Approaching Perinatal Loss: **Miscarriage**

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General Disclosures

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Speaker Disclosures

I have no disclosures

Learning Objectives

- Define miscarriage and describe frequency of miscarriage
- Describe the potential psychological impacts of miscarriage
- Discuss at least 2 interventions for support that apply to your clinical setting

Pregnancy Loss

- Perinatal Loss - “The non-voluntary end of pregnancy or death of the baby from conception until 28 days into a newborn’s life…includes miscarriage, stillbirth, and neonatal death.”

Today’s focus: Miscarriage

- **Miscarriage / Early Pregnancy Loss / Spontaneous Abortion**
  - **Unintended termination of pregnancy before 20 weeks gestation**
    - **Common!**
    - **Mental health sequela!**
    - **Not often discussed!**

Case

- Lauren is a 32 year old woman G1P0 who has been trying to conceive (TTC) for the past 8 months with her male partner. She has a history of anxiety, treated with an SSRI when she was in college. She has been off medication for years. She found out she was pregnant about two months ago and was thrilled. Her 10 week ultrasound showed a viable intrauterine pregnancy and fetal heart beat.
- However, two weeks ago she noticed some vaginal spotting. This increased to bleeding and she went to the emergency room. Transvaginal ultrasound showed loss of previous cardiac activity. She subsequently underwent D&E.
- She presents to you today for follow up reporting **tearfulness**, is **not interested in activities she used to enjoy**, **not getting out of bed** for several days.

Miscarriage Facts

- Frequency
  - **15-20%** of recognized pregnancies end in miscarriage
- Risk increases with
  - Maternal age
  - Paternal age
  - Over and underweight
  - Smoking
  - High alcohol consumption
- Causes
  - Genetic, anatomical, endocrine, infection, thrombotic
  - Often unknown

Bhat and Byatt, Volgsten et al, Oliver et al

Miscarriage can impact…

- The birthing parent
- Partners
- Other family members

Psychological Impact of Miscarriage

- **Up to 50%** of birthing parents suffer some psychological morbidity in the weeks and months following miscarriage
- The following are potential experiences for the birthing parent
    - Grief – ~40%
    - Guilt – 41.2% felt loss was partially their fault
    - Depression – 20-55% have symptoms
    - Anxiety – 27-66%
    - PTSD – 20-29% with symptoms in first month
    - Increased risk of suicide
    - Increased anxiety with subsequent pregnancies

Lok & Neugebauer, Robinson, Brier, Bhat and Byatt, Volgsten et al, Kyende Mutiso et al, Daugirdaite et al, Johnson et al, Fertl et al

Psychiatric symptoms tend to be highest within the first 4 months after miscarriage and improve with time.

Psychological Impact of Miscarriage: **SUICIDE**

- Suicide Risk
  - Mean annual suicide rate is higher in the first year after miscarriage than after live birth or in the general population
    - 18.1/100K – after miscarriage
    - 5.9/100K – after live birth
    - 11.3/100K – general population

Psychological Impact of Miscarriage on Others

- For Non-Birthing Parent
  - Also increased risk of depression, anxiety, though some studies show somewhat decreased rates comparatively
  - Rate of marriage dissolution increased in couples who had experienced miscarriage (HR 1.22) – often 1.5-3 yrs post-miscarriage
- Living children
  - Often have a sense of parental distress
  - Can become sad, confused, fearful, guilty
- Grandparents
  - Impacted by loss as well
  - Can be supportive, but can also blame/increase guilt

Robinson

Miscarriage and Racial Disparities

- Significant disparities related to race
- Based on a large epidemiological study in Michigan, African American women who experienced perinatal loss and had positive screens for either depression or PTSD were **significantly less likely to be receiving any type of psychiatric treatment** compared with Caucasian women.
- Perinatal loss in this study was defined as after 20 wks gestation

Gold et al

Case continued

Lauren is in your office. You are aware that miscarriage is associated with increased rates of grief, depression, anxiety, PTSD, and suicide. How do you screen Lauren for associated symptoms?

Screening

- Several scales developed for research
  - Perinatal Grief Scale
  - Perinatal Bereavement Grief Scale
  - Perinatal Grief Intensity scale (Hutti et al)
  - EPDS – can confound distress, grief, depression
- Others
  - PHQ9
  - GAD7
  - PCL-5
- No clear guidelines or recommendations for screening
- **I recommend you use your already available and familiar screening tools!**

Ask open ended questions!

- One approach:
  - Use your usual screener (PHQ, GAD, EPDS with caveat that it will mention pregnant/had baby) then ask follow up:
  - **"People have a wide variety of emotional experiences after a miscarriage. Sometimes people feel depressed or anxious after a miscarriage. What has your experience been like?"**
  - **Be curious about their unique experience and story**

Case Continued

Lauren is experiencing significant grief.

While she endorses many symptoms of depression, these are all in the context of her grief and yearning for her baby. She is still able to experience moments of joy and happiness.

She is not experiencing clinically significant anxiety or PTSD symptoms and denies suicidal thinking.

What support can you offer her at this time?

Interventions

- Ask
  - Learn about the experience
  - Name? Ritual?
- Educate
  - People who experience miscarriage have a wide variety of reactions
  - Grief is very common
  - Symptoms tend to improve over time, usually significantly improved by 6 months
- Therapy /Group Therapy
  - IPT
  - Support groups
- Books
  - Coping with Infertility, Miscarriage, and Neonatal Loss by Amy Wenzel, PhD

Johnson et al

Interventions continued

- Grief is not pathological!
- Prolonged Grief improves with targeted grief interventions, NOT medication
- Depression and anxiety can improve with medication and/or therapy

Case Continued

You provide Lauren with psychoeducation and some resources. She reports feeling reassured with what you shared with her about emotional experiences after miscarriage and does not pursue therapy or other resources at this time.

Lauren's mood starts to improve over the next two months. Three months later she and her partner resume TTC. The next month she has a positive pregnancy test. She returns to you reporting **extreme anxiety**. She is checking for spotting every 2 hours, not sleeping, and is avoiding leaving the house because she keeps worrying about any accident that could impact the pregnancy.

Bhat and Byatt, San Lazaro Campillo et al, Fertl et al

Subsequent Pregnancies

- 50-80% of women who experience miscarriage have a subsequent pregnancy
- Prior miscarriage associated with increase anxiety and stress in subsequent pregnancies
  - Both “pregnancy related fear” and “state anxiety” increased
  - Early pregnancy related fear and state anxiety have been associated with worse pregnancy outcomes
  - Stress during pregnancy is associated with preterm labor, low birth weight
  - Anxiety tends to improve after 1st trimester

Bhat and Byatt, San Lazaro Campillo et al, Fertl et al

Case continued

What do you offer to help Lauren at this time?

When do you consider medication?

Case continued

Lauren is started on sertraline for anxiety and referred for cognitive behavioral therapy. Several weeks later she starts to feel somewhat improved. After she gets to the second trimester, her anxiety lessens further.

End of Case

- Lauren continues on sertraline throughout her pregnancy and overall feels better. However, her symptoms of anxiety worsen and signs of depression emerge about 8 months after her miscarriage.
- Keep in mind that Lauren may have worsening of symptoms around **anniversaries**
  - **Date of positive pregnancy test**
  - **Due date**
  - **Date of miscarriage**
  - **Date of procedure**
- You keep this in mind and offer to schedule follow up a week prior to the due date of the first pregnancy for support and a check in.

Resources

- Perinatal Support Washington
- Parent Support of Puget Sound
- Perinatal Support International
- PSI Discussion Tool and Tracker
- Coping with Infertility Book

QUESTIONS?

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