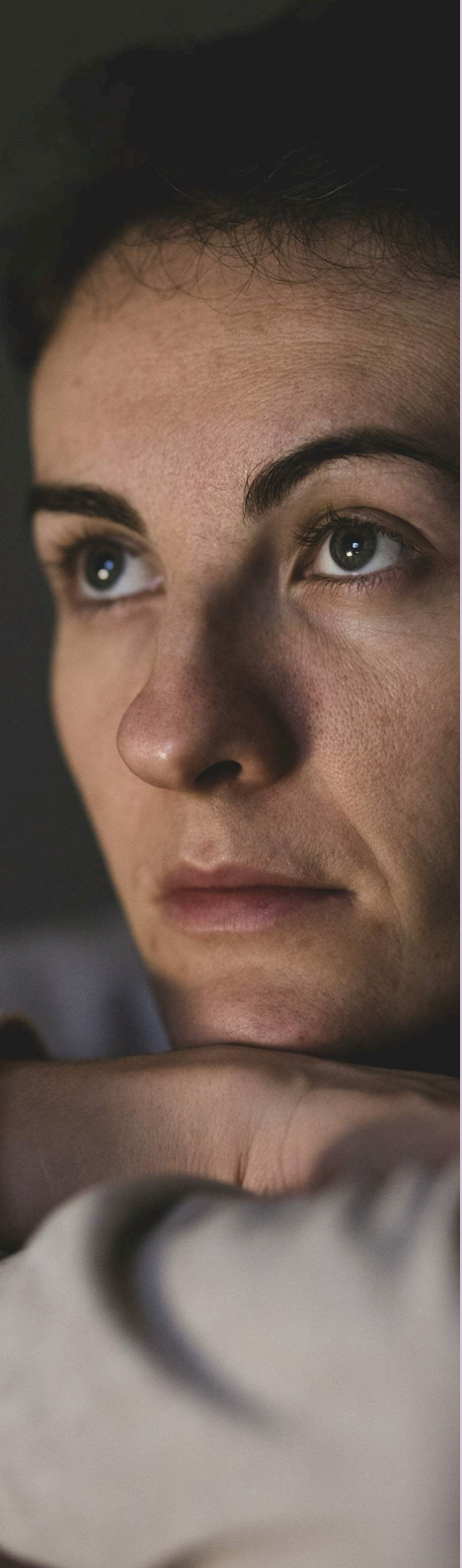


Miscarriage UK
Because every loss matters

# Second Trimester Loss

# We're so sorry that you're going through this.

You may have just received this news, perhaps without warning, or your loss might already have happened. You might be somewhere in between – having to make decisions or waiting for treatment, or for the loss to happen naturally.

Wherever you are, we hope this leaflet will help give you the information and support you need.

## Our support line

Our pregnancy loss support line is a safe space to talk, ask questions, or simply share how you're feeling and be heard. We're here from 9am to 4pm on Mondays, Tuesdays and Thursdays and 9am to 8pm on Wednesdays and Fridays, offering support and information around pregnancy loss.

## Message us

Sometimes it's easier to type than speak. Our live chat connects you with trained staff who will listen, offer emotional support, and share trusted information and resources with you. It's open the same hours as our support line and is a safe, quiet space to talk through things at your own pace.

## Email support

We know that sometimes it's hard to talk, or you may need time to express your feelings. Our email support gives you the space to share your thoughts and feelings. We aim to respond within two working days, and everything you share will be treated with kindness and sensitivity.

## Online support

Our online support options give you the chance to connect in a way that feels right for you. Whether that's by reading lived experience stories from our community, signing up for our newsletter or finding community through our private Facebook groups.

## Support groups

Meeting others who understand your experience can make a big difference. Our support groups are a safe space to talk, listen, and connect with others affected by pregnancy loss. All our support groups (online and in-person) are guided by experienced facilitators.

0303 003 6464 miscarriageuk.org info@miscarriageuk.org

# What is a second trimester loss?

Second trimester loss, sometimes known as a late miscarriage, is the loss of a baby after 13 and before 24 weeks of pregnancy.

Most miscarriages happen in the first trimester (before 13 weeks of pregnancy) so a loss at this stage is much less common. It can be especially shocking as you may already have had a scan at which everything appeared to be fine.

Second trimester loss has many similarities with stillbirth, the definition for a loss from 24 weeks onwards. But legally they are different; a stillbirth has to be registered as the baby has passed the age of viability – the stage at which a baby is thought to have a good chance of surviving if it is born.

A loss at any stage before 24 weeks is considered a miscarriage, even if it happens at 23 weeks and 6 days.

For some people hearing the late loss of their baby called a miscarriage can feel very hurtful and distressing.

For clarity we will use the medical terminology in this leaflet, but we recognise that these descriptions might not feel right for you.

With thanks to Professor Lucy Smith, University of Leicester, for her contribution to developing this leaflet and for research that has helped shape the information included.

# What causes a second trimester loss?

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

Many miscarriages are due to a problem in the baby's development, but in the second trimester there are many other causes such as early labour and infection. For many women, we have no explanation for why miscarriage has occurred,

Here are some of the main known causes of second trimester loss (some can cause earlier losses and stillbirth, too).

## 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 Down's Syndrome, Patau's Syndrome, Edwards' Syndrome and Turners 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.

## Problems with the placenta

The placenta is the organ that provides the baby with oxygen and nutrients. It's attached to the lining of the uterus and is connected to the baby by the umbilical cord. Problems with the placenta can be due to a blood clotting problem such as APS, which can affect the blood flow through the placenta and cord to the baby. Other times, it can be that the placenta isn't working properly or well, this stops the baby getting all the nutrients and oxygen that they need to grow normally.

## Problems with your uterus (womb) or cervix

An unusually shaped uterus - such as a septate uterus where it is divided into two rather than having a single cavity - can cause a late loss. There can be other types of uterine abnormality too, and your medical team will explain if you have this. Depending on the type, surgery may be suggested to correct this, but it isn't always possible or recommended.

Problems with the cervix (the neck of the uterus) 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. Some research shows that having a caesarian section when the cervix is fully dilated or during the second stage of labour can cause minor structural changes or weakness. This may increase the risk of second-trimester loss or pre-term birth in future pregnancies.

The Royal College of Obstetricians & Gynaecologists published a very helpful patient leaflet on 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), listeria and toxoplasmosis.

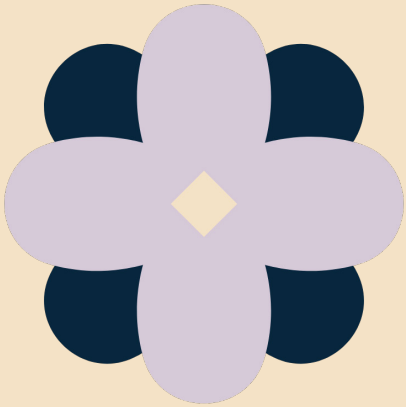
Infections like these in one pregnancy do not increase the risk of them happening in a future pregnancy.

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. 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.

Do not take aspirin without a doctor's advice.



# Finding out something is wrong

The main symptoms of second trimester loss are vaginal bleeding, painful abdominal cramps or your 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 what is normal and what isn't.

Sometimes there are no obvious signs at all and it is only discovered that the baby has died during a routine scan or appointment. This can come as a huge shock, and it may take time to process.

"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."

# Labour and birth

## How things might start

Your loss may begin on its own 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 somewhere else and then be transferred to hospital.

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

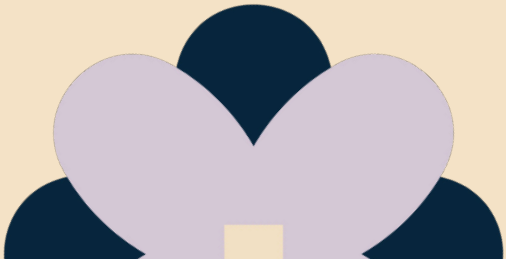
Your care providers should discuss all your choices to prepare you for what might happen. If you have time you may want to go home and think about it for a few days. These are usually very difficult and upsetting decisions – and ones you should never have to make. Even in these very difficult circumstances, many people find that the experience of labour and birth can be very meaningful.

## What happens next

Depending on your local hospital, you may be cared for on a gynaecology or maternity ward. Sometimes it may be possible to choose what feels best for you. Some hospitals have a special bereavement room. The hospital will aim for you to have the same staff member look after you throughout labour and birth, but this may not always be possible.

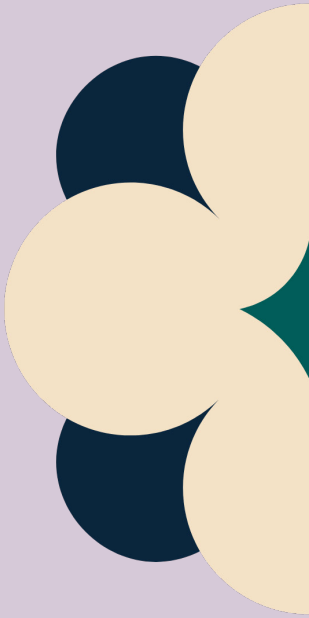
Induction is usually a two-stage process. First, you will be given a tablet called mifepristone to make the uterus more sensitive to the tablets used in the second stage. After taking this medication, and a short period of observation, you will usually be encouraged to go home and will be asked to return 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 medical history, your health professional may recommend a slightly different regime and will be able to explain the reason for this with you.



## Pain and pain relief

Everyone experiences pain differently. You may have relatively little pain, especially if the loss is very swift. But you might also begin with period-like cramps that progress 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.



## Surgical management

As an alternative to induction and labour, you may be able to choose surgical management – though this is not an option everywhere, and may depend on the stage of pregnancy you are at.

This is performed in a similar way to first trimester/early miscarriage care but, because the pregnancy is more advanced, the cervix may need to be opened wider, and there is a higher risk of damage to your cervix, to your uterus, and to the surrounding organs in your abdomen. For this reason, you may be encouraged to have a natural birth instead.

Despite the higher risks, some people feel surgery is the right decision for them. To have surgical management, you may need to be referred to another hospital for it to be performed by doctors who are experts in this procedure.

If you have surgical management then unfortunately post-mortem examination is not possible. You also, sadly, won't be able to see or hold your baby, so you'll need to consider whether that is important to you.

If you go through labour or medical management (induction) and the placenta does not detach, you may need surgery. As the placenta is small, this is a straightforward procedure, which can usually be performed in the hospital you delivered in, and it does not affect your ability to have a post-mortem.

# After your loss

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. Someone else, a midwife or a family member, might offer to describe your baby to you and that could help you decide. Sadly, it may be very difficult to know if the baby was a boy or a girl at this stage of pregnancy.

## There is no right or wrong thing to do – you should do what feels right for you.

Depending on the size and condition of your baby, you may be able to hold them. You may feel worried about this because they are so small and fragile, but the staff will help 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 blood tests for you and for your partner.
Here are the main types of test you may receive:

- **Blood tests:** for blood clotting problems, thyroid function and diabetes tests.
- **Checks for infection:** this may include blood tests, swabs and a urine sample.
- **Tests on the placenta:** the placenta and cord should be sent for histology testing.
- **Genetic testing:** chromosome testing can be performed on pregnancy tissue or the baby to see if there was a developmental abnormality.

## A partial post-mortem

This is 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.

## Post-mortem

A term used to describe a range of tests that can be carried out to provide information after a death. A full post-mortem will include an internal examination of your baby, their organs and tissue.

This investigation may be able to identify why your baby died and may also help your doctor to care for you in a future pregnancy.

Any tissue removed at a 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. Depending on where you live, your baby may have 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. 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 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. 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.

## 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. You may not feel able to make a decision right away; this is a decision you probably never imagined that you would have to make. The hospital staff should give you time to think about what you want to do and give you a clear timeframe for when you will need to make a choice.

## 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 on our website, or by contacting us.

# 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 their 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, 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
- your pregnancy test, or a photograph of it.

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.

## Can I have a certificate for my baby?

Because losses before 24 weeks are not legally registered, you will not automatically receive a certificate. If you live in England, Scotland or Northern Ireland, you can apply for an optional certificate. The Welsh Government has committed to providing certificates, but we do not yet know when this will happen.

You can find out more details on our website.

# Your physical recovery

## 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. The bleeding should settle quickly and should have completely stopped within 6 weeks. If your pain and bleeding doesn't settle within the first 2-4 weeks after your loss then do let your medical team know.
It's hard to say when your first normal period will happen. If you normally have a regular cycle, you can expect your period to return after around 4-8 weeks.

It is important to let your doctor or midwife know if:

- the bleeding or pain increases or doesn't stop within 6 weeks.
- you have a vaginal discharge that looks or smells bad.
- 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 or health professional can also sign you off from 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. If you are producing milk, a supportive, non-wired 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. If they are very painful or inflamed, it's best to consult your doctor or midwife. Tablets can be prescribed to help reduce the production of milk.

Some people decide to donate their milk to help other babies. Your body normally starts producing breast milk from 16 weeks of pregnancy. From this point onwards, you may produce milk after the birth of your baby, this is due to hormonal changes that take place after pregnancy.

More information on milk banks can be found here:

## Time to recover

You may feel physically and emotionally exhausted for quite a long time after your loss. Your body needs time to recover. Despite being tired, you may find it hard to sleep. Sometimes the demands of home and work make that difficult and some employers may not understand your needs or their responsibilities.

## At work

In most cases, employees are entitled to sick leave after a pregnancy loss, though whether this is paid leave will depend on your 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 detailed information on your rights at work – and returning after loss – on our website:

## Sex

It is for you and your partner to decide when you feel ready to start having sex again, but it is important to wait until your bleeding has completely stopped and a pregnancy test is negative. Some people may be advised to wait longer for medical reasons, for example if you have an infection. It is possible to become pregnant before periods restart so if you want to avoid this, you should 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 your baby. You might not want to let go of the look and feel of pregnancy.

# Your feelings

There is no right way to feel after your loss and these feelings might come and go or change with time.

You might experience some or all of these feelings:

- anger - sometimes at particular people and sometimes just at the unfairness of it all
- jealousy - especially of pregnant women or people with small babies
- guilt - wondering if the miscarriage was somehow your fault
- loneliness - especially if people around you don't seem to understand
- emptiness - a physical ache for your baby
- exhaustion - finding it hard to do anything, perhaps not sleeping or eating properly
- panicked - perhaps with flashbacks, nightmares or intrusive thoughts
- depression/hopelessness – unable to find the motivation to look after yourself or to concentrate on normal tasks. Not wanting to see other people
- anxiety – 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.
- relief – if there were days or weeks of uncertainty or pain; or maybe if you didn't want, or were not sure how you felt about, this pregnancy

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.

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.

You can find more information on looking after your mental health on our website:

## Relationships

Loss can have a major impact on relationships with a partner or close 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 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.

You can find more information on partners on our website:

## Will I have any follow-up?

You should be offered a follow up appointment with the hospital 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.

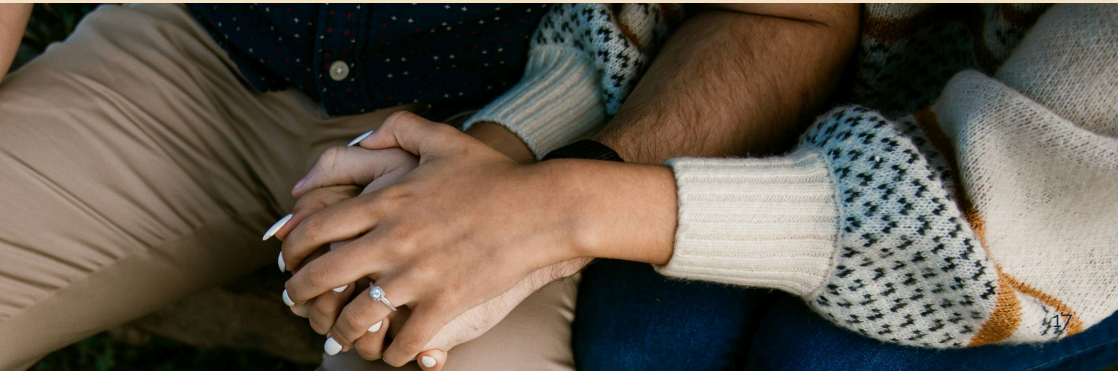
You may not get answers to all your questions – and that might be because there sadly isn't one. It can be useful to take a written list of questions with you, as it's easy to forget once you are there. You might want to make notes of the information you are given, as there may be a lot to take in and remember.

## 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 can find information about pregnancy after loss on our website:



# About Miscarriage UK

Pregnancy loss can be a difficult and often isolating experience. Sadly, too many people go through it without the support or information they need.

Miscarriage UK is the leading charity supporting people affected by pre-24-week pregnancy loss, including miscarriage, ectopic pregnancy and molar pregnancy.

We provide confidential and empathetic support services and clear, evidence-based information, and work with healthcare professionals to improve care and build confidence in compassionate communication.

We also support employers to better respond to pregnancy loss, including successfully campaigning for changes in the law to introduce bereavement leave for pre-24-week loss. Alongside this, we continue to campaign to improve care, policy and public understanding, so that no one is left to navigate pregnancy loss alone.

**Because every loss matters.**

"I will always support your charity for the amazing care and compassion shown to parents and family members going through such an awful time. Thank you to all of you for helping us through the dark days."

# However you're feeling, you're not alone in this.

0303 003 6464
info@miscarriageuk.org
miscarriageuk.org

Mon, Tues, Thurs: 9am - 4pm
Weds & Fri: 9am - 8pm

My notes...

Questions I want to ask...

I've been feeling...

Miscarriage UK

Because every
loss matters

# In loving memory of

_____

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Always remembered, forever treasured.

This booklet has been made possible through donations from people who have experienced loss themselves. We receive limited statutory funding, so every contribution makes a difference.

## Please donate today, and help make sure no one else has to face this heartbreak alone.

Miscarriage UK