Grieving After Early Pregnancy Loss - A Common Reality

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Abstract
A miscarriage can be very traumatic for a couple and their immediate family experience an array of grief associated responses - self-identity, the loss of anticipated parenthood, and hence their future. A significant amount of women feel the need for psychological counselling to help them deal with the emotional aspect of their pregnancy loss. This result is significant and suggests that women with a living child on their second miscarriage and women with a living child who had their second miscarriage. The F-test p=11.098% and the t-test p=1.4685%. Women who had experienced an ectopic pregnancy did not have a higher grief intensity than the women that had a molar pregnancy (p=0.75). However, for women with a child, the grief intensity significantly increased in miscarriage (p=0.015). Women with no children with an ectopic pregnancy grieve significantly more than those with a child (p=0.019). An appointment for the Miscarriage Clinic should be offered to all of these women but special attention should be paid to those in the categories most at risk.

Introduction
The loss of a baby by a miscarriage can be very traumatic for a couple and their immediate family experience an array of grief associated responses - self-identity, the loss of anticipated parenthood, and hence their future. A significant amount of women feel the need for psychological counselling to help them deal with the emotional aspect of their pregnancy loss. This result is significant because it shows us that women who have had an ectopic pregnancy with no living children grieve very differently from women who have a miscarriage. The subgroup of recurrent miscarriage was not included in the analysis. Since the miscarriage category: women with no children on their first miscarriage were more than women with living children.

Results
Over the six month period, 75 patients were recruited to the study. As depicted in Table 1, seven patients were diagnosed with a molar pregnancy. The mean PGS score of these seven patients was 89.7. Five of the seven patients had a living child prior to the molar pregnancy. The mean PGS score in this group was 89.0. The other two patients with molar pregnancy, had no children, had a mean PGS score of 91.5. Of the 75 patients recruited, 20 patients had an ectopic pregnancy. The mean PGS score of this group of patients was 93.9. Data on the parity of these patients was only available in 18 out of the 20 women as it was not recorded in the hospital case notes. The 8 women who had living children and who were attending after their first miscarriage had a mean score of 72.5. There were 10 women who had an ectopic pregnancy and no living children. These women had a mean PGS score that was higher, at a level of 105.

Forty-three women attended after a miscarriage. Of these 43 women, 17 of them had living children and a mean PGS score of 82.8. The 26 women that did not have living children did not grieve substantially more and were found to have a PGS score of 83.7. Of the 26 women, 5 women had living children prior to the molar pregnancy. The mean PGS score in this group of patients was 89.0. The other two patients with molar pregnancy, had no children, had a mean PGS score of 91.5. Of the 75 patients recruited, 20 patients had an ectopic pregnancy. The mean PGS score of this group of patients was 93.9. Data on the parity of these patients was only available in 18 out of the 20 women as it was not recorded in the hospital case notes. The 8 women who had living children and who were attending after their first miscarriage had a mean score of 72.5. There were 10 women who had an ectopic pregnancy and no living children. These women had a mean PGS score that was higher, at a level of 105.

The total PGS score is arrived at by first reversing all of the items except 11 and 33. By reversing the items, higher scores reflect more intense grief. The result is a total score consisting of 33 items with a possible range of 33-165. Women were given ample time to complete the PGS and some patients did choose to fill the form out at home and return it at a later date. Analysis was carried out in MatLab using the statistics toolbox. The goal was to test whether the scores of the group have a different mean.

Figure 1 shows histograms for the three groups: molar pregnancy patients, ectopic pregnancy patients and miscarriage patients. It is strongly suggested that the groups have very similar distributions. An F-test was performed, first to check whether the variances within the groups are fairly close, followed by the t-test. The results suggested mean. The total PGS score is arrived at by first reversing all of the items except 11 and 33. By reversing the items, higher scores reflect more intense grief. The result is a total score consisting of 33 items with a possible range of 33-165. Women were given ample time to complete the PGS and some patients did choose to fill the form out at home and return it at a later date. Analysis was carried out in MatLab using the statistics toolbox. The goal was to test whether the scores of the group have a different mean.

Methods
A cross-sectional study was performed at the Rotunda Hospital which is a University affiliated maternity hospital in Dublin. The study was conducted over a period of six months from 01/07/2008 to 31/12/2008. All patients attending the Miscarriage Clinic 6 weeks after an early pregnancy loss were invited to take part in the study. Ethics committee approval was obtained from the Hospital research ethics committee prior to starting the study. The inclusion criteria were all women who had a pregnancy loss prior to 16 weeks of pregnancy and who gave valid consent. Women who were unable to read English and who attended without an interpreter were excluded from the study. Each patient was given a patient information leaflet and written informed consent was obtained in all cases.

Women were divided into three main categories: molar pregnancies, ectopic pregnancies and miscarriages. Grief was assessed using the Perinatal Grief Scale (PGS) which is a scoring system used to quantify levels of grief experienced by women after a miscarriage. The short version of the PGS, devised by Polvin, Lasker and Toedter (1989), is a 33 point questionnaire which was constructed to incorporate the many different dimensions of grief.

Figure 2 shows the histograms for the three groups: molar pregnancy patients, ectopic pregnancy patients and miscarriage patients. It is strongly suggested that the groups have very similar distributions. An F-test was performed, first to check whether the variances within the groups are fairly close, followed by the t-test. The results suggested mean. The total PGS score is arrived at by first reversing all of the items except 11 and 33. By reversing the items, higher scores reflect more intense grief. The result is a total score consisting of 33 items with a possible range of 33-165. Women were given ample time to complete the PGS and some patients did choose to fill the form out at home and return it at a later date. Analysis was carried out in MatLab using the statistics toolbox. The goal was to test whether the scores of the group have a different mean.

Discussion
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Figure 1: Histograms comparing grief in Molar, Ectopic pregnancies and Miscarriages.

Figure 2: Histograms comparing PGS scores in Ectopic Pregnancies with no living children vs. living children.
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Discussion

There has been much focus on early pregnancy loss in recent times. MJ Turner et al demonstrated that women who have planned pregnancies that miscarry are more likely to attend a miscarriage clinic follow up visit than those who did not. This finding was also noted by Bergner A, Beyer R. Pregnancy after early pregnancy loss: A prospective study of anxiety, depressive symptomatology and coping. Journal of Psychosomatic Obstetrics and Gynaecology, 2008 Jun; Vol.29, 105-113

The results of this study suggest that whatever the type of early pregnancy loss women tend to grieve similarly. However, for women with a child the grief intensity increases with the number of miscarriages. Women with no children who have had an ectopic pregnancy grieve more than those with a child. This brings to light that women without children who have had an ectopic pregnancy are likely to suffer a more intense grief reaction. Such women should be encouraged to return to the miscarriage clinic for a follow up session. While interpreting this data it is important to note that the numbers are small in each group. Most women who miscarry do not actually attend the miscarriage clinic. These results are extrapolated from women that actually choose to attend the miscarriage clinic. Ectopic pregnancies account for over 25% of the total number of patients in the study, but 25% of early pregnancy loss is not attributable to ectopic pregnancies. Likewise molar pregnancies account for over 5% of the total number of cases while it is much lower in the general population. One may argue that the study evaluates a select population, but, nevertheless this study was designed to evaluate the grief in women who follow up after an early pregnancy loss, to identify trends amongst the various groups.

We must all be aware that women do not all grieve equally. It is also true that grief is compounded not only by the bereavement but also by other factors such as social circumstances and marital disharmony. Reassurance and empathy are essential in managing these women. Advice information and support should be offered to all of these women and their partners but special attention should be paid to those in the categories most at risk.

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