Early Pregnancy Loss: Helping Patients Cope

Lauri A. Pasch, Ph.D.

Associate Professor
Department of Psychiatry
Attending Psychologist
Center for Reproductive Health
Department of Obstetrics, Gynecology, and Reproductive Sciences
Introduction

• Miscarriage is a pregnancy lost prior to 20 weeks
  • Pregnancy loss is the preferred term
• It is the most common complication of pregnancy
  • 15-25% of all clinically recognized pregnancies
  • Rarely life-threatening, relatively simple management
• Recurrent pregnancy loss (RPL) is two or more clinically recognized pregnancies
  • About 5% of women experience two consecutive losses, 1% experience 3 or more
• Even after RPL, the chances of live birth are high
Chance of Live Birth for Women with Recurrent Miscarriage

Fig. 4. Kaplan-Meier plot showing percentage of women in the recurrent miscarriage cohort who have had at least one live birth after first consultation by number of miscarriages before first consultation. Fig. 4. Lund. Recurrent Miscarriage and Prognosis for Live Birth. Obstet Gynecol 2012.
Chance of Live Birth for Women with Recurrent Miscarriage by Age

Fig. 3. Kaplan-Meier plot showing percentage of women in the recurrent miscarriage cohort who have had at least one live birth after first consultation by age at first consultation. Fig. 3. Lund. Recurrent Miscarriage and Prognosis for Live Birth. Obstet Gynecol 2012.
Women’s reports of poor care

• Until 1990s, emotional responses were almost completely ignored in research

• Many women that their health care providers are not prepared to help them manage the emotional response
  – Treat as a medical event only
  – No follow-up or reassurance or explanation
  – Fail to acknowledge the loss
  – Waiting unattended in the ED

Lok & Neugebauer, 2007
Destructive comments

- “You were barely pregnant.”
- “At least it happened early...it wasn’t a real baby yet.”
- “It was just a chemical pregnancy.”
- “It’s very common.”
- “It wasn’t meant to be.”
- “Just keep trying.”

Every pregnancy loss has meaning. No matter how early, how common, how good or bad the prognosis for future live birth.
Emotional reactions after pregnancy loss

• Include normal processes of grief (numbness, shock, disbelief, anger, and eventual resolution)

PLUS:

• Continual crying
• Shame
• Guilt/Self-Blame
• Fear and Uncertainty about future chances
• Loss of self-esteem
• Yearning
• Post-traumatic stress (intrusion and avoidance)
Psychological distress in response

- Grief similar intensity to that of any significant loss of loved one
- Gradual decline over 6 month period
- Resolution of grief takes longer than most people think
- 36% of women experience moderate to severe symptoms of depression, still elevated at 6 months, sometimes with anniversary or EDD increases
- 11% experience major depression in first 6 months, compared to relative risk of about 4%
- Anxiety is extreme, about 45% of women experience moderate to severe anxiety in the first 6 months

Neugebauer et al, 1997; Lok & Neugebauer, 2007
Psychological distress in response to RPL

- Emotional adjustment after recurrent loss varies greatly
  - Compared to a sample of women trying to conceive, RPL have 5X likelihood of moderate/severe depression

- 3-4 miscarriages is about the emotional limit for almost anyone in my experience

ASRM Practice Committee Report, 2012; Kolte et al., 2015
Factors associated with greater traumatic reaction

- **Not length of gestation**
- Level of attachment to the pregnancy (increased by ultrasound technology when a viable fetus is seen)
- History of MDD (recurrence in more than 50% with MDD hx)
- Childlessness
- Infertility
- Longer time to conceive
- Poor support

Covington, 1999; Lok & Neuegebauer, 2007
Male-female differences

- For men, there is a less immediate effect of the loss, desire to appear strong, more ease with distraction
- Women often feel their male partner isn’t affected, feel he doesn’t care
- Men often feel helpless and withdraw, don’t want to upset her by sharing his own grief
- The result is that at their greatest time of need, often couples can’t help each other

Robinson et al., 2014
Management strategies for women with a diagnosed miscarriage (missed AB)

- Surgical, medical, or expectant management
- No clear psychological benefit of one method
- Some data suggest more traumatic stress in active management compared to expectant
- Most women are happy with the choice they made
- Resolution depends on acceptance of non-viability and opportunity to consider options

Women should be informed and given the CHOICE

ASRM Practice Committee 2012; Cochrane review 2012
Impact of loss on subsequent pregnancy and postpartum

- Previous pregnancy loss is associated with increases in anxiety, perceived stress, depression, and curtailing normal activities.

- Even greater effects after RPL.

- Previous pregnancy loss is associated with increased levels of early postpartum depression.

McCarthy et al., 2015; Kinsey et al., 2015
Isolation

- Deep shame and self-blame keeps women from sharing.
- Not sharing with others for fear of people saying the wrong thing.
- When friends do know, they often jump to provide comfort and minimize the significance, expect them to recover more quickly.

Robinson et al. 2014
Self-blame

Focused on the cause of the PL and likelihood of recurrence

- 42% reported it was at least partly their fault
- 23% felt others blamed them
- 85% felt stressed about future miscarriages
- 78% reported that miscarriage was the most difficult stress they had ever experienced
- Self-blame is associated with greater risk for complicated grief, poor adjustment to loss

Robinson et al, 1994; Nikcevic et al, 1998
The Search for an Explanation

- About 60% of early PL are the result of random numeric chromosome errors called aneuploidy (trisomy, monosomy, and polyploidy)
- More likely with increasing female age
  - Less than 35: about 10% experience sporadic miscarriage
  - Over 40: about 50%, mostly due to increase in trisomy
Oocyte quality with age
The Search for an Explanation: Other causes

- Antiphospholipid syndrome (APS) (5-25% of RPL)
- Balanced structural or Robertsonian translocation (2-5% of RPL)
- Anatomical abnormalities of the uterus (13% of RPL)
- Thyroid dysfunction uncontrolled
- Uncontrolled diabetes
- Substance use: smoking, cocaine use, alcohol consumption (3-5/week), caffeine (3 or more cups of coffee/day)
- Obesity (independent of associated endocrine factors, but no clear pathophysiology elucidated)
- Male factor (contradictory)
- Inherited Thrombophilias (data unclear, not recommended)

Practice Guideline, ASRM, 2012
Search for explanation: Refuted causes still cause self-blame

- **Stress**
  - Good evidence for effect of stress on birth outcomes
  - Evidence for effect of stress on miscarriage is weak at best
  - Example from Sugiuuras-Ogasaswara (2012): 6 women who had another miscarriage had clinically insignificant higher scores in depression subscale of the SCL-90

- **Exercise/Activity:**
  - Some data showing positive association between exercise and miscarriage rate
  - However, nausea is a confounding variable
  - Women who have nausea are less likely to miscarry and women who have nausea are less likely to exercise

Hegaard et al., 2016; Sugiuuras-Ogasaswara et al. 2012
Respondent beliefs on the causes of miscarriage

- Genetic abnormalities of fetus: Agree - 95, Unsure - 3, Disagree - 2
- A stressful event: Agree - 76, Unsure - 13, Disagree - 11
- Long-standing stress: Agree - 74, Unsure - 13, Disagree - 13
- Lifting heavy object: Agree - 64, Unsure - 17, Disagree - 19
- Past sexually transmitted disease: Agree - 41, Unsure - 28, Disagree - 31
- Past abortion: Agree - 31, Unsure - 25, Disagree - 44
- Intrauterine device: Agree - 28, Unsure - 35, Disagree - 44
- Not wanting the pregnancy: Agree - 23, Unsure - 11, Disagree - 66
- Past use of birth control: Agree - 22, Unsure - 23, Disagree - 55
- Getting into an argument: Agree - 21, Unsure - 14, Disagree - 65
- Destiny or fate: Agree - 8, Unsure - 8, Disagree - 84
- Moderate exercise: Agree - 7, Unsure - 13, Disagree - 80
- Intercourse during pregnancy: Agree - 4, Unsure - 8, Disagree - 88
- Punishment from God: Agree - 3, Unsure - 6, Disagree - 91
- Jealousy: Agree - 3, Unsure - 4, Disagree - 93
- Premarital sex: Agree - 2, Unsure - 2, Disagree - 96

A National Survey on Public Perceptions of Miscarriage. Bardos, Jonah; MD, MBE; Hercz, Daniel; Friedenthal, Jenna; Missmer, Stacey; Williams, Zev; MD, PhD

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Having a known explanation reduces distress

- 87% said it was very important to have an explanation as to why the miscarriage happened
  - Whether it was due to something they had done
  - How to avoid in the future
- When cause is identified, reduction in anxiety, self blame, and responsibility for the loss
- Women who are unable to come to an explanation within a few months may have difficulty with long term adjustment, and become ruminative:
- Benefit from discussion with medical provider and sometimes psychological support to facilitate finding meaning

Nikcevic et al., 2007; Nikcevic et al., 2014
Chromosome testing on the products of conception

- Majority of women would want it but do not get it
- Provides an answer about 50% of the time
- All women who get POC testing report satisfaction that they did, women who don’t wish it had been offered
- Often cost effective for the second loss
- Maternal contamination much less of an issue than in the past due to improvements from genetic testing
- Shown to be associated with decreased distress and anxiety
- But...anxiety remains high when chromosomal abnormality was NOT found
- Can direct fertility care

Lathi et al., 2011; Nokcevic et al, 2007; Foyouzi et al, 2012
Pregnancy loss in the context of infertility and/or assisted reproduction

- Fertility treatment increases attachment to pregnancy by providing information, pictures of embryos, dates, PGS
- Longer traumatic effect
- How long to wait to try again is a critical issue given advancing age and fear of never having children
  - After methotrexate
  - After molar pregnancy
  - After late loss, stillbirth or neonatal death

Cheung, Chan and Ng, 2013
Reproductive technology offers tools that can help with RPL

- IVF with PGS can help some couples who experience RPL: not thought to increase likelihood of having a child, but can avoid pain of another miscarriage
- IVF with PGD can help couples with translocations
- Surrogacy is sometimes a reasonable option to help couples who experience repetitive loss that are not related to aneuploidy
What do women want from medical providers?
• Honest medical information about causes, explanations, clear information about behaviors, options, prognosis

• Follow-up appt with DOCTOR offered (92% desired, 30% offered)

  But...MUST include opportunity to discuss feelings

Nikcevic et al., 1998; Musters et al., 2013
• Acknowledgment of emotional side
  • Taking them seriously
  • Listening
  • Showing understanding and empathy
  • Inquiring about emotional needs
  • Information about emotional support options including individual and group support
• For subsequent pregnancies, a clear plan
  • Frequent ultrasounds and Beta HCG even when not “medically needed”
What do women want from mental health professionals?
Empathy is the key ingredient appreciated by patients

- Other people minimize, avoid, offer unhelpful solutions
- Offered empathy with humility (ready to be corrected)
  - The vulnerable patient (need to build up defenses, self-care)
  - The defensive patient (sensitive to perceived criticism, need listening with no judgment)
Normalize grief response and common gender differences

- For women, repetitive crying and not wanting to interact with friends and family is normal and not a sign of complicated grief
- Trajectory of grief response
- For men, expression of his grief (without blaming) will not burden her, it will bring them closer
- Support groups (HAND)
  - See www.ucsfivf.org
Balancing of

- Symptom-relief
  - Relaxation techniques
  - Safety, comforting, self-care activities
- Emotional expression
  - “Telling the story”
  - Bringing negative emotions to the light of day
Reduction of self-blame

• Through explanation of the cause and the search for meaning

• Often this involves dysfunctional beliefs from the past (previous terminations, substance use, waiting too long)

• Helping her become comfortable sharing

• Support groups in person or online
Social network re/engagement

- Positive self-care vs. dysfunctional avoidance
- Coping with needing to share and others' reactions to the loss
- Dealing with changes in relationships
- Fostering new connections
- Coping with cultural attitudes which minimize or ignore the loss
Ritualization of Loss

- Loss of future relationship
- little or no memories to reflect on
- few cultural rituals
  - Create a memory box: sonograms, dates, lab reports
  - Take an action: Personal memorial service, donation, garden statue, planting tree
  - Creative expressions of grief: poems, artwork, jewelry
  - Writing/Videos (The Secret Mother’s Club)

Covington, 1999
Loved

Missed
Psychological interventions

- When grief is accompanied by major depressive episode, complicated or prolonged, ongoing treatment is indicated
  - Complicated grief is disabling, as if stuck in acute grief
  - Signs of traumatic stress including intrusion and avoidance

- Using medications
  - Short term help with sleep
  - With normal grief, usually not indicated
  - With RPL, sometimes severe unremitting depression
    - Medication for depression is clearly indicated
    - Women often resist for fear of effect on subsequent pregnancy, feel like a failure
Practicing Self-Care for Providers

- Recognize one’s own feelings of loss
- Find colleagues or peers with whom to decompress
- Practice mindfulness
- Establish regular wellness routines
- Find ways to regularly replenish optimism and hopefulness
IT IS NOT SELFISH TO REFILL YOUR OWN CUP, SO THAT YOU CAN POUR INTO OTHERS. IT’S NOT JUST A LUXURY. IT IS ESSENTIAL.