COPING WITH MISCARRIAGE

Learning From Other Women

When miscarriage occurs, we are seldom prepared for the emotions

Although we might know that miscarriage can happen to anyone, at any time – with the rate increasing the older we get – we are generally not prepared for the emotions when it happens to us. We often wonder, was there something I could have done differently?

Logically, we know – and hear from our doctors – that the answer is no. Yet our emotions do a number on us. Grief, fear, indecision. Can we try again? Should we? How do we get through the pain of loss?

Why This Newsletter Series?

As the founder of ChoiceMoms.org and author of “Choosing Single Motherhood,” I work with single women who want to build a family despite the lack of a partner. Through this work, I have become intimately involved with the stories of thousands of women – generally well-educated and healthy professionals – who are shocked to discover that conceiving isn’t nearly as easy as they had hoped it would be. They sometimes discover their emotional and financial resources are limited, and wish they would have known what they know now. They ask me to help more women understand what they have learned in hindsight. So, in tandem with The Sperm Bank of California and fertility clinics interested in expanding the conversation, we’re offering this series about the pathways to motherhood – and the science, emotions, hope, and stories behind them.

IN THIS ISSUE

What causes miscarriage? Is there anything we can do to prevent it? How have women coped with the emotions of pregnancy loss?

Other Topics in This Series

• Fertility Science
• Choosing a Sperm Donor
• Reducing the Stress of Fertility
• Detecting Ovulation
• What to Expect If You Want to Be Expecting: The Eight-Step Process
• Comparing Treatment Options
• What to Know About Fertility Medications
• Understanding Genetic Testing
• Choosing Egg Donation
• About Embryo Donation
• Donor Conception: Talking About This Choice

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This newsletter series is created by Mikki Morrissette, owner of Be-Mondo Publishing and ChoiceMoms.org. The Sperm Bank of California has been an invaluable ally as both information resource and sponsor.

thespermbankofca.org
Here are a few of the research conclusions announced at the 69th annual American Society of Reproductive Medicine (ASRM) convention held in Boston in October 2013:


The oocyte [egg] requires a vast supply of energy after fertilization to support critical development. Until implantation of the blastocyst [the development stage that begins five days after fertilization], the developing zygote [fertilized egg] is dependent on an existing pool of mitochondria, which are the structures at the center of cell energy production and use. The mitochondria in eggs of women of advanced reproductive age tend to have impaired function. Because there are fewer mitochondria, with an increase in mutations, it is more likely that embryo development is impacted. Pregnancy failure is a common result.

The incidence of aneuploidy [an abnormality in chromosome number] in eggs of women in their 20s is 2%, but increases to 35% around age 40. Aneuploidy usually results in first-trimester pregnancy loss.

Source: “The Role of Mitochondria from Mature Oocyte to Viable Blastocyst,” research review article by Scott Chappel, OvaScience. See also “Germline Energetics, Aging and Female Infertility,” Jonathan L. Tilly, Vincent Center for Reproductive Biology, Massachusetts General Hospital, and David A. Sinclair, Glenn Laboratories for the Biological Mechanisms of Aging, Department of Genetics, Harvard Medical School), published in Cell Metabolism 17 (June 2013).

Pregnancy Outcomes of Donor Egg IVF by Age

A team from Duke University Medical Center (Durham, N.C.) and University Hospitals Fertility Center (Beachwood, Ohio) used the SART national registry, which tracks the success rates of fertility clinics across the United States, to provide an updated report on the effect of recipient age on the outcome of IVF cycles using donor eggs. A total of 27,959 donor egg IVF cycles were analyzed (2008-2010 registry data). The team compared implantation, clinic pregnancy (CP), and live birth (LB) rates between all groups. Results were adjusted for donor age, number of eggs retrieved, and number of embryos transferred. Patients in the two oldest age groups (over age 45) had significantly lower rates of success in all three categories.
Facts and Resources About Pregnancy Loss

Information from The Sperm Bank of California website (thespermbankofca.org)

So-called “chemical pregnancies” are the earliest—and most common—form of miscarriage. The term “chemical” refers to the fact that these pregnancies are confirmed only through the detection of the hormone HCG by a home pregnancy test or blood test. HCG is released once the fertilized egg has implanted in the uterus, which can happen as early as six days after fertilization. In a chemical pregnancy, the fertilized egg either does not implant properly or the embryo never develops sufficiently to be visible on an ultrasound (a “clinical pregnancy” is one that is confirmed by ultrasound). Chemical pregnancies occur so early that, in most cases, they are never even detected in women who wait to take a pregnancy test until after their period is due.

The most common cause of pregnancy loss is some type of chromosomal abnormality, which is believed to account for at least 50% of miscarriages. Less common causes include uterine, cervical, or hormonal abnormalities; immune disorders and infections. Miscarriage is not caused by exercise, sexual activity, or any normal day-to-day activities. Miscarriage is not your “fault.”

After a single miscarriage, you are at no greater risk for miscarrying again than is a woman who has never had a miscarriage. However, if you have a history of two or more previous miscarriages, it’s advisable to consult with your medical professional to determine what sort of testing and treatment could increase your chances of carrying to term.

RESOURCES

Share: Pregnancy and infant loss support -- http://www.nationalshare.org/

CLIMB: Center for Loss in Multiples Birth – http://www.climb-support.org/


How to Prepare for a Natural Miscarriage: One Woman’s Advice

A woman offered this advice to a woman with a three-year-old at home:

- I do not wish to scare you, but *sometimes* the pain can be intense. I recommend having a strong painkiller on hand, just in case it is.
- Have lots of heavy-duty pads on hand. The blood flow can often be quite heavy (and clotty).
- Have a surplus of Smart Water and/or Gatorade and Water. Alternate between regular water and something with extra electrolytes. Keep as hydrated as you can during this time.
- If possible, having someone you feel very comfortable with in your home to watch your child and give you support, would be a really big help. I don’t recommend having to tend to your child during the miscarriage, if at all possible.
- Are you working with an OB or Midwife who is supporting your decision to do things naturally (it’s called Expectant Management)? I did and I feel that it’s essential.
I’ve been there, and there is nothing I can say that will make it any better. Like you, I felt the changes in my body before any confirmed tests. My RE wanted my body to do the work itself, but also gave me a limit of one week to reduce the risk of infection. My body did what it needed to do. Acupuncture may help your body clear in a more natural way.

Having now had three first-trimester miscarriages, I will share with you what I focus on during each loss. Motherhood will not be easy and the journey is preparing me to be a stronger, more capable and compassionate mother. Every BFN, every missed cycle, every tear shed sitting alone, is part of my journey. Each gasp for air to keep composure, to be strong because there is nobody to be strong for you. Each heartache grounds me -- prepares me for the road ahead. How many sleepless nights will the future hold when I shed a tear of loneliness and exhaustion while holding my child and call upon the inner strength I found during my journey? With each loss, I gain resolve, and though it challenges my faith, I know I’m going to be a mother someday and everything in life has a purpose. With each heart wrenching loss, I gain knowledge and additional respect for life. Was the child I just lost not healthy -- did their cells not divide in such a way as to produce a child that I am capable of raising? There is a plan for my life, and as much as I know I want and need to be a mother -- maybe my timing is off.

Time adds perspective. My second pregnancy was due on the day my father suddenly passed away at 65. Walking my father’s casket to the front of the church with my family, my singlehood resonated. My strong capable brothers leaned on their wives. My mother clung to her eldest grandchildren. I walked alone. When you never have the luxury of someone to lean on, you learn to find the strength from within, you learn to go on, even when the journey seems too painful.

I do not know what the next few months hold, and I can only continue to be strong -- to hold firm to my resolve that I will be a mother, and that the miracle of motherhood will someday be mine. I believe that my respect for life and compassion for my child is broadened by my journey.

-- Pamela is now the mother of a foster-adopted son

Words of Hindsight

The biggest thing I learned is how to give up control and “go with the flow.” If you’re like many Choice Moms, you’ve probably been used to being in control of most aspects of your life until now. That ends when you get pregnant. You can’t control how easily you get pregnant, how easy/hard your pregnancy is, how easy/hard your birth is or how easy/hard your new baby will be. You have to learn to accept things as they are, because things probably won’t go exactly as you expect. The things you think will be hard are easy and the things you think will be easy are hard. I started TTC with great fertility test results and fully expected to be pregnant on my first try. A year later, after 9 tries and lots of heartache, I finally got pregnant.

Ruth, 38
mother of a toddler boy
A woman admitted that now that she had finally been able to conceive she was filled with fears of miscarriage and worries about her general health. This is not an uncommon reaction. I asked Dr. Joann Galst, a long-time adviser to the Choice Mom community and a New York City-based therapist, to respond.

“Women can feel quite vulnerable during a wanted pregnancy. To cope more effectively with pregnancy anxiety, I have suggested the following to many of my patients:

**In the first trimester**

- Take it one day at a time if at all possible. Remind yourself, “So far, so good,” since you received a favorable report from your obstetrician at your last appointment.
- You will hopefully have chosen an OB who is understanding of your anxiety and also realistically reassuring. Some women find they need to go in for an extra appointment or two during the first trimester to hear the baby’s heartbeat.
- Keep a journal through your pregnancy where you can vent your feelings, which can also help to externalize and ease some of your anxiety.
- Deep breathing, coupled with saying a meaningful and hopeful word or syllable to yourself with each exhalation (such as calm, peace, ohm) can help you to focus on yourself in a positive way.

The risk of loss decreases significantly in the second and third trimesters. Feeling your baby moving can help a woman feel more reassured that everything is okay.

Toward the end of your pregnancy consider writing a birth plan, getting a doula, and eliminating unnecessary stress. Continue to practice relaxation techniques (e.g. deep breathing, pregnancy yoga, meditation), which can help you feel more in control.

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**Calming techniques later in pregnancy**

- Ask your OB if she/he recommends that you do daily kick counts. Familiarize yourself with your baby’s pattern of activity.
- Visualize your healthy baby growing in your uterus and, with your hands formed like a heart externally over your uterus, send warmth and love to your growing baby.
- Keep busy. Finding a project that you find meaningful can help distract you. No pregnancy goes more slowly than one in which you are watching the clock awaiting delivery.

-- Joann P. Galst, PhD
“Should I Wait?”

A woman processing her grief about miscarriage wondered if she should attempt another IVF (she had done 12 IUIs in one year), and speculated about whether there was something she could have done to prevent the miscarriage. Her concerns are common.

I asked Dr. Steve Nakajima, a reproductive endocrinologist at the University of Louisville (Twitter@DrSteveNakajima), to respond to her question about how and when IVF might be tried again. His response: “It sounds like this woman was fortunate to conceive, but the fetal loss rate is high in this age group. The most likely reason for her miscarriage is a genetic abnormality in the egg and/or the sperm that led to faulty development of the embryo. If she can emotionally consider another conception, I would advise her to try IVF again within the next 1-3 months. Oocyte aging is accelerated in women over 40 years, so the next 18-24 months are her best chances of conceiving again.”

As to the question of whether there is a danger to the body in having IVF cycles close together: “There appears to be minimal risk in performing multiple cycles of IVF.” He added: “As in all cases, this response is based on my experience and expertise in reproductive endocrinology. I encourage her to follow-up with her physician for specific diagnostic tests and/or therapies.”

Full Articles on ChoiceMoms.org

(keyword “miscarriage”)

From Toronto: the fear of miscarriage – a woman is concerned about losing her baby.

Stacy: my story of coping with miscarriage -- A Choice Mom had to terminate at 17 weeks after seven IUI attempts. Stacy is one who responded with her story of how she coped after loss.

Why miscarriages happen — and the age factor: insight from a doctor from Laurel Fertility Care (San Francisco).

See ChoiceMoms.org for information for single women who are building families on their own.