

Looking for a happy ending THE STORY BEHIND MISCARRIAGES

IT IS A SAD FACT OF LIFE THAT NOT ALL PREGNANCIES GO SMOOTHLY. MISCARRIAGES AND STILLBIRTHS REMIND US THAT WE CAN'T COMPLETELY CONTROL MOTHER NATURE. OVER THE NEXT FEW PAGES, WE EXPLORE THE CAUSES OF MISCARRIAGE AND SOME OF THE WAYS IN WHICH WOMEN CAN SOMETIMES REDUCE THE ODDS OF HAVING ONE.

Talk to most couples who have children and you will probably find that either they or friends that they know have had a miscarriage. Miscarriages are quite common. It is thought that as many as one in five pregnancies will come to an early end. This may seem an alarming statistic, but it is not so bleak as at first sight. Firstly, many miscarriages occur even before a woman realises that she is pregnant and usually in the very first few days and weeks following conception. Stillbirth, the loss of an unborn baby after six months, is mercifully rare. Secondly, while of no immediate comfort at the time of a miscarriage or stillbirth, most women do go onto have a successful pregnancy next time.

ALWAYS SEEK MEDICAL ADVICE IMMEDIATELY IF YOU HAVE ANY OF THE FOLLOWING SYMPTOMS:

- Light bleeding or spotting
- Strong abdominal pains
- High fever
- Heavy bleeding



MISSING INFORMATION – A COMMON CAUSE

'Why' is the biggest question that most couples want answering when a miscarriage happens. Sadly, many will never know as unless the woman suffers repeated miscarriage investigations are not often carried out. This is because miscarriages and stillbirths are often out of our immediate control. By far the commonest reason for miscarriage has

to do with the genetic make up of the fertilised egg or the failure of the fertilised egg to implant itself correctly in the uterus. It is thought that around half of all miscarriages are caused because at the moment of conception vital genetic information was either damaged or not present. The missing or damaged information means that the fetus can no longer carry on developing and naturally the pregnancy comes to an end.

THE WRONG PLACE

For a pregnancy to succeed, in the days after conception, the fertilised egg needs to implant itself properly into the lining of the uterus. Sometimes all does not go to plan. In some cases, the uterus is not correctly shaped or ready to receive the fertilised egg while in others the fertilised egg does not position itself correctly. Occasionally a fertilised egg will attach itself into a fallopian tube rather than go down into the uterus. This is called an ectopic pregnancy and is often characterised by intense abdominal pain which may result in an operation to remove part of the fallopian tube.

KNOWING THAT A MISCARRIAGE HAS TAKEN PLACE

Many women who have a very early miscarriage will never know for sure, as the only sign will be a slightly later period than expected and some heavier bleeding. For women who have a miscarriage later the early signs can vary. Some women report that they stop feeling pregnant, while for others the sign is the bleeding that begins to take place. It is important here to realise that not all pregnancies where bleeding takes place will automatically end in a miscarriage. Surprisingly, many women have spotting and bleeding in the early weeks of pregnancy particularly around the time of missed periods at 8 and 12 weeks. As it can be hard to know what is happening, seeking medical advice is always a good idea.

Once bleeding begins to take place, it can vary. Some women bleed continually and heavily for several days passing blood clots, others may bleed on and off. If doctors are concerned that any material from the pregnancy is left inside, women are offered a minor operation to clear the womb and to prevent a later infection.

TREATMENT FOLLOWING MISCARRIAGE

Most women are disappointed to find that investigation or treatment is not offered to them if it is their first or even second miscarriage. This is because most miscarriages are random and only in a few cases will women find that miscarriages keep occurring. Once a third miscarriage has taken place, however, women are usually referred for investigations to take place.

STARTING AGAIN

Couples vary in the time they wish to start trying for another pregnancy. Some couples want to try at once while others feel the need to grieve the loss. In pure physical terms, it is thought best if women wait for their next period before trying to conceive. This can take up to six weeks and gives the body time to recover physically.



Hazel and Steve now have two children. Hazel's first pregnancy ended at 11 weeks.

'I remember walking through a park about a week before and realising that I didn't feel pregnant any more. It was my first pregnancy and to be honest, I didn't know what to expect. A week later I felt some dull cramps. It felt like period pains. Again, I wasn't really worried but did phone a midwife who told me to lie down. So I went off to bed, but later in the night I started to bleed. It was light at first, but I woke Steve and got him to phone the doctor. We were told to go the hospital. They were kind enough at the hospital, but I remember thinking that they were not in a hurry. I thought that they should be trying to stop the bleeding. Of course, I now know that they couldn't do anything, but I didn't know that then. After a while, I had a scan. It showed that the sac was empty and it confirmed that I was having a miscarriage. I was bleeding quite heavily. They kept me in overnight and I had a D and C. The next day, a really nice doctor told us that miscarriages were quite common and not to blame ourselves. He actually made me smile through my tears by saying that humans were not the best species when it came to reproduction and that luck had quite a lot to do with it. This made us both feel better and it did stop me from feeling guilty. I had wondered whether I had done something to cause it. The worst part was having to untell our families as only a few days before, we had begun to let everyone know that I was expecting. The next few months were pretty miserable, especially when I saw other women who were pregnant. A friend gave birth to a daughter at around the time our baby would have been due. That was quite hard as I couldn't help but wonder about what our baby might have been like.'

'When we tried again, it took quite a while to get pregnant. The first time round, I had got pregnant really quickly, but this time we were trying for nearly a year. As each month came and went, I got increasingly worried and thought that it had to be down to the earlier miscarriage. Once I did get pregnant, the doctor was fantastic. An early scan was arranged at 10 weeks to put my mind at rest. Once I saw the heart beating, I felt deep down that it would be fine. The whole pregnancy just felt different.'



Fiona, 44 and Andrew, 50, have Archie who is now two years old.

'After Archie was born, I was keen to have another baby soon as I knew I wasn't getting any younger. When I next missed my period we were delighted. Because of my age I had an early scan just to be sure. When I set off, I was full of excitement even though Andrew couldn't be with me. As soon as they started the scan I knew something was wrong. The radiographer looked concerned and called in the doctors. They tried to break the news to me gently that there was no sign of a heartbeat. I just sobbed and couldn't really understand why as I still felt pregnant.'

'In hospital they dealt with the physical side very efficiently. I had a D and C, which left me feeling very empty, and they offered to refer me to a miscarriage clinic, but I decided not to go. The next few weeks were awful. While physically I had to cope with enormous hormonal changes, we also struggled with the most intense grief and I would cry uncontrollably for hours. For Andrew it was particularly hard as he felt there was nothing he could do – he had no role.'

'I decided not to tell people because I didn't want to be pitied or told that it was all for the best. For a while afterwards, I found it hard to see other pregnant women. It takes time to move on and I needed to work through the grief. We are ready to try again, but looking back, I wish that I had started thinking about a family sooner as I now know that being older can make a difference.'

SOME POSSIBLE CAUSES OF MISCARRIAGE	WHAT IT MEANS	WHAT YOU CAN DO
Genetic	About half of all miscarriages are caused by chance genetic abnormalities in the fertilised egg. Very rarely there may be a chromosome abnormality in either the mother or the father.	There is no need to do anything. The chances of it re-occurring are slight. If you have had several miscarriages you may want to take a test for abnormalities.
Hormonal Polycystic ovary syndrome (PCOS)	This means that the ovaries are not releasing eggs regularly or at all.	Consult your doctor if you have irregular periods. Once this condition has been diagnosed you can be given drugs to correct the hormonal irregularities.
Endometriosis	This is where the tissue that lines the womb grows elsewhere in the pelvis, causing possible damage to the fallopian tubes.	Consult your doctor if you have very heavy and painful periods. Tests can be done, followed by surgery on the tubes if necessary.
Infections Fever	A fever over 39°C (100F) can cause miscarriage.	If you develop a fever when pregnant, take steps to reduce it, for example by sponging down with tepid water. Consult your doctor or midwife especially if you have been in contact with rubella or chickenpox.
Vaginal infections	Some infections can cause miscarriage, although most are easily treatable.	If you get a stinging or burning sensation when urinating or an unusual discharge seek treatment immediately.
Chlamydia (see also p.55)	Chlamydia can be sexually-transmitted or caught from cattle or sheep during lambing or calving.	Both the mother and her partner need to have a medical checkup and treatment if necessary to prevent reinfection. Avoid animals during lambing and calving!
Listeria (see also p.41)	Listeria is an infection found in unpasteurised cheese.	Avoid eating unpasteurised cheese if you think you are pregnant, or if you are planning to get pregnant.
Toxoplasmosis (see also p.53)	Toxoplasmosis is a tiny parasite that is found on contaminated food.	Cook meat thoroughly. Wash fruit and vegetables before eating. Wear gloves when gardening. Avoid changing cats' litter trays.
Smoking, alcohol and drugs	There is a 30–50% increased risk of miscarriage from active and passive smoking.	The safest advice is to give up smoking, alcohol and drugs completely or if you can't, cut down as much as possible (see page 51 for tips).
Work hazards exposure to solvents	Some chemicals such as solvents increase the risk of miscarriage.	If you think there may be risks in your work environment, it is worth checking with your health and safety representative. Avoid dangerous substances such as drugs.
Immune system problems Anti-phospholipid syndrome	Antibodies circulate in the blood and damage the placenta so that the baby dies.	If you have repeated miscarriages, you may be offered treatment to prevent this from occurring.
Maternal blood incompatibility	If a woman's blood is rhesus negative and the fetus is rhesus positive, the woman produces antibodies which attack the fetal cells. This causes a miscarriage.	An injection known as 'anti-D' is given after a miscarriage to prevent further miscarriages.
Anatomical problems Weak ('incompetent') cervix	The cervix opens too soon, leading to premature labour.	A stitch can be put into the neck of the womb until a few weeks before the baby is due to be born, so preventing the cervix from opening.
Irregular-shaped womb or fibroids in the womb	The baby can't grow because there isn't enough room in the womb.	Visit your doctor if you have repeated miscarriages or difficulties in conceiving.

Before pregnancy

You can cut down on the risk of miscarriage if you are both in good shape before getting pregnant. As half the genetic information comes from men's sperm, these need to be in good condition too! Aim to take care of yourselves for at least three months before you plan to start a family.

And also for women.....

Check your immunity to childhood diseases. If necessary, get checked for any infections such as chlamydia.

In the early days of a pregnancy

Once you know that you are pregnant, try and take a little bit more care of yourself. Hard as it may seem, especially if you have already experienced a miscarriage, the best advice is to try not to worry.

Rest and take it easy

Give your body the chance to rest and relax. This is so that all the body's energies can focus on the developing baby. When you stop moving around and rest your womb is also quiet and relaxed, which improves the blood flow to the placenta and the baby.

Follow the advice of your GP, midwife or consultant

If you have already had a miscarriage or stillbirth, you may have been given some advice. Make sure that you follow this carefully as it will have been tailored to your needs.

Avoid stress

Stress can have an effect on your body. Look for ways of avoiding stressful situations if possible. Try to avoid worrying about the pregnancy too although this may be easier said than done. Meet up with friends, go to the cinema or enjoy an evening in with a favourite video.

Reducing the risks

THERE IS NO SUCH THING AS A GUARANTEED PREGNANCY. BUT THERE ARE A FEW THINGS THAT WOMEN AND INDEED THEIR PARTNERS CAN DO TO TIP THE ODDS IN FAVOUR OF A HEALTHY PREGNANCY.

Give up smoking and alcohol

Alcohol and smoking are both poisons for the body. If you have not stopped, you should straight away. Smoking increases the risk of miscarriage by as much as 50%.

Avoid coffee and caffeine drinks

Caffeine in coffee and some energy drinks can be harmful. Drink no more than three cups per day or switch to decaffeinated.

TOGETHER ...

Stop or at least cut back on smoking

Cut down on alcohol

Get in shape and eat well

Check with your GP whether any prescribed medicines might affect your fertility

Talk to your GP if either of you have any inherited genetic conditions in your family e.g. sickle cell anaemia

Take folic acid

Folic acid is a vital vitamin for the developing baby. Take the recommended dose of 400 mcg while you are trying for a baby and also for the first 12 weeks of the pregnancy.

Eat well and avoid constipation

It is a good idea to avoid getting constipated because straining to go to the toilet might affect a pregnancy that is already at risk of miscarriage. Eating five portions of fruit and vegetables a day should help to keep the bowels regular.

Do not use recreational or street drugs

The effects of some drugs are simply not known although cannabis especially with tobacco is linked to miscarriages (see p.48).

Having sex

Once a pregnancy is well established there is no way that having sex can affect it. You should use a condom if you have sex with a new partner as a precaution against any possible infections. It may be worth avoiding using sex toys to reduce the risk of infection.

If you have had several miscarriages, your doctor may advise against having sex until after the twelfth or fourteenth week.

Avoid strenuous exercise

Gentle exercise is generally good for you, but you should avoid taking up any new sports that are strenuous, as your body will not be used to them. If you have already had a miscarriage, get some advice before carrying on with very physical sports or ones where there is a high risk of falling such as horse-riding.