MISCARRIAGE ASSOCIATION

The knowledge to help

Second trimester loss:

late miscarriage

Miscarriage is sadly common. Around one in four pregnancies ends this way and it can be a very distressing experience.

Most miscarriages happen in the first 12 or 13 weeks of pregnancy. It is much less usual to experience pregnancy or baby loss after 13 weeks and if this has happened to you, you may have been very shocked.

You might have just received this news, perhaps with no warning, or your loss might already have happened. You might be somewhere in between those points, having to make decisions or waiting for treatment or for the loss to happen naturally. Perhaps you are pregnant after a previous late loss and are anxious about it happening again.

Whatever your circumstances, we hope that these pages help a little at what might be a very difficult time.

Please note: while we generally address the person who has physically gone, or is going, through the loss, we hope this leaflet will offer support to anyone affected by second trimester loss, including partners, other family members and friends.

What we mean by "second trimester loss"

Second trimester loss is usually used to describe when the baby dies between 14 and 24 weeks of pregnancy. This is sometimes called a late miscarriage.

It is also called mid-trimester miscarriage or mid-trimester loss, as it happens in the middle stage of pregnancy.

Doctors divide pregnancy into three stages:

- the first trimester is up to 13 completed weeks;
- the second, or middle, trimester is from 14 to 24 weeks;
- the third trimester is from the start of the 25th week of pregnancy onwards.

This leaflet doesn't discuss missed or silent miscarriages, where the baby dies before 14 weeks, even if the actual miscarriage happens later. We talk about these in our other information resources, especially *Your miscarriage* and *Why me?*[1]

It also doesn't cover losses which happen at 24 weeks or later – these are called stillbirths.

What people prefer their loss to be called

You may find it hard to understand why a very late pregnancy loss or baby loss is called a miscarriage and not a stillbirth – particularly as it means that there is no birth or death certificate for the baby.

This is because 24 weeks of pregnancy is the legal age of viability – the stage at which a baby is thought to stand a good chance of surviving if born alive.

> **"If I say it was a stillbirth, it's not technically true... What I feel best describes what I went through isn't accurate."**

[1] *See Useful resources, page 18*

For some people, hearing the late loss of their baby called a miscarriage can feel very hurtful and distressing. The people who shared their thoughts with us often felt that the word miscarriage did not describe the lived experience of pregnancy and baby loss at this stage of pregnancy.

In the information provided here we have done our best with the terminology that we have used, taking the lead from people who have experienced second trimester loss. However, we do understand that the terms we have used may or may not fit with everyone's views of how to describe their experience.

In some cases we also use medical terms that you may encounter during care, including the words miscarry and miscarriage, and delivery and birth. We are very conscious that some of these terms might not feel right for you.

What causes a second trimester loss?

Here we list the main causes of second trimester loss. Some can cause earlier losses too. Others may cause a problem after 24 weeks of pregnancy as well as before.

You may never know what caused your loss, but it's important to know that it is very unlikely to be due to anything you did or didn't do.

Most miscarriages, at whatever stage, happen because of a problem in the baby's development.

> **"My daughter was a baby, my baby died. I held her, I had a funeral for her. I hate that I can't register her, that nobody will know she existed."**

Chromosome or genetic abnormalities

A baby's chromosomes are formed when the egg and sperm meet at conception. The baby receives half its chromosomes from each parent. Sometimes things can go wrong at this time and may result in the baby having the wrong number of chromosomes, or an individual chromosome may be too long or too short.

This can cause an abnormality which may cause an early miscarriage, but sometimes the baby dies later in pregnancy or shortly after birth.

Examples of chromosome or genetic abnormalities are Downs Syndrome, Patau Syndrome, Edwards Syndrome and Turner Syndrome.

If a chromosome abnormality is suspected as a cause of a loss, it may be possible to confirm this, or rule it out, by checking the baby's chromosomes from blood, skin or the placenta.

In most cases a chromosome or genetic abnormality occurs by chance, but occasionally it is inherited from a parent. It is possible to check the parents' chromosomes through blood tests. This information can help identify the risk of a similar problem happening again.

If there is an increased risk, you may be referred to a specialist to have tests and perhaps given advice about future pregnancies.

Structural abnormalities

These are problems in the baby's body, for example spina bifida or a congenital heart defect, (when the heart doesn't form correctly). These are sometimes seen on an ultrasound scan, but sometimes they are only discovered after the baby is born.

If your baby is found to have this kind of problem, you should be offered genetic counselling so that you can find out more about the chances of it happening again.

Problems with your womb (uterus) or cervix

An unusually shaped womb (uterus) can cause a late loss. Doctors sometimes suggest an operation to correct the shape of the womb but this isn't always possible or recommended.

Problems with the cervix (the neck of the womb) can also cause late loss. The cervix should stay tightly closed during pregnancy. But if it is weakened for some reason, it may open as the baby grows bigger, causing a very early birth.

If your doctor thinks this might be the reason for your loss, they may suggest that you have a strengthening stitch, called a cervical stitch, in your next pregnancy. This is usually done under a general anaesthetic at 13 or 14 weeks of pregnancy.

The Royal College of Obstetricians & Gynaecologists publishes a very helpful patient leaflet on cervical stitch: https://www.rcog.org.uk/en/patients/patient-leaflets/cervical-stitch/

Infection

Some infections can cause a second trimester loss, either by infecting the baby or by infecting the amniotic fluid (the liquid around the baby).

Infections directly affecting the baby include parvovirus, cytomegalovirus (CMV), and toxoplasmosis. Infections like these in one pregnancy do not increase the risk of them happening in a future pregnancy.

Infections of the amniotic fluid can happen when bacteria (germs) that normally live in the vagina get into the womb. One example is bacterial vaginosis (BV), a common infection which has been associated with premature (early) labour.

Antiphospholipid Syndrome (APS)

APS is a condition that increases blood clotting. It is sometimes called "sticky blood syndrome" or Hughes syndrome.

If blood clots too easily during pregnancy, it can cause early or late loss, as well as other pregnancy problems.

If you are found to have APS, you will usually be treated with low-dose aspirin and possibly another blood-thinning drug called heparin in your next pregnancy.

There is more detail in our leaflet *Antiphospholipid Syndrome (APS) and pregnancy loss*.[2]

Finding out something is wrong

The main symptoms of second trimester loss are vaginal bleeding, painful abdominal cramps or the waters breaking or leaking out from around the baby.

Some people notice that their baby's movements have slowed down or changed, or they haven't felt any movements for a while. Often there is no set pattern to movements before 24 weeks of pregnancy, so it can be difficult to know if this is normal or not.

Sometimes there are no obvious signs at all. Some people may have no idea that anything is wrong with the pregnancy and only find out that the baby has died during a routine scan or appointment. This can come as a considerable shock and it may take time before you can take this information in.

> **"When they told me they couldn't find a heartbeat, I think my heart stopped too. I was full of the joys of being pregnant, only to feel I had been hit by a train head on."**

[2] *See Useful resources, page 18*

Labour and birth

How things might start

Your loss may start spontaneously,

perhaps with some light bleeding that gets heavier and mild cramps that gradually become much stronger. Once the process starts, there sadly isn't any way of stopping it. Things might happen quickly and you might have your baby at home or perhaps somewhere else and then be transferred to hospital.

> **"My labour with our first twin was 2 hours, I didn't require any pain relief, I didn't have any contractions."**

If your loss doesn't begin spontaneously, you may have to have medication to start off the process of labour (induction) or you might be able to choose to wait for labour to start on its own.

Care providers should discuss all your choices to prepare you for what might happen. If you have time you may want to go home and think about it for a few days. These are usually very difficult and upsetting decisions to make.

You may wonder why you have to go through the process of labour and birth rather than having a caesarean section. This is because surgery is a potential risk to you and would normally only be offered if there were a higher risk to your health by going through labour.

Even in these extremely difficult circumstances, however, many people find that the experience of labour and birth can be special and meaningful.

Induction is usually a two-stage process. First you will be a given a tablet called mifepristone to make the uterus more sensitive to the tablets used in the second stage. After taking this medication, and a short period of observation, you will usually be encouraged to go home and will be asked to return 36-48 hours later to start the labour.

When you return, you will be given prostaglandin tablets every few hours until you have regular contractions and your baby is born. Depending on your previous history, your health professional may recommend a slightly different regime and will be able to explain the reason for this with you.

What happens next

You may be cared for in a gynaecology or maternity setting and sometimes it is possible for you to choose. This varies a great deal from one hospital to another. Some hospitals have a special bereavement room.

In most cases you will have one particular member of staff to care and support you throughout labour and birth, or perhaps more than one if there is a change of shift during that time.

Staff will discuss your care so that you understand what will happen at each stage of the process.

> **"All the staff were kind and caring. In a strange way, this made the experience of delivering my baby calm and peaceful and I'll be forever grateful to those who cared for us."**

Pain and pain relief

Everyone's experience of pain is very different. Some people may have very little pain especially if their loss is very swift. Others have period-like cramps to begin with and these may progress gradually or quite swiftly to strong labour pains – contractions in your abdomen and/or pain in your back. You might be aware of your waters breaking, or they might stay intact until your baby is born. The staff caring for you will be able to talk to you about the options for pain relief as and when you need it.

> **"I started with no pain relief, then progressed to paracetamol and codeine, a tens machine and then diamorphine and gas and air for the actual delivery."**

The birth of your baby

For many people experiencing a second trimester loss, the birth itself is a time of contrasting emotions. Sadness is often the strongest emotion, but people have also described the birth of their baby as being a special and significant moment in their lives.

You might be very worried about what your baby will look like. You might be unsure whether you want to see them and you may choose not to look.

Hospital staff may offer to take a photo of your baby and save it for you in case you want to look later.

It may be that someone else, a midwife or a family member, will describe your baby to you and that will help you decide.

> **"I initially declined to hold my baby. I was so scared about how he might look. But a few hours later I changed my mind and a very kind midwife brought him back into the room. I was pleased I'd seen my baby, who was tiny but perfectly formed."**

There is no right or wrong thing to do – it depends how you feel.

Depending on the size and condition of your baby, you may be able to hold and cuddle them. You may feel worried about this because they are so small and fragile. Hospital staff will support you in whatever feels right for you. It may be that you need time to think about this.

You may prefer to see your baby once they have been washed and gently wrapped or dressed or you may choose to wash and dress your baby yourself, if that's possible.

As well as photographs, staff may be able to take handprints and footprints if you would like them to. Some people like to keep these in a memory box along with any scan pictures or other items connected with their baby or pregnancy.

You should always be able to spend time with your baby while you are in hospital and there may be opportunities to return to hospital to see them; or you may decide to take them home, with advice and support from staff.

Things you may be asked to consider

Investigations

After a second trimester loss, most hospitals offer some tests of the baby and possibly blood tests for you and perhaps your partner. We talk below about the different kinds of tests you may be offered for your baby.

Post-mortem is a term used to describe a range of tests that can be carried out to provide information after a death. These may be able to identify why your baby died and may also help your doctor to care for you in a future pregnancy.

A **partial post-mortem** will involve a detailed external examination of your baby and perhaps x-rays or scans, but can also include taking small samples of blood or of skin.

A **full post-mortem** will include an internal examination of your baby, their organs and tissue. Any tissue removed at the post-mortem will be examined in a laboratory. This can take some time and it may be several weeks before you can be given results.

In all cases the post-mortem examination will be carried out very respectfully.

If your baby has to be transferred to another hospital for the examination, this too will be done with care and respect. It may be up to eight weeks before they are returned. You may be able to see your baby again afterwards. You can talk this through with the pathologist or other staff.

If you decide not to have a full post-mortem, you can still ask for the placenta to be examined and for an external examination of your baby.

Following the post-mortem examination, you would normally be invited for a follow-up consultation with your named Obstetric or Gynaecology Consultant to discuss the results. Depending on local services, however, the results may be explained by a Pathologist or your GP.

For some parents, understanding why the baby died can help with the grieving process. However, a post-mortem does not always provide a reason. For some parents this is sad and frustrating. Others are comforted by the thought that there was nothing obviously wrong that might affect a future pregnancy.

How can I decide?

Deciding whether or not to have a post-mortem for your baby can be very difficult. To help you decide, you should have the chance to talk about it with someone who understands the process, either in the hospital or perhaps your GP.

You don't have to feel rushed into making a decision. You may need time as well as clear information to help you decide, and a few days' delay won't make a difference to the findings.

> **"We finally agreed on an external examination and a look at the chromosomes. The results were normal, which we found reassuring, even though we still had no explanation as to why we lost our baby."**

What happens to my baby afterwards?

When a baby dies before 24 weeks of pregnancy, there is no legal requirement to have a burial or cremation. However, your hospital may offer to arrange for your baby to be buried or cremated or you may decide to arrange this yourself.

The hospital staff should give you time to think about what you want to do. You may feel too shocked to be able to make a decision right away. This is a decision you probably never imagined that you would have to make.

Hospital arrangements

Hospital policies around burial and cremation differ. Your hospital may offer to arrange an individual burial or cremation for your baby, or they may offer collective burial or cremation of a number of babies.

In all cases the hospital staff should take time to explain to you what the hospital offers. They should give you written information as well, so that you can read and think about it after you go home.

You may want to ask staff to keep your baby until you are ready to decide. They will let you know if there is any limit to the time you have for this, and what they do if they don't hear from you by then. They should also understand if you feel you cannot make a decision at all.

Making your own arrangements

You can make your own arrangements for a funeral and/or burial or cremation if you prefer. You could talk to a funeral director or a minister of your own faith if you have one.

The hospital chaplaincy or spiritual care team may also be a good source of information, advice and support, even if you don't have any religious beliefs.

You might decide that you want to bury your baby yourself, perhaps at home. There are guidelines about how and where this can be done, and you can get more information by contacting us at the Miscarriage Association or by contacting the charity Sands.

> **"I was amazed by how helpful and sensitive the funeral directors were in organising my baby's burial."**

> **"I had to make decisions beyond my wildest dreams. Did I want to cremate or bury the babies? I was making funeral arrangements when all I wanted to do was hold them in my arms and take them home forever."**

Making memories and marking your loss

Whether or not you have a funeral for your baby, you may feel you want to find other ways to mark his or her brief life.

It may be important to you to name your baby. If you do not know whether your baby was a boy or a girl, you could choose a name that could be given to either.

Some parents gather mementos in an album or a special box[3], for example:

- a scan photo
- photos of their baby
- hand and footprints, if these were possible
- a hospital bracelet
- letters or cards
- something they had ready for their baby.

Other parents mark their loss in different ways, perhaps planting a shrub or tree, making a donation to charity, or creating something else in their baby's memory. Many light a candle on special days, such as the anniversary of their loss, their baby's due date or during Baby Loss Awareness Week (9-15 October).

Your hospital may have a book of remembrance where you can enter your baby's name and the date of your loss. Some hospitals hold regular remembrance services for babies who died during pregnancy or around birth. Many parents create messages for or about their babies through the Miscarriage Association Stars of Remembrance webpage[4].

Can I have a certificate for my baby?

The Register Office[5] does not provide death certificates for babies miscarried before 24 weeks of pregnancy, but it may be possible to have a certificate of loss from the hospital. This might include your baby's name, if you have chosen one, the date of the loss and perhaps some other details.

This would not be a legal document, in the way that a stillbirth certificate or death certificate is, but it may still be important to you to have something from your hospital.

The Miscarriage Association has created a set of memorial certificates which you can choose from[6].

> **"A couple of weeks after I miscarried we bought two plants and planted them in the garden with a pebble pond and a pear tree in memory of our little one."**

[3,4] *See Useful resources, page 18*
[5] *Often known as the Registry Office*
[6] *See page 18*

How will I feel after the loss?

Your body

Pain and bleeding Everyone is different, but after a second trimester loss, you are likely to have some bleeding and perhaps pain like a period. This might go on for several weeks, with the pain and bleeding gradually getting less and less over that time. If you normally have a regular cycle, you can expect your period to return after around 4-8 weeks.

It is worth asking your doctor or midwife for advice if:

- the bleeding or pain increases
- you have a vaginal discharge that looks or smells bad, or
- you are worried about any other physical symptoms.

Your midwife might offer to visit you at home to see how you are doing. Your doctor can also give you a sick note/fit note if you need one for work.

Your breasts Your breasts may be tender and, depending on how many weeks pregnant you were, may produce milk, and you might find this very upsetting. You may find it helpful to talk to your midwife or doctor about this and about what can help. They may suggest tablets to reduce the production of milk.

> **"They were great and said I could let [my breast milk] come naturally if I wanted or have the tablets to stop it happening, I chose tablets as I couldn't face that."**

If you are producing milk, a well-supporting bra can help you feel more comfortable. Breast pads from a chemist or supermarket can help soak up any leaking milk.

If your breasts are painful, you might need to take a mild painkiller such as paracetamol but if they are very painful or inflamed, it's best to consult your doctor or midwife.

Some people decide to donate their milk to help other babies. There is a list of milk banks at www.ukamb.org/find-a-milk-bank/

Time to recover You may feel physically and emotionally exhausted for quite a long time after your loss. Your body needs time to recover from labour and maybe also from infection or treatment. If you are producing milk, that can be tiring too. Despite being tired, you may find it hard to sleep.

> **"I felt tired all the time and didn't want to get out of bed. I had a constant pain in my chest and a heavy feeling all over."**

Try to give yourself time to recover. Sometimes the demands of home and work make that difficult and some employers may not understand your needs or their responsibilities at that time. We talk more about this on the next page.

At Work In most cases, employees are entitled to sick leave after a pregnancy loss, though whether or not this is paid leave will depend on your work contract.

It should be recorded separately as pregnancy-related sickness. This means that it should not be used against you in any way (for example as a reason to discipline you, refuse promotion or make you redundant).

You should be able to self-certify that the leave is pregnancy-related for the first seven days. After this, you will need a GP or other medical practitioner to give you a sick/fit note to certify it is pregnancy-related.

You can find more details in our leaflet *Miscarriage and the workplace*[7].

Sex It is for you and your partner to decide when you feel ready to start having sex again, but it is advisable to wait until your bleeding has completely stopped. Some people may be advised to wait longer for medical reasons, for example an infection.

It is possible to become pregnant before periods restart so if you want to avoid this, you may want to use contraception.

How you look and feel People have very different feelings about how they look. You might be upset if you still look pregnant and feel better when you can wear your ordinary clothes again. Or you may feel that getting back to your pre-pregnant shape is somehow forgetting or even betraying your baby. You might not want to let go of the look and feel of pregnancy.

You might feel that the sooner you get back to your usual routine, the quicker you'll feel better. That might work, but don't be too surprised if it doesn't. You may just need more time.

[7] See *Useful resources, page 18*

Your feelings

There is no right way to feel after your loss. And however you feel, you may show those emotions clearly or you might keep them hidden as much as you can.

For example, you might be very sad and tearful, maybe a lot of the time. Or perhaps it doesn't feel natural to cry, or you worry about upsetting other people. Maybe you worry that if you start crying, you won't be able to stop.

Coming home from hospital, no longer pregnant and without your baby can be very difficult. It can be upsetting to see baby clothes or other things you have ready for your baby, though you may find them comforting.

You might recognise some of these feelings that people have described:

- angry - sometimes at particular people and sometimes just at the unfairness of it all
- jealous - especially of pregnant women or people with small babies
- guilty - wondering if the miscarriage was somehow your fault
- lonely - especially if people around you don't seem to understand
- empty - a physical ache for your baby
- exhausted - finding it hard to do anything, perhaps not sleeping or eating properly
- panicky - perhaps with flashbacks, nightmares or intrusive thoughts
- low (depressed/hopeless) – unable to find the motivation to look after yourself or to concentrate on normal tasks. Not wanting to see other people
- anxious – about yourself, your partner, other children (if you have them) and the future. Or even worrying about very small things that wouldn't normally bother you.

> **"My husband put all the baby things away out of sight, before I came home. He thought they'd upset me. I got the littlest baby-gro out and just held it and I cried and cried. It was sort of comforting, in a way."**

There is no "normal" timeline for grief. You may find you continue to grieve for your baby for a much longer or shorter time than you, or other people, expect. It may be anything from weeks to years.

You may feel as though your feelings are out of control – sometimes easing and sometimes right back where you started. There may be particular things or dates that trigger those difficult times. You may be expecting them, or they may come out of the blue.

For everyone the experience is different. While you may never forget your loss, these feelings may ease over time.

Talking to others

You may find it hard to talk about what happened or how you feel. Or you might need to talk, to go over what happened again and again.

Finding someone who will listen and try to understand can be really helpful, but that may not be easy. It can sometimes be difficult for other people to fully understand all that you have been through, how you feel and how long those feelings may last.

Sometimes family and friends say the wrong thing, perhaps hoping to make you feel better. Some might avoid talking about your loss altogether because they worry they may make you more upset. Some people, sadly, just won't understand.

You may find it helpful to talk to others who have experienced second trimester loss. See page 17 for details of our forum and support volunteers.

> **"To be honest I haven't had a lot of emotional support because I don't think people are comfortable talking about it or bringing it up in case it upsets me which I find quite difficult."**

For some people, pregnancy or baby loss may have a significant impact on their mental health. They may be given a diagnosis, like post-traumatic stress disorder, anxiety or depression. Others may not have a diagnosis but still experience symptoms that make life difficult for a long time.

Whatever you are feeling, you don't have to bear it alone. Your midwife, the hospital bereavement midwife or your GP may be able to refer you for counselling or simply offer time to talk.

The charity Mind has excellent resources for anyone struggling with anxiety or depression and the Miscarriage Association has a range of resources that might help.

> **"I was really open about our loss and I think that really helped as when I wanted to talk about our baby, I could."**

See page 17 for some suggestions about where you will find a listening ear as well as expert help.

Relationships

Loss can have a major impact on relationships with a partner, family and friends, sometimes strengthening and sometimes weakening those relationships. Perhaps you don't have a partner or close family and friends and feel like you are dealing with this alone.

Your partner

Your partner, if you have one, is also likely to be grieving for the loss of your baby. But even if your feelings are similar, you may react in different ways or at different times.

Your partner may set aside their own feelings in order to support you, emotionally or practically or both. They may focus on being strong, not wanting to take attention away from you, especially because you went through the physical loss. This may make you think that they aren't particularly upset. It could also mean that their feelings aren't recognised and they don't get the support they need.

On the other hand, their feelings might be different from yours. Perhaps they are disappointed rather than distressed by the loss, perhaps focusing more on the future. It may be that they are struggling with difficult memories and images, such as seeing you in pain and distress.

Some couples find that going through a loss like this affects their relationship and they can find it hard to feel close enough to want to have sex.

Your loss might have brought you closer, but it might have put a strain on your relationship, leading to tension and arguments at what is already a difficult time. If the strain of your loss is pulling you and your partner apart, you may need to look for outside support[8].

There is more detail in our leaflets, *Your feelings after miscarriage* and *Partners Too*[9].

> **"After a month had passed it became more and more difficult to say the right thing. We would talk to try and resolve things, but to no avail. I began throwing myself into work, creating extra work just to pass hours."**

Children and other family members

Your loss may well affect others in your family too. Even the youngest of children will sense when something is wrong and if they already know about the baby, they may be very upset by news of the loss. Our leaflet *Talking to children about miscarriage* may be helpful[10].

Grandparents or other family members may also be very upset at the loss of their grandchild, niece or nephew. As much as they want to comfort you, you may find yourself having to comfort them too, which can add to what you are having to deal with. At the same time, though, there may be some comfort in being able to share your sadness and support each other.

[8,9,10] *See Useful resources, page 18*

Will I have any follow-up?

You should be offered a follow-up appointment with your hospital consultant or a member of their team a few weeks after your loss.

This is the opportunity to get the results of any investigations, to ask any questions you have and to find out about any treatment that might help now or in another pregnancy.

You may not get answers to all your questions – and that might be because there sadly isn't an answer. But it could be that the appointment felt rushed or the doctor did not seem well prepared, and you are worried that you haven't received enough information.

It may help to talk to your GP, who might be able to find out more for you. GPs aren't always sent this information from the hospital, so allow time for them to chase it up if necessary.

Whoever you see, it can be useful to take a written list of questions with you, as it's easy to forget once you are there. You might want to make notes of the information you are given, as there may be too much to take in and remember at the time.

What about trying again?

Deciding whether or not to try again can be difficult and you may have very mixed feelings about another pregnancy.

It may be that you don't want to think about trying for another pregnancy, at least not now.

But you may want to try again as soon as possible and feel that being pregnant will help you recover from this loss. At the same time, you might also be frightened that you could have another loss.

You may want to talk to your GP, midwife or consultant about making a plan for another pregnancy, such as check-ups or scans. This might be part of the discussion you have after the results of a post- mortem or any other tests. It can be helpful to discuss things fully and to have an idea of the extra support that might be available in a new pregnancy.

You might find it helpful to read our leaflets *Thinking about another pregnancy* and *Pregnancy after Loss*[11].

> **"I do still have visions that I'm going to lose this baby later in the pregnancy or I'm going to suffer a stillbirth. Once you suffer a loss it changes you."**

[11] *See Useful resources, page 18*

Where to go for help and support

It can make a real difference to be able to talk to people who understand. You may be offered support or counselling through the hospital or your GP, or you might try one or more of the following organisations:

The Miscarriage Association
has a telephone helpline, live chat, and support volunteers, some with personal experience of a late loss. We also have a 'late loss' board on our online forum[12] and a range of helpful leaflets.
Tel: 01924 200799
www.miscarriageassociation.org.uk

Sands
(the Stillbirth and Neonatal Death Charity) offers support and information through local support groups, publications and a helpline.
Tel: 0808 164 3332
www.sands.org.uk

The British Association for Counselling and Psychotherapy
has information about counselling and a list of registered counsellors.
www.bacp.co.uk

Mind
has a helpline and a range of online mental health support and information.
Tel: 0300 123 3393
www.mind.org.uk

Relate
can help with relationship problems.
Tel: 0300 100 1234
www.relate.org.uk

The Samaritans
can help people in serious emotional distress, 24 hours a day.
Tel: 116 123 (Freephone)
www.samaritans.org

> **"Some friends and family members have been amazing and very supportive, while others have not been so great. I know people find it really difficult to know what to say about pregnancy/baby loss, but I really appreciate it when people just acknowledge that our daughter existed."**

[12] *www.miscarriageassociation.org.uk/miscarriage-forum*

Useful resources

You may find some of the following resources helpful. We have written the online links in full in case you are reading the printed leaflet, and these act as direct links if you're reading this online.

Miscarriage Association leaflets, all available at www.miscarriageassociation.org.uk/leaflets, and especially:

- Your miscarriage
- Your feelings after miscarriage
- Why me?
- Antiphospholipid syndrome (APS) and pregnancy loss
- Partners Too
- Looking after your mental health during and after pregnancy loss
- Talking to children about miscarriage

Personal stories of second trimester loss:
www.miscarriageassociation.org.uk/tag/late-loss/

Memorial certificates:
Available at www.miscarriageassociation.org.uk/get-involved/shop/

'Understanding why your baby died'
A helpful guide to post-mortem from the charity Sands:
www.sands.org.uk/support-you/understanding-why-your-baby-died/post-mortem-examination

4 Louis
is a charity that offers support after pregnancy and baby loss. They also provide memory boxes, including one for Muslim parents, called Ibraheem's Gift.
www.4louis.co.uk/

SiMBA
is another charity that provides memory boxes after pregnancy or baby loss.
www.simbacharity.org.uk/

Thanks

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Need to talk to someone who understands?
Call our support line on 01924 200799. Monday to Friday, 9am-4pm.
Chat with us online at www.miscarriageassociation.org.uk.
Or email info@miscarriageassociation.org.uk

“It does get easier. When it first happens you feel like you’re in a black hole that you can’t escape. You never forget your baby but day to day life becomes more manageable.”

The knowledge to help

The Miscarriage Association

T: 01924 200799

E: info@miscarriageassociation.org.uk

W: www.miscarriageassociation.org.uk

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