

EARLY PREGNANCY LOSS

WHAT YOU CAN DO TO HELP

She may not be critically ill, but a woman who's lost a baby early in pregnancy still needs a special kind of care. Here's what you can say and do to comfort her.

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When you care for mothers who've lost their babies early in pregnancy, do you ever worry that you may be overlooking their needs? Typically, they come to the emergency department with vaginal bleeding. Or they're admitted to the same-day surgery unit for dilatation and curettage or laparotomy. They may not be critically ill—and their ailments may indeed seem minor compared with those of most of your other patients.

I recently surveyed 62 acute-care nurses to see how they felt about caring for these women. I found great sympathy and concern among most of the nurses in my hospital. Yet they weren't sure how to put their feelings into action. And they thought that giving the kind of emotional support these patients needed would take much more time than they had.

I believe we can turn our sympathetic feelings into caring actions—and we need only a few minutes to do it.

Next time you're performing an admissions assessment or taking vital signs of a patient who's suffered an early pregnancy loss, here are some things you can say and do:

- **Acknowledge the loss.** Don't be afraid to say, "I understand you were pregnant and things haven't gone well." Friends and family members may hesitate to mention the loss, but your patient may need to talk about it.
- **Assure the mother that she's not to blame.** A woman may feel that it's all her fault—she lifted something heavy, worked, had sex, or did something to bring on the baby's death.
- **Include the father in your care.** Many fathers feel left out. Include him in your patient's assessment, care, and discharge instructions.
- **Let couples know that anger, bitterness, and sadness are normal and acceptable emotions.** Grieving over an early miscarriage or ectopic pregnancy may be as severe as it can be after losing an infant at birth.


- **Let the parents see the embryo or fetus.** Many parents are curious about what their baby looked like. After miscarriage or ectopic surgery, you may be able to show them embryonic tissue or clots. When there's an actual fetus, offer to take photos for the parents and ask whether they'd like to plan a burial or other funeral arrangements.

- **Encourage them to seek the support of family and friends.** Ask if they'd like for you to call a minister, special friend, or family member—possibly someone they know who's also lost a baby and knows what they're going through.

- **Refer parents to support groups.** National and local self-help groups (see *Support Groups for Parents*) can provide long-term support. For questions about genetic counseling, refer parents to the National Center for Education in Maternal Child Health in Washington, D.C.; (202) 625-8400.

- **Don't ever assume or mention that the loss was "for the best."** An unmarried teenager, for example, may have wanted her baby just as badly as a married couple. In today's world, where infertility is not uncommon and conception is often difficult, pregnancy loss can be devastating.

- **Document the support you've given.** As you know, staffing needs are determined by patient-care demands, which are largely reflected in your documentation. So don't neglect to chart that you're giving a patient emotional support, making appropriate referrals, arranging for chaplain visits, and so on.

Research has shown that a nurse's compassionate care—more than anything else—can help these parents resolve their grief. Though you may be immediately concerned with vital signs, intravenous therapy, and blood loss, what your patient will remember all of her life is *how* you treated her when she lost her baby. 

SUPPORT GROUPS FOR PARENTS

The following organizations offer support to parents who've suffered early pregnancy loss. Your patient may be able to locate the nearest community chapter by calling the national number listed.

- **Centering Corp.**

Omaha, Neb.
(402) 553-1200

- **Compassionate Friends**

Oak Brook, Ill.
(312) 990-0010

- **HAND (Helping After Neonatal Death)**

San Rafael, Calif.
(415) 492-0720

- **Share**

Springfield, Ill.
(217) 544-6464, ext. 4500

- **Resolve, Inc., for Infertility Counseling**

Arlington, Mass.
(617) 643-2424

- **Resolve Through Sharing**

LaCrosse, Wis.
(608) 785-0530

- **SAND (Support After Neonatal Death)**

Berkeley, Calif.
(415) 540-0337

- **Explain physiologic changes that will take place.** The normal changes the body goes through after pregnancy loss can be very frightening to a patient who doesn't know what to expect. Tell her that her uterus lining will be expelled after a miscarriage or ectopic surgery. Cramping may occur, and her breasts may fill with milk. Changes in hormonal levels may cause emotional swings.