



SHADY GROVE FERTILITY

REPRODUCTIVE SCIENCE CENTER

The Miscarriage Dilemma

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A woman once told me of the painful dilemma she experienced following her miscarriage. She had been longing to be pregnant, hoping for years to hear the words, "You're going to have a baby." When it finally happened, her spirits soared. But the elation quickly turned to despair when she started to bleed. The confirmation that there was "only an empty sack" was the final blow. She grieved intensely for many months over the loss of this precious baby. Also hurting, her husband felt powerless to help her. She poignantly reflected that she did not want to stop mourning, as it was her only tie to her baby. Resolving her grief would mean letting go of the biological child she might never have.

A miscarriage is an event full of dilemmas and conflicting emotions. If you are involved in RESOLVE and have had a pregnancy loss, you may wonder where you fit in. Having conceived, are you part of the fertile world or do you belong to the infertile world, not having given birth to a live baby? Others may try to minimize your pain by saying, "At least you can get pregnant."

If you have had difficulty conceiving and then miscarried or if you have had repeated miscarriages, the dilemma grows. You continue to grieve for the wished-for child, while grieving at the same time for the baby you have lost. You feel you are so near and yet so far. For some, the pain is too great to consider trying again. For others, the hope generated from having conceived can be addictive, keeping them in

treatment indefinitely. They struggle with the decision over when to stop trying and move on. Unlike other experiences that get easier to handle with repetition, having recurrent miscarriages makes it harder. It becomes especially difficult when you find support from family and friends diminishing with each loss, even though you need it more than ever.

Diagnostic and therapeutic technology available today make the miscarriage dilemma even more complex. During IVF, eggs are retrieved and united with sperm in a laboratory, so that you know conception has taken place within hours of the event. When the embryo transfer fails to result in pregnancy, it can feel like a miscarriage. With any pregnancy loss following IVF/GIFT/ZIFT, there is profound sadness and grief. And yet you may be instructed to undergo another cycle almost immediately. This can thwart your chance to grieve.

In addition, the new technologies used in early pregnancy often facilitate bonding and attachment to a developing baby. Blood tests can confirm a pregnancy before you have missed a period. Sonography enables you to see a heart beating or your tiny baby moving before others are even aware of the pregnancy. This visualization helps to confirm and make the pregnancy a reality. Finally, amniocentesis and chorionic villi sampling can provide information about your baby, including its sex, even before you are wearing maternity clothes. Ah unique detail strengthens your feelings about

your baby and can make a miscarriage feel like a death.

Yet miscarriage is enigmatic. Even though it can feel like a death, there is nothing tangible to mourn. There are no burials or memorial services to facilitate grieving. You may find yourself suffering intense emotions, often in isolation, as others may not understand the impact of your loss. The manner in which you grieve is highly individualistic and follows no predictable course; there are no instructions to follow. Much depends upon your own personality and life experiences.

Grief can feel like a tidal wave that sweeps over you with force and fury. Shock, anger, rage, guilt, blame, sadness and depression can engulf you, growing and cresting with time. It peaks somewhere between one to six months following a miscarriage. Nevertheless, swells of grief can be triggered long after the waters have settled. Difficult times include your first menstrual period, due date, Mother's/Father's Day, holidays, the anniversary of your miscarriage. It can be especially painful when a friend with whom you were pregnant delivers a healthy baby. As years pass, seeing this child can continue to trigger feelings as you recall what your child might have done at this age. Your triggers are unique and relate to memories and dreams about your baby. For some, triggers may be a song, holiday or time of the year, while for others it may be walking into the doctor's office or passing a hospital.

Another aspect of the dilemma relates to the difference between men and women and the way they deal with grief following a miscarriage. A woman is usually more attached to the developing baby. The loss of the baby can feel like a loss of a part of herself, shattering her self-esteem and self-image. Her emotions may be more apparent as she tearfully needs to continue to talk about the experience. She may take longer than her spouse to heal emotionally from the miscarriage.

On the other hand, a man is often less bonded with the baby early in the pregnancy and seems to grieve and recover more quickly. He may appear less emotional, partly because he may have been treated like an outsider by medical professionals during the crisis. He may easily be forgotten in the process by family and friends as the focus is often on this wife's pain. As a result, he is likely to repress his feelings and seem detached from his wife's grief. Or he may feel that he should be strong for his wife, thinking that being positive and upbeat will make her feel better. In reality, what they both need is a time to cry together, to talk about what has happened and what might have been had this pregnancy continued.

These differences between wives and husbands can sometimes cause misunderstandings and hinder emotional healing. When you are both grieving in contrasting styles, you may find it difficult to be there for your spouse. You need to be patient and understand your partner's feelings, realizing that different doesn't mean better or worse. Each of you will need your own time and space to integrate this loss into your life. But you also need to keep communication

open between you. Perhaps you want to set aside a limited amount of time each day to talk about the miscarriage. If talking feels too difficult, share your thoughts and needs in a note or letter to your partner. Make a conscious effort to do one thing every day, which shows your partner your love.

Finding ways to recognize and acknowledge your baby's existence can help diminish the miscarriage dilemma and facilitate grieving. These things can be shared in private or with family and friends immediately following the loss or even years later. Taking positive action to remember your baby may include: having a memorial or religious service; planting a tree or flowers; giving a donation or special gift to a charity; putting together a memory box with special items gathered for your baby; engraving a charm to wear; naming your baby; writing a letter in which you share your dreams about this child and say goodbye; donating a book on pregnancy loss to a support group or library; using creative talents to channel emotions, such as drawing, sculpting, music and poetry.

Several years ago a woman shared with me a poem she wrote after her pregnancy losses. It summarizes to me the many things you feel after a miscarriage while capturing what helps the most.

Your Kind Words

By Nancy Carlson

Please spare me from your kind words.

Just be there for me.

My insides writhe when you tell me "It's for the best." "It was meant to be." "He's with God now." (Why can't he be with me?)

**"You'll have another." (as if babies were interchangeable)
Your soothing words do not soothe but open the wound that never heals; nothing anyone can say can take away my aching, drawing emptiness.
Please forgive my pain turned anger that mistakes your intentions and pushes you away.
Please just be there.**

Suggested Readings

Miscarriage After Infertility, M.C. Freda and C.F. Semelsberger. Fairview Minneapolis Press, 2003. www.fairviewpress.com

Internet Resources:

WWW.NATIONALSHAREOFFICE.ORG

WWW.RESOLVED.ORG

WWW.INCIID.ORG

For more information on SGFC Psych. Support Services contact Sharon Covington at 301-279-9030