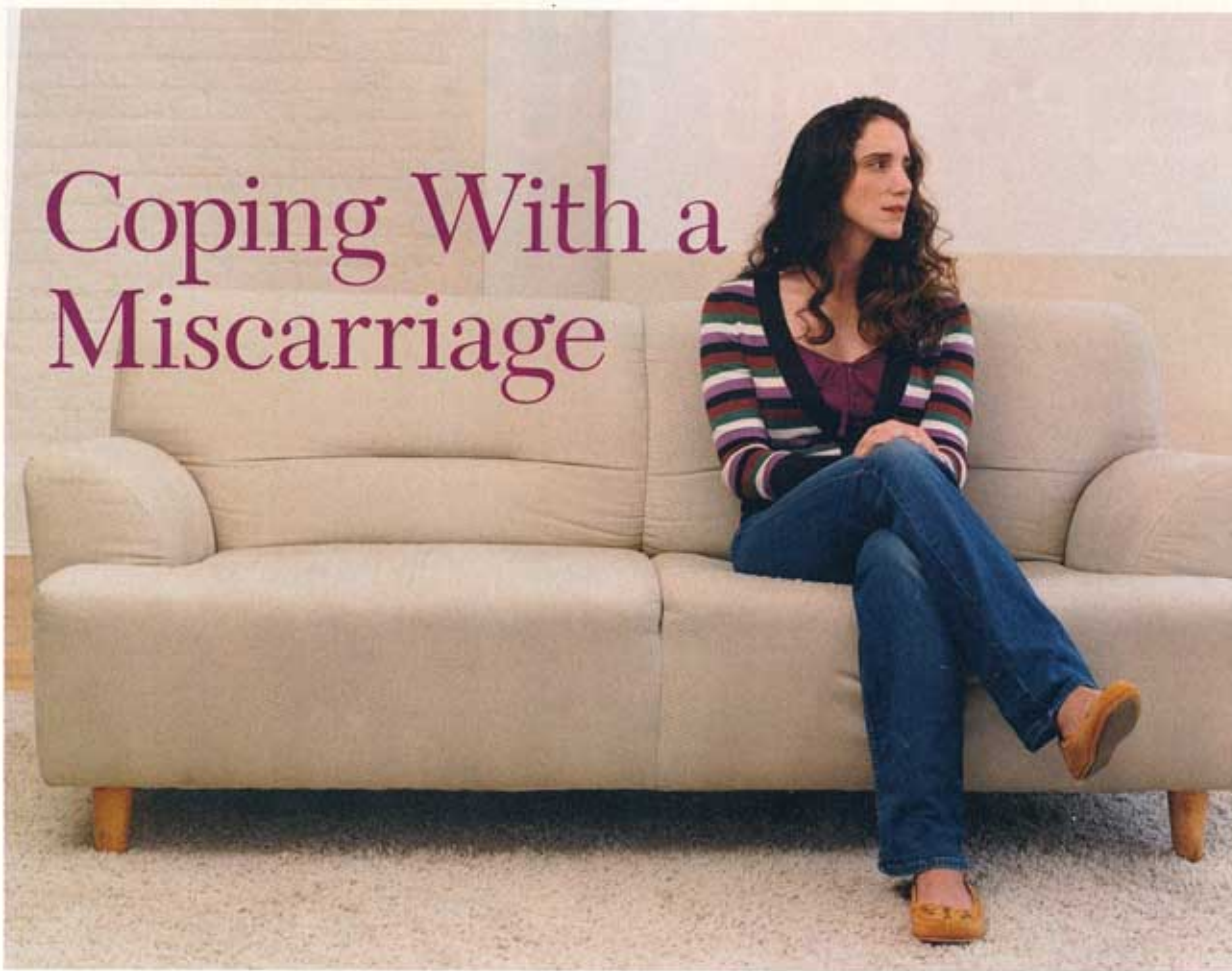


Coping With a Miscarriage



Nearly 20 percent of known pregnancies end in miscarriage—yet women rarely talk about what the experience is really like. We asked one mom who's been through it to shed light on this gut-wrenching loss.

When I found out I was pregnant last year, I was overjoyed. My husband and I already had an 18-month-old daughter and were thrilled to add to our family. At my first ultrasound at around six weeks, I got to see the bright blip of the baby's heartbeat on screen. Five weeks later, I went back to the doctor for a routine appointment. This time, the heartbeat was gone. My doctor didn't have to say a word—I knew right away that I'd lost the baby. I was in shock. Through my tears, I listened as he gave me two options: Have a procedure called dilation and curettage (D&C) to remove what remained of the pregnancy from my uterus, or wait it out and let my body expel it on its own. I chose the latter, figuring it was more natural that way. Unfortunately, nothing seemed natural two weeks later when my body finally miscarried my baby-to-be.

I was walking into the gym when I suddenly felt a pop. Within minutes, my pants were soaked with blood. I rushed

home and had no choice but to sit on the toilet for the next five hours—the bleeding was so intense that even the thickest pad was soaked within minutes. Sometime around 10:30 that night, I passed part of the placenta. How do I know? It got stuck—half inside of me, half outside of me—and I had to reach down and pull it out. Then, around midnight, I could tell my body was expelling the fetus when, instead of the constant drip of blood, I felt a whoosh—a lightening in my pelvis. In many ways, it felt like it did when I'd given birth to Katelyn almost two years earlier. Only this time, instead of a baby, there was a mass of bloody tissue. It was small and round and covered in some sort of membrane. I didn't know what to do—after all, I couldn't just flush the remains away. So I put them in a small baby-food jar. A wave of sadness passed over me, and I started to cry.

The bleeding stopped, and I drifted off into an uneasy sleep. The next morning I went for a sonogram. I was one of the lucky

ones: The entire fetus and placenta had come out on their own. If they hadn't—which is the case for about 30 percent of women who go through what I did—I still would have needed a D&C. That's because leftover pregnancy tissue can lead to irregular bleeding and infection and even increase a woman's risk of having problems getting—and staying—pregnant in the future.

I don't want you to think that every miscarriage is as horrible as mine. In fact, much of the time, women lose a baby so early—before the six-week mark—that they don't even know they were pregnant in the first place. "Women just think they're having a late period that's heavier than normal," explains Steven Sondheimer, M.D., professor of obstetrics and gynecology at the University of Pennsylvania.

That's not to say that late first-trimester miscarriages like mine are uncommon. "About 15 to 20 percent of all diagnosed pregnancies—that means there's a missed period and a positive test result—end in miscarriage," says Jonathan Scher, M.D., author of *Preventing Miscarriage: The Good News*. "Unfortunately, women suffer through losing a baby more often than most of us realize."

Why Miscarriage Happens

There are many causes of miscarriage, but the most common (and the one that probably ended my pregnancy) is a genetic abnormality. This means that once the egg and sperm have joined and the cells of the embryo start dividing, something goes wrong. "The cells' instructions, which tell the baby-to-be how to grow, are incorrect or go haywire," explains Robert Atlas, M.D., chairman of obstetrics and gynecology at Mercy Medical Center, in Baltimore. "It could also be that the egg and the sperm hooked up improperly, leading to a chromosomal problem." While this could happen to any woman, it tends to be more common in women over 35.

Other common causes of miscarriage include the presence of uterine septum (a band of tissue that splits the uterine cavity and interferes with implantation); an incompetent cervix (the cervix is too weak to remain closed); or a misshaped uterus. In addition, hormonal problems—from too much progesterone to not enough—can lead to abnormal egg development. And undiagnosed health conditions ranging from diabetes and thyroid disorders to polycystic ovarian syndrome (a condition that affects 10 percent of all women) also often lead to miscarriage. Finally, in some situations, a vaginal or uterine infection, such as bacterial vaginosis, can cause pregnancy loss.

One thing experts uniformly agree on: Miscarriages are almost never caused by a woman's lifestyle. Having one glass of wine before you realize you're expecting, going running, or

Writer Karen J. Bannan with her daughter, Katelyn.



How to Comfort Someone Who's Miscarried

You've just found out that a friend, family member, or coworker has lost a pregnancy and you aren't sure what to say. "Your first move is to acknowledge the miscarriage with a simple, 'I'm sorry for your loss,'" says psychologist Andrea Mechanick Braverman, Ph.D., director of the Complementary Care Program at Reproductive Medicine Associates of New Jersey, in Morristown. "Don't try to ignore the subject. Just let her know that you're there if she needs to talk and you'll help her in any way you can." In addition, **steer clear of saying the following well-meaning (yet misguided) phrases**—all of which are more likely to upset a grieving woman than make her feel better.

- You're young, you'll get pregnant again.
- It was God's will.
- The miscarriage was probably a good thing—maybe the baby was deformed or sick.
- Be happy you already have a child.

having sex have never been shown to sabotage a pregnancy.

Goodbye, Pregnancy

How do you know if you're having a miscarriage? For most women, the first sign that there's a problem is bleeding and spotting, sometimes excessive bleeding, followed by pain and cramping. Other women know something is wrong when their pregnancy symptoms—from sore

breasts to morning sickness—suddenly disappear. A doctor will confirm a miscarriage (often called a missed abortion or blighted ovum) either by taking a blood test or performing an ultrasound.

Like me, most women who miscarry are given two options: Wait for the fetus to pass on its own or have a D&C. (In some cases, a doctor will strongly recommend a D&C in order to test the remains for a genetic abnormality.) Dur-

ing a D&C, an anesthesiologist puts a woman into a "twilight sleep"—she's not quite asleep, but she's out of it just enough so she won't feel any pain. Then a doctor dilates the cervix and scrapes out the contents of the uterus.

The Aftermath

While a miscarriage doesn't leave any physical scars, it often leaves emotional ones. "A woman's feelings can run the

Multiple Miscarriages

Aliza Sherman Risdahl was pregnant four times over the course of two years. Each pregnancy ended in miscarriage. "It turned my life upside down. I lived in complete fear that I'd never be able to carry a baby to term," says the Anchorage, Alaska, resident. She isn't alone. About 2 percent of all women suffer from recurring miscarriage, which is defined as having three or more miscarriages.

For these women, the search to find out why they keep losing pregnancies is long and heartbreaking. In addition to getting tested for chromosomal abnormalities and

undergoing a battery of blood tests, these women are also often subjected to ultrasounds (and even surgical procedures) to rule out fibroids, and more. While this can be grueling, it often has a positive outcome: More and more women eventually have a full-term pregnancy. "This situation—which was once deemed hopeless—is now full of hope," says Dr. Jonathan Scher. "Now we can usually find out why a woman keeps miscarrying and prescribe a successful treatment." Just ask Sherman Risdahl: Thanks to progesterone shots and anticlotting medication, she delivered a healthy baby girl, Noa Grace, this past June.

gamut from sadness to anxiety to anger or even relief," says Brian Brost, M.D., associate professor of obstetrics and gynecology at the Mayo Clinic College of Medicine, in Rochester, Minnesota. "There's no 'normal' when it comes to how you should feel after you lose a baby."

As for me, I felt sort of numb and empty at first—like nothing had really happened. But I needed to make it real. Two days after my miscarriage, my husband and I took the jar with our child's remains and had our own private goodbye ceremony. Still, what had happened only really hit me six weeks later—when I finally got my period again. And I cried on my original due date—a day which I fear will always be a reminder of what could have been.

If you've lost a baby, there is some good news: The majority of women who suffer a miscarriage go on to have healthy, happy pregnancies. (Most doctors give patients the green light to start trying to conceive again after they've had two or three normal periods.) Karen Granger, of Boynton Beach, Florida, is one of them. She was devastated when she had a miscarriage in her third month of pregnancy. "I went into mourning," she says. "It was like a cloud of depression settled around me." A year later she got pregnant again and carried her son, Luke, now 10 months, to term. "I don't think you ever forget your miscarriage. I catch myself thinking about what our baby would have been like: 'Was it a boy or a girl? Would he or she be as cool a child as Luke is?'" she says. "Still, having my son has helped ease that pain." □
