

The Personal Side of Miscarriage

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Pregnancy loss, recurrent miscarriage, and infertility are mostly addressed from the medical side, but patients experience another aspect far greater. It is the emotional impact. Is your practice prepared to address the psychological and holistic needs of these patients? As a person who has survived four miscarriages in less than a two year period, I bring a unique perspective to the medical community and one that is likely not discussed when treating patients trying to conceive a child. My story will shed insight and hopefully bring change to the way we treat and follow these patients. By understanding my point of view and how to make some improvements in your practice, you will direct patients on the path to successful outcomes.

I have always considered myself a strong person able to overcome any obstacle. I rarely asked for help figuring most everything out on my own, but when faced with multiple miscarriages, I found myself in a place unable to solve this problem. I felt out of control. To add to the uncertainty, I did not know where to turn for help. I felt paralyzed by my emotions as I struggled to endure each childless day. I saw numerous physicians between the first and fourth miscarriage, including ObGyns, Radiologists, Reproductive Endocrinologists, and Emergency Medicine physicians. However, it was not until my fourth miscarriage in the hospital when a nurse midwife suggested and gave me the contact information for the social worker at the hospital. She encouraged me to make appointment. I followed her advice and scheduled a meeting. Her office was quite unfortunately located in the ObGyn department of the hospital. As I sat childless waiting for the social worker, I despairingly gazed upon all the pregnant women waiting to see their ObGyn. The meeting proved valuable, however, and ultimately led to a decision to adopt. In addition, she encouraged me to join a support group, one of the best decisions I made in the healing process.

As we already know, as many as 1:4 known pregnancies end in miscarriage, yet this topic is not widely discussed [1]. I consider physicians to be on the front lines and the link between women, therapists and a successful outcome. As physicians, patients are there to seek your medical advice and you have a tremendous impact. I believe there are changes that can be made in your practices which will lead women and couples on a path to creating a family. For a moment, think of the "patient centered medical homes" we find in primary care. It is a team-based health care model led by a health care provider. This model can be used for infertility and miscarriage, primarily encompassing the team approach. When faced with a patient who calls into the office with fear of a miscarriage or makes an appointment because of infertility, some simple protocols can be followed. First, offer your condolences and be supportive. These women are emotionally fragile. Your words should be empathetic and chosen wisely; a simple, I am so sorry for your loss. You may very well be the only person to whom this patient has spoken about their loss.

Second, discuss the statistics in a gentle manner in order for patients to understand they are not alone. This should not be presented in a matter of fact way nor should it minimize the loss. The women you see are feeling or have felt the following emotions: bitterness, anger, and failure to name just a few. They need to be handled gently and with comfort. Let them know you and your team are on the journey with them. Have them understand that as their physician, you will be

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handling the medical side and a therapist will help with the emotional impact. Emphasize that together; you will help them toward a positive outcome. Assign a "care coordinator". This could be a nurse or someone in your office who has a list of resources they give to patients. The resources would include (1) a list of therapists in your geographic area that specialize in family, miscarriage and infertility, (2) support groups, (3) national resources such as Resolve, www.resolve.org and www.creatingafamily.org. Fourth, include a list of books that would be helpful for them to read. Reading other personal stories written about miscarriage can help patients understand the emotions they are feeling are all normal. A shared experience can offer comfort and hope. Lastly, have the "care coordinator" call the patient after a few days for the follow-up to see how they are doing and to check if they have made an appointment with a therapist or counselor. If not, encourage them to do so. Therapists should work in conjunction with physicians and care coordinators to ensure women and couples are on track to creating a family. Therapists can guide women and couples and suggest other ways to create a family such as adoption and surrogacy. Certainly women do not want to find themselves past child-bearing age regretting never explored the different avenues to start a family.

Why do women and/or couples need to seek help? In the beginning, they are bombarded with comments they are not prepared to handle such as, "it was meant to be" or "you are still young". Without being armed with responses, many women will begin to shut down, isolate and become withdrawn. Left "untreated", this could lead to depression, substance abuse and negatively impact marriages. According to a study led by University of Rochester Medical Center, depression and anxiety experienced by many women after a miscarriage can continue for years [2].

For your office, I would suggest making a poster board to celebrate the success stories and I consider myself one of those, with pictures of children from the parents you have helped build a family whether through adoption, surrogacy, in-vitro, etc. You have been part of the team and instrumental in the success. These pictures will offer hope to a new patient in your office.

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By addressing the emotional impact of miscarriage, your practices can help women/couples feel they are not alone and there is a team surrounding and embracing them. Taking a step toward empowering women to speak about their losses will ultimately assist in the healing process.

Competing Interests

The author declare no competing interests.

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