



A Helpful Guide For Men to the Medical Side of Miscarriage

by Jenn Hesse

The following is taken from the appendix of Ours by Eric Schumacher, which is a 31-day devotional giving biblical comfort and practical support to men processing miscarriage. Medical definitions and most of the information in this article come from Mayo Clinic (www.mayoclinic.org/diseases-conditions/pregnancy-loss-miscarriage/symptoms-causes/syc-20354298, accessed Sep. 27 2021).

Miscarriage takes a toll on a woman's mind, spirit, and body. Talking to your wife about her emotions, while important, only addresses part of the pain.

By learning about the medical aspects of miscarriage, you can honour the Lord and support your wife as you navigate grief together.

WHAT MISCARRIAGE MEANS

In medical terms, a miscarriage is the spontaneous loss of a pregnancy any time in the first 20 weeks after conception. Most miscarriages happen in the first twelve weeks of pregnancy. The death of a baby at 20 or more weeks of pregnancy or during delivery is called a stillbirth. A woman who experiences two or more miscarriages is said to have recurrent pregnancy loss.

Your wife might have realised something was wrong with her pregnancy when she started bleeding. Other signs of miscarriage include cramps, stomach and back pain, passing fluid or tissue through the vagina, and lessening pregnancy symptoms.

MORE WORDS TO KNOW

Miscarriage can be confusing, especially if you aren't familiar with medical terminology. Expect to come across these pregnancy-related words:

- **HCG:** Human chorionic gonadotropin, a hormone produced in a woman's body only during pregnancy. Pregnancy tests work by finding HCG in urine or blood.
- **Placenta:** An organ attached to the uterus and connected to the baby via the umbilical cord. The placenta provides oxygen and nutrients to the baby and removes waste from the baby's blood.
- **Embryo:** A baby in the early stages of development until nine weeks after conception.
- **Fetus:** A baby from nine weeks after conception until birth.

WHY MISCARRIAGE HAPPENS

Most miscarriages are due to genetic problems with the baby. In pregnancy, when a sperm fertilises an egg, genetic information stored in chromosomes is passed from both parents to the baby. A baby with extra or missing chromosomes doesn't develop normally.

Abnormal chromosomes can lead to...

- **Blighted ovum:** an embryo never forms.
- **Molar pregnancy:** both sets of chromosomes come from the father, instead of one each from the father and mother.
- **Partial molar pregnancy:** one set of chromosomes comes from the mother and two come from the father.

Pregnancy loss also happens in an **ectopic pregnancy**, when a fertilised egg implants and grows outside the uterus. The fertilised egg can't survive, and the growing tissue causes complications for the mother. To prevent life-threatening bleeding, healthcare providers remove ectopic tissue using medication or surgery.

Your wife might be at greater risk for miscarriage if she has diabetes, thyroid disease, or uterus or cervix problems. Smoking, heavy alcohol use, and using street drugs also increase risk.

TESTS AND TYPES OF MISCARRIAGE

Healthcare providers use several tests to diagnose miscarriage:

- Pelvic exam to see if the mother's cervix is dilated (opened).
- Ultrasound to check the baby's heartbeat and growth.
- Blood tests to check the mother's HCG levels.
- Tissue tests to confirm miscarriage and rule out certain causes.

If your wife has had two or more miscarriages, her healthcare provider might order genetic tests for her and for you to see if chromosomes are an issue.

Tests show what type of miscarriage a woman is going through:

- **Threatened miscarriage:** She's bleeding, but her cervix hasn't dilated. Her pregnancy will probably continue without other problems.
- **Inevitable miscarriage:** If she's bleeding and her cervix is dilated, miscarriage is expected.
- **Incomplete miscarriage:** Some tissue from the baby or the placenta left her body, but some stayed in her uterus.
- **Missed miscarriage:** Pregnancy tissue stayed in her uterus, but the baby didn't survive past the embryo stage or an embryo never formed.
- **Complete miscarriage:** The baby and all pregnancy tissue left her body.
- **Septic miscarriage:** An infection developed in her uterus after the miscarriage.

TREATMENT

Sometimes the mother passes the baby and pregnancy tissue naturally. In other cases, the healthcare provider might prescribe medication to speed the process.

When tissue remains or there are signs of infection, the healthcare provider will perform a minor surgery called a **D&C (dilation and curettage)**. In a D&C, the healthcare provider dilates the cervix and uses an instrument called a curette to remove tissue and clear the uterus. Because the woman will receive some form of anesthesia, she might need some time to recover from possible nausea or drowsiness. Other potential side effects of a D&C include cramping and light bleeding.

For late miscarriages, the healthcare provider will induce labour to deliver the baby.

CARE AND RECOVERY

Miscarriage can take up to four weeks to progress on its own. If your wife is waiting for the baby to pass, prepare to coach her through labour.

Bleeding, cramping, abdominal pain, and hormonal surges are common after miscarriage. Your wife might need help with tasks she doesn't feel up to doing. Be aware she might go through a time of postpartum depression.

A woman can usually get back to normal activities once the bleeding stops. If she keeps bleeding and has fever, chills, and pain, she could be developing an infection and will need medical attention.

NEXT STEPS

Your wife's period will probably return in four to six weeks after the miscarriage. It's possible she could get pregnant in her next cycle.

If you decide to try conceiving again, talk to her healthcare provider beforehand. Depending on the circumstances, she might be given...

- **Progesterone:** a hormone that helps an embryo implant and grow in the uterus.
- **RhoGAM:** a medicine to prevent mothers with Rh-negative blood type from developing antibodies that could harm the baby.

Moving forward after miscarriage requires patience. Be gentle with your wife and yourself as you process your loss. Keep in mind that anything associated with trying to get pregnant again, including sex, could trigger anxiety and grief.

Because of Christ, you can grieve with hope. Look to him for restoration while you and your wife heal.