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## Another Baby?

### Feelings and Options

Should we try again? How long should we wait? What if something goes wrong this time? These questions are the source of great anxiety for almost all families who have had a pregnancy that ended in tragedy.

Often there is an overwhelming desire to have another child quickly. Some parents feel the ache of empty arms, the sadness of an empty crib. They had been preparing for a child, making room for one in their lives. Only another baby could fill the enormous void.

As time goes by, the urgency of this feeling subsides. The couple begins to readjust to living without the expected child. The mother, especially, may become reluctant to conceive again quickly, even if she desperately wants a baby. She is still recovering physically from being pregnant; she realizes that she is the one who will have to endure, once again, the stresses of pregnancy, and her body will remind her daily of the last one that failed.

However, if the woman is over thirty, she may feel the pressure of time and worry that she will be too old to bear children if she waits much longer. There may be additional pressure from her husband, who urges her to become pregnant again soon. Friends and family may also encourage them to try again, hoping that a live baby will erase the pain.

If the cause of their tragic loss is not known, they can be

particularly anxious about conceiving again. Then it becomes essential to seek a full understanding of whatever might have contributed to the disastrous ending of the previous pregnancy and what the chances are of its happening a second time.

When a couple asks how long they should wait before getting pregnant, they are likely to receive a wide variety of views from friends and physicians. This confusion is seen in the comment of a mother who had a miscarriage in the fifth month:

I wanted to get pregnant again as soon as I had my first period, but then one of my friends told me of someone who did just that and had a second miscarriage. I wondered if maybe it would have happened anyway. But how could I be sure? Another friend who became pregnant soon after her miscarriage had a healthy baby. Everyone's doctor had a different idea about this—it was very hard to know what to do.

The length of the previous pregnancy, the type of delivery, and the age and health of the mother are important factors in deciding how long to wait. Some obstetricians feel very strongly that two pregnancies spaced closely together might be detrimental to the second infant. They suggest a wait of three to six months after a miscarriage or abortion and six to twelve months after a stillbirth or infant death. Their recommendations are based on the belief that the mother's body is not yet physically ready to carry another fetus, and that both mother and father need a chance to mourn for the first baby before preparing themselves to accept a new one.

If the couple have not recovered from their grief, the next baby may not be loved for him- or herself and may be—even subconsciously—compared with the one who died. Some physicians warn parents against the possibility of this "replacement child syndrome." As one doctor said:

I tell parents how important it is to give each child a separate identity. If the one who died was their second child, the next one should be thought of as the third, not the second again. And they should give the next baby a new name and make it as different as possible in their minds so there won't be any confusion.

When parents are aware of the problem of the replacement child and still feel physically and emotionally ready for another pregnancy, many physicians encourage them to conceive again without waiting a specific length of time. They believe that, under these circumstances, the next child will not suffer any ill effects.

No matter what they decide to do, parents are bound to worry. The next pregnancy, whether it occurs in a few months or a few years, is a time of great anxiety and fear. Will tragedy happen again?

They hold their breath as each important stage passes. If a miscarriage occurred at three months, then getting beyond that point is the first important goal. If the baby who died was premature, the weeks still left until the second due date are counted carefully and recounted until the time of danger has passed.

Every sign, every symptom becomes important. The doctor's face is scrutinized for any indication of trouble. If the baby who died was breech, the next one's position is carefully felt. One mother said after her miscarriage: "I was terrified all during my next pregnancy. Every time I went to the bathroom, I was sure I would see blood."

Many couples try to make the next pregnancy as different as possible from the one that ended tragically. They may give up certain activities they enjoyed during the first pregnancy. Some buy all new maternity clothes. Some refrain from planning or talking about the baby or even setting up the crib until a much later time than they had before. They may seek constant reassurance from each other and from the doctor that this time everything will be okay.

Sometimes they may have to face another tragedy, for once in a while lightning does strike twice. After a second tragedy, it is much harder to have hope, and the strain can be intense. They had told themselves that they could not possibly handle another loss, but somehow they do. They survive; they grieve again; and again they may try for the baby they want so much.

Friends may criticize them as foolish for trying again. A case

in point is the comment from a mother whose first pregnancy ended in miscarriage:

When I got pregnant again, everyone was excited and very encouraging. But then I had amniocentesis and found out the baby would be seriously deformed, so we decided to have an abortion. It was horrible, but we were determined to try one last time. I was amazed that this time when I got pregnant, no one said a word of congratulations. One friend even told me I was crazy to try again.

What parents need at this time is understanding of the courage it requires to take such an emotional risk.

For some parents, there is no next time. Some are unable to conceive again. Some are too afraid of the risks of another pregnancy. The mother may feel that she is too old or be convinced that the same thing will happen again. Perhaps, angry at her loss and determined never to be pregnant again, or simply because she was unaware that her baby was critically ill, she had her tubes tied at the time of birth. For some couples, divorce intervenes or time simply passes without the decision to try again ever being made.

Those families must go through the painful process of adjusting to a new and unexpected reality: a life without children or with fewer children than they had hoped for. They, perhaps even more than other families, will always wonder how different their lives might have been. One father recalled:

We already had two children, and soon after the third died my wife decided to have her tubes tied. She said she never wanted to be pregnant again and have to live through the horrors of that experience. We're happy with our two, but we often talk about what it would have been like to have another. Sometimes I wonder if we should have adopted a child.

For the parents who cannot or do not wish to conceive again, adoption is a possibility. However, adopting a healthy baby has become very difficult in the United States. Because of legalized abortion, the increased availability of contraception, and the greater social acceptance of single parents who choose to keep

their babies, fewer babies are available for adoption now than ever before. Some adoption agencies have such long waiting lists of prospective parents that they no longer accept applications.

There are, however, legal ways of adopting still available. Some agencies in the United States continue to arrange adoptions, while many parents have turned to other countries, mostly in Asia and Latin America, to find children. In some states it is permissible to adopt privately through a lawyer. For families considering adoption, there are now many informative resources available (see Appendix B and references for this chapter). Other families who have already adopted can offer essential information and support for beginning the process.

Whatever route is chosen, adoption involves complicated paperwork, a "home study" consisting of lengthy interviews with social workers, and sometimes a period of residence in another country. The waiting and uncertainty can be very frustrating; and once a specific child is selected, the concern about his or her well-being is similar to that of a couple expecting a natural child. As one mother explained:

We had decided to adopt a baby after our daughter died from a terrible genetic disease. But we were very frightened. We learned from our first baby that there are no guarantees in life. I worried throughout the whole adoption process. One day I worried that the baby would never come, and the next day I would worry about the stories I had heard of adopted kids arriving seriously ill. Sometimes I wondered if getting pregnant again wouldn't have been easier after all—at least I would know how long it would last. It wasn't until he finally came that I could feel some sense of relief and begin to feel good about our decision. Then I knew it was worth all the worry—our new son is wonderful!

For couples who prefer not to adopt but are having difficulty conceiving again, there are fertility clinics where the causes of their problem can be investigated and where a variety of treatments can be explored. Ordinarily, these clinics can be contacted through an obstetrician or medical school. There is also a national organization—RESOLVE—which provides information and support for infertile couples.

Some couples hesitate to become pregnant again because they worry that the next child will have the same condition as the previous baby. Genetic counseling, discussed in chapter 4, offers the possibility of investigating the likelihood of future problems.

The arrival of a new, healthy baby ends the long waiting and worry over pregnancy or adoption. But certain fears linger. After their previous tragedy, parents may worry that they are overprotective or anxious about their new child, because the life of any child seems so terribly fragile to them. They may think that they have to be perfect parents, never feeling the normal ambivalence of new parents toward this new demanding person in their lives. And they find it difficult not to compare this child with the one who isn't there. Would he have been cuter? Would she have cried less?

Especially if the new baby has arrived soon after their tragedy, parents must face the fact that this new child might not be there had it not been for the untimely death of another. "We were extremely upset when Joan miscarried," one husband recalled. "But we know we would not have had Amy; and what would our lives be like without her?"

Having another child can never erase the memories or make up for the loss. And comparing one infant with another is almost inevitable. But the new child will grow and develop a unique identity of his or her own. Parents are aware of how precious this next child is, how much he or she was wanted, how miraculous it is that life can still be created and grow and thrive. Another child, a healthy baby, brings joy and celebration. There is enormous relief. As one woman who had miscarried described her response to her new baby: "I felt whole again."