

Early Losses: Miscarriage & Ectopic Pregnancy

Each mother reacts differently following a miscarriage. You may be devastated, angry, depressed, feel guilt, or may feel that it is simply an experience that you just have to live through.

You may grieve for the lost dreams of a future with an anticipated child. Some people do not develop a closeness with the baby until the birth seems more of a reality.

Other people think of a baby from the moment of conception. All of these reactions and feelings are normal. It is just as normal not to grieve as it is to be devastated.

Following a miscarriage, you may have physical reactions:

Fatigue

Headaches

Loss of appetite

Withdrawal from social activities

Mood Swings – due to withdrawal of hormones

Sleeplessness

Nightmares

Sighing

Heart palpitations

Miscarriages occur in about 15%-25% of all pregnancies, usually between the 7th and 14th weeks of gestation.

When you have a miscarriage, you are having a birth. The pain you feel during the miscarriage is labor. Your uterus contracts and the cervix, or mouth of the uterus, opens. You may have spotting or bleeding, and mild or severe cramping. Sometimes a dilatation and curettage (D&C), or scraping of the uterus, may be necessary, to prevent prolonged bleeding and infection.

After your pregnancy loss, your body may take weeks to return to normal. Uterine cramping may last for several days. Your breasts may be tender, and your milk may even come in. Vaginal bleeding may last for a week or more. If you have heavy bleeding, a foul discharge, or fever, promptly call your doctor.

ECTOPIC PREGNANCY

Up to 1 pregnancy in 50 is ectopic, which means —out of place. In an ectopic pregnancy, the fertilized egg implants outside of the uterus, usually in the fallopian tube, and begins to grow. Rarely, an ectopic pregnancy implants in the woman's abdomen, on the outside of the uterus, on an ovary or in the cervix.

HOW IS AN ECTOPIC PREGNANCY DIAGNOSED?

An ectopic pregnancy can be difficult to diagnose, so the woman needs to have several tests. These include:

- A pelvic exam.
- A series of blood tests to measure the levels of a pregnancy hormone called human chorionic gonadotropin (hCG). Levels of this hormone often are low in an ectopic pregnancy.
- A vaginal or abdominal ultrasound to locate the pregnancy. A vaginal ultrasound often is used because it can show the pregnancy earlier than an abdominal ultrasound.

HOW IS AN ECTOPIC PREGNANCY TREATED?

If the provider finds an ectopic pregnancy, the embryo (which cannot survive) must be removed so that it does not endanger the woman's life. If the embryo continues to grow, it can cause the fallopian tube to rupture, resulting in life-threatening internal bleeding. Most ectopic pregnancies are diagnosed in the first 8 weeks of pregnancy, usually before the tube has ruptured.

There are two treatments for ectopic pregnancy:

- Medication: If the pregnancy is small and the tube has not ruptured, a woman may be treated with a medication that stops growth of the pregnancy and saves the fallopian tube. The woman's body gradually absorbs the pregnancy.
- Surgery:
 - Diagnosed before the fallopian tube ruptures, the provider removes the embryo, preserving the tube.
 - Diagnosed after the fallopian tube has become stretched, or if the tube has ruptured and bleeding has begun, part or all of the fallopian tube may need to be removed.

Women who have had an ectopic pregnancy have about a 10 percent chance of it happening again, so they need to be monitored carefully when they attempt to conceive again

MYTHS ABOUT MISCARRIAGE & ECTOPIC PREGNANCY

Myth: You will feel “all better” in a few days, weeks, or months.

Truth: Every person grieves differently. Healing is attained only after the necessary progression through the stages of grief and mourning.

Myth: God must be punishing you for something.

Truth: Sometimes things just happen. It isn't fair to blame God, yourself, or anyone else. This was an act of Nature, not an act of God.

Why? Sometimes there are answers. Most times there are not.

Myth: You should be glad that you wouldn't have to deal with raising a “defective” baby.

Truth: Parents who have experienced the loss of a baby often do not feel as fearful as others by the thought of having a handicapped child. Parents can love their child even if the child is less than perfect.

Myth: Grief is all-consuming

Truth: Amid such an agonizing time in your life, there will be laughter. Do not feel guilty. Laugh if you want to. Just as you allow yourself to grieve, allow yourself to laugh and smile.

Myth: Eventually you will accept the loss of your baby and forget all about this awful time.

Truth: When you lose a child, your whole future has been affected, not your past. No one can accept that. But there is resolution in the form of healing and learning how to cope. Give yourself time. Your precious baby will have a place in your heart and you will always remember.

Myth: I know someone else who had a miscarriage and they got over it faster than you are.

Truth: Grief is an individual thing. There is no right way or wrong way to do it. Take your time, and be patient with yourself. You will heal in time, and not according to anyone else's schedules... not even your own.