

## Frequently Asked Questions by Early Pregnancy Loss Patients

### 1. Did this miscarriage happen because of something I did wrong?

*Many women share your concern, that it was something they did that caused them to miscarry. I can tell you that we that about 20% of pregnancies end in miscarriage and often because something is not right with pregnancy, but that very likely has nothing to do with anything you did or didn't do. It can be emotionally hard not to know why it happened.*

*It sounds like it might be important for you to talk with your provider more about this. Would you like for me to let your provider know your question?*

### 2. Are you sure you can't save my baby? Are you 100% sure that I'm having a miscarriage?

*I'm so sorry that we can't save your baby, there is nothing we can do. The ultrasound shows that there is no heartbeat/no growing pregnancy and its very clear that this pregnancy has stopped developing and is not continuing. Would you like to see the ultrasound image?*

### 3. Have you ever had a miscarriage?

*Each individual woman's feelings and experiences are all so different and this visit is focused on you. We need to be sure that your feelings and questions are addressed so that your needs are met. I'm happy to talk with you about what I know about miscarriage...what would be helpful?*

Be intentional and thoughtful about disclosing personal information. It may or may not be helpful and it is OK not to share personal information with your patients. Many people feel that sharing personal information shifts the focus away from the patient – be cautious.

### 4. I know I'm early in my pregnancy...and yet I feel so sad that I have miscarried. Is this normal?

*A wide range of feelings is normal...tell me more about this pregnancy.*

Clarify with the patient what this pregnancy meant to them. An early EPL may be just as hard emotionally as one later in pregnancy. They may also feel relieved because it was not a planned pregnancy.

### 5. Can you explain what the provider will do during the procedure?

Clarify just what the patient wants to know – is it the step-by-step process or just the actual procedure?

You might ask the patient: *What would be the most helpful for you—to have each step of the procedure told to you as it occurs or would you just like a summary of the procedure?*

### 6. Is this the same as an abortion? I swore that I would never have an abortion again...

*The way we treat miscarriages is very similar to how early abortions are done because they both involve emptying the uterus. Even though the procedure and/or medications are essentially the same, the reason for emptying the uterus is very different.*

Follow-up questions:

*What questions do you have about the difference?*

*What are you most concerned about?*

**7. Will this hurt?**

*Every woman's experience will be very different. Most women do feel some cramping during and immediately after the procedure, and we will work with you to make this procedure as comfortable as possible. It will be important that you let us know when it is uncomfortable for you.*

**8. My friend had a D&C when she was having a miscarriage and was 'knocked out'...is it safe to do this in the ED/clinic?**

*The procedure we talked about is safely done in the clinic/ED for those who want to be awake and in the operating room for those who would rather not be awake. The choice is yours once you understand what the experience will likely be in either location. Both have their own set of benefits and risks. What are you most worried about?*

**9. Can my husband/partner/friend be with me the entire time?**

*Yes, your friend/husband/mom may be in the room. Is that what you'd like? We will provide directions for him/her so that both of you are comfortable.*

Be familiar with your institution's policies about this before telling the patient yes. If partners are allowed in the room, be certain of where you wish to seat them and give them directions on what to do.

**10. Can I take my baby home with me?**

*That is a request that many of our patients make. When you have a miscarriage in a hospital or clinic, we must follow federal and state rules. Some of these rules state that patients may not take tissue home; however, there are variations in interpretations, so let me inquire about this institution's policies.*

*As a health care institution, we may or may not be able to honor your request to take home your baby. I will need to find out the policies and procedures before I answer. However, would it be helpful to talk about other ways to honor your baby (such as writing a goodbye letter, planting a special plant, or taking home a picture of ultrasound)?*

Know your institution's policies about releasing a picture and tissue.

**11. What do I need to do for follow-up?**

*The staff in the recovery area will provide specific instructions for you to follow for the next few weeks. You might also want to talk to your provider if you have additional questions after that.*

**12. Can I try to get pregnant right away again? How long do I have to wait until I try?**

*It is my understanding that most women can try to get pregnant as soon as they are emotionally ready; and that can vary from person to person. There is no biological need to wait. I also encourage you to talk with your provider more about future pregnancies.*

*These are questions that I cannot answer. I can let your provider know that you have questions concerning future pregnancies.*

**13. When did my baby die? Why did my baby die? Did my baby have a heart beat before it died?**

*It's often hard not to have a definitive answer for all of your questions. We do know that about 20% of all pregnancies end in early miscarriage and for many different reasons. I also know that your provider would be able to address these questions and concerns much more completely with you. Shall I let him/her know that you have questions?*

*Heartbeats (cardiac activity) usually can be detected at about 6 weeks of pregnancy. However we are not sure when or why you had the miscarriage so I cannot answer this question exactly. Would you like to talk more with your provider about this?*

**14. I am so sad. I apologize for crying ...**

*Crying can help one's grieving process and please do cry if you feel like it. May I sit with you while you do? I want to assure you that a wide range of feelings is really normal and that this is a safe place to cry.*

Often it helps the patient to just be silent and allow her to cry in your presence. Avoid hugging or touching the patient without asking for permission first.

**15. We did not want this pregnancy and I am relieved that I am miscarrying. Why do I feel guilty?**

*It sounds like you are struggling with some feelings right now - and it is normal to have a wide range of emotions after a miscarriage. Miscarriages happen usually because something is not right with the pregnancy and not because of anything you did or didn't do. It may be helpful for you to know that over half of all pregnancies are not planned and your feelings of relief sound very normal.*

You may want to ask a follow up question to learn more about what this pregnancy meant to the patient:

*Tell me a little more about this pregnancy...*

*Who knows you were pregnant?*