

# The tragedy of ignorance in miscarriage

An attempt should be made to redress the imbalance of information on miscarriage, says Dr Jon Garvey.

**A** WOMAN about to have a miscarriage is likely to feel apprehension that she may experience intolerable pain, and fear that she may have uncontrollable bleeding.

When it has occurred, she may have mixed feelings of grief at the loss of a baby, failure as a woman, isolation from other women with normal pregnancies, and, especially if she has had more than one miscarriage, a suspicion that she may never be able to have a child.

In addition there is likely to be some criticism of the medical profession for failing to prevent the loss. And yet an examination of these feelings shows that most of them could be avoided.

First trimester miscarriage has, we are told, an incidence of between 10 and 25 per cent of all pregnancies.

If an average woman has, say, three pregnancies in her reproductive life, it does not take a mathematician to realise that more than a third of women are likely to miscarry at some stage, and perhaps one in 10 to do so more than once. And yet most women go through a miscarriage with little idea that it is even common, let alone as frequent as this.

Examination of the products of conception shows a large proportion have genetic or other abnormalities of fetus or placen-

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## A need to educate the school children

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ta. This is interesting when compared with those threatened miscarriages which proceed to term, and show no significant increase in either fetal morbidity or placental dysfunction.

This has suggested to some that there are two fairly distinct populations; those pregnancies



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which involve a degree of blood loss and pain but are in fact normal, and those which are doomed from conception — or at least implantation.

If this be so, then miscarriage is most usefully viewed as a highly effective early screening process for abnormal conceptions — an entirely different concept from 'losing the baby', but one which many doctors, let alone their patients, fail to appreciate. This, of course, is not to belittle the significance of late miscarriages, where maternal factors are usually to blame, and true habitual miscarriage.

Where does this leave 'treatment' for miscarriage? The use of high doses of progestogens, even if there were any good evidence for their efficacy, is at, best only likely to prolong the gestation of unsalvageable fetuses. At worst, they may increase the incidence of iatrogenic abnormalities in what would have been normal babies.

By the time one is called to a threatened miscarriage, the patient will obviously already be in an emotional state, and it is a little late to attempt to redress the imbalance of misinformation she has received from society.

Miscarriage, for some obscure reason, is one of the few taboos left in our culture, and when she has been brought up on a mixture

of silence, interspersed with the lurid tales told by film stars of their tragic losses of babies, as recounted in the popular press, one can hardly succeed in allaying her fears once the bleeding has begun. Equally it is a little out of place to try to educate people when they come joyfully to the surgery with their first positive pregnancy test.

No, explanation needs to come from other, and wider, sources. Mothercraft classes need to include teaching on the subject, not so much for the present pregnancy as for the next, and in order to widen general aware-ness.

Better still, it should become part of people's background knowledge at school — after all, it will be a far more relevant part of sex education to most children than the venereal diseases.

Not so long ago, childbirth was a subject of terror for many young women, whispered about knowingly by middle-aged females who were privy to the agony and horror of it all.

The National Childbirth Trust, and others, have revolutionised our view of motherhood. It is surely scandalous that we should perpetuate unnecessary suffering for many millions of women by leaving information about miscarriage to be gleaned from folklore.

*Jon Garvey is a GP in Orpington, Kent.*