

Miscarriage Information

A miscarriage is the loss of a baby before the 20th week of pregnancy. Most miscarriages occur during the first 14 weeks of pregnancy.

Miscarriage is a difficult circumstance that 1 in 4 woman will experience. The most common cause is some kind of genetic abnormality of the fetus. Not all women even realize that they are miscarrying and others may not seek medical care when it occurs.

Nevertheless, a miscarriage of a pregnancy is often a traumatic event for both the mother and the father, and can cause some of the same feelings that result from the loss of a child or other member of the family. Fortunately, 90 percent of women who have had one miscarriage subsequently have a normal pregnancy and a healthy baby; 60 percent are able to have a healthy baby after two miscarriages. Even a woman who has had three miscarriages in a row still has more than a 50 percent chance of having a successful pregnancy the fourth time.

Causes and Symptoms

There exist many reasons why a woman's pregnancy ends in miscarriage, though often the cause is not clear. However, in over half the cases the miscarriages that happen within the first eight weeks of a pregnancy involve serious chromosomal abnormalities or birth defects that would make the baby's survival virtually impossible. Different from inherited genetic diseases, they probably take place during the development of the specific egg or sperm, and are therefore not likely to reoccur.

There are certain factors that have been proven to increase a woman's risk of miscarriage, however, including the following:

Smoking (up to a 50 percent increased risk)

Infection

Exposure to toxins (such as arsenic, lead, formaldehyde, benzene, and ethylene oxide)

Multiple pregnancies

Poorly-controlled diabetes

The most common symptom of miscarriage is either light or heavy bleeding from the vagina, though note that bleeding during early pregnancy is common and not always serious. Many women experience slight bleeding after the egg implants in the uterus (about 7-10 days after conception), which should not be taken as a definite sign of miscarriage. A few women even continue to bleed at the time of

their monthly periods throughout the pregnancy. However, any vaginal bleeding during the first three months of pregnancy (first trimester) is considered a threat of miscarriage and so should not be ignored.

Another extremely significant reason women should not ignore vaginal bleeding during early pregnancy is that it may be a sign of a potentially life-threatening condition known as “ectopic pregnancy.” An ectopic pregnancy is one wherein the baby implants itself somewhere other than on the inside of the uterus (most often in the fallopian tube).

Cramping is another common sign of a possible miscarriage. The cramping results from the uterus attempting to push out the pregnancy tissue. If a pregnant woman is experiencing a combination of both bleeding and cramping than the likelihood of miscarriage is greater than if only one of these symptoms is present.

If you are under any suspicion that you may be in danger of miscarrying, see your doctor immediately!

A woman should contact her doctor if she experiences any of the following:

- Any bleeding during pregnancy
- Pain or cramping during pregnancy
- Passing of tissue through the vagina
- Fever and chills during or after miscarriage

Treatment

For the woman who experiences bleeding and cramping, bed rest is often ordered until symptoms disappear. She should also abstain from having sex until the outcome of the potential miscarriage is determined. And, if bleeding and cramping are severe, she should drink fluids only.

Following a miscarriage the doctor may prescribe rest or antibiotics to treat infection. Note that there will be some amount of vaginal bleeding for several days up to two weeks after a miscarriage. To allow for the cervix to close and to avoid possible infection, women should not use tampons or have sex for at least two weeks following a miscarriage.

Recovering from a Miscarriage

A miscarriage that is properly treated is not life-threatening, and usually does not affect a woman's ability to deliver a healthy baby in the future.

Feelings of grief and loss after a miscarriage are common. In fact, some women who experience a miscarriage suffer from major depression up to six months after the loss. This is especially true for women for whom this would have been their first child or who have struggled with depression in the past. The emotional crisis experienced following a miscarriage in many ways mirrors that of a woman who loses a child after birth.

When a baby is lost through miscarriage, most mothers—and fathers—need to be given “permission to grieve.” Oftentimes well-meaning individuals minimize the loss you have experienced or give you wrong, even harmful advice such as “just move on.” Here are four steps that may be helpful to you as you grieve your loss.

1. Grieve. Realize that feelings of loss and grief following the death of a loved one are not only normal and expected, but healthy. Mourning takes time, and you should not allow yourself or anyone else to rush you through this process. Especially in the case of an unborn child, the grieving process is vital to healthy living in the future. Therefore be patient with yourself and do not be discouraged if it appears that during this stage you are moving backwards instead of forwards. Part of grieving is moving backward into the past and experiencing again your loss so just let it be what it is.

To help you, here is an example of the different stages of the grieving process relevant to miscarriage:

Denial and Rationalization (of guilty or shameful feelings tied to miscarriage)

Realization and Shock (regarding the harsh reality of miscarriage)

Anger and Depression (over the irreversible effects of miscarriage)

Acceptance and Surrender (resulting from proper perspective and experience of God's love and comfort and the love and comfort of others)

Hope and Substitution (resulting from God's grace and Jesus' sacrifice).

2. Acceptance. Accept your grief for what it is—a normal and natural response to personal loss rather than something which must be hidden or ignored. Do not be ashamed of your regret or shame. Instead listen to what they are saying to you. Do not give into a frenzied search for answers; instead, just sit with your questions. Remember, time is on your side. There is no deadline you have to meet. Find encouragement in the fact that the pain of your loss will begin to fade as your healing progresses.

3. Community. Realize that you are one of many, many others who have been through the same experience and are grieving the same loss. Allow the experiences and understanding of other parents who have faced a similar darkness help you. Locating a skilled and wise counselor or friend may prove very helpful to you as well.

4. Release. Give your miscarried children over to the care of God, their heavenly Father, and the true Father of all of us. Know that God takes care of all that he has made, paying special attention to the weak, defenseless, and disadvantaged. Do not try to hold onto them by prolonging your grief; entrust them into the hands of their loving and merciful Creator.

Prevention

Most miscarriages are unpreventable in that they are caused by severe genetic problems determined at conception. While some doctors advise women who have a threatened miscarriage to rest in bed for a day and avoid sex for a few weeks after the bleeding stops, other experts believe that a healthy woman (especially early in the pregnancy) should continue normal activities instead of protecting a pregnancy that may end in miscarriage later on, causing even more profound distress.

If miscarriage was caused by a hormonal imbalance (luteal phase defect), this can be treated with a hormone called progesterone to help prevent subsequent miscarriages. If structural problems have led to repeated miscarriage, there are some possible procedures to treat these problems. Other possible ways to prevent miscarriage are to treat genital infections, eat a well-balanced diet, and refrain from smoking and using recreational drugs.

Please call our center for help and resources

Life's Connection Waukesha 262-290-5433

Life's Connection Mukwonago 262-470-3119