

Early Pregnancy Loss

The loss of a baby during pregnancy is a devastating experience for many women and their families. The emotional grief and sense of isolation can be overwhelming; however, it is important to remember that <u>you are not alone</u>. Estimates suggest that about 1 in 4 pregnancies end in loss. The intensity of grief is not correlated with the length of pregnancy. Women who experience a loss early in pregnancy may experience grief as intensely as someone who experiences a loss much later.

Early pregnancy loss is the spontaneous delivery or death of a baby before 20 weeks of pregnancy. You may hear this type of loss referred to as a miscarriage, spontaneous abortion, fetal demise, or early pregnancy loss. There are many types of miscarriage, including:

- **Threatened miscarriage** With a threatened miscarriage, you may experience cramping and spotting; however, the cervix remains closed. Many women go on to deliver a healthy baby.
- **Inevitable miscarriage** Your cervix has started to open and your experiencing bleeding and cramping.
- **Complete miscarriage** A complete miscarriage occurs when both the baby, placenta, and all other pregnancy tissues have been delivered, leaving the uterus empty.
- **Incomplete Miscarriage** When some tissues remain in the uterus, this is known as an incomplete miscarriage. Your doctor may need to perform a procedure to remove remaining tissues.
- **Missed Miscarriage** Missed miscarriage is the term that is used when the baby has died but has remained in the uterus. There are typically no symptoms of miscarriage such as bleeding or cramping.
- **Ectopic Pregnancy** When the baby develops outside of the uterus, usually in a fallopian tube, this is called an ectopic pregnancy. This is a medical emergency that requires a surgical procedure.

Approximately 80% of losses occur during the first trimester (up to 12 weeks).

Although many women do not experience any symptoms of early pregnancy loss, the most common symptoms include:

- vaginal bleeding
- lower abdominal cramps/pain,
- clot-like material or tissue from the vagina

Keep in mind that spotting does not always mean a miscarriage is inevitable.

The most common causes of early pregnancy loss are problems with the development of the baby or placenta. Approximately 50% are the result of chromosome abnormalities such as having too many or too

few chromosomes. However, the cause of early pregnancy loss is often unknown. The most important thing to remember is that pregnancy loss is <u>not your fault</u>. Research has shown that pregnancy loss is NOT caused by:

- stress
- exercise
- lifting heavy objects
- past history of sexually transmitted infections
- use of over-the-counter medications
- intrauterine devices (IUD)
- oral contraceptives

What are my options?

If your baby has passed, but you have not yet delivered, talk to your provider about the options that are right for you. Here are the most common:

- **Watch & Wait** You may choose to wait for the baby and pregnancy tissue to pass naturally. This choice is typically safe for pregnancy losses less than 13 weeks, and you do not have unstable vital signs or signs of infection. It may take a few weeks for your body to recognize the loss and begin the process of delivery. This method is successful about 66-90% of the time.
- **Medication** If you choose this option, your provider will prescribe medications to help the baby pass. These medications cause intense cramping, usually within 2-6 hours after taking the medications. Delivery occurs within 2 days 67-84% of the time depending on the medication(s) prescribed. Most often, your doctor will prescribe these medications for home use; however, if you are further along in your pregnancy, your provider may admit you to the hospital.
- **Procedures** Your doctor may recommend a procedure such as a dilation and curettage (D&C), especially if other methods have not worked, you have signs of infection, or you are experiencing excessive bleeding. During a D&C, the provider will dilate your cervix and then utilize suction to remove pregnancy tissue. This procedure may be performed in an operating room under general anesthesia.

What symptoms should I expect?

The symptoms of miscarriage are the same, regardless of if you choose to wait for the process to occur naturally or opt to speed up the process with medications. Once the process begins, you can expect:

- Intense cramping
- Passing of clots and grey/white tissue
- Heavy bleeding lasting for 3-5 hours

You can use over-the counter medications such as ibuprofen (Advil or Motrin) and a heating pad to help lessen your discomfort. Make sure that you stay hydrated and rest when you can.

You should call your provider if:

- you saturate 2 large pads per hour
- passing large clots, the size of a golf-ball
- fever greater than 100.4°F
- chills
- foul discharge

feeling lightheaded or like you might pass out

What Will My Baby Look Like?

There are a couple of factors that determine how your baby will look. If you miscarry very early, typically before 12 weeks, the baby will be very small and there may not be any recognizable human features. At around 16 to 20 weeks, the baby is usually fully formed. Let your healthcare provider know if you would like to see and hold your baby. If you are not ready, ask them to take photos of your baby so you can look at them later, when you are ready.

What will happen to my baby?

In most states, you have the right to determine what happens to your baby. When your baby is born prior to 20 weeks of pregnancy, your options include private burial or cremation through a funeral home.

You can also choose to have the hospital handle the remains. There is often no charge for this service. Keep in mind, that in most cases, the remains will be cremated along with other tissue specimens. The remains will not be returned to you and there will not be a grave site.

If you have delivered or plan to deliver at home, talk to your doctor about what to do with your baby's remains and pregnancy tissue. Please see the tips below for collecting a preserving pregnancy tissue and the remains of your baby for pathology or genetic testing.

- Prepare a collection kit: strainer, Ziplock bag or plastic container with lid, and rubber gloves.
- Place the strainer under your bottom every time you use the restroom.
- Examine the contents for pregnancy tissue or fetal remains.
- Place the contents in a Ziploc bag or other sterile container.
- Place the container inside a paper bag and store in the refrigerator.

Do I need to register the birth?

Each state has different requirements. In Missouri, if your baby is greater than 20 weeks, or weights more than 350 grams, you register your stillbirth and request a "Certificate of Birth Resulting in Stillbirth" from the Missouri Bureau of Vital Records. However, if your baby does not qualify, that does not mean your birth and baby are any less valid. Butterfly Kisses Alliance would be happy to send you an "Acknowledgement of Life" certificate.

How can I create memories?

When you experience an early pregnancy loss, there may not be any identifiable tissue, making it difficult to create memories with your baby. There are no right or wrong ways to honor your baby. Do whatever feels right. Here are a few ways to help you remember your baby and acknowledge your loss:

Name your baby. Giving your baby a name helps you feel more connected to him or her. If you do not know the gender, consider a gender-neutral name.

Journal. Write about your feelings, your pregnancy, and your hopes and dreams you had for your baby.

Memory Box. Create a memory or shadow box and fill it with things that remind you of your baby such as ultrasound photos, your list of potential baby names, baby bump photos, pregnancy announcement, sympathy cards, poems or verses that give you comfort, and pressed flowers.

Light a candle. Light a candle on your due date, birthdays, holidays, and other special occasions.

Memorial service. Have a memorial service for your baby. This does not have to be a formal service. You can do this at home with just you and your partner if you wish.

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