



HUTT maternity

Hutt Valley Maternity Care



A Guide to Coping with Miscarriage

www.huttmaternity.org.nz



The **Wellington Miscarriage Support Group** collated the original “A Guide to Coping with Miscarriage”, which was printed with a Lotteries Grant. There are no longer printed versions available so, with their approval, we have updated and reprinted this booklet. We would like to acknowledge the **WELLINGTON MISCARRIAGE SUPPORT GROUP** and other **contributors** for the original contents.

Wellington Miscarriage Support Group

miscarriagewgtn@gmail.com, or contact our
public Facebook page
(www.facebook.com/miscarriagewgtn)

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About this Guide

This guide is a collection of articles, information and poems gathered over time by our group members. Information has also been adapted from other sources and, while every attempt has been made to ensure all information is accurate, it's always best to check with your doctor on any health-related issue that affects you.

About the Miscarriage Support Group

The aims of the Wellington Miscarriage Support Group are to:

- provide regular support for everyone who has experienced miscarriage or ectopic pregnancy
- share stories and information about pregnancy loss
- provide support during subsequent pregnancies
- provide books on loan

You can contact us by emailing miscarriagewgtn@gmail.com to hear a message with the names and phone numbers of our volunteers. We're not trained counsellors, but we've all been there, done that. Feel free to give any of us a call any time. Telephone support is available 24 hours a day, every day of the year.

Our support group meetings are held at 7.30pm on the first Monday of each month (except January). They are informal get-togethers over a cup of tea, a chance to tell our stories and exchange information with others in similar situations.

Meetings are usually quite small, rarely more than 7 or 8 people.

Please email them miscarriagewgtn@gmail.com, or contact our public Facebook page (www.facebook.com/miscarriagewgtn) for the location of the meeting.

Coping with Miscarriage

A miscarriage is a pregnancy where the baby dies before 20 weeks. Although common, miscarriages are often physically and emotionally painful.

Miscarriages can involve a lot of bleeding and often require a trip to hospital and sometimes a minor operation. If you are pregnant and feel bad cramps, start to bleed, or are worried you might be about to miscarry, it's best to call your doctor or midwife for advice.

How you may feel physically

It's likely that you'll feel tired and have very little energy. You may bleed for up to three weeks, although it should get lighter as time passes.

Call your doctor or midwife if you start bleeding heavily or painfully, if you have a bad smelling discharge, or you feel feverish, as this could indicate an infection. Some women find their breasts produce milk, especially after a late miscarriage.

To help your physical recovery

- Rest as much as you can, especially in the first few days. It helps to take some time off work, or to get someone else to help with older children.
- Use sanitary pads instead of tampons, and avoid sex (or use a condom) while you are still bleeding. This reduces the risk of infection.
- Have a check up with your doctor one or two weeks after your miscarriage.

If you've had dilation and curettage (a D&C), you may experience cramping and period-like pain afterwards. This usually passes in a few days. If you have needed a general anaesthetic you may feel even more sleepy and maybe even nauseous. Sometimes pain and nausea medications are given in hospital.

Grieving after miscarriage

Everyone is different, and everyone reacts differently to miscarriage. For some of us, it is a medical mishap, an unplanned and unfortunate end to a pregnancy.

For others it is the death of our child. However we feel, it is OK. And however we feel we deserve to have our feelings and supported by those around us.

It's common to blame yourself for the miscarriage, but try not to feel guilty – miscarriages are usually completely beyond our control.

What's normal grief?

One very common feeling is grief. Perhaps we grieve for the hopes and dreams we have lost, perhaps we grieve for the baby who died, perhaps we grieve for both. Psychologists J Bowlby and C Parks suggest that women commonly experience the following emotions as they move through the grief process:

These are in no specific order:

Shock and numbness: Feeling stunned and finding it difficult to cope.

Yearning and searching: Feeling angry, guilty, tearful, restless. Mothers often desperately want their baby, sometimes imagining they hear crying or feel foetal kicks. Sometimes we wonder if we are going crazy.

Jealousy: Sometime women feel jealous when they see other women or families with a baby of their own.

Disorientation and Disorganisation: Feeling empty, hopeless, susceptible to illness and depressed. This stage often begins just when others think we “should be over it”.

Reorganisation: Even though the loss is never forgotten and we are never completely “over it” eventually we reach a “new normal”, where life can be enjoyed again.

Suggestions for moving through grief

Some of the following may be helpful:

- Look after yourself physically. Try to eat well, get some gentle exercise and have enough sleep.
- Visit your doctor for a follow-up appointment. Knowing you are recovering physically will help put your mind at ease.
- Consider indulging yourself as a bit of a distraction. Try massage or a weekend away.

Expect that your emotional recovery will take longer than your physical recovery.

Seek emotional support from family, friends, support groups, clergy, social workers or counsellors. It helps to discuss how you are feeling with a compassionate listener. Also feel free to give us a call.

If it feels comfortable, you may like to commemorate your baby's brief life. Some suggestions are listed below. There are further suggestions in some of the books that are available from our library. If you would like to know about caring for your baby's remains, please refer to page 23.

- Naming your baby.
- Holding a remembrance service.
- Planting a tree.
- Setting flowers or a message in a bottle afloat on the sea.
- Writing a letter or poem to your baby.
- Wearing a special piece of jewellery in your baby's memory.
- Creating a "memory box" for cards, flowers and any other mementos.
- Making a donation to an organisation in your baby's name/memory.

- Keep a journal. Write about anything: how you felt when you were pregnant, what the loss meant to you, how you manage to get through each day.

Expect your partner to deal with their grief differently from you. The time after a loss is often a tough time in a marriage, and if you have trouble communicating it is sometimes helpful to try couple counselling.

Above all, be gentle with yourself. It is normal to be jealous of other pregnant women, it is normal to feel lonely and sad, it is normal to worry that your partner or other children might die, it is normal to feel that you are somehow to blame – and it is normal to feel happy one moment and depressed the next.

How do you know when grieving is done?

Grieving is an up and down thing and it's common to think "I'm over it now" then find yourself depressed again. However, as you reach the "new normal", you will be able to check off more and more of the following:

- I am now able to laugh without feeling guilty.
- I am able to sit quietly by myself and think of things other than my loss.
- I look forward to outings, trips, special events and being with friends.
- I am now able to talk about my loss without showing strong emotion.
- I feel like the fog has lifted.
- I am able see other pregnant women and feel envy and grief without feeling guilt.

Grieving after miscarriage is perhaps best summarised in the following quotation from *Empty Arms*:

“This was not ‘just’ a miscarriage; it was the death of your dreams, your hopes, your baby. Allow yourself to feel what is there in your heart and soul, to grieve and to work towards saying goodbye.”

Acknowledgments

Empty Arms: Coping with Miscarriage, Stillbirth and Loss by Sherokee Ilse

Grieving and Healing by Holly Richardson

Commemorating the Loss of Your Baby and Coping with Grief by Rebecca Smith Waddell
When a Baby Dies by R Limbo and S Wheeler
Separation and Loss by J Bowbly and C M Parks

Myths and Realities of Pregnancy Loss

The following abridged information counters some common myths about grieving after pregnancy loss. The complete article is available on the Internet at www.ivf.com/misc.html and is reprinted with permission from the Atlanta Reproductive Health Centre.

The truth isn't that you will feel "all better" in a couple of days, or weeks, or even months.

The truth is that the days will be filled with an unending ache and the nights will feel one million sad years long for a while. Healing is attained only after the slow necessary progression through the stages of grief and mourning.

The truth isn't that a new pregnancy will help you forget.

The truth is that, while thoughts of a new pregnancy soon may provide hope, a lost baby deserves to be mourned just as you would have with anyone you loved. Grieving takes a lot of energy and can be both emotionally and physically draining. This could have an impact upon your health during another pregnancy. While the decision to try again is a very individual one, being pregnant while still actively grieving is very difficult.

The truth isn't that God must be punishing you for something.

The truth is that sometimes these things just happen. They have happened to many people before you, and they will happen to many people after you. This was not an act of any God; it was an act of Nature. It isn't fair to blame God, or yourself, or anyone else. Try to understand that it is human nature to look for a place to put the blame, especially when there are so few answers to the question, "Why?" Sometimes there are answers. Most times there are not. Believing that you are being punished will only get in the way of your healing.

The truth isn't that you will be delighted to hear that a friend or other loved one has just given birth to a healthy baby.

The truth is that you may find it difficult to be around mothers with young babies or pregnant women. You may be hurt, or angry, or jealous. You may wonder why you couldn't have had that joy. You may be resentful, or refuse to see friends with new babies.

You may even secretly wish that the same thing would happen to someone else. You want someone to understand how it feels. You may also feel very ashamed that you could wish such things on people you love or care about, or think that you must be a dreadful person. You aren't. You're human, and even the most loving people can react this way when they are actively grieving. If the situations were reversed, your friends would be feeling and thinking the same things you are. Forgive yourself. It's OK. These feelings will eventually go away.

The truth isn't that all relationships survive this difficult time.

The truth is that sometimes you might blame one another, resent one another, or dislike being with one another. If you find this happening, get help. There are self-help groups available or grief counsellors who can help. Don't ignore it or tuck it away assuming it will get better. It won't. Actively grieving people cannot help one another. It is unrealistic, like having two people who were blinded at the same time teach each other Braille. Talking it out with others may help. It might even save your relationship.

The truth isn't that eventually you will accept the loss of your baby and forget all about this awful time.

When you lose a child, your whole future has been affected. No one can really accept that. But there is resolution in the form of healing and learning how to cope. You will survive, and you will always remember your precious baby because successful grieving carves a place in your heart where he or she will live forever.

Poems

Just Those Few Weeks

For those few weeks –
I had you to myself,
And that seems too short a time
To be changed so profoundly.

In those few weeks –
I came to know you...
and to love you.
You came to trust me with your life.
Oh, what a life I had planned for you!

Just those few weeks –
When I lost you,
I lost a lifetime of hopes,
Plans, dreams and aspirations....
A slice of my future simply vanished overnight.

Just those few weeks –
It wasn't enough to convince others
How special and important you were.
How odd, a truly unique person
recently died
And no-one is mourning the passing.

Just a mere few weeks –
And no "normal" person would cry all night
over a tiny, unfinished baby.
or get depressed and withdraw day after endless day.
No-one would, so why am I?
You were just those few weeks my little one
you darted in and out of life too quickly.
But it seems that's all the time you needed
to make my life so much richer
and give me a small glimpse of eternity.

Susan Erlin

From a brochure produced by

SANDS (Stillbirth and Newborn Death Support) group in NSW, Australia.

For Hazel

Hazel my dear little sister
You never got to share my room
I never held you or saw you
I wish I did I'm sad that you died
I know that you would have been a
really cool little sister
I miss you a lot
My dear little sister Hazel

Sarah Sommer (aged 11)

Footprints

How very softly
you tiptoed into my world.
Almost silently,
only a moment you stayed.
But what an imprint
your footprints have left
upon my heart.

Dorothy Ferguson

My children

I miss you
you who were to be – whatever and whoever
you who would have been.
I miss you
you aren't and never will be.
The part of me that has never been.
The part of me I shall never meet
and will miss and long for, forever.
I miss your life
and I miss my life – as I thought it would be.
Something has ended that never had a chance to begin.
And I'll miss you and the mother that I was to be forever.

Harriett Goldenberg

Elephant

There's an elephant in the room.
It is large and squatting, so it is hard to get around it.
Yet we squeeze by with "how are you?"
And "I'm fine" ...
And a thousand other forms of trivial chatter.

We talk about the weather.
We talk about work.
We talk about everything else – except
the elephant in the room.
There's an elephant in the room
We all know it is there.
We are thinking about the elephant as
we talk together

It is constantly on our minds.
For, you see, it is a very big elephant.
It has hurt us all.
But we do not talk about the elephant in the
room.
Oh, please, say his name.
Oh, please say "Ross", again.
Oh, please, lets talk about the elephant in the
room.

For if we talk about his death,
Perhaps we can talk about his life.
Can I say "Ross" to you and not have you look
away?
For if I cannot, then you are leaving me
Alone... In a room...
with an elephant.

Anon

Suggestions for Friends and Family

Sometimes it's hard to know what to do or say when your friend, partner, family member or colleague has a miscarriage. Everyone is different, everyone reacts differently and everyone needs different kinds of support, so there's no hard or fast rules. However the following suggestions may be helpful.

Helpful things to do:

- Offer to look after older children, as some time out may be just what the Mum or Dad needs. (Someone said to me “Look, I don't know what to say, but why don't I look after your son while you go and do something nice for yourself.” I went and has my first ever massage – and still feel touched by this practical piece of kindness.)
- Offer to bring around a meal. The Mum and Dad might not feel like cooking in the first few days.
- Be there for Dad too. Often fathers are expected to be the strong ones, and this just isn't fair. Maybe he needs practical help calling people to tell them what's happened, maybe he needs time out too, or maybe he needs a friendly ear to listen to his story too.
- Offer a hug or a hand to hold. Allow parents to talk about their experience and feelings by giving them the openings they need to talk about what has happened.
- Acknowledge parents' pain even if you think you wouldn't react this way in this situation.
- The intensity of grief fluctuates. During less tearful times a change of scenery may be appreciated – offer to go out for a walk, a coffee or even watch a movie.

Six helpful things to say:

- *“I’m so sorry about your miscarriage.”*
These simple words mean a lot, especially if you allow the Mum or Dad to talk further – or not to talk further – as they wish.
- *“I know how much you wanted that baby.”*
Here you are simply acknowledging that something precious has been lost, and opening a door to talk more.
- *“It’s OK to cry”*
So it sounds like a quote from a B-grade self-help book. But it’s reassuring for the Mum or Dad to know that they are not being judged for their tears and sadness.
- *“Can I call you back next week to see how you’re doing?”*
Often people are very sympathetic the first time – then never mention the miscarriage again. You can expect the parents to feel up and down for many weeks or months, and it’s nice to know that your support is ongoing.
- *“I was wondering how you’re feeling about your miscarriage now.”*
As above, it’s nice to have the opportunity to talk about a miscarriage, weeks, months and years afterwards. Even after another successful pregnancy, parents don’t forget a miscarriage.
- *“I don’t really know what to say...”*
The nice thing about this is that it’s honest. The fact that you’re there and ready to listen is what’s really important.

Six things not to say:

- *“You can always have another one.”*
While this is usually true, it’s also usually true that we could find another husband if our one happened to die. Just as it wouldn’t help much to know you could get married again, it doesn’t help much to know you can have another baby. The parents didn’t want just any baby, they wanted THAT baby. And before they can think about another one, they will probably need to grieve for the baby they lost.
- *“There was probably something wrong with it – it’s nature’s way.”*
Again, this may well be true, but it’s not comforting. In our heads we were carrying a perfect baby. And it’s the perfect baby we believed we were carrying that we grieve for.
- *“It’s God’s will.”*
Some people may believe this, some may not. Whatever the case, it’s still sad, and you’re probably safer supporting the Mum and Dad’s grief than getting into theology.
- *“At least you didn’t really know the baby. It would have been much worse if it had happened later.”*
Many women bond with their unborn babies early – often making elaborate plans before the baby is even conceived. Whatever stage the baby dies, there is a death to grieve for.
- *“I know how you feel.”*
Do you really? It’s difficult to know how someone else feels, even if you’ve had a miscarriage yourself. Everyone reacts differently, and a statement like this can seem a little arrogant.
- *“It wasn’t really a baby yet.”*
If the Mum feels that it was “really a baby” (many, if not most do), then that is reality. Her grief is for a real baby– it just wasn’t born yet.

Subsequent Pregnancies

It helps emotionally to take time to grieve for your baby before getting pregnant again, as it's hard to be both sad for the baby you've lost and happy for the new baby at the same time.

Some statistics

If you were wondering whether talking about your miscarriage, grieving for your lost baby and getting emotional help makes any difference to becoming pregnant again, a study done way back in 1962 shows that it does:

“In an interesting study, Tupper and Wiel followed two groups of women with recurrent miscarriages. One group was managed expectantly and the other was given counseling and supportive therapy. After the next pregnancy was achieved, the treatment group received frequent psychological intervention in the form of physician and nurse contact. Both groups had 19 pregnancies. The treatment group with psychological support has 16 live births; the group without psychological intervention had five live births. The authors concluded, ‘supportive therapy, more than any other form of treatment, is capable of preventing pregnancy losses in [women experiencing recurrent miscarriages]’

The article describes this research as “a parable rather than definitive scientific evidence”, and it is obviously important to look for and treat the causes of miscarriage wherever these can be determined. The following excerpt from another article about recurrent miscarriage gives statistics about their probability. (Note that the frequency of miscarriage when there are no prior miscarriages is about 20%.)

“Studies indicate a subsequent miscarriage rate of approximately 21%, 26%, and 35% after one, two, or three prior miscarriages, respectively. That is, after one miscarriage, a woman has approximately a 21% chance of miscarrying in the next pregnancy. The risk of miscarriage has been found to be higher if the subject

has not had a previous live birth. The risk has also been found to increase with advancing maternal age. Of paramount importance is the fact that even after three miscarriages, couples will have a 60 to 70% chance of not miscarrying in the subsequent gestation.”

The good news from both of these studies is that even if we have experienced several miscarriages, the odds of having a healthy baby next time are still firmly in our favour, especially if we receive really good medical care and get lots of emotional support.

Thanks to Jenny Nash for unearthing both these studies from the American Journal of Perinatology.

Tips for coping with subsequent pregnancies

For many of us, being pregnant again is very scary. We have lost our innocence; we know that miscarriages are no longer something that “can’t happen to me.” Often we feel scared throughout the pregnancy and only feel really safe when we hold our healthy baby in our arms. However, there are ways to reduce the fear or at least make it bearable. Here are some suggestions:

- Use the time before you try getting pregnant again to build yourself up emotionally and physically. Really take care of yourself. You deserve it!
- Make sure you really trust your GP/obstetrician/midwife. If you don’t feel you are getting the care you deserve, or they won’t take your fears seriously, consider changing.
- You may be referred to a specialist service if you have had three or more miscarriages at Hutt Hospital, this will be either the Gynae or Obstetric clinics as appropriate. In Wellington it may be Materno-fetal medicine (MFM) services.

- Get lots of emotional support for yourself. Talk to others (like us!) who have been through similar experiences. Keep a journal and write down all the tears and fears, hopes and excitements. Share your feelings with your partner. Counselling may also be helpful. (Research indicates that women experiencing multiple miscarriages have a higher chance of a successful pregnancy when given lots of emotional and psychological support.)
- Dare to be positive if you can. Try visualising yourself holding your healthy happy baby in your arms. Or, if it feels comfortable, buy something for your baby.
- Continue to look after your body after you get pregnant. Eat well and try light exercise like walking, swimming, or pregnancy yoga.
- Take time out to relax as much as you can. Try massage; listen to relaxing tapes or soft gentle music. Go for a walk on the beach.
- Let the housework build up, and don't go the extra mile at work, at least for the first three months of your pregnancy. Do as little as you can, and ask your family and workmates to help out. (What they don't do can probably wait till you have more physical and emotional energy.)
- Remember that the odds are in firmly in your favour, even if you have experienced more than one loss. Hang in there! It's normal to be scared when you're pregnant again after a miscarriage. Hopefully the fear will fade a little with each passing week.

What the Words Mean

The following are some descriptions for some terms that you might hear:

Blighted ovum (or anembryonic pregnancy)

This is a very early missed miscarriage (see below). Yes, you were definitely pregnant, but the baby died early in development and the pregnancy continued.

D & C (Dilation and Curettage)

You may be offered this operation if you have a missed miscarriage or do not miscarry completely. The cervix is gently opened and the contents of your uterus are removed. The operation is usually done under a general anaesthetic although it can also be done with a local anaesthetic.

Ectopic pregnancy

The egg is fertilized but implants outside the uterus and usually in a fallopian tube. The baby starts to develop but will not survive as there is not enough room and medical care will be needed.

Induction

An induction is when labour is induced and the baby will be born vaginally. This is considered medically safer than a D&C for the mother if the baby is more than 17 weeks gestation.

Missed miscarriage (or missed abortion)

The baby has died but the pregnancy continues. Missed miscarriages are often detected through a scan, when no heart-beat is found.

Products of conception

The remains of a pregnancy, depending on when the pregnancy ended, e.g. the pregnancy sac, embryo or foetus.

Stillborn

Once a pregnancy has continued to 20 weeks or the baby weighs 400 grams and dies, it is known as a stillborn

Caring for Your Lost Baby

Losing a baby can be sudden and unexpected. It is not something any of us would prepare for. When it's happened to members of this Support Group many of us wished we had known more about what we could have done.

While it is a difficult time to be making choices, some decisions do need to be made. Being aware of the options can help you feel that in a small way you have had some say in what has been an uncontrollable situation, especially if you miscarry prior to the baby needing to be registered as a stillbirth.

Miscarrying in hospital

If you miscarry in hospital, staff can preserve the foetus and placenta at your request. Some mothers have regretted not asking for the placenta.

If you need a D&C to remove the placenta and you wish to keep it you must let the staff know as you will need to fill out a Tissue Release Form. Hospital staff may refer to your baby as products of conception.

Miscarrying at home

If you miscarry at home you can collect together the foetal tissue and placenta.

This may happen over a day or two.

It is important that you store the tissues in a cool place as they deteriorate very quickly. At the same time you will need to think about how you wish to lay your lost baby to rest.

Foetal tests

If you are offered tests, make sure the reasons are fully explained to you along with how long it will take. The circumstances of your miscarriage will influence how you feel about having any tests carried out on the embryo or foetal tissues. If you don't want an autopsy or any tests done it is within your rights to say so.

Laying baby to rest

These days many people choose to have their lost embryo or foetus and surrounding tissue cremated. There are two cremation options to choose from:

- private cremation;
- personal cremation, if you feel comfortable with this.

Private cremation

Private cremation can be arranged within a few days at the Karori Crematorium. You may like to be with family or friends as there is a private room where you can say some special words together before handing over your baby.

The fee is about \$67 and you will be able to collect the ashes the following day. Most funeral homes will also offer something similar.

(Private cremation cost current at the time of printing.)

Personal cremation

This is the most difficult to organise. You have to ensure that if you choose to use a funeral pyre, the strength of the fire is sufficient to create clean ash without any tissue remaining.

It may also be extremely emotionally draining to set, watch and the clear the fire. However, in some cultures this is seen as a rite of passage for both the deceased and the living.

Personal cremations should only be carried out on land that the owner has consented to be used for this purpose.

Burial

Some parents keep their baby's ashes to go in a family plot at a cemetery at a later time. If you wish to bury your miscarried baby or ashes on private land that is your own it must be done with full permission of the landowners (including District Councils). You will need to ensure the burial is reasonably deep. Many parents suggest planting roses (In Loving Memory) or a tree on the burial site.

Feeling unsure

If you are feeling uncertain about how to care for your lost baby or how to go about it, there are people who may be able to help. Don't feel that you have to do this all on your own. You can speak with:

- the Wellington Miscarriage Support Group
- hospital chaplains
- the nurses and midwives on the ward where you were admitted
- funeral director

We hope this helps you to make the right choices you want for your baby and need for your own healing.

Books and Internet Resources

These are just a few of the books we have in our library. If you would like to borrow any of them please email the support line miscarriagewgtn@gmail.com, or contact our public Facebook page (www.facebook.com/miscarriagewgtn)

- **After Miscarriage**, by Krissi Danielsson, USA, 2008
If you have recently lost a pregnancy, or have experienced more than one loss, you may be wondering – what happened, and how can I find out? What is my chance of ever carrying a

baby to term? What can I do to lessen my risk of another miscarriage? How can I cope with this heartache? Krissi Danielsson answers these and many more questions with accuracy, clarity, and sensitivity.

- **Coming to Term**, by Jon Cohen; USA, 2007
Uncovering the Truth About Miscarriage, After his wife lost four pregnancies, Jon Cohen set out to gather the most comprehensive and accurate information on Miscarriage. The result of his mission is an inspirational book for every women who has lost at least one pregnancy – and for her partner, family and close friends.
- **A Silent Sorrow: Pregnancy Loss**, by Ingrid Kohl and Perry Lynn Moffit. USA, 1992
This is a great book; easy to read and very comprehensive. It covers all kinds of pregnancy losses and includes sensible advice and information on issues as diverse as ectopic pregnancy, what to tell older kids, religious rituals and the impacts on your job.
- **Coping with Miscarriage**, by Kitch Cuthbert and Sandra Van Eden Long, NZ, 1987
This is probably the definitive New Zealand book on miscarriage. It's now out of print and we're looking forward to a new edition. It contains a good overview of both the medical and the emotional side, and includes a chapter for male partners.
- **Empty Arms**, by Deborah J Watkin-Fairless and National Women's Hospital in Auckland, NZ, 1992
This book is aimed at parents of stillborn babies, so not all of it is relevant. However it has wonderful tips for coping with grief, and it is sensibly laid out with chapters called In Hospital, The

Next Few Days, and Facing the Future. Definitely worth reading.

- **Hidden Loss: Miscarriage and Ectopic Pregnancy, a Women's Press Handbook Series**, UK, 1989, fully revised 1996.

This book has excellent information on causes of miscarriage and ectopic pregnancy as well as options in subsequent pregnancies. Useful glossary of terms, too. It has a strong feminist perspective and includes personal stories about elective abortion as well as miscarriage and ectopic pregnancy. The language is sometimes a bit academic, but otherwise it's a great book

- **Life after Baby Loss**, by Nicola Miller-Clendon, NZ, 2003 sub-titled "A Guide to pregnancy and infant loss and subsequent pregnancy in New Zealand."

This is a great book from a New Zealand author that covers the types and causes of miscarriage, grieving, medical terms and a list of local contacts.

- **Miscarriage after Infertility**, by Margaret Freda and Carrie Semelsberger, USA, 2003.

This is a great book fills a gap in the literature about pregnancy loss – many women who suffer miscarriage have many of the same basic feelings, but for those who became pregnant through fertility treatment it brings an added layer of frustration and anxiety.

- **Miscarriage: What Every Woman Needs to Know**, by Lesley Regan; UK, 2001

This informative book was written by the head of the world's largest miscarriage clinic and explains all the facts of the types of miscarriage and the latest tests and treatments available.

Covers subsequent pregnancy and answers to the most common questions.

- **Natural Solutions to Infertility**, by Marilyn Grenville, UK, 2000 Subtitled “How to increase your chances of conceiving and preventing miscarriage.”
The methods outlined in this book have an 80% success rate. It discusses factors that can affect fertility and how women can help themselves to conceive, stay pregnant and have a healthy baby. It also covers assisted conception and increasing the success rate, how to prevent miscarriage, a four-month pre-conception plan and how to stay healthy during pregnancy.
- **Pregnancy after a Loss**, by Carol Cirulli Lanham, USA, 1999 Subtitled “A guide to pregnancy after a miscarriage, stillbirth or infant death.”
Pregnancy after loss brings a whole set of new anxieties and mixed emotions, and can also refresh the memory of the pregnancy previously lost. This book discusses trying again, and each stage of a new pregnancy including labour, birth and the post-natal time.
- **Preventing Miscarriage – the Good News**, by Jonathan Scher, USA, 1990
This is an informative and matter of fact book covering the causes of miscarriage and prevention in subsequent pregnancies.
- **When Your Baby Dies through Miscarriage or Stillbirth** by Louis Gamino and Ann Taylor Cooney, US, 2000
This is a short book offering answers to common questions following miscarriage, stillbirth and infant death. It has summarized bullet points at the end of each chapter and

includes chapters for fathers and relatives. Its very much offering emotional support rather than technical or medical information.

- **Baby Gone – True Stories of Infertility, Miscarriage, Stillbirth and Infant Loss**, compiled by Jenny Douche, NZ, 2011

Inside this book are 45 true New Zealand stories, written from the heart by those affected. The stories give moving accounts about the conception and pregnancy experiences, but perhaps most importantly, they talk of the emotional roller-coaster that is life after loss. The stories will help readers see that they are not alone in their feelings, and that they are not going crazy.

Support and Resources on the internet

If you're able to access the Internet, there's lots of pregnancy loss related resources available.

Information

A good starting point is the Auckland Miscarriage Support Group, which provides an internet focus within New Zealand. www.miscarriagesupport.org.nz. Here you will find additional information and resources including more Internet sites.

Another comprehensive site is Rebecca Smith Wadell's at www.fertilityplus.org/faq/miscarriage/resources.html, which seems to list all the main pregnancy loss resources available on the Internet. Rebecca is US based, has had several miscarriages and is a regular contributor to the pregnancy loss newsgroup below. She's great, and so is her web page.

Support

For support after pregnancy loss:

type **soc.support.pregnancy.loss** in the search field of your browser to find this newsgroup. You will see and can respond to postings from people all over the world telling their stories, asking for information and giving support and information.

You can contact the Wellington Miscarriage Support Group through our public Facebook page, www.facebook.com/miscarriagewgtn. We also have a private Facebook group to support one another. Contact the administrator of the public page for more information.

For support in a subsequent pregnancy: try SPALS (Support for Pregnancy After a Loss) at www.spals.com

This is a discussion group that you can subscribe to. An administrator requests information about people before they join to ensure only genuine people can take part and to protect their privacy once they have joined. Just follow the instructions and you will see example of the background information asked for.

Recurrent Miscarriage Testing

Condition tested for	Test
Genetic	
Chromosomal abnormalities	Karyotype*
Infection	
Cytomegalovirus	CV IgM Antibody IgG Antibody
Toxoplasmosis	Toxoplasma IgM Ab Toxoplasma IgG Ab
Hormonal	
Follicle stimulating hormone	FSH
Luteinising hormone	LH
Progesterone	Progesterone
Oestradiol	E2
Prolactin	Prolactin
Thyroid	
Thyroid stimulating hormone	TSH
Thyroxine	T4 (free)
Diabetes	
Glycated hemoglobin	HbA1C
Autoimmune	
Antinuclear Antibody	Antinuclear antibody
Systemic Lupus Erythematosus (SLE)	Anti-ds DNA
Partial Thromboplastin Time	PTT
International normalized ratio	INR
Lupus Anticoagulant	Lupus Anticoag DRVVT
Cardiolipin antibodies	Cardiolipin IgG Abs
	Cardiolipin IgM Abs
Thrombophilia	
Antithrombin 3 deficiency	Anti Thrombin 3
	Protein C & S
	Activated Protein C
	Factor Five Leiden
Other	
Full blood count	FBC
Anatomical	
Uterine abnormalities	3 D Ultrasound

The tests listed here are not necessarily required for all women who have experienced recurrent miscarriage. The information is here as a guide to what testing you may wish to discuss with your lead health provider.

Karyotype* This test should be done for both partners.



Hutt Maternity Website:

<http://www.huttmaternity.org.nz/content/default.html>

Hutt Maternity Facebook Page:

<https://www.facebook.com/huttmaternity>

Wellington Miscarriage Support Group

miscarriagewgtn@gmail.com

Wellington Miscarriage Support Facebook page:

www.facebook.com/miscarriagewgtn

Stillbirth and Newborn death support

(04) 587 26 52

www.sands.org.nz