



My Pregnancy Journey

Late Pregnancy Loss

We are very sorry you have experienced a late pregnancy loss or stillbirth. We can only imagine the shock you might be experiencing and the questions you may have. This brochure will provide you with information and support as you are coping with this loss and prepare you for what to expect physically and emotionally. There is no right way to grieve and everyone responds differently to loss. It will be important to allow yourself time to heal.

Late pregnancy loss or stillbirth

A late pregnancy loss happens during the second trimester or later, with a stillbirth occurring at or after 20 weeks. Stillbirth affects about 1 in 160 pregnancies each year in the United States.

What causes stillbirth?

We do not know what causes many stillbirths. However, there are some common causes including:

- Problems with the placenta or the umbilical cord. Placental problems include clots, infections and other conditions like placental abruption or placental previa. Problems with the umbilical cord include a knot or pinch in the cord so that your baby does not get enough oxygen.
- Infections in the mother or baby. Unfortunately, there may not be outward signs of infection until they cause serious complications, such as premature birth or stillbirth.
- Birth and/or genetic defects. About 14 in 100 stillborn babies have one or more birth defects.
- Rh disease is when your blood is Rh negative and your baby's blood is Rh positive and they mix together and are incompatible. Rhesus (Rh) factor is an inherited protein found on red blood cells.

Who is at risk for stillbirth?

This section is to help you understand and possibly reduce your risk factors as you can in the future. Some risk factors are things you cannot change.

- Mothers with diabetes, high blood pressure and obesity (Body Mass Index or BMI is 30 or higher)
- Women who are 35 years of age or older
- Substance use, such as smoking tobacco, drinking alcohol or using recreational drugs
- Previous pregnancy complications like premature birth, preeclampsia or fetal growth problems
- Multiple gestation pregnancies (twins, triplets, or more)

What are the delivery options?

If your baby has passed away before delivery, your healthcare provider will discuss options for giving birth. Most options will include a brief stay in the hospital. When and how you give birth will depend on how far along you are in your pregnancy, size of your baby, and your current and past medical history.

Options for delivery:

- Inducing labor by giving you medicine or breaking your water. You may also go into labor on your own. Some women will need to give birth right away for medical reasons.
- Cesarean birth, also called a C-section, is a surgical procedure.
- Dilation and Evacuation (also called D&E). A surgical procedure that may be offered in the second trimester.

With some of these options, an autopsy may be possible, and you may be given the opportunity to hold and spend time with your baby.

Things to consider when you go to the hospital

- Identify a support person to accompany you to the hospital
- Share any cultural or spiritual practices and traditions that are important to you, such as burial options and final arrangements
- Having keepsakes created such as:
 - Hand and footprints
 - Lock of hair
 - Taking photographs. You do not have to look at your pictures right away, but they will be there when and if you are ready. You may use your personal phone to take pictures.
- Share your baby's name
- Putting on clothes or diaper and possibly bathing your baby
- Spiritual Health is available for blessings, baptisms or prayers

Lactation after a stillbirth:

You might start to produce breast milk. You will be able to discuss different options for donating or drying up your milk with your provider or a lactation consultant at the hospital.

Testing after a stillbirth

Your provider checks your baby, the placenta and umbilical cord. Some test options may include:

- Tests to check for any genetic conditions in your baby
- Tests for infection in your baby and/or placenta
- An autopsy, which is a physical exam of your baby's body. In many cases, a cause for stillbirth may not be found.

Coping with a late pregnancy loss or stillbirth

Pregnancy loss can affect people differently, regardless of when the loss has occurred. Listed below are common grief reactions or responses after loss. There is no clear timeline for your grief and many people experience a variety of emotions throughout their journey.

See chart on next page...

Common emotional responses	Physical changes caused by grief
<ul style="list-style-type: none"> • Shocked/confused/denial • Numb/empty • Anger • Worried • Loss of interest 	<ul style="list-style-type: none"> • Feeling very tired • Difficulty sleeping or sleeping a lot • Weight loss or weight gain • Loss of appetite or overeating • Difficulty concentrating

Other feelings or experiences after a pregnancy loss

- Finding it difficult or painful to see pregnant women or newborn babies.
- Wanting to talk about the miscarriage all the time or finding it too painful to discuss. It may seem like no one understands how you feel.
- Accepting the loss or searching for the reason behind the loss.
- You are not just grieving the loss of your pregnancy but of the plans, hopes and dreams you had for your family.

Ways to care for yourself:

- Allow yourself time to rest, eat a healthy diet and resume physical activity as instructed by your provider.
- Create memories: Some find it comforting in naming the baby, even if the gender was unknown. Others also save the positive pregnancy test and any baby items already purchased.
- You may also find comfort by:
 - Lighting a candle on holidays/special days
 - Writing a letter or journaling your feelings
 - Having a service or memorial to allow yourself to say goodbye
 - Creating yearly rituals honoring your pregnancy
 - Planting a tree or small garden
 - Purchasing a birthstone or small pendant
- Be kind to yourself: It is OK to feel your sadness but also allow yourself to experience happiness and joy.
- Find support through close friends, support groups, a counselor or spiritual/religious leader. Remember friends or family may not know the right things to say. Even when they mean well, they will not always get it right.

Partner's response

Couples grieve differently and at times, this can cause a strain on your relationship. Try to be understanding of the different coping styles and be supportive of each other. Some prefer to not share their feelings while others may be ready to talk about the loss. Some may return to work or hobbies immediately, while others may find it difficult to return to work or focus on activities. Some partners focus on “being strong” while others may not know how to react. Grief can place a strain on even the best relationships. No matter which way you and your partner cope, be respectful and sensitive to each other's needs and feelings during this time.

Finding support

- Wellstar Pregnancy and Infant Loss Support Group: **1 (866) 462-8449**
 - Join us on the second Tuesday of each month from 7 to 8:30pm via Microsoft Teams
 - To RSVP, please call 1-866-462-8449 and press 2
- Rachel's Gift: www.rachelsgift.org/
- Postpartum Support International: links.wellstar.org/GriefPP
- Share Pregnancy and Infant Loss Support: www.nationalshare.org
- Star Legacy Foundation: www.starlegacyfoundation.org/family-support/
- You can request assistance from your OB office for help with FMLA (Family and Medical Leave Act) forms. If you do not already have forms, please contact the human resources department at your employer.

(FMLA allows eligible employees to take unpaid, job-protected leave for specified family and medical reasons, including birth, loss of a child or care of a family member.)

Those grieving a loss may be more likely to have lingering feelings of depression, sadness and anxiety that make daily activities difficult. It is important to seek help and support from your doctor or counselor if this occurs.

For additional help, contact the National Perinatal/Postpartum Depression Hotline:
1 (800) PPD-MOMS (1-800-773-6667)

References



Miscarriage
Association



Cleveland Clinic

