

SILENT GRIEF

**A Booklet for Parents
Experiencing Early Pregnancy Loss**



Written by members of the Perinatal and Gynaecology
Program, Sunnybrook Health Sciences Centre with the
help of the Association of Volunteers, Women's
College Hospital

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PARENTS

This booklet has been written for parents who have experienced an early pregnancy loss.

You may have intense feelings and difficulty in communicating with friends and relatives following the sudden, unexpected and shocking loss of your pregnancy and baby's life.

It is the hope of the members of the Perinatal and Gynaecology Program that this booklet will be the beginning in an understanding of your grief.

“Riddle of destiny, who can show what thy short visit meant, or know what thy errand here below.”

Charles Lamb

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EARLY PREGNANCY LOSS

The experience of a miscarriage can be a very difficult time for many women and their partners. It may leave a physical and emotional pain that does not go away quickly. Months after, you may find that you still struggle with feelings that even those closest to you find difficult to understand.

Your stay in hospital will probably be short, and you may feel that you are going home with many unanswered questions and feelings still to work through. We hope that this booklet helps you to explore the feelings and concerns you are having at this time, and that it may start to give you some answers to the many questions you may have over the next few days and weeks.

WHAT IS MISCARRIAGE?

When you experience a miscarriage the meaning and the impact goes beyond the medical definition. Yet it is important to know what has happened. A miscarriage is defined as the loss of the products of conception during the first 20 weeks of pregnancy. Some of you may use the words fetus or baby rather than conception, depending on the attachment you have experience with your pregnancy. Miscarriage and spontaneous abortion are terms that are

often used interchangeably. Hearing the word “abortion” used to describe a miscarriage can be very disturbing for some people. It does not feel at all like an abortion as there was nothing planned or voluntary about your miscarriage.

WHY DID I MISCARRY?

Miscarriages are more common than most people realize. Fifteen to twenty percent of all known pregnancies will end in a miscarriage. Sometimes a woman miscarries so early that she is not even aware she has conceived. Miscarriage can occur for a number of reasons over which you may have no control. There may be something wrong with the egg, with the shape of the uterus, with the hormones that maintain pregnancy, or with the chromosomes of the embryo/fetus.

MEDICATION

If all the tissue did not come out when you miscarried, you may be offered a medication that will help your uterus contract so that the remaining tissue can be passed. The prescribed medication is inserted into your vagina and lower abdominal cramping and vaginal bleeding often starts 2 to 4 hours later. When the bleeding does begin, it should be like a heavy period, sometimes with clots, and some women pass a small amount of grey or tan coloured tissue or a solid maroon coloured clot. After the first few days, the bleeding should decrease to no more than spotting. The spotting can last for 1 to 2 weeks.

DILATION AND CURETTAGE

Some women will require a surgical procedure called a dilation and curettage (D&C) to remove any remaining tissue. This procedure is usually done under general anaesthetic (this means you will be asleep during the surgery). The surgery does not take very long, usually less than ten minutes. When you wake up from surgery you will be in the recovery room. You will stay there for a couple of hours so that the nurses and doctors can watch you carefully. After surgery, you may still feel some pain and cramping. It is also common to feel sick after the surgery. Medication can help to relieve this feeling.

PHYSICAL ADJUSTMENTS AFTER MISCARRIAGE

- 1) After your miscarriage you will have some bleeding. The colour of the discharge may be red or pink or brown. It is normal for this bleeding to last for about a week. It may be very heavy for a short time or it may be very scant.
- 2) You may experience some cramping for two to three days after your miscarriage.
- 3) Your doctor may instruct you not to use tampons or douches, to be cautious when having intercourse and not to take long baths for two to three weeks after your miscarriage. It is important that your cervix (the entrance to the uterus) has completely closed before resuming these activities, in order to reduce the risk of infection.

4) If you have a fever, any increased abdominal pain, cramping, heavier bleeding (changing 1-2 pads per hour) or a vaginal discharge with a foul odour, be sure to call your doctor or the hospital immediately, as you may have an infection.

5) Many women who miscarry go through all the same physical symptoms that women who have given birth to a live baby experience. You may have all the same hormonal changes, such as irritability, exhaustion and moodiness.

6) If you miscarried after 14 weeks you may experience milk leaking from your breasts. This can be one of the most difficult side effects, as it is a reminder that there is no baby to use the milk. This should subside in about a week. The breasts can be very sensitive to the touch and may be painful and uncomfortable. Avoiding stimulation of the breasts and wearing a firm support bra both day and night can help to suppress breast milk. Painful breasts are often relieved by taking warm showers (avoid hot showers and soaks), using cold compresses and using pillows for support.

FEELINGS AFTER MISCARRIAGE

Unfortunately women and their partners who experience the pain of a lost pregnancy often find it is a subject few people are willing to talk about. Miscarriage is often called the “silent loss”. Only minimal grieving is considered acceptable. Many people may not consider the loss tragic.

Many women are faced with having to return to work a few days after their miscarriage. It may be very difficult

facing colleagues who knew you were pregnant and now will see no signs of pregnancy. You may feel like you are constantly saying:

“I’m sad. I just lost my baby”.

The most difficult part of a miscarriage for many people is the emotional effects that continue long after the physical experience of miscarriage is over. Your miscarriage can leave you with many different feelings. Some responses expressed after a miscarriage include grief, anger, guilt, loss and feelings of blame. Remember your responses are uniquely yours and that we all grieve differently.

For some of you there may be a sense of relief. Your pregnancy may have been unplanned or perhaps it was not the right time in your life to start a family. Many women will be sad to have lost their pregnancy, and may have an empty feeling inside. Your baby, who was a part of you, represented plans for a future, has been taken away from you and it is difficult to say “goodbye” before you were able to say “hello”.

You may be angry with the doctors because they may not be able to explain why the miscarriage happened, or give you assurance that another miscarriage will not occur.

You may be surprised by the anger or jealousy you feel when a friend announces her pregnancy to you, or the anger and jealousy that overcomes you when you see other women with babies. Don’t be too hard on yourself when you have these feelings. It is not that you are not happy for your friends; it is that it hurts so much to realize what you have lost.

Many women feel a strong sense of guilt and continually ask themselves if they did something that may have caused the miscarriage. Many search for causes or reasons in their day-to-day activities. Feelings of failure are common. You may feel that you have let everyone down – yourself, your partner, and your family.

ONE WOMAN’S EXPERIENCE

The experience of miscarriage is different for every woman because so many other aspects of her life influence how she perceives and responds to her loss. I am sharing my experience with you to let you know that you are not alone. Many other women have gone through the overwhelming sense of sadness that you may now be feeling.

I started spotting when I was twelve weeks pregnant. I am a nurse and so I knew what this might mean, but I comforted myself with the thought that many women bleed in pregnancy and go on to have a healthy baby. When the spotting turned to heavy bleeding I knew I was losing the pregnancy, my baby, and my hopes and dreams for the future.

My husband and I were devastated. It had taken us a long time to conceive and we were enjoying being pregnant. He had been cooking for me and the baby, and he had taken on more of the household chores. I had been eating and resting to grow the healthiest baby possible. The only thing that we had disagreed about during the pregnancy was that I had been unable to reduce my hours in my busy job. I think my husband partly blamed my commitment to work for my miscarriage. We talked a lot about this and we were able to work through these feelings.

I went to the hospital after I had been bleeding for over a day and knew I had lost the baby. An ultrasound

revealed that there were still pieces of the placenta left in my uterus. By the time I had the ultrasound I just wanted to go home and get on with grieving my loss and with my life. My doctor decided to do a D&C and so I was admitted to the hospital for the day.

The D&C itself was a painless procedure under a general anaesthetic. I had very mild cramping afterwards and bleeding that resembled a menstrual flow. What surprised me was how tired I felt weeks after the miscarriage. I don't know if it was because of the loss of the pregnancy or the general anaesthetic, but it took some time to get my energy back. I returned to work very quickly and that may have been a mistake. If you feel you need to take some time off work, take it. It will probably speed your long-term recovery.

Emotionally, it takes a long time to get over a miscarriage. At first I could feel myself start to cry whenever I looked at a mother and her baby. There seemed to be pregnant women and babies everywhere, a reminder of my own failure. I thought a lot about the baby on the due date and a year after the miscarriage. It took three months before I really began to feel like my old self again. I had never been depressed and did not recognize at the time how down I was.

Six weeks after the miscarriage I had my first period. My doctor said we could try to get pregnant again after two normal periods. It was hard to think about sex at first – there hardly seemed any point if we had to use birth control. It took a lot of time talking to work this one out.

We now have an 18-month-old daughter and a baby on the way. My first pregnancy after miscarriage was full of anxiety. I did not really relax until I was 18 weeks pregnant. I think you appreciate the miracle of a pregnancy and baby even more when you have experienced a loss. You don't

take anything for granted when you experienced a problem the first time around.

A PARTNER'S EMOTIONS

Male and female partners should know that miscarriage is an event that happens to both parents. Partners who share the loss of a baby will share the pain, frustration and the disappointment. They often experience feelings of uncertainty about what to do and say, and feelings of powerlessness and helplessness when they see someone they love in such pain. Some partners may feel responsible for the pregnancy and the pain of the loss.

Most couples find that grief has a deep impact on their relationship. It is important to realize that you and your partner may have different styles of grieving, and that the emotional impact of the loss may be different for you than for your partner. For example, in male-female couples, it is important to understand that women may grieve more actively, openly, and longer than men do. Men more likely want to put the experience behind them, throwing themselves into work or hobbies.

Although it is a shared loss, no two people experience the same grief. Having an awareness of these possible conflicts or communication breakdowns may help you to identify problems early. Give each other plenty of love and support – listen to each other and respect one another's feelings. Denying your feelings or keeping them from your partner can hurt both of you. Let this be a shared experience as much as possible, one that brings you closer.

TELLING OTHER CHILDREN

If you have other children, you may be concerned about how to explain the loss. The approach you take will depend on the child's age and whether or not they knew about the pregnancy. Children will be able to sense your sadness even if they cannot understand it. Keep in mind that even younger children can understand a simple explanation. You may want to tell them that you are sad because the baby that was inside of you died. Answer their questions honestly and let them know that they are not to blame for your sadness or for what happened, and that you love them very much. Do not try to hide your feelings. It is important for your children to learn that it is all right to express feelings. Many resources are available to children, including books and movies that promote discussion that death is a part of living, and that everything has a beginning and an end.

GRANDPARENTS

Grandparents-to-be may feel a deep sense of loss. They too may have had plans, dreams, and hopes for their grandchild. As your parents they want to comfort you and feel helpless as they strive to take away the pain of your loss. This miscarriage may remind them of a pregnancy loss that they experienced long ago, and they may be grieving again

OTHER PEOPLE'S COMMENTS

Sometimes the comments from friends and relatives after a miscarriage do not seem all that helpful. They usually mean well but they often have not thought out what it is they

want to say or they may be lost for words and say something such as: “It’s all for the best”, or “You can always try again”. Unfortunately, these comments do not acknowledge the sense of loss and grief that you may be feeling about this baby. People may not understand what you are going through. If you feel like it, you could talk to them about your feelings and help to educate people about miscarriage.

TAKING CARE OF YOURSELF

Be patient with yourself and with each other. Intense feelings of loss are normal. Give yourself permission to feel whatever you want to. Do not try to rush back into all your usual activities. Some work may be therapeutic but too much may block out the painful feelings that you are dealing with. Let yourself cry – tears can be a comforting release for some people.

It may be helpful to speak with other women and couples who have miscarried. People who have experienced such a loss may be able to offer comfort and hope. They can be proof that you will be able to go on living and that you will laugh again. You may be surprised to find how many women you know who have also experienced a miscarriage.

If you want to, join a support group. Some people find groups very helpful as they can share their feelings with other bereaved parents who understand the loss they are feeling.

Eat healthy foods and exercise at a safe limit; take a walk together each day.

RESUMING SEXUAL ACTIVITY

You may ovulate at any time after your miscarriage. Once the bleeding has stopped, you may wish to resume sexual activity. If you do not feel ready, that's OK. It is important for both you and your partner to communicate your feelings to each other. Whether or not you are ready to resume sexual activity in the few weeks after miscarriage, it will be important for you and your partner to explore other ways of communicating your love and affection. Spending time together, touching and holding each other can be very comforting.

LIVING WITH LOSS

Over time your feelings may change and your pain may be less intense. You will, however, always remember your baby. Take time to work through your grief in a manner that is right for you. Allow yourself to lean on those who have offered their help.

TRYING AGAIN

Many couples are very interested in knowing when they can try to get pregnant again. This is a personal decision that will depend on many factors such as your age, physical condition and most importantly, the emotional readiness of both you and your partner. Remember that your miscarriage does not necessarily mean that you have infertility problems. Most doctors will recommend waiting for 1 to 2 normal menstrual periods before trying again, in order to give your body a chance to recover.

You may feel very anxious during your next pregnancy, which is understandable. Be sure to seek out the support that you need during this time. There are prenatal classes for those who have experienced losses that may be helpful to you. Someone who is sensitive to your needs, empathetic to what you have gone through, and who takes the time to answer your questions may also be things that are important to you in your next pregnancy.

RESOURCES

Support Groups

Bereaved Families of Ontario (BFO)

416-440-0290

www.bereavedfamilies.net

Perinatal Bereavement Services Ontario (PBSO)

905-472-1807 (local Toronto area)

1-888-301-PBSO (7276)

www.pbso.ca

Parent Books Store

416-537-8334

1-800-209-9182

201 Harbord St.

Toronto, ON, M

www.parentbooks.ca

Suggested Reading

Rando, T.A. (1986). **Parental Loss Of A Child.** Research Press.

Davis, D.L. (1996). **Empty Cradle, Broken Heart: Surviving The Death Of Your Baby.** Fulcrum Publishing.

Ilse, E. (1992). **Miscarriage: A Shattered Dream.** Wintergreen Press.

Ilse, S. (2000). **Empty Arms: Coping After Miscarriage, Stillbirth & Infant Death.** Wintergreen Press.

O’Keeffe Lafser, C. (1998). **An Empty Cradle, a Full Heart: Reflections for Mothers and Fathers After Miscarriage, Stillbirth, or Infant Death.** Loyola Press.

Panuthos, C., Romeo, C., & O’Mara McMahon, P. (1984). **Ended Beginnings: Healing Childbearing Losses.** Bergin & Garvey Paperback.

Peppers, L. & Knapp, R. (1985). **How To Go On Living After the Death Of A Baby.** Peachtree Publishing Ltd.

Pizer, H. & O’Brien Polinsky, C. (1986). **Coping with a Miscarriage.** Signet Publishing.

Rank, M. (2004). **Free to Grieve: Healing & Encouragement for Those Who Have Experienced the Physical, Mental & Emotional Trauma of Miscarriage & Stillbirth.** Bethany House.

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