Certain diseases in the father, such as diabetes, can contribute to possible miscarriage. Exposure to toxic substances can also be linked to miscarriage and birth defects.

**ABO Incompatibility** - The different blood types of the parents can cause miscarriage. This type of miscarriage usually occurs late in pregnancy.

CMV - is spread by frequent contact with the urine or saliva of another who carries the virus. Some bacterial infections causing miscarriage are pneumonia, urinary tract infections, bowel infections and uterine infections. Viral infections able to cause a miscarriage are hepatitis, polio, encephalitis, chicken pox, toxoplasmosis and measles.

**Environmental Causes** - Pollutants, cigarette smoking, poor eating habits and drug abuse have been linked to higher rates of miscarriage. The frequency of miscarriage is doubled in women who are moderate to heavy drinkers.

**Age Factors** - There appears to be an increased risk of miscarriage after the age of 35 as well as before the age of 18.

**What happens to your body after miscarriage?**

Your body will go through a number of physical and emotional changes over the course of a few weeks or months. Some women have reported that although they were menstruating again, they did not feel normal for a while. The hormonal changes in your body may prevent the return of your menstrual period for a while and may also affect your emotions. Mood swings are thought to be due to fatigue, emotional adjustment, and physical changes occurring in your body. Eventually the puffiness in the abdomen and breast subsides, nausea ceases, and the uterus will contract to its normal size.

It is important to keep your follow-up physical exam with your physician. This is usually done four to six weeks after your loss. At that time, you may want to discuss your doubts, expectations or questions concerning future pregnancies or sexual intercourse.

**Suggested methods for coping**

Allow yourself time to grieve. Keeping feelings bottled up prevents you from moving on. These feelings, if kept inside, can impact your sense of well-being.

Keep a journal. Expressing feelings and thoughts through writing may help with feelings of sadness or despair. Some women write letters and poems to their babies, sharing feelings they never had a chance to express. Talk with others who have shared similar experiences. Contact a support group. This can help with those feelings or questions you may have and help minimize the sense of isolation.

Read books about your loss. This can be an important beginning in understanding your loss.

Communicate with your partner, family and friends. Do not stop communicating. Set aside time to talk with your partner on a regular basis, especially the first days at home. Use their strength and let them help you through this challenging time. It can help diminish your pain and loneliness. This is a significant event in your life!

Talk to your clergy person to help you understand and restore your faith in God, if you find it failing.

Exercise will help you recover physically. It will also help release some frustration or stress. Exercise will bring about a sense of well being. Getting enough sleep in the days following a pregnancy loss can be difficult. However, sleep is essential for your emotional and physical well-being.

**Conclusion**

We are here to offer support in a variety of ways. It is vital for you to discuss your concerns and feelings about your loss. Our goal is for you to understand what happened to you, both in body and spirit. We can help you begin to understand so you can continue to hope.

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**Coping with Pregnancy Loss**

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**Affinity Health System**

www.affinityhealth.org
What happens when you experience the loss of a pregnancy?
Right now you may be having some overwhelming feelings about the loss of your pregnancy, or you may not be feeling anything at all. Both of these responses are normal.

We want you to help you understand your feelings about your loss. Your emotional responses are unique to you. You may feel fear, sadness, anger or guilt. Questions about why the loss occurred may be present as well as the loss of your self-esteem. Your feelings are neither right nor wrong; they just are.

This brochure will provide information on what is happening to you and why. The staff at BirthPlace are here to offer you their support.

Individualized Nursing Care - Your nurse is a good resource for you. She will care for your physical well-being and provide emotional support. She is familiar with the many services available to you.

Spiritual Services - A chaplain is always available to discuss your feelings and share your journey through this painful time.

Pathway to Peace - Ecumenical Memorial Service - The Women & Families Center and Spiritual Services offer a memorial service to women and their families who have experienced a pregnancy or infant loss. This service is held three times a year. You will receive an invitation with the date and time. You are encouraged to join with the staff as they remember your baby.

The following are explanations of terms that you may hear during this time.

Miscarriage - This word is most often used by the general public to describe the very early delivery or loss of a baby. The mother is in the early or middle stages of pregnancy.

Missed Abortion - This occurs when your baby dies inside you and stays in your uterus for at least two weeks.

Spontaneous Abortion - This is the medical term for miscarriage.

Incomplete Abortion - This occurs when the baby leaves the uterus, and the placenta, or life-support system for the baby, stays inside.

Threatened Abortion - You have signs and symptoms of miscarriage, which are bleeding and cramping. This condition requires bed rest.

IUDF - Intrauterine Fetal Death means the baby has died in the uterus. Another term may be stillbirth.

D&C - Dilatation and curettage are the actual words for this procedure. First, your cervix is dilated. This can also be described as opening your uterus. Following this is curettage or scraping of the uterus by the use of very gentle suction to remove all the remains of the pregnancy. This allows the uterus to return to its normal size.

Ectopic Pregnancy - The baby begins to grow outside your uterus, usually in the fallopian tubes. However, the baby cannot live outside the uterus.

Causes or explanation of miscarriage:
Twenty-five percent or more of all conceptions end in miscarriage. No two losses are alike. The kind of miscarriage you have had will determine if you will need intervention. The following occurrences are NOT likely causes of pregnancy loss.

- Making love too often or too vigorously
- Exercise, work or sports
- Occasional use of over-the-counter medicines
- Anxiety
- Minor falls
- Previous elective abortions or use of IUDs

More likely causes of miscarriage may include any of the following:

Chromosomal Abnormalities - The units in the cell nucleus holding the hereditary information, the chromosomes, are not normal. Studies show more than 50 percent of all first trimester miscarriages are caused by these abnormal chromosomes. The abnormalities may be inherited from either parent. Most are due to a mistake in the number of genes (pieces of hereditary information) in the egg or sperm. Genetic studies of you or your partner might be suggested if you have had two or more pregnancy losses. If abnormal genes run in the family, these studies may also be considered.

Defective Implantation - The fertilized egg is in the uterus but is unable to attach to the wall of the uterus. The pregnancy cannot continue normally.

Placental Problems - The placenta is the life-support system for the baby from the mother. Problems in the growth or functioning of the placenta may prevent the fetus from getting enough nourishment. Placental problems can also include involvement with the umbilical cord.

Hormonal Imbalance - If there is not enough progesterone in the uterus, the lining of the uterus is not able to care for the fertilized egg. (Fertility drugs can sometimes add to hormonal imbalance.) This low level can only be diagnosed before pregnancy, however.

Uterine Disorder - Malformation of the uterus may be something you were born with or the result of disease or chemical exposure. Infection - Examples of diseases risky to the fetus are syphilis and herpes simplex. Both are sexually transmitted diseases. CMV (cytomegalovirus) is another disease that puts a pregnancy at risk.

Incompetent Cervix - In some women, the cervix is very weak. This may be something with which you were born or the result of obstetrical or surgical injury. Miscarriage usually occurs later in the pregnancy as the baby becomes heavier. The cervix does not stay closed long enough to complete the pregnancy.

Sperm Problems - Miscarriage might sometimes occur as a result of a very high or very low sperm count. Poor quality of sperm can also cause loss. Decreased DNA (molecular chains in the chromosome that determine the physical features) in sperm can end a pregnancy.