

A LINE ON LIFE

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Miscarriage *

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Grieving for a miscarried child is often more difficult than grieving for someone who dies after birth. Since the deceased was never a separate individual, others often fail to offer adequate social support. What are some of the myths and facts of miscarriage? How can we help others to deal with this tragedy?

Myths

In contrast to what some people believe, the following activities do *not* contribute to having a miscarriage —

- Holding your arms high over your head, like reaching for material on a high shelf or hanging a picture,
- Taking a warm bath,
- Riding a bicycle,
- Driving over a bumpy road,
- Having sexual intercourse.

Facts

In contrast, here are some facts about miscarriages.

- Medical studies indicate that 31% of pregnancies never go to term. Of these 22% miscarry even before the woman knows she is pregnant.
- About 80% of miscarriages are in the first trimester — the first 3 months. Many of these are due to random abnormalities in the fetus that will not be repeated in later pregnancies. If miscarriages occur during 15-20 weeks after conception, there are more likely due to problems in the uterus or cervix rather than problems with the fetus. (After 20 weeks, a fetal death is called a "*stillbirth*" rather than a miscarriage.)
- After only one miscarriage, women are still likely to have other full-term pregnancies. However, after two consecutive miscarriages or any total of three miscarriages, any pregnancy is at high risk for another miscarriage.
- Women are more likely to miscarry, if they drink alcohol or smoke — or if they are over 35 years old.

Dealing with a Miscarriage

If a miscarriage does occur, the family — especially the mother — will go through the stages of grieving found in any death. First of all, avoid making the following statements.

- "*It's really for the best.*"

- "Miscarriage is nature's way of sparing you an imperfect child."
- "Don't be sad. At least you didn't lose a child."
- "You are still young — you can always have another child."
- "At least it happened now, before you felt life."
- "Try to forget about the miscarriage. Your other children need you."

You might feel so awkward and uncomfortable about the miscarriage that you avoid the subject. It is much better to acknowledge what happened. You can deal with the miscarriage directly by saying something like, "*I'm sorry to hear about your miscarriage.*"

After a direct statement of concern, the grieving mother can decide whether she wants to talk about her miscarriage. If she does, let her tell you about the pregnancy and the miscarriage. Letting her express her feelings about these events can be the most helpful thing you can do.

Don't encourage her to use alcohol or drugs to reduce her emotions. Instead, encourage her to be good to herself by eating well and exercising when she feels strong enough. She can allow herself some luxuries — a massage, a facial or a manicure.

You could also buy her a book that might help her deal with her miscarriage. Possible choices include the following —

- Borg, Susan and Lasker, Judith, *When Pregnancy Fails: Families Coping with Miscarriage, Stillbirth and Infant Death*, Bantam, 1989.
- Davis, Deborah, *Empty Cradle, Broken Heart: Surviving the Death of Your Baby*, Fulcrum, 1991.
- Scher, Jonathan and Dix, Carol, *Preventing Miscarriage: The Good News*, Harper and Row, 1991.

You can also urge the grieving parents to attend a support group. Obstetricians or hospital staff can often recommend such groups. Even though "*time heals all wounds*," the scars still remain. Having other children does not make the person forget the child who was never born.

* Adapted from Dena K. Salmon's "Coping with Miscarriage," *Annual Editions: Human Sexuality*, 93/94, Dushkin Publishing, 1993, pages 141-143.