Miscarriage

You Are Not Alone

Vancouver
WOMEN'S
HEALTH
Collective

Miscarriage

You Are Not Alone

The Vancouver Women's Health Collective
Women's Reproductive Health Project

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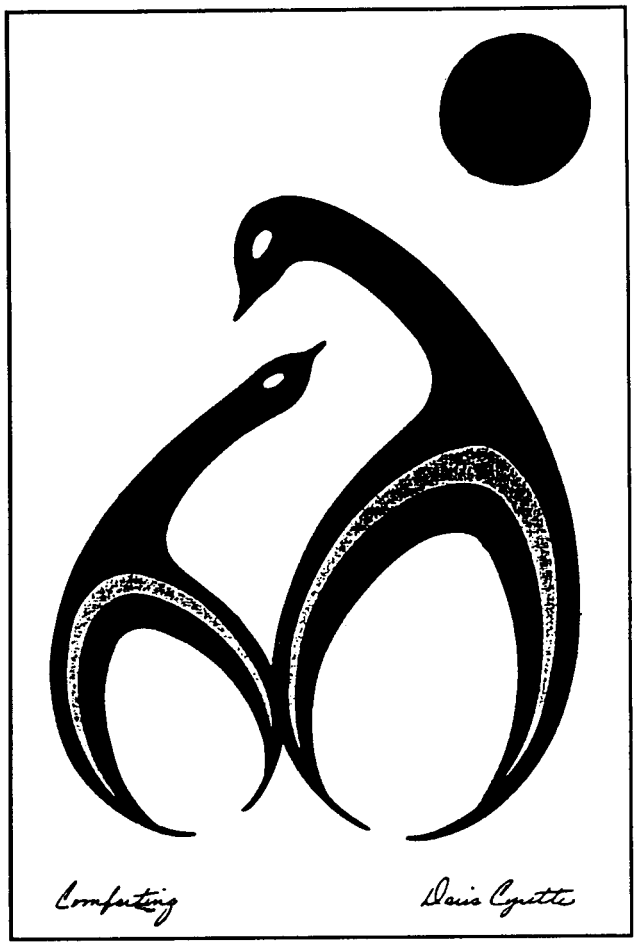
MISCARRIAGE:

YOU ARE NOT ALONE

For every 100 women who get pregnant 20 have a miscarriage. These common experiences are very private. Women are not encouraged to talk about them. Every miscarriage is a loss.

While you are pregnant a completely new person begins to develop inside your uterus. Your body changes a lot. The changes are demanding. Perhaps you planned to be pregnant. Perhaps you hadn't planned to be pregnant and now you feel worried and confused. Whatever your experience you have started to think and make plans for your future. You wonder how you will care for the baby when it is born and how the baby will change your life.

When you miscarry, your hopes and plans for your life as a new mother come to a sudden end. You may have been through days, weeks, even months, wondering whether you'll continue to be pregnant, or if the fetus will be alright. If you have lost a lot of blood, or been in the hospital, or had an operation, your body will take time to recover. Whichever way your



miscarriage happens you are likely to have a confusion of strong feelings all at once. You may feel sadness, fear, guilt and relief. You may feel very much alone and in need of rest and sleep.

We have written this book to help you feel less alone, and to answer some of your questions about what happens to you during miscarriage.

Many women read a draft of this book and made suggestions:

Alberta Indian Health Commission
B.C. Native Women's Society
Calgary YWCA Women's Resources Center
Campbell River Women's Center
Fernie Women's Center
Kamloops Indian Band
Kamloops Indian Friendship Center
Kamloops Medical Services Branch
Kamloops Women's Resources Center
Kootenay Area Indian Council
Kwakuitl Tribal Council
Prince George Native Friendship Center
Prince George Women's Resources Center
Vancouver Women's Health Collective
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HOW THIS BOOK WAS WRITTEN

This book is written by women at the Vancouver Women's Health Collective. We are interested in women's health. We're not doctors or nurses. We've learned what we know from talking to women and from reading.

It is hard to get health information. We have all had trouble getting information about how our bodies work and what we can do to be healthier. Sometimes we've done whatever the doctor suggested because we didn't know if there was anything else we could do. We find that reading about health and talking to other women gives us more control over our bodies. It helps us make careful, thoughtful decisions about our health.

We believe all women deserve to be well informed about their health. Most books on health are written so that only people with a lot of schooling can understand them. We have tried to make this book different. Health information is not hard to understand if it is explained in everyday language.

Writing this book has been an exciting project. We've talked to many different women from British Columbia, Alberta and the Yukon. We talked to native and non-native women, women from small communities and women from big cities. They told us what information they wanted us to include.

We hope this book is useful to **you**.

Written by:

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Barbara Mintzes
Patricia Maika
Anne Fraser
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Beth Hutchinson
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Women who worked on the project:

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Frieda Gauthier
Barbara Mintzes
Joy Thompson

Women let us know what information they needed:

We held public meetings in Alert Bay, Calgary, Campbell River, Invermere, Cranbrook, Fernie, Kamloops, Port Hardy, Prince George, and Whitehorse. A warm thank you to the many women who talked about their lives and told us what information would make this book useful.

HOW TO USE THIS BOOK

You can either sit down and read this book from start to end, or you can just read the sections you are interested in.

The **Table of Contents** on the next page tells you the name of each section and where to find it. It also tells you what each section is about.

If you come across a word you don't understand, look for it in the section called **Words** on page 10. **Words** is a list of technical words in alphabetical order.

We, the writers of this book, are a group of women who have talked with other women who have suffered miscarriages or stillbirths. Their questions, worries, experiences and courage inspired this book.

When we say "you" in this book, we are talking to you as another woman. When we say "your partner," we are talking about your husband, lover or the person you share your life with. We are talking about the person you are closest to, whether it is a woman or a man.

When we talk about doctors, we say "she." We know that most doctors are men. We don't want to keep saying "she or he" because it is hard to read. So, since we had our pick, we decided we'd like to see more women doctors and made them all women.

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WORDS

This is a list of medical words we use in this book and what they mean:

Abdomen: Your lower belly.

Abortion: An operation to end a pregnancy on purpose.

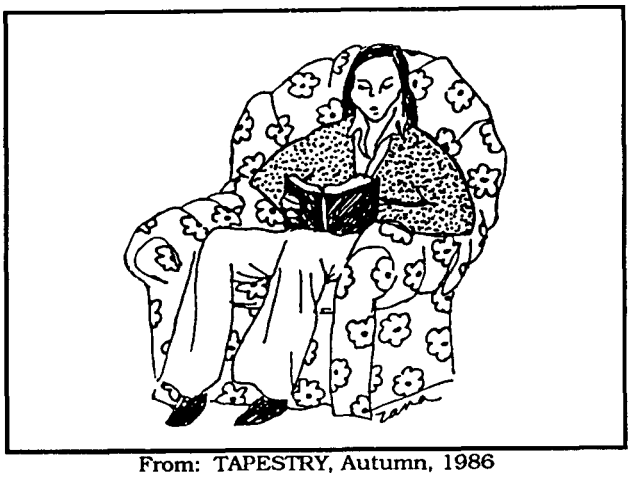
AIDS: AIDS stands for Acquired Immune Deficiency Syndrome. It is a type of VD and can be passed from person to person during sex. It can also be passed by sharing needles. People die from AIDS. So far, there is no cure for AIDS.

Amniotic fluid: The liquid which surrounds the growing fetus.

Amniotic sac: The thin sack which holds the amniotic fluid and the growing fetus.

Amniocentesis: A test for genetic problems in a fetus. The doctor puts a needle through a woman's lower belly and takes out a small amount of amniotic fluid.

Anaesthetic: A drug which makes you unable to feel pain during an operation. A **general anaesthetic** puts you to sleep, so you aren't aware of the operation and won't remember it. A **local anaesthetic** makes you numb where they will operate, but you are awake and aware.



From: TAPESTRY, Autumn, 1986

Asherman's Syndrome: Scars inside your uterus, usually caused by having a number of D&C's.

Autopsy: Surgery which is done after death to find out why a person has died.

Birth Control: Anything that keeps you from getting pregnant when you're having intercourse. Contraception is another name for birth control.

Bladder: Your bladder is the sack that holds your urine (pee) inside your body.

Caesarean section: Surgery to cut open a woman's uterus and take out her baby. Doctors do caesarian sections in emergencies, if the baby needs to be born right away, or if a woman isn't able to give birth through her vagina. Many people are concerned that doctors do caesarian sections more often than is needed.

Cervix: The lower part of your uterus. See page 22 for a description and picture.

Chlamydia: Chlamydia is a common infection that is passed from person to person during sex. You can have it without any signs such as itching or pain. It can become a serious health problem if it spreads from your vagina to your uterus or tubes.

Chorionic villi: The chorionic villi are like a layer of tiny fronds or feeler-like fingers on the outside of the embryo. They help the embryo to attach to the wall of your uterus.

Chorionic villi sampling: A genetic test which is done during the 8th or 9th week of pregnancy. The doctor takes a small piece of the chorionic villi from just inside your cervix and sends it to a lab to be tested.

Contractions: A contraction is also called a labour pain. Your uterus becomes tight and hard and usually you feel pain. Your contractions will come in a regular pattern if you are miscarrying or giving birth.

Cramps: Pain in the lower belly or the lower back which women have during their periods.

D&C: A D&C is an operation which gently scrapes out the inside lining of your uterus. Doctors do this operation if some tissue is left in your uterus after you miscarry.

DES: DES is a hormonal drug which was given to pregnant women between 1941 and 1971. Women were given this drug to prevent miscarriage and for other problems. Some of the daughters and sons of women given DES have health problems because of the drug.

Discharge: Liquid or mucus that drips from the vagina. It may be clear, white or yellow. It is normal to have discharge from your vagina.

Ectopic pregnancy: A pregnancy which implants, or lodges, somewhere besides inside your uterus. The most common place for the pregnancy to lodge is inside your tube. An ectopic pregnancy is often called a tubal pregnancy.

Egg: A woman's eggs come from her ovaries. One egg is about the size of a pinprick. When an egg joins with a sperm from a man a woman gets pregnant.

Ejaculation (to ejaculate): When a man has an orgasm (comes), and semen comes out of his penis.

Embryo: When an egg from a woman and a sperm from a man join, they make an embryo. The embryo is the first stage of what will become a baby.

Endometriosis: A condition which can cause you to have very painful periods, and which can make you more likely to miscarry or to be infertile. If you have endometriosis, bits of tissue like the tissue lining your uterus are outside your uterus, usually on your ovaries, tubes or uterus.

Estrogen: One of the hormones made by your ovaries.

Fertile: Able to get pregnant or have children.

Fertility: For a woman, fertility means being able to get pregnant. For a man, fertility means being able to make sperm which can join with an egg so a woman can get pregnant.

Fertilization: When an egg and a sperm join together, it is called fertilization.

Fetus: The embryo starts being called a fetus after the eighth week of pregnancy. At this time, it starts to have a shape with body parts that can be recognized. It is called a fetus until it is born, when it becomes a baby.

Fibroids: Fibroids are lumps of muscle tissue which may grow inside a woman's uterus.

Genetic: Genetic means "from the genes". A person's genes carry all the information which is passed on from their parents. The genes carry the information for how a person is formed: what they look like, what colour their eyes are, what work each organ will do, and so on.

Glands: Body organs which make and put out a chemical or a liquid.

Gonorrhea:(also called the clap) Gonorrhea is a common infection which is passed from person to person during sex. It can become a serious health problem if it spreads from a woman's vagina to her uterus and tubes.

Hormones: Chemicals made by one part of the body which tell other parts of the body what to do.

Implantation: Implantation is when a fertilized egg attaches to the wall of your uterus. This happens about a week after you conceive.

Incompetent cervix: The medical name for a weakened cervix, a cervix which is not strong enough to stay closed until the fetus is ready to be born.

Incomplete miscarriage: A miscarriage in which some of the tissue from the fetus and placenta stays in your uterus. If you have an incomplete miscarriage, you need an operation called a D&C.

Inevitable miscarriage: This refers to a miscarriage which has already started and is past the point where something can be done to stop it.

From: ISIS

Infertility: Someone is infertile if they have problems getting pregnant or having children. Doctors define infertility as trying to get pregnant for one year without getting pregnant. Sometimes it just takes longer, and within two years a woman gets pregnant. Infertility can be a man's problem, a woman's problem, or a couple's problem.

Intercourse: Sex between a woman and a man with the man's penis in the woman's vagina.

Internal exam: A medical examination of a woman's reproductive organs. A doctor feels a woman's cervix by putting two fingers inside her vagina. She may also look at her cervix by putting a speculum, a beak-shaped instrument, inside her vagina.

Microsurgery: Surgery which the surgeon does looking through a microscope. It is a way of doing very detailed, delicate surgery.

Menstrual cycle: The time between the first day of one period and the first day of the next period. For most women, a menstrual cycle is about one month long.

Menstruation: Having your period.

Missed miscarriage: If you have a missed miscarriage, the fetus has died and you have probably started to bleed, but your uterus isn't pushing the fetus out. Doctors usually suggest an operation called a D&C for a missed miscarriage.

Orgasm: When a woman or a man comes, or reaches the peak of sexual excitement.

Os: The opening in your cervix which leads from the inside of your uterus to your vagina.

Ovaries: The organs which hold your eggs. See page 22 for a picture and a description.

Ovulation (to ovulate): When an egg pops out of the ovary. This usually happens about midway through the menstrual cycle.

Pap Smear: A test for cell changes and cancer on the outside of your cervix. The doctor gently scrapes cells from around your os, puts them on a glass slide, and sends them to a lab. At the lab, they look at the cells under a microscope.

PID (Pelvic Inflammatory Disease): An infection of your uterus and tubes. PID needs to be treated right away with antibiotics. It can be dangerous if it spreads, and it can cause long-term problems like infertility and pain.

Placenta: The placenta is an organ which is formed on the inside wall of the uterus during pregnancy. The placenta supplies the fetus with food and oxygen and gets rid of wastes. It also makes hormones which go into the mother's blood.

Progesterone: One of the hormones made by your ovaries.

Speculum: A beak-shaped instrument which a doctor or nurse puts inside a woman's vagina to hold it open so she can see the cervix.

Sperm: Millions of sperm are in the semen, the liquid that comes out when a man ejaculates. The sperm are much too small to see. Just one sperm needs to join with a woman's egg for her to get pregnant.

Spotting: Light bleeding before, after or between periods.

Syphilis: A disease which is passed from one person to another during sex. Syphilis can cause miscarriage or stillbirth.

Tocolytics: Drugs which relax the muscle of your uterus. They are used to try to stop early labour. The drugs Ritodrine and Terbutaline are both tocolytic drugs.

Tubes (fallopian tubes): The tubes the egg travels through to get from your ovary to your uterus. See page 22 for a description and a picture.

Ultrasound: This test uses sound waves to make a picture of a person's inside organs. It can be used to see the fetus while it is inside your uterus. The sound waves are at such a high pitch that a person can't hear them.

Umbilical cord: A tube of skin with blood vessels in it which connects the placenta and the fetus. Blood with oxygen and food in it goes to the fetus. Blood with wastes from the fetus goes back to the placenta.

Uterus (womb): The organ that holds the developing embryo and fetus if you get pregnant. See page 22 for a description and a picture.

Vagina: One of a woman's sexual organs. See page 22 for a description and a picture.

VD (stands for Venereal Disease, also called STD's or sexually transmitted diseases): These are diseases and infections which are passed from person to person during sex. Some common types of VD are: gonorrhea, chlamydia, herpes, syphilis, and AIDS.

Womb: Another name for your uterus.

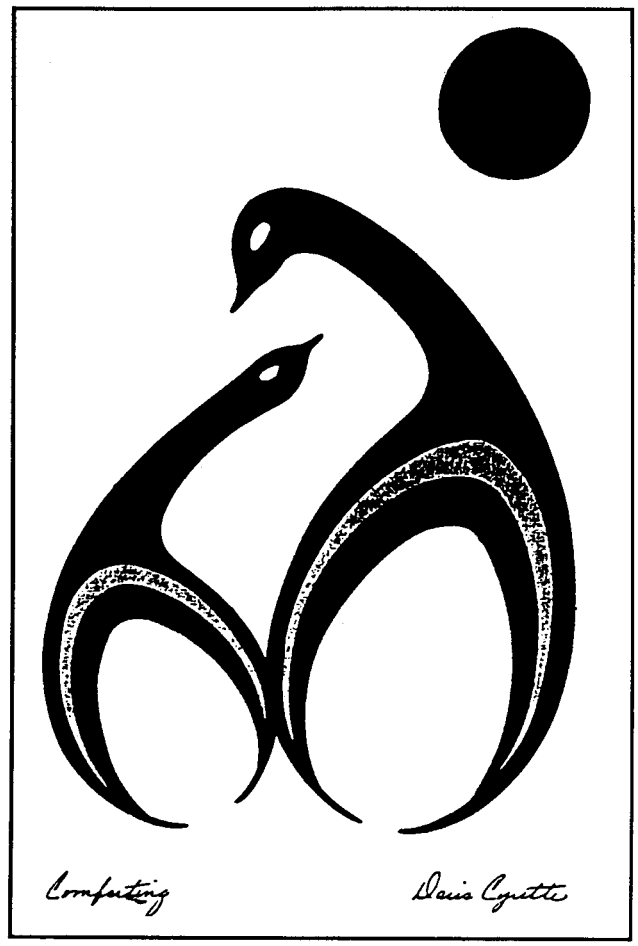
HEALING THE FEELINGS

Before we discuss changes to your body we are going to look at what happens to your feelings after miscarriage.

After a miscarriage, you may be told to "cheer up," "forget it as soon as possible" or "not to worry, you're still young and can have more babies." Yet women say all these comments do not make them feel better.

Many women blame themselves for a miscarriage. You may look for a reason to explain why you miscarried: "Was it because I didn't phone the doctor soon enough?" "Am I abnormal?" "Can going dancing make you miscarry?" If you were not sure that you wanted the baby, blaming yourself may be the hardest part of the experience. Knowing what may have caused your miscarriage may help relieve your fear that it was your fault.

Your feelings of guilt will not go away by pretending to yourself or to others they do not exist. Guilt may be the most difficult feeling to talk about and yet the most important one.



If you are single and you miscarry, you may not get the sympathy or understanding which married women get. Your feelings are important, too. You may feel very alone if you are upset and your friends and family assume that it was better that you miscarried.

What feelings do women commonly have?

During and after a miscarriage you may have mixed feelings:

- You may be sad at the loss of a new life.
- You may think everything that has happened is your fault and feel guilty.
- You may have feelings of relief that you are no longer pregnant.
- You may be afraid that you are going to die. This happens especially if there is a lot of blood, or if decisions are made quickly at the hospital.
- You may feel very much alone and not know who to talk to.
- You may feel very tired both mentally and physically.

Try not to worry about the things that other people say you "should" feel. Remember that whatever **you** feel is right and is normal.

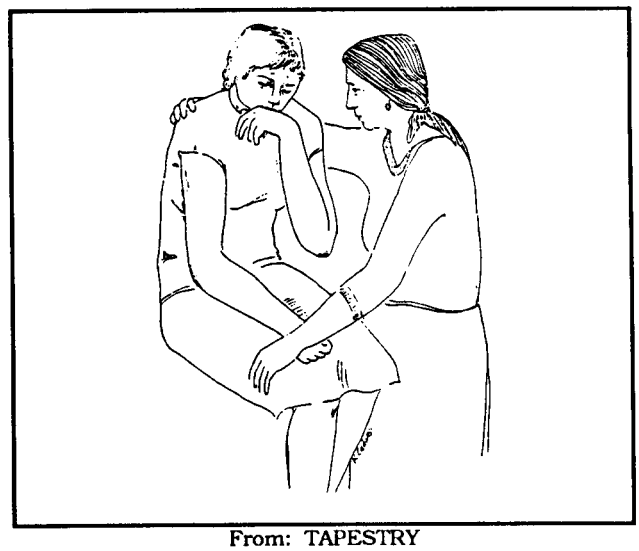
What can help you to feel better?

Talk it out:

You will feel better if you talk about what happened to you and how you feel about it. You may find it hard to talk about your feelings if they are strong. Often nurses, friends or partners want to help but don't know how. Tell them you want to talk and you want them to listen, not tell you what to do or pretend that nothing has happened. If you find talking difficult, write the story down.

Crying helps too:

You may be embarrassed about crying in front of other people. It can help if they tell you it's good to cry. Often people have been told not to cry, or that feelings aren't important.



From: TAPESTRY

Feelings don't go away if you try to shut them out. You will feel stronger if you pay attention to your feelings and accept them.

Get support:

If the people closest to you don't offer you help and understanding, find someone less affected by the loss to talk to. A support group may give you the extra help you need. If you are interested in meeting with other women who have had miscarriages see the section on page 124 on starting a support group and page 139 for information on existing support groups. If you feel you need more help to get over your feelings of sadness or depression, ask your public health nurse or your doctor for a referral to a psychologist or a psychiatrist.

It can be hard to get support if you miscarried after an unwanted pregnancy. People are likely to assume that you feel sadness and disappointment at the miscarriage. You may not feel these things, but you may still have strong feelings you need to talk about. Find someone you can trust, who will listen to you with understanding.

Remember what happened:

You may have been told to "forget it as soon as possible". This is not good advice. Remembering is part of making your loss seem real. It really happened. Thinking about it now can help you feel at peace with yourself in the future. Many women do something special to mark the event.

Some women keep something from the day of the miscarriage to help them remember. You may want to have a special few moments when you say goodbye to your hopes for this baby. Two or three close people could share this time with you.

If you have a stillborn baby or your baby died soon after birth, you have an even stronger need to make the baby's death real. You became a mother. There is more information about feelings after a stillbirth on page 116.

One woman climbed a mountain one year after her miscarriage. At the top she thought about the fetus that never grew to be a baby. She felt stronger and more accepting of herself after that day.

Talk with your partner:

A crisis like this "should" bring lovers together. Often it doesn't. More often it can be a difficult and lonely time. This is normal. Men, particularly, may feel they need to be strong for you and keep their own feelings under control.

Sometimes there is misunderstanding. A woman may think her partner does not really care or did not want the baby. Sometimes her partner thinks she didn't want the baby.

Even though your partner's experience is not the same as yours, the miscarriage is still a big disappointment.

If your partner talks about the feelings of sadness and disappointment you will feel less alone. If your partner hides these feelings, ask, "how do you feel?". Say that you would really like to know.

Your partner may be a woman or you may be single and closest to a woman friend or family member. If she has also had a miscarriage, she may understand your feelings and your need to talk. If not, she may also try to hide her own strong feelings. You may need to ask her to talk to you about how she feels.

Another common feeling that partners have is anger at the poor treatment you may have received in the hospital or by the doctor.

Whatever feelings your partner has it will be better to talk about them, with you and with other friends. You may feel different things about the miscarriage. Talk about the differences too.

Talk with your partner about sex:

Some people are comforted by the physical closeness of sex after a miscarriage. For others sex seems like the last thing they want to do.

Sometimes one of you may feel that you are being disloyal to the baby if you enjoy sex. If you do not know why your miscarriage happened you may feel guilty that you caused it by having sex when you were pregnant. Enjoying sex is a healthy part of life and pregnancy. Having sex did not cause your miscarriage.

The most helpful thing is to give each other time and patience and to talk about your feelings about sex. There are other ways of showing affection for each other that may seem enough for a while.

Talk with your children:

Children of any age may have mixed feelings about the miscarriage:

- They may feel disappointment.
- They may feel relief.
- They may feel fear that you could die.
- They may feel guilt if they hadn't wanted the baby.
- They may feel the miscarriage was their fault.
- They may feel left out or lonely.
- They may feel that because you're sad about the loss of another baby you don't really care for them.

This is a time when it may be hard for you to give your children extra time and attention. You are already tired and weighed down with your feelings. Their feelings are important. You could begin by telling your children what happened.

Even if they did not know you were pregnant they know something is wrong. Telling them will make them feel included.

From: HEALING AT HOME

Younger children may not talk easily and may find it hard to understand. Tell them what you know and let them ask questions. If you don't know the answers tell them you don't know. You could ask them to draw pictures or make up stories about how they feel. You may have to talk to them about it a few different times for them to understand what really happened. It will be useful to tell them you love them and that it was not their fault.

Children often think that a problem in the family is their fault.

Even small children can understand that you are sad or tired. They can understand that you need special things for a while; that you can hug them but can't carry them around as much; that meals may not be up to scratch for a few days.

What is important is that they do not feel left out, that they feel loved and that they get a chance to express their feelings.

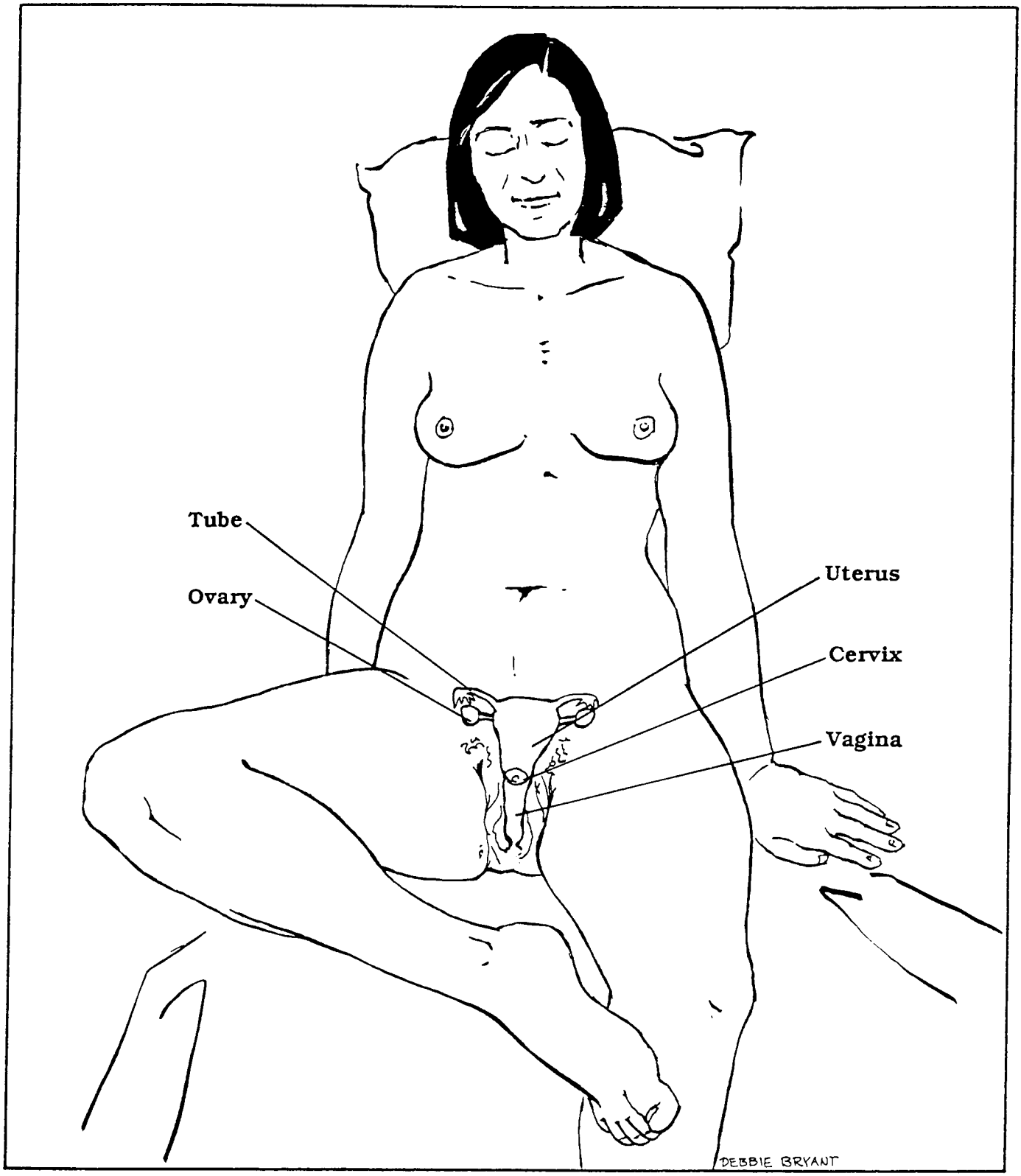
Often people think you should not cry in front of children. Sometimes children don't like it or find it upsetting. This is understandable, but it doesn't really mean that it is harmful to them. You can help them a lot if you tell them why. For example, "I feel really sad since the baby came out too soon to live, and so I cry a lot. I am okay. I just feel sad. Another time I will feel happy again." As long as children know you care for them and have time to listen to them, you will not hurt them by crying.

Look forward:

Make decisions slowly about your future. It is normal to feel confused and unsure of yourself for many months after a miscarriage. It could take a very long time to face the future if you lost your baby at birth. Be patient with yourself.

YOUR BODY

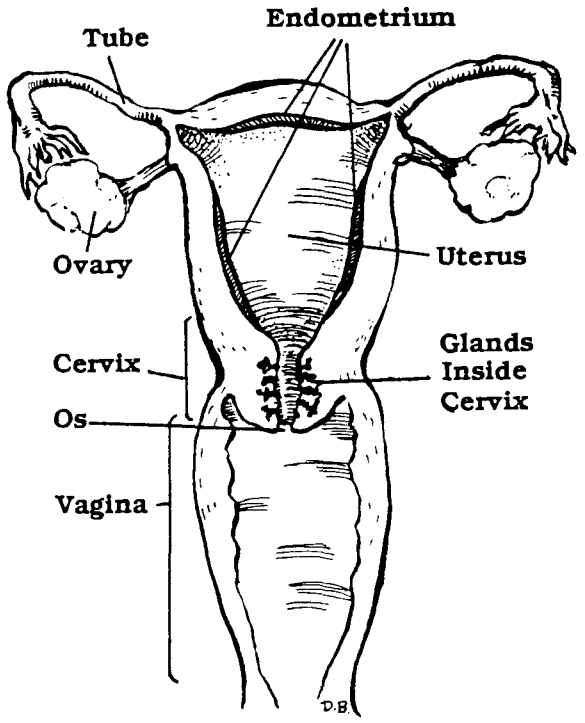
This section has general information. In **Reproductive Organs** we describe the parts of your body that make you able to have periods and get pregnant. Then we explain the changes your body goes through from one period to the next. This is called the **Menstrual Cycle**. In **Your Reproductive Years** we talk about the changes you go through from the time you start having periods until you finish.



Woman's Body

WOMEN'S REPRODUCTIVE ORGANS

These are some of the parts of your body that make you able to have periods and get pregnant. You may have other names for them. We have used the medical names because they might be helpful when you're talking to a doctor or nurse.



Women's Organs

Ovaries: You have two ovaries. They are the size and shape of almonds in the shell. They do two things. They make the hormones estrogen and progesterone. They also store your eggs. You were born with all the eggs you will ever have.

Uterus: This is another name for your womb. Your uterus is made of muscle. If you get pregnant the fetus grows here. Your uterus is the size and shape of a small pear when you are not pregnant. It can stretch to 50 times its size to hold a developing fetus.

Fallopian tubes: These are the tubes the egg travels through from your ovary to your uterus. They are very thin. The inside walls of the tube have little hairs that help to move the egg towards your uterus.

Endometrium: The endometrium is the inner lining of your uterus.

Cervix: The cervix is the bottom part of your uterus. You can feel the outside of your cervix if you put a finger far back into your vagina. Your cervix is cone shaped and feels a lot like the tip of your nose.

Os: Your cervix has an opening, called the os. Your menstrual flow comes through this hole into your vagina. If you have a baby your os widens to let the baby out.

Vagina: Your vagina is a tube made of muscle. It is open to the outside air, and has a lining which always stays moist. The wall of your vagina has many folds in it. The folds allow it to stretch. The outer third of your vagina has a lot of nerve endings which make it sexually sensitive.

MENSTRUATION

Menstruation means having your period. It is a normal and healthy part of being a woman.

Many parts of your body work together to make your menstrual cycle. We will talk about the most important things that happen. If you want to know more about how your menstrual cycle works talk to a nurse, doctor, or community health worker.

THE MENSTRUAL CYCLE

Your menstrual cycle lasts from the first day of one period to the first day of your next period. During each cycle, your body goes through changes. These changes are more or less the same each cycle. Different women have slightly different cycles. Every woman has her own cycle.

A menstrual cycle usually lasts from 21 to 45 days. This is how long most women have between the first day of one period and the first day of the next period.

There's a myth that a normal menstrual cycle is 28 days. That's not true. Women on the pill have periods 28 days apart, but that's because the hormones in the pill tell their bodies when their periods should be.

Hormones control your menstrual cycle.

What are hormones?

Hormones are chemicals made by organs in your body called glands. Glands put hormones into your bloodstream. Hormones travel through your blood. They are messengers. They travel from one part of your body to another telling it what to do next. Hormones control many of the things which happen inside your body, including your menstrual cycle.

What hormones control my menstrual cycle?

The hormones which control your menstrual cycle are made by your ovaries and by glands in your brain. Your brain sends hormones through your blood to your ovaries. Your ovaries then send back different hormones in your blood. Your brain reacts to them. It then sends other hormones to your ovaries telling them what to do next.

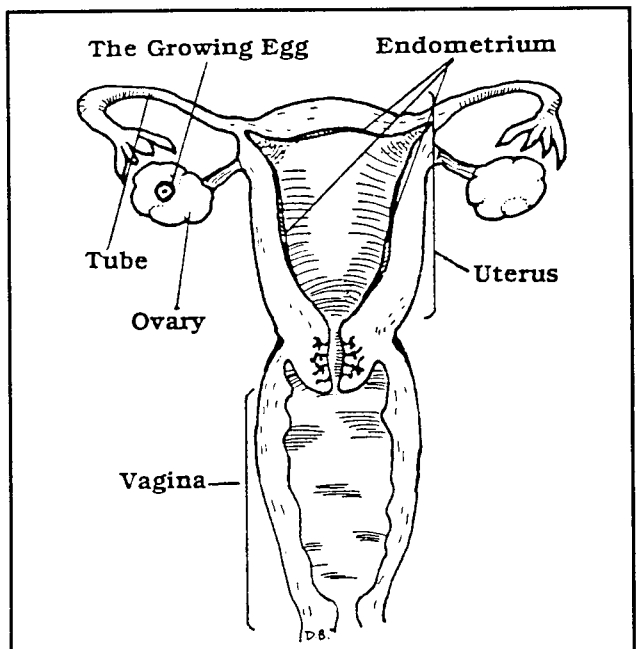
Your menstrual cycle can be affected by your feelings. This is because the hormones which control your cycle come from your brain as well as your ovaries. The same part of your brain which controls your menstrual cycle also controls your emotions.

How do the hormones from my ovaries affect my menstrual cycle?

Your ovaries make two hormones, estrogen and progesterone.

This is what happens in a menstrual cycle:

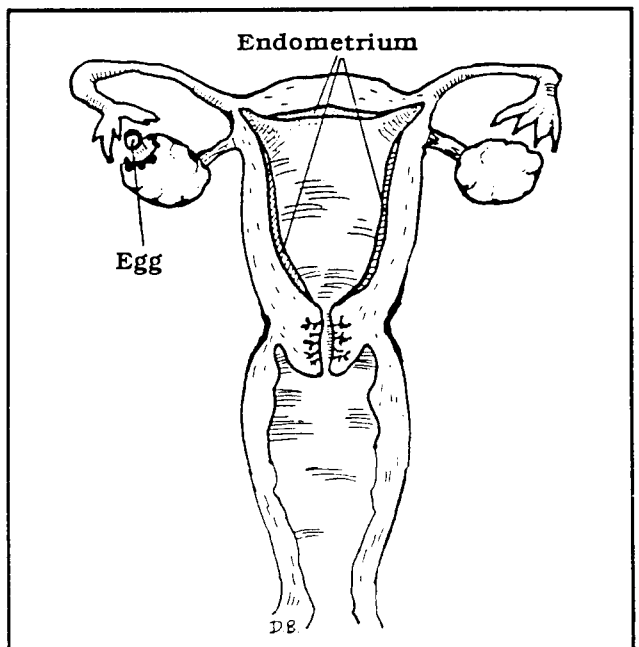
- 1. During your period your ovaries put out very little estrogen and progesterone.



Before Ovulation

Debbie Bryant

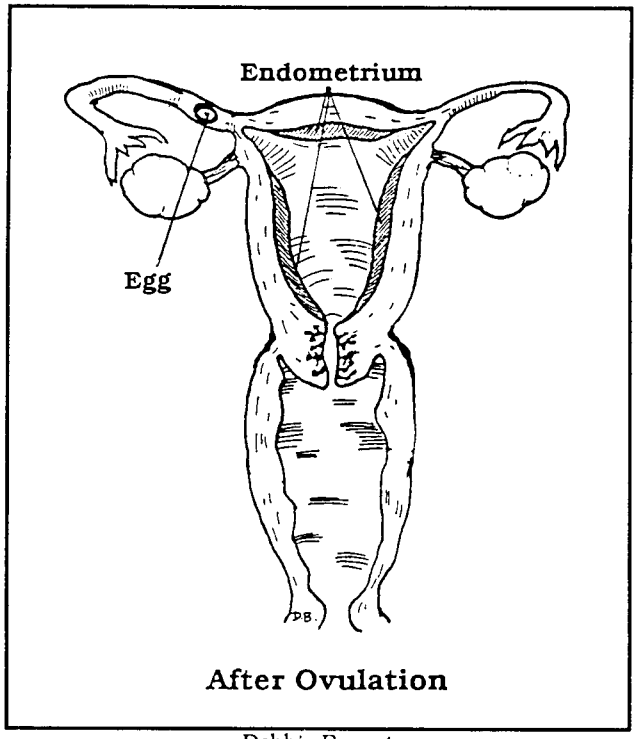
- 2. After your period, your ovaries start to put out more and more estrogen. During this time some of your eggs start to ripen. Generally only one of these eggs will become fully mature each month.



Ovulation:
The Egg Leaves the Ovary

Debbie Bryant

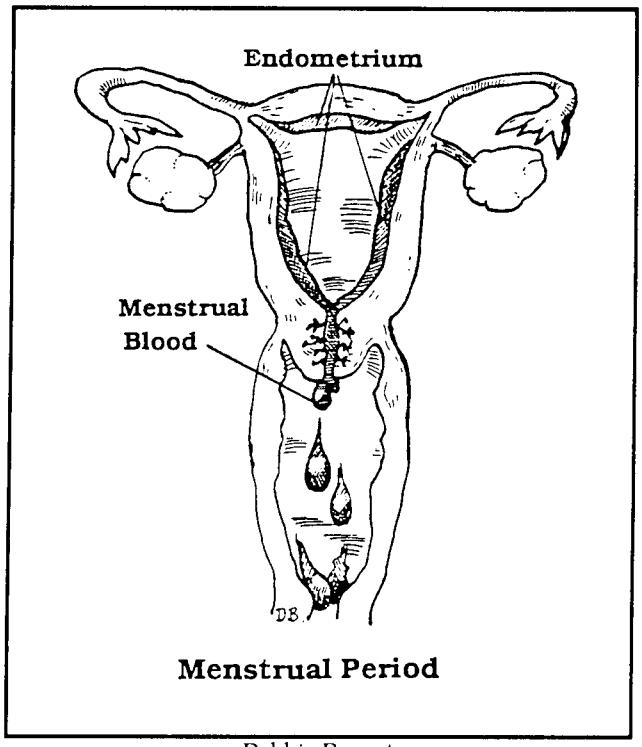
- 3. When you have enough estrogen in your blood the egg pops out of your ovary. This is called ovulation. The egg goes from your ovary to your fallopian tube.



Debbie Bryant

- 4. After ovulation, your ovary makes a lot of progesterone.

- 5. If you get pregnant your body keeps making a lot of progesterone. If you don't get pregnant then it stops making as much progesterone after about two weeks.



Debbie Bryant

- 6. When you have less progesterone in your blood you have your period.

What happens to the egg if I don't get pregnant?

The egg is very small, about the size of a pinprick. If it isn't fertilized by a sperm, it starts to break down. It is so small that your body just absorbs it.

What happens if I get pregnant?

You get pregnant when a sperm joins the egg in the top part of your fallopian tube. When they join together, they make an embryo. The embryo is the earliest stage of what will become a baby. The embryo takes about four days to travel down your fallopian tube to your uterus. It then attaches itself to the wall of your uterus. This happens about six days after you get pregnant.

After the embryo is attached to the uterus, it starts putting out a hormone called hCG. This hormone tells your body to keep making a lot of progesterone and estrogen. You will have a lot of these hormones in your body the whole time you're pregnant. These hormones stop you from having periods while you are pregnant.

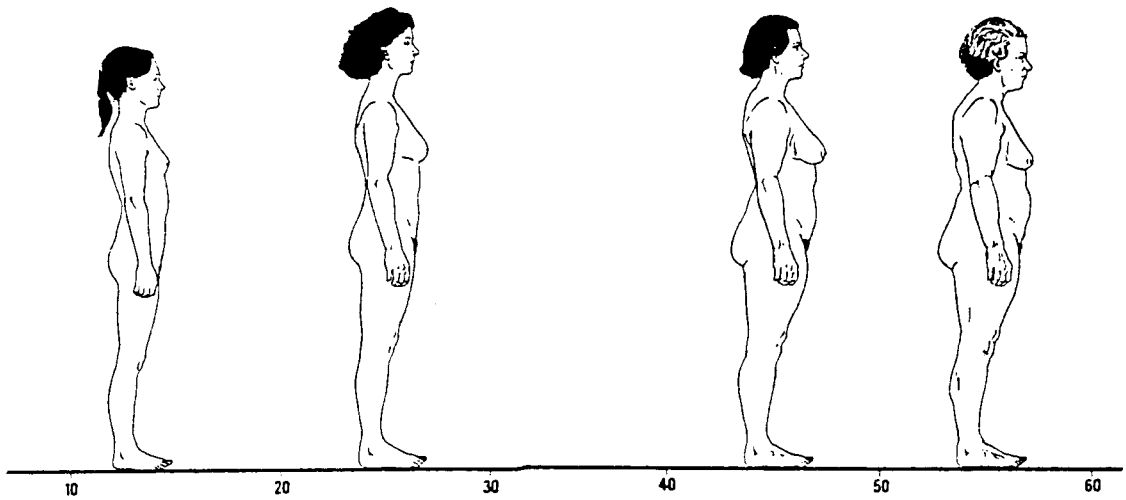
Does ovulation happen during each cycle?

If your period is lighter than what is usual for you, it may mean that you didn't ovulate. Most women have the occasional month when they don't ovulate. This only becomes a problem if it happens all the time and you're trying to get pregnant.

What happens to my uterus each menstrual cycle?

During each menstrual cycle, the lining of your uterus, your endometrium, grows thicker and rich with blood. The hormones estrogen and progesterone make this happen. When you have less of these hormones in your blood, the lining starts to break down. You then have your menstrual period. Your menstrual blood is really the broken down inside lining of your uterus.

YOUR REPRODUCTIVE YEARS



From: WOMAN'S BODY

Changing from a girl to a woman:

The period of time when your body changes from being a child's body to being a woman's body is called puberty. All girls go through puberty. It is a natural part of growing up. It can begin any time from when you're 9 to 16 years old.

Many changes happen during puberty. Your breasts grow and your hips get wider. Hair grows under the arms and in your pubic area (between your legs). These changes usually happen until you're 17 or 18 years old.

Most girls have their first menstrual period some time between the age of 10 and 16. Girls in North America are getting their first periods younger than their grandmothers or great-grandmothers did. No one really knows why this is happening. It may be because of changes in diet.

Each girl develops in her own way. You may have had your first period at 12. Your best friend may not have had her first period until she was 15. It can be hard to be very different from your friends.

Many traditions celebrate a young girl's first period as the time when she becomes a woman.

The teenage years:

When you start to have periods it may take a while before they come regularly. Your body is getting used to doing something new. During this time your body is "fine-tuning" itself. It can take one or two years for your hormones to balance themselves and your cycles to become more regular.

Most young girls don't ovulate for one or two years after their first period. This isn't true for everyone. After your first period you need to use some form of birth control if you have intercourse.

The menstrual years:

By about age 18 your body is fully grown. You can get pregnant before this time, but pregnancy will be harder on your body. While you're still growing you need extra food, vitamins and minerals. If you get pregnant this food will go to the fetus, the developing baby, instead of to you.

During the time between puberty and menopause years you'll have menstrual periods. You may have them every month, or you may go for long stretches of time without having periods. Women miss periods for many reasons. Some of the reasons include being very thin, being pregnant, being sick, travelling, being under a lot of stress, or exercising too much.

Menopause:

Menopause is a natural stage of a woman's life. Sometimes it is called the "change of life". It usually occurs between the ages of 40 and 55.

Menopause is the time when you stop having menstrual periods. Your periods will gradually change in the years before menopause. Your cycles may become less and less regular. Your ovaries don't produce as much of the hormone estrogen. When there isn't as much estrogen the lining of your uterus doesn't grow as much, so your periods become irregular. Finally they stop altogether.

No one can describe a "normal" menopause. Just as periods are different with each woman, so is menopause.

It may take you a few years to go through menopause. It can take you two years or it may take you eight. If you haven't had a period for one year then menopause is finished. You aren't able to get pregnant and probably won't have any more periods. You don't need to use birth control after one year without periods.

Women often notice changes around the time of menopause. You may feel sudden waves of heat spreading over part or all of your upper body. These are called hot flashes or flushes. You may sweat at night. Your vagina may feel less moist.

Some women find menopause easy, and are glad not to have periods anymore. Other women find it a difficult time. It is a reminder of getting older, and not being able to bear children. There are many messages on TV and in books and magazines saying that being young is better than being old. The physical and emotional changes may be hard.

Many women say that talking to other women about menopause helps. They talk about the changes in their bodies and what makes them feel better. They also talk about getting older and any changes that are happening in their lives. Often talking to other women helps them feel better about menopause.

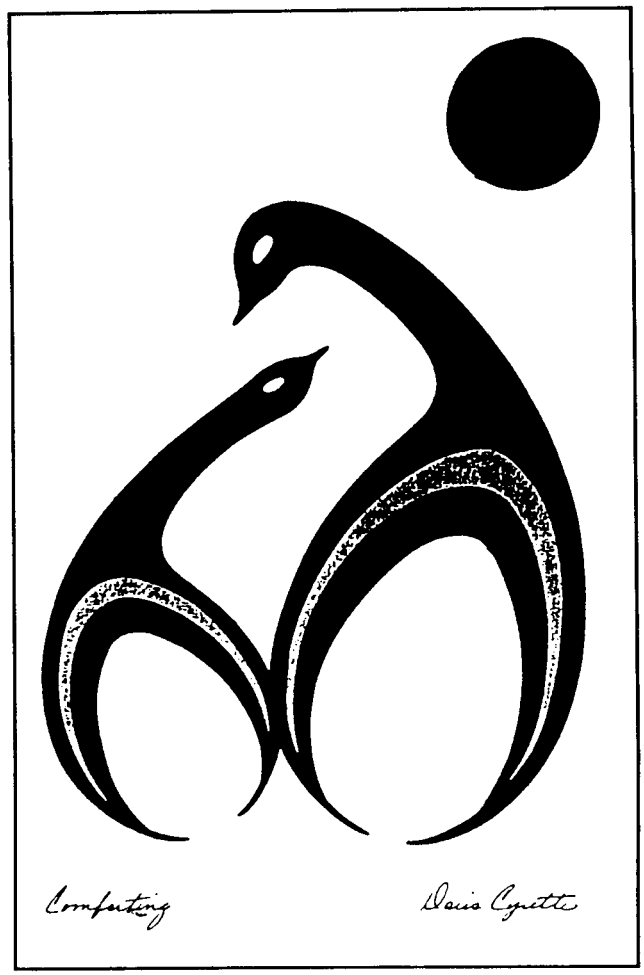
If you want to know more about menopause or if you're having problems contact the Vancouver Women's Health Collective. We have a booklet on menopause which includes many things you can do to make your menopause easier. You can get a copy by sending $2.00 to the Vancouver Women's Health Collective. The address is on page 142.

PREGNANCY

It is best to be as healthy as you can at all times in your life but especially when you are pregnant. This is the time to eat good food and to try to keep your stress level down.

If you have a major illness like diabetes, kidney or liver disease, or high blood pressure, or an infection anywhere in your body, your doctor will give you treatment.

If you have an illness that changes the hormones your body makes, your doctor will watch you closely and treat you if necessary.



SIGNS OF PREGNANCY

Many signs make you suspect you are pregnant. Different women notice different ones. Here are some common ones:

- A missed period.
- Changes in your breasts: they are larger and feel sore; the nipples are larger and darker.
- Frequent trips to the bathroom to pee.
- Tiredness.
- Feeling sick to your stomach (nausea).

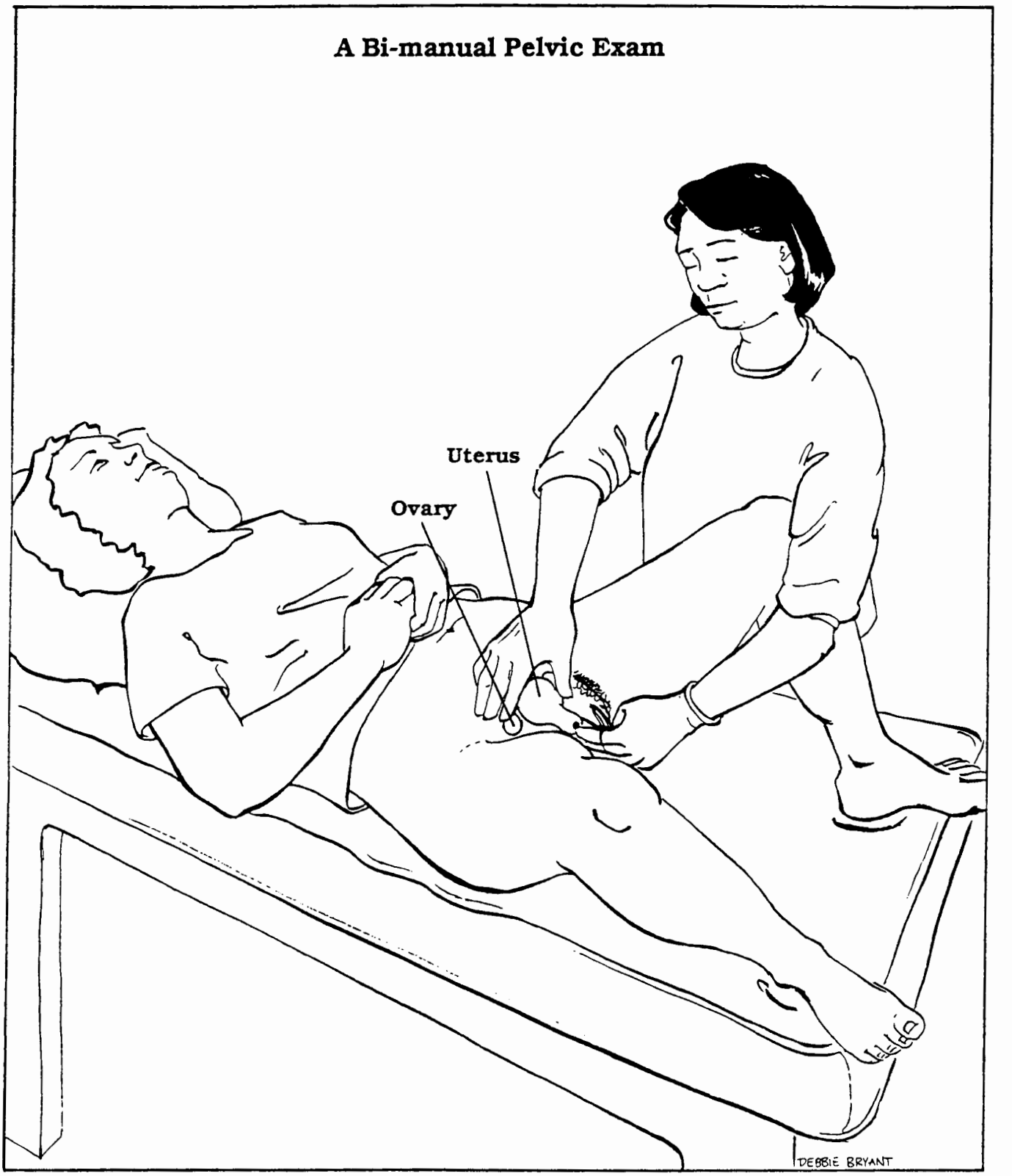
Getting your general health checked when you first know you're pregnant can improve your chances for a healthy pregnancy.

When you go to your doctor and tell her you think you are pregnant she will check to be sure. She will do one or two of the following tests:

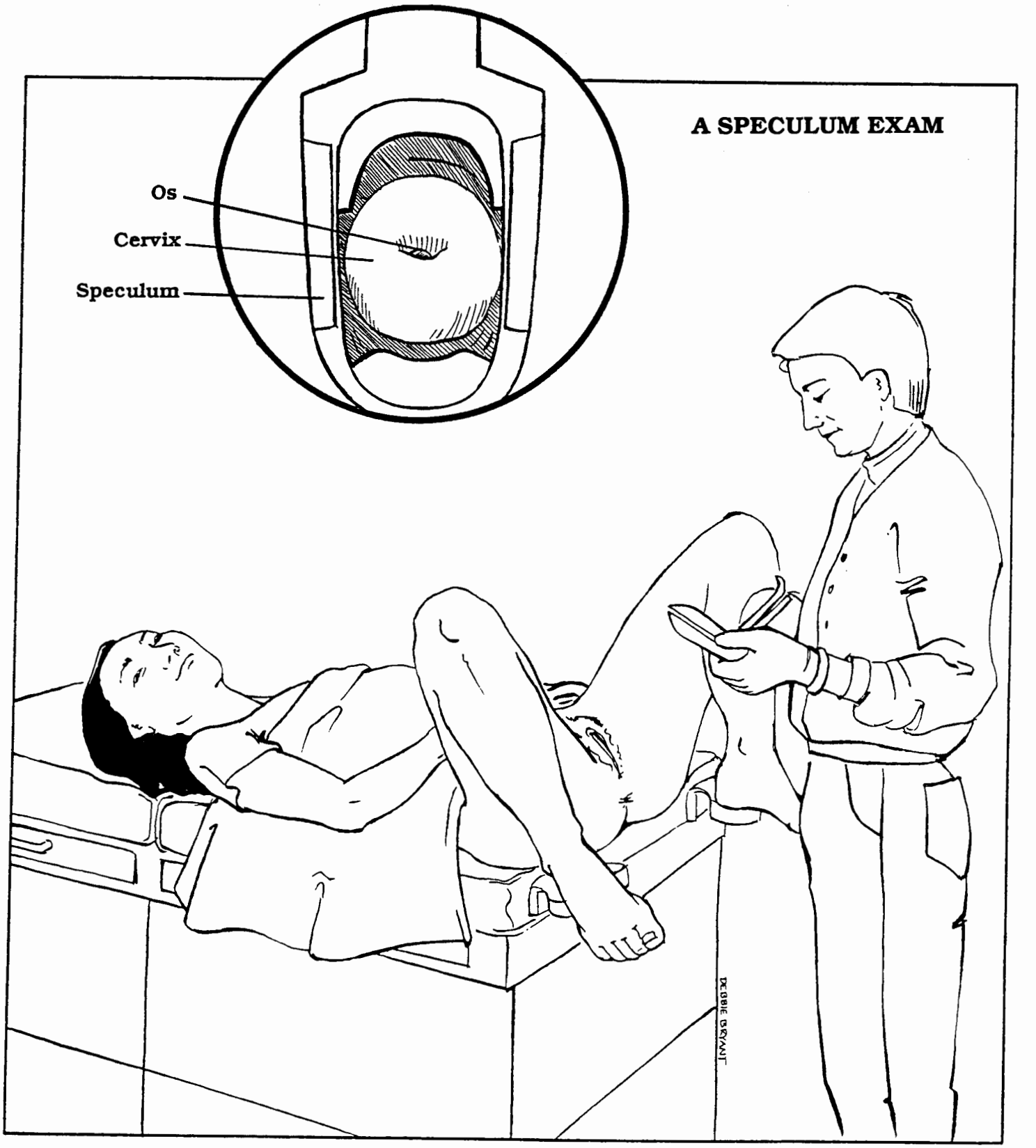
- **A urine test:** this tests your pee to see if you have the hormone in your body that you only have when you are pregnant. The hormone is called hCG. Some urine tests can tell if you are pregnant three days after your period is late. For other types of urine tests you must wait until your period is two or three weeks late. Urine tests sometimes show a false result. If you are sure you are pregnant and the test was negative ask to have the test again after a few days or ask for a blood test.
- **A blood test:** this is done by drawing blood from a vein in your arm. The test can show which hormones are in your blood. It is very accurate. You can have this test done 21 days after the 1st day of your last period, before your period is late. The test is not offered very often because it costs more than a urine test.
- **A physical examination of your pelvic area:** a doctor will do this examination after your urine or blood test shows that you are pregnant. It tells her how far along your pregnancy is.

If you have not had a pelvic examination before, knowing what to expect can help. The doctor will ask you to lie on the examining table, put your feet into stirrups and then drop your knees apart. She will then put two fingers into your vagina and press forward onto your cervix. With her other hand she will press on your lower belly, just above your pelvic bone. She is feeling for your uterus. If you are pregnant your uterus will feel a little bigger than normal and softer. It will start to feel bigger six weeks after the first day of your last period.

A Bi-manual Pelvic Exam



WHAT YOU SEE THROUGH THE SPECULUM



During this examination the doctor may want to look at your cervix. To do this she puts a metal or plastic beak shaped instrument into your vagina and opens the beak. This instrument is called a speculum. The doctor can see if your cervix has changed colour and if it is healthy. When you are pregnant it turns a darker red or bluish colour.

At this visit, let your doctor know if you have any itching or unusual discharge from your vagina. If you have an infection in your vagina and cervix, it should be treated.

Once your pregnancy is confirmed at a doctor's office you will be booked for regular visits. These visits are called prenatal visits. They are an important part of a healthy pregnancy.

If you do not get along well with your doctor, change doctors if you can. You will see a lot of each other in the coming months. You deserve a doctor who listens. There is a chapter called **Patients Have Rights** on page 130. It has suggestions for ways to get information and help from your doctor.

STAGES OF PREGNANCY

Doctors count the length of your pregnancy from the first day of your last period. A normal pregnancy lasts for about 40 weeks from this day. This way of counting assumes that you conceived on the 14th day of your menstrual cycle.

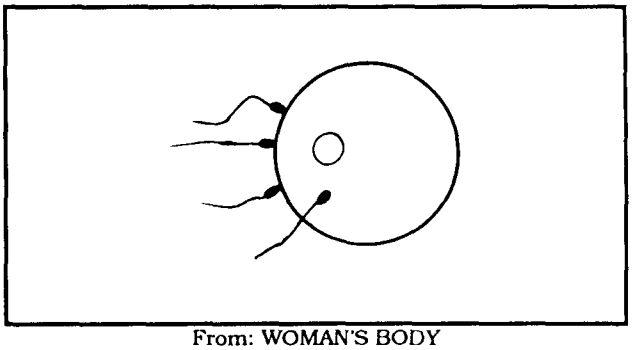
The two weeks from your period to when you conceive are counted as part of your pregnancy. The doctor knows you weren't really pregnant then. It is just an easier way for them to count the weeks of pregnancy. Because of this way of counting, when you are 10 weeks pregnant, your fetus is really eight weeks old. When you are 20 weeks pregnant, your fetus is 18 weeks old.

What happens in the first 6 weeks of pregnancy?

The first 6 weeks of pregnancy is the most delicate time.

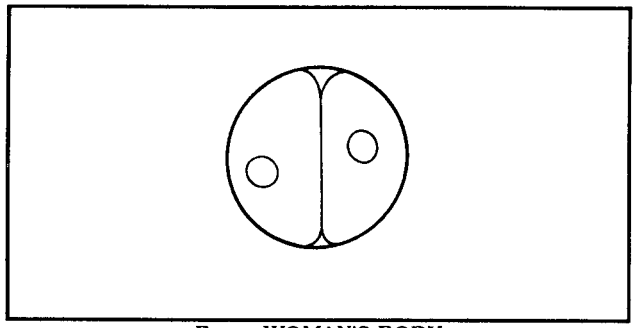
The days listed here are the number of days from the day you conceive.

Day 1. A normal egg and a normal sperm meet inside your fallopian tube. This is called fertilization and happens shortly after the egg leaves the ovary.



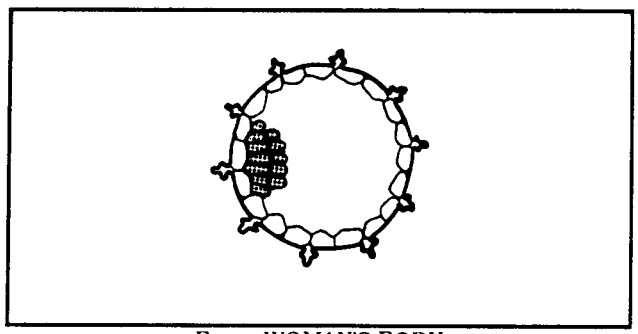
From: WOMAN'S BODY

Day 2. The fertilized egg begins as one cell which divides into two. Each cell divides into four and continues to divide into more and more cells. The fertilized egg begins to travel slowly down your tube towards your uterus.



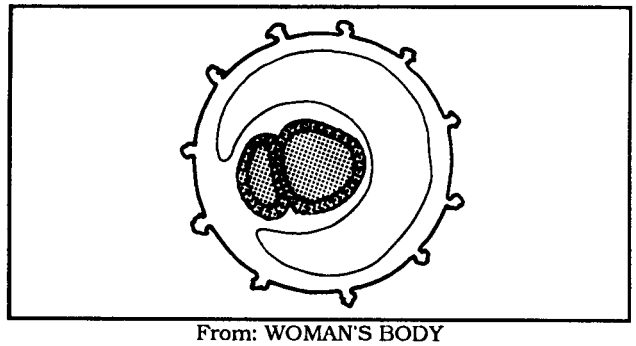
From: WOMAN'S BODY

Day 7. The fertilized egg has now reached your uterus. At this stage we call it an embryo. Around the edge of the embryo are feeler-like fingers called chorionic villi. They embed themselves in the lining of your uterus.



From: WOMAN'S BODY

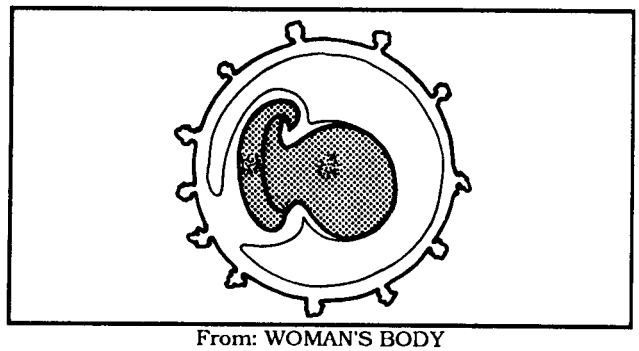
Day 10. The embryo now begins to grow into different parts. The chorionic villi begin to form the placenta (the placenta is sometimes called the afterbirth).



From: WOMAN'S BODY

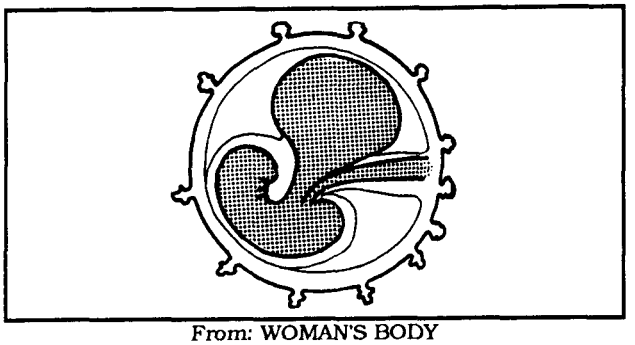
Day 15. Inside the embryo, cells group together and begin to form the body of the fetus. Other cells group together to form the yolk sac and to make blood cells for the fetus.

The rest of the cells form the placenta and the bag of waters, called the amniotic sac. This is about the time you would expect your period if you were not pregnant.



From: WOMAN'S BODY

Day 25 to Day 28. The umbilical cord starts to grow out of the yolk sac. It grows from the fetus' belly to the placenta.



From: WOMAN'S BODY

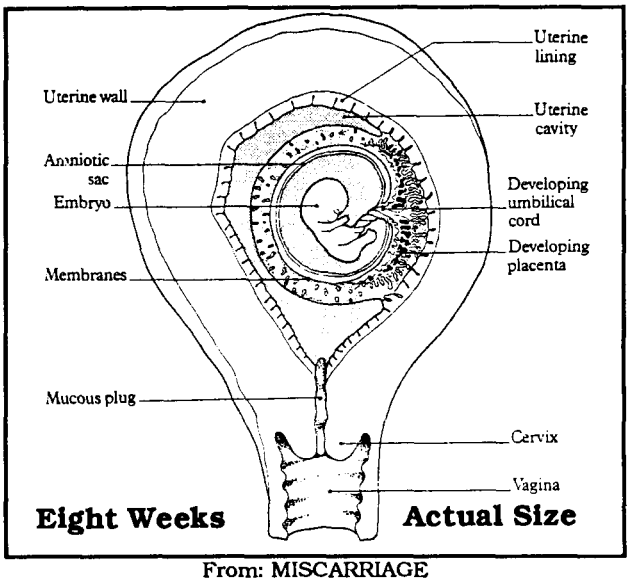
Your body nourishes the embryo so that it can grow. During the first few months of pregnancy the embryo gets its nourishment from the yolk sac. The lining of your uterus becomes thick and rich with blood. Both you and the embryo make hormones that keep the pregnancy going.

Many women who miscarry during this time may not realize that they are pregnant. Their periods may be a little late and heavier than normal.

By the end of four weeks the embryo is about as big as a grain of rice.

What happens from the 6th to the 12th week of pregnancy?

The embryo continues to grow. At eight weeks of pregnancy it is called a fetus. By 12 weeks most of its vital organs are formed.



From: MISCARRIAGE

What happens from the 12th to the 40th week?

The 12th to the 24th week of pregnancy is called the second trimester. During this time, your pregnancy will start to show. You will feel movement for the first time when you are between 16 and 20 weeks pregnant. The fetus grows larger and starts to have hair and nails by 20 weeks.

During the last trimester, when you are between 24 and 40 weeks pregnant, the fetus grows enormously in size and weight.

By 24 weeks, it is about 13 inches, or 32 cm. long. It is covered with a creamy substance called vernix which keeps its skin from drying. By 28 weeks, it has a 60-70% chance of surviving if it is born. Its lungs are not mature yet, it has very little body fat, and it is still very small. Otherwise, it is fully developed.

A baby has an excellent chance of surviving if it is born after 36 weeks.

What does the placenta (afterbirth) do?

The placenta has three important functions:

Links mother and fetus:

The placenta grows from the chorionic villi, the feeler-like fingers that have attached themselves to the wall of your uterus. By the 12th week of pregnancy the placenta takes over completely. The umbilical cord is attached to the fetus at one end and to the placenta at the other end. Blood goes through the cord carrying food and oxygen from you to the fetus, and carrying waste from the fetus back to you.

Makes hormones:

The hormones progesterone and estrogen keep you pregnant. Progesterone stops your uterus from pushing out the fetus before it is ready. Estrogen helps your uterus grow and makes the milk glands in your breasts grow. Your ovary makes progesterone until you are about 10 weeks pregnant. The placenta slowly takes over this job.

Filters blood:

The placenta prevents your red blood cells from mixing with the fetus' blood cells. It acts something like a sieve for your blood, and makes it possible for you and your fetus to have different blood groups. The placenta, however, cannot stop harmful things in your blood from reaching the fetus. You can read about the importance of not taking alcohol, caffeine and other substances that pass through the placenta to the fetus, on page 42.

What does the amniotic sac (the bag of waters) do?

The amniotic sac forms and fills with fluid by the time you are six weeks pregnant. The fluid is mostly water and is free of germs. The sac is made of a strong, clear, smooth material, something like skin. It is called membrane. The membrane lines the uterus and surrounds the fetus.

The bag of waters protects the fetus from the pressure of your uterus and prevents the cord from being squashed. If the sack breaks, the fluid will leak out of your vagina. The fetus then loses its protection, and infection can enter the uterus.

By the time you are 40 weeks pregnant the sack holds about a litre of fluid. The baby floats in this fluid and also swallows some of it. Your body continues to make amniotic fluid throughout your pregnancy.

How does the uterus change during pregnancy?

The uterus is a large muscle. It has two sections, the body and the cervix. Your doctor may refer to the top of the body of your uterus as the fundus. This is a name for the part of the uterus she feels as it grows above your pubic bone.

The body of the uterus:

During the 40 weeks of pregnancy, your uterus grows about 50 times in size. It grows from the size of a pear to the size of a large watermelon. To do this it must be able to contract a little. A contraction is a tightening of the uterine muscle. The contractions should not become too strong or the fetus could be pushed out. Your uterus has a hollow middle to allow the fetus to grow and a thick lining for the placenta to attach to. From the 12th to the 40th week of pregnancy the fetus gradually grows larger.

The cervix:

The cervix has an opening in the middle, like a channel. This opening is called the os. The os stays tightly closed to hold the fetus inside. It also opens with strong contractions when the fetus is ready to be born. The os is also plugged with mucus to stop germs from getting inside your uterus.

DIET

It's important to eat well when you're pregnant. Eating well will help you and your fetus to be healthy. You need to eat more when you're pregnant, because you're feeding the growing fetus.

From: COALITION OF MEDICAL RIGHTS

Everyone needs carbohydrates, proteins, fats, vitamins, minerals and water in their diet. You can get most of these from food. Some people need more vitamins and minerals than they can get from food.

This section is meant to give you a general idea of how to eat well when you're pregnant. You may want to also talk to a community health worker or public health nurse about your own situation. She can help you to figure out how much you need to change the way you normally eat. She can also help you to choose cheap and nutritious foods that you like eating.

Good foods to eat

Food can be divided into four groups:

- Fruits and vegetables
- Breads and cereals
- Milk and milk products
- Meat, fish, poultry and alternatives

You need food from each of these four groups every day. While you are pregnant, you need more of certain foods to keep yourself and your baby healthy. You should not go on a weight loss diet. You will probably gain 25 to 35 pounds during a healthy pregnancy.

Fruits and vegetables:

These are the best sources of almost all the vitamins you need to be healthy. You can eat fruits and vegetables raw or cooked. They may be frozen, canned, dried, or made into juice. Fresh fruits and vegetables contain the most vitamins. Frozen are better than canned. You should eat at least four servings of fruits or vegetables a day when you are pregnant.

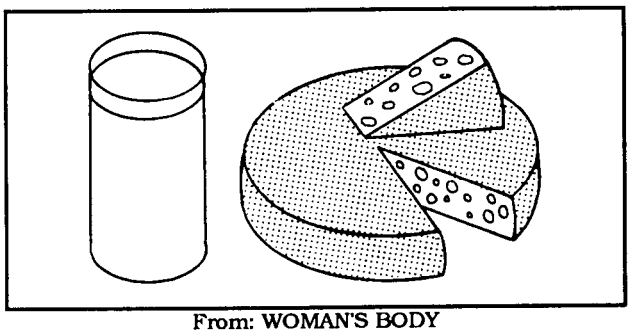
Berries, oranges and grapefruit have a lot of vitamin C. Dark green vegetables have B vitamins. Yellow vegetables, like carrots, have vitamin A.

Breads and Cereals:

This food group contains mostly carbohydrates. It includes bannock, bread, cooked cereal and cooked grains like rice. Bread made from whole grains has more vitamins and minerals, especially B vitamins and iron, than bread made from white flour. It is important to have these extra vitamins and minerals when you are pregnant. Whole grain breads and brown rice are often no more expensive than white bread and white rice. You need three to five servings from this group each day.

Milk and Milk Products:

Milk is a good source of calcium and protein. Calcium is important in pregnancy, as it builds bones and teeth. You should have three to four servings a day of milk or milk products like cheese, cottage cheese, yoghurt or buttermilk.



From: WOMAN'S BODY

Skim milk and 2% milk have more calcium in them than whole milk. Another inexpensive way to get more calcium is to add powdered milk to anything you bake.

If you cannot take milk, other good sources of calcium are canned salmon with bones, dried seaweed, fishhead soup and cooked dried beans.

Meat, Fish, Poultry and Alternatives:

Cooked lean meat, wild game, fresh or dried fish, poultry, liver and eggs are all good sources of protein. Most people who eat meat get more protein than they need. Alternatives to meat include cooked dried peas or beans, nuts or seeds. You should eat two servings a day from this group.

Fluids:

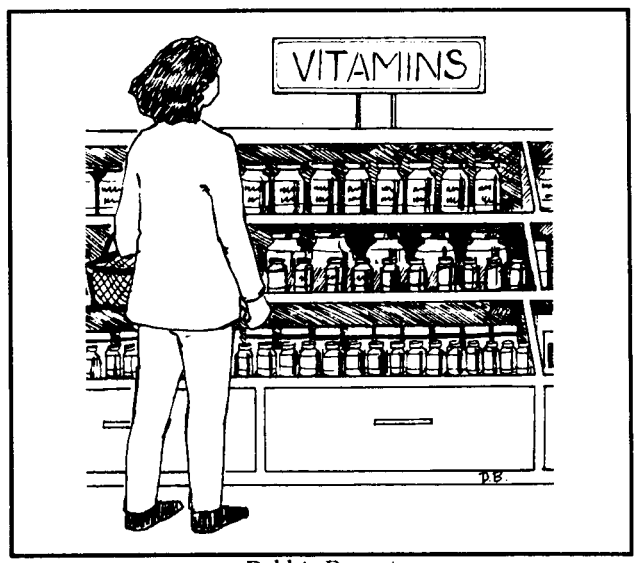
While you're pregnant, drink at least six to eight glasses of water, juice and herbal teas a day. This helps keep you regular. Your body also needs extra fluid during pregnancy.

Vitamins and Minerals:

If you eat a balance of foods from the four food groups each day, you may get all the vitamins and minerals you need to be healthy. This is more likely if you eat a lot of fresh, raw fruits and vegetables, whole grains, and meats, poultry or fish which aren't commercially raised.

During pregnancy, you need more of certain vitamins and minerals. You need extra folic acid, B vitamins, iron and calcium. You may want to take a multivitamin and mineral pill when you're pregnant. There are special vitamins for pregnant women. The pill you take should have folic acid and iron in it. Not all do.

You should take vitamin pills if you weren't eating well before becoming pregnant, if you have a health problem, if you're under 20, or if you're very thin or very fat.



Debbie Bryant

If you get your drug costs covered by Pharmacare, ask your doctor about giving you a prescription for a vitamin when you're pregnant. That way, you won't have to pay for the vitamin pills yourself.

Large doses of some vitamins can harm a fetus. Don't take more than one multivitamin pill a day without talking to a community health worker, a nutritionist, a doctor or a midwife about what you're taking. Vitamin C, vitamin A, vitamin D and B vitamins can harm your fetus if you take too much of them.

This is a list of food sources of some vitamins and minerals you need more of when you're pregnant:

Folic Acid: green leafy vegetables, legumes, liver, oranges, vegetables.

Iron: molasses, liver, oysters, meat, legumes, dark green vegetables. You need to take vitamin C with iron to absorb the iron.

Vitamin C: oranges, grapefruit, strawberries, broccoli, kale, liver.

Vitamin E: vegetable oils, broccoli, brussel sprouts, whole wheat cereals and eggs.

Preventing Nausea

If you have bad morning sickness, you may have a hard time eating well.

Here's a list of things that have helped women with morning sickness:

- Eat a few dry crackers before getting out of bed in the morning.
- Eat small meals all day instead of a few large meals.
- Drink ginger tea or take two or three capsules of ginger when you get up in the morning.
- Sip on raspberry leaf tea before you get up. Or, make it into ice cubes to suck on.
- Take 10 milligrams of Vitamin B6 a day. Take it in a B complex capsule that contains all the B vitamins.

These are some suggestions which can make it easier to eat well

- Start each day with a healthy breakfast.
- Choose snacks which are as good for you as what you'd eat during a meal. Fresh fruits, cheese, raw vegetables and leftovers from meals make good snacks.
- Choose fresh foods over processed foods whenever you can.

- Avoid fast food places like McDonald's, Burger King, etc. The food is cheap, but it isn't very nutritious. The food in a cafe or a restaurant that a family owns is usually better for you.
- Avoid eating a lot of greasy fried foods like chips and french fries.
- If you have something sweet, choose something which is nutritious. Ice cream or milkshakes are better for you than a candy bar, because they are made from milk.
- If you feel like having soda pop, drink fruit juice instead.

Are there some foods to avoid during pregnancy?

Certain foods, drinks, and other substances are not healthy when you're pregnant. It is especially important to avoid harmful substances in the first 12 weeks of pregnancy, when the fetus' organs are developing.

Alcohol:

The alcohol you drink while you are pregnant goes into the fetus' blood system. If you drink heavily while you're pregnant, you're more likely to miscarry. If you don't miscarry, your baby could be born with Fetal Alcohol Syndrome (FAS). A baby born with FAS can have many things wrong with it, including mental disabilities and low birth weight.

It's bad for the fetus if you drink a lot Some experts say you shouldn't drink at all. This is a good rule in the first 12 weeks of pregnancy, when the fetus' organs are developing. If you can't stop drinking cut down. The less alcohol you drink, the better for your baby.

From: GENETICS, ENVIRONMENT & YOUR BABY

If you were drinking heavily before you were pregnant, you may need help to cut down or stop drinking. Your drug and alcohol counsellor, community health worker, or public health nurse can help.

Street Drugs:

Street drugs such as heroin, cocaine, speed, downers, T and R's, crack or LSD, can harm your fetus. Street drugs cause the baby to have problems when it's born. It is not known if these drugs or marijuana cause miscarriage, but a baby can be born addicted to the drugs that its mother took during her pregnancy.

Cigarettes:

When you smoke, less blood and oxygen get to the fetus. Sometimes the baby is smaller because it has had less nutrients and oxygen. You are more likely to have a miscarriage, a premature baby, or a stillbirth if you smoke. If you can't stop smoking, try to cut down. The less you smoke, the better.

Avoid spending a lot of time in smoky places. You will be breathing other people's smoke.

Caffeine:

Coffee, tea, chocolate and cola all contain caffeine. Some studies have shown that your baby is more likely to be small or to be premature if you have too much caffeine. Coffee and cola drinks are especially high in caffeine. Try to quit drinking them while you're pregnant. If you can't quit, be sure to drink less than 3 cups a day. When you're thirsty, try juice or herbal teas instead.

Additives:

Many foods have chemicals in them. It's best to avoid them when you're pregnant. Avoid artificial sweeteners like aspartame. Avoid nitrites and nitrates, which are in hot dogs, bacon and processed meats. A good rule of thumb is not to buy something if it has a long list of ingredients which you don't recognize.

Sugar:

Eating sweets fills up your stomach without giving your body what it needs to be healthy. Try to cut down on all sweets like candies, chocolate bars, cookies and cakes. If you are taking Ritodrine, it is especially important not to eat a lot of sugary foods.

Some herbal teas:

Don't drink teas made from pennyroyal, devil's claw root, rue, tansy, blue cohosh, scotch broom, or goldenseal. These are all medicinal teas. Some of them can cause miscarriage.

Diuretics: diet and water pills

Don't take any pills to make you lose weight or to stop bloating. These pills are bad for you and your fetus. Check with your doctor or public health nurse before taking any over-the-counter drugs when you're pregnant.

Fish from polluted rivers and lakes:

Fish which live in polluted water are not safe to eat. If a river or lake has waste from a pulp mill, a mine, or other industry going into it, don't eat the fish.

Liver:

Liver is high in protein, iron, and vitamins. In many ways, liver is very good for you and is especially good when you're pregnant. But any chemicals which are in the food an animal has eaten or the water it has drunk get concentrated in liver. It's best to avoid eating too much liver when you're pregnant unless you're sure it's from an animal that didn't have chemicals in its feed. Liver from wild animals which live away from pollution is also fine.

Are some herbal teas good for you during pregnancy?

Raspberry leaf tea is very good for you. It helps to give your uterus good muscle tone. Some midwives suggest drinking two cups of raspberry leaf tea a day during pregnancy.

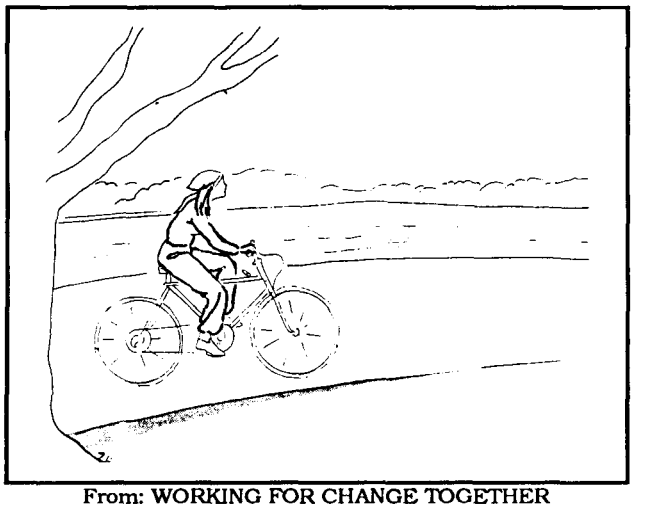
Wild yam root tea can help stop cramping during a threatened miscarriage. Drink two cups of this tea per day if you have cramps. This tea is safe during pregnancy.

These herbal teas are refreshing and not harmful: peppermint, spearmint, rosehips, camomile, hibiscus and lemon balm.

EXERCISE

Regular exercise is important for a healthy pregnancy. Exercise strengthens your muscles and your heart and helps to keep the fetus healthy. Exercise helps to relieve stress.

Don't start a strenuous new exercise program when you are pregnant. Walking or swimming is good exercise. Don't overdo it. Rest when you are tired.



From: WORKING FOR CHANGE TOGETHER

If your doctor prescribes bedrest, try the relaxation exercise on page 138. When you are able to get up, talk to your doctor before exercising again. Moderate exercise will not cause miscarriage.

STRESS

If you've had a miscarriage before you may be worrying that you will miscarry again. This may make it very stressful to be pregnant. Your life may also be stressful during pregnancy for other reasons.

Bedrest can be extremely stressful. Some of the ideas in this chapter may be helpful if you need bedrest.

There are many different ways of lessening stress. We'll list some of the things that women have found helpful.

Vitamins:

You may be under more stress if you're not getting enough vitamins and minerals. This is especially true for B vitamins and calcium. You may find it helpful to take a daily multivitamin and mineral pill. It's important not to take too strong a dose of vitamins when you are pregnant. If you think you may need more vitamins, talk to a doctor, public health nurse, nutritionist, naturopath, midwife or community health worker.

Exercise:

Moderate exercise is a good way of lessening stress.

Talking to friends and family:

Many women find it helpful to talk to a friend or someone in their family. You may feel better if you share your feelings and your fears.

Time alone:

Being alone may be just what you need. There are many things you can do on your own. Some ideas are:

- having a bath
- going for walks
- meditating or just sitting quietly
- sitting with your feet up
- listening to music or doing crafts

Finding time to be alone may be difficult if you have other children or if you are very busy. Try to find time.

Thinking about your values:

Your values can affect how much stress you feel. For example, some of the traditional native values which reduce stress are:

- respect for life
- sharing
- harmony with nature
- living in the present
- help from the extended family
- not interfering with anyone else
- silence

Some native women find it useful to turn to these values when they are under a lot of stress. Thinking about **your** values may help lessen your stress.

Dealing with worries about miscarriage:

This may be a problem if you're pregnant after a miscarriage. You may know that it doesn't help to worry all the time, but still find it very hard not to. These are some things which may help:

- Imagine your fetus as healthy and safe. Picture it floating in its sack of fluid, warm and well-protected.
- Think about all the ways that your pregnancy has gone well so far.
- Avoid doing things which make you especially worried. Don't lift anything heavy if your mind races with images of bleeding and cramps every time you lift something heavy. Take time off to rest if you get anxious when you're overtired.
- Ask for help when you need it. It's worth it for your peace of mind.

You may have your own way of stopping your mind from always going back to the same worries. Pay attention to what helps, so you can have a plan for next time you start to worry.

From: HEALTHSHARING

Finding a way to relax:

When you are under a lot of stress your body gets tense. It can be helpful to learn a way of releasing the tension. There are many different ways to do this. We describe one way called progressive relaxation on page 138. We talk about it because it is free, easy to learn and can be done anywhere.

We've listed books which have other ways of relaxing on page 141.

BEDREST - EASIER SAID THAN DONE

The most common treatment for a woman who is having problems with her pregnancy is **bedrest.** Doctors suggest bedrest to try to stop a miscarriage or early labour.

The order from your doctor to go home and stay in bed can be very frustrating. It is not possible for most women to stay in bed all day every day.

How much bedrest do I need?

Ask your doctor exactly what she wants you to do:

- Does she mean you are never to get out of bed or does she mean you are to lie down for three hours in the morning and three hours in the afternoon?
- Can you get up for meals?
- Can you go for a walk every evening if you lie in bed all day?
- Can you sit in a chair with your feet up for a few hours of the day?

Ask how long you are likely to need bedrest. You may need to stay in bed for a short time. If you are bleeding before the 12th week, you only need to stay in bed while the bleeding lasts. If you have been having contractions and are in danger of going into labour early, you may have to stay in bed for the rest of your pregnancy.

Once you have some clear answers from your doctor, weigh all the facts. You may be able to feel when your cervix has too much pressure on it and lie down then. If you are bleeding in early pregnancy, you can tell whether lying down makes any difference to how much you bleed.

Why is bedrest suggested?

Doctors suggest bedrest for three reasons:

- Bedrest can do no harm and might help.
- When you lie down more blood reaches your uterus. This helps the placenta settle down, or reattach itself to the wall of your uterus. If you are losing any blood the extra supply can replenish it.
- The extra weight of the baby in your uterus puts pressure on your cervix. If you have a weakened cervix, taking the weight off a little may stop your cervix from opening. If you are already having contractions, taking the weight off your cervix may stop the contractions.

Does bedrest work?

Early miscarriage:

There is no evidence that bedrest will stop miscarriage at this early stage.

Late miscarriage:

Bedrest is the least dangerous treatment for miscarriage after 12 weeks. It does not always work alone and is often suggested as part of other treatment.

Early labour:

Bedrest stops early labour about 1/2 the time for women who begin bedrest right away. Bedrest does not work if your labour has become very strong and your cervix has opened three to four centimetres. Bedrest alone will not work if your bag of waters has burst.

Will bedrest do any harm?

Bedrest does no harm either to you or to the fetus. The most difficult part of this treatment is learning to cope with lying down for weeks or months.

What can make bedrest easier?

If you are told to have bedrest you need help. You need the government to pay for a homemaker if you cannot afford one. You can apply for a homemaker at your nearest welfare office. In B.C., this is the Department of Housing and Social Services. In the Yukon and Alberta, it is the Ministry of Human Resources.

You need someone to take over your other responsibilities such as taking children to school.

You need a doctor who understands how difficult bedrest may be for you.

Get comfortable:

Make yourself as comfortable as possible. If you feel cut off in a bedroom, set up your bed in the living room. Bedside tables on wheels can be a bonus. The position suggested for bedrest can become uncomfortable. It is called the Trendelenberg position. You have your feet higher than your bottom. It is best to lie on one side or the other. Some women say the left side is best. Lying on your back can start off contractions. Use lots of pillows for your shoulders and neck.

From: PREVENTING PRETERM BIRTH

Take control where you can:

Your body may be resting but your mind is still active. Think of things to pass the time. Boredom may be your biggest enemy. There will be lots of things that you can't do. Making lists of housework for your partner, homemaker or neighbours will help you feel more in control.

If you are in bed, you know you are doing what you can for the baby and some of your fear of miscarriage may lessen. Knowing this may help you to relax.

Spending time with your children:

This may be very difficult. Smaller children get more demanding when we have the least to offer them. There are some things that you can do with your children while you are in bed:

- small children will enjoy sitting on your bed and being read to.
- slightly older children can colour and do cutting and pasting on your bed.
- older children can spend time talking with you about their day or their worries.

Let your children know they are being helpful by keeping you company. They will enjoy knowing that they are helping out.

Debbie Bryant

Ask for what you need:

It is very hard to ask people for help. Often, people are glad to be asked. Here are some suggestions for what to ask neighbours, friends and relatives for:

- when you cook up a pot of soup, cook double and I'll use half of it.
- take the children out for the afternoon.
- pick up the children from school.
- pick up some groceries.
- do a load of laundry.
- keep me company for a couple of hours.
- telephone me every day to check I'm okay.

If you are thinking of having someone come and stay to help you out give careful thought before asking them. The best person will be someone who:

- can take over responsibilites.
- repects your style of doing things and your wishes.
- can amuse themselves.
- understands that you need time to be alone.
- is cheerful and open hearted.
- likes your partner as well as you.

Did the order for bedrest leave you feeling guilty?

Perhaps you rested as much as your doctor told you to, but you still miscarried or went into labour too soon. You may have had to get up more than you were told to because you had to take care of the house or your other children.

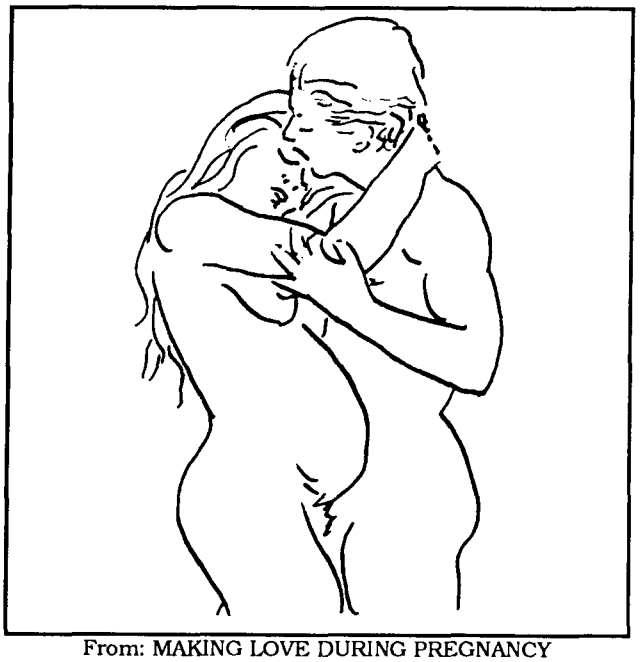
You did not cause your miscarriage because you got out of bed.

What does the doctor mean when she says "no sex"?

The order to take bedrest nearly always comes with an order not to have sex. Ask exactly what your doctor is suggesting. Your doctor probably means two or three of these things and not all of them:

- No intercourse, because if your cervix is open it might introduce an infection into your uterus.
- Nothing inside your vagina, once again because of the risk of getting an infection in your uterus.

- No orgasm, because an orgasm may start off contractions.
- No touching around your nipples, because your breasts are very sensitive and when they are touched they can start off contractions.



From: MAKING LOVE DURING PREGNANCY

- No sexual arousal at all, because you wouldn't be able to stop before you have an orgasm. Sexual arousal in normal pregnancies is actually good for your uterus. It brings extra blood into your uterus and generally makes you feel better.

Do not feel guilty if you accidently have an orgasm in your sleep. If your sexuality is being limited because of a health problem, it is quite common to suddenly feel very sexy, to have sexy dreams and quite unexpectedly to have an orgasm.

If you have an orgasm when your doctor has said "no orgasms", lie down for an hour to see if you are having contractions. See pages 104 and 105 for how to check for contractions.

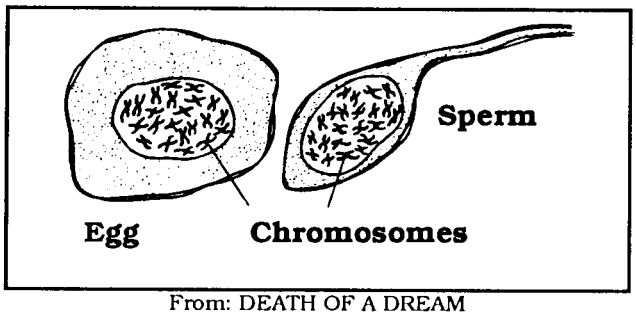
WHY MISCARRIAGE HAPPENS

About 1/2 of the time a miscarriage happens, no one can explain why. In this chapter we will look at some of the many possible reasons for miscarriage. There may be a problem with the fetus, with the mother or with the father. Women who are under 25 and over 35 miscarry slightly more often than others. Often there is more than one cause for miscarriage.

Genetic problems:

60 out of 100 miscarriages before the 12th week of pregnancy happen because of genetic problems.

The fetus starts with one cell from the mother (the egg) and one cell from the father (the sperm). Each cell carries information that is passed from generation to generation. This "blue print" is carried in genes. Genes are grouped together in chromosomes. The genes and chromosomes tell the fetus how to grow and develop. If something goes wrong with a chromosome the fetus cannot grow and develop properly.



From: DEATH OF A DREAM

To survive and grow the fetus has to make hormones that help to keep the mother pregnant. If the fetus doesn't develop properly it may not be able to make these hormones. This is the reason for about 1/2 of the miscarriages that happen before the 12th week of pregnancy.

A genetic problem is an accident of nature. The fetus is not formed right and cannot live and grow.

Most women who have an early miscarriage due to this problem will have a normal baby next time they get pregnant.

If you have more than two early miscarriages, your genes can be studied. These tests are called karyotyping. They check to see if the genetic problem with the fetus is being passed down either from you or your partner.

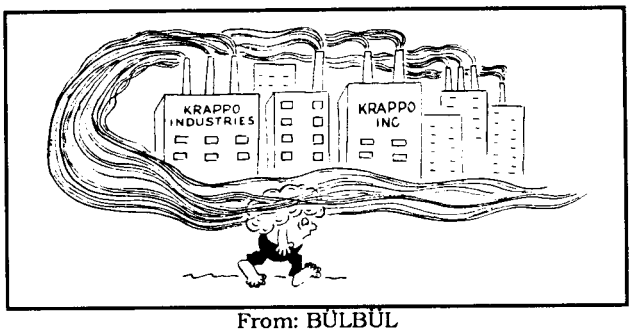
We know that some genetic problems happen for no apparent reason. But we also know that certain chemicals, drugs or x-rays increase your chance of having a fetus with a genetic problem.

Many of the substances which are poisonous to a developing fetus may be found at work or at home. Poisons can get into your body through the air you breathe, the food you eat, the water you drink or through your skin. They can change your egg cells or your partner's sperm so that they do not develop properly. After you are pregnant, they can damage the growing fetus.

These substances seem to cause miscarriage in women exposed to them:

- Radiation: x-rays for medical or dental reasons; dyes that show up on x-rays; leaks or contamination from nuclear power stations.

- Anaesthetic gases.
- Lead.
- Industrial chemicals.
- Cigarette smoke.
- Drugs to treat cancer patients.



From: BULBUL

These substances seem to cause miscarriage in the partners of men exposed to them:

- Anaesthetic gases.
- Lead.
- Chloroprene.
- Vinyl chloride.
- DBCB (a pesticide).

If you have a miscarriage, you might want to talk with the women or men you or your partner works with. If many women have miscarried or had children with birth defects, the problems may be caused by something at work. Talk to someone from your union, or write to:

The Canadian Centre for
Occupational Health and Safety
250 Main St. East
Hamilton, Ontario L8N 1H6

Problems with the way the fetus develops:

Sometimes things can go wrong with the way the fetus develops. It could be born with spina bifida, an undeveloped spinal cord, or with anencephaly, an incomplete brain. Most fetuses with these problems will miscarry.

What health problems can cause miscarriage?

Infections and diseases:

If you have an infection you may also have a fever. A high fever may cause a miscarriage.

These infections are known to cause miscarriage:

- Bacterial infections: pneumonia, bladder infections, bowel infections, infection inside your uterus, infection in your pelvis, P.I.D.(pelvic inflammatory disease).

- Viral infections: polio, measles, hepatitis, chickenpox and toxoplasmosis, a virus from cats' dirty litter.

Many serious diseases can cause miscarriage. Most can be treated so that you will be able to have a safe pregnancy.

These diseases are known to cause miscarriage:

- Toxemia: a disease of pregnancy you can treat with diet and rest; endometriosis; thyroid disease; diabetes in you or your partner; heart disease; hypertension (high blood pressure); multiple sclerosis (MS); liver or kidney disease; sexually transmitted diseases such as syphilis, chlamydia and herpes.

Hormones:

Hormones are chemicals your body makes. They travel in your blood and act as messengers. They tell organs, tissues and cells what to do. Your ovaries make two hormones, estrogen and progesterone. If your ovaries don't make enough progesterone early in pregnancy, you can miscarry. This is a very unlikely reason for a first miscarriage.

Immune system:

Normally your body protects you from something that is not part of you. The most common example of this is the rejection of an organ transplant. In pregnancy, your immune system must bypass this rejection process, or your body will treat the fetus as if it is foreign, and you will miscarry.

Problems with your uterus:

Certain problems with a woman's uterus may cause a late miscarriage. The most common problems inside your uterus are Asherman's syndrome, Incompetent (weakened) cervix and Fibroids. You can read about them in the chapter on **Late Miscarriage**, page 71.

Can some medical procedures cause miscarriage?

Internal examinations:

Your doctor routinely does an internal examination early in pregnancy. This is an examination of your vagina and cervix. She usually takes a Pap smear and checks for infection. An internal exam early in pregnancy is usually safe. But if you have already had one or more miscarriages, you may want to avoid it. Ask your doctor not to do an internal exam if you feel nervous about it.

If you've had a late miscarriage or gone into labour early before, avoid all internal exams later in your pregnancy.

Cone biopsy:

A cone biopsy is an operation to remove a cone-shaped chunk of tissue from your cervix. Usually this is done if you've had a number of abnormal Pap smears. After a cone biopsy, you may miscarry because your cervix is weakened. If your doctor suggests a cone biopsy and you plan to have more children, ask if another treatment would work as well. Cryosurgery, or freezing the surface of the cervix, is a treatment for abnormal Pap smears that does not weaken your cervix.

Cervical stitch:

Doctors sometimes put a stitch into a woman's cervix to keep her from having a late miscarriage. There is a small risk of miscarriage when the stitch is being put in. You can read more about the stitch on page 78.

Amniocentesis:

This tests for genetic problems in the fetus. The doctor puts a needle through your belly and your uterus to get a small amount of amniotic fluid. The fluid has cells from the fetus in it. These cells can be grown to show if the fetus has a genetic problem, like Down's syndrome.

Amniocentesis is done during the 16th week of pregnancy. Many doctors recommend that all women over 35 have it done. One in 200 women who has an amniocentesis miscarries because of it.

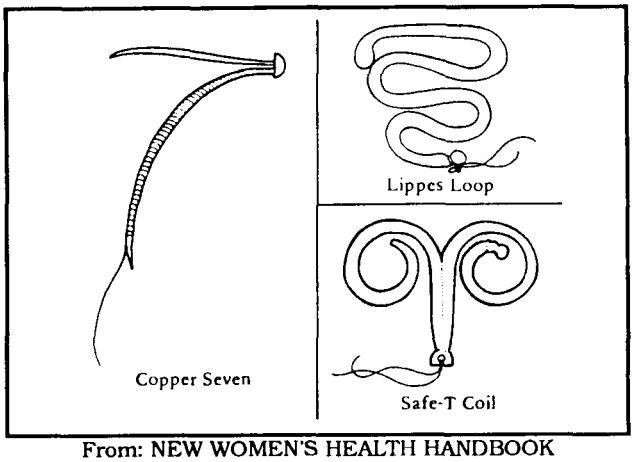
Chorionic villi testing:

This is a test for genetic problems done at the eighth or ninth week of pregnancy. The doctor takes a small bit of the chorionic villi from just inside your cervix. One woman out of every 100 women who has this test miscarries because of it.

Birth control and abortion:

Your chances of miscarrying are higher if you get pregnant with an IUD in place. Your doctor should take your IUD out because of the danger of infection. You may still miscarry.

It's best to wait three to six months to get pregnant after stopping the birth control pill. You may be more likely to miscarry if you get pregnant right away.



From: NEW WOMEN'S HEALTH HANDBOOK

Many women worry that their miscarriage happened because of an earlier abortion. You may feel very guilty if you think your abortion caused your present miscarriage.

Chances are good that your miscarriage has nothing to do with your abortion. An early abortion does not make you more likely to have a miscarriage when you get pregnant again.

If you've had many abortions (more than five), or two abortions when you were more than 14 weeks pregnant, your cervix may be weakened. These situations increase your chance of having a late miscarriage. They do not make you any more likely to have an early miscarriage.

Can medicines cause miscarriage?

Some prescription drugs may cause miscarriage. These include:

- hormonal drugs (DES, progesterone),oral contraceptives (the pill)
- antibiotics (tetracycline, streptomycin)
- mood altering drugs (lithium, librium and valium)
- anti-coagulants (warfarin).

Many medicines are harmful to the fetus, including medicines that you can buy at a drugstore without a prescription. Even aspirin is not completely safe in pregnancy. It's best to avoid taking any medicines.

Can alcohol or drugs cause miscarriage?

It is best to avoid both alcohol and street drugs when you're pregnant. They are harmful to the fetus. Alcohol can make you more likely to miscarry or have a baby with birth defects. There is more information on why they are harmful on page 42.

If you need help getting off alcohol or street drugs, talk to a drug and alcohol counsellor or a social worker. They can tell you how to get help.

What about smoking?

It is also harmful to smoke when you are pregnant. If you smoke heavily, you will be more likely to have a miscarriage, go into labour early, or have a small baby. If you can't cut out smoking, cut down as much as possible.

Can sex cause a miscarriage?

Many women worry that sex may have caused their miscarriage. There is no evidence that sex can make you miscarry if you weren't already starting to. If you are threatening to miscarry, sex can make things worse.

If you're pregnant and have had several early miscarriages, it's best to avoid intercourse during the first three months of pregnancy. There are other ways to be sexual. If you are worried about going into early labour, it may be best to avoid having an orgasm in the last three months of your pregnancy. An orgasm makes your uterus contract. This doesn't usually cause labour to start, but you may want to avoid the possibility if you're trying to stop yourself from going into early labour.

Can an injury cause a miscarriage?

The fetus is well protected in its sack of fluid. It is protected against most minor injuries. But a major injury, such as a car accident or a bad fall, can lead you to miscarry.

Do women's life situations lead to miscarriage?

Physical Abuse:

Women are sometimes beaten and abused by their partners. Often a man will hit or push a woman around for the first time when she becomes pregnant. If she was already being hit the abuse may get worse when she becomes pregnant. Women in this situation say that the punches and hits are often aimed at their belly. This kind of abuse can cause a miscarriage. It is important to remember that it is not your fault that you are being hit.

The chapter on **How to get more information** on page 139 lists places you can phone for help. Your local women's centre or community health worker can also help.

Poverty:

Being poor is a serious problem for many women. Women who do not have much money tend to have more miscarriages than women who have enough to live on.

If you are poor and pregnant, you probably need help to make the budget stretch to cover your food bills. Ask your social worker for a special diet allowance while you are pregnant.

You need a balanced, healthy diet for you and the fetus.

Nutritious food is not always the most expensive. Read the section on diet on page 38.

Stress:

Normally stress is always present at some level. Extra stress while you are pregnant may increase the risk of miscarriage. Read the section on stress on page 45 for ideas of ways to deal with stress.

DES:

DES is a drug which can make you more likely to miscarry. It was given to many pregnant women between 1941 and 1971. If you were born during this time, your mother may have taken this drug while she was pregnant with you. DES may have changed the way your uterus and cervix developed, so it is harder for you to stay pregnant.

The full name for DES is **diethylstilbestrol**. It is an artificial form of the hormone estrogen.

DES was mostly given to women who were threatening to miscarry. If a woman started to spot or bleed, she was sometimes given this drug. After a miscarriage, many women were given DES the next time they became pregnant.

DES was also given to women with other problems in pregnancy. Sometimes it was given to women without problems, "to make a healthy pregnancy healthier."

Lynn Robertson

DES was not a good medicine. Doctors gave it to women because they thought it could stop them from miscarrying. But when DES was tested in 1952 to see whether it really worked, the tests showed that it didn't work. Many doctors kept giving pregnant women DES anyway, because they wanted to do something to stop women from miscarrying.

Not only did DES not work, but it was harmful to the children of women given the drug. In 1971, researchers found out that DES was harmful. They found that young women were getting cancer of the vagina because their mothers had taken this drug.

Doctors were no longer allowed to give pregnant women this drug after 1971.

Luckily, the cancer of the vagina caused by DES is very rare. It only happens to one in 1000 women whose mothers took the drug. But women whose mothers took DES are very likely to have pregnancy problems. If your mother took DES, you have about a 50/50 chance of having a problem pregnancy.

What pregnancy problems are caused by DES?

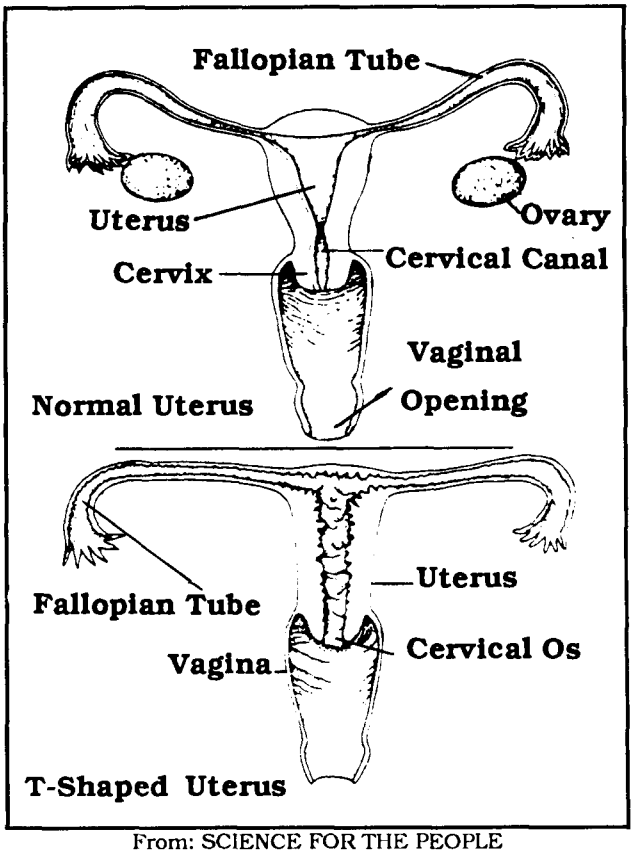
If your mother took DES, you are more likely to have early or late miscarriages, ectopic pregnancy, or to go into labour earlier than other women. You may have a number of miscarriages. You may also have an incompetent cervix, a weakened cervix which starts to open up too soon.

You may also find it hard to get pregnant. This is not as common as problems while you are pregnant. Men whose mothers took DES may also have fertility problems.

Your chances of having a pregnancy which ends with a live baby are good. Four out of five "DES daughters," or women whose mothers took DES, are able to have babies. Some of these women have one or a few miscarriages before having a successful pregnancy.

Why does DES cause miscarriage and other pregnancy problems?

DES may have changed how you developed inside your mother's uterus. Your uterus may be a slightly different shape and may be smaller than usual because of DES. This can make it hard for your uterus to stretch enough for the growing fetus. DES can cause your uterus to be "T-shaped" inside. This is a picture of a T-shaped and a normally shaped uterus.



From: SCIENCE FOR THE PEOPLE

If you have an ectopic pregnancy, it may be because your tubes are shaped a little differently from other women's tubes.

You are more likely to have changes to your uterus and tubes if your mother was given DES during the first three months of her pregnancy with you. This is when your organs were developing.

Your doctor can do an X-ray of the inside of your uterus to see if it is T-shaped. This X-ray is called a **hysterosalpingogram**. The doctor puts dye which shows up on an X-ray into your uterus through your cervix. She then takes X-ray pictures of the inside of your uterus.

Women say that this test hurts a lot. It's good to avoid X-rays to your ovaries if you can. You may want to think about how useful it will be to know the shape of the inside of your uterus. A T-shaped uterus is not something a doctor can change.

How do I know if my mother took DES?

If your mother is still alive, ask her if she remembers being given any medicines when she was pregnant with you. DES was given as shots and as pills. There were many brand names for this drug. Some women were even given vitamin pills they needed a prescription for, with DES in them.

Ask your mother if she had any spotting or bleeding during her pregnancy. Did she miscarry before she had you? Did she have other pregnancy problems?

Getting medical records:

Your mother's medical records will show if she took DES. Doctors need to keep a patient's records for at least 6 years after a patient's last visit. Some keep records for longer. Ask your mother's doctor or your doctor to get the records of the time when she was pregnant with you.

If you can't get records from a doctor, try the hospital where you were born. They should have a record of your birth. Sometimes, medicines the mother was given during pregnancy are written on the birth records.

Pharmacies also keep records. If your mother knows where she bought all her medicines, she can ask the pharmacist for her records. Not all pharmacies keep records for many years, but some do.

It can be very hard to get medical records of your mother's pregnancy, but it's worth a try.

What if I can't find out from records?

You can try going to a doctor who can tell if you have the signs of being a DES daughter. DES often causes changes to the lining of the vagina. These changes are called **adenosis**. If you have adenosis, you get a lot of discharge from your vagina. Adenosis is not harmful, but you are very unlikely to have it unless you are a DES daughter.

If you have a T-shaped uterus, you are most likely a DES daughter. If your cervix is an unusual shape, it may also show a doctor that your mother took DES.

What should I do if I am DES-exposed?

You need to make sure you get good medical care when you are pregnant. Your doctor should watch you carefully. She should consider your pregnancy a "high risk" pregnancy. This means that she shouldn't wait until you've miscarried three times before treating you as if you're likely to miscarry again.

You may want to learn some of the early signs of miscarriage, ectopic pregnancy, and early labour. Read the sections of this book on each of these problems. You will then be able to recognize right away if something is going wrong. You will be able to get treatment as soon as possible.

You can get help and information from a group called **DES Action Canada.** This group was started by women who were exposed to DES. You can get booklets and pamphlets from them telling you more about DES. These booklets may also be helpful for your doctor to have. One booklet they put out is a **Fertility and Pregnancy Guide for DES Daughters and Sons.** See page 140 for the address of DES Action.

If you've just found out you're DES exposed, you may be feeling very upset. It can help to talk to someone who's also DES exposed. If you're feeling worried, you may feel better if you find out more about how the drug can affect your health.

From: WORKING TOGETHER FOR CHANGE

Your mother may blame herself for your health problems. She may feel bad even if she knows that she is not really to blame. She didn't know that DES would hurt you. She took it because her doctor told her she needed it. She may find it helpful to talk to other "DES mothers", or women who took the drug.

You can phone or write to **DES Action** and tell them you want to talk to someone.

If you are a DES daughter, you also need more medical care when you're not pregnant. You need to have an exam from a doctor every year, called a "DES Exam". This is a more thorough examination than one a doctor would give to any woman. It is an exam of your vagina and cervix. Any doctor can do this exam, but many doctors haven't learned how. **DES Action** has lists of doctors who do this exam. They also have booklets for doctors teaching them how to do the exam.

Your public health nurse or your community health worker may also be able to tell you more about DES or talk to you about how you're feeling.

FROM: WOMEN'S GLOBAL NETWORK ON REPRODUCTIVE RIGHTS

The DES lesson:

DES has taught us to be careful about drugs in pregnancy, especially hormonal drugs. Nobody knew that DES was going to harm a fetus. When DES-exposed babies were born, they looked healthy. Their health problems didn't show up until they were teenagers or older.

It's best to avoid taking any drugs when you're pregnant. No one knows if other hormone drugs, like progesterone, can also harm a fetus.

You may be having problems with pregnancy because you're DES exposed, and your doctor may suggest that you take a drug. You're in a hard position. You don't want your baby to have problems because of a drug you take. You will need to think carefully about what you want to do. Try to find out as much as you can about the drug your doctor is suggesting. Is there anything else you can try? What would happen if you didn't take any medicine?

We don't want the story of DES to happen again with another drug. We want doctors to avoid giving drugs to pregnant women. If they have to give a drug, they should know that it has been tested very well and it works. They should also know that it is safe.

EARLY MISCARRIAGE

A miscarriage before the 12th week of pregnancy is called an early miscarriage. After the 12th week, it is called a late miscarriage.

About 15 out of 100 women who are pregnant will miscarry during this time. This is about 3/4 of all miscarriages.

What happens when you have an early miscarriage?

Every woman's miscarriage is different. Some happen very fast, some take hours or one or two days.

Things you may notice:

Usually, one of the first signs that you are miscarrying is bleeding from your vagina. You may bleed a few spots or gush a lot of blood. You may see bright red blood or darker red with clots. The most common time to bleed is when your period would have been due.

About 1/2 of all pregnant women bleed a little while they are pregnant. Less than 1/2 of these women go on to have a miscarriage.

You may also have cramps that feel like period pains. With an early miscarriage they usually begin after the bleeding has started.

You may not feel pregnant anymore. You may not feel nausea or tiredness. You may not need to go to the bathroom as often. Your breasts may no longer feel sore.

Things your doctor notices:

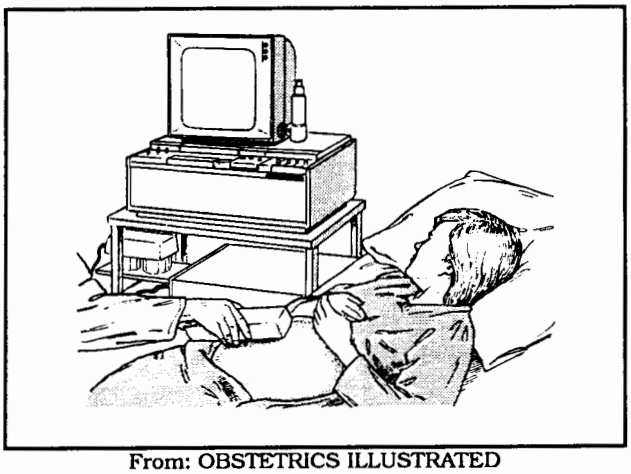
Your doctor can do tests to see if you are miscarrying. She can do a blood or a urine pregnancy test to see if your body is making the hormone hCG. A blood test is more accurate, but a urine test is an easy first step.

If your pregnancy test is negative you may have miscarried, or you may be about to miscarry. If a urine test is negative, it is probably a good idea to have a blood test to be sure.

Sometimes doctors will take two blood tests two days apart. They measure how much hCG is in your blood. When you are pregnant, hCG more than doubles every two to three days. If the second blood test doesn't show double the amount of hCG, you have miscarried or are about to miscarry.

Your doctor can also do a pelvic examination to see if your cervix, the neck of your uterus, is open. There is a picture of this exam on page 32. It can be uncomfortable, but it should not hurt. If your cervix has opened, you will miscarry.

Many doctors recommend having a test called an **ultrasound scan**. This is done at the clinic or hospital. It is not painful, although it can be uncomfortable because you have to have a full bladder. An ultrasound scan uses sound waves to take a picture of the inside of your pelvis. The picture is shown on a T.V.-like screen. This test can tell many things including where the placenta is and if the fetus has a heartbeat.



From: OBSTETRICS ILLUSTRATED

There has not been enough research to tell whether ultrasound is completely safe for a developing fetus. If you are unsure whether to have an ultrasound, ask your doctor what difference it would make to what you did next. If you have to wait and see what happens no matter what the ultrasound shows, you may not want to have it done.

What does an early miscarriage feel like?

Depending on how far along you are in your pregnancy, you may lose a lot of blood or not very much. You may find that there is more pain and bleeding than you expected. You will probably get cramping which is much stronger than the cramps you get with a period. You will also probably have contractions, pain which comes and goes in a regular rhythm as your uterus tightens to force the fetus out.

The pain and the bleeding can be frightening. **You should have someone with you all the time, so that you can get to a hospital or clinic if you need to.**

Is it safe to miscarry at home?

It is safe to have an early miscarriage at home if you have someone with you, and if you have a way of getting to a hospital or clinic in an emergency. This means a car and driver, or phone contact with an air ambulance service in isolated areas. If you cannot arrange for someone to be with you at home, it is best to go to the hospital.

Some women feel better staying with friends and family when they are having an early miscarriage. You may feel more comfortable doing this also. It is easier to cry and be very sad at home than in a hospital. Being with your family and friends may help you get better faster.

Phone your doctor if you think you are beginning to miscarry. If you have chosen to stay at home, let her know that this is what you want. She should tell you how to reach her any time you want while you are miscarrying. Your doctor will probably want to talk to you or the person with you about the signs that something is going wrong.

If you know you have passed the fetus, or if you have passed large clots of blood, and are now bleeding less, you most likely have finished miscarrying. You will need to go and see your doctor within a few days to make sure all the tissue from your uterus has come out.

You may want to collect the tissue that comes out of your vagina. This is to be sure that the whole fetus and placenta is out, and to have the fetus tested. If you want to have the fetus tested, save the tissue in a clean container. Your doctor will arrange to have the fetus tested. You will be able to find out from this test if you miscarried because of a problem with the fetus.

Some women do not mind collecting the fetus and other tissue. Other women absolutely don't want to do this. It is your choice whether or not to do it.

What are the signs that something is going wrong?

Heavy bleeding:

You should not soak more than one full-size pad every hour. If you start to bleed more heavily, you need to go to the hospital. It is dangerous to lose more than two cups of blood.

Once you have passed the fetus and other tissue, you should start to bleed less. If you are still bleeding heavily after a few hours, go to the hospital. If you feel dizzy or faint, these are signs that you have lost too much blood.

Infection:

If you feel feverish or have chills, it is a sign of infection. Take your temperature and phone your doctor right away. You need to be treated as soon as possible.

Do I need to go to the doctor after a miscarriage at home?

Always have your uterus and cervix checked by your doctor after the miscarriage. This is to check that everything has passed out of your uterus. If it has not you may need to go to the hospital.

If you have miscarried at home read the chapter **After A Miscarriage** on page 119.

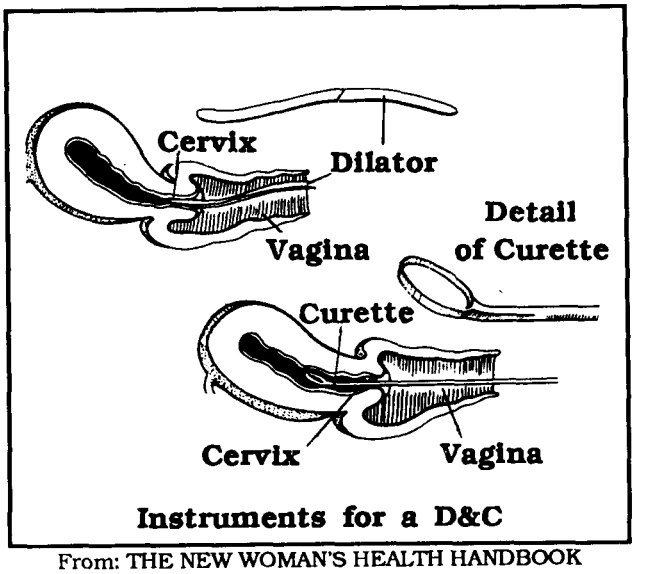
What happens if I go to the hospital to miscarry?

If your cervix is open, nothing you or your doctor can do will stop the miscarriage. This is called **inevitable miscarriage.** If your doctor is convinced that your miscarriage is inevitable you may want to wait and see if you miscarry completely without help. This can take a few hours or a few days, with bleeding and cramps on and off until you expel the fetus and placenta. You can either stay in the hospital to miscarry, or go home.

If you are still bleeding and cramping after 2 days, you may have an **incomplete miscarriage.** This means that your body is not passing all of the fetus and placenta by itself. If the fetus has died, but your body has not pushed it out, you have a **missed miscarriage**. In either case your doctor will suggest going to the hospital for an operation called a D&C (dilation and curettage).

What is a D&C?

A D&C is a minor operation. The D stands for dilate, which means to open. The C stands for curette, which means to scrape. A D&C is an operation where your cervix is opened enough for a small scraping instrument to get through the os into your uterus. The doctor then gently scrapes out the inside of your uterus.



Instruments for a D&C

From: THE NEW WOMAN'S HEALTH HANDBOOK

Some hospitals use a general anaesthetic which puts you to sleep. Some use a local anaesthetic which freezes your cervix, so you cannot feel the operation but you are still awake. This is like the freezing a dentist uses.

A local anaesthetic is safer. You don't feel so sick afterwards. You may prefer a local if you don't mind being awake. You can ask for the type of anaesthetic you want. Whether you have a general or a local anaesthetic your uterus will feel sore for a day or two afterwards.

You will probably stay in the hospital overnight and go home the next day.

When is a D&C needed?

A D&C is the treatment for an incomplete miscarriage or a missed miscarriage.

Some doctors suggest a D&C once a miscarriage seems unavoidable, but if your uterus can push the fetus out on its own you do not need the operation.

Are there risks to having a D&C?

A D&C is a simple operation and usually there are no harmful effects from it. However, a D&C can damage either your cervix or the inside of your uterus. It may also introduce infection to your reproductive organs. Having two or more D&C's increases your chances of having a miscarriage later on.

Your cervix can be weakened by being artificially opened. This is called an **Incompetent Cervix**. It makes you more likely to have a late miscarriage. Scraping inside your uterus can leave scars that make the inside of your uterus too small for the developing fetus or the placenta to attach to firmly. This is called **Asherman's Syndrome**. These two conditions are explained in the chapter on **Late Miscarriage**, pages 76 to 83.

Your uterus is naturally sterile. There is always a risk of infection to your reproductive organs when they are opened up. If you get an infection after a D&C it has to be treated right away. If an infection is left untreated, you may have problems getting pregnant later on.

Can I avoid a D&C?

If you don't want to have a D&C talk with your doctor about the reasons why she thinks it is needed. If you have not lost much blood and have not been miscarrying for days, ask her for 24 hours to see if you can miscarry naturally. She may be concerned that you would not know if all the fetus and placenta has been passed. Ask her to tell you how you would know.

It is hard to trust your body when it seems to have failed you. You may feel unsure that you can miscarry naturally. There may also be some pressure on you to have the D&C. If you are being offered a D&C, the choice is yours. Do not feel pressured into it.

From: ISIS

After your early miscarriage:

The feelings and thoughts that you had while the miscarriage was happening will probably come to the surface now. You may want to read the chapter **Healing the Feelings** on page 15. For information on health care after your miscarriage, read **After a Miscarriage** on page 119.

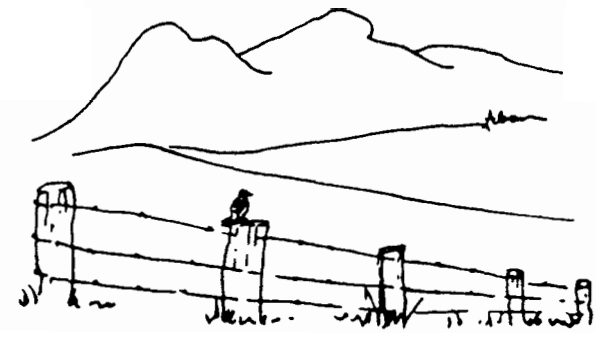
Will it happen again?

After one or two early miscarriages, your chances of having a baby next time you are pregnant are almost the same as someone who has never miscarried. Even after two early miscarriages, you still have a 75% chance of having a healthy pregnancy and baby. Women who have never miscarried have an 80% chance of having a baby.

Most early miscarriages are accidents in cell growth that are not likely to happen again.

It's best to wait at least two or three months after an early miscarriage before getting pregnant again. This gives you a chance to get stronger, especially if you have lost a lot of blood. Your hormones will have time to balance themselves again. You will have time to think about your feelings about miscarriage before facing pregnancy again.

You can ovulate a few weeks after an early miscarriage. This makes it physically possible to get pregnant within weeks of the miscarriage happening. You will need some form of birth control while you are giving yourself time to feel stronger. If you plan to be pregnant again soon, it's best to use a method that doesn't affect your whole body. Condoms, foam, a diaphragm or a cervical cap are safe and work well. It's better not to go on the pill or have an IUD put in if you're trying to avoid pregnancy for only a few months.

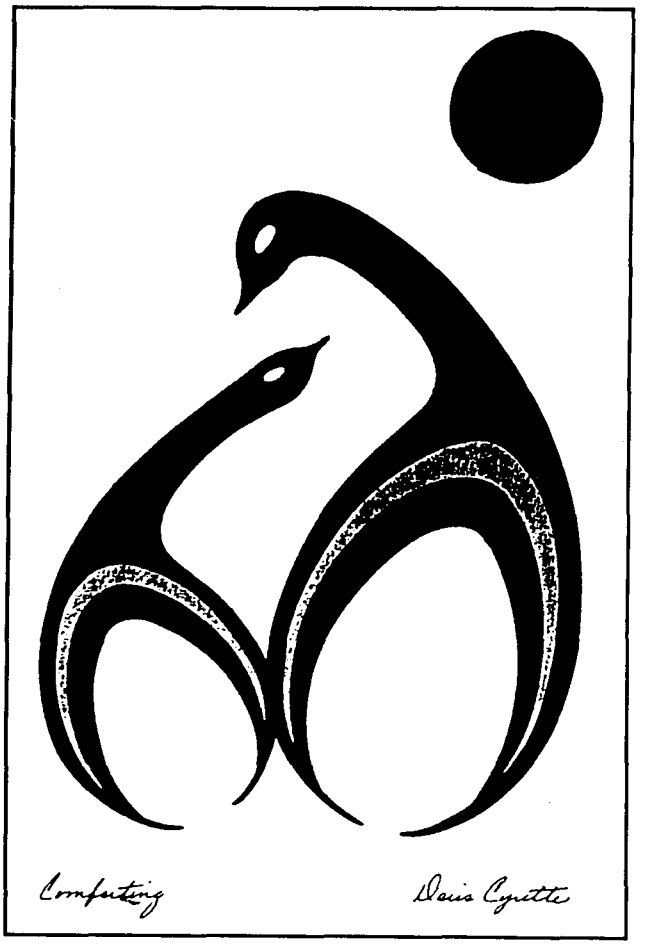


FROM: SMITHERS HUMAN RIGHTS SOCIETY

LATE MISCARRIAGE

A late miscarriage happens when you are between 12 and 20 weeks pregnant. A miscarriage after 20 weeks of pregnancy is called a stillbirth.

About four out of 100 women who are pregnant will have a miscarriage between the 12th and the 20th week of pregnancy. This is about 1/5 of all miscarriages.



HOW LATE MISCARRIAGE HAPPENS

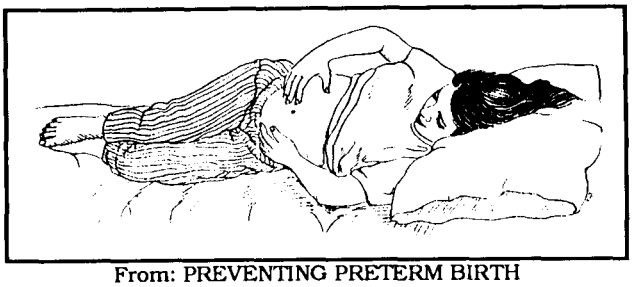
Some of the signs of a late miscarriage are the same as the signs of an early one:

- bleeding from your vagina
- cramps or low backache
- the feeling that you are no longer pregnant.

There are, however, other signs or feelings that only happen when you are over 12 weeks pregnant:

These are signs you may notice:

- You may feel water leaking from your vagina. The bag of water that the baby floats in has developed by the 12th week of pregnancy. If it breaks,you may feel a gush and the water will leak through your cervix. This water is amniotic fluid.
- The fetus stops moving for more than two days. Women feel the first movement of their fetus at different times. If this is your first baby you may not feel it move until you are 18 weeks pregnant. Women who have had a baby before often feel movement as early as 14 weeks.
- You may have cramps that feel more like contractions. Contractions are regular waves of pain that tighten your uterus and make your cervix open up. If you put your fingers on your tummy you can feel your uterus going hard and then getting soft again with the cramping.
- If you bleed, it is more likely to happen after you start feeling cramps.



From: PREVENTING PRETERM BIRTH

Signs a doctor notices:

- Your cervix is opening. The doctor checks for this by doing a pelvic examination. See pages 31 to 33 for a description and a picture of this exam.

  Your cervix can open two different ways. You may feel painful cramps as your cervix opens, or no pain at all. If you do not feel cramps you most probably have what is called an **incompetent cervix**. There is a section about this on page 76.

- The baby has no heartbeat. This is checked by using either a stethoscope or a doptone. A doptone is an instrument that can pick up a fetus's heartbeat earlier than a stethoscope. It does this by using the same sound waves that an ultrasound scan uses.

- A pregnancy test is negative. By taking a sample of blood or urine and testing it to see what level of pregnancy hormones you have in your body, the doctor may be able to tell if you are no longer pregnant. This is not very accurate because the levels of hormones drop fairly slowly, and the test may be positive when in fact the fetus has died.

An ultrasound scan:

Your doctor may send you for an ultrasound scan if she thinks you are starting to miscarry. This test may tell her if there is anything wrong with the way the fetus is developing, where the placenta is and if the bag of waters is healthy. There is more information and a picture of an ultrasound scan on page 65.

How will the miscarriage happen?

When you are more than 12 weeks pregnant you have probably started to picture what your baby will be like when it is born. You may have begun to make plans as a new mother.

At the first sign that something is wrong you will most likely be upset and shocked. You may feel afraid of the blood and the pain of miscarriage.

Your feelings may be different depending on how you felt about being pregnant. It's not unusual to worry about what others will think of you and to feel guilty, especially if your feelings include relief.

You may feel caught up in taking care of the practical details of going through a miscarriage. Your feelings may stay under the surface until later, when you have time to think about what has happened.

Every late miscarriage is different in some ways. The reasons that you are miscarrying will affect the way it happens.

Here are two different experiences:

- Miscarrying because you have an **incompetent cervix**. This is usually faster, less painful, with less blood than other miscarriages.

- Miscarrying for other reasons. This can be a slow process and it can be painful. There can be a surprising amount of blood.

Is it safe to have a late miscarriage at home?

After the 12th week of pregnancy, there is a danger of heavy uncontrolled bleeding during a miscarriage. You are safer if you go to the hospital for your miscarriage.

If you stay home, you are much safer if someone is with you who knows what to do in an emergency. This could be a midwife, a public health nurse or a doctor. They should have emergency equipment with them. It is also safest to be within 30 minutes drive to a hospital.

If you are at home, read the section on having an early miscarriage at home, on page 66, for signs of problems to watch out for. **Do not try to pull the placenta out by tugging on the umbilical cord. This can cause heavy bleeding.**

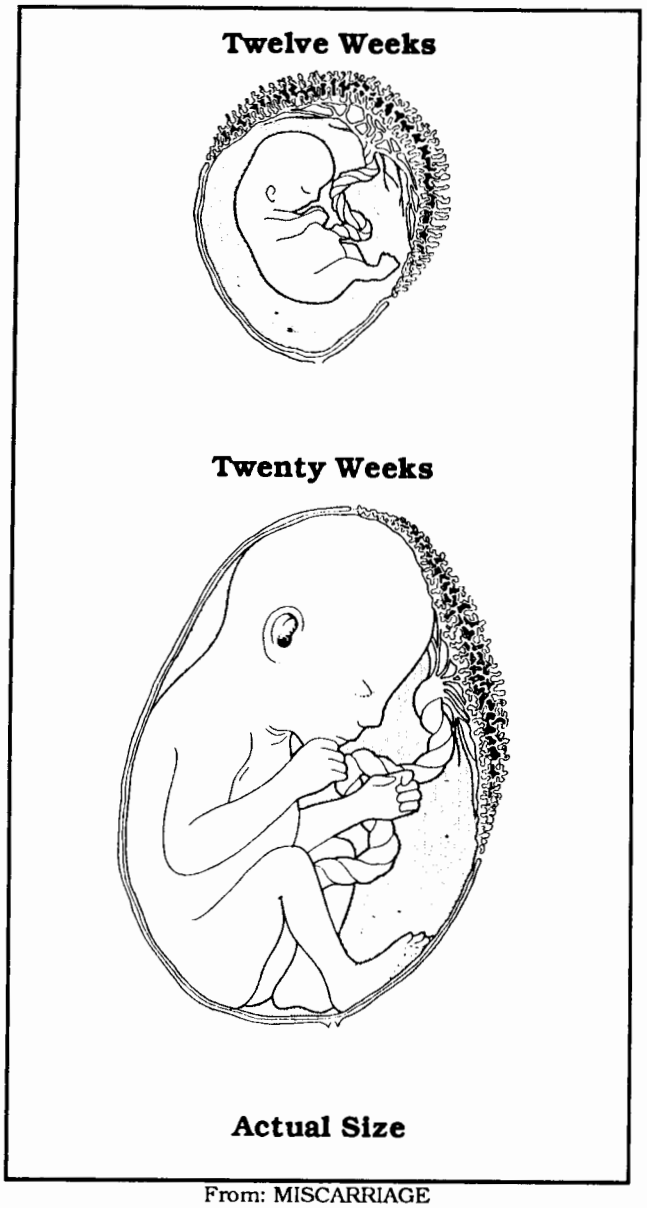
What happens at the hospital?

These things may make it easier for you at the hospital:

- Have someone with you all the time. It could be your partner, mother or friend. They can ask for what you want. They can help you cope with the pain, or ask for drugs to relieve the pain.

- Ask the admitting staff where you are being sent. Some hospitals put you onto the maternity floor. You can ask not to go to the maternity floor. The last thing you need is to be faced with newborn babies and happy mothers during this time.

- You may find that you are afraid of what the fetus will look like. You can decide whether or not you want to look at it. Some women find something to remember and to cherish about it. Either way is right if it feels right.



From: MISCARRIAGE

You can leave the hospital as soon as you feel you want to. If you have other children at home and no help, you may want to stay longer to get some rest.

How much will a late miscarriage hurt?

You will be in pain. You will go through labour and deliver the fetus. It is like the pain of childbirth, although usually not quite as strong.

What will help the pain?

Use whatever you find most helpful for coping with the pain. Here are some ideas:

- stand under a shower.
- have someone press on your lower back, stroke your hair, or just hold your hand.
- use the breathing exercises women have used for childbirth.
- if you are in hospital, ask for painkilling drugs.
- if you are at home, check with your doctor before you take any drugs.

Will I need a D&C?

If your uterus has not emptied, your doctor may suggest a D&C. This is an operation where your uterus is gently scraped out. There is a section in the chapter called **Early Miscarriage** on page 68 about when to have a D&C and what it is like.

WHAT CAUSES A LATE MISCARRIAGE

Many women never know why they had a late miscarriage. The following problems can cause a late miscarriage:

- An incompetent cervix.
- A misshapen uterus.
- Problems inside your uterus.

In this section we are going to look at what these problems are, why they may have caused your miscarriage and what treatments work or don't work.

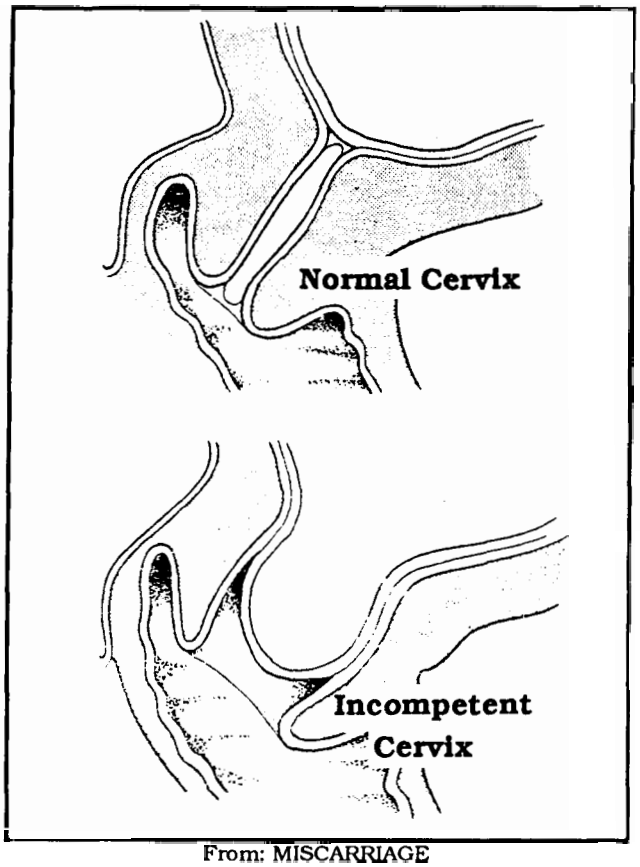
INCOMPETENT CERVIX

What is an incompetent cervix?

The word incompetent means not able to do its job. It is an unfair word because staying closed is only one of the jobs your cervix does. We prefer the word weakened, so we will use it from now on.

The lowest part of your uterus is called your cervix. This is the "neck" of your uterus. This part of your uterus is a tight ring of muscle that you can feel at the top of your vagina. There is a small opening in the middle of your cervix called the os. It opens up when you give birth. During pregnancy, it should stay tightly closed. If your cervix is strong it can only open wide when you are in labour. It opens when your uterus contracts. If your cervix is weakened, it opens without contractions. Once your cervix has opened the fetus literally slips out.

A weakened cervix is a common cause of a late miscarriage. It can happen any time between the 16th and the 28th week of pregnancy. The most usual time is between the 18th and the 24th weeks.



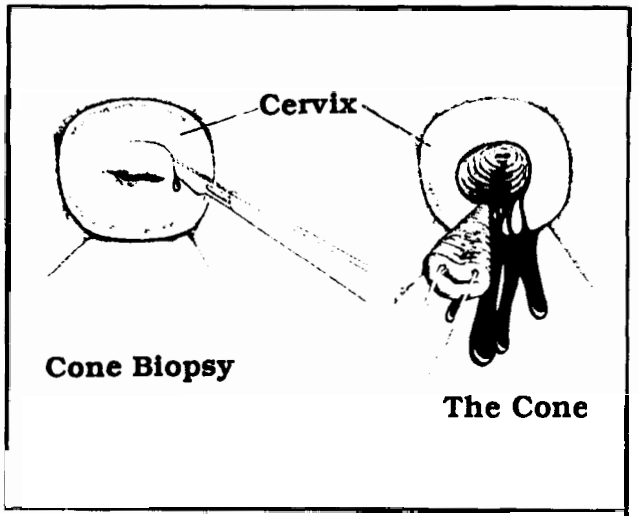
From: MISCARRIAGE

How did my cervix get weakened?

It is not always possible to know why your cervix becomes weakened. There is often more than one reason. Here are some of the reasons:

- **Having a number of D&C's:** a D&C is often done after a miscarriage or after childbirth. Doctors also do a D&C to check the inside of your uterus for growths or to see if you're having problems with your periods. Each time you have a D&C your cervix is artificially opened. This weakens it.

- **A cone biopsy:** The most common operation to your cervix is a cone biopsy. This operation treats abnormal Pap smears. When you have a cone biopsy, the centre part of your cervix is cut out. This can make the os bigger and less elastic, and the cervix weaker.



From: A NEW VIEW OF A WOMAN'S BODY

- **Your mother took the drug DES when she was pregnant with you:** There is a section about DES on page 59.

- **Your cervix was damaged during childbirth:** Long and difficult labour, a baby delivered by forceps, or the birth of a very large baby can tear your cervix.

How will I know my cervix is weakened?

In the past, the only way of knowing you had a weakened cervix was to lose a fetus. During your next pregnancy your doctor would suggest treatment to try to stop your cervix from opening too soon.

Most women still have at least one late miscarriage before any treatment is tried.

The most recent test that can show a weakened cervix very early is the ultrasound scan. This test makes it possible for the doctor to see if the os inside your uterus is opening. There is more information on ultrasound on page 65.

If you have already miscarried late in pregnancy, you can be extra watchful during the next pregnancy. The sooner your doctor notices a weakened cervix, the more likely you are to prevent miscarriage and to avoid an operation.

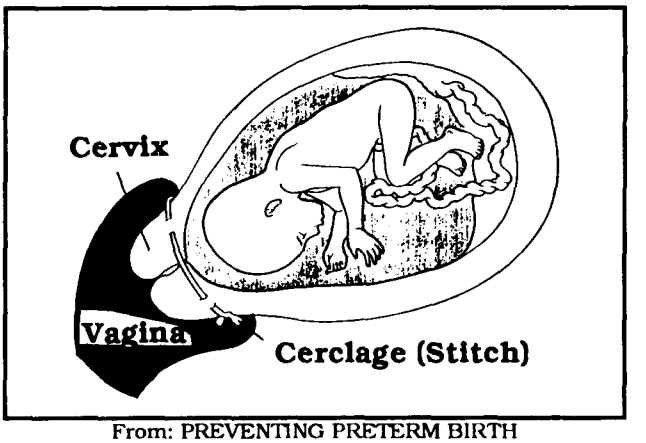
What does miscarriage because of a weakened cervix feel like?

- It often does not hurt.
- It can be very fast.
- You may start to leak water from your vagina.
- If you bleed at all it will most likely be a small amount.
- You may feel a downward pressure in your vagina or rectum.

What is the treatment for a weakened cervix?

The first treatment for a weakened cervix is bedrest. There is a section on bedrest earlier in this book, starting on page 47.

The other treatment most often recommended is an operation where a stitch is put into your cervix to keep it closed. There are two common types of stitches: the Shirodkar Suture or



From: PREVENTING PRETERM BIRTH

the MacDonald Suture. These stitches are running type stitches that work a little like the top of a purse string.

Having the stitch in:

Some doctors will put the stitch in after a miscarriage and before you get pregnant again. You need to go to the hospital to have this done. You also need to rest in bed for a few days to a week after it is put in.

Doctors disagree about whether it is a good idea to put a stitch in before you are pregnant. Many doctors prefer to wait until you are 14 weeks pregnant. This way, if you are going to miscarry in the first 12 weeks because your fetus is abnormal, it will happen before you have the stitch in.

If you are already pregnant when you get the stitch, it will most likely be put in when you are 14 weeks pregnant. The stitch should be put in before you are 32 weeks pregnant.

Having the stitch out:

The stitch is taken out near the end of your pregnancy, at about 38 weeks. It can be taken out at the doctor's office. If you go into labour while the stitch is in it is important to get to the hospital right away. This is because your cervix can be torn by the pressure of your labour opening it up while the stitch is in place. Many women go into labour very soon after the stitch has been taken out.

Does the stitch work ?

There are different reports about how often the stitch will save a pregnancy. Some reports say that it can stop a miscarriage caused by a weakened cervix more than half the time. Others say there is no proof that the stitch helps.

It is hard to tell how well it works because often when a woman has a stitch put in she has not begun to miscarry. She might have a healthy pregnancy without the stitch. Women who have had a stitch and did not miscarry swear by it, and women who had a stitch but miscarried feel that it was not worth doing.

The stitch won't help if you are miscarrying for reasons other than a weakened cervix.

Can the stitch harm me or the baby ?

There is some risk to having the stitch put in. About five pregnancies out of 100 will be disturbed by the operation, causing a miscarriage.

It is possible to get an infection in your cervix where the stitch is put in. Infections can be dangerous to the fetus. A stitch weakens the cervix and may have to be used again in the next pregnancy.

You or your doctor may decide that a cervical stitch is not for you.

MISSHAPEN UTERUS

What is a misshapen uterus?

A misshapen uterus is a uterus with an unusual shape. Many women who have a misshapen uterus never miscarry. Most women never know they have this problem.

If you have a misshapen uterus you may be told by your doctor that you have a congenital problem. This means that you were born with the problem. Usually there is no way of knowing why your uterus is shaped differently. Some women are born with a misshapen uterus because their mothers took a drug called DES during pregnancy. Their uterus is likely to be smaller than usual and to have a T-shaped inside space. There is more information about DES on page 59.

Most women with an abnormally shaped uterus have one of four types of abnormal shapes. The type that most often causes late miscarriages is called **septate**. The word septate means separated. If you have a septate uterus it is divided into two parts down the middle.

How will I know I have a misshapen uterus?

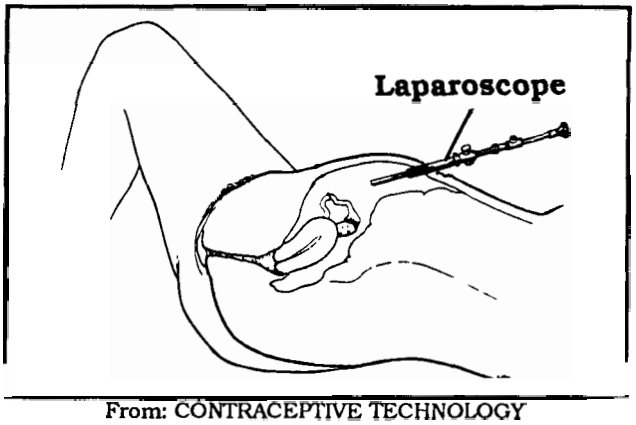
Unfortunately, you most likely have already lost one fetus before you find out that you have this problem.

If you or your doctor suspect that your uterus is misshapen she will do one or several of the following tests:

- **a hysterosalpingogram**, a test that injects dye into your uterus. The dye will show up on an x-ray. The doctor can then see what shape the space inside your uterus is.

- **a laparoscopy**, a mini operation sometimes called belly button surgery. The doctor fills your pelvis with a harmless gas so that all the organs in this part of your body are separate and easier to see. She then puts a thin telescope-like instrument, the laparascope, through a small cut near your belly button. The doctor can see all the body parts inside your pelvis.

Doctors usually use general anaesthetic during a laparoscopy, so that you are not awake or aware. Some doctors will use a local anaesthetic, so you are awake, but can't feel the operation. The doctor will be able to see what shape your uterus is on the outside. A septate uterus can look exactly the same as a normally shaped one from the outside so it may be best to have the dye and x-ray test first.



From: CONTRACEPTIVE TECHNOLOGY

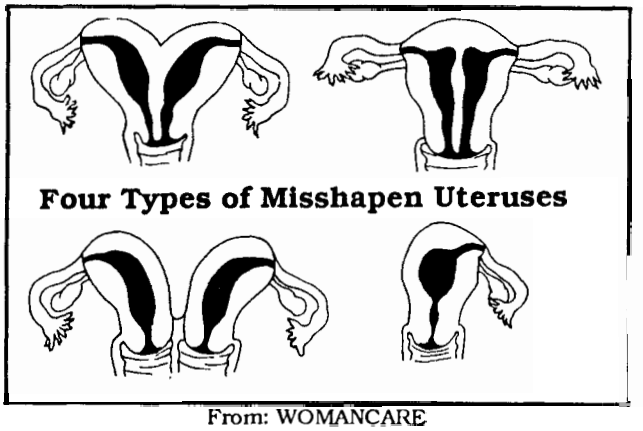
- **a hysteroscopy,** an operation which uses an instrument which is a lot like a laparoscope, called a hysteroscope. The doctor puts this thin metal tube through your cervix, and can look through it to see the inside of your uterus. Hysteroscopy is tricky to do, because your doctor will not be able to see anything if the inside lining of your uterus starts to bleed.

Is there any treatment for a misshapen uterus?

There is an operation to treat the most common shape, a septate uterus. The treatment for a septate uterus is a small operation that involves having a local anaesthetic. Some doctors may want you to have a general anaesthetic. The operation can only be done by a specialist called a gynecologist. A hysteroscope is gently pushed through your cervix. The doctor can then see inside your uterus and with tiny scissors can clip out the extra tissue.

This operation may not work. If you have miscarried once late in your pregnancy, and no other reasons except the shape of your uterus can be found for it, you may want to try this. It is a fairly minor operation and does not cause a lot of damage.

If you were born with a misshapen uterus, and it is not septate, the operation to correct it will be very major.



From: WOMANCARE

You will want to weigh the risks of these operations with the chance of having a normal pregnancy without having an operation.

Most women who are born with a misshapen uterus never know because they never have a problem. Even after a late miscarriage you could have a normal pregnancy.

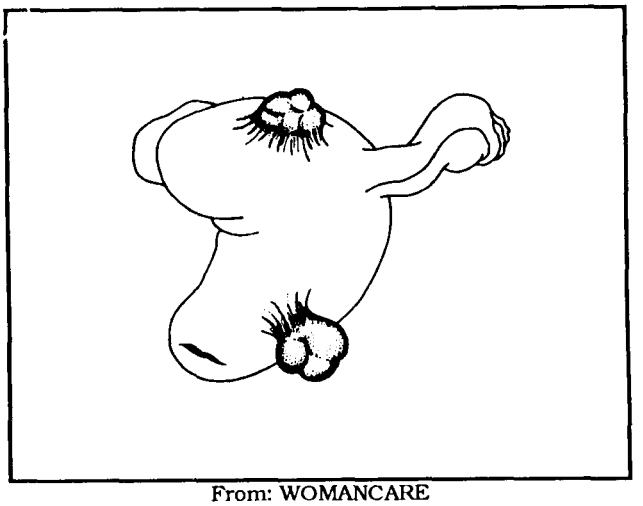
PROBLEMS INSIDE YOUR UTERUS AND PELVIS

Three problems inside your uterus are known to cause a miscarriage: **fibroids, Asherman's syndrome and endometriosis.**

FIBROIDS

These growths of fibre-like material are very common. They can make the wall of your uterus very lumpy. They are not cancerous. About 1/4 of all women will have them by the time they are 35. How they can cause a miscarriage is not known. Most women who have fibroids do not miscarry.

The treatment for fibroids is major surgery. If you have had two or three miscarriages and there seems to be no other reason, then fibroids may be the problem. You will need to discuss the risks of the operation and the chances of success with your doctor.



From: WOMANCARE

It may be possible to shrink fibroids by using non-medical treatments like changing your diet. You may want to read a book written by the Vancouver Women's Health Collective called **Talking About Periods**. The book gives ideas about how to shrink fibroids without having a major operation. It also describes the different operations that are done to remove fibroids. See page 142 for information on how to order this book.

ASHERMAN'S SYNDROME

Asherman's syndrome is scars inside your uterus that make the walls stick together. This makes the space inside smaller and the shape different. Asherman's syndrome is caused by a D&C. It does not always happen when you have a D&C. The time your uterus is most likely to be scarred by a D&C is after a miscarriage or after childbirth.

How is Asherman's syndrome treated?

The doctor will do a **hysteroscopy**. This is a small operation. Usually it is done as an outpatient. You are given a local anaesthetic in your cervix, like freezing a dentist uses. The doctor then gently puts an instrument called a hysteroscope through your cervix and opens it up so that she can see inside your uterus. With tiny scissors she then cuts away the scar tissue.

Some doctors put an IUD (usually used for birth control) inside your uterus for a few months. This is meant to stop the walls of your uterus from sticking together again. Your doctor may also want to give you estrogen pills for a few months. These are hormones that help your uterus lining to grow.

Does the operation work?

This operation is not done very often. There is not good information on how often it is successful.

There are risks. The operation itself is probably the part of the treatment that works the most. Having an IUD put in can cause some health problems which themselves cause problems with pregnancy. Or, if you get pregnant while you are taking estrogen, it may cause harm to the fetus. Taking hormones is always a major decision and needs careful thought, because hormones too can cause a number of health problems.

Ask your doctor how much more of a chance of success you have with the IUD and the estrogen. If it is only a small part of the treatment, it may be best to have the operation only.

ENDOMETRIOSIS:

This is a condition inside your pelvic area where some of the lining of your uterus grows outside your uterus. These stray bits of lining bleed every month when you have your period. They turn into lumps of scars. No one knows exactly why women get endometriosis.

Women who have endometriosis usually know that something is wrong because they have pain, heavy bleeding, or spotting between periods. They may find it hard to get pregnant.

Women who have mild endometriosis have miscarriages more often then women who have a worse case of endometriosis.

From: WOMEN'S GLOBAL NETWORK ON REPRODUCTIVE RIGHTS

Some doctors believe that women with endometriosis miscarry because they have extra hormone-like chemicals called prostaglandins in their body. An excess of one type of prostaglandin may cause miscarriage. Prostaglandins are the chemicals that your body makes naturally when you go into labour.

If you do get pregnant with endometriosis you may have a late miscarriage because your uterus starts to contract too soon.

Can endometriosis be treated?

There is no cure for endometriosis. It goes away when you reach menopause because you no longer have a menstrual cycle.

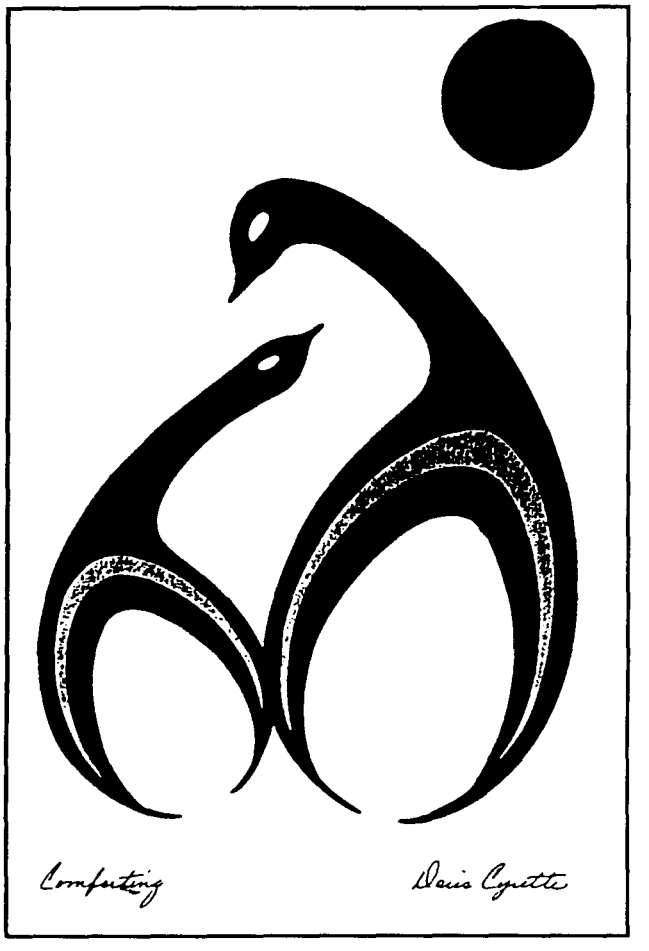
Doctors use several kinds of surgery to cut out the endometriosis. Doctors also use hormonal drugs like Danazol, the birth control pill, or Provera to stop the growth of endometriosis for a period of time. You cannot get pregnant while taking one of these drugs.

Some women use alternative methods of healing to get better. You can get a book from The Vancouver Women's Health Collective called **Talking About Periods**. It has a chapter about endometriosis and what you can do about it. Ordering information is on page 142.

REPEATED MISCARRIAGE

Doctors define repeated miscarriage as three or more miscarriages. They call it recurring or habitual miscarriage.

If you have had one or two early miscarriages, your chances of miscarrying again are not very different from someone who has never had a miscarriage. If you have had three miscarriages, your chances of miscarrying again are higher. You have a one in three chance of miscarrying during your fourth pregnancy.



When will I be tested to find out what's wrong?

Some doctors will only test you after three miscarriages. Other doctors start tests after two miscarriages if you've never had a healthy pregnancy.

You may have to push or to change doctors if you want to be tested before you've miscarried three times. It may be very important to you to be tested before you get pregnant again. You may want only to have simple tests, like blood tests, done at this point. You may want to avoid the tests which involve surgery and which could risk your health.

Why do repeated miscarriages happen?

If you've had more than two miscarriages, it's very unlikely that it's happening by chance. About 3/5 of the time, doctors can find a reason for repeated miscarriages.

These are the reasons:

- genetic problems
- hormone problems
- diseases and infections
- problems with your uterus
- immune problems

We will discuss each of these reasons in this chapter.

Genetic problems:

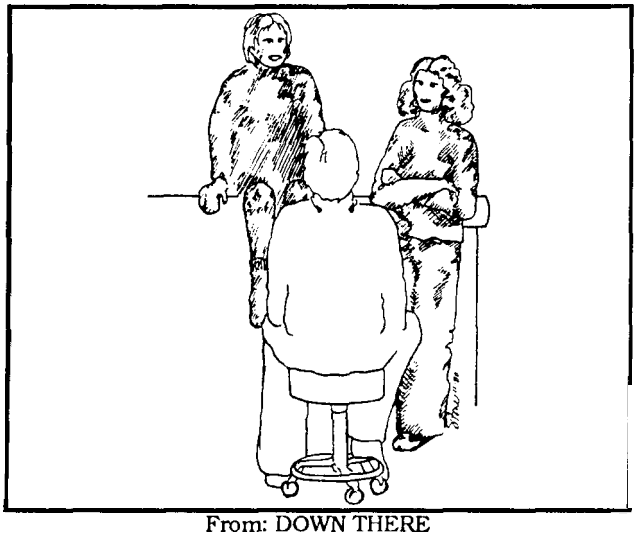
Only five couples out of 100 who get tested because of repeated miscarriage have genetic problems.

How can you tell if you have a genetic problem?

- You and your partner can have a blood test to look at your genes. This test will show if either of you is passing on a genetic problem to the fetus each time you get pregnant.
- Doctors can also test the fetus for genetic problems if you are able to save the tissue when you miscarry.
- Your doctor may also suggest having genetic tests done on the fetus each time you are pregnant. Most genetic problems are only passed on some of the time. There is information about these tests on page 114.

What can be done?

If these tests show a genetic problem, you may be sent to a genetic counsellor. Your doctor or genetic counsellor can tell you what your chances are of having a normal pregnancy.



From: DOWN THERE

Artificial insemination:

If your partner has a serious genetic problem, your doctor may suggest artificial insemination. Artificial insemination means having sperm from another man put in your vagina in a doctor's office. The man is called a sperm donor. He is someone who has healthy sperm, no infections, and no family history of problems which can be passed on. You can try to choose a donor who is of the same race as your partner and who looks something like him. You won't know who the sperm donor is and he won't know who you are.

Your doctor will arrange for one or two appointments during the time in your menstrual cycle when you are most likely to get pregnant. She will put sperm into your vagina, near your cervix. You could become pregnant within three to six months.

Adoption:

If you have a serious genetic problem, your doctor may suggest adoption. You and your partner will need to decide together what you want to do.

Hormone problems:

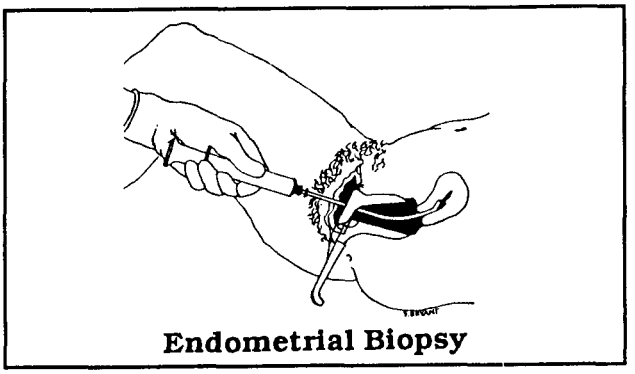
You may miscarry if you have a condition called **luteal phase defect**. This means your ovary is not making enough progesterone to keep you pregnant.

Abnormal amounts of prolactin or thyroid may be the cause. Your doctor will treat you for these if necessary.

How will I know if I have this problem?

Your doctor can test for progesterone with an endometrial biopsy. She puts a thin instrument through your cervix and takes out a small sample of the lining of your uterus.

This test should be done during two different menstrual cycles to be accurate. Your doctor should wait at least two months after your last miscarriage to do the first test.



Endometrial Biopsy

Debbie Bryant

The doctor should test you just before your period.

The doctor sends the sample of the lining of your uterus to a lab. The lab looks at the sample of the lining and guesses how many days it will be to your next period. The doctor compares their guess with the actual date your period begins. She tells you how many days "out of phase" your lining was. If it was more than three days out, you probably have a luteal phase defect.

A blood test can also show how much progesterone is in your blood. This is not as good a test as the endometrial biopsy. A woman can have low progesterone in her blood and not have any problems carrying a pregnancy to term. Your doctor should not depend on this test alone.

About one out of every four women with repeated miscarriages has a luteal phase defect.

Who is likely to get this problem?

- Women who exercise very heavily (like athletes in training).
- Women who have just stopped taking the birth control pill or the hormone Danazol.
- Women who are over 35.
- Women who are underweight.
- Women with endometriosis.
- Women with abnormal amounts of the hormones prolactin or thyroid.

What can I do?

1. Find out why your hormones are not balanced. If you are exercising heavily each day, try cutting down. If you are underweight, try gaining weight. Sometimes changing your diet so you are eating better can help.

2. If you are just coming off the pill, you need to take extra vitamins for a few months. Extra B vitamins, folic acid, vitamin C and vitamin E have been known to help. You will need to take them along with a multi-vitamin pill for them to work well. You can buy these vitamin pills at a drug store.

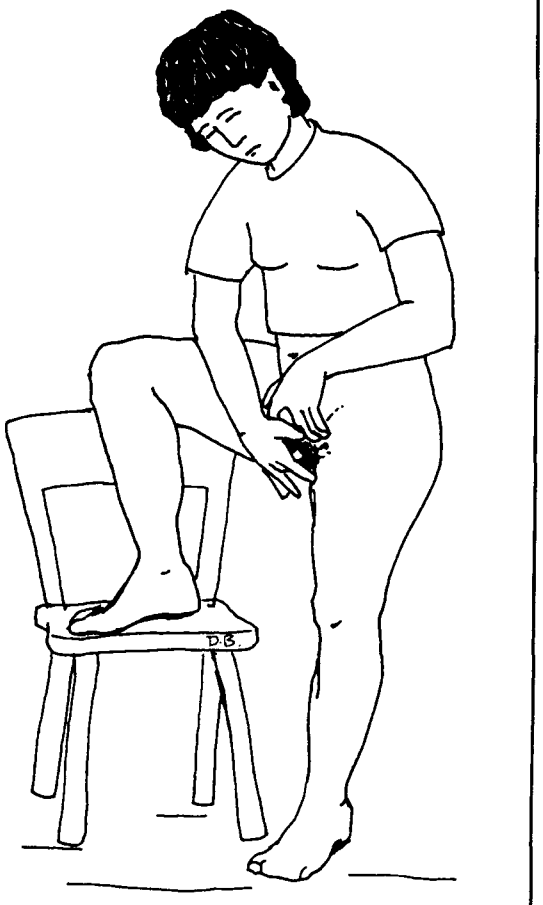
When you're pregnant, large doses of vitamins can be harmful. If you want to take extra vitamins during pregnancy, talk to your doctor, nurse, or nutritionist about how much to take.

3. You can see a naturopath. A naturopath will try to help your body to make more of its own progesterone. She may suggest changes in diet and extra vitamins or some other "natural" treatment. Visits to naturopaths are covered by medical insurance in some provinces. They are not covered in the Yukon. In some cases, you have to pay a user fee.

4. If you are on social assistance, you can ask for extra money for vitamins and a special diet. Your doctor must sign to say that you need them. For more information on healthy foods, read the section on diet in pregnancy on page 38.

How do doctors treat this hormone problem?

A doctor is likely to offer you progesterone. It should be given in a natural form. You will be given suppositories to put in your vagina or rectum twice a day. Each suppository has 25 mg. of progesterone in it.



Putting a Suppository in Your Vagina

Debbie Bryant

Doctors give this treatment from three days after ovulation until you are eight or 12 weeks pregnant.

We are not sure how this hormone affects the fetus. Doctors think that it is safe to take natural progesterone, but this hasn't been proven. They know that artificial progesterone can harm the fetus.

In the United States, women who take natural progesterone must sign a form saying they know it may be risky to their fetus. In Canada, the law does not make doctors tell women it could be risky.

It can be a hard decision. Progesterone does seem to help.

Infections and diseases:

Infections and diseases that can cause miscarriage are listed on page 54. Your doctor will go over your medical history carefully, to see if you have a health problem which makes it hard to stay pregnant. She will also do tests to see if you have a health problem no one has discovered.

You can have an infection inside your uterus or cervix without knowing it. You may not show any symptoms. If any infection shows up, your doctor will treat it with antibiotics before you get pregnant again. For certain infections, she will also give your partner antibiotics.

Problems with your uterus:

Your doctor can do tests to see if you have a problem with your uterus, such as fibroids or a misshapen uterus.

Most miscarriages because of problems with your uterus happen after the 12th week of pregnancy. However, they can sometimes cause repeated miscarriage earlier. For more information see the section on causes of late miscarriage on pages 76 to 84.

You may have problems with your uterus because your mother was given the drug DES when she was pregnant with you. There is more information on DES on page 59.

Immune Problems:

Some women may miscarry because they reject the fetus as if it is a foreign body instead of part of theirs. These women are not making a chemical which they need to accept the fetus. Some doctors have guessed that 40%, or almost half, of all women with repeated miscarriage have this problem with their immune system.

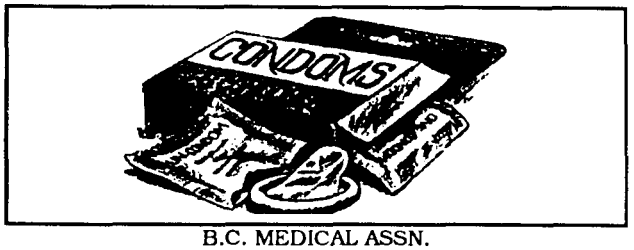
The treatment for immune problems is still experimental. Doctors have tried giving women a shot with white blood cells from their partner. It may be helpful, but it hasn't been tested very well.

Antibodies to sperm:

A related problem is antibodies to sperm. Some women make antibodies which attack their partners' sperm. It is very unusual for a woman's body to treat sperm as something foreign. It makes it hard to get pregnant. Women with this problem who do get pregnant are likely to miscarry.

The test for this problem is called a post-coital test. It is a test which doctors often use when someone has problems getting pregnant. The doctor will ask you and your partner to have intercourse just before your appointment. Your partner must ejaculate in your vagina. You have to go to the doctor within two hours of having intercourse. The doctor does an exam, and takes a bit of mucus from your cervix. She looks at it under a microscope. If the sperm are swimming, there is no problem. If they are clumped together, it could be because you are making antibodies.

The easiest treatment for this problem takes time. Your partner's sperm must not touch any part of your body for six months. This gives your body a rest from making antibodies. You can use condoms during this time. Your doctor will do another post-coital test after the six months, to find out if you have stopped making antibodies.



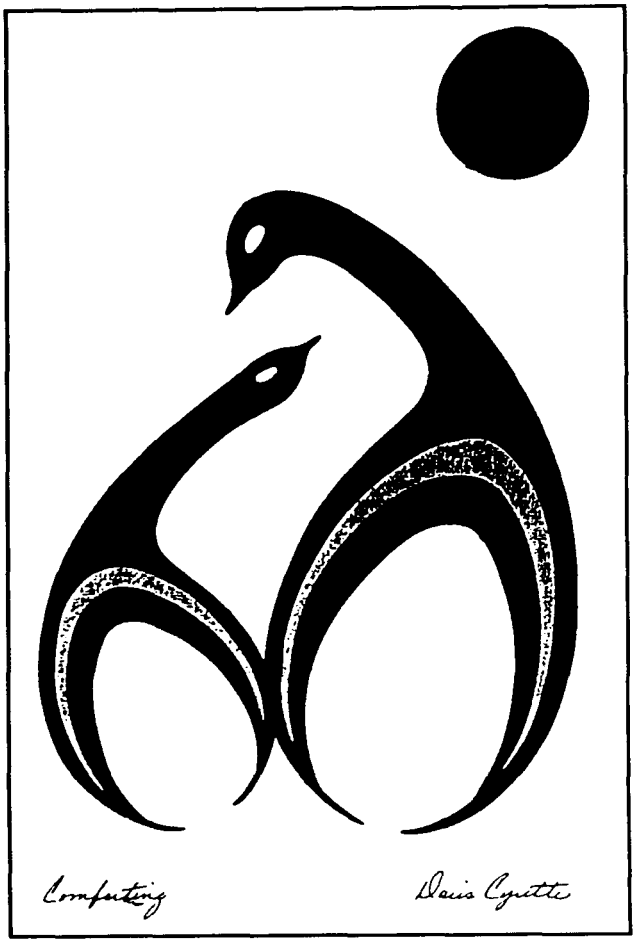
B.C. MEDICAL ASSN.

What are the chances of having a baby after three or more miscarriages?

Your chances of having a baby are still good. Four out of every five women who have had three or more miscarriages can have a baby. But it is hard to stay hopeful, especially if you have more than three miscarriages before you have a successful pregnancy.

It is normal to feel a lot of grief after repeated miscarriage. You may feel very anxious about whether you will ever have a baby. It helps to talk with other women who have miscarried several times. Family and friends can help by listening to your feelings and giving you help and support. Read the chapter called **Healing the Feelings** on page 15 and the chapter on **Starting a Self-Help Support Group** on page 124.

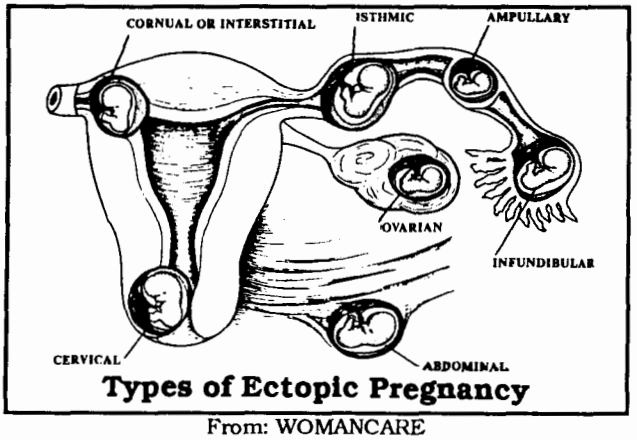
ECTOPIC OR TUBAL PREGNANCY



In a normal pregnancy the fertilized egg travels down your fallopian tube into your uterus. It then implants itself in the thick rich lining prepared for it. Your uterus provides the embryo with food and enough room to grow.

An ectopic pregnancy begins to grow somewhere outside your uterus. About 96 out of every 100 ectopic pregnancies implant and grow in the fallopian tube. When this happens you have what is commonly called a tubal pregnancy. The usual place for an ectopic pregnancy is the middle part of the tube. The egg can also implant at the ovary end of your tube, inside the edge of your uterus where the tube and the uterus meet, in your cervix, on your ovary or in your abdomen.

One estimate of how often ectopic pregnancies happen is once in 200 pregnancies. An ectopic pregnancy is a serious emergency health problem that can be confused with an early miscarriage. You need to get treatment right away if you have an ectopic pregnancy.



Types of Ectopic Pregnancy

From: WOMANCARE

Who is likely to have an ectopic pregnancy?

Any woman might have an ectopic pregnancy. There is no really sure way to tell. Here are some reasons you would be more likely to have an ectopic pregnancy:

- **An infection or disease in the pelvic area**. If you had an infection in your tubes or pelvis, you could have scars on your tubes or damaged tubes. This is the most common reason for an ectopic pregnancy. You may have had an infection from a missed miscarriage, venereal disease, pelvic inflammatory disease or an IUD.

- **Endometriosis**. If you have endometriosis, bits of the lining of your uterus grow outside of your uterus. They can block your tubes and scar your ovaries.

- **Tubes that are misshapen**. Fibroid growths in your uterus can press up on your tubes so they are misshapen or almost blocked. A woman who was exposed to DES may be born with misshapen tubes. Read the section on DES on page 59.

- **Taking the mini-pill**. If you got pregnant while taking the "mini-pill", a birth control pill with only progesterone, you may have an ectopic pregnancy. This can also happen if you stopped taking the mini-pill and got pregnant right afterwards. These pills stop the tubes from contracting so the egg is not pushed into the uterus.

- **Infertility treatments**. If you have had tubal surgery to reverse a tubal ligation or repair damaged tubes, you may have an ectopic pregnancy. Women who have in vitro fertilization ("test-tube babies") are also more likely to have ectopic pregnancies. A woman's eggs are taken out surgically, and the fertilized eggs are put back into her uterus. Sometimes, the fertilized eggs travel too far and go into one of the tubes.

How do I tell if I have an ectopic pregnancy?

An ectopic pregnancy is an emergency. You must know what to watch for so that if you do have an ectopic pregnancy you can get to a hospital right away. If you get treatment early you may still be able to get pregnant at some time later on.

Most ectopic pregnancies are tubal pregnancies. The fertilized egg settles into your fallopian tube. The tube feeds the embryo for a few weeks, then the growing embryo slowly stretches the tube until it bursts.

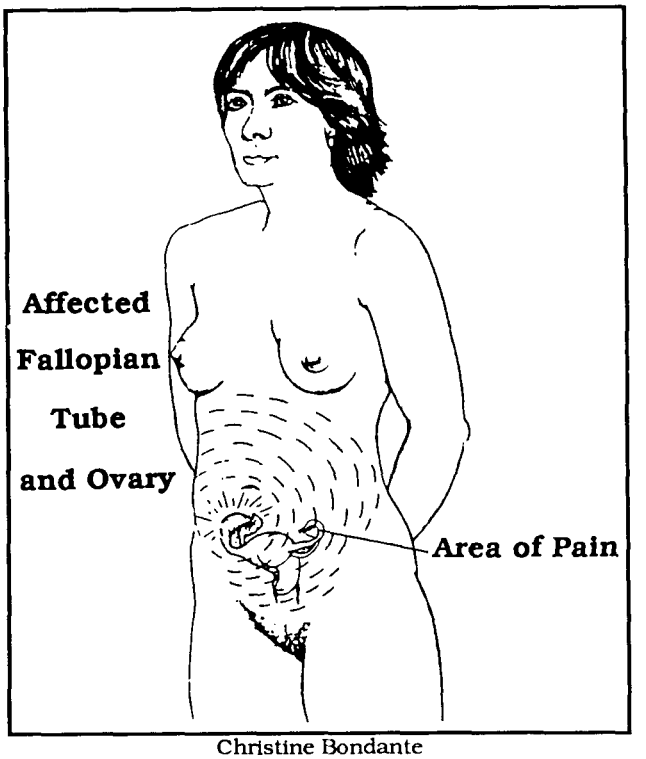
Ectopic pregnancies are often confused with early miscarriage. There are some differences.

Six to eight weeks after the first day of your last period you may notice two things: pain and bleeding.

Pain:

When your tube can't stretch any more, you feel sharp cramplike pain on one side in your lower belly. The pain starts and stops, lasting for a few hours or a few minutes. Sometimes it may feel very sharp and sometimes just a little sore. When it returns it is as sharp again.

You feel pain when your tube can't stretch any more. Your belly feels sore because your tube is bleeding heavily into the space in your pelvis called the pelvic cavity.



Christine Bondante

Straining your lower belly as you do when you have a bowel movement can bring on an attack of pain. Jolting your tubes during sex or by lifting small children can start off the pain.

The blood can irritate your diaphragm, the muscle that helps you breathe. This makes your shoulder hurt. The pain may ease off but it always comes back.

Bleeding:

You begin to bleed from your vagina. This bleeding can be light or heavy, red or brown. The bleeding is often not very heavy. Some women think their period is starting and others may think they are having a miscarriage. Some women do not bleed from their vagina at all.

You may also feel nausea. You feel sick to your stomach. It does not go away. You may vomit. You may have a fever and feel hot and cold.

Things the doctor notices:

- Your blood is low in iron. This means that you may be bleeding inside.
- Your uterus may not feel as it should for the length of your pregnancy.
- Your cervix may not look as it should when you're pregnant.
- Your pulse is fast and irregular.

It is easier to tell if you have an ectopic pregnancy if you know that you are pregnant. Some women do not know they are pregnant. The signs can be confused with appendicitis or a sudden attack of pelvic inflammatory disease (PID). If you think you might be pregnant and have signs like these, go to the hospital immediately to check it out.

It is best not to take any drugs that will cover up the pain before you go to the hospital. If the pain is masked the doctors may not find what is wrong. It is also a good idea not to drink or eat. If you have an ectopic pregnancy you will need an operation. It is best not to have a general anaesthetic for four or five hours after you eat or drink. **This is an emergency and you must get treatment at once.**

What happens at the hospital?

Because this is an emergency the doctors and nurses may be doing things very quickly. They may want to operate on you right away.

It can help to have someone with you to ask questions for you or just to hold your hand. You can ask to have someone with you all the time. Having someone with you can make you feel less scared. It is very frightening to be in pain and to need an operation.

From:THE COMPLETE BOOK OF PREGNANCY AND CHILDBIRTH

How will they find out what's wrong?

You will be asked a lot of questions about the pain, the bleeding, when your last period was, if you are pregnant or think you might be, if you have an IUD in place, if you have had PID and how you feel generally.

You will be examined by more than one doctor. They will do some or all of these tests:

- Take your temperature, pulse and blood pressure: this will tell them if you have an infection, or have lost a lot of blood.
- A blood test: this shows if you have lost a lot of blood by measuring the iron in it. If you have an infection you will have more white blood cells than usual. Your blood can be cross matched in case you need a blood transfusion.

Drawing a Blood Sample

From: EVERY WOMAN'S GUIDE TO TESTS DURING PREGNANCY

- A urine test: this will show if you are pregnant.
- Feel your belly to see if it is swollen. If you have bled a lot, your abdomen will be larger and softer. It will also hurt when it is pressed.
- Pelvic examination: the doctor will feel your cervix, uterus and fallopian tubes. This can be very painful.

If they are fairly sure that you have an ectopic pregnancy, the hospital staff will begin to prepare you for an operation.

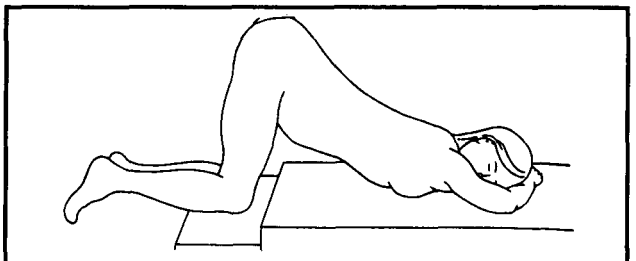
If they are still unsure they may do more tests:

An ultrasound:

This test allows the doctor to see what is going on inside your pelvis. If you are more then six or seven weeks pregnant she can often see if the fetus is in your tube. If you have had a positive pregnancy test she can then be quite sure that you have an ectopic pregnancy. There is more information and a picture of an ultrasound on page 65.

A culdocentesis:

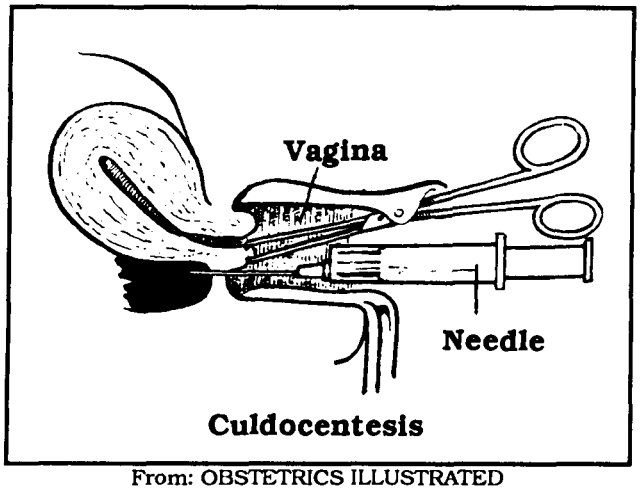
This test is to see if you are bleeding inside. The doctor freezes the top back part of your vagina with a local anaesthetic.



Position for Culdocentesis

From: WOMAN CARE

She then inserts a needle through the back of your vagina. If unclotted blood is pulled up through the needle you are bleeding inside and she can be pretty sure that you have an ectopic pregnancy.



Culdocentesis

From: OBSTETRICS ILLUSTRATED

A laparoscopy:

This is surgery to look at your ovaries, tubes, and the tissue around them. There is more information and a picture of a laparoscopy on page 80. If you have an ectopic pregnancy she will be able to see where it is and whether or not your tube has burst.

Your doctor will probably want to do surgery right after the laparoscopy. It is easier for her if you are not woken up between the two operations.

She will ask you if she can go ahead with whatever operation is needed. It is important, before the laparoscopy is done, to talk with your doctor about all the things that could be wrong and what operation you will need. You may only want to agree to certain things without being woken up first.

What operation will the doctor do?

Where the embryo is and how much damage has been done will help decide what kind of operation you need. There are a number of different possibilities.

What type of operation will she do for a tubal pregnancy?

If the pregnancy is in your tube, the type of operation you have depends on whether or not your tube has burst.

If the tube has not burst:

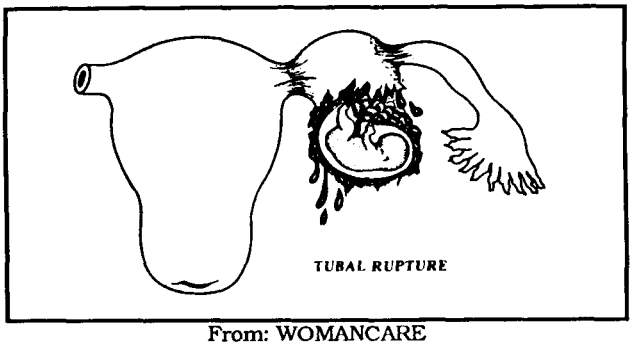
It may be possible to squeeze out the embryo and save your fallopian tube. You will have both tubes if you decide to get pregnant again.

If there is not a lot of damage inside it may be possible to cut the tube, take out the embryo and stitch the tube together. This is microsurgery and the operation is called tubal repair. You may still get pregnant when you ovulate from the ovary on this side.

If the tube has burst:

If your tube has burst, you should have part or all of the damaged tube removed. You will only be able to get pregnant when you ovulate on the other, undamaged side.

The doctor will look at both of your tubes when she does the operation. If your other tube is badly scarred, she may want to sterilize you. This is because you could very likely have another ectopic pregnancy. Discuss sterilization with your doctor before you agree to have it done. You can always be sterilized later if you decide this is the best thing for you.



From: WOMANCARE

What is the operation if the pregnancy is in your cervix?

If the pregnancy is in your cervix you will most likely need to have your uterus and your cervix removed. This operation is called a hysterectomy. A complete hysterectomy is the removal of your uterus, tubes and ovaries. If you have a hysterectomy for a pregnancy in your cervix, the doctor only needs to remove your uterus and your cervix.

What if the pregnancy is in your ovary?

You may need to have the ovary removed. If there is not a lot of damage, part of the ovary can be saved. You will not be able to ovulate from this ovary.

You will be able to get pregnant when you ovulate from your other ovary. Your doctor may suggest having both ovaries and your uterus removed. If your other ovary is healthy there is no need to take it out to prevent the possibility of disease later on any more than you would need to chop off a healthy finger.

Sometimes, doctors suggest more surgery than is really needed. They may suggest taking out your uterus or taking out your ovaries because of your age or because you don't want any more children.

As a general rule, as little surgery as possible is best. Even if you do not want to have more children you need your reproductive organs.

Your ovaries make hormones. One ovary or even part of an ovary makes hormones. If you have both ovaries removed you will, all of a sudden, face an early menopause. Normally the ovaries gradually slow down the making of estrogen as a woman approaches menopause.

I hope you can justify this hysterectomy to my women's health group.

From: BULBUL

It is important to discuss all the possibilities with your doctor **before** the operation.

What is medical consent?

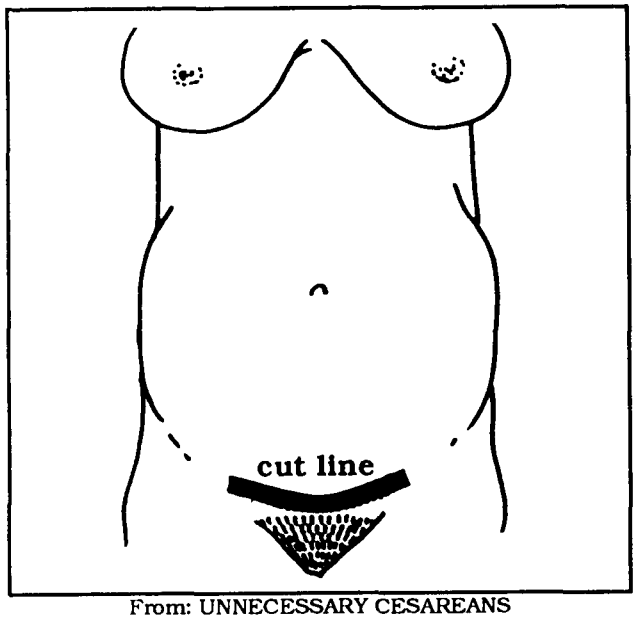
You will be asked to sign a medical consent form before the operation. Signing a consent form to operate before you know what is involved with the operation is not a good idea. You or someone with you should be aware of what is going to take place at all times during your stay in the hospital.

Do not sign a blanket consent to operate form that says the doctor can do any operation she thinks is needed. If she doesn't know what she will need to do,ask her to tell you all the possibilities. She can give you a separate consent form for each possibility. In this way you can avoid consenting to things you don't want. For example, you can be sure that your doctor doesn't take out both of your ovaries.

Another idea is to ask the doctor to wake you up if she finds she has to take out more than one tube or one ovary. Read the chapter called **Patients Have Rights** on page 130.

What happens right after the operation?

All these operations are major ones. You will have a cut along the edge of the top of your pubic hair. If you have lost a lot of blood you will have a blood transfusion and will have an intravenous "drip" or IV in your arm. This will also carry antibiotics to help your body fight infection. You may have a tube coming from another small cut in your abdomen to drain blood and fluids from the wound.



From: UNNECESSARY CESAREANS

Waking up:

The first few moments of being awake after the operation are not very clear. You are in a lot of pain and you may vomit.

Women say the first thought is, "I'm alive".

The second thought is, "what have they done to me?".

You can ask right away what surgery was done. You will need to be told again when you are more awake and feel a little stronger. It may be hard to take it all in.

Nurses will give you pain killers, usually an injection every four hours, for the first day or so.

Where am I?

You may have been put onto the maternity floor or be sharing a room with women who are expecting babies. This can be very hard. You can ask to be moved to another part of the hospital.

What have they done to me?

When you feel stronger and can concentrate, ask to speak with the person who did your operation. Writing down your questions can help. Ask the doctor to draw a picture if this helps you understand what was done to you. Ask how this affects your chances of having a baby.

Will I ever get better?

You are beginning to get better but it's hard for everything to sink in. Even though your pregnancy was not far along, you have had a real loss.

You will be weak for a few days. It is important to rest.

You feel relieved that you are alive and it's all over. You may have other feelings too. Often women feel sad, angry, confused or cut off from everything. Whatever you feel, it is best to tell someone about it. It's good to cry or tell the story over and over. Any way that you can let your feelings out helps. Someone who is a good listener will be your best visitor.

Someone who has been with you through the ectopic pregnancy, such as your partner, mother or friend may find it hard to know what to say. They will be mostly relieved that you are okay. They may also need to find someone to talk to about what they have gone through with you.

From: WORKING TOGETHER FOR CHANGE

Can I have another baby?

You most likely can have a baby if you still have a tube and an ovary on the same side, and a uterus and cervix. Some reports say that if you have had one ectopic pregnancy you have a one in 10 chance of having another one. Some other reports say that about 1/2 the women who have ectopic pregnancies will never get pregnant again. All of this depends on what caused the ectopic pregnancy to happen and what surgery was done.

At your first check up visit, talk to your doctor about your chances of having a baby. You may have a lot more questions by this time and your doctor should spend time with you discussing what happened. It is a good idea to tell the receptionist at your doctor's office that you want a longer appointment than usual.

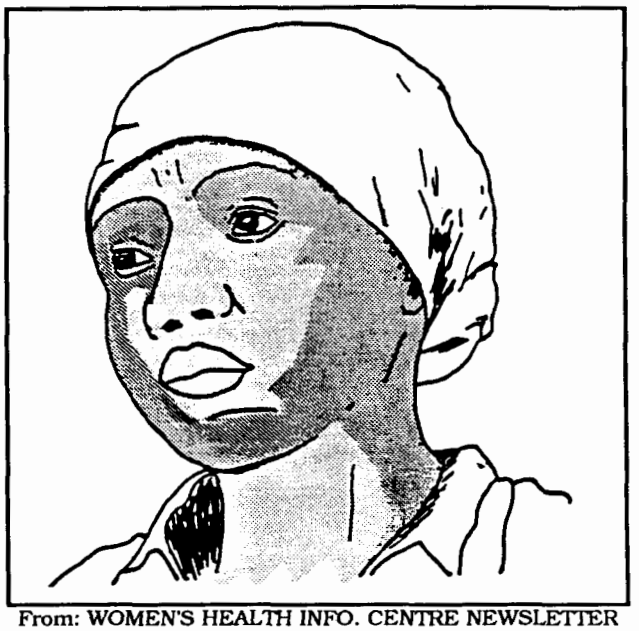
If you have a good chance of getting pregnant again, your doctor may suggest waiting for 3 months. This is so that you can gain back all of your strength and your hormones can get back to normal.

If you do get pregnant again, you need to be closely watched by your doctor. If you change doctors, it is important to tell your new doctor that you have had an ectopic pregnancy. You know better than anyone what an ectopic pregnancy feels like. Your experience will help you in knowing if there is a problem with your next pregnancy.

If you want a child, thinking that you may not be able to have one is very scary. You may have a good chance but still feel sad or angry.

What if I can't get pregnant again?

This can be the beginning of a hard time for you and the people close to you. It may help to know that you are not alone. There are places to get help and information about being infertile.

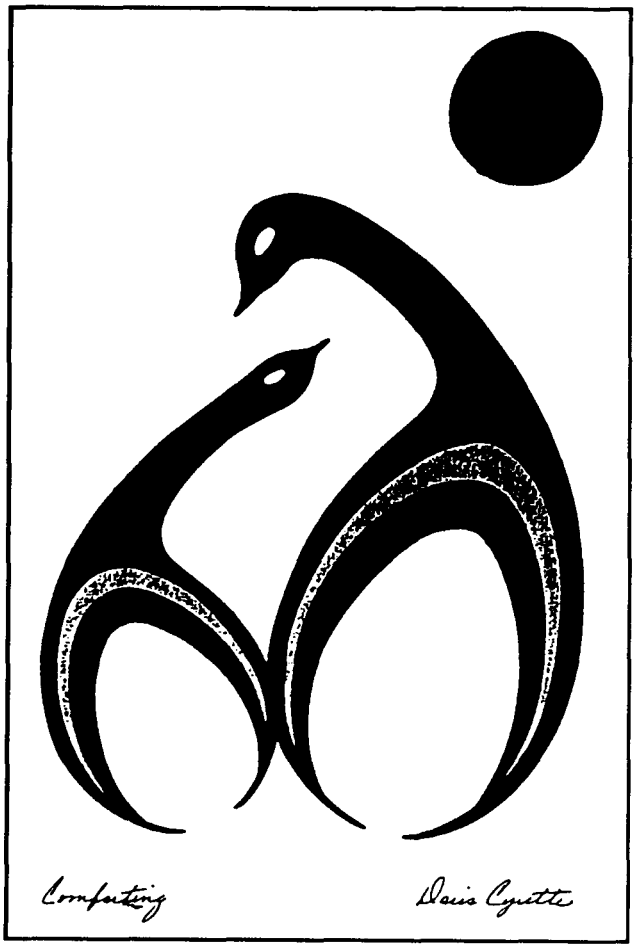


From: WOMEN'S HEALTH INFO. CENTRE NEWSLETTER

Infertility peer support groups are groups of people with fertility problems who get together for support and to talk. They also provide information on infertility treatments or other things you can do such as adoption. See page 140 for the names and addresses of infertility groups.

The Vancouver Women's Health Collective has written a book called **Infertility: Problems Getting Pregnant**. The address to order this book is on page 142.

STILLBIRTH



The most common reason for a newborn baby to die is because it is born too early to survive outside its mother's uterus. The mother's labour and the baby's birth are early or premature. If you go into labour when you are more than 20 weeks pregnant, and your baby dies, it is called a stillbirth.

The baby who dies is your child and you will have strong feelings of grief as you would for any of your children. You may want to read the section on page 116 about the feelings you may have after stillbirth.

You may want to know more about stillbirth than we can tell you in this chapter. This book is mainly about miscarriage. We have listed books on stillbirth in the chapter **How to Get More Information** on page 139.

For every 100 pregnancies, two or three babies are stillborn. Doctors only find out why 1/2 of the time. It can be very hard to have a stillborn baby and never find out why.

There are four main reasons why you may have a stillborn baby:

1. You go into labour too early.

2. The baby's oxygen and food supply is cut off before birth. This can happen because of a placenta problem or an accident with the umbilical cord. It can happen before you go into labour or during labour.

3. The baby has a genetic problem which makes it impossible for the baby to live past a certain point.

4. Differences in blood group between your blood and the baby's blood. This is rare, and only happens if your blood is Rh- and the baby's is Rh+.

We will talk about each of these reasons in this chapter.

EARLY LABOUR

About 1/2 of premature births have a known cause. These causes are the same as the causes of late miscarriages. Other early labours and premature births have no clear cause.

Why you are likely to go into early labour:

- You have already had a premature baby.
- You have already had a stillborn baby (lost your baby after 20 weeks of pregnancy).
- You are expecting twins or triplets or more.
- You are under 18 or over 40.
- You are underweight or overweight.
- You are a heavy smoker or drinker or drug user.
- Your mother was given DES while she was pregnant with you. See page 59 for information on DES.
- You have a weakened cervix.
- You have a kidney infection.
- You have liver disease or heart disease.
- You have high blood pressure.
- You had bleeding in early pregnancy.
- You do physically draining work or have too much responsibility at home.
- You have been physically abused during pregnancy.
- You are under a lot of stress, such as fights at home, a death in the family, losing a job, older children getting into trouble.
- You don't eat enough healthy food.

What are the signs of early labour?

- **Contractions** in your uterus that are 10 minutes or less apart and do not stop after one hour. A contraction is a tightening of your uterus. You can feel a contraction by gently putting your fingertips on your lower belly. You can feel your belly slowly getting harder, reaching a peak of hardness and then getting soft again. Contractions do not always hurt. Time how far apart they are by timing the space between the beginning of one to the beginning of the next one.

From: PREVENTING PRETERM BIRTH

- **Cramps**, like the pain you may get during your period, that may happen on and off or be constant.
- **Pressure** pushing down towards your vagina. You may feel a lot of pressure in your anus, like you need to have a bowel movement.
- **Tummy pain** or diarrhea.
- **Low back ache** that feels like a band around the bottom of your spine.
- **Changes in the fluid** that comes from your vagina. It could be slippery like mucus, watery, or have a little blood in it.

Reading about the signs of early labour here is not as useful as having someone experienced in prenatal care teach you in person. Ask your doctor, a nurse or a midwife to teach you how to look for these signs. The sooner you are able to notice that you are in early labour, the better your chance of stopping your labour.

What do I do when I see these signs?

If you think you are having contractions or any of the other signs do two things:

1. Lie down half on your back, half on your side. Use a pillow to prop you into this position. Doing this for an hour may slow down or stop the contractions.

Do not lie flat on your back as this may start off more contractions.

Do not turn all the way to one side because it is harder to feel your contractions.

2. Time your contractions for one hour. Measure how long it is from the start of one contraction to the start of the next.

When do I call the doctor?

Call the doctor or go to the hospital if you have contractions every ten minutes or less or if you have any of the other signs for an hour or more.

It is important to get help when this happens. Even if it happened once and things turned out fine, this time may be different.

What happens at the hospital?

A doctor will first want to know if you are in labour and how far along you are.

She will do a vaginal exam with a gloved hand to check how far your cervix has thinned and how far it has opened.

She will check how often your uterus is contracting and how long each contraction lasts. To do this she will use a uterine monitor.

From: PREVENTING PRETERM BIRTH

She will also listen to the baby's heart beat.

If the doctor is not sure about what is happening she may do the following tests as well:

- a blood test to see if you have an infection or if your blood has enough iron.
- a swab of the discharge in your vagina and on your cervix to see if you have an infection.
- a urine test to see if you have a bladder infection.
- an ultrasound scan of your uterus. There is more information and a picture of an ultrasound scan on page 65.

The treatment for early labour is to stop the labour and keep you pregnant for as long as possible. The longer the fetus stays inside your uterus the better chance it has of being born alive.

A fetus is called a stillborn baby after 20 weeks of pregnancy because it is medically possible for it to live. A baby born at 20 weeks has almost no chance of living. A baby born at 28 weeks has a fair chance. By 32 weeks, although small, a baby will probably survive. If you go into labour after 37 weeks your baby is not premature.

How can early labour be stopped?

Depending upon your general health, how far your cervix has thinned or opened and how far along in your pregnancy you are, your doctor will choose one or two of these treatments:

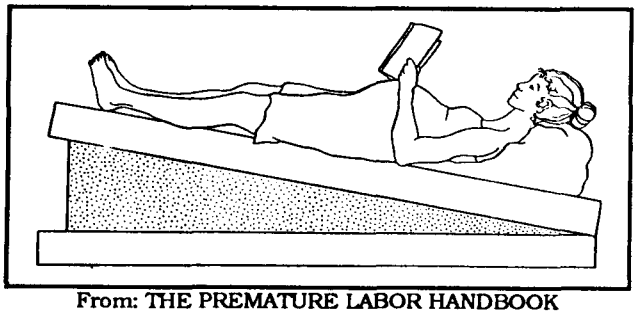
- bedrest
- drugs
- delivery and special care for your newborn.

You and your doctor will also decide if the best place for you to get treatment is in the hospital. Most likely you will be advised to stay in the hospital for a few days.

Bedrest:

If you notice you are going into labour early and go to the hospital right away you stand a good chance of stopping the labour with bedrest alone.

The position of the bed is important. See the diagram. This position, called the Trendelenburg position, works best because it takes the weight of the fetus and the amniotic fluid off your cervix.



From: THE PREMATURE LABOR HANDBOOK

Bedrest stops early labour about 1/2 the time for women who begin bedrest right away. Bedrest does not work if your labour has become very strong and your cervix has opened three to four cm. Bedrest alone will not work if your bag of waters has burst. If your doctor suggests bedrest, read the section on bedrest on page 47.

Drugs that relax your uterus:

If bedrest alone cannot slow down or stop labour, drugs may be used. The two drugs of this type commonly used are Ritodrine and Terbutaline. These drugs work by relaxing smooth muscle. Your uterus is a smooth muscle. Drugs that relax your uterus are called **tocolytics**.

These drugs work best if they are given through an IV drip or a needle in your vein. In the hospital you can be watched closely for side effects. If your labour slows down or stops, you will be sent home to go on taking the drug as pills.

Once your labour is under control, you can be given smaller amounts of the drug.

Can tocolytic drugs harm me or the fetus?

The mother:

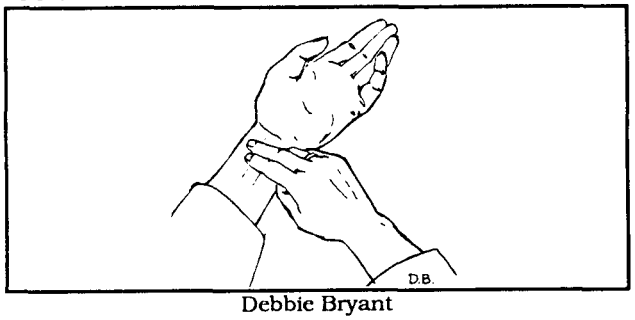
Ritodrine and terbutaline relax all the smooth muscle tissue in your body. This causes some side effects. The most common side effect is a rise in your heartbeat rate and a fall in your blood pressure. Less common ones are fluid gathering in your lungs, headaches, shakes and jitters, constipation, nausea, vomiting and generally feeling bad.

Taking the drug IV makes the side effects worse because the drug works faster. About two women out of 10 women who take these drugs will become very sick from side effects. All women who take the drugs will feel side effects. If you get uncomfortable side effects tell your doctor right away. Sometimes the amount of drug you take can be lowered.

If you are given pills to take at home, you should ask your doctor or a pharmacist to explain the side effects to you and show you how to check for side effects at home. Double check the dose before taking any pills and do not take more than the label tells you.

Doctors warn that these drugs can endanger your life. Some women cannot take tocolytic drugs because of a health problem such as a heart condition. Tell your doctor if you have a heart murmur or if you have ever had chest pains, or rheumatic fever.

If you are taking tocolytics at home, and your heart rate goes up to over 180 beats a minute, go to the hospital. To check your heart rate, feel your pulse for one minute, counting the number of pulses you feel.



Debbie Bryant

The fetus:

There has not been enough research into the effects that ritodrine and terbutaline have on the fetus. These drugs cross the placenta and are found in the fetus' blood in a fairly high dose. The fetus' heart rate also goes up. Babies born with the drug in their blood can have low blood pressure and low sugar and calcium levels in their blood.

To date, no long term problems have been found in babies who were born after their mothers were given these drugs in pregnancy. However, there may be health effects which we don't know about yet. This was the case with DES, a drug thought to be safe during pregnancy, but later found to be unsafe.

Sometimes a woman cannot take ritodrine or terbutaline. This could be because she has high blood pressure. The doctor may suggest a drug called **magnesium sulfate**. This drug is also used to treat women with high blood pressure. It has most of the same side effects as ritodrine or terbutaline.

Drugs to mature the fetus' lungs:

If your labour cannot be stopped,your doctor may suggest that you take a drug called **betamethasone**. This drug matures the fetus' lungs. The drug is best used if you go into labour between 28 and 32 weeks of pregnancy. The possible risks to the fetus and mother are too high if you take it before 28 weeks. A baby born after 33 weeks will most likely not have a serious lung problem. The drug should be given at least 48 hours before the baby is born. It is given to you by injection.

Are lung maturing drugs safe?

Betamethasone is a steroid. Steroids are very strong chemicals. Doctors disagree about how safe this drug is for the baby. Animal tests of this drug show that it can slow down growth in the heart and the brain. There have not been enough tests done to know for sure if it slows growth in human fetuses. It should only be given if there is a very strong chance that the baby will be born in a few days and will have immature lungs.

Betamethasone should not be mixed with tocolytic drugs. You should be taken off the tocolytic drugs 48 hours before the baby is likely to be born. If you are given steroids to help your baby's lungs mature you need to be kept under close watch by doctors and nurses who are very experienced in complicated labour and delivery.

How do I decide what to do?

The risks of taking drugs versus bedrest alone have to be balanced with the risk of the baby dying or having serious health problems because it is born too early.

From: WOMEN'S HEALTH INFO. CENTRE NEWSLETTER

If you are at risk of going into early labour these points might help you decide what is best for you:

- Bedrest in the hospital with sedatives and an IV for fluids stops labour 50% to 75% of the time.
- Tocolytic drugs (ritodrine and terbutaline) seem to stop labour if they are given soon enough, before your cervix has opened more than three or four cm. They work 85% of the time.
- Tocolytics are sometimes overused. They should not be given before 20 weeks of pregnancy. They will not save your pregnancy if your cervix is opening without contractions, because it is weakened. They do not seem to work if your waters have already broken and have become infected. They are definitely not needed after 36 weeks of pregnancy.
- If your labour cannot be stopped and your doctor suggests steroids for the baby's lungs, take time to discuss it with her. Your baby does not need steroids if you have reached 33 weeks of pregnancy. See if there is an alternative and be sure that the baby really needs this extra help.

PLACENTA PROBLEMS

Two problems with the placenta can cause you to have a stillbirth:

- a separated placenta, called **placenta abruption**.
- a low lying placenta, called **placenta previa**. This literally means placenta first.

How common is this?

Both of these problems are uncommon.

Placenta abruption happens about once in every 80 pregnancies.

Placenta previa happens about once in every 200 pregnanies.

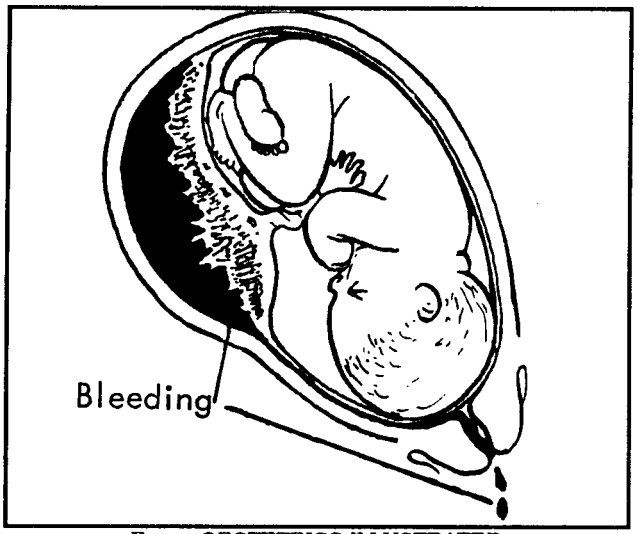
How will I know there's a placenta problem?

Any **sudden bleeding** after the 20th week of pregnancy is a sign that you have a problem with the placenta. Get to the hospital right away.

Getting treatment fast enough is the surest way of saving the fetus. You may also need life saving treatment.

What are the signs of placenta abruption?

The first sign of placenta abruption is bleeding from your vagina and abdominal pain. If you are bleeding internally you may only have severe pain at first. The pain is not like contractions in your uterus that start and stop in a pattern. It tends to be constant. It can happen any time after the 20th week of pregnancy. It seems to happen most often at about 28 weeks.



From: OBSTETRICS ILLUSTRATED

The placenta can separate completely or partly. If the placenta separates partly you still have a chance of saving the fetus. If the placenta separates completely the fetus will die.

What will they do at the hospital?

If the fetus seems fine and an ultrasound scan shows the placenta has only separated a little the doctor will tell you to rest in bed. You may also be given sedatives, drugs that make you sleepy. You will most likely be in the hospital for a few days. After things have settled down, you will be able to go home.

If you get another attack of pain and bleeding you may be advised by the doctor to have the baby early. You may have lost a lot of blood. You may need a blood transfusion. The baby must be born as soon as possible because its life supply has been cut off. Your doctor may suggest a caesarean section or artificially inducing you to start labour.

FROM: WOMEN'S HEALTH INFO. CENTRE
FACT SHEET #3

Why did my placenta separate?

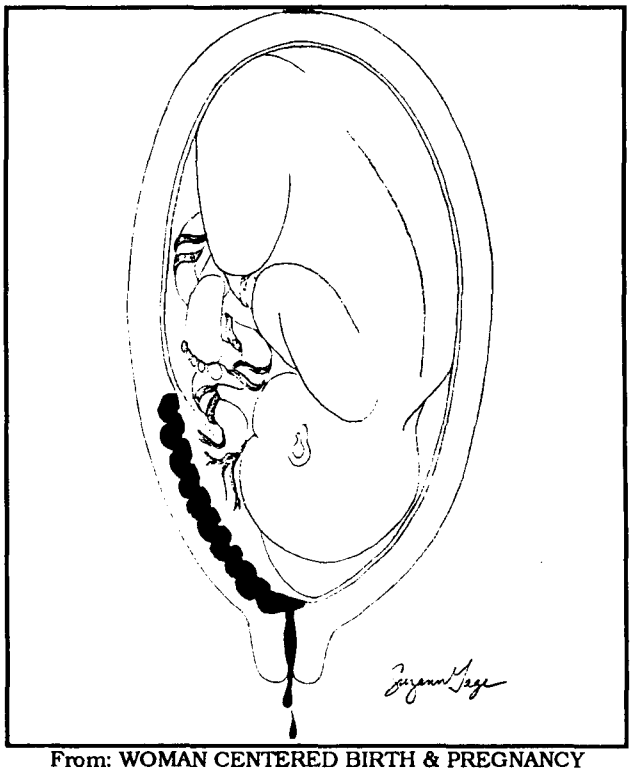
Nobody really knows. It sometimes happens for these reasons:

- Smoking during pregnancy.
- Not enough vitamin C in your diet.
- The cord is very short causing the placenta to be jarred when the fetus moves.
- Five or more pregnancies.
- High blood pressure or toxemia of pregnancy.
- You have had a separated placenta before.

What are the signs of placenta previa?

If you have placenta previa your placenta is lying too low in your uterus. The treatment you need will depend on where it is.

The first sign that you have a low lying placenta is bleeding. It can be very heavy. You will not feel pain. The most common time for the bleeding to start is after the 30th week of pregnancy. Sometimes it doesn't start until you go into labour or early labour. The placenta itself is normal. It is just in the wrong place.



From: WOMAN CENTERED BIRTH & PREGNANCY

What will happen at the hospital?

If you are more than 37 weeks pregnant, and you are losing a lot of blood you will be taken to the operating room for caesarean section. You will be given an anaesthetic and examined to see if the placenta and fetus are fine. You are more at risk than your baby.

If you begin to bleed before 37 weeks because of a low lying placenta, the doctor will try to keep the fetus in your uterus until it is mature. You will stay in the hospital in bed until the bleeding stops. If there is no bleeding for a few days you may be able to go home to rest in bed. Read the section on bedrest on page 47.

When the baby is mature enough to be born you will most likely have a caesarean birth. A low lying placenta is one of the few times that a caesarean birth is necessary. The only time it may still be possible to give birth naturally, through your vagina is if the placenta does not cover the opening of your cervix.

Most babies can be saved when a woman has placenta previa but not all of them. If you go into labour and the placenta and cord get squashed the oxygen and the blood supply to the fetus is cut off and the baby will die before it is born. Occasionally this happens in the last weeks of pregnancy as the fetus moves lower down in your uterus.

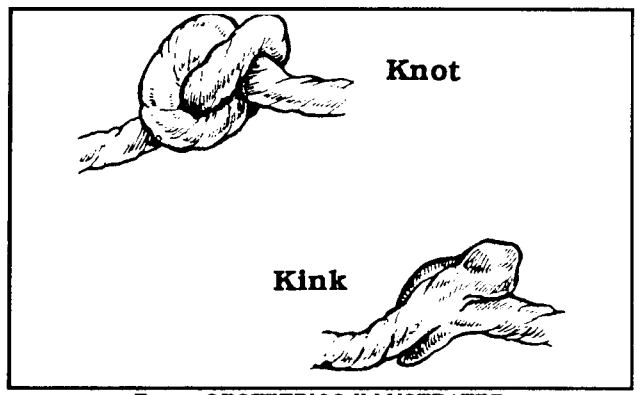
Why was my placenta lying low?

What causes a placenta to implant low in your uterus is not known. It sometimes happens for these reasons:

- You have had more than 5 children.
- There is a genetic problem with the fetus.
- You are expecting twins.

CORD ACCIDENTS

The umbilical cord carries oxygen and nourishment from you to the fetus. It also carries away waste material that the fetus makes. As the fetus moves around, turning and twisting, the cord may develop a kink or a knot. This can cut off the fetus' life supplies. Although most cord accidents happen during labour, they can also happen before labour starts.



From: OBSTETRICS ILLUSTRATED

For more information on why accidents happen during labour, read one of the books on stillbirth listed on page 141.

How will I know about a cord accident before labour starts?

If the cord gets twisted or knotted before you go into labour you may notice that the fetus has stopped moving for an unusually long time. Or, your doctor may not be able to hear the fetus' heartbeat when she checks for it during a pre-natal visit.

Will this happen again?

These problems are very unlikely to happen again. They are accidents. If your baby died because of a cord accident, you are as likely to have a normal pregnancy next time as a woman who has not had a stillborn baby.

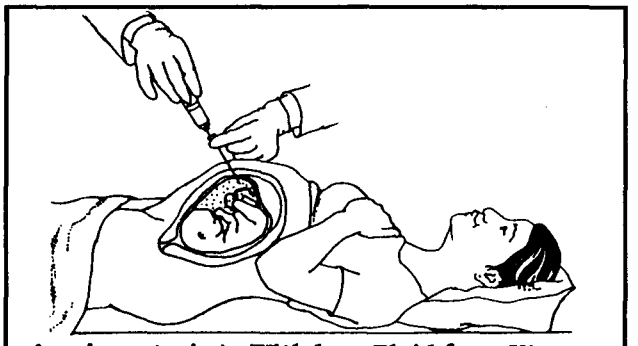
GENETIC PROBLEMS

A fetus with a serious genetic problem may die before you go into labour, or die at birth.

Your doctor can let you know what your chances are of having the same problem happen again.

How do I find out if the fetus has a genetic problem next time I am pregnant?

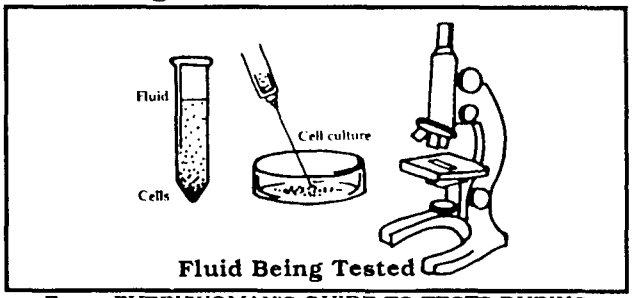
Your doctor may suggest that you get a genetic test called **amniocentesis** if you become pregnant again. An amniocentesis is done during the 16th week of pregnancy. The doctor puts a needle through your belly and uterus and takes out a few drops of amniotic fluid.



Amniocentesis to Withdraw Fluid from Uterus

From: EVERYWOMAN'S GUIDE TO TESTS DURING PREGNANCY

The fluid has a few of the fetus' cells in it. The cells can be tested for genetic problems. It takes two or three weeks to get the results of the test.



Fluid Being Tested

From: EVERYWOMAN'S GUIDE TO TESTS DURING PREGNANCY

There is no cure for genetic problems found through amniocentesis. The test is done so you can have a late abortion if the fetus has a genetic problem like Down's syndrome, spina bifida or anencephaly. It's worth thinking about whether you would have an abortion before deciding whether to have an amniocentesis. If you know you wouldn't have an abortion, you may not want to have the test done. Or, you may want to have the test so you know the baby is fine or to prepare yourself if it is not.

Another newer test which can tell you if your fetus has genetic problems is **chorionic villi sampling**. It is done at the eighth or ninth week of pregnancy. This test allows you to have an abortion earlier, before you are 12 weeks pregnant, if a serious genetic problem is found.

BLOOD GROUP DIFFERENCES

We each have a blood type called AB, A, B, or O. We also have a positive or negative Rh factor in our blood. This is usually written Rh+ and Rh-. A stillbirth can happen because of a clash between your blood type and the fetus'. This used to be a common cause of stillbirths. It is now rare, because of a treatment called a Rhogram injection.

If your blood is Rh- and your partner's blood is Rh+, the fetus' blood type can be Rh+. Usually this is not a problem for the fetus in your first pregnancy. If you have been pregnant before and had either an abortion, miscarriage or birth where the fetus' blood crossed over into yours, the next fetus could have problems. You may have antibodies to Rh+ in your blood that attack the fetus' blood cells.

Doctors give a special shot called a Rhogram right after birth, miscarriage or an abortion to stop a woman from making antibodies against Rh+ blood. Since the discovery of the Rhogram, most women with Rh- blood can have healthy babies even if their partner's blood type is Rh+.

Very rarely, a woman can develop a problem in her first pregnancy because of a blood transfusion she had before she was pregnant. Your doctor can usually give you treatment that will save the fetus.

YOUR BABY DIES

When you find out that your baby has died, you will face the painful next step, delivering the baby. It is very hard going through labour, knowing that your baby has already died. You will most likely be in a labour ward. Hearing other women having their babies can be difficult. It is important that you have trusted friends and family with you for emotional support. You can be moved to another floor right after the delivery.

You are overwhelmed with feelings. What you feel is grief at your loss.

This grief can make you feel very ill. Women whose babies have died describe some of the first feelings:

" So tired, like I can't stay awake."

" A heavy feeling in my chest, like I can't get enough air."

" My heart feels like it is thumping too fast, I really feel like my heart is broken."

" My arms ache."

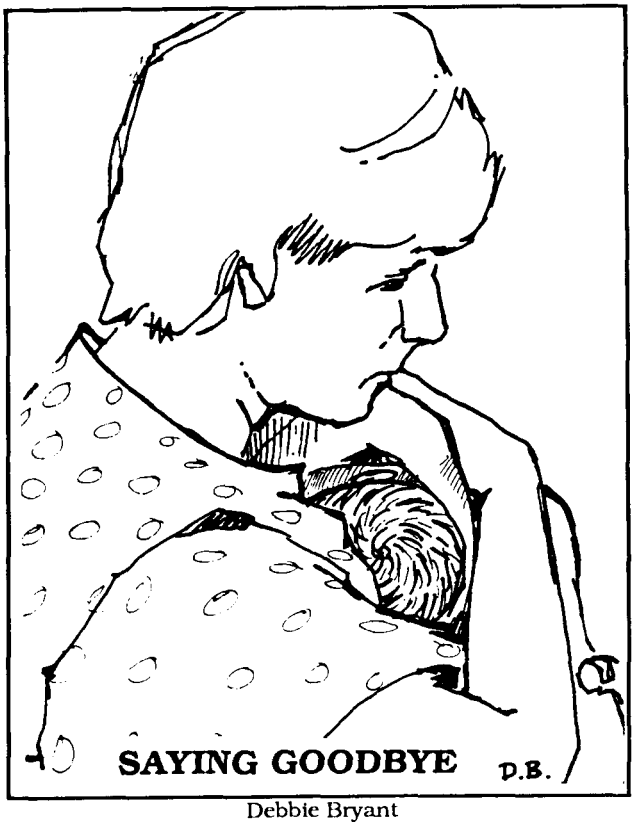
" I feel nauseous."

Take time to grieve. Don't be afraid to cry with your family. They too are very sad.

Be your baby's mother:

You are a mother. You do not have a baby to take home but you are a parent.

You may want to see your baby, or you may not know if you do. Often parents feel afraid to look because of what they imagine the child will be like.



Debbie Bryant

A woman, called Irene Moch, wrote about seeing her stillborn baby. The baby had anencephaly or an incomplete brain and could not possibly live. This is part of what she wrote:

"I told her, (the nurse) I wanted to see the baby, but I was scared; I didn't know what to expect. 'Does he look human?' I asked. The nurse said 'yes.'

'I see an old man,' my husband said. I gradually took courage. I touched the baby's feet. They were cold, very cold, but the toes were perfect. My husband took the baby in his arms. I felt tears running down my face and I couldn't stop crying. 'darling...,' holding my child towards me. I reached out.

He was beautiful, so very light, almost like air. We named him Ariel."

Even if your baby has a serious problem that you can see, seeing the baby can bring you comfort. The nurse can cover up part of the baby if you wish.

Do not be afraid to say goodbye:

Making the baby real to you will help you overcome your grief. Do this in any way that feels good to you. Here are some ideas:

- Give your baby a name. If you are native, you may want to hold a name giving ceremony.
- Announce the birth and death to friends and relatives.
- Save a keepsake from the birth, the blanket your baby was wrapped in, a lock of hair, a print of the feet and hands, a photograph of you and your partner holding the baby.
- If you decide to see and hold the baby, you can also tell the nurse that you want to spend some time with the baby by yourselves. You could ask one or two special people in your life to join you.

Decisions:

All decisions can wait. Some can wait a few hours, some can wait a few days and some can wait for weeks and months.

The first few hours: Things happen very fast in a hospital. If you are unsure whether you want to see and hold your baby tell the nurse that you want a day to decide. This way you will have this choice open to you.

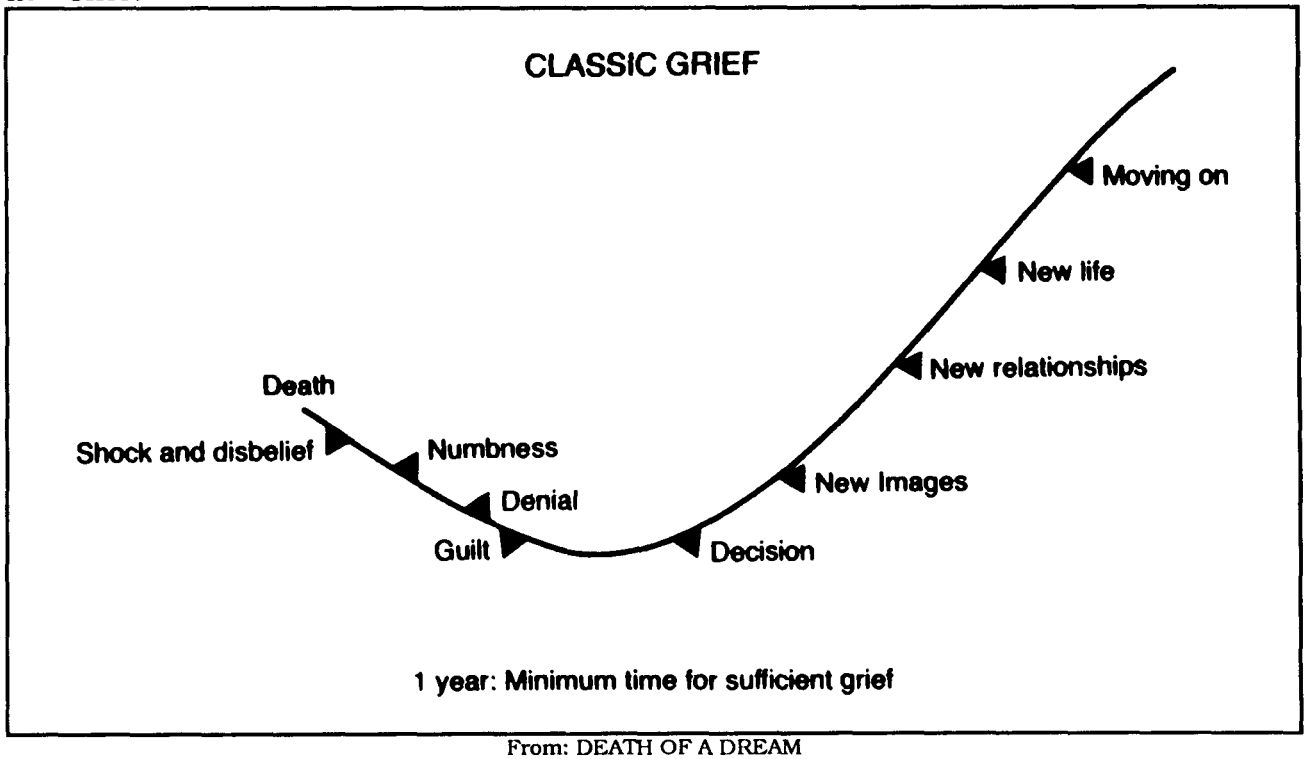
The doctor may want to do an autopsy to try to discover the reason the baby died. An autopsy is surgery to find out why a person has died. You deserve some time to consider this. You can ask for more information and you can make your wishes known. You have the right to refuse permission.

The first few days: You will be asked to sign a death certificate. If you have planned a name, give it to your baby. It is not a good idea to save the name for another child. If you haven't yet thought of a name, you can ask for more time before signing the death certificate.

You may be taken to the maternity floor to recover from the birth. This may be very difficult for you. You can ask to move to another floor.

If the birth is not too complicated, you may be able to go home within 24 hours of the birth. You will need help at home.

The first few weeks: You will need to visit your doctor after the birth for a physical check up. This will be a good time to ask your doctor all the medical questions you have. You will be able to talk about the pregnancy and the birth with your doctor. You will also be able to ask your doctor what the chances are of the same thing happening again.



From: DEATH OF A DREAM

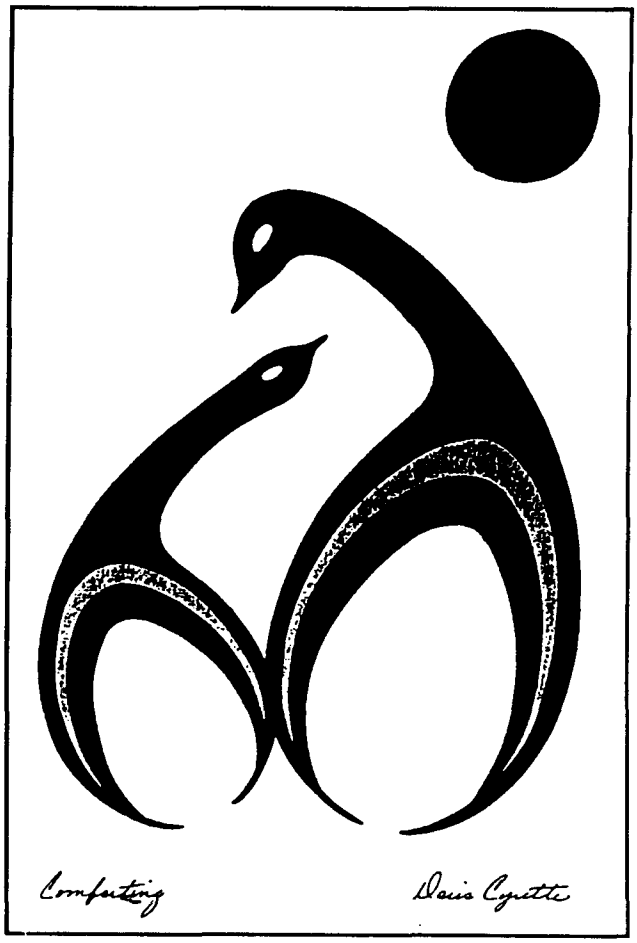
AFTER A MISCARRIAGE

You've just been through a crisis. Pregnant women carry great responsibility, and are not always valued as they should be. The most important thing now is for you to get better. You will need some help to get over the physical shock, the blood loss and the sudden change in your life. Often, amid all the excitement and concern, this is overlooked.

There may be people around who can help you. If someone offers to cook for you or to help care for your other children or to do errands, say " yes." Often friends, neighbours or relatives really want to help but don't know how.

There have been many changes in your body. It needs time to adjust to not being pregnant. It can take two or three months for your hormones to get back to their non-pregnant state.

You need rest, good food and exercise to help your body and your feelings recover.



You also need patience. This is a slow process. You may be tired, confused or unsure of yourself.

You deserve care and attention and understanding from everybody around you. And this is the time to care for yourself too.

Bleeding:

You will continue to bleed as though you are having a heavy period. Some women bleed for as long as two weeks and this is normal. If you have miscarried after 12 weeks of pregnancy you could bleed for even longer than this and still be fine.

You should not soak more than one pad an hour. If you do suddenly start to bleed more heavily than before, phone your doctor or go to the hospital emergency right away.

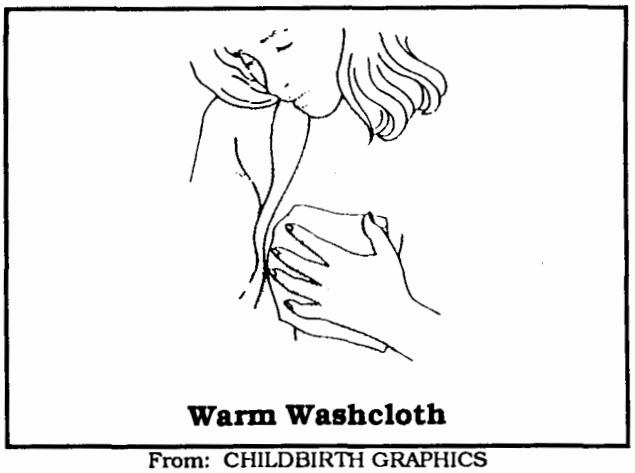
Blood Group:

If this is your first pregnancy and if you have Rh - factor in your blood you need an injection of Rhogram no later than 72 hours after you have miscarried. If there was any cross over of Rh + fetal blood, you will have started to make antibodies to the different blood group of the fetus. The injection stops your body from making the antibodies.

Breasts:

If you are less than 12 weeks pregnant you will likely not have milk in your breasts. About five women in every 100 women have some milk at 12 weeks. By the time you are 19 weeks pregnant you almost certainly will.

Your breasts will feel full and tender and sometimes lumpy. Milk may drip out. This can last a couple of days or a week. Most doctors do not use drugs to dry up your milk because the drugs have bad side effects. Using hot towels or bathing your breasts in a hot bath can ease them. Binding them close to your body may help too. If it becomes too painful ask your doctor about pain killers or other drugs.



Warm Washcloth

From: CHILDBIRTH GRAPHICS

Infection:

It is very easy to get an infection the first weeks after a miscarriage or a stillbirth. Your cervix will be open a little, making it easy for germs to get into your uterus.

For two weeks afterwards keep your vagina as germ free as possible:

- Do not put anything into your vagina.
- Do not have intercourse.

- Do not use tampons.
- Shower instead of taking baths.
- Do not go swimming.

If you bleed for longer than two weeks, do not put anything in your vagina until after the bleeding stops.

Infection inside your uterus and tubes can make you very sick. Scars can be left from an infection in your tubes or uterus. These scars can make you infertile, or increase the chances of having another miscarriage.

Watch for these signs of infection:

- Your bleeding becomes bright red, heavier, or begins to smell bad.
- Your uterus is sore or you have a low backache.
- You have a fever, a temperature over 38°C (100°F).

If you get any of these signs, call your doctor right away.

She can give you antibiotics to clear up the infection.

You should see a doctor one week and six weeks after you have miscarried.

Diet:

You need a healthy diet to make a good recovery.

Vitamins and minerals:

If you have lost a lot of blood you will need to take iron.

You will also need extra Vitamin B, Vitamin E and Vitamin C.

The suggestions for eating well in the section on diet in pregnancy starting on page 38 are good ones to follow after a miscarriage too.

Herbal Tea:

This is a recipe for an herbal tea which helps the healing process after a miscarriage:

Mix these herbs together in equal parts. Mix one teaspoon of the herb mixture into one cup of boiling water and let it steep several minutes.

- Stone root (Collinsonia)
- False unicorn root (Helonias)
- Prince's pine (Pipissewa)
- Squaw vine
- Raspberry leaf

These herbs help the uterus to have good muscle tone. There may be other traditional herbs for healing after a miscarriage in your community. If you are native, ask an elder if she knows of any herbs to use.

Don't take this tea while you're still pregnant. Medicinal herbs can be harmful to the fetus. Raspberry leaf tea is safe during pregnancy.

Exercise:

Exercise is helpful in recovering from a miscarriage. It can relieve tension and help you to feel better emotionally. Take it easy at first. Maybe go for a short walk with a friend. Exercise does not have to be strenuous to be good for you.

Do you want to get pregnant again?

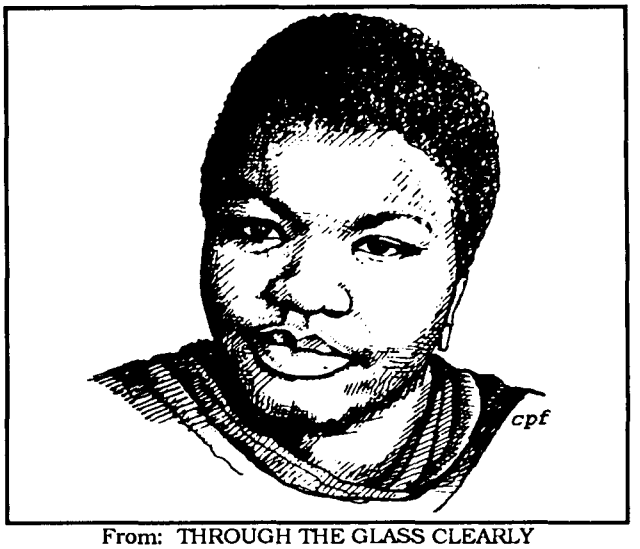
You may want to get pregnant again, but also feel worried.

Whatever the risks or chances of having a miscarriage or stillbirth next time you get pregnant, the fear that you could lose the pregnancy will be there.

You may want to get pregnant again right away, or you may never want to again. Doctors and books give lots of different advice. Waiting two or three months is often suggested, and seems like a good idea. Your body will have a chance to recover.

Each pregnancy is different:

Another pregnancy is often seen as being a way to forget the miscarriage or stillbirth, and the sorrow that went with it. This doesn't work very well. Each pregnancy is different. Another one will not replace the one that ended in a miscarriage. A new pregnancy is the beginnings of a new baby.



From: THROUGH THE GLASS CLEARLY

Being worried:

If you have feelings that have not been talked about after the miscarriage or stillbirth, other pregnancies can be hard. You may not have healed the pain.

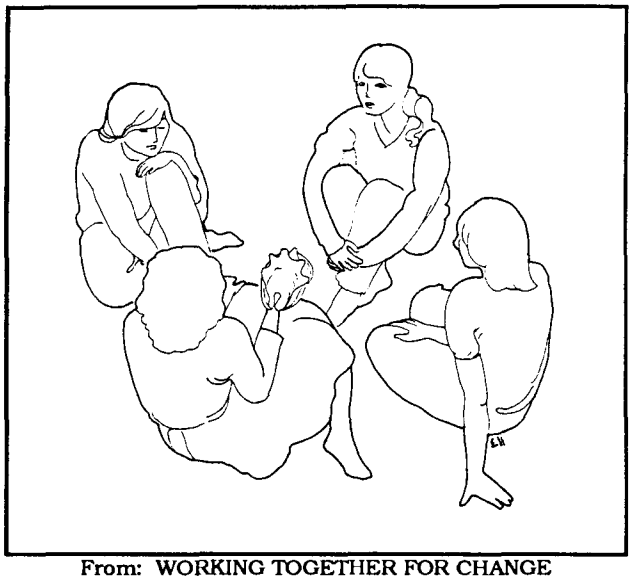
Women often worry more during a pregnancy that follows a miscarriage or stillbirth. If you have really had a chance to be sad, and to say goodbye to your dreams for the baby you may find you worry less during your next pregnancy.

You may find that worries come to the surface during the next pregnancy even though you thought they had disappeared. The section of this book on stress on page 45 has suggestions for dealing with worries.

It often makes sense to wait a while before you get pregnant again. This decision is up to you and your partner. No one else can tell you what is best for you.

Support Groups:

On page 139 we have listed phone numbers for a group called **Compassionate Friends**. This is a support group for people whose child has died. They can also help with feelings of grief after a miscarriage.

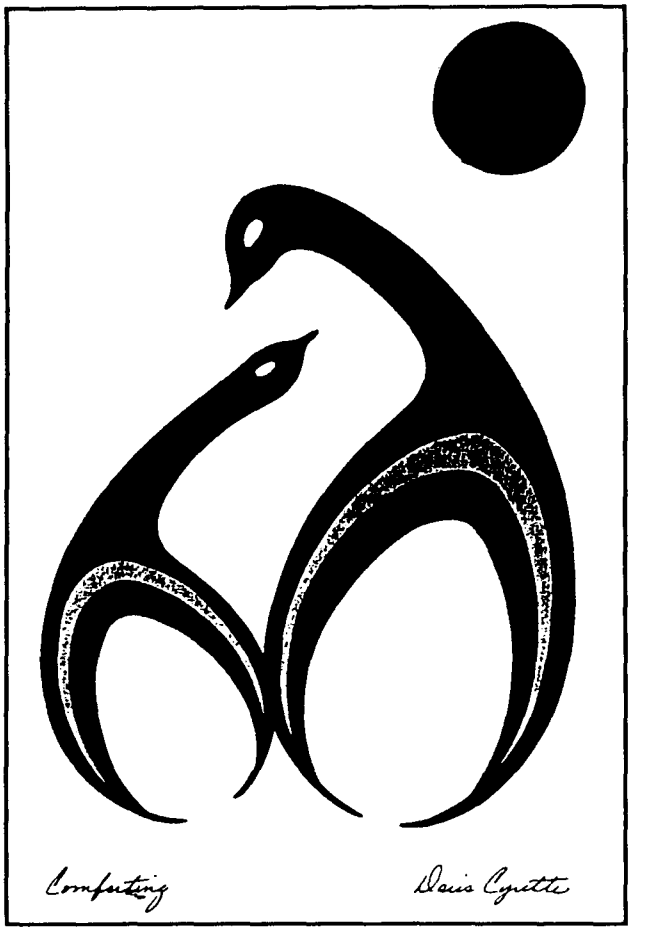


From: WORKING TOGETHER FOR CHANGE

Ask if there is a support group in your area. If you live on a reserve, ask your CHR. If you live in an area where there is a community centre, a women's centre or a crisis line you could ask them. Sometimes doctors and nurses know about support groups.

If there is no support group for miscarriage or stillbirth in your area you could start one. Read the next chapter, **Starting a Self-Help Support Group**.

STARTING A SELF-HELP SUPPORT GROUP



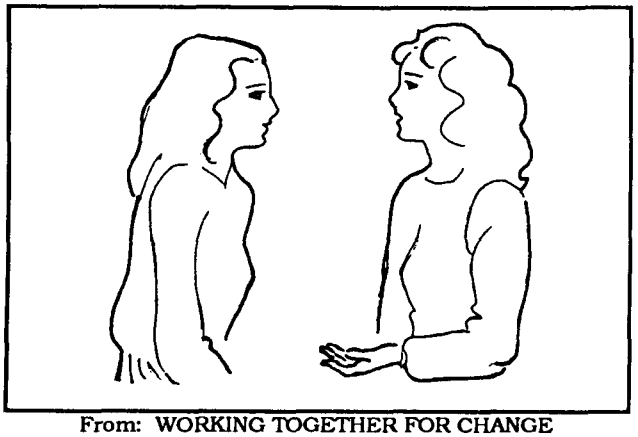
Self-help groups are groups of people who get together because they have something in common. Usually they don't have a leader. Each person in the group does their bit to make the group useful for everyone.

You may find it helpful to meet with other women who have had a miscarriage. Ask if there is a support group in your area. If you live on a reserve ask the CHR. If you live in an area where there is a women's centre, library or bookmobile, a crisis line or a community centre you could ask them. Sometimes doctors and nurses know about support groups.

If there is no self-help group in your area you could form one. The information in this chapter will help you get started.

Finding other women who have had a miscarriage

The first step is to find other women who have had a miscarriage. If you only find one woman that's okay, you can talk to each other. It's best if the group isn't more than about 10 women. If there are more, some women may never get a chance to talk.



From: WORKING TOGETHER FOR CHANGE

Here are some ways you may be able to find other women:

- Ask your friends.
- Put posters up in local stores, churches, a women's centre, band hall, or anywhere else women may see it.
- Tell your public health nurse, community health worker or doctor that you want to talk to other women.
- Put an ad in the local paper or on the radio. Here's an example of an ad:

> WOMEN who have had a miscarriage interested in talking to other women who have had one too, call Jane to start self-help group, 999-2222.

Planning the first meeting

Once you have put out the word that you want to form a group other women may contact you. You don't have to figure out everything about the group on your own. The group will probably work better if all the members of the group plan what the group will be like together. What you will need to do is plan the first meeting.

Planning the group together

When the women come to the first meeting let them know what you have planned for the meeting. Ask if there's anything they want to add. Explain that you don't want to be the group leader. Say that you hope everyone will decide together what the group will be like and work together to make the group a success.

In the first few meetings you will need to decide together what you want your group to be like. Here are some ideas that may help you make plans.

Find out why women have come to the group and what they hope to get from the group. One way to do this is by giving each woman a chance to say her name, why she's come and what she hopes to get from the group. You may want to do this by doing a round. In a round everyone gets a chance to talk without being interrupted. One woman talks first and then everyone else takes a turn. If anyone doesn't want to talk she can just say "pass". Everyone sits and quietly listens to the other women.

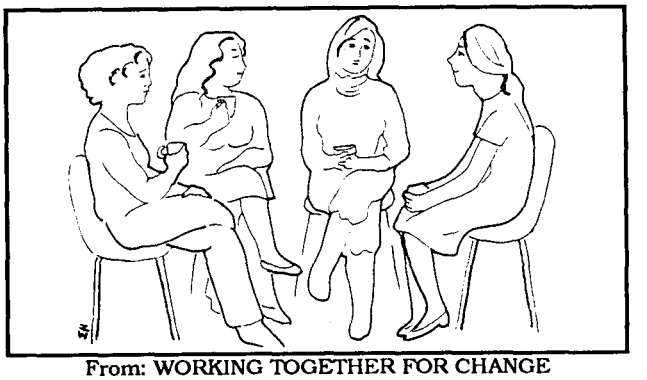
Here are some of the reasons women may come to a support group:

- to talk to other women who have had a miscarriage.
- to get health information about miscarriage.
- to share feelings and get support.
- to work with other women who want to make the services for women having a miscarriage better.

Once everyone has had a chance to speak you can have a discussion. You may want some of the same things and some different things. Talk about this and decide what you want the purpose of the group to be.

Talk about how you want your time together to be organized. It's helpful to have a general plan that you follow each time you meet.

1. Start your time together in a way that helps women feel comfortable and part of the group. You may want to begin with a meal or coffee and tea. Many groups start with a round in which each woman says her name and how she's feeling.



From: WORKING TOGETHER FOR CHANGE

2. Have time for discussion. You may decide you will have time every meeting for women to talk about how they are feeling and also time to talk about a specific concern. Here are some ideas for topics:

- dealing with loss
- causes of miscarriage
- talking to your partner, family and friends
- genetic testing
- fear of having another miscarriage
- how to make it easier for other women in your community who have miscarriages

3. End the group in the same way each time. Women may have strong feelings about things you have been talking about. They may have questions or want to talk more. Plan a way of ending the group so women have a chance to say how they are feeling and what questions they still have before they leave.

Some groups do a closing round in which everyone says how they are feeling. If some women are feeling very emotional they may need to take some time to get ready to leave the meeting. You can also say what you liked or didn't like about the meeting.

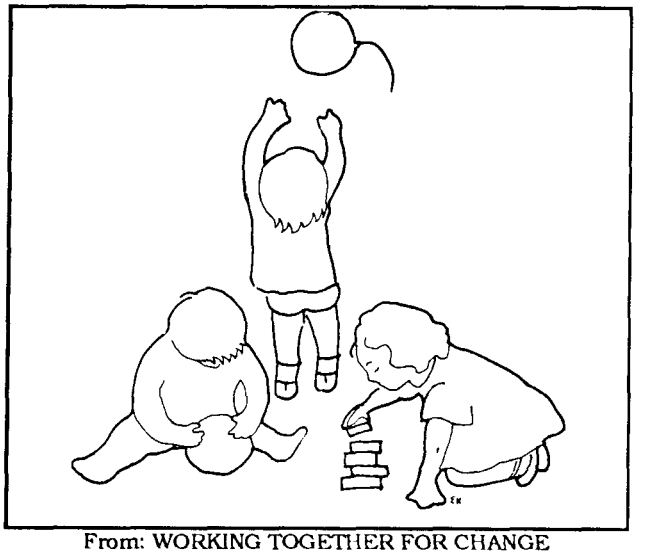
Many women's groups end with appreciations. This is a time for group members to tell other women in the group things they have said in the group or done for the group which they appreciate. It's also a time for women to appreciate themselves for things they have done or said in the group which they are proud of.

Some support groups like to finish by doing something together at the end of each meeting. They may all hold hands, meditate together, or sing a song.

Talk about who will plan each meeting. It usually works best to plan the meetings ahead of time. You may want to have someone take responsibility for each meeting. In many self-help groups the members take turns planning what they will do each time. You may want someone who has been in a self-help group before to plan the first few meetings and then start to take turns after that.

Plan where and when you will meet. It's best to set up a regular time. You may decide to meet at the same place every time, or you may decide you want to take turns having the group meet in your own homes.

Organize childcare. Find out how many of the women in the group need someone to care for their children when you are meeting. Then figure out a plan for childcare. You may want to find someone to take care of all the children close to where you meet. Or, it may be easier if the mothers leave their children with someone they know. Either way, everyone in the group could help pay whatever it costs to have the children taken care of.



From: WORKING TOGETHER FOR CHANGE

Decide if you want to let new women join your group after the first meeting. You may want to keep the group small to really get to know each other well. Or, you may decide to have the group open to any woman who has had a miscarriage and wants to come.

Talk about how to make the group a safe place for women to talk. It's helpful to get the women at the meeting to say what things would help them feel comfortable. Make a list of everything that gets said. Then go through the list and decide which points you all agree on. These will then be the guidelines or rules for the group. If anyone doesn't follow the guidelines you will need to talk about it as a group. These are some of the things that women have found useful:

- We respect each woman's right to make her own choices about her life.
- Everything that we say will be confidential. We won't repeat anything personal that anyone else says in the group.
- We will try to be honest.
- We won't interrupt each other.
- We won't give advice to each other unless a woman asks for it. We believe that we can all come up with solutions to our own problems if we're given a chance to talk and be listened to.
- We won't force anyone to talk. We'll make sure there is time for everyone to talk but we won't push anyone to talk if she doesn't want to.
- We will share the responsibility for the group. We will all do our bit to make the group useful for everyone.
- We will tell the group if we're going to miss a meeting or if we're leaving the group. This saves a lot of worry.

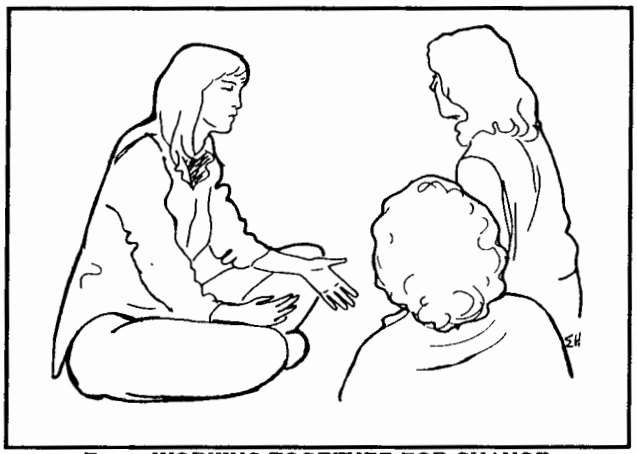
Plan a way of dealing with conflict or problems in the group before they come up. Most groups have conflict at some point. If you take time to plan how your group will handle problems it can save a lot of frustration later.

Most people haven't learned constructive ways of telling other people that things are bothering them. We'll write about one way of doing this. You may decide a different way is better for your group.

If something about the group or another group member is bothering you, think about it before you say anything. Think about what is bothering you, why it bothers you, and what you would like to be done differently. Then tell the other group members that something is bothering you and that you would like to talk about it.

Bring up the problem directly. Be as specific and direct as you can. Try to point out exactly what is bothering you and what would be more helpful.

Each woman can make sure that the group is a safe place for everyone. If anyone feels that someone in the group is being hurtful or indirectly criticizing another group member, she can say, "Stop. There is a problem and we need to talk about it."



From: WORKING TOGETHER FOR CHANGE

The life of the group

Once you've made your plans try to stick with them for awhile. Most groups go through changes. Be flexible but also make sure you spend time talking about miscarriage.

You may want to talk about whether you're finding the group useful after you've met a few times. Make sure you talk about the good things about the group as well as ways you could make it better.

Sometimes self-help groups last for a long time and sometimes they just meet a few times.

When it seems time to stop meeting it's a good idea to have a "goodbye" meeting. You may want to do a round and say what you learned in the group and what you have appreciated about the group and group members. Many groups end by talking about what group members will take from the group into their lives.

How to get more information

There is more information about self-help groups in a book called **Women Talking About Health: Getting Started With Workshops And Groups**. You can order it from the Vancouver Women's Health Collective. The address is on page 142.

From: ISIS

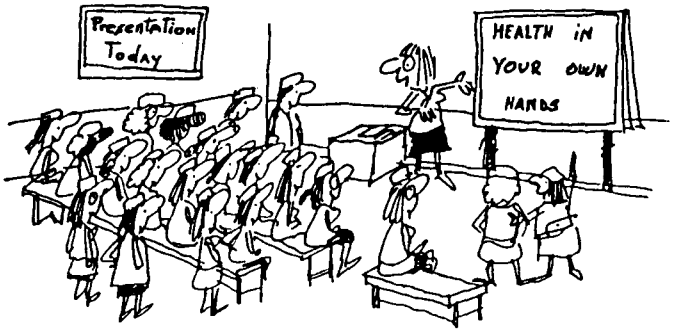
PATIENTS HAVE RIGHTS

Some people go to a doctor every time they don't feel well, and others will not go even if they are very sick.

You have the right to go to a doctor when you want to. The doctor should listen to you and do a complete check-up to see if anything's wrong. She should explain what she thinks is wrong and what she thinks might make you better. You have the right to choose whether or not you do what she suggests.

A doctor can help you if you need to find out what's wrong with you, or if you need surgery or prescription drugs. You may also want to see a doctor to find out more about a health problem, and for a check-up when you're healthy. It helps to have a regular doctor who knows you. If your doctor knows you, she will probably be able to give you better care.

In this section we will give you some ideas on how to choose a doctor and how to get the information you want from her. We will explain to you what it means to give "informed consent". We will also give you some suggestions for what to do if you have had a bad experience with a doctor.



From: ISIS

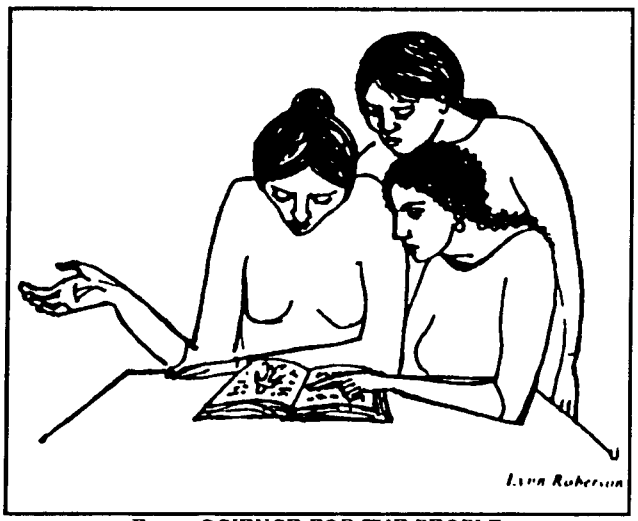
How do I choose a doctor?

How do you decide what doctor you want to go to? You may not have much choice. If you live in the country, or in a small community, there might be only one or two doctors available. If you need to see a specialist, you will probably have to travel to a larger center. Even then you might have a limited choice, unless you live close to a large city.

Just because you go to a particular doctor once, it doesn't mean you have to go back to her. You can "shop" for a doctor, just like you might shop for a mechanic you can trust. Even though you are not paying the doctor directy she is paid by the medical plan and would not be paid if you didn't go to her. If you have no choice of doctors where you live and you don't like the one doctor, it may be worth driving to the next town to see someone else.

When you are looking for a doctor, you can visit a few doctors. Ask them questions and see if you trust them to be your doctor. You might want to know how they'd treat a health problem you have. Or if you have children, what they do to help a child not to feel scared. If you want to avoid taking too many medicines, ask the doctor what else she might do besides suggesting a medicine.

These visits are covered by the medical plan. A doctor should not be angry that you are asking questions. If she is, she may not want you to ask questions about your health either. Go to a different doctor if you can.



From: SCIENCE FOR THE PEOPLE

Here is a list of questions to ask yourself about your doctor. It will help you to decide if she is the right doctor for you.

- Does the doctor call you by your proper name?
- Does she look at you when you are talking, or when she is talking to you?
- Does she ask you questions?
- Does she answer the questions you ask?
- If she doesn't know the answer to something, is she willing to say so?
- Does she talk to you about choices in treatment? If she suggests one thing, does she also talk about other choices?
- Does she tell you the names of any drugs she prescribes, and the possible side effects?
- Does she explain the tests she does, and tell you when you can expect to hear the results?
- When she explains something to you, does she make sure you understand?
- Do you get a chance to talk to her with your clothes on? Before the examination or treatment? After?
- Can you get an appointment fairly soon?
- When you have an appointment, do you get in to see the doctor without a long wait?
- Does she let you look at your medical records?

How do I get information from my doctor?

Even if you have a doctor you are generally happy with, there may be times when you feel rushed. If your doctor is very busy, it is easy to forget what you want to ask her. If you make a written list of questions ahead of time, you won't forget, and you are more likely to leave the appointment with the information you want.

If you feel you don't have enough time with the doctor for her to answer your questions, you might want to make another appointment. If you know when you make the appointment that you are going to have a lot of questions, you can tell the doctor's office that you will need extra time. Ask them to book a double appointment. This way the doctor can give you the time and care you deserve without keeping other patients waiting.

You may sometimes want to have someone go with you to see the doctor. If you are upset or if you are dealing with a serious health problem, this can be helpful. The other person can make sure the doctor answers the questions on your list, and can write down the answers for you.

If you don't understand the answer a doctor gives you, let her know. Ask her to explain again. Ask her to draw a picture if that would help. She should draw you a picture of where she will cut and what she will do if she is suggesting surgery. If she is using words you don't understand, ask her to explain those words.

Doctors often use medical words. These are words most people don't know. The doctor should explain what she means in everyday words. Many people don't ask questions because they are afraid they will seem stupid. You aren't stupid if you don't understand medical words.

The doctor needs to learn how to talk to you so that you understand what she means. When you ask her to explain, you are teaching her what she needs to know to become a good doctor. You are teaching her how to talk to her patients so they can understand.

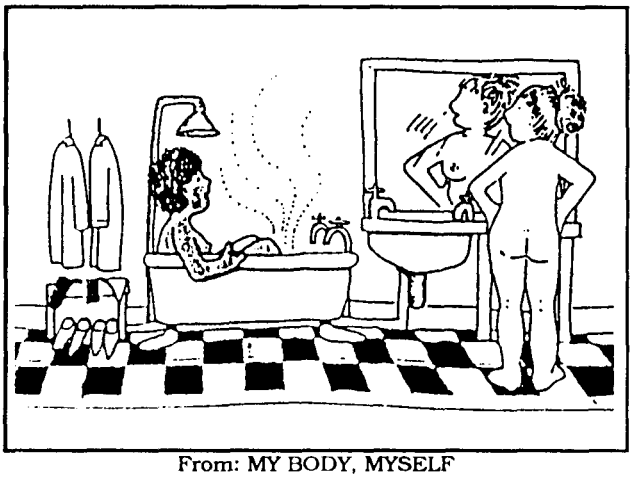
How do I find out more about a test or treatment?

Here is a list of questions to ask your doctor when she suggests a test or a treatment. You will probably want to add more of your own questions.

- Why do I need this test or treatment?
- How is it done?
- Are there any other tests or treatments I could use instead of the one you have suggested?
- Does this test or treatment need to be done now, or could it wait?
- Will I get worse if I wait?
- What are the risks if I have this done?
- What are the risks if I choose not to have it done?
- Who else will be involved in my care? Do I need to see another doctor?
- Will it hurt?
- How will I feel afterwards?
- Will I lose time from work?
- Will I still be able to look after my children right away?
- Do I need other tests?
- I want to have a friend go with me. Is this alright with you?
- Do I need to take any drugs? What are their names? What are their side effects?
- If you are suggesting a test, what do you expect to find out from it?
- What will you do if you find what you expect?
- What is the next step if you don't find what you are looking for?

Informed Consent

Your body belongs to you, not to the doctor, or to anyone else. Everything that is done to you should be your decision.



From: MY BODY, MYSELF

You do not have to agree to any medical test or treatment. It is the doctor's responsibility to make sure you understand the reasons for the tests or treatment she wants to do. If you don't agree to have it done, then she can't go ahead, even if she is sure it is the best thing for you. She needs your "informed consent". This means that you have been told what to expect, and you agree to go ahead with the test or treatment.

Informed consent also means that you can agree to one part of what your doctor suggests, but refuse another part.

You might be asked to sign a form giving your consent. You may get the consent form from your doctor, or from a nurse in the hospital. If you decide to sign, be careful that you are only giving permission to do exactly what your doctor has said she will do, and nothing more. You can add a sentence to the form before you sign, if you want. For example, if you are having your uterus taken out, and you want to be sure the doctor doesn't take out your ovaries, you can add, "Do not take out my ovaries."

If you are not sure what the form is giving her permission to do, then don't sign it. Make sure you understand and agree before you sign anything. It's fine to say you don't understand the form.

It is a good idea to get a second opinion about any surgery your doctor thinks is necessary. You can also get a second opinion if you are unsure about a drug treatment or a test your doctor suggests. This means going to another doctor to see if she suggests the same thing.

You can tell your doctor that you would like a second opinion. Most doctors will not object, and will probably suggest the name of another doctor you can go to. Your doctor does not have the right to refuse. If she objects, it is a sign that she is not treating you well.

What can I do if my doctor has treated me badly?

Your doctor may have done something which has given you serious health problems. Or, she may have done something to you that you didn't agree to. She may have been careless, and forgotten to do something necessary to your care. She may have treated you without respect.

In order to practise medicine, a doctor has to be licensed by the College of Physicians and Surgeons. This is a group of doctors who set the rules about how doctors can treat patients. If you are unhappy with the way you have been treated by your doctor, you can write a letter of complaint to the College.

It is important to write down clearly what it is your doctor did that you are unhappy about. You should include all the details, and the dates when things happened.

The College will read your letter, and decide whether or not they think your complaint is serious enough for them to investigate more. If they think it is very serious, and they agree that the doctor did what you said she did, they can take away the doctor's license to practise.

Your community health worker or Women's Centre can help you to write a letter if you are not sure what to say.

From: KINESIS, October, 1984

What about legal action?

If you have had a very bad experience with a doctor, you might decide to take her to court and sue her for malpractice. To do this, you will need to talk to a lawyer. You may be able to do this through Legal Aid. Phone the nearest Legal Aid office listed as Legal Services Society in the Provincial/Territorial Government section of the phone book to see if they will see you. Otherwise, you can find a list of lawyers in the yellow pages of your phone book.

Most lawyers will see you for a first visit for around 20 dollars. Some will do this for free. During this first visit, or consultation, the lawyer will try to get a clear picture of what happened so she can tell you whether or not she thinks you have a case. Write down exactly what happened to you before you go see the lawyer. The lawyer will also ask you for the dates.

Taking a doctor to court does not always cost a lot of money. It is free if you can get legal aid. If not, many lawyers will work on what is called a "contingency" basis. This means that the lawyer will charge you part of what you are awarded by the court, if you win your case. You should discuss this with her on your first visit, so that you know what to expect. A lawyer usually charges 20% - 40% of your court award.

The lawyer will need a copy of your medical records. If the doctor or hospital refuses to give it to her, then she can ask a judge for a court order to get it.

We hope you won't have to sue your doctor. It will take a lot of time and energy. It may also cost a lot of money. You might win in the end, but there are no guarantees.

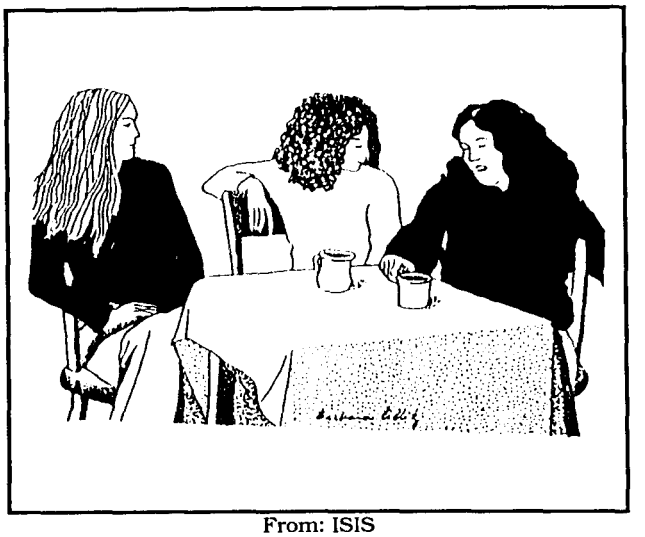
TALKING WITH OTHER WOMEN

We think it's very important that women talk with other women about their health because:

- Women know a lot about health. They spend a lot of time taking care of their family and friends.

- Women have traditionally been the healers in most cultures. Through the years women passed their knowledge down to future generations. Women still get useful information from talking to other women.

- Many of the health concerns women face are kept secret. Periods are an example. Even though periods are natural and healthy most women hide their periods and feel embarassed about them. Talking with other women can help you feel less embarassed. Together you can develop understanding and pride.



From: ISIS

- There are many messages telling women that the natural life stages they go through are illnesses. These messages come from the TV, magazines, doctors, and often family and friends. An example of this is menopause. It's a natural part of growing older and usually doesn't need to be treated with medicines.

- The world around you affects your health. Social problems such as not being able to get a job or suffering racism can be stressful. Environmental problems can also make you sick. If the factory near you is polluting the air you may get headaches or other health problems. People need to work together to make a lot of the big changes that will help everyone to be healthier. Talking is a first step.

- Most of the research about health is done by drug companies. They are sometimes more interested in making money than in health. Sometimes you may need drugs but they aren't always the best way to deal with health problems. By talking to other women you may be able to find other ways of taking care of your health besides using drugs.

- Women can help each other get good information and treatment from doctors when they need it. You can help each other decide what information you want from the doctor. And, you can take a friend with you when you go.

- It helps to talk with other women. You may learn new ways of treating a problem. You may get help and support. Often it feels better just knowing that other people have the same problems and concerns.

RELAXATION EXERCISE

This is an exercise called Progressive Relaxation. You can use it to help you to relax. Read through the directions before you try it. You can either try to remember the directions or get a friend to read them while you do it.

It's best to do progressive relaxation every day, or as often as you can manage.

Lie on your back on a flat, firm surface. The floor is a good place. Close your eyes and get comfortable.

Starting with your feet, tighten all the muscles in your feet. Hold them very tight and count to five. Then relax your feet. Feel them lying relaxed on the floor.

Move up your body to your calves. Tighten all the muscles in your calves. Hold them very tight and count to five. Then relax your calves. Feel them lying relaxed on the floor.

Move up your body to your thighs. Tighten all the muscles in your thighs. Hold them tense and count to five. Then relax your thighs. Feel them lying relaxed on the floor.

Move up your body to your pelvis, vagina and buttocks. Tighten all the muscles in this area. Hold and count to five. Then relax. Feel your pelvis lying relaxed on the floor.

Move up your body to your stomach and lower back. Tighten all your muscles in this area. Hold and count to five. Relax. Feel your body falling relaxed towards the floor.

Move up your body to your chest and upper back. Tighten all the muscles in this area. Hold and count to five. Relax. Feel your body falling relaxed towards the floor.

Move to your arms and hands. Tighten the muscles in your arms and hands. Hold and count to five. Relax. Feel your hands and arms lying relaxed on the floor.

Move to your shoulders and neck. Tighten and hold while counting to five. Relax. Feel your shoulders and neck falling relaxed towards the floor.

Move to your face and head. Tighten all the muscles in this area. Hold and count to five. Relax. Feel your face open and your head lying relaxed on the floor.

Lie still for a while, and enjoy the feeling of being relaxed. You might want to imagine being somewhere quiet and beautiful. You could imagine yourself doing something you like to do or feeling healthy and strong. When you are relaxed it's a powerful, healing time. Be good to yourself.

When you finish move slowly and notice how you feel. Do you feel differently than you did when you started?

HOW TO GET MORE INFORMATION

Support for Miscarriage and Stillbirth

Local Chapters of Compassionate Friends (a group for grieving parents):

British Columbia:

Abbottsford	859-1359
Columbia Valley	345-9579
Coquitlam	936-9708
Fort St. John	785-4401
Kamloops	374-4647
Kelowna	769-6352
Nanaimo	758-3816
Powell River	485-9703
Prince George	563-5583
Prince Rupert	624-2983
Ridge Meadows	465-4488
Trail	367-7983
Vancouver	263-2174
	224-6732

Alberta:

Calgary	240-1467
Edmonton	463-8695
Grande Prairie	532-2506
Lethbridge	381-1361
Medicine Hat	526-9060

Yukon:

Whitehorse	667-4874

Lynn Roberson

Other groups and resources:

Grieving Parents Support Group
Vancouver, B.C.
Telephone 986-5012

Perinatal Social Worker
B.C. Children's Hospital
Vancouver, B.C.
Telephone 875-2149

Miscarriage newsletter:

Shattered Dreams
c/o Born To Love
61 - 21 Potsdam Rd.
Downsview, Ontario, M3N 1N3

Infertility groups:

Infertility Peer Support Groups in Vancouver
530-8291
874-8487
433-4655

They can let you know if there is a group or contact in your area.

Resolve
5 Water Street
Arlington, MA 02174
U.S.A

Groups dealing with related health issues:

B.C. Association of Midwives
224 - 810 W. Broadway
Vancouver, B.C. V5Z 1J0
Telephone 536-3685

Canadian PID Society (Pelvic Inflammatory Disease)
P.O. Box 33804, Station D
Vancouver, B.C. V6J 4L6
Telephone 684-5704

DES Action Canada
5890 Monkland, Suite 104
Montreal, Quebec H4A 1G2
Telephone 514-482-3204

Dalkon Shield Action Canada
108 - 1861 Welch Street
North Vancouver, B.C. V7P 1B7
Telephone 255-9181

Endometriosis Association
P.O. Box 92187
Milwaukee, WI 53202
U.S.A.

Battered Women Support Services and Transition Houses:

Battered Women's Support Services
1666 West Broadway
Vancouver, B.C. V6J 1X6
Telephone 734-1574

Alberta Coalition of Women's Shelters
4, 11602 40th Street
Edmonton, Alberta T5W 2K6
Telephone 471-6709

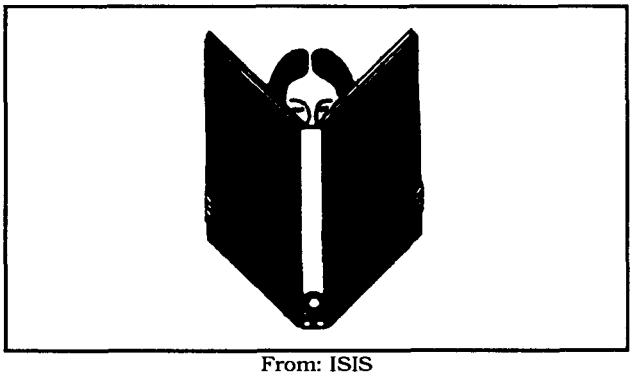
Kaushee's Place
Box 4961
Whitehorse, Yukon Y1A 4F2
Telephone 668-5733

General information on women's health:

Vancouver Women's Health Collective
302 - 1720 Grant Street
Vancouver, B.C. V5L 2Y7
Telephone 255-8285

Calgary Women's Health Collective
316 223 12th Ave S.W.
Calgary, Alberta T2R 0G9
Telephone 265-9590

Victoria Faulkner Women's Centre
Suite 204, 100 Main St.
Whitehorse, Yukon Y1A 2A8
Telephone 667-2693



From: ISIS

Books to read:

You can ask your nearest library for these books. Libraries will order a book for you through inter-library loan if they do not have it in stock.

Miscarriage and stillbirth:

Empty Arms: Coping after miscarriage, stillbirth and infant Death by Sherokee Ilse

Stillborn, The Invisible Death by John DeFrain

Will I Ever be a Mother by Merrilyn McDonald-Grandin

After A Loss In Pregnancy by Nancy Berezin

When Hello Means Goodbye by Pat Schwiebert and Paul Kirk

Still To Be Born by Pat Schwiebert and Paul Kirk

Miscarriage; Sharing the Grief, Facing the Pain, Healing the Wounds by Walter Williamson

Early labour:

Preventing Preterm Birth: A Parent's Guide by Michael Katz, Pamela Gill and Judith Turiel

DES exposure:

Fertility and Pregnancy Guide for DES Daughters and Sons by Nancy Adess, K. Brown, S. Hackett and J. Turiel (can be ordered from DES Action, address on page 140)

Stress and relaxation:

The Relaxation & Stress Reduction Workbook by Davis & McKay

The Book of Stress Survival by Alix Cirsta

A Guide to Stress Reduction by John Masen

Starting support groups:

Helping Ourselves by the Women's Counselling Referral and Education Centre (WCREC), 348 College St., Toronto, Ontario M5T 1S4

Women's Self-Help Educational Kit by Women's Self-help Network, Box 3292, Courtenay, B.C. V9N 5N4

From: EAST WEST JOURNAL

Other resources:

Four other books were written on this project:

Talking About Periods

Infertility: Problems Getting Pregnant

Avoiding Pregnancy: Birth Control; Choosing What's Right For You

Women Talking About Health: Getting Started with Workshops and Groups

The Vancouver Women's Health Collective also carries booklets on:

Breast Health
Fertility Awareness Method of Birth Control
Menopause
Pap Tests
Premenstrual Syndrome (PMS)
Sexuality
Vaginal and Cervical Health

Booklets in Spanish and Chinese on:

Birth Control
Correct Use of Medication
Pap Tests
Sexually Transmitted Diseases
Stress

To order write:

The Vancouver Women's Health Collective
302 - 1720 Grant St.
Vancouver, B.C. V5L 2Y7

There is a charge for some of these books.