Government of **Western Australia**
North Metropolitan Health Service
Women and Newborn Health Service

Pregnancy loss

In the second and third trimester

Contents

This booklet provides information to women who experience the loss of a pregnancy in the second and third trimester. It discusses the physical and emotional issues that you and your family may experience. It also provides information about the many support services available at King Edward Memorial Hospital (KEMH).

At this time, you may feel isolated and misunderstood. As well as grieving for the loss of your baby, you may also be grieving for the loss of your parenting dreams.

Refer to the back of this booklet for terms you may hear used.

Signs of an early pregnancy loss

A miscarriage often starts with some bleeding and there may be cramp-like pain. The sudden loss of blood and the onset of pain can be very distressing. A doctor or clinic should be notified immediately whenever bleeding occurs in pregnancy.

In some cases, the bleeding and pain stops and the pregnancy continues. However, continued bleeding and pain may end with a miscarriage.

Another form of pregnancy loss occurs when your baby's heartbeat cannot be found on an ultrasound – this is called a fetal death in utero.

Unfortunately, pregnancy loss occurs much more frequently than most people realise. About one in five pregnancies end in miscarriage and most women who become pregnant will experience a miscarriage at some time in their lives.

Possible causes of early pregnancy loss

There are many suggested reasons for spontaneous pregnancy loss, such as:

- A problem with the embryo or fetus
- Infection
- Hormone imbalance
- Problems with the placenta and how it is formed
- An inability of the cervix to stay closed

Most often, no cause can be found for early pregnancy loss and no specific explanation can be offered. Many parents feel helpless and frustrated when a cause for their loss cannot be found. It is very rare for an early pregnancy loss to occur because of something you have, or have not, done. You should discuss possible causes with your doctor but do not be surprised if no cause is found.

Pregnancy loss after 20 weeks

Pregnancy loss at, or greater than, 20 weeks gestation can occur for different reasons. Your baby may have died during your pregnancy, or you may have made the difficult decision to terminate the pregnancy for fetal anomalies or medical conditions.

When there are pregnancy complications that have resulted in the decision to terminate the pregnancy, it is a legal requirement in WA that each case be presented to a ministerial panel for approval of termination. This process may take up to a week following your decision to proceed to termination. You will be notified of the ministerial panel's decision. If the panel approves your request, you will be notified with a date and time to come into hospital for your induction of labour.

Induction of labour for pregnancy loss

Induction methods may vary depending on your gestation; however, the most common medications used are outlined below.

Mifepristone

A single dose oral tablet that will be administered to you 24 to 48 hours prior to admission to hospital. This tablet works to soften the cervix and prepare the uterus for labour. Some people will experience headaches, nausea or cramping after taking this medication.

Misoprostol

A small tablet that your midwife may insert into the vagina and place it close to the cervix. Alternatively, it may be administered sub-buccal (between your cheek and gum) and you wait for it to absorb (unpleasant taste). Misoprostol will be administered four hourly until delivery, for a maximum of 24 hours.

This medication will cause uterine cramping, often beginning like period pain, which will help the cervix open so that baby can be delivered. Every labour is different, and it can take some time for the medication to take effect.

As your contractions become more intense and your labour progresses, you may want to use some pain-relieving medications.

Some options available include:

Non-pharmacological: Hot packs, shower, mobilizing and massage can all help in the early stages.

Oral analgesia: Paracetamol or Panadeine Forte can be helpful and are sometimes given with a light sedative (Temazepam) if you need to rest overnight.

Inhaled analgesia: Nitrous oxide + oxygen (gas) can be used when contractions are becoming stronger. This is inhaled through a tube with a mouthpiece that you can hold in your hand.

Morphine: An intramuscular injection that can help ease the pain and enable you to relax in between contractions.

Delivery of placenta

Following the delivery of your baby, we recommend an oxytocin injection into your thigh to help deliver your placenta and prevent excess blood loss.

Occasionally the placenta does not separate and deliver by itself. If this occurs, you will be reviewed by a doctor and may need to go to the operating theatre for an examination under anesthetic. During this procedure, any remaining pregnancy tissue will be removed from your uterus.

Considerations

Do you wish to spend time with your baby?

Some families just wish to see and hold their baby. Some for a short time, while others want to have them in the room for longer.

Would you like to use the “Cuddle Cot’? This is an in-room cooling unit so your baby can be at your bedside.

Is there anything special you wish to bring for baby?

Some people have a special blanket, clothing or a small trinket they would like to leave with their baby. You are most welcome to bring something in.

How will my baby look?

The appearance of your baby will depend on the gestation, when he or she died and any possible anomalies. It may not be possible for you or your health carers to accurately determine the gender (sex) of your baby at the time of his/her birth. To confirm the gender of your baby, it is best to consult the experienced staff from the Perinatal Pathology Department (mortuary).

It is important to remember that your baby may appear different to how you imagined, in size, skin condition or features. The fear of the unknown and the imagined is usually much worse than the reality. Even the fear of major abnormalities is forgotten when you see your baby. We recognise that you may be afraid at this time. We will encourage and support you to embrace the experience and will be guided by your wishes at this time.

What will happen to my baby?

Before you leave the hospital your doctor, midwife or nurse will discuss with you the benefits of a post-mortem examination of your baby. This examination will only occur with your consent.
A perinatal pathologist will examine the baby to identify or confirm any abnormalities or other factors that may have contributed to the loss of your baby. This examination is important and may provide valuable information about your baby and your future pregnancies.

The post-mortem coordinator is available to discuss any aspect of the post-mortem examination and the options available to you.

Your health carers can contact the post-mortem coordinator for you. Results from the post-mortem will be sent to your general practitioner (GP) and hospital doctor.

After you are discharged from the hospital, your baby is taken to the Perinatal Pathology Department. The staff there will treat your baby with dignity and respect.

Part of their role is to create mementos and memories that include photographs and hand and footprints. These can be collected without cost from the Perinatal Pathology Department by calling

(08) 6458 2730, or as arranged with Pastoral Care Services.

Support services at KEMH

Any of the services listed below can also be contacted by phoning the hospital on (08) 6458 2222 and asking for the service you require.

Perinatal Loss Service (PLS)

This service has been established to provide care for families who have experienced perinatal death and pregnancy loss at KEMH. This includes clinical care and counselling support. The PLS provides a state-wide consultancy service to support health care professionals who provide clinical care to women experiencing perinatal and pregnancy loss. Phone (08) 6458 2222 and ask for pager 3430 (week days).

Pastoral Care Services

A representative from Pastoral Care Services can offer emotional or spiritual support to patients, partners and their family and can advise on cremation and naming/blessing/acknowledgement options.

They are available Monday – Friday 8am – 4pm on (08) 6458 1036 or (08) 6458 1726. On Saturday, Sunday and public holidays ask your midwife to contact the on-call chaplain via the NMHS Telecommunications Centre.

Social Work Department

Social workers provide support and short-term counselling to those experiencing a pregnancy loss. They also provide information on grieving, community support and practical assistance.

Phone (08) 96458 2777 (week days)

Genetic Services of WA

This service provides information, counselling and support for individuals, couples and families following the diagnosis of a genetic condition in a family member or when an abnormality is found in an unborn baby. A genetic counsellor/geneticist is available to discuss the possible causes of recurring miscarriages where one partner carries a genetic problem.

Phone (08) 6458 1525 (week days).

Psychological Medicine Department

This department includes clinical psychologists, psychiatrists, medical officers and mental health nurses. They provide counselling and psychiatric services for mental health issues that may complicate the experience of a pregnancy loss. Ask your health carers to arrange a referral or contact the department on (08) 6458 1521 (week days).

Perinatal Pathology Department

Perinatal pathology staff will care for your baby after you go home. They are responsible for the creation of mementos (photos, hand and footprints) and, if applicable, the post-mortem examination and/or cremation of your baby. They can be contacted to arrange the collection of any mementos, or request to have a report sent to your doctor, by phoning (08) 6458 2730 or via the KEMH switchboard on (08) 6458 2222 (week days).

Post-mortem coordinator

A post-mortem coordinator is available to discuss with you any aspects of the post-mortem examination. Phone (08) 6458 2730 or call the KEMH switchboard on (08) 6458 2222 (week days).

Women and Newborn Health Library

A women's health information service is in the main corridor of KEMH, on the ground floor. It has books, videos and other useful information about pregnancy loss. Visit the library or phone

(08) 6458 1100 or rural free call 1800 651 100.

Birth registration requirements

If your baby has been born at, or greater than, 20 weeks gestation, you will be required to register the birth with the Registry, Births Deaths & Marriages, Western Australia. The hospital staff will give you the required forms.

If your baby is less than 20 weeks gestation, you will be offered a Recognition of Early Pregnancy Loss certificate, from the Western Australian Registry, Births Deaths & Marriages.

Funeral requirements

Pastoral care staff will discuss the options related to the funeral requirements for your baby.

Babies who are stillborn and less than 28 weeks gestation are entitled to cremation at Women and Newborn Health Service.

All babies born at or beyond 28 weeks require an external funeral service with a registered funeral director, as do all babies born alive who die soon after (neonatal death), at any gestation. There will be a cost for this service. The Social Work Department and Pastoral Care Services can assist you with these decisions.

Interment of Ashes service

The Interment of Ashes service is an inclusive ritual, usually held on the last Thursday of every month, at which the ashes of stillborn babies up to 28 weeks of gestation are buried.

The service occurs in the KEMH Memorial Garden, on the corner of Barker and Railway Roads in Subiaco (next to the WA Medical Museum) at 12.30pm and takes about 30 minutes.

Families, friends and children are very welcome, and you may wish to bring a flower to leave at the interment site. A formal record is kept of all the babies whose ashes are interred.

For many people, the ritual of the Interment of Ashes marks a physical and emotional transition and has special significance. Parents and family can visit the garden at any time.

During your hospital stay you should receive a visit from a chaplain to discuss options and give details of this service. You can also contact Pastoral Care Services through your health carers or by phoning (08) 6458 1036 or (08) 6458 1726 for further information. There are no costs attached to this service.

Other rituals and ceremonies

Some parents may wish to speak to Pastoral Care Services to organise a small ceremony, such as a *Naming & Blessing* or *Service of Acknowledgement* to honour the life that has been lost. They can also use this ritual to speak with others about the significance of their pregnancy and its loss. Pastoral Care Services will work with you in an inclusive way to ensure that your wishes are incorporated.

How may I be feeling?

There is no right or wrong way to respond to a pregnancy or its loss. People deal with their loss and grief in different ways. You may experience feelings of sadness, denial, guilt and anger as you face the loss of your pregnancy and as the healing process of grief begins.

Regardless of how long you were pregnant, your loss may be very real. You may find yourself overwhelmed by a confusion of feelings. Society has not always acknowledged the close bond that can form between parents and their expected baby. Sometimes a long-awaited pregnancy may produce a strong bond from the earliest stages of conception.

For other people, there are complex social or medical circumstances that can create mixed feelings about the pregnancy and later feelings of both grief and relief when the pregnancy is lost. For some people attachment has not yet occurred, then suddenly the process of miscarriage begins and unexpected feelings of loss are experienced. It is important for you to make your own choices about what you need at this time and to communicate with your health carers about how they can best help you.

You may require extra support to cope with your loss if you have had:

- Previous losses, including other deaths within your family
- A personal history of depression, anxiety or other psychological issues
- Limited support from your partner, family and friends
- Social isolation or financial stress
- Lack of parental support and nurturing currently or from childhood, which can create further vulnerability

Additional support will be provided by the following services:

- Perinatal Loss Service
- Social work
- Psychological medicine
- Pastoral Care Services

Grief is a normal healing process. It takes as long as it takes. Your journey through grief may be helped by the 'tasks of grief' as described by therapist/author William Worden:

1. Accept the reality of your loss

- Talk about what has happened
- Talk about the hopes and dreams you had for your baby
- Create or attend ceremonies and rituals
- Allow others to be supportive

2. Experience the pain of grief

- Trust your emotions, share them with those close to you
- Allow strong feelings, they will pass
- Ask your partner how they feel and what they want
- Write your feelings and thoughts in a journal
- Join a support group

3. Adjust to an environment without the pregnancy

- Acknowledge the sense of emptiness, while also having confidence that you will gradually recreate your life into a satisfying and meaningful one
- Decide what to do with any items you may have purchased or been given for the baby

4. Integrate the experience of the pregnancy into your life

- Put a few minutes aside occasionally to spend time, in your mind, with the life that has been lost
- If you have other children, talk to them as they get older about this pregnancy that was lost
- Remember that grief is love

Loss at any time can raise deep issues for any of us. You may wonder "how can I understand or make sense of what seems so unjust?" Pastoral Care Services offer a number of services upon request, including rites for mourning a pregnancy loss and rites for healing. A chaplain or pastoral care representative is available at all times and your health carer can contact the chaplain or your own religious representative for you.

My partner feels left out, what can we do?

Your partner may feel powerless and helpless while grieving the loss of your pregnancy. It is important that you both share your grief and talk to each other about your feelings and needs. Understand and respect that each person will grieve differently. Your partner should be included in discussions with your health carers and counsellors. Give your partner the opportunity to express their feelings.

Just being there and listening to each other can be of great help. You don't need to try to 'make things better'. Be aware that men and women often experience and express their grief differently. Sharing your thoughts and feelings can help you both understand how each of you is experiencing the loss. Also, let your partner and others know what you need at this time.

Your children

The basic need of children is to feel safe and loved. Young children can quickly pick up their parents' distress. They can be reassured with extra hugs and returning them to their normal routines whenever possible.

Children can also benefit from being told what is happening in clear and simple terms. Don't give too much information or abstract answers to pre-teenage children. The best plan is to answer their questions as truthfully and as clearly as possible. Include children in any ceremonies and rituals you may have, such as the Interment of Ashes and Ritual of Remembrance services at KEMH. Involve them in the creation of memories.

Trust children to grieve in their own way, depending on their stage of development. Children need to be reassured that they did not say or do anything that caused your loss. They also need to know that it is okay for you and them to feel sad.

Be aware that children can become anxious about death and may also think that something bad is going to happen to them. Sharing information may reassure your children and reduce their anxieties. Be patient if their general behaviour worsens.

Physical recovery

Medical care is important after a pregnancy loss to ensure that you recover and your body returns to normal. You should visit your GP within two weeks of the loss of your pregnancy. The results from tests or investigations you have had will be sent to your GP.

Bleeding

Vaginal bleeding usually continues for one to four weeks. The amount decreases and the colour changes from bright red to pink then brown. It is best to use sanitary napkins (pads) at this time rather than tampons. If heavy bleeding occurs or if you experience strong pain, make an appointment at your GP or local health care facility.

Lactation

Your breasts may already be producing milk, which is caused by hormones that stimulate breast milk production. Your breasts may leak following a hug, hearing the cry of a baby or when thinking of your baby. Your breasts can be very sensitive to touch and may be painful and uncomfortable. Production of milk is distressing for some women and comforting for others. Some women feel their milk is the last link they have to their baby. Production of breast milk can be reduced by:

- Decreasing touching or stimulation of your breasts
- Wearing a firm bra
- The use of prescription medications provided and explained by your health carer

Painful breasts are often relieved by simple measures such as:

- The application of cold compresses
- Using pillows for support
- Taking warm (not hot) showers

Occasionally, expression of milk may be necessary to relieve discomfort. Use caution with this as your breasts can respond to expressing by producing even more milk. Speak to your doctor, nurse or midwife if you are unsure about how to express.

Sexual intercourse

Your health carer may suggest the length of time before your body will be physically ready to resume sexual intercourse. However, when you will be emotionally ready is an individual decision. Understand that men and women often feel differently. Discuss your feelings with your partner so that the timing is appropriate for both of you. Concern and love for each other may be expressed in other ways until you feel you are ready for sexual activity

When to seek advice

Seek help from your GP or other health carer if:

- You are feverish, shivering or sweating
- You have stinging or burning when you pass urine
- Your vaginal loss returns to a bright red colour, unexpectedly increases in amount, or smells offensive
- You experience abdominal pain or cramping
- You experience a hard, red and painful lump in a breast
- You are worried

Assistance is available from the Department of Psychological Medicine if you experience depression, anxiety or other emotional concerns that do not seem to be resolving over the weeks following your loss.

When to start another pregnancy

You may need time to work through your grief before you feel emotionally equipped to handle another pregnancy. Contraception may be important until you and your partner are ready to try for another baby. This can be discussed with your GP or the hospital doctor.

Apart from medical and physical considerations, there is no correct or appropriate period of time to wait before becoming pregnant again. It is often recommended that you wait for your next period to ensure that your menstrual cycle has resumed after your pregnancy loss.

Many parents find they are ready to welcome a new pregnancy when they have come to terms with their loss. Your doctor may also suggest how long to wait before attempting to become pregnant again. You should discuss your individual needs with them.

If you feel the need for emotional support, ask your GP for a referral to a suitable counsellor or contact Red Nose WA.

Risks in future pregnancies

For most women, a miscarriage is a chance occurrence and the next pregnancy is very likely to proceed to full-term. Within six to eight weeks of the loss of your pregnancy your reproductive system will have returned to normal and your fertility should not have changed.

It is normal to feel anxious about any future pregnancies, especially when a new pregnancy reaches the same stage as your previous loss. You may feel a need to contact your midwife/doctor more regularly to confirm your pregnancy is progressing normally.

Expressing these feelings and fears to others may help. Following a pregnancy loss, some parents are keen to become pregnant again as soon as possible. Others feel the need to wait. Sometimes partners have different views when considering the next pregnancy. Emotional, cultural, religious and other considerations may influence parents in making this decision

Future pregnancy planning may involve medical and/or genetic investigations and counselling. Sometimes, for families who have ended a pregnancy due to medical reasons, this may require a longer wait, to allow further tests and investigations to be interpreted.

Grief support services

Red Nose WA and SANDS (Stillbirth and Neonatal Deaths Support Service) are the primary grief support services in the community for parents who have experienced the loss of a pregnancy, baby or child.

They provide:

- Phone support and information 24 hours a day, 7 days a week
- Home visits by a trained volunteer who has experienced the loss of a pregnancy or baby
- Psychologist counsellor services
- Support groups for parents to share their experiences
- A resource library and grief support newsletter
- Booklets such as *Miscarriage: Saying goodbye before you've said hello*
- Men's grief group
- Specific support groups for sibling grief

Contact details

Red Nose Grief and Loss WA

Phone: 24-hour bereavement support 1300 308 307 Web: rednosegriefandloss.com.au

SANDS WA

Phone: 24-hour support 1300 308 307

Web: www.sandswa.org.au

Other support services

Pregnancy Loss Australia

pregnancylossaustralia.org.au

Bears of Hope

Phone: 1300 114 673 (13 11 HOPE)

Resources and further reading

The following resources and more are available at the Women and Newborn Health Library at KEMH.

A silent sorrow: Pregnancy loss: guidance and support for you and your family – 2nd Ed (book)
Kohn, Ingrid, Moffitt, Perry-Lynn. New York: Routledge, 2000

When a baby dies: The experience of late miscarriage, stillbirth and neonatal death – rev. Ed. (book)
Kohner, Nancy, Henley, Alix. London: Routledge, 2001

Miscarriage: what every woman needs to know (book) – Rev. Ed.
Moulder, Christine. London: Orion, 2001.

Pregnancy after loss (book).
Warland, Jane, Warland, Michael. Adelaide, SA: Jane and Michael Warland, 1996.

Surviving Miscarriage – you are not alone
McLaughlin, Stacy, London. Universe Inc, 2005

Information about fetal anomaly

When your unborn baby has a problem: How to manage the weeks ahead (book).
Support after Fetal Diagnosis of Abnormality (SAFDA). NSW Genetics Education Program, Sydney 2000

A time to decide, a time to heal – 4th Ed (book)
Minnick, Molly A., Delp, Kathleen J., Ciotti, Mary C. et al.– St Johns, MI: Pineapple Press, 1994.

Diagnosis of abnormality in an unborn baby – the impact, options and afterwards (book). SAFDA, 2002

Information about termination

Unplanned Pregnancy. Considering Abortion (pamphlet). SHQ 201.

Medical terms that may be used

Explanations for medical words you may hear from your health carers when talking about loss are given below. However, we encourage you to use words that you are comfortable with.

Anaesthetic	Medication used to make you unconscious (asleep) and unable to feel the operation or be aware of what is happening. It is given to you intravenously (needle in your vein).
Cervix	Neck of the uterus (womb) that can be felt through the vagina. The cervical opening is usually less than 1cm wide in women who have never been pregnant. To enable the pregnancy tissue to leave the uterus, the cervix must dilate (enlarge).
Dilatation and curettage (D&C)	The cervical opening is gently dilated (enlarged) to enable removal of the pregnancy tissue using a tool called a curette. This operation is performed while you are under anaesthetic.
Embryo	Describes your baby from conception to eight weeks gestation.
Fetus	Describes your baby from nine weeks gestation to birth.
Gestation	During pregnancy, the length of time from your last menstrual period. The normal gestation of pregnancy is 37 to 41 weeks.
Labour and birth	The process of expulsion of the products of conception (baby) from the uterus.
Miscarriage	Any pregnancy loss (intra uterine) less than 20 weeks gestation.
Threatened miscarriage	Vaginal bleeding that occurs over several days or weeks. It is difficult to predict at this time if the pregnancy may end or continue.
Spontaneous miscarriage	The unplanned complete loss of a pregnancy before 20 weeks of gestation. This does not mean the pregnancy was unwanted.
Incomplete miscarriage	Some pregnancy tissue is lost from the uterus and the rest remains in the uterus.
Missed miscarriage	The embryo or fetus has died and all the pregnancy tissue remains in the uterus.
Induced miscarriage	A planned, voluntary termination of a pregnancy. Sometimes an induced miscarriage is necessary due to medical conditions of the woman or the baby. This does not imply the pregnancy is unwanted. This may be a medical miscarriage or surgical miscarriage.
Pregnancy tissue	Includes embryo or fetus, placenta and any membranes of the pregnancy.
Uterus (womb)	The organ that contains and nurtures the development of the baby.

Notes

WNHS Community Advisory Council your voice

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This document can be made available in alternative formats on request.

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