HHS Public Access

Author manuscript

Obstet Gynecol. Author manuscript; available in PMC 2018 October 31.

Published in final edited form as:

Obstet Gynecol. 2016 June ; 127(6): 1171. doi:10.1097/AOG.0000000000001460.

In Reply:

Karen C. Schliep, PhD,

University of Utah Health Sciences Center, Department of Family and Preventive Medicine,
Division of Public Health, Salt Lake City, Utah

Sunni L. Mumford, PhD,

Epidemiology Branch, Division of Intramural Population Health Research, Eunice Kennedy
Shriver National Institute of Child Health and Human Development, Bethesda, Maryland

Lindsey A. Sjaarda, PhD, and

Epidemiology Branch, Division of Intramural Population Health Research, Eunice Kennedy
Shriver National Institute of Child Health and Human Development, Bethesda, Maryland

Enrique F. Schisterman, PhD

Epidemiology Branch, Division of Intramural Population Health Research, Eunice Kennedy
Shriver National Institute of Child Health and Human Development, Bethesda, Maryland

We appreciate Giovane et al's comments regarding the consideration of a couple's emotional health when evaluating the optimal time to attempt to conceive after a pregnancy loss. In our study, we focused on whether the interval between an early loss and a couples' chosen time to again begin attempting pregnancy was linked with time to pregnancy and pregnancy outcomes.¹ We agree, as noted in our article, that a couple's emotional readiness is equal in importance to their physical readiness in regard to individual couples deciding when to start trying again. To enroll in the Effects of Aspirin in Gestation and Reproduction trial, women had to be actively trying or wishing to start trying to conceive. Consequently, our population reflects a group of women who expressed psychological readiness to conceive and thus, by design, excludes women who are not psychologically ready. Our findings are thus generalizable only to women desiring to conceive and provide evidence supporting that such women should not be prevented from attempting pregnancy again owing to concerns for the viability of a subsequent pregnancy. We agree with Giovane and colleagues that evaluation of a couple's psyche should be a part of preconception care. Furthermore, we advocate that no couple should be encouraged to conceive before they are emotionally ready. However, among couples who are emotionally ready, there appears to be no physiologic reason for delaying pregnancy attempt after a loss based on our study findings. Lastly, the evidence summarized by Giovane and colleagues regarding potential negative consequences to offspring related to maternal psychological state is notable, and we agree that future work evaluating the effect of the inter-trying interval on offspring's physical and neurobehavioral health is warranted.

Financial Disclosure: The authors did not report any potential conflicts of interest.

Acknowledgments

This research was supported by the Intramural Research Program of the Eunice Kennedy Shriver National Institute of Child Health and Human Development, National Institutes of Health, Bethesda, Maryland (Contract Nos. HHSN267200603423, HHSN267200603424, HHSN267200603426).

REFERENCE

1. Schliep KC, Mitchell EM, Mumford SL, Radin RG, Zarek SM, Sjaarda L, et al. Trying to conceive after an early pregnancy loss: an assessment on how long couples should wait. *Obstet Gynecol* 2016;127:204–12. [PubMed: 26942344]