The Emotional Effects of Recurrent Pregnancy Loss

Carol S. Miller, MSW, LCSW

Recently, while reading a novel (which had nothing whatsoever to do with infertility, miscarriage, or other types of pregnancy losses), I came across these lines … *"Losses that are invisible or unreal to others can be hard to bear. There are no ritual releases. No funeral rites, no mourning garb."* For me, these words triggered a visualization of a procession of the many women I have met in the past 20 years through support groups, couple or individual therapy sessions, and daily life who have experienced pregnancy loss of one sort or another. Death … death of a child … death of someone who never saw, and was never seen by, others in this world … death of plans, dreams, hopes, desires. So many levels of loss – invisible and unreal to others. And for those who experience recurrent miscarriages, those losses are experienced over and over again.

The *Patient's Fact Sheet: Recurrent Pregnancy Loss* offered by the American Society for Reproductive Medicine (2005), defines recurrent pregnancy loss as "the miscarriage of two or three consecutive pregnancies in the first or early second trimester." It goes on to say that, "[a]lthough approximately 25% of all recognized pregnancies result in miscarriage, less than 5% of women will experience two consecutive miscarriages, and only 1% experience three or more." But for those parents experiencing these losses, it feels like the percentages are overwhelmingly 100% in their own lives.

As a therapist, I have met with a number of women who have experienced pregnancy losses; hearing some of their stories may help in understanding the emotional effects of recurrent miscarriage. Recently, I met with two women separately who had experienced multiple miscarriages. Robin*, married and 24 years old, has sustained three early miscarriages; she also has a three-year-old son. Adrianne*, 41 and married to a man with children from a previous marriage, has experienced five early first trimester miscarriages. Adrianne had been diagnosed with endometriosis in her 30s; she was treated with laparoscopic surgery and hormone therapy at that time. In both cases, no clear-cut medical reasons could be found to explain the losses, though a genetic link was frequently postulated as a possible cause.

When I first met with these women, they were expressing feelings of exhaustion, overwhelming sadness, dread, despair, guilt and grief. They felt hopeless and helpless, their bodies out of control. Anger was ever present and always seemed right at the surface. They were constantly reminded of what they perceived as a complete personal failure by the many co-workers, friends and acquaintances, all of whom seemed to be pregnant or had just had babies. Robin said six of her close college friends were all pregnant again for a second or third time. Adrianne's recently-married younger sister was pregnant as well. They both struggled with feelings of jealousy along with guilt for these feelings.

Robin's and Adrianne's husbands had difficulty understanding many of the feelings their wives were experiencing – the deep depressions and fears that they might never have a child – and arguments and fights often arose, causing additional stress to already vulnerable marriages. Family and friends who had been very supportive with the first loss became almost non-existent

as the losses added up. Adrianne said that she had received many cards from caring and supportive friends and family after the 1st and 2nd miscarriages. The 3rd miscarriage saw just a few cards, and by the 4th miscarriage, nothing. At a time when they needed more support than ever, more shoulders to cry on, more ears to listen, the "support well" had virtually dried up! Sometimes, Robin said, "I feel like a broken record. I don't think my friends or family even want to be around me, since I seem only to be the bearer of bad news." The isolation and loneliness felt profound and overwhelming – some of it self-imposed, some of it experienced through the perceived lack of concern and caring by those around them.

Both Robin and Adrianne found that their minds obsessed fearfully over and over again – Will I become pregnant? When? Will I ever be a mother? Why can't I stay pregnant and carry a baby? Is there something wrong with my body … with me? Will we ever be a "normal" couple? More often than not, the medical system can find no reason for a miscarriage. And with no clear, explainable reason, women often start thinking, "Well, it must have been something I did," believing there must have been some way they could have prevented the loss. They anguish over the "Whys?" and "What ifs?" The guilt can feel overwhelming. We live in a scientific world that always seems to promise answers. Thus, it seems natural to us to ask and expect to understand why things happen, to find reason and structure in the face of chaos and insanity. But the reality is, as Freda & Semelsberger state, "miscarriages are not caused by working too hard, having sex, carrying heavy packages, being too stressed, not eating properly, sleeping too little, or exercising (p. 51).

"Many women have higher levels of depression and anxiety for up to a year after a miscarriage," and some even experience post-traumatic stress disorder (Freda & Semelsberger, p. 25). In her article *The Magnitude of Miscarriage,* Sharon Covington says, miscarriage is "a multifaceted loss … loss of a baby, a part of yourself, your health, control, innocence, potential, relationships with others, possibly your reproductive capacity, and on and on." Can you imagine this happening over and over, again and again? You've not even had the opportunity to grieve the first loss and another one is upon you. Both Robin and Adrianne said that though they were sure their friends meant to be well-meaning and supportive, each one heard, in some form or another – "Well, at least you know you can get pregnant." Why, they wondered, did their family and friends believe such a statement would somehow make them feel better? Instead, they felt their pain was minimized and unacknowledged.

Grief tends to be cumulative, current losses pulling in some of the old, perhaps unresolved, feelings of pain from past losses. And, as James & Friedman note, grief is "the most neglected and misunderstood experience, often by both the grievers and those around them" (p. 3). Even after they have been able to process through some of their initial feelings of emptiness, sadness, anger and guilt, many of those who have experienced recurrent miscarriage will discover their grief is triggered again and again throughout the succeeding years to come – around due dates, miscarriage anniversary dates, Mother's and Father's Days, the holidays as well as the birthdays of their friends' children. "I just couldn't go to Amy's one-year birthday party," Adrianne said, "Andrew [her first son] would have just turned one too. I cried all day, thinking about how Andrew would never be one or any other age."

So how have these two women coped over the past several months and how can others who experience recurrent miscarriage cope in their daily lives? Robin has gone on to become pregnant again. Freda & Semelsberger note that many parents "look to a future pregnancy as a primary method for resolving grief" (p. 25). As of this writing Robin is fifteen weeks pregnant and has passed through her first trimester, which was filled with high anxiety around the possibility of losing yet another child through miscarriage. She has returned to her low-stress job as a part-time employee, and is thinking about volunteering a few hours a week at a local charity

that serves the homeless. She found attending a local support group of parents who had suffered similar losses to be extremely valuable. Sharing fears, hurts, pain, joys, blessings and coping strategies helped Robin and her husband to know they were not alone in their journey. She has also discovered that a support group for those who become pregnant after a loss is available and is planning to begin attending that group soon.

Adrianne has chosen to start a yoga class and to participate in a ten-week Mind/Body Support Group I run through our medical practice, where she is learning ways to trigger her relaxation response through various techniques including diaphragmatic breathing, meditation, visualization, journaling, cognitive restructuring, and other life style changes. She is finding that these techniques can be applied to so many different areas of her stressful, daily life. For Adrianne it was also important to develop and create a special ritual ceremony to honor all her children; several of the friends she met through her grief and loss group helped her to create a ritual that was meaningful and special to her. Both Robin and Adrianne continue to meet with me on an ongoing basis. Some other examples of ways to cope with these losses that I have read about or others have shared with me include:

- ✓ Find a safe space to express your feelings, such as when feeling angry … a private room to yell, scream, or punch pillows.
- ✓ Make a conscious choice to give yourself a break and not attend all those baby showers or spend a lot of time with pregnant friends.
- ✓ Educate yourself about miscarriage through reading materials and talking with medical professionals.
- ✓ Become pro-active on your own behalf within the healthcare system by asking questions, bringing up concerns with medical personnel, bringing a support person along with you to your medical appointments.
- ✓ Acknowledge your pregnancy in some way – through writing about your pregnancy and loss experience, putting together a memory book and includes important dates from your pregnancy, planting a tree or creating something in memory of your child, naming the baby, purchasing something such as a necklace or bracelet with charms to represent each of your losses.
- ✓ Become actively involved in a grief and loss support group,** attend a mind/body relaxation group, treat yourself to massage, Reiki, or some other complementary treatments.

One of the most important things, I believe, is to allow yourself to honor and respect the time and energy needed to grieve these losses, and not to impose upon yourself or allow the world to impose upon you a time line on your grief process. My experience is that there is no magic formula for how or for how long to grieve. Everyone will grieve in his or her own way, based on several factors, including individual personality, available supports, responses by the wider community, past history of losses and ways of coping, the circumstances surrounding the loss, the relationship between the partners, among many. Each parent will come to his or her own resolution and integration of the losses. I encourage you to seek out all the help and support you can find at this time – there is a plentitude of reading materials, internet sites, support groups and therapists in this area.

****

*Names and identifying information have been changed to protect client confidentiality.

**MIS/SHARE is an example of a local parent-facilitated support group in the Metropolitan D.C. area for those who have experienced a loss through miscarriage, infant death and/or stillbirth. Monthly meetings are currently meeting in Northern Virginia and Maryland. You can find out more information about meeting times and dates by calling the Information Line at 301-460-6222. Or you can contact Carol S. Miller, LCSW, Clinical Coordinator directly at 703-532-2750 or cmillerlcsw@verizon.net.

American Society for Reproductive Medicine (2005). *Patient's Fact Sheet: Recurrent Pregnancy Loss.* http://www.asrm.org/Patients/FactSheets/recurrent_preg_loss.pdf

Covington, S.N. *The Magnitude of Miscarriage.* http://www.covingtonandhafkin.com/Articles/Miscarriage.doc.pdf

Freda, M.C. & Semelsberger, C.F. (2003). *Miscarriage after Infertility: A Woman's Guide to Coping;* Mineapolis, MN.

James, J.W. & Friedman, R. (1998). *The Grief Recovery Handbook;* New York, NY.

Internet Resources:
www.nationalshareoffice.com
www.missfoundation.org
http://health.groups.yahoo.com/group/MIS-share4help
www.inciid.org

Reprinted from the Mid-Atlantic Resolve Newsletter, September 2006.