Confronting Pregnancy Loss

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ABSTRACT

In this column, the editor of *The Journal of Perinatal Education* discusses the breaking the silence on miscarriage and pregnancy loss. The editor also describes the contents of this issue, which offer a broad range of resources, research, and inspiration for childbirth educators in their efforts to promote, support, and protect natural, safe, and healthy birth.

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I don't know about you, but it seems to me that there have been more and more articles and stories in the media lately about women experiencing miscarriage and pregnancy loss. I imagine that the numbers have not suddenly increased but that perhaps people are more open to discussing and sharing their experiences? If so, it is a good thing. For too long, pregnancy loss, especially early pregnancy loss has been hidden and just not talked about. Most miscarriages happen early, and it can be awkward to announce a pregnancy after it has already ended. Besides, some women may not be comfortable sharing intimate information about their efforts to have a child. The topic is considered taboo. For those women who do share their experience of miscarriage it is often met with the so called helpful advice: "well, you are young, you can always try again."

I am glad to see that more women are willing to break the silence and talk about miscarriage. In a recent *New York Times* photo essay and opinion piece (Kelley, March, & Schukar, 2019) titled "You know someone who's had a miscarriage," a variety of women from all walks of life candidly share their often painful and private experiences with the

authors. In this poignant and provocative article, the authors acknowledge that as many as 15% of known pregnancies end in miscarriage. That amounts to hundreds of thousands of miscarriages in America each year. Despite the number of women this affects, for many women, when it happens to them, the experience of miscarriage can come as a shock. That's what the *Times's* authors heard repeatedly from the more than 500 people who shared their miscarriage stories. What these women had in common was a desire to talk about what happened to them. Miscarriage is often a lonely experience.

As childbirth educators and health professional, it is our responsibility to open the door to dialogue about all pregnancy and birth experiences, positive and otherwise. Through sharing stories and providing support women who experience loss will

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We invite readers to respond to the contents of this journal issue or share comments on other topics related to natural, safe, and healthy birth. Responses will be published as a letter to the editor. Please send comments to Wendy Budin, Editor-in-Chief (wendy.budin@rutgers.edu).

feel less alone. In this issue's "Celebrate Birth!" column we share an example of how a the profound experience of a loss can be transformed into an opportunity for growth when shared with others. If you have a story to share you can reach me at wendy.budin@rutgers.edu. We are always looking for topics of interest for our readers.

IN THIS ISSUE

In each issue of *The Journal of Perinatal Education* (JPE) we continue the practice of advancing the Lamaze International mission to promote, support, and protect natural, safe, and healthy birth, by sharing inspiring birth stories. In this issue's "Celebrate Birth!" column, Clair Wyborn share a story of pleasure and grief surrounding the home birth of her twins. She describes it as a of incredible pleasure and devastating loss. It is also a story of love, compassion, validation, and of deep respect in honoring the experience of birth and loss. Claire hopes that every mother who has experienced the loss of a baby will be encouraged to speak out and tell her story. She shares her belief that women need to feel that there is someone out there who can hold them gently and listen.

Also, in this issue DeFoor and Darby describe finding from their research on how motivating interviewing was used to improve breastfeeding rates. They build a case for how staff educators for women's and children's services could incorporate motivational interviewing techniques to engage patients in a conversation about breastfeeding. Motivational interviewing has been linked with many positive outcomes in patient-centered care. This research article reveals the staffs' positive perception of adopting these techniques into daily practice and their thoughts on the potential patient outcomes.

In an article exploring the effects of childbirth education on maternity outcomes and maternal satisfaction, Mueller, Webb, and Morgan explored the relationship between attendance of set curriculum childbirth education class and the labor and birth process, as well as maternal satisfaction with the birth experience. Women who took a class were less likely to be induced and had lower use of analgesics during labor. Labor interventions were used significantly less in women who took a childbirth class. The authors findings suggest that

education may help women prepare for what to expect in birth and minimize the use of medical interventions.

Recognizing that few U.S. families have credentialed midwives as their birth care providers despite evidence indicating that midwife-attended birth is safe and satisfactory, Soliday and Ord developed and tested an intervention designed to improve attitudes toward midwives and out-of-hospital birth and related preferences. They present findings from their study evaluating *The Birth Education Starts Today (BEST) Video on Birth Care Options*, with University Students. The aim of this study was to test the effects of an author-constructed video featuring evidence and personal narratives on midwifery care on attitudes and care preferences/intentions for a hypothetical future birth among university students who had not become parents. Significant changes from before and after watching the video indicated significantly improved attitudes toward midwives and out-of-hospital birth and related preferences. The authors discuss the educational framework of the video and plans to determine whether short-term effects translate into care-seeking behavior across diverse populations.

The development and evaluation of an innovative shared decision-making (SDM) toolkit for mode of birth after cesarean is described by coauthors Chinkam, Steer-Massaro, Damus, Shorten, and Shorten. This pilot study evaluated a toolkit that incorporated a decision aid, counseling guide, and provider scripts designed to prepare and engage racially diverse women in SDM discussions about mode of birth after cesarean and assessed women's knowledge, preferences, and satisfaction with decision-making, as well as provider perspectives on the Toolkit's acceptability. Most women experienced knowledge improvement, felt more in control and that providers listened to their concerns and supported them. Providers reported that the Toolkit helped women understand their options and supported their counseling. The authors suggest that the SDM Toolkit could be used to help women and providers improve their SDM regarding mode of birth after cesarean.

Finally, in this issue, Bertrand and Adams share finding from a qualitative study that explored the experience of women who had skin-to-skin care during cesarean birth. The authors used in-depth interviews to better understand women's concerns and expectations regarding skin-to-skin care during cesarean birth and to learn how these concerns

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and expectations were realized during the intervention. The themes that emerged showed the importance these women placed on their skin-to-skin care experience. The results of this study reinforce the importance of advocating for and implementing skin-to-skin care during cesarean birth whenever possible.

REFERENCE

Kelley, L., March, A., & Schukar, A. (2019, October 10). You know someone who's had a miscarriage. *The New York Times*. Retrieved from <https://www.nytimes.com/interactive/2019/10/10/opinion/miscarriage-pregnancy.html?module=inline>

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