

BURIAL OPTIONS

In an early pregnancy, there is little to bury or cremate but if you wish to keep your baby's remains, hospital staff do need to be notified before a D&C. If not, your baby may be cremated with others and/or they may be sent for testing. Funeral directors are usually supportive and cemeteries often have dedicated baby burial sites. (Private burials could create future problems.) Having a simple farewell ceremony of your choice with caring others in a church or just at a beach or park, perhaps with balloons or flowers, often helps with grieving. (There are no legal requirements around a miscarriage in NZ.)

SAYING GOODBYE AND ACCEPTANCE

Miscarriage is both the birth and death of a baby causing unexpected shock and usually grief, which can include anger, confusion, denial, numbness, sadness and guilt. Some women even think they are going mad. Emotional isolation and loss of self esteem are also common. These feelings may only surface later. Many women are surprised at how strong they are, how long they can last, and what triggers them.

These are all normal, healthy responses to the loss of a baby. Everybody reacts differently and we encourage you to accept your feelings whatever they are. It is the strength of the bond with your baby, not the length of the pregnancy that determines the intensity of your grief. From our experience supporting women after a miscarriage, grieving for up to 6 months is normal, even for those who did not plan their pregnancy.

Find comfort and help healing in expressing your grief by; naming your baby, crying, talking, drawing, keeping a diary, buying symbolic jewellery or a special memory box for cards etc. see our website, internet forums and baby memorial sites.

You may wish to consider counselling at any stage if you experience particular difficulties. Drugs, alcohol and sedatives do not help; they slow down the grief process. Unexpressed grief always has consequences, often in unrecognised ways.

PARTNERS, FRIENDS AND FAMILY

It is important not to let others minimise or invalidate your feelings. This pamphlet may help them understand your need to grieve. Unresolved issues and a lack of communication can damage relationships. It is important to discuss and accept differences. Even close partners can find it difficult to comprehend your bonding or express their own emotions and may urge you to move on before you are ready.

AFTER MISCARRIAGE

Bleeding usually lasts around 2 weeks while your uterus returns to normal. It is important to have a check-up with your LMC then which also medically records your miscarriage. Meantime to help prevent infection, avoid tampons, intercourse, baths, spas and swimming pools. At any time if along with pain and bleeding, there is an unpleasant smell or you have a high temperature, seek medical help. You may have an infection or an incomplete miscarriage. (If you were more than 13 weeks pregnant your breasts could temporarily produce milk.)

TRYING AGAIN

Chances that your next pregnancy will succeed only drop by 5% after one miscarriage. A new pregnancy may not be advisable straight away emotionally or physically. Consider using contraception meantime as you can conceive soon after miscarrying. We recommend a period for grieving. 3 to 6 months is commonly suggested. Seek the best timing advice for you. We recommend helping yourself and preparing ahead by consulting your LMC or seeing 'Subsequent Pregnancy' on our website. These positive moves can help with recurring fears. (Having more than one miscarriage should be investigated as soon as possible.)

FOR MORE INFORMATION

Please visit our comprehensive, 100 page website covering all aspects of miscarriage. Another pamphlet can be downloaded from there. To order multiple pamphlets, email or phone us. For further help; email us or chat with others on our 'facebook' page or see our website 'Counselling' section.

Miscarriage Support Auckland Inc.

PEER SUPPORT FOR MISCARRIAGE

Facebook: facebook.com/groups/1525178817725824

Pinterest: www.pinterest.com/miscarriagesupp

Email: support@miscarriagesupport.org.nz

Supportline: Sands Auckland (0508) 72 63 72

www.miscarriagesupport.org.nz



Understanding Miscarriage



If you think miscarriage is a lonely experience, join the crowd. Miscarriage is not talked about much but it is a very common event. Approximately 1 in 4 pregnancies end this way.

www.miscarriagesupport.org.nz

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MISCARRIAGE is a pregnancy that ends spontaneously before 20 weeks and the baby dies. Unfortunately, most women never find out the reason why. Even when tests are carried out for recurrent miscarriages the results are usually inconclusive.

THE MOST COMMON CAUSE OF MISCARRIAGE

First pregnancies miscarry more often than others and 90% of them occur in the first trimester (up to 14 weeks) of pregnancy. 70% of these are due to chromosomal abnormalities that are incompatible with life. These miscarriages are inevitable and nothing could have been done to save the pregnancy.

Some Other Possible Reasons are

♥ **The baby** implants outside the uterus (womb)

– ectopic pregnancy

♥ **The placenta** (afterbirth) is not working properly

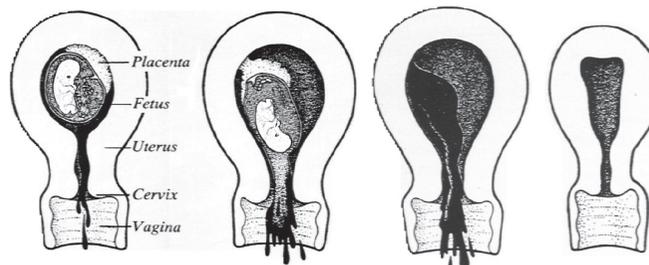
♥ **The father** has abnormal DNA or sperm

♥ **The mother:**

1. Has a medical condition such as; endometriosis, diabetes, a thyroid, hormonal or immune system problem, a blood disorder or a Rhesus negative blood type (can affect subsequent pregnancies)
2. Is aged over 35 with deteriorating eggs
3. Has a weak cervix, an unusually shaped uterus or a uterine infection
4. Has a poor diet, is under/over weight, contracts Listeria (seek up-to-date food advice) drinks alcohol or excess caffeine, smokes cigarettes, takes recreational or certain prescription drugs
5. Has suffered serious stress or injury
6. Has been exposed to chemical pollution or specific virus
7. Works irregular or long hours (e.g. nightshifts or over 60 hours per week)
8. Uses spas and saunas or exercises excessively. Moderate exercise is encouraged. A miscarriage does not result from normal bending, stretching, walking, swimming, having sex or usual daily activities, otherwise many more miscarriages would happen.

WHAT HAPPENS DURING MISCARRIAGE

The contents of the uterus begin to leave your body through the vagina, over hours, days or weeks. The symptoms you experience will depend on the stage of your pregnancy and the cause of your miscarriage.



Threatening

Inevitable

Incomplete

Complete

TYPES OF MISCARRIAGE

1. **Weak Cervix** it may be possible if diagnosed in time to have a cervical stitch (Be aware to save future pregnancies)
2. **Missed miscarriage** occurs early with no warning symptoms. A routine ultrasound scan will show no heart-beat (a non-viable embryo) and if there is an empty foetal sac this is referred to as a 'blighted ovum'.
3. **Threatening miscarriage** is occurring when you experience a minor first trimester bleed and perhaps abdominal discomfort, usually at the time your period would have been due. 85% of these pregnancies progress normally.
4. **Inevitable miscarriage** is occurring when you experience some or all of the following symptoms which need to be reported to your LMC (Lead Maternity Carer i.e. Midwife/ GP/Specialist)
 - ♥ Sudden absence of 'morning sickness' and breast tenderness
 - ♥ Intuitively no longer 'feeling pregnant'
 - ♥ Painful cramps (contractions)
 - ♥ Persistent bleeding with a clot-like appearance
 - ♥ An unusual odour from the lost blood
 - ♥ Nausea, faintness and feeling generally unwell
5. **Incomplete miscarriage** is when your uterus does not expel its entire contents and bleeding and discomfort continue. Contact your LMC for a hospital referral. Each has their own policy which could be; wait and see monitoring, offer/require an ultrasound scan, tablets to induce a normal delivery (and a possible return to hospital) or a dilatation and curettage operation (D&C). This requires a day stay at hospital for a general

anaesthetic and your cervix to be opened to clear the uterus then a few hours for recovery.

6. **Complete miscarriage** means your cervix is now closed. Bleeding will be light and should stop at around 2 weeks.

WHAT YOU SHOULD DO IF YOU ARE MISCARRYING

Unfortunately, no intervention can save your baby but you still need medical help for yourself.

- ♥ **Contact your LMC or Healthline (0800 611 116) as soon as possible and inform them of what is happening.**
- ♥ Contact a support person to be with you and ask them to pack a bag for hospital in case it is needed
- ♥ It is important to keep note of; the location and strength of your pain, when bleeding began and if soaking more than 1 sanitary pad half hourly (save any large clots in a clean container)
- ♥ Take things quietly. You may like to lie down and use a heat pack on your lower abdomen or back. Use Panadol only for pain every 4 – 6 hours. Do not exceed stated dosage. Do not use Aspirin.
- ♥ Avoid food or drink (aside from regular sips of water) as you could need a D&C later under anaesthetic
- ♥ **Do not use tampons** or have a bath (shower only if your support person is with you)

Do not drive yourself to hospital if you are really worried - ring 111

ECTOPIC PREGNANCY

This is when a fertilised egg implants itself incorrectly in the fallopian tube, ovaries or cervix.

A ruptured ectopic pregnancy is dangerous and life-threatening. Treatment must be immediate.

Contact 111 urgently if your symptoms include

- ♥ Severe, continuous abdominal pain (worse than period pain or contractions)
- ♥ Feeling very unwell, sick or faint