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THE LOSS OF YOUR BABY

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Some women may have to cope with miscarriage, ectopic pregnancy, termination, stillbirth or neonatal death (death shortly after birth). This chapter explains why some of these things may happen.

Help and support

If your pregnancy goes wrong, you will need both information and support.

Talk to the people close to you about how you feel, and to your midwife, doctor or health visitor about what has happened and why. Sometimes it is easier to talk to someone who is not a family member or friend, for example your doctor, midwife or health visitor.

There are also a number of voluntary organisations that offer support and information. These are often run by bereaved parents. It can be very helpful to talk to another parent who has been through a similar experience.

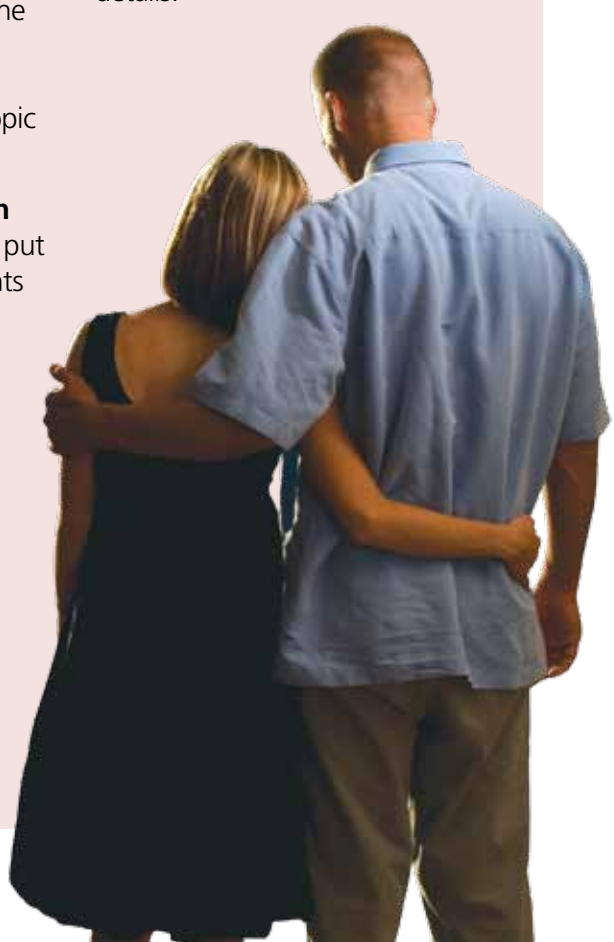
The following organisations may help:

The **Ectopic Pregnancy Trust** (www.ectopic.org.uk) offers support and information for parents who have had an ectopic pregnancy. They have a helpline on 020 7733 2653 and can put you in touch with other people who have had an ectopic pregnancy.

The **Miscarriage Association** can give you information and put you in touch with other parents who have experienced a miscarriage. See page 186 for details.

Sands can put you in touch with other parents who have had a late miscarriage, stillbirth or neonatal death. They also have an internet forum at www.sandsforum.org and a parents' telephone helpline on 020 7436 5881. See page 186 for details.

Antenatal Results and Choices (ARC) is a voluntary organisation that supports parents who are making decisions about terminating or continuing their pregnancies. See page 186 for details.



ECTOPIC PREGNANCY

After fertilisation, the egg should move down into the uterus to develop. Sometimes it gets stuck in the fallopian tube and begins to grow there. This is called an ectopic or tubal pregnancy. Rarely, the egg can become stuck elsewhere, such as the ovary or the cervix. The fertilised egg cannot develop properly and your health may be at serious risk if the pregnancy continues. The egg has to be removed. This can be done through an operation or with medicines.

Ectopic pregnancy can be caused by damage in the fallopian tube, possibly as a result of an infection. Previous abdominal surgery and previous ectopic pregnancy can also increase the risk. The warning signs start soon after a missed period.

These are:

- severe pain on one side, low down in the abdomen
- vaginal bleeding or a brown watery discharge
- pain in your shoulders
- feeling dizzy or faint
- pain when you have a bowel movement.

If you have any of these symptoms and you might be pregnant – even if you have not had a positive pregnancy test – you should see your doctor immediately.

Some women have no obvious signs or symptoms at all and an ectopic pregnancy may sometimes be mistaken for irritable bowel syndrome, food poisoning or even appendicitis.

Afterwards

You may feel a strong sense of loss and it is important to give yourself time to grieve. An ectopic pregnancy involves abdominal surgery or treatment with powerful medicines. It may affect your chances of becoming pregnant again.

It may be helpful to talk to your doctor to discuss the possible causes and whether your chances of conceiving a baby have been affected.

MISCARRIAGE

If a pregnancy ends before the 24th week, it is known as a miscarriage. Miscarriages are quite common in the first three months of pregnancy. At least one in six confirmed pregnancies end this way. Many early miscarriages (before 14 weeks) happen because there is something wrong with the development of the baby. There can be other causes, such as hormone or blood-clotting problems. A later miscarriage may be due to an infection, problems in the placenta, or the cervix being weak and opening too early in the pregnancy.

A miscarriage in the first few weeks may start like a period, with spotting or bleeding and mild cramps or backache. The pain and bleeding may get worse and there can be heavy bleeding, blood clots and quite severe cramping pains. With a later miscarriage, you may go through an early labour. If you bleed or begin to have pains at any stage of pregnancy, you should contact your GP or midwife. You could also contact your local early pregnancy unit (though they may want a referral from your

GP before they see you). If you are more than six or seven weeks pregnant, you may be referred for an ultrasound scan to see if your baby has a heartbeat and is developing normally. Sometimes the bleeding stops by itself and your pregnancy will carry on quite normally.

Some women find out that their baby has died only when they have a routine scan. If they have had no pain or bleeding, this can come as a terrible shock, especially if the scan shows that the baby died days or weeks before. This is sometimes called a missed or silent miscarriage.

Treatment for miscarriage

Sometimes it is preferable to wait and let the miscarriage happen naturally, but there are three ways of actively managing a miscarriage:

- **Medicine.** You may be offered tablets or pessaries to start the process of miscarriage.
- **Operation.** If you have been pregnant for less than 14 weeks, your doctor may advise an operation called an ERPC (evacuation of retained products of conception). This will empty your uterus. It is done under anaesthetic.

The cervix is gently widened and the contents of your uterus are removed by suction.

- **Induced labour.** If your baby dies after about 14 weeks, you may go into labour. If this doesn't happen, you will be offered tablets that start labour. Although some women would prefer not to go through labour, this is safer for you than an operation to remove the baby. You will be cared for and supported throughout the labour and the birth of your baby.

Afterwards

One early miscarriage is unlikely to affect your chances of having a baby in the future. If you have three or more early miscarriages in a row, you should be referred to a specialist for further investigations. However, sometimes no clear cause can be found.

Both women and men find it difficult to come to terms with a miscarriage at any stage. You will almost certainly feel a sense of loss. You will need time to grieve over the lost baby just as you would over the death of anyone close to you, especially if the miscarriage has happened later in your pregnancy.

You may feel shocked, distressed, angry, or just numb. You may feel guilty, wondering whether your miscarriage was caused by anything you did or did not do. It is important to know that, whatever the cause, miscarriage is never anyone's fault. If a miscarriage is going to happen, there is very little that anyone can do to stop it.

Some people find having something to remember their baby by helps. In an early loss, this may be a copy of a scan picture. If you have a late miscarriage, you may be able to see and hold your baby if you wish. You might also be able to take photographs, footprints and handprints as a keepsake. Some hospitals offer parents a certificate to commemorate their baby. This is done because there is no formal registration of a baby who dies before 24 weeks of pregnancy.

Talk about your feelings with your partner and those close to you. You might also want to contact the Miscarriage Association or Sands (see page 150).

ABNORMAL TEST RESULTS

When tests show that the baby has a significant abnormality, some couples wish to continue the pregnancy and be prepared for the needs of their newborn baby. Others decide to terminate the pregnancy. If tests show that your baby has a serious abnormality, find out as much as you can from your doctor about the particular condition and how it might affect your baby, so that you can make a decision that is right for you and your family.

You will probably be very shocked when you are first told the diagnosis and may find it hard to take in. You may need to go back and talk to the doctor with your partner or someone close to you. Spend time talking things through. You may also find it helpful to contact Antenatal Results and Choices (see page 150).

What happens

A termination in the first three months can be done under a general anaesthetic. A later termination usually involves going through labour.

You may wish to think beforehand about whether you want to see and perhaps even hold your baby, and whether you want to give your baby a name. If you do not want to see your baby, you could ask hospital staff to take a photograph for you in case you want to see it in the future. The photograph can be kept in your notes.

Afterwards

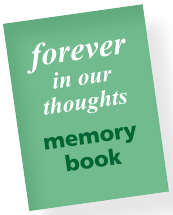
You may find it hard to cope after a termination. It can help to talk, but sometimes family and friends find it difficult to understand what you are going through. If you would like to make contact with people who have undergone a similar experience, you can contact Antenatal Results and Choices (see page 150).

STILLBIRTH AND NEONATAL DEATH

In the UK about 4,000 babies are stillborn every year. This means that the pregnancy has lasted for 24 weeks or more and the baby is dead when it is born. About the same number of babies die soon after birth. Often the causes of these deaths are not known.

Sometimes a baby dies in the uterus (an intra-uterine death or IUD) but labour does not start spontaneously. If this happens, you will be given medicines to induce the labour. This is the safest way of delivering the baby. It also means that you and your partner can see and hold the baby at birth if you want to.

It is shocking to lose a baby like this. You and your partner are likely to experience a range of emotions that come and go unpredictably. These can include disbelief, anger, guilt and grief. Some women think they can hear their baby crying, and it is not uncommon for mothers to think that they can still feel their baby kicking inside. The grief is usually most intense in the early months after the loss.



Some parents find it helpful to create memories of their baby, for example they may see and hold their baby and give their baby a name. You may want to have a photograph of your baby and to keep some mementos, such as a lock of hair, hand and footprints or the baby's shawl. All this can help you and your family to remember your baby as a real person and may, in time, help you to live with your loss. You may also find it helpful to talk to your GP, community midwife or health visitor or to other parents who have lost a baby. Sands can put you in touch with other parents who can offer support and information (see page 150).

Post-mortems

One of the first questions you are likely to ask is why your baby died. Sometimes a post-mortem examination can help to provide some answers, although often no clear cause is found. A post-mortem may, however, provide other information that could be helpful for future pregnancies and may rule out certain causes. If it is thought that a post-mortem could be helpful, a senior doctor or midwife will discuss this with you and explain the possible benefits. If you decide to have a full or partial post-mortem, you will be asked to sign a consent form. When the post-mortem report is available, you will be offered an appointment with a consultant who can explain the results to you and also what these might mean for a future pregnancy.

Multiple births

The loss of one baby from a multiple pregnancy is very difficult for any parent. Grieving for the baby who has died while caring for and celebrating the life of the surviving baby brings very mixed and complex emotions. Often the surviving baby is premature and in a neonatal unit, causing additional concern. For further information and support, contact the Multiple Births Foundation or Tamba (see pages 183 and 188 for contact details).

Saying goodbye to your baby

A funeral or some other way of saying goodbye can be a very important part of coping with your loss, however early it happens.

If your baby dies before 24 weeks, the hospital may offer to arrange for a cremation, possibly together with other babies who have died in pregnancy. If you prefer to take your baby home or to make your own arrangements, you can do that. You may need some form of certification from the hospital and they should provide helpful information and contacts. The Miscarriage Association and Sands can provide further support and information.

If your baby dies after 24 weeks, you will need to register your baby's birth (even if they were stillborn) with the Registrar of Births, Deaths and Marriages. The hospital will offer to arrange a funeral, burial or cremation free of charge, or you may choose to organise this yourself. The hospital chaplain will be able to help you.

Alternatively, you may prefer to contact someone from your own religious community, the Miscarriage Association or Sands about the kind of funeral you want. You do not have to attend the funeral if you don't want to.

Many hospitals arrange a regular service of remembrance for all babies who die in pregnancy, at birth or in infancy. Again, you can choose to attend if you wish.

Many parents are surprised at how much and how long they grieve after losing a baby. Friends and acquaintances often don't know what to say or how to offer support, and they may expect you to get back to 'normal' long before that is possible. You may find it helpful to contact Sands or the Miscarriage Association (see page 150) so that you can talk to people who have been through similar experiences and who can offer you support and information.