

After Pregnancy Loss



Introduction

A pregnancy loss or miscarriage is often referred to as a “silent loss,” because it often makes a woman feel very alone. This pamphlet offers suggestions to help you take care of yourself and your family.



Taking Care of Yourself

Physical Changes

Over the next few days, your body will return to a non-pregnant state. You may have some vaginal bleeding, similar to a heavy menstrual period. This bleeding slows down over the next week. Your breasts may feel tender or leak a little for about a week.

Resume your normal daily and working activities as you feel up to it.

Call your Doctor/Midwife if any of the following occurs:

- Vaginal bleeding for two weeks or more
- Bleeding that is heavier than your normal period for more than 24 hours
- Bad or unusual smelling discharge from your vagina
- Severe pain in you abdomen
- Chills or a fever over 38.5°C (101.3°F) by mouth

Preventing Infection

The opening of the uterus (cervix) is partially open after a pregnancy loss. During this time, bacteria can enter and cause infection.

Take these steps:

- Use only sanitary pads while you are bleeding.
Do not use tampons
- Do not have sexual intercourse for at least one week, or until the bleeding has stopped, whichever is longer
- Do not douche
- Do not have a bath or use a hot tub or swimming pool until the bleeding has stopped. Warm showers or sponge baths are good

Menstruation

You should have a menstrual period in 4 to 6 weeks. Talk to your Doctor/Midwife if this does not happen.

Birth Control

You should use birth control when you have sexual intercourse again. You can become pregnant immediately after a pregnancy loss, even before your menstrual period has started. Ask your Doctor/Midwife or Public Health Nurse for birth control information.

If You Have a D & C

Some women have a Dilation & Curettage (D&C). Your Doctor/Midwife will discuss this treatment with you if you need it. Dilation refers to the stretching of the opening (cervix) of the uterus. This is followed by the Curettage, or gentle scraping away of the tissue lining the inside the uterus.

A D&C is usually performed under a general anesthetic or sedative medication. You may notice hoarseness, sore throat, or muscle aches in the first 24 hours after a general anesthetic. These symptoms usually disappear by themselves. You may feel some dull cramping in your lower abdomen for a few hours. You may take common pain relieving medication like acetaminophen or ibuprofen. If you feel nauseated, try sips of ginger ale and nibble on dry crackers. Eat if you feel like it. Take small amounts at first.

After your D&C, take the following preventive steps:

- A responsible adult must take you home, even if you are traveling by taxi. It is helpful to have someone stay with you at home for a day or so after the procedure
- Rest at home for the day. Do not plan any other physical activities for 24 hours
- You must NOT drive a car or operate any machinery for 24 hours following anesthesia
- If you are not able to pass urine or empty your bladder, call your Doctor/Midwife
- Do not drink alcohol for 24 hours since it may add to the effects of the anesthesia
- Follow all instructions given by your Doctor/Midwife. Take medications only as prescribed

Did I Cause My Miscarriage?

Often, it is not known the exact reason for or cause of miscarriages, or what can be done to prevent them. Women tend to blame themselves for the miscarriage even when there was nothing that could have been done to prevent it.

Miscarriage is not caused by:

- Too much exercise
- Too little exercise
- Eating junk food
- Not wanting to be pregnant
- Having intercourse

Emotional Reactions

Emotional recovery after pregnancy loss often takes longer than physical recovery. Some women have little or no emotional upset, while others may experience very strong feelings. It may take you a short time, or many months, to work through your feelings.

Your Feelings

You may experience many feelings at this time.

These feelings may include:

- Numbness or shock
- Confusion, exhaustion, or disbelief
- Anger and/or fear
- A sense that no one understands
- A longing for what has been lost to you
- A sense of responsibility or guilt
- Sadness, a sense of despair, or depression

These feelings can range from mild to intense and overwhelming. Feelings may come and go or be persistent. There is no “correct” way to move through the experience of grief, but it is important for you to trust “your way.” If you wonder whether your responses to your loss are within the range of normal, please call one of the resources listed at the end of this pamphlet.

Just as all losses are not the same, neither are all grief reactions. Your pregnancy loss may be affected by other issues occurring in your life such as: fertility challenges, relationship problems, family violence, other grief or loss, or the loss of a twin. Your grief may be more intense and complicated because of these added stressors. The resources listed at the end of this pamphlet will help you find the right help.

Your Partner

Your partner also feels the loss of this pregnancy and can have many emotions. This can be a very difficult time for partners since it seems as if there is little they can do to help. Often they wish they could do more.

A partner may feel left out since the focus of attention is with the woman who has experienced a physical loss. However, your partner is also experiencing loss and grief. Traditionally, the partner is expected to remain outwardly strong. Feelings of loss and sadness may be hidden. It is important that neither of you blame yourselves or each other for the loss. This is a time to be gentle and caring with each other.

A couple experiencing grief over a pregnancy loss often discovers that each person's grief responses can be different. No two people grieve the same way or at the same time. This is normal. However, it can place a strain on your relationship if this is not recognized. Talking about differences with each other can be an important step in understanding the other person's perspective.

Partners may also play an important role in telling family members (including children) what has happened and what will happen in the immediate future. It is important to talk with your partner about how you will handle questions from children, family, and friends.

Children

Children need both patience and love to help them understand your pregnancy loss. How much your child can understand depends on your child's age and stage of development. There are age-appropriate booklets written especially for children.

Family and Friends

Family and friends want to do the right thing but often don't know how to help or what to say. Let them know how you feel and what you need at this time.

Support from family and friends may not be enough or always be available. If you think you may need to talk to someone else, there are skilled people in your community available to help. Discuss a referral with your Doctor/ Midwife, Community Health Nurse, or Social Worker, or see the resource list at the end of this pamphlet.

What You Can Do

It is difficult to say good-bye before you had a chance to say hello. You may wish to acknowledge your grief in some way. Some of the following may help you begin to heal emotionally and spiritually:

- Have a memorial service or a private gathering with family and close friends
- Write a poem
- Light a candle
- Plant a tree in a garden
- Chat on a miscarriage website
- Do any other spiritual ritual that seems right to you

For some people, quietly dealing with this loss on their own or with their family or friends seems to be best for them.

Facing the Future

You may find it difficult to make decisions about a possible future pregnancy at this time. Work through these important decisions when your grief is not so strong. While grieving, you may feel physically and emotionally drained. Take time out for yourself. Make time for privacy and rest. It is important to grieve the loss of this pregnancy before planning another. When you are ready to consider another pregnancy, talk to your Doctor/Midwife. Sometimes it is best to wait a few months before considering getting pregnant again.

Who you can call for help:

- Your Doctor/Midwife
- Community Health Nurse.
Contact the Health Department in your community
- Hospital Social Worker
- Your Spiritual Advisor/Clergyman
- Crisis Line in your community
- BC Nurse Line 811

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