A man may experience a strong feeling of relief that the woman he loves is recovering physically. Seeing her lying in a hospital, bloodied, sedated, and in distress can be very frightening for him. He may have feared for her life and is thankful to have her safely back home.

A man and woman's greater appreciation for each other and their efforts to be comforting may prompt them to spend more time together than they had before, to make a special effort to go out and start new activities together. Just being around each other more, giving extra little gifts, going on a trip, and generally pampering each other are all ways that the expression of caring creates a stronger bond between the two people.

Many couples discover through their struggle a new appreciation of how valuable they are to each other. They try to put aside their differences and cherish each other more. They may spend more time together enjoying the children they already have or planning for others to come. These couples understand very well Schiff's urging in The Bereaved Parent: "Value that marriage. You lost enough."

For many women whose pregnancies end in failure, there is no husband or partner to share in the decisions and to give the needed support through the delivery and the months of grief that follow. The woman in this situation may be a young teenager barely emerging from childhood, or she may be thirty-five years old and well established in a career. She may have carefully planned the pregnancy or have conceived accidentally. She may already have other children or this may be her first. She may be recently divorced or widowed. Whatever the situation and whatever the reasons for her becoming pregnant, she has unique problems in dealing with a tragic outcome and is likely to need special support and understanding.

Not very long ago, American society did not accept the woman who bore a child out of wedlock. If an unmarried woman became pregnant, she was expected to get married and have the child. The alternative was to leave town, pretending to visit a relative, and go to a maternity home; then she was urged to give up the baby for adoption and return home as if nothing had happened. In either case she was forced to leave her school or job. The only other option was to resort to the dangers of an illegal abortionist. In most cases, the woman who did not hide her pregnancy was ridiculed and ostracized, and the child was called "illegitimate," a "bastard."

Now a woman has more choices: she can usually obtain a
safe and legal abortion, she can give up the child for adoption, or she can decide to keep the baby. In all of these situations, she can usually remain in school or at her job. As more and more single women are choosing to bear and raise their children, the popular attitudes are changing.

Even with greater social acceptance, however, the unmarried pregnant woman is still the exception. Knowing this, and aware that she is violating the norms still held by many people, the woman who chooses to have a child alone must be very committed to her decision and prepared for criticism and lack of support.

Although the single woman may have a strong desire to have a child, she is nevertheless affected by the same ambivalence all future parents experience in contemplating this major change in their lives. There are other worries as well: Will there be enough money? Will she have to depend on her parents? What kind of work will she be able to find? What will happen to her social life? What kind of future will the baby have without a father? She is likely, however, to feel that doubts must be suppressed in the attempt to convince herself and others that having the baby is the right thing to do. Then, if after all her turmoil and fears, her pregnancy ends abruptly in tragedy, she finds herself grieving alone, with little compassion from those around her in many cases.

Unfortunately, the younger the girl the higher the risk of danger for the baby as well as for the mother. Adolescents have a four to five times higher rate of serious complications than women in their twenties due to a greater likelihood of poor prenatal care and nutrition, venereal disease, and drug problems. These factors contribute to toxemia in the mother and to increased rates of prematurity, low birth weight, neurological defects, and mental retardation in the baby. With all of these complications, it is not surprising that fetal and infant mortality rates are higher for adolescents.

Since the rate of complications is so high, special attention should be given to the problems of teenagers, especially those who are single, when their pregnancies end tragically. There has been considerable research on the reasons for teenage pregnancy but very little as yet on the impact of the loss of a child on these young mothers.

The adolescent years are a time of physical and emotional maturation and the establishment of a separate individual identity. There are rapid hormonal changes and strong concerns about body image and sexuality. This time is usually marked by confusion, intense emotions, and loneliness. Adolescents often feel that others do not understand their feelings; they themselves sometimes do not even understand what they are feeling. If they become pregnant and then lose the baby, whether early by miscarriage or after weeks of watching the infant die, the teenagers are particularly vulnerable and less able to cope with the experience than older women.

Studies of pregnant teenagers suggest that their motivations are often connected with the difficulties and turmoil of adolescence. Certainly not all teenagers who conceive want to do so, and some become pregnant through rape or incest. But even more than women in their twenties and thirties, adolescent girls may consciously or unconsciously want to become pregnant as a way of resolving emotional and family tensions. Many times a young girl who feels unloved and unwanted may wish for a baby so that she will have someone to love her and someone for her to love. Wanting approval and attention from friends, the teenager may feel she will gain some special distinction from being a mother. Her sexual activity may have been a way to become close to someone, to rid herself of her isolation. Her plan to keep the baby may also be motivated by a desire to keep her lover, to create a permanent bond between them.

Yet, under ordinary circumstances, when the pregnancy proceeds normally, these efforts may not be successful. Her boyfriend may leave her, her parents may be angry with her, her friends may exclude her from their social events. If, after all of this, the pregnancy ends in tragedy, her isolation usually becomes even more intense. Since no one seems to understand her loss, she is more alone than ever.

Feelings of worthlessness and self-doubt are sometimes underlying reasons for a pregnancy. When the outcome is failure, a girl's feelings about herself are even more diminished—her fail-
ure is complete. One woman recalled how she had felt as a teenager:

When the baby was born dead, I hated myself. I felt at that time that I would never amount to anything, and this just showed everybody what a nothing I really was.

In trying to create her individual identity as an adult, a girl may feel anger and hostility toward her parents or other authorities. By becoming pregnant, she wants to show that she too is an adult and can assume responsibility. She may be trying to hurt her parents by defying their authority. But when her pregnancy ends without a baby, she may feel that she has lost her bid for independence and that she must return to the role of a child.

Adolescence is a time of separation from parents, which often creates a great sense of loss. The pregnancy may have been a way to compensate, and if the baby dies, the emptiness that results can lead to severe depression.

When a pregnancy ends in tragedy, the love and support of others are especially needed. Yet if the teenager is already alienated from her family and if the boyfriend is uncaring, she has no one to turn to. Even without such alienation, what is a tragedy to her may be seen by her parents and her boyfriend as a welcome solution to the problem of her being pregnant. The adolescent may feel that others are unsympathetic and insensitive to her grief. As one seventeen-year-old girl described her experience:

I wanted the baby and told my parents that I was going to have it and take care of it myself, even if I had to quit school. My parents wanted me to have an abortion and continue school. I was an embarrassment to them. When the baby died two days after birth, I was very upset and depressed. But my parents seemed really happy. They thought that this was the answer to their prayers. They never even came to the hospital to see the baby. I'll never be able to forgive them for what they said to me. I can't wait to leave home.

The girl herself may feel relief at the end of what may have been an unwanted pregnancy or because the responsibilities of Parenthood can be postponed. This relief can cause guilt and confusion, and it may be very difficult for her to discuss the conflicting emotions she feels. The guilt may be particularly acute if she considered having an abortion or tried to get one but was unable to for financial or other reasons.

The obstetrician can play an important role in counseling the patient. Too often, however, the young girl does not have one doctor responsible for her care since she has gone to a clinic where there are many different physicians. Even if she has a physician, she is likely to be uncomfortable talking with him or her. As one sixteen-year-old said:

I couldn't help but feel that he disapproved of me for being pregnant. And he seemed so hurried, I was afraid to ask him anything. I never found out what really happened to the baby.

As concern has increased nationally over the numbers of pregnant teenagers, public money has become available for counseling programs in hospitals. Many private programs are also available to help the adolescent through pregnancy and delivery. The girl whose baby is stillborn or dies shortly after birth may therefore already have been in contact with a social worker, whose presence and help now become crucial. If she miscarries, these services are not likely to be accessible.

Many teenagers are reluctant to take advantage of the counseling that is available, either because they are convinced that they do not need help or because they do not trust organized services. They may also fear that those persons whom they know—school guidance counselors and clergy—will look upon them with disapproval.

Isolated and uncertain, the teenager must deal with a mixture of intense emotions that accompanies the loss of a baby. Some may feel that outward expressions of feelings such as crying are childish, that they must behave like adults, not realizing that crying and talking are healthy releases of sadness.

Nancy Horowitz, a social worker who provided services to pregnant adolescents in Chicago, found that many teenagers whose pregnancies end tragically try to relieve their feelings of mourning and depression by getting pregnant again very quickly. According to one fifteen-year-old girl:
I don’t even think about how I feel about losing the baby, and I don’t want to talk about it. I just know I want to get pregnant again and have another baby.

Horowitz also found that many teenagers are extremely worried about the failure of their bodies to function properly and feel a need to become pregnant again to prove they are normal. If they do become pregnant right away without working through the grief for the first baby, it will be difficult for them to complete the mourning process and reach a state of resolution.

In spite of all of the problems, the loss of a child can become a catalyst for new development, maturity, and growth. Counseling can help the teenager understand her feelings, her needs, and herself and realize that there will be a time in the future to have a baby when she is older and better able to take care of one. The crisis may open a dialogue between the girl and her parents, creating new bonds of love and trust.

The many poor single women, no longer teenagers but still without the means to assure good nutrition and medical care, are also prone to serious complications. If they are on welfare, perhaps supporting other children, their reception by the medical and social services is sometimes less than sympathetic during pregnancy and delivery. They may be unfortunate to encounter those insensitive officials who accept the myth that another child is desired only for an increase in the welfare check and who cannot understand the overwhelming grief that is felt if the baby dies. If the women are from very rural areas and uneducated or if they are members of minority groups, the prejudices of white middle-class professionals may only serve to intensify their feelings of alienation and powerlessness.

Although there has been very little research on the specific problems of these women after a birth tragedy, what there is suggests that their bereavement is very similar to that of married and more affluent women. It is the lack of resources, both financial and social, that contributes to making their situation so difficult.

The woman who was married at the time of conception and is then divorced or widowed during the pregnancy is also in a difficult situation. The divorced woman’s marriage may already have been in serious trouble and the pregnancy either unwanted or planned as a way to save the marriage. When she is left alone and pregnant, she may feel considerable anger as well as anxiety about the expected child. The widow, on the other hand, may think of the expected baby as a reminder of the love that has been destroyed by death. She may fear the added burden of a baby but look forward to raising the living legacy of her mourned husband.

In both of these situations, there is a great deal of ambivalence mixed with grief and anger during the time the baby is anticipated. When the pregnancy ends in failure, the woman is likely to be overwhelmed by many intense emotions—by relief, despair, and renewed grief for the loss she has so recently experienced.

A new and growing category of single women who become pregnant are those who are educated, may be established in a career, and want children but feel they can no longer wait to find someone to marry first. They are in their late twenties or thirties and strongly wish to be mothers, even if doing so means raising a child alone. They may have conceived accidentally but then decided that the time is right to have a baby. Or they may go to great lengths to meet the man whom they would like a child to resemble, perhaps not even telling him when pregnancy occurs. A growing number of single women, both lesbian and heterosexual, are using artificial insemination. When they become pregnant, they are often nervous but at the same time eager to have the baby.

Although these single women may be sure they have made the right choice, they are still sensitive to the hurtful and thoughtless remarks they sometimes hear from friends, relatives, and even strangers: “Why don’t you have an abortion?” “You’re hurting the baby by not giving him a father.” “How are you going to handle it?” “How selfish can you be!”

Having gone through the uncomfortable task of telling their parents and dealing with their objections, women are often alone when they feel the infant’s first kicks and when they
experience the joys of planning and waiting for the baby’s arrival. Setting up baby sitters or child care, making job arrangements, working out finances, going to childbirth classes alone, reorganizing the apartment for the baby, perhaps moving back home—the troubles as well as the pleasures are solitary. When all of this is for naught because the fetus or baby dies, the normal grieving can be intensified by anger and despair. As one twenty-nine-year-old woman recalled:

The nights were especially hard, lying there with no one next to me to feel the baby move, to talk with about how the room should be decorated or what names to choose. It was also difficult as I got closer to term and I began to resent the things I had to do, like lugging the garbage out to the street, that other women wouldn’t have to do. I guess I was envious of the married women I saw who were pregnant.

Then when the baby died just before birth, I was beside myself. All that I had been through, and now nothing to show for it! I wanted that baby so much!

Added to the many emotions involved in grief may be an extra sense of guilt for having tried to do what so many people disapproved of. The bereaved mother may feel she is being especially singled out for punishment.

Many of these single women, like many teenagers, are fortunate to have supportive families and friends who share their plans and help in the preparations for childbirth. Their presence becomes essential when the tragedy occurs:

I was very lucky to meet a Lamaze teacher who practiced with me beforehand and stayed with me during delivery. When the baby was born in serious condition, it was a good thing she was there. She was very helpful during those three horrible days and again when I had to make decisions about an autopsy and funeral. I don’t know what I would have done without her.

The single woman who has carefully planned for her baby may feel that she is proving her independence and her ability to be responsible. When a tragedy occurs, her confidence is often shattered. For many women, the effort of becoming pregnant and planning for a baby is too great, and they are determined never to go through such a trauma again. Having become very aware during the pregnancy of the difficulties of single parenthood, the woman may feel some relief that it is all over. But for women who very much wanted a child and can no longer look forward to having one, there is a deep frustration in addition to the grief for the baby who was so loved.

For many adult single women, as for many married women, the tragedy may convince them all the more of their desire for children. Knowing now that she is able to conceive and having prepared herself to cope with all the difficulties of single parenthood, the woman may be more determined than ever to have a baby. With good medical attention and emotional support from others, the chances are excellent that she can have a satisfying and successful pregnancy.