

# the misery of miscarriage

by Tiffany Brown\*

**“I am one in four who misses their baby every single day, forever.”**

**In her moving letter to Tots to Teens, Karen Prisco appealed for our help to highlight the devastating issue of miscarriage that is tragically shared by a quarter of women who fall pregnant.**

While the true rate of miscarriage is closer to 50% of all conceptions, it is nature's hidden blessing for many that so many miscarriages occur before a woman discovers her pregnancy, and she is never aware of what occurred.

For the rest, like Karen Prisco, the physical and emotional consequences of suffering the loss of a baby are keenly felt, as they join the ranks of parents who never got to take their baby home.

Miscarriage is the spontaneous loss of a pregnancy before the 20th week. It most commonly occurs when the fetus is failing to develop properly. This is rarely caused by inherited genetic factors, but from chromosomal errors that occur by chance as the embryo divides and grows.

There are some risk factors to be aware of though. Risk of miscarriage increases relative to maternal age, and may also be affected by the age of the father. Women who have had two or more consecutive miscarriages are also at higher risk of another miscarriage.

Chronic conditions such as uncontrolled diabetes may increase the chances of miscarriage, as will smoking, heavy alcohol or illicit drug use. Uterine or cervical problems, or mothers being under or overweight may increase risk, and invasive prenatal tests such as chorionic villus sampling and amniocentesis also carry a slight risk of miscarriage.

There are many types of miscarriage. These include:

- **Very early miscarriage:** occurs in up to 50% of miscarriages, usually soon after implantation. This is sometimes referred to as a 'chemical pregnancy'.
- **Missed miscarriage:** usually occurs early in the pregnancy, and often with no symptoms. A routine scan may reveal the baby has no heartbeat.
- **Threatening miscarriage:** may be experienced for days or weeks prior to miscarrying. May include symptoms of light bleeding, period-like pain, cramps, and/or the absence of nausea, breast tenderness and loss of the 'feeling' of being pregnant.
- **Inevitable miscarriage:** occurs when the cervix opens and the placenta breaks away from the uterine wall. Commonly experienced as an absence of pregnancy symptoms (including an intuitive sense of pregnancy loss), faintness, nausea, heavy period-like pain, persistent bleeding, passing pieces of placenta, an unusual odour from the lost blood, and possibly seeing the fetus.
- **Incomplete miscarriage:** incomplete evacuation of the placenta, usually accompanied by fever and chills, pain or an odour, most commonly between 6 and 12 weeks of pregnancy. Incomplete miscarriages may require a 'wait and see' monitoring process, scanning, medication to induce delivery, suction along with scraping, or a dilation and curettage (D&C) operation requiring a general anaesthetic.
- **Complete miscarriage:** the uterus empties and the cervix closes without medical intervention. Usually the earlier the pregnancy, the more likely the body will complete a miscarriage on its own.

There are also some rare conditions that cause miscarriage, including molar pregnancy (an unviable

pregnancy caused by an overgrowth of placental tissue), vanishing twin syndrome, and recurrent miscarriage (RPL).

Ectopic pregnancies are estimated to occur in 1 in 250 pregnancies, occurring when the pregnancy fails to reach the womb, instead implanting itself in the fallopian tube where it cannot survive.

Symptoms of this type of pregnancy include sharp, intense pains unlike period pains (and possibly felt in the shoulder), dark bleeding, faintness, nausea, dizziness and vomiting, or a positive pregnancy test which turns negative a few days later.

Despite the inevitability of a baby loss outcome with an ectopic pregnancy, a measure of decision by the mother is required to effectively save her own life and to terminate the live pregnancy which cannot survive. This is not necessary in other situations where the baby has already died when the miscarriage occurs.

Miscarriage Support Auckland Inc ([miscarriagesupport.org.nz](http://miscarriagesupport.org.nz)) has a comprehensive information page about ectopic pregnancy, and recognises the intensity of trauma and/or feelings of guilt that can be involved with this type of miscarriage. For 30 years, this advocacy group has provided peer support, promoted community understanding of miscarriage, and helped health professionals to a greater level of understanding about the psychological consequences of miscarriages on their patients.

Early miscarriages are often unexpected, but the immense feeling of loss and accompanying grief can be difficult to make sense of. The pregnancy, baby and infant loss support group Sands ([sands.org.nz](http://sands.org.nz)) is a non-profit support group run by volunteers who have experienced the death of a baby. The Sands website and community support groups offer information packs, meetings, newsletters and phone support to bereaved parents.

Babies lost prior to 20 weeks are not officially recognised in New Zealand, so Sands provide 'Certificates of Life' primarily for these babies. The A4 certificate has space for a photo or hand/footprints to remember the baby.

Loss of a baby after 20 weeks gestation is commonly referred to as 'stillbirth', with most stillbirths occurring in full-term pregnancies. Stillbirth describes an in-utero fetal death, as opposed to a live delivery where a baby dies shortly afterwards. As with miscarriage, the cause of stillbirth is largely unknown. Known causes can be as diverse as bacterial infection, birth defects, high blood pressure (including pre-eclampsia), physical trauma, radiation poisoning and umbilical cord accidents.

Karen Prisco is on a mission to provide better compassionate care to grieving Kiwi families by raising funds to place a 'Cuddle Cot' in every one of the 80 birthing units across the country.

A Cuddle Cot is a cooling unit that allows parents to spend more time with their infant after death than is currently possible. This is a crucial time in which bereaved parents can create memories through photographs, casts and making hand or footprints – an essential part of the healing process. Please make a donation towards their \$500,000 goal at <https://givealittle.co.nz/cause/cuddlecots>.

Karen also reminds us that an essential part of healing for bereaved parents is being able to tell their stories. She suggests we never worry that mentioning a baby's loss will 'remind' the parents of their trauma, because the baby – and that loss – is never forgotten.

*\*Tiffany is a freelance writer. Natural parenting and food are two of the topics regularly featured on her blog <http://zigzagutopia.wordpress.com>.*

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