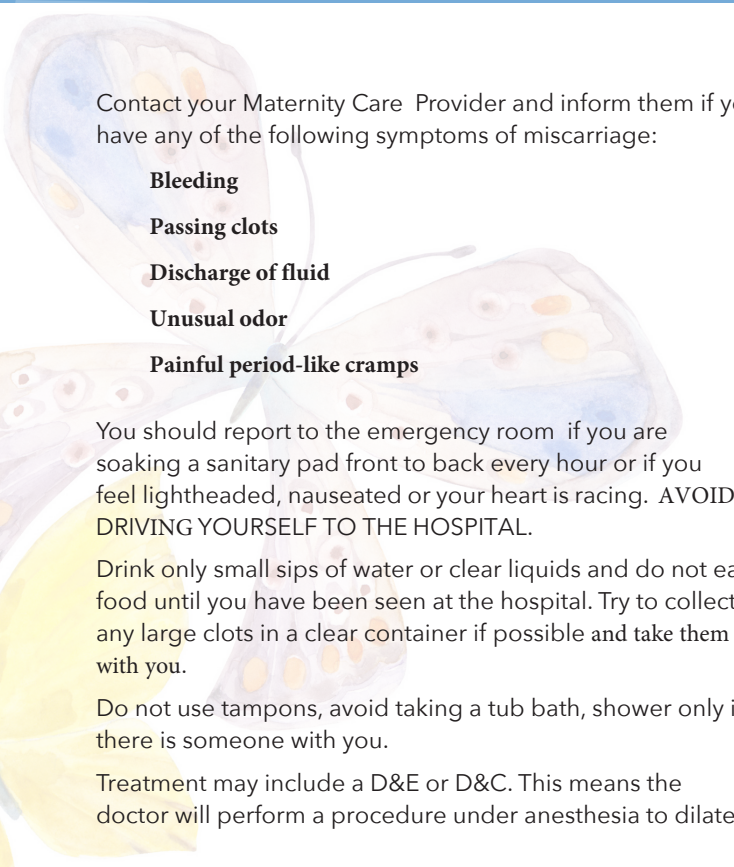
Missed Miscarriage: The baby has died but usually there are no other symptoms. Medicine to contract the uterus, or a procedure, will be done to prevent a serious infection.

Incomplete Miscarriage: There is bleeding and the cervix is open. Usually, if the cervix is open, the pregnancy loss is inevitable.

Complete Miscarriage: The embryo empties out of the uterus completely with minimal bleeding and cramping noted.

Blighted Ovum: The pregnancy test is positive, but a routine ultrasound shows no heartbeat and an empty sack.





Contact your Maternity Care Provider and inform them if you have any of the following symptoms of miscarriage:

Bleeding

Passing clots

Discharge of fluid

Unusual odor

Painful period-like cramps

You should report to the emergency room if you are soaking a sanitary pad front to back every hour or if you feel lightheaded, nauseated or your heart is racing. **AVOID DRIVING YOURSELF TO THE HOSPITAL.**

Drink only small sips of water or clear liquids and do not eat food until you have been seen at the hospital. Try to collect any large clots in a clear container if possible and take them with you.

Do not use tampons, avoid taking a tub bath, shower only if there is someone with you.

Treatment may include a D&E or D&C. This means the doctor will perform a procedure under anesthesia to dilate

your cervix, and remove the remaining tissue to prevent hemorrhaging. However, many women will deliver on their own. Sometimes women have to be given medication to cause contractions in order to deliver the baby. This is usually done in the hospital setting under supervision of your medical team.

If you are RH negative blood type you should receive a dose of RhoGAM to protect any future baby.

SAYING GOODBYE AND DEALING WITH GRIEF:

Miscarriage is a loss and it often met with unexpected shock and mixed emotions.

Common feelings often include anger, confusion, denial, numbness, extreme sadness and guilt.

Often times many people do not know about the pregnancy yet, so after the loss moms feel isolated.

These are all normal responses to the loss of a baby. Everyone reacts differently. You may find comfort in expressing your grief by naming your baby, taking time to

cry, talk to friends and family, keeping a diary, and gathering memory items, such as symbolic jewelry, or planting a tree or flower garden in memory of your baby. Give yourself time to grieve.

Don't be surprised if you and your partner grieve differently. Try to communicate honestly about your feelings but understand that your partner may not want to talk about the emotional aspect of loss in the same way that you do. Seek counseling or support group for bereaved families if you are finding it difficult to manage your grief, or if you find yourself turning to drugs or alcohol to numb your pain.

Grieving is normal and important. Even though your pregnancy may have ended early, this does not minimize the emotional feelings. It may be helpful to develop a response you are comfortable giving to those you come in contact with who ask about the pregnancy.

PHYSICAL HEALING

Bleeding may last up to 2 weeks. You should avoid intercourse, tampon use, tub baths, swimming during this 2-4 week period to prevent infection. Make sure to follow up with

your physician and report unusual symptoms such as severe pain, fever, excessive bleeding.

If you were over 13 weeks, you may notice breast fullness or leaking of milk.

Talk to your doctor about your future pregnancy desires.

BURIAL AND MEMORIAL OPTIONS

It is usually recommended that you contact a funeral director if you desire burial or cremation. Most funeral homes are very supportive. If you are very early and have to undergo a D&C let your doctor know if you wish to keep the baby's remains. In West Virginia there is no law against home burial, however you must contact your local county commission or health department for guidance and there is required paperwork you must complete.

A funeral or memorial service may help you find closure. Something as simple as a candle lighting at a park may be helpful in the grieving process.

Visit wvperinatal.org/bereavement for more information.

