Miscarriage

"A miscarriage is nature's way of sparing you from having an imperfect baby." "It's all for the best." "You can always have another baby."

These comments are heard over and over again by couples who experience a miscarriage. They represent the common view that it is a minor event or even one to be welcomed. This is only one of the many misunderstandings that surround miscarriage. For an event that occurs so frequently (in ten to twenty percent of all recognized pregnancies) there is a remarkable degree of ignorance, among both parents and physicians, about the causes, the process of miscarriage, and the feelings of those involved.

A miscarriage, or spontaneous abortion as it is called by physicians, is the unintended ending of a pregnancy before the time the fetus could survive outside the mother. This is usually considered to be the twentieth week of pregnancy.

Many attempts have been made throughout the world to explain why a miscarriage occurs. Men in some parts of the Philippines go to great lengths to satisfy the cravings of their pregnant wives, even traveling many miles to find a desired fruit, in the belief that a woman will miscarry if her desires are not fulfilled. Ancient Greek women were thought to miscarry if they were frightened by a clap of thunder. Certain psychologists in Europe and the United States have attributed miscarriage to fear of pregnancy, marital conflicts, neurosis, or hostility toward one's mother.

Misunderstandings about the causes of miscarriage persist because of lack of sufficient medical information and because of the general tendency to see women's health problems as having psychological origins. Many Americans still believe that a miscarriage results from strenuous physical activity, nervousness, intercourse, or emotional shock. But physical and emotional trauma are now considered to be very unlikely reasons. Although many women remember a recent fall or shock, neither one is usually the cause of a miscarriage.

The evidence that does exist shows definite medical reasons for most miscarriages. The timing of a miscarriage gives the first clue as to possible cause. Seventy-five percent occur within the first twelve weeks, and about one half of these "early" miscarriages are due to an abnormality in the embryo or in the process of its implantation in the uterus. The fetus may be deformed because of genetic problems inherited from the parents, but more often a chance mutation has occurred during fertilization or the early growth of the embryo. Endometriosis, a condition in which pieces of the uterine lining locate themselves anywhere outside the uterine cavity, is a cause of early miscarriage.

In "late" miscarriages (from the thirteenth to the twentieth week) the fetus is usually normal but there are problems in its attachment to the placenta or to the uterus. There may also be abnormalities in the structure of the uterus itself, such as a double uterus. Sometimes the cervix is overly weak ("incompetent") and dilates too early. This may be a result of previous surgery on the cervix. In addition, if a woman's mother took the drug DES (diethylstilbestrol) while pregnant with her, she has an increased risk of having an incompetent cervix.

Either an early or a late miscarriage may occur if a woman contracts a serious disease or infection or suffers from severe malnutrition during the pregnancy. There is evidence that exposure of either the mother or father to radiation, to toxic chemicals, and to other environmental and occupational hazards increases the risks of both early and late miscarriage. Smoking, excessive alcohol consumption, and the ingestion of medications, including birth control pills, contribute to problems in some pregnancies.
The risk of miscarriage increases as a woman gets older, especially as she approaches her late thirties. Although many women who miscarry have deficiencies in certain hormones such as progesterone or estrogen, this may not be the actual cause of the miscarriage but a sign of some other medical problem that is the real cause of the miscarriage.

In the majority of cases, early or late, the woman is shocked by what her miscarriage entails. Few couples expect a miscarriage to occur at all. When it does, they are surprised by the event and frightened and overwhelmed by its intensity. In general, people expect it to involve some bleeding, perhaps some pain, and the expulsion of tissue—and then be over. Each woman’s experience is different, and there is considerable variation in the amount of pain and bleeding and in the time it takes for a miscarriage to be completed. For most couples, however, the event is very different from anything they might have anticipated.

Carol and Richard are one such couple; their first pregnancy ended in a late miscarriage. They lived in Philadelphia in a restored townhouse and shared a successful law practice. Although they were both involved with their work, they wanted children too. When they were ready to start a family, Carol became pregnant quickly and felt wonderful for the first three months. They carefully chose a well-known obstetrician, associated with a leading medical center, because they wanted the best medical care possible.

Then one morning at the end of her fourth month, Carol woke up and noticed a few drops of blood on her nightgown:

Somehow I was really not concerned about it. I thought everything would be fine for me. I called the doctor and felt the first jolt of fear when he told me to stay at home since it could be serious. However, after I spent a couple of days in bed, the bleeding stopped and I went back to work. That week I began to feel the baby move and I was sure everything was fine. We were really excited.

A few days later, on a beautiful summer Sunday, Richard and I decided to go to an outdoor concert. Maybe that was a mistake, because when I got home I started to bleed again. I called the doctor and he said to stay in bed and drink some whiskey.

That night I had severe abdominal pain. The cramping was about every minute and a half, but I was not aware that these were really labor pains. I did keep in close touch with my doctor, but he didn’t mention that this was probably a miscarriage. The pain went away the next day but started again the following evening. It continued for eight hours, until I finally fell asleep.

I woke up the next morning and I felt good—exhausted but fine. I was lying in bed, waiting for my husband to wake up. Then my bag of water burst. That was when I knew it was all over. I was surprised because I had only heard about that happening at the time of birth. I thought miscarriages would only consist of blood and a few clumps. I ran into the bathroom and a little fetus was expelled. The umbilical cord was still attached to the baby and me. The baby was alive! I knew I had to cut the cord. I felt I was killing the baby, but I knew it could not survive anyway. It was a little baby, very well formed and it was clean because it came out with the water. I could see the eyes and the tiny fingers and toes. I called my husband, and he nearly fainted when he went to get something to cut the cord with and something to put the fetus in.

I went back to bed and started bleeding profusely. When I called my doctor, he told me to go to the hospital immediately and he would meet me there for an examination. By the time I got to the hospital I was very faint from either the loss of blood or the trauma. They took me to the operating room, gave me a local anesthetic and performed a D & C [dilation and curettage, a procedure to remove tissue from the uterus].

Carol stayed in the hospital twenty-four hours. She was able to return to work a few days later. Physically, she was fine, but both she and her husband were emotionally very shaken. As Richard recounted:

In all the books we read we were not prepared in any way for what actually happened. If we had been prepared, if the doctor had told us what to expect, it would have been a little easier. We were very angry at the doctor for not explaining what was happening—all he could say was "drink whiskey."

The uncertainty during that whole time was really difficult—you don’t know how to act about whether you’re expecting a baby or not. I kept saying it’s just spotting and it will clear up. Then when Carol was having the contractions, I kept thinking it’s going to stop and be all right, but it didn’t. At that point the
biggest problem was hoping, hoping. If it had occurred right away and not dragged on for so long, it might have been easier to take.

Richard’s reaction is not unusual, since the symptoms of a miscarriage are often ambiguous. It is easy to interpret the contractions as gas pains and the light bleeding as a minor problem that will go away. The physician may not be able to predict what will happen either. Feelings of anxiety and denial are therefore very strong during the early stages of a miscarriage.

The surprise Richard and Carol felt was all the greater because the miscarriage occurred so late in pregnancy. Most parents feel that after the first three months they can be more confident, announce the news of the pregnancy, and begin to enjoy the sight of a growing abdomen and the sensation of a moving infant. Carol and Richard’s shock was intensified by the experience of seeing a fetus and a placenta; they had no idea that even in the fourth month one could go through what seemed like a delivery.

Even in an early miscarriage there is a strong element of surprise. The pain of contractions and the amount of bleeding are much greater than most women expect, especially since the pregnancy is barely obvious. Although they have not felt the baby move and might not see a formed fetus, the experience is still very frightening. Some might be surprised to see the fetus in the sac all expelled intact. The feelings afterward—the guilt, the anger, and the depression—resemble those of parents whose babies die at a later time in pregnancy.

Brenda and Don’s experience is an example of an early miscarriage. They already had one child and were fully confident, when Brenda conceived a second time, that all would proceed normally. They had always wanted a large family, since both of them grew up in neighborhoods where having many children was valued. Don regretted being an only child, so even more than Brenda he looked forward to having a house filled with children. When their first child, Greg, was born after two years of marriage, they were delighted.

Brenda’s second pregnancy, however, was a difficult one. She had had much more trouble conceiving than she had the first time. She also felt sick during most of her pregnancy and began to wonder if it was worth all the discomfort:

I’m really active. I like to bike ride and swim, and I really felt a little guilty. Although I wanted a child, there were times when I thought: “What did I get myself into? This is awful!” I was so sick to my stomach that I couldn’t eat and yet I felt guilty about not eating. Then, when I had the miscarriage I felt bad about it. I’m sure it goes through everyone’s mind, that guilt trip that you wished it upon yourself.

In my third month, I started bleeding lightly. This went on for four days. Then one morning I woke up with severe diarrhea and heavy bleeding. The bleeding was so heavy that I had to sit on the toilet to catch all the blood—it was really scary. I thought that something was seriously wrong with my body and that there was a good chance I might die. I also began to have strong contractions. The pain was tremendous, much worse than I remembered from when I had Greg; that really surprised me since I was only three months pregnant. I found myself crawling on the floor with pain; I couldn’t even stand up.

I knew it was over when after many hours a little clump came out. I knew enough to collect it for the doctor. That was very difficult, but Don, who was at home, handed me a jar and asked if I wanted him to do it. I said no and didn’t even let myself think about it. I reached in the toilet and collected what I could and didn’t look.

I think the miscarriage was more painful than childbirth because there was so much anxiety and anger mixed up with it. Why is this happening to me? I did everything I thought I was supposed to do. I ate the right things and I didn’t take aspirin, and I even took powdered milk with me on vacation to make sure I’d eat right.

I went over all the things I did before and during the miscarriage. I even wondered about the prenatal vitamins I was taking, since someone said that if you take them for a long period of time you can develop deficiencies in other vitamins. My doctor reassured me about that. But what bothered me the most was that the night before I started spotting I had had sex with my husband. I felt great; it was the best I had felt since I had been pregnant. That’s always in the back of your mind—I thought, if I hadn’t had sex, it might have been different.
When we were in the hospital, the doctor told me that the fetus had been dead for four weeks. I wanted to know the sex, but he said they couldn’t tell. I really appreciated his honesty. He spent a lot of time with us and answered all our questions.

At least I knew that making love had nothing to do with it. It was strange; during my pregnancy my breasts had gotten bigger, but a few weeks before the miscarriage they seemed to get smaller, and I wasn’t feeling sick anymore. At the time I didn’t think about it, but now I know that my body was going back to its normal state.

A very common reaction to miscarriage is nagging fear and continual questioning—“How did this happen? Did I do something that caused it?” Brenda felt relieved that sexual intercourse was not the cause, but she continually looked for a reason. Unfortunately, a reason cannot always be found.

Frustrated at not being able to find any concrete explanation, many people blame themselves, even though they know they are not responsible. For instance, ambivalence about being pregnant is extremely common, and since a miscarriage usually occurs early in pregnancy, the couple may still be uncertain about whether they want a baby. Perhaps the pregnancy was an accident. Perhaps they had considered the possibility of having an abortion. If a miscarriage occurs, they may feel a strong sense of guilt about this ambivalence.

Often a woman feels guilty, wondering if she might have been able to prevent the miscarriage by going to the hospital earlier or by staying in bed. Many physicians do recommend bed rest, vitamins, restrictions on activity and intercourse, or changes in diet when the first signs of a possible miscarriage appear. This is sometimes done in the case of an early miscarriage simply to reassure the woman who is bleeding and to allay potential feelings of guilt should a miscarriage occur. According to a leading textbook, Williams Obstetrics: “Most women who are in fact actually threatening to abort probably progress into the next stage of the process no matter what is done.” Dr. Alan Guttmacher in his book, Pregnancy, Birth, and Family Planning, agrees: “It is not possible to shake a good fertilized human ovum loose from the uterus any more than you can shake a good unripe apple loose from the apple tree.”

Myths about the prevention of miscarriage are common in many societies. In the Philippines, one treatment for a woman about to have a miscarriage consists of giving her a boiled mixture of matted fiber from a particular palm tree and roots of another tree, while at the same time laying banana skins across the lower abdomen to cool the uterus. This approach is probably as effective as most others that have been tried.

It is very hard to do nothing if one is bleeding or has had a miscarriage in the past. Women may urge their doctors to give them something. But in general the best way to reduce miscarriages is by eating a well-balanced diet and avoiding smoking and exposure to drugs and toxic influences in the environment. These precautions would require a more comprehensive and accessible system of prenatal care as well as major changes in our approach to environmental and occupational hazards. Such actions, however, would only eliminate a small portion of miscarriages. Most simply cannot be prevented.

When a miscarriage does occur, the feelings of the couple resemble those of people in any bereavement situation. Even at an early stage of pregnancy, the fetus has become a person. Both Carol and Brenda felt this way. Carol remembers:

By the end of three months of my pregnancy the baby was already going through college in my mind. During that period I had such an active fantasy life; I fell in love with that baby. When I saw the fetus, the fantasy became a person and it was more than the death of a fantasy: it was a real baby I lost.

Brenda recalls:

We had a name for the baby already. We called it Jennifer and pretended she was already with us. When I was upstairs at home, Don would call up and ask if Jennifer wanted to come down and play with him. She was a real person to us already, even in that short amount of time. After I left the hospital, I felt so empty and lost. I really missed our little Jennifer—she was no longer there. I found myself crying for no particular reason for a long time.

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For some expectant fathers, concern about the wife’s physical and emotional well-being outweighs the feelings of grief. There
is relief that she is not in danger after so much pain and bleeding, and there is hope for another child.

In one of the few studies of the emotional reactions to miscarriage, however, Dr. Albert Cain and his colleagues found “disturbed reactions” among some men, including filing for divorce, suspicions about the origins of the pregnancy, guilt due to relief that the pregnancy was over, and blaming their wives or themselves for causing the miscarriage.

Many men also express feelings of emptiness and sorrow. Richard, for instance, was very distraught after Carol’s miscarriage. He asked the doctor about the sex of the child and learned that it was a girl, just what he had wanted. He remembers:

When I left the hospital that first day and I passed the nursery, that was when it hit me that I had lost a child. The feeling of leaving the hospital with nothing. It was so empty. Nothing there. It was a waste. I had this rotten feeling; I felt I had lost everything. What a waste; I lost my kid. I lost my kid. I had a bad time getting home; I was crying. In the car I just focused on the word girl. Girl, girl. I didn’t picture blond hair or a naked little baby. Just the word “girl.”

Although miscarriage is the most common type of failed pregnancy, the grief associated with it is probably the least understood. Studies of the phenomenon are almost nonexistent. One study, in which undergraduate students, nursing students and faculty, and hospital personnel were asked about their attitudes toward miscarriage, revealed their recognition of the parents’ needs for emotional support. The authors call this recognition “the silent sympathy” because it is so rarely expressed. Most interesting is their finding that the undergraduates were considerably more sympathetic than were the health care professionals. They suggest several possible explanations: the needs of women patients are generally misunderstood, the professionals may realize that most women who miscarry will soon bear a healthy child, nurses and other hospital staff may be reacting to their own inability to do anything about a miscarriage. As Dr. Cain writes about the medical response to miscarriage, “It has almost consistently been viewed as an isolated medical problem and treated in a mechanical, physical manner.”

Even efforts to offer comfort may be unsuccessful, as Brenda discovered:

The doctor talked to me and tried to say reassuring things like, “This is nature’s way of getting rid of imperfect fetuses; it’s really better this way.” Later that helped me to understand what had happened. At first, though, when he said it, it seemed sort of ridiculous, like you should really be happy this happened.

Whatever the source of the failure of others to express sympathy, it leaves couples feeling alone and confused about their emotions. Many people never speak about their miscarriage at all and have a very difficult time resolving their grief. They may find it hard to tell people who didn’t even know they were expecting that the pregnancy has ended. Often, however, they find comfort from talking with others who have themselves been through a miscarriage and who can understand the sadness, the fears, the anger, and the disappointment.

Talking about the experience helps make it seem more real. Since a pregnancy may end fairly abruptly with bleeding and then a D & E (dilation and evacuation), usually done under general anesthesia, it may be very hard to grasp what has happened. Some physicians recommend that parents see whatever is expelled or removed from the uterus so they know for sure the pregnancy is really over.

As can be seen from the experiences of Carol and Richard and Brenda and Don, miscarriage is not always the same. In fact, physicians distinguish among several types.

A threatened abortion (miscarriage) is the term used when a woman bleeds and may have cramps but the cervix is still closed; the process could stop and the pregnancy continue. At least half the women who bleed early in pregnancy will not miscarry and are in fact bleeding for reasons unrelated to the condition of the fetus. If the bleeding becomes heavy and continues for several days, and if the cervix opens and severe contractions begin, the miscarriage becomes an inevitable abortion. Hospitalization may be necessary, especially if all of the fetus and placenta are not expelled.

When these tissues remain, the term used is incomplete abor-
tion. Carol's late miscarriage was of this type. A D & E is performed in these cases to remove the contents that were not expelled. If a D & E is not performed, the uterus cannot contract, the placenta will continue to pump blood, and the cervix will not close. Hemorrhaging or infection may occur, posing a danger to the life of the woman.

A complete abortion is one in which all the afterbirth comes out and the cervix closes. The physician will usually determine that a D & E is not needed in these cases.

Another type of miscarriage is known as a missed abortion. This occurs when the fetus dies at least four weeks before being expelled. In cases of missed abortion, such as Brenda's, the fetus degenerates and emerges in the form of bloody clumps of tissue; in other cases it is a small embryo. Some women who have early miscarriages expel such an embryo at home. Usually a woman no longer feels pregnant, her breasts return to their normal size, the uterus does not grow, and a pregnancy test is negative. Most often the embryo aborts naturally; sometimes, however, labor has to be induced or a D & E performed.

If a woman has three or more consecutive miscarriages, her condition is called habitual abortion. If the miscarriages all occur early (in the first twelve weeks), indicating that the fetus may be abnormal each time, genetic counseling should be considered. If the miscarriages occur after the twelfth week, there may be a defect in the woman's cervix. A cervix that dilates too soon can be corrected eighty-five to ninety percent of the time by using a stitching procedure called cerclage to strengthen it until the time of delivery. Other problems such as a double uterus or immune system problems can also be the reason for repeated miscarriages. These conditions can be treated.

Since the reason for repeated miscarriages may be discovered about sixty percent of the time, physicians usually encourage a woman who miscarries more than once to have a complete medical examination to determine whether there are any treatable conditions. Both she and her partner may also choose to undergo genetic testing.

Whatever the cause, the experience of several successive miscarriages creates new and painful emotions. Nancy and Tony talked about how their feelings changed after their second miscarriage—the increased panic and belief that something could be medically wrong.

When they married, Nancy was working as a secretary but planned to quit and raise a family. She and Tony, an electrician, saved for several years to buy a home; then they decided to have their first child. When Nancy's first three pregnancies ended in miscarriages, they felt they had to reconcile themselves to the possibility that they might never have children. This was especially difficult for Nancy to accept since she had never thought about what she might do if she weren't a mother.

Nancy's first miscarriage happened immediately after she discovered she was pregnant:

We hadn't even had a chance to be happy about being pregnant. It all happened so suddenly and left us speechless. We were both depressed for a few days but talked about it and decided to follow the doctor's advice and try again as quickly as we could.

Six months later I became pregnant again. And again very soon after I found out I was pregnant I had a miscarriage. This time I was beginning to panic, and I told Tony I just couldn't face another pregnancy. But he wanted me to try again, and the doctor told me that it could simply have been a matter of chance and that I had a good likelihood of success the next time.

The third one just about destroyed me. I felt my body had betrayed me. It was not working the way it was supposed to. I couldn't stop crying. I was terrified. I thought I would never have a baby. I didn't know how to handle it. It's really scary that your body is betraying you. Three in a row. It seems like this will be my fate in life, that all my pregnancies will end in miscarriage.

Sometimes I wonder even now after four years, and despite the fact that we have a child, which ones were boys and which ones were girls, and if they had gone to term what I would have called them.

But we had had studies done on the fetuses and found out that they would have been abnormal. If one of them had been born retarded, then maybe I would not have gotten pregnant again, and I wouldn't have my daughter, Janie, who is perfectly healthy.

But we always look for a reason why. I had allergies and thought that might be connected. Sometimes I began to wonder if I had a psychological problem. Did I do something wrong? Had I been too selfish? Was I being punished?
THE PARENTS’ EXPERIENCES

It seemed like I was either pregnant or recovering half the time; I was always sick, and my period was almost nonexistent. So when Janie was conceived, I wasn’t even trying to get pregnant. What a joy when she was actually born! I couldn’t believe it!

Habitual miscarriage means repeated physical and mental trauma. It also signals the possibility that there may never be children. As with couples who experience fertility problems, those who have several miscarriages must not only cope with their grief but also face difficult questions about their future plans.

Anyone who has been through a miscarriage is likely to fear that it will happen again, that pregnancy will always mean failure. Yet a woman who has had one miscarriage is probably no more likely to miscarry during the next pregnancy than anyone else. It is only after the second miscarriage that the odds of another one begin to increase somewhat. With each successive miscarriage, the chance of a successful pregnancy is further reduced.

Nancy and Tony were fortunate; after three miscarriages, they are now delighted with their daughter and are talking about having another baby. They are apprehensive about another pregnancy, but Janie’s birth gives them hope for a successful pregnancy.

On the other hand, two years after her miscarriage, Carol is still depressed and plagued by feelings of guilt. Even though she has since had a healthy child, she had suppressed her feelings about her miscarriage and is not coping well. She has finally sought counseling to help her since she worries about the effects of her depression on the new child.

Brenda and Don recovered more quickly and planned to try again. They discovered she could not conceive, and they worried about Greg’s being an only child and their not having the big family they wanted. After several years of anxiety and considerable help from a fertility specialist, they now have two more children and feel their troubles have faded into the past. Like almost all couples who experience a miscarriage, they were eventually able to have children.