

St. Gianna and Pietro Molla
Miscarriage Ministry.

WHAT IS A MISCARRIAGE?

Spontaneous abortion or miscarriage is defined as the loss of pregnancy less than 20 weeks gestation.

Losing a baby through miscarriage can be one of the most difficult experiences that you will ever endure.

YOU ARE NOT ALONE

The American College of Obstetricians and Gynecologists (ACOG) estimates that as many as 26% of all pregnancies end in miscarriage. Even so, you may feel alone and carry your grief in silence.

WE ARE TRULY SORRY FOR YOUR LOSS

For too many years, both society in general, and the faith community, ignored the deep pain and grief families experience through miscarriage. The Archdiocese of Miami recognizes the need of the grieving family facing miscarriage. We validate that the death of this child is a true loss. Death ends the life, but not the relationship. The reality is the baby leaves an impression to never be forgotten in the parents' heart. The parents have known their child in a unique and special way.

The grieving process of parents bereaved by miscarriage is especially unique. Often there is no funeral, and your child's loss may remain unacknowledged by family and friends. Not having a formal chance to say goodbye may also complicate the grieving process and hinder support systems that are usually inherent during the death of a loved one.

Miscarriage grieving is a deeply personal journey, many parents do not feel comfortable talking about their loss. Most parents acknowledge that they have been hurt by negative comments from others when they do share their story. This painful time can greatly be impacted, both positively and negatively, by the community around you. Isolation within marriages, family members, and friendships is common during a time of loss. If you are unable to get the support that you need from loved ones, it may be beneficial to reach out to a priest, deacon, therapist, or support group.

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Be patient with yourself during this time. There is no set schedule of grieving, and your grief, emotions and healing may look different than others, even your spouse. It is important to remember that grieving is a normal part of the bereavement process and includes 5 stages: denial, anger, bargaining, depression, and acceptance. Since each person grieves differently (especially in the case of miscarriage, as the mother experienced the physical development and loss of the baby within her womb; the father experience guilt as he was not able to protect the mother from suffering the physical pain and was not able to protect his baby from death). This is not only a vulnerable time for you individually, but also as a couple.

As Pope Francis said, "I see clearly that the thing the church needs most today is the ability to heal wounds and to warm the hearts of the faithful; it needs nearness, proximity," As Catholics and people of life, we are called to draw close to these parents and provide care and comfort to their aching hearts.

DIGNITY OF HUMAN LIFE

According to Catechism of Catholic Church (CCC 2270) Human life must be respected and protected absolutely from the moment of conception. From the first moment of his existence, a human being must be recognized as having the rights of a person – among which is the inviolable right of every innocent being to life. Since it must be treated from conception as a person, the embryo must be defended in its integrity, cared for, and healed, as far as possible, like any other human being (CCC 2274).

As Catholics we believe the death of a baby through miscarriage is the death of a full human person. Catholic Cemeteries of the Archdiocese of Miami will help with the proper services and burial for your baby.

According to 2020 Florida Statutes. Chapter 383 (Maternal and Infant Health care) Section 33625. (4) A facility licensed pursuant to chapter 383 or chapter 395 having custody of **fetal remains following a spontaneous fetal demise occurring after a gestation period of less than 20 completed weeks must notify the mother of her option to arrange for the burial or cremation of the fetal remains**, as well as the procedures provided by general law. Notification may also include other options such as, but not limited to, a ceremony, a certificate, or common burial of the fetal remains.

IF YOU NOTICE POTENTIAL SYMPTOMS OF A MISCARRIAGE

Call your healthcare provider or go to the Emergency Room.

Unfortunately, the miscarriage process can't be reversed once it has started.

If you are having a miscarriage at home

- Use pads to manage the bleeding.
- Take some pain relievers if you have pain.
- If you can, save any pregnancy tissue that you pass, and then place it in a clean container.
- Go to the Emergency Room or call your healthcare provider. (You will need a letter declaring a miscarriage to have the remains buried).
- Call Catholic Cemeteries for a proper burial of your baby or call the Office of Respect Life.
- Rest
- As parents take the time to grieve and surround yourself with family and friends.

If you are having a miscarriage at the hospital

- When the treatment involves a surgical procedure known as a dilatation and curettage (D&C) it is done under a general anesthesia. The procedure will remove any pregnancy tissue from your uterus.
- Request all the pregnancy tissue that they remove and a letter declaring a miscarriage.
- Call Catholic Cemeteries for a proper burial of your baby or call the Office of Respect Life.
- Rest
- Take the time to grieve and be gentle with yourself as you are grieving. Surround yourself with friends and family.

Your eyes saw my unformed body; all the days ordained for me were written in your book before one of them came to be. PSALM 139:16.

TYPES OF PREGNANCY LOSS BEFORE 20 WEEKS OF GESTATIONAL AGE.

Blighted Ovum or Empty Sac: Conception occurs, but after implantation, the baby does not grow. The gestational sac and placenta develop and can be seen on ultrasound, but there is no sign of a baby inside the sac. This will only occur very early in pregnancy. Many times, women are scheduled for additional ultrasounds because it is possible that the pregnancy is not as far along as thought and thus the baby is not yet visible on ultrasound. Often women are told that there "was never a baby." This is not true; conception did occur and for some reason the baby did not grow.

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Chemical Pregnancy: Is also called early pregnancy loss, usually occurs before fifth week of gestation. The term chemical pregnancy sounds like a false positive pregnancy test; however, it was a conception. The loss of the baby happens before an ultrasound could have shown a gestational sac. The only evidence of a pregnancy was a HCG blood or urine test.

Molar Pregnancy: A sperm fertilizes an egg with no genetic material, causing growth of tissue that will create a pregnant-like state in your body. There is no baby present, but the loss of the thought of a baby is still not much different than a “normal” miscarriage. On ultrasound, the tissue often looks like a “cluster of grapes.” You will often be advised to have the tissue removed by D&C (Dilation and Curettage)

CATHOLIC CHURCH AND ECTOPIC PREGNANCIES

The Cleveland Clinic defined an ectopic pregnancy as a pregnancy that happens outside of your uterus. This occurs when a fertilized egg implants in a location that can't support its growth. An ectopic pregnancy most often happens in your fallopian tube (a structure that connects your ovaries and uterus). Ectopic pregnancies more rarely can occur in your ovary, abdominal cavity, or cervix. Pregnancies can't continue if they're ectopic because only your uterus is meant to carry a pregnancy.

Ectopic pregnancies can become life-threatening, especially if your fallopian tube breaks (ruptures). This is a ruptured ectopic pregnancy, and it can cause severe bleeding, infection and sometimes, death. This is a medical emergency. Healthcare providers must treat ectopic pregnancies quickly.

In ectopic pregnancies the lives of the mother and child are placed at risk. According to USSCB (U.S Conference of Catholic Bishops) medical treatment must respect the lives of both.

Of the **four** procedures most used to treat ectopic pregnancies, three of them present objective ethical difficulties, while only one would be morally acceptable.

CATHOLIC CHURCH AND ECTOPIC PREGNANCIES

The first treatment involves the use of **methotrexate**. Methotrexate is an anti-cancer drug that interferes with DNA synthesis in fast-growing cells, causing their death. In the case of an ectopic pregnancy will act especially the trophoblast cells (precursors of the placenta), which are the ones that adhere the embryo to the wall of fallopian tube. Some Catholic ethicist believe that it is possible that this drug acts directly to these cells (trophoblast), and not directly to the embryo cells, so they said that it only "indirectly" ends the life of the embryo. If this is the case the used of methotrexate are morally permissible under the principle of double effect.

Others ethicist, believe that these trophoblast cells are in fact part of the embryo (produced by the embryo, not the mother), so methotrexate actually affects a vital organ in the embryo, causing death.

Another morally problematic technique is the **salpingostomy**, considered morally impermissible by many Catholic ethicist. which consists of making a cut along the fallopian tube and extracting the embryo, which will naturally die immediately, closing the tubal duct with a suture. This solution, like the use of methotrexate, leaves the fallopian tube largely intact for possible future pregnancies, but it also raises serious moral objections since such intervention is directly aimed at removing the embryo from the tube, causing its death.

In any case, it is recognized that these techniques generally leave scars in the fallopian tube, thus increasing the chances that a future pregnancy may present the same ectopic nesting problem.

A third solution is to **remove the fallopian tube**, which contains the embryo nested in it. This procedure is called a salpingectomy. The death of the embryo is almost half of the cases of misplaced pregnancies resolve themselves, without the need for any intervention, when the baby dies naturally - would be indicated by evidence of weight loss in the tube wall that favored its rupture, due to the increased pressure exerted by the embryo and its trophoblast, both growing.

In this case, the death of the embryo is not the effect directly sought with the intervention, but removing the tube before it bursts. This case could be considered as an action with a double effect, one positive and the other negative but unwanted, so it could be considered ethically correct, since the doctor's intention is directed towards achieving the good effect (removing the damaged tissue from the tube), while the bad effect is only tolerated (ectopic fetal death).

CATHOLIC CHURCH AND ECTOPIC PREGNANCIES

In this sense, it is important to highlight that the doctor is acting directly on the fallopian tube (a part of the mother's body) and not directly on the fetus. Another important element to establish an ethical judgment is that the death of the fetus is not the means that makes possible the healing of the mother. The same healing procedure would be used if what was inside the fallopian tube was a tumor and not a fetus. It is the removal of the tube that cures the mother, not the subsequent death of the baby.

All interventions directly aimed at causing the death of the embryo or fetus, even if they claim to be justified in order to protect the life of the mother, are ethically rejectable. A legal purpose, in this case to cure the mother, does not justify an illegal means, directly causing the death of her child.

Both salpingostomy, removing the embryo located in the tube, maintaining it, and the use of methotrexate, directly cause the death of the embryo, which would make its use morally impermissible.

The fact that this drug only acts on the trophoblast, precursor of the placenta, and not on the embryo, is hardly tenable, since considering the trophoblast as something different from the embryo itself is clearly questionable. On the other hand, methotrexate does not act only on trophoblast cells, but on any cell population that presents division processes, as are those of the embryo itself, even though its cell multiplication rate is clearly lower than the trophoblast.

The fourth treatment is called "**Expectant Management**" which is morally permissible until the condition cannot resolve itself. consisting of subjecting the pregnant woman to surveillance aimed at urgent intervention when the tube ruptures, in order to minimize the risk for Mother. This solution, although it avoids intervening, before the tube ruptures, to avoid the death of the fetus, indirectly subjects the mother to a high risk, which is difficult to justify, having the alternative of salpingectomy, which, as we have commented, is ethically acceptable for the reasons stated above.(double effect)

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Before I formed you in the womb, I knew you. Jeremiah 1:5.

COMMON REACTION TO A MISCARRIAGE

After a miscarriage, you as the parents may need time to recover spiritually, physically as well as emotionally. There are more than 100 post miscarriage, feelings, including:

Afraid	Empowered	Hypocritical	Punished	Sympathetic
Alive	Empty	Impatient	Questioning	Supported
Alone	Exhausted	Invisible	Rage	Thoughtful
Ashame	Forgotten	Irrational	Raped	Threatened
Beaten	Fragile	Joyful	Rebellious	Tortured
Betrayed	Free	Longing	Reckless	Unloved
Brave	Frozen	Lost	Regretful	Unprepared
Broken	Frustrated	Loved	Relieved	Unworthy
Calm	Grateful	Miserable	Renewed	Uplifted
Capable	Grieving	Mourning	Resentful	Used
Changed	Guilty	Naked	Ruined	Validated
Cleansed	Happy	Needy	Sad	Valued
Confused	Haunted	Neglected	Safe	Violated
Dead	Healing	Numb	Selfish	Violent
Degraded	Healthy	Nurtured	Shocked	Vulnerable
Depressed	Heartbroken	Obsessed	Sick	Weak
Determined	Helpless	Optimistic	Spiritual	Welcomed
Dirty	Hopeful	Overwhelmed	Struggling	Worthless
Discouraged	Hopeless	Peaceful	Stuck	Wounded

MEN AND WOMEN GRIEVE DIFFERENTLY

It is important to understand that the loss of your baby affects each parent differently. Take the time to understand and listen to each other feelings and emotions.

Grieving mother

- May feel guilty, as though she did something that caused the loss of his/her child or somehow failed the child.
- Finds comfort in talking about the experience of the loss repeatedly.
- During pregnancy the mother develops a strong emotional attachment to the baby.
- Physical changes after the loss serve as a reminder.
- Often show signs of grief for a longer time.
- Experience anxiety thinking about future pregnancies.

MEN AND WOMEN GRIEVE DIFFERENTLY.

Grieving Father

- May feel guilty, for not doing more to help her rest during the pregnancy.
- Finds difficult to talking about his emotions therefore he will keep busy with work, projects even going out with friends.
- May not have a strongly emotional bonding with the baby.
- If the pregnancy in a way threatened the mother's health, he may be relieved with the loss, however this relief could cause guilt
- Often has a weaker support system than the mother.
- Tends to solve the problem of the baby's mother grief. I can cause frustration and anger when he cannot "fix the problem."

SUGGESTIONS FOR COPING

- Share your Story
- Grieve freely (give yourself permission to do it)
- Accept Help
- Seek Support you can visit:
 - www.usccb.org/prolife/solace-and-strength-sorrow-miscarriage
 - www.miscarriagehurts.com
 - www.hopeafterloss.org
 - www.catholicmiscarriagesupport.com
- Be patient to yourself, and to your partner, remember that we all grieve in our own unique way.
- Pray
- Honor your child

HONOR YOUR CHILD

As believers who have suffered a miscarriage should have faith that they will see their child again one day. While you wait for the day to meet your child/children again. You can honor him in different ways

- IF you were able to have a ceremony with his remains in the cemetery, don't forget to visit it. If you still have his remains in your house, call the Catholic cemeteries to help you give him a Catholic burial.
- Give your child/children a name, this will help you keep the memory of that pregnancy and that baby alive. Visit us:
https://www.miamiarch.org/CatholicDiocese.php?op=Memorial_Miscarriage_Ministry
- Another way to honor your child is to celebrate a mass in honor of your baby, invite your family and friends so you will not feel alone and those people who love you can also meet your child/children.

WHAT TO SAY WHEN SOMEONE YOU KNOW HAS LOST A BABY.

- I am so sorry
- I know this is a difficult time for you
- I am here to listen to you (remember, even your silence presence will bring comfort)

Jesus said, "Let the little children come to me, and do not stop them; for it is to such as these that the kingdom of heaven belongs." – Mt. 19:14

WHAT NOT TO SAY WHEN SOMEONE YOU KNOW HAS LOST A BABY

- You can have other children.
- God took your child.
- God wanted another angel in heaven.
- It is probably for the best.
- “It” might have been abnormal.
- You will get used to it.
- You’re not the first person this has happened to.
- It’s probably for the best.
- Don’t take it so hard.
- Try to keep yourself together.
- We have no right to question God.
- Be glad it happened early.

FORGIVE THOSE WHO MAKE INSENSITIVE COMMENTS

We know that you may have been hurt by some of the comments that your loved ones have said to you. We are sure that no one wanted to hurt you with the comment they made to you. Focus on thinking about who that person is for you, the relationship you have with them and the reasons behind the words they said to you, surely this person just wanted to give you a voice of hope. Strive to look beyond the words being said and examine the intent of the person making the comment. Be prepared to hear words that you may not like. Stand strong knowing that your child/children's life, regardless of whether or not it was planned or how short a time they were alive is important to both you and God.

- Some of the most common comments you may hear are:
- Using the words "At least", they tend to minimize the experience of your painful loss.
- " At least you were only weeks.
- " At least you know you can get pregnant.
- " At least you didn't have to give birth.
- " At least the pregnancy wasn't planned.
- " You can try again, you are young.
- " It was probably for the better.