THE MISCARRIAGE ASSOCIATION
OF IRELAND

Information Book

"To Know that Someone Cares"

CONTENTS

About The Miscarriage Association of Ireland…….. **Page 3**

About Miscarriage (Signs & symptoms, diagnosis)…… **Page 5**

What happens when a miscarriage is confirmed? …….. **Page 7**

Types of Miscarriage and the Physical Process ……. **Page 9**

Causes of Miscarriage/Tests…… **Page 14**

Coming to Terms with your Miscarriage ……..… **Page 16**

Emotions You May Feel/ Your Partner's Emotions…….. **Page 19**

Helping a Friend Overcome a Miscarriage ……..…. **Page 21**

Pregnancy After Miscarriage ……..……..…. **Page 22**

Miscarriage in the Past …… **Page 23**

Support provided by The Miscarriage Association ……. **Page 24**

Telephone, Email, Group Meetings, Service of Remembrance, Website and Facebook Page, Information Book & Leaflet, Book of Remembrance, Ideas & ways to remember your baby, Memorial Stones

The Logo of The Miscarriage Association of Ireland ……. **Page 33**

Books on Miscarriage, Future Pregnancies……..…… **Page 34**

Related Websites, Hospitals, Other Websites, Agencies…….…… **Page 35**

Copy Page from Book of Remembrance …….. **Page 39**

Membership Form …… **Page 41**

Dedication

"To all those babies
born too soon,
who never got the opportunity
to share their lives with us
but will live on in our
hearts forever"

About The Miscarriage Association of Ireland

The Association is a registered charity set up by and run with the support of women and men who themselves have experienced the loss of a baby through miscarriage. We offer telephone and email support to bereaved parents. In addition, we hold monthly support group meetings, organise an annual service of remembrance, keep books of remembrance, and place memorial stones throughout the country. We also widely distribute our information books and use our website and Facebook page to provide a wide variety of information.

Our aims are:-

- To increase awareness with the general public that all pregnancy loss is a bereavement and that the length of the pregnancy is not related to the depth of grief and sense of loss experienced.

- To provide support, help and information to women and their families when they have had, or are having, a miscarriage and feel the need for help.

- To dispel the myths about miscarriage and no longer have it as a taboo subject. Ignorance is not bliss when it causes fear and anxiety to the person(s) involved.

- To seek to effect change, with the support of the medical professionals, in terms of how women and their partners, who have experienced a miscarriage, are treated when in hospital.

- To encourage women and their partners to openly and freely express their feelings, to allow themselves to cry and to grieve without fear of being told they are over-reacting or to "shake themselves out of it".

- To promote the sharing of mutual experiences and knowledge.

- To learn more so that others may suffer less.

- To set up local support groups throughout the country in order to bring about contact between women and their partners who have lost a baby through miscarriage so that they will feel that they are not alone in their grief.

- To compile and print an information book and leaflet for distribution by medical professionals and the association. This way women and their partners are aware that help, support and information is available, if or when required.

- To publish a Newsletter containing a selection of news items, details about upcoming events and stories written by various men and women telling of their own experiences and feelings.

- To become affiliated to as many relevant groups and associations so that we may work together to provide the most efficient service possible and to combine information.

- To reach a wider audience by providing up-to-date information about miscarriage on our website: **www.miscarriage.ie**, our Facebook page and through other sources.

The Association is open to further suggestions as to how we could improve our services and further our aims.

All information is treated in the strictest confidence and we are only too pleased to be able to help any person who may choose to contact us.

We are a registered Charity Number CHY9738 / 20024420

Disclaimer :

PLEASE NOTE
The information provided in this information book is simply to provide an over-view of possible causes of miscarriage. It is for your personal use and is NOT intended as a replacement for medical advice, diagnosis or treatment. It is a general guideline and treatments and opinions can differ between medical practitioners and for individual cases. It is NOT advisable to take any medications or start any treatments without consulting your doctor or specialist practitioner. The Miscarriage Association of Ireland assumes no liability or responsibility for any consequences resulting from the use of any information contained in this book or from any organisations mentioned in this book, including but not limited to errors or omissions, accuracy of information, studies or conclusions. The Miscarriage Association of Ireland is not responsible for, and disclaims all liability for, damages of any kind arising out of use, reference to, or reliance on such information. The Miscarriage Association of Ireland does not endorse or recommend any medications, products, treatments, services, brand names, manufacturers, practitioners or otherwise which may be mentioned anywhere in this book.

About Miscarriage

Signs & Symptoms

More than one in five pregnancies ends in miscarriage - around 14,000 women in Ireland each year have a miscarriage.

Sometimes miscarriage can happen very early in the pregnancy, before you may even realise you are pregnant. In this situation, a menstrual period is later and heavier than usual and sometimes the woman may not even suspect she has had a miscarriage.

Symptoms vary from person to person and some people who have experienced more than one miscarriage tell of having different symptoms each time.

Many women may start to bleed and have pain. This bleeding can vary from being dark brown to bright red and the pains can be cramping in the lower abdomen or in the back. Sometimes women experience pain in the tops of the shoulders.

Sometimes there can be bleeding in early pregnancy and some women have spotting throughout their pregnancy and their pregnancy still proceeds without any further problems.

Any amount of bleeding or pain should always be checked out by your doctor or hospital.

Some women experience very little or no bleeding or pain at all.

Lack or loss of pregnancy symptoms can also sometimes be a sign of miscarriage, but like pain and bleeding, that doesn't necessarily mean there is a problem. Some women have very little in the way of pregnancy symptoms, and many feel differently in different pregnancies.

However, if you have strong pregnancy symptoms which suddenly reduce or stop, especially well before 12 weeks of pregnancy that might mean that the pregnancy hormone levels are dropping. You may want to talk to your GP or hospital if this is the case.

In some cases, there are no signs at all that anything is wrong and miscarriage is diagnosed only during a routine scan.

Many women who have experienced loss in pregnancy are understandably not sure about what is happening, this can make the whole situation frightening and more distressing. Whereas most of us are well cared for physically by our doctors, at the hospital or at home, many people's emotional needs aren't taken into consideration and most of us receive no follow-up aftercare.

People cope a lot better with their loss when they have as much information as possible and when they get good emotional support.

Diagnosing Miscarriage

Miscarriage is usually diagnosed or confirmed on an ultrasound scan or scans. The person doing the scan needs to be absolutely certain that the baby (or foetus or embryo) has died or not developed, and they may need more than one scan to confirm that – usually with a gap of at least one week.

Having to wait can be very upsetting but it means that there is no risk of damaging an ongoing pregnancy.

In some cases, especially in later (second trimester) pregnancy, there may be no need for the miscarriage to be confirmed by scan. The physical process of bleeding, pain and passing a recognisable pregnancy sac or delivering a baby, is confirmation in itself. Doctors may still advise a scan in some cases just to ensure that the miscarriage is complete.

What happens when you are diagnosed with a miscarriage?

This will depend on what type of miscarriage you have had. (See below for types of miscarriage).

Your doctor will discuss the next stage of your management with you. This will depend on your individual circumstances, for example the length of your pregnancy, if you experience any pain, bleeding, your clinical condition and what the findings are from your scan.

What happens when a miscarriage is confirmed?

There are different ways of managing a pregnancy that is not progressing. Sometimes no action is required, this usually happens when you have already passed the embryo or foetus naturally and your womb is empty when you have your scan. If however some or all of the pregnancy tissue remains in your womb there are three ways of managing the miscarriage depending on your individual circumstances.

1. Conservative Management (wait and see)

With modern ultrasound it has become possible to adopt a "wait and see approach". For women who prefer no intervention, most miscarriages will occur naturally within two to three weeks in the majority of cases.

When a miscarriage is happening, you will feel contractions of the womb similar to very strong period like pains. You may pass the pregnancy sac with a recognisable foetus or baby inside. You will experience bleeding, sometimes heavy and you are likely to pass large clots. If you are bleeding heavily or the pain is very severe you might need to be admitted to hospital. Do contact the hospital for advice if you are worried or feel you need to.

For a small number of women, it may take longer, and they may need some medication, or possibly an operation to make sure the pregnancy sac and tissue has passed. An Ultrasound can be performed to assess what has occurred and how best to manage the situation. It is important to ensure that nothing remains behind in the womb that could cause infection.

The risk of infection if you decide on conservative management is small. However if you have any of the following symptoms you should contact your doctor or hospital immediately:

- Excessive bleeding
- Unpleasant discharge
- Lasting pain
- High temperature/ fever

2. Medical Approach

If the woman decides that the conservative approach is not preferred, then medicines may be used to start the process. Usually you are given some tablets containing misoprostol to take along with a prescription for pain relief. It is expected that you will experience very strong period like pains and heavy bleeding initially for a couple of hours. You may pass a pregnancy sac sometimes with a recognisable foetus or baby inside and also some tissue and clots but soon the pain and bleeding will settle down and continue like a period for up to 7 – 10 days.

In most cases the above treatment is all that is needed. Sometimes further intervention may be necessary should there be still be some tissue left within the womb or the bleeding becomes heavier.

A follow up scan appointment should be made for 7 -10 days after taking the tablets. Should you pass a pregnancy sac, tissue/clots please take these with you, if possible, when you attend for your hospital scan.

3. Surgical Approach.

Taking this approach the pregnancy tissue is removed surgically via a procedure called an ERPC (Evacuation of Retained Products of Conception). This procedure is also referred to as a D & C (dilation and curettage). The procedure is carried out under general anaesthetic, and done vaginally, so there is no incision or stitches.

The risks associated with the surgical management of miscarriage include:-

- Anaesthetic risks
- Surgical risks – haemorrhage, uterine/bowel perforation, intrauterine adhesion, cervical trauma and ascending infection.

The midwives, bereavement team or chaplain at the hospital you are attending can give you advice and support regarding your baby's remains, should you need it.

If you wish you can discuss bringing your baby's remain back to the hospital to see if any examination of the remains can be carried out.

Types of Miscarriage and the Physical Process

Complete Miscarriage

This occurs when all the products of conception are passed from the womb. This type usually occurs before 6-8 weeks of pregnancy or after 14-16 weeks. If a complete miscarriage occurs, particularly after 14 weeks, it is advisable to go to the hospital for a check-up. Usually an ultrasound scan will be carried out to confirm that the womb is empty and that no further tissues remain inside.

The physical process of a complete miscarriage will depend on whether the miscarriage is an early loss or later loss.

Early Loss

If you miscarry naturally, even in the early weeks of pregnancy, you are likely to have period-like cramps that can be extremely painful. This is because the uterus is tightly squeezing to push its contents out, like it does in labour – and some women do experience contractions not unlike labour. You are also likely to bleed heavily and to pass large clots. You may pass a recognisable baby or foetus, perhaps still in the pregnancy sac.

You may feel able to manage the pain and bleeding at home or you might feel that you need to go to hospital.

Later Loss

If you miscarry naturally in the second trimester, between 14 & 24 weeks, you are likely to go through a recognisable process of labour and you will probably need hospital care. However, some women don't have clear signs of labour and may deliver quickly at home.

Threatened Miscarriage

Occasionally a woman will bleed in pregnancy and have cramping pains without miscarrying, and will carry the baby to full term. This is not usually associated with any abnormalities later in the pregnancy or in the baby. If bleeding occurs at any stage of pregnancy you should contact the hospital and ask for an ultrasound so that the situation can be assessed.

Incomplete Miscarriage

Sometimes not all of the pregnancy tissue is passed from the womb. This situation is called an incomplete miscarriage. Usually, you will be admitted to hospital and an ultrasound scan will be carried out. If there are remains of tissue present in the womb then the treatments options outlined under "What happens when a miscarriage is confirmed" should be discussed with you.

The physical process that you will experience will depend on the period of gestation and which option you choose for the management of your miscarriage.

Missed / Silent Miscarriage

In this situation what happens is that the embryo or foetus fails to develop and, instead of being passed out of the womb in a miscarriage situation, it is retained inside. This can occur in both the first and second trimester of pregnancy.

Sometimes the symptoms of pregnancy such as nausea and breast tenderness will disappear abruptly as the womb becomes progressively smaller. Often there is no bleeding, but occasionally you may notice a dark brown vaginal discharge. In this situation an ultrasound examination is needed to confirm that it is a missed miscarriage. Sometimes there may be no signs at all that anything is wrong and the miscarriage is diagnosed only during a routine scan.

The physical process that you will experience will depend on the period of gestation and on which option you choose for the management of your miscarriage.

Anembryonic Miscarriage (formerly called Blighted Ovum)

If you have had a miscarriage and your pregnancy loss has been described as a Anembryonic Miscarriage (or blighted ovum), you may be shocked and confused. In a pregnancy like this no embryo is seen. Embryo is the term doctor's use for your baby if you are less than 10 weeks pregnant. If you are diagnosed with anembryonic miscarriage this means that, following ultrasound, your doctor can see the tissue which would have formed the afterbirth in your womb and the pregnancy sac but no embryo. (This can also be diagnosed following pathology in the laboratory). This does not mean that there was no embryo. The embryo is most likely to have died very early in the pregnancy and would have been reabsorbed into the body early in its development. Most embryos which are lost this way, would have had severe chromosomal abnormalities and therefore, could never thrive. Anembryonic Miscarriage is typically detected between 8 and 11 weeks into your pregnancy.

The physical process that you will experience will depend on the period of gestation and which option you choose for the management of your miscarriage.

Molar Pregnancy

A molar pregnancy (also known as hydatidiform mole) is a rare complication of pregnancy characterized by the abnormal growth of trophoblasts, the cells that normally develop into the placenta.

There are two types of molar pregnancy, complete molar pregnancy and partial molar pregnancy. In a complete molar pregnancy, the placental tissue is abnormal and swollen and appears to form fluid-filled cysts. There's also no formation of foetal tissue. In a partial molar pregnancy, there may be normal placental tissue along with abnormally forming placental tissue. There may also be formation of a foetus, but the foetus is not able to survive, and is usually miscarried early in the pregnancy. A molar pregnancy can have serious complications — including a rare form of cancer — and requires early treatment.

A molar pregnancy may seem like a normal pregnancy at first, but most molar pregnancies cause specific signs and symptoms, including:

- Dark brown to bright red vaginal bleeding during the first trimester
- Severe nausea and vomiting
- Sometimes vaginal passage of grapelike cysts
- Pelvic pressure or pain

If you experience any signs or symptoms of a molar pregnancy, consult your doctor or pregnancy care provider.

The condition is detected by an ultrasound scan and urine hormone tests. The treatment is to terminate the pregnancy as soon as possible, although in cases like this it happens spontaneously as a miscarriage. As a follow up you may have urine tests and regular blood tests to ensure the "mole" was removed and isn't re-growing. There is a slight risk of it happening again with another pregnancy. To reduce this risk, women are usually advised to avoid becoming pregnant again until all follow up is completed.

For further Information & Support on Molar Pregnancy please see:

http://www.cuh.hse.ie/Cork-University-Maternity-Hospital/Gynaecology/GTD-Centre/

Late Miscarriage

Most miscarriages happen in the first 12 or 13 weeks of pregnancy. It is much less usual to miscarry after 13 weeks, when many woman and their partners feel that they are safely past any danger period.

The physical experience of late miscarriage can be particularly distressing. Some women miscarry naturally, sometimes without much warning, and this can be shocking and frightening. Others have to have their labour induced before delivering their baby.

Whatever happens, you may have to make very difficult and upsetting decisions about seeing and perhaps holding your baby, about allowing a post-mortem and about what happens to the remains of your baby. In the days after your loss, you may find that your breasts produce milk, which can add to your distress. None of these circumstances are easy to cope with and you may feel both physically and emotionally exhausted.

Recurrent Miscarriage

Recurrent miscarriage means having three or more miscarriages in a row. It affects about one in every hundred couples trying for a baby. Sometimes a treatable cause can be found, and sometimes not. But in either case, most couples are more likely to have a successful pregnancy next time than to miscarry again.

Testing after Recurrent Miscarriage

You should be offered tests to try to find the cause. This should happen whether or not you already have one or more children. Testing is not usually offered after one or two early miscarriages (up to 14 weeks) but you might be offered tests if you are in your late 30s or 40s or if it has taken you a long time to conceive. If you had a late (second trimester) miscarriage, where your baby died after 14 weeks of pregnancy, you should be offered tests after this loss.

Risk Factors

Your risk of recurrent miscarriage is higher if:

- You and your partner are older; the risk is highest if you are over 35 and your partner over 40
- You are very overweight. Being very underweight may also increase your risk

Known Causes

Antiphospholipid Syndrome (APS)

This blood clotting problem is the most important treatable cause of recurrent miscarriage. It happens when your immune system makes abnormal antibodies that attack fats called phospholipids in your blood. This makes the blood more 'sticky' and likely to clot, which is why APS is sometimes called 'sticky blood syndrome'. It is also known as 'Hughes syndrome' after the expert who named it.

Other Blood Clotting Problems

Some inherited blood clotting disorders can cause recurrent miscarriage, particularly after 14 weeks. These include factor V Leiden, factor II (prothrombin), gene mutation and protein S deficiency.

Abnormal Chromosomes

About half of all miscarriages happen because the baby's chromosomes are abnormal. This is not usually an inherited problem: it happens when the egg and sperm meet or soon after the egg is fertilised. The older you are the more likely this is to happen. Much less commonly (in less than five in one hundred couples with recurrent miscarriage), one partner carries a chromosomal defect called a 'balanced translocation'. This doesn't cause a problem for the parent, but it can be passed on to the baby as an 'unbalanced translocation'. This means that some genetic information is duplicated and some is missing.

Cervical weakness (also known as 'Incompetent Cervix')

Your cervix is a kind of 'gateway' between the uterus and vagina, which normally dilates (widens) during labour to allow the baby to be born. Some women – probably less than one in a hundred – have a weakness in the cervix that allows it to dilate too early. This is a known cause of late (second trimester) miscarriage.

There are treatments and tests available. It is recommended that you and your partner be seen by expert health professionals, ideally at a special recurrent miscarriage clinic. Your doctor should know whether there is one in your area and organise a referral.

Ectopic (or Tubal) Pregnancy

This situation occurs when the fertilised ovum implants outside of the womb, usually in a fallopian tube. This condition is referred to as an ectopic pregnancy. Because the embryo will not survive outside of the womb, it is unfortunately inevitable that this type of pregnancy will not be viable. It can be a difficult condition to diagnose. Symptoms can include abdominal pain, bleeding and shoulder tip pain. It is a very serious event and can be life-threatening for the woman without medical attention. An ectopic pregnancy is usually confirmed by measurement of pregnancy hormone levels, ultrasound and laparoscopy. Sometimes it means a laparotomy (operation in the abdomen) to remove the ectopic pregnancy. For further information see Ectopic Pregnancy Ireland's website **www.ectopicireland.ie**

Causes of Miscarriage

The main causes of miscarriage are thought to be:

- **Genetic**: This is when the baby doesn't develop normally right from the start and cannot survive. This is the cause of more than half of all early miscarriages.

- **Hormonal**: Women with hormonal irregularities may find it harder to get pregnant; and when they do, are more likely to miscarry.

- **Blood-clotting problems**: Problems in the blood vessels that supply the placenta can lead to miscarriage, especially if the blood clots more than it should.

- **Infection**: Minor infections like coughs and colds are not harmful. But very high fevers and some illnesses or infections, such as German measles, may cause miscarriage.

- **Anatomical**: There are three main anatomical causes of miscarriage:

    - If the cervix (the bottom of the uterus) is weak, it may start to open as the uterus becomes heavier in later pregnancy and this can cause a miscarriage.

    - If the uterus has an irregular shape, there may not be enough room for the baby to grow.

    - Large fibroids (harmless growths in the uterus) may cause miscarriage in later pregnancy.

Tests

After a miscarriage, it's understandable that you want to know why it happened and what might be done to stop it happening again.

However, if this is your first or second miscarriage – or if you have had both miscarriages and healthy pregnancies – you probably won't be offered tests or treatment.

This can be frustrating and upsetting. You might feel that no-one is taking your losses seriously. The reason for this policy, though, is because most women who have one or two miscarriages will go on to have a successful pregnancy next time. This suggests that their miscarriages were not due to an underlying cause but rather genetics.

If you've had three miscarriages or more in a row (the definition of recurrent miscarriage), you should be offered tests. That's because a cause is more likely to be found at this stage. You may also be offered tests after a second trimester loss or after two miscarriages if it has taken you a long time to conceive.

It's important to know that having tests does not necessarily mean that a cause or causes will be found.

Only a small number of women who have investigations after recurrent miscarriage will be given a definite cause for why they miscarried. Again, this can be frustrating, but it is also positive news because it means that there is a good chance of the next pregnancy being successful, without any treatment at all.

If a problem is identified, there may still be a good chance of having a successful pregnancy. This will depend on what is found and whether there is any treatment to reduce the risk next time.

Talk to your consultant or GP who should be able to give you the option of a range of blood tests to start with.

Coming to terms with your Miscarriage

- It is important to be open about your own feelings, anger and anxieties. The loss of your baby can be a lonely and frightening experience. Communicate how you feel with your partner, family or close friends. Some of us find great help and comfort in our own families. In some cases families can offer comfort and care that others cannot.

- It helps to remember that what you are experiencing happens to many women. In fact, approximately one in every five pregnancies end in miscarriage. The Miscarriage Association of Ireland provides telephone and email support and group support meetings. Talking to someone and sharing your story with someone who has been through a similar loss can really help you feel less alone and isolated.

- Each woman varies in the amount of pain she suffers at actual miscarriage stage. The sense of emotional loss, generally seems to be universal. A miscarriage is a sudden unexpected loss of life. It shatters your hopes for this baby and fills you with doubts about the future. Sadly, you have to say "goodbye" before you get the opportunity to say "hello".

- There are no effective methods of treatment for miscarriage, and while we are physically going through a miscarriage, it may be that you feel angry with doctors and medicine as a whole.

- All women and their partners have the right to grieve whether they lose their baby through early or late miscarriage.

- Everybody's grief is different and not all women and their partners will grieve following a miscarriage and some recover quite quickly emotionally and physically. For others losing their baby can leave them feeling shocked, angry, empty and depressed. There is no right or wrong way to grieve and no time-frame to "get over it". In time you will learn to live with the loss of your baby and come to a level of acceptance.

- Some people find it easier than others to express their feelings during times of distress. For the partner, you may grieve the loss of your baby differently and on a different time frame to your partner. This can lead to more tension. Expressing those feelings to each other is an important part of getting through the crisis and can help in understanding each other's feelings about your loss.

- Friends, especially those with a personal experience of miscarriage, are often major sources of support. Sharing the physical as well as the emotional details of your miscarriage can help you come to terms with your loss.

- In families who already have children, explaining in gentle terms what has happened will help with their understanding as to why their parents are sad and assure them that it is not their fault. They deserve some clarification appropriate to their ages. Sharing the experience with the whole family can be more supportive to the grieving parents and allow you to grieve as a family.

- Discuss with your partner about how you both feel about trying for another baby. There can be a lot of anxiety about trying for another baby after a miscarriage. Fear of it happening again, how will we react? Will we be able to cope? Talking to your partner will help and if necessary talk to your GP / Consultant Gynaecologist if you feel you need further advice and information. Assurance that "nothing is wrong" can go a long way to ease the feelings of anxiety around trying to become pregnant again.

- You may have no mementos if you lost your baby in early pregnancy and this can be a source of heartbreak. It can help to do something tangible in memory of your baby. See the section on 'remembering your baby' for ideas.

- It is never too late to acknowledge your baby whether your miscarriage was recent or long ago.

- Counselling after a miscarriage. The Miscarriage Association does not provide a counselling service, but professional counselling can be very helpful. If you're looking for a counsellor we would always suggest that you find out:

    - if they are qualified and registered (see The Irish Association of Counselling and Psychotherapy website **www.icap.ie**)

    - whether they have special interest or experience in pregnancy loss,

    - if there are any costs and

    - if you can have a 'no obligation' meeting or phone call to begin with.

Please see
https://www.tusla.ie/services/family-community-support/counselling/
for a list of low cost services.

- The decision to stop trying for another baby is rarely an easy one. The life you are facing is a very different one from the one you had hoped and wished for and the process of adapting to that new life is likely to take some time. You are very likely to make and unmake decisions several times before you finally decide on the way ahead. And even if your decision is clear and strong, you may still have times when you wish it were otherwise and times of great sadness at what might have been. It is important to know that you are not alone and there are many resources available to help you and/or your partner come to the right decision for you. Hopefully they can help you move towards a positive future.

Emotions you may feel

Miscarriage can be an unhappy, frightening and lonely experience for you and your partner and you will probably experience ups and downs. Some people adjust quickly, others take a long time. You will find the number of 'good' days slowly increases but a memory or an anniversary can bring it all back to you. Some women cry a lot, which may release some of the pain and tension, while some find it hard to talk about their feelings. You and your partner may both have different ways of coping so be understanding and make sure you have plenty of time together.

If you want to talk to someone who has been through miscarriage and will listen to you, contact The Miscarriage Association, or talk to your GP, midwife or health visitor about your feelings.

Feelings you may have

- Anger - Why me? Other women succeed effortlessly to have successful pregnancies, what has happened to you seems completely unfair.

- Disappointment, your hopes and excitement are crushed.

- There is often a reaction of pity from outsiders which you may dislike.

- Guilt, did I neglect nutrition or rest? Was I too anxious? Was the pregnancy unplanned? Many women experience guilt, continuing to look back for months after they have miscarried, looking for some probable cause in their own behaviour just prior to the miscarriage. Some blame medical staff, feeling they could have done more. In general, there is no cause and it is nothing you have or have not done.

- Physical fear is part of every woman's experience – what's going to happen to my body during a D&C for example. Will the miscarriage affect the chances of falling pregnant in the future? All of your questions about how a miscarriage may physically affect you are real and do ask your doctor or your GP for advice if it will provide you with reassurance.

- You may feel your loss in physical ways – this can include feeling tired, having headaches, stomach pain, shortness of breath, finding it difficult to sleep or sleeping a lot. These problems should go away over time but talk to your GP if you are worried.

- Feeling sad or depressed for weeks or even months after a miscarriage seems to be the norm. When we miscarry, our body's hormonal balance

changes as abruptly as it does after childbirth. Hence, we experience a rollercoaster of emotions such as loneliness, emptiness and isolation. It is important to distinguish between feeling low due to the loss of your baby and feeling continuously depressed. If the latter, do consider talking to your GP for further help and advice.

- There comes a time when there may be a sense of relief that you have come to terms with your loss. You may feel some guilt at starting to feel happy again. Don't be surprised if, after a period of relief, you find yourself once again depressed, angry or sad. If you fall pregnant again you will feel joy but may at the same time feel anxious that something will go wrong again

- There is no right or wrong way to grieve and no time-frame after which you accept the loss of your baby, if ever. All of us are different. Take each day and the emotions you may feel as they come. Please do contact The Miscarriage Association of Ireland for support.

Your Baby

You may want to know the sex of your baby. Depending on the period of gestation this may be possible with the availability of diagnostic tests. If you have miscarried and you have the remains of the baby – the hospital will be able to advise you as to what tests can be done, if any. If you have a query, talk to your midwife or ring the hospital emergency department for advice.

Your Family

If you have other children they may be bewildered at what is happening. If they knew you were pregnant, explain simply what has happened to your baby. Children can get frightened when their parents are distressed and unhappy so it is important to give them time and attention and stick to familiar routines. Your parents may also be very upset for you and will feel the loss of their grandchild too. It can help to talk to them about your grief and support each other.

Your Friends

Many people find one of the hardest things after a miscarriage is meeting people again. You may find you can talk easily to some friends and that they understand or share your feelings. Others may seem not to care and even avoid you - it may be because they are uncomfortable and frightened to ask how you feel or say how sorry they are in case they upset you more.

Your Partner's Emotions

- The events in the hospital are very difficult for partners. They often feel powerless and frustrated at a time when they want to be strong for their loved ones.

- Your partner may feel many intense emotions after the miscarriage including disbelief, blame, sadness, anger, frustration and guilt.

- Adjusting to the loss takes time. Partners may not immediately feel the emotional effects of the miscarriage for weeks and often months afterwards as they are trying to help you through the physical side of the miscarriage and making sure that you feel supported.

- Differences in the way that people express their emotions may cause tensions in the relationship. Try to be open about your feelings with your partner so that each person understands that they too have suffered a loss.

- What about sex? It may take a while for your sex life to get back to normal. Some couples find that making love brings them closer together. But for others it is a reminder of what they have lost. One of you may want to make love – maybe to show how they care – while the other doesn't. Sex also raises the question of when – or whether – to try for another baby. Some people want to conceive again quite quickly; others need some breathing time. Sometimes couples disagree and this can add to their stress. It is normal for sex to be difficult for a while after miscarriage. But if you feel your problems are going on for too long, think about getting some support.

Helping a friend overcome a miscarriage

Friends can be most helpful at a time like this. You don't have to say anything. Just be there, willing to listen. Many women need to talk over and over about their experience of miscarriage and fear that people will tire of the repetition. Let your concern be genuine. Don't be afraid to openly talk about the baby and the mother's feelings of loss.

Be there for her. Try to be there for the partner also. They may seem to be preoccupied with their partner's health but remember that they have lost their baby too. Allow them to express their feelings even if your opinions differ from theirs. Allow them to talk about the baby they have lost as often as they need to. The loss of their tiny baby needs to be acknowledged. Try to remember that their future has been altered and this can be very difficult to come to terms with. Help out with the shopping etc. without taking over. Practical help can be badly needed.

Give more attention to other children who may be in the family. Time alone for the couple can be precious. Do not avoid the couple because you are uncomfortable. Try to be in tune with their needs, be it for silence or talk. Stick with the conversation. Don't change it. You have no idea how they feel unless you have experienced a similar loss.

Never say *"You can try for another child"* or *"You're young yet, you have plenty of time."* Assuming they can have another child, it could never replace the baby they have just lost. You may think how lucky they are to have other children - keep it to yourself. Children are not interchangeable.

Do not push "the back to normal" routine. Very often it is months later when a woman reaches rock bottom. When most people think she should be well on the road to recovery, it is often the worst time for her and a time when she needs most support. As with any form of bereavement there is no time limit on the grieving process and recovery.

Pregnancy after Miscarriage

Pregnancy after a miscarriage is often a difficult time for women and their partners. It may bring with it a mixture of hope and fear, which can be challenging to cope with. You may feel mixed emotions; ranging from cautiously optimistic one day, to overwhelmingly anxious the next. You may feel on high alert, trying to detect any possible symptoms of miscarriage or ectopic pregnancy. Being pregnant again can also sometimes be comforting, easing feelings of loss. But you might also feel guilty or worried about forgetting your last pregnancy.

Know that your feelings, whatever they are, are normal and understandable given what you have been through. For some people, talking to family and friends can be a key source of support during pregnancy after loss. Early on in your pregnancy, you and/or your partner may wish to tell people who are close to you, so they can offer support if needed. But you might also feel reluctant to tell them until you are further on in pregnancy.

Invest time and effort in choosing an obstetrician or midwife who is right for you. Be open about all the emotional, medical and financial issues that are important to you in the area of your own pregnancy before you agree to be that person’s patient.

It is common to feel anxious about your pregnancy if you have had a prior miscarriage or miscarriages. If you are worried, depressed or frightened during pregnancy, seek professional help so that you can work out your feelings.

The Miscarriage Association provides support during subsequent pregnancies.

Miscarriage in the Past

To have lost your baby a long time ago does not take away the memories, pain and hurt you remember.

Babies lost in the past were sadly supposed to be forgotten in the false hope that to erase these babies from people's memories would take away the pain from the parents also. How wrong this was - for when a woman loses her baby time may heal the pain but will never erase the memories. Memories are precious and should always be treasured.

You may have carried a lot of guilt, sadness, anger and frustration at having miscarried your baby and then having to try to get on with your life as if nothing had happened.

Being told that maybe it was a blessing or God's will was not very helpful and if anything added to the anger and pain of losing your baby.

You would not have had mementoes such as scan pictures or, if your baby was lost later in the pregnancy, photos of your baby. Maybe, if you had ever been able to talk openly about your baby, the grief could have been acknowledged and eased.

It is never too late to do this. Most people nowadays would not find it strange to hear how hard it must have been for you to get on with life after your miscarriage and how, most women, if only to close friends, would count these babies in when discussing how many children they have.

The Miscarriage Association is there to listen to anyone who has lost their baby. Don't be afraid to get in touch no matter how long you have been bereaved.

Sometimes talking to others who have suffered miscarriage can be of great help.

Support provided by The Miscarriage Association

Support available is provided by:

- Telephone
- Email
- Group Meetings
- Service of Remembrance
- Website and Facebook Page
- Information Book
- Book of Remembrance
- Ideas and Ways to remember your baby
  Bookmarks, Baby Remembrance Blessings, Logo pin, Candle, Teddy Bear
- Memorial Stones

Telephone Support

We offer telephone support to all those who have lost a baby through miscarriage or who know someone who has lost a baby. Throughout the year there is a member on call between 10 am to 12 noon and another member on call from 8pm to 10pm, Monday to Friday. As we are a voluntary organisation, at times resources are limited and we may not always be available to take your call.

If you cannot make contact with the member on call, you can leave a message for us, giving your name and number and a time that would be suitable to call you. We will then return your call as soon as possible. We will require your permission in order to call you back so please do leave a message.

Nobody should feel alone. There is support available and a listening ear at the other end of the telephone line. A list of phone numbers of those on call is available on our website **www.miscarriage.ie** or call Carmichael Centre on **Tel: 01 873 5702.**

Email Support

If you find it difficult to talk to someone directly, we have email support available. Please send your questions/queries or story to **info@miscarriage.ie** and a committee member will reply within a reasonable time frame.

Support Group Meetings

Our monthly support meeting takes place on the first Thursday of each month at 8pm - 9.30pm (approx.) in Buswells Hotel, Molesworth Street, Dublin 2 (opposite Leinster House). Anyone who has lost a baby through miscarriage is most welcome to attend. Partners, a family member and/or a friend are also welcome. Two committee members facilitate the meeting and it is a safe place where people can talk, in confidence, about the loss of their baby. People are under no obligation to talk at the meeting and can find great comfort simply by listening to others talk about their own experience. We bring our Book of Remembrance to our meetings in March, June, September and December - you may make an entry personally at those meetings.

Regional Support Meetings

For details of regional support group meetings please see our website **www.miscarriage.ie**

Service of Remembrance

We hold a Service of Remembrance each year on the second Sunday in November in St. Teresa's Church, Donore Avenue, S.C.R. Dublin, 8. It is a very special occasion and a chance to share an experience with others who have suffered the loss of a child. It is a time to remember and if possible come to terms with your loss. It is also a time to recognise that for a time, however short, we had the privilege of sharing a relationship with our baby and acknowledge that this little life had a meaning for us. We extend a very warm welcome to all regardless of how recent or long ago it is since you lost your baby. Refreshments are available afterwards in the church to give people the opportunity to have a chat with others attending the service. Our Book of Remembrance is also available on that day.

Other Events

The Miscarriage Association of Ireland do from time to time hold other events in memory of babies lost through miscarriage. Please check our website and Facebook page for details.

Website and Facebook Page

There is a lot of useful information on our website **www.miscarriage.ie**
We also have a Facebook Page: **www.facebook.com/miscarriage.ie**

Information Book and Leaflet

This book is printed on a regular basis to distribute to hospitals/clinics so it is available as a source of information to women and their partners when they have experienced a miscarriage. It is also available to download from our website.

The information book and leaflet can be ordered for free in the required quantity from **www.healthbrochures.ie**

Our Book of Remembrance

The Miscarriage Association of Ireland have a specially commissioned Book of Remembrance in which to commemorate babies lost through miscarriage. To lose your baby through miscarriage can mean you have little or nothing to mark the presence of the baby in your life. A big fear can be that other people will forget your baby because you only have memories and no mementoes. Having this book will change that for recently or long ago bereaved.

A separate entry may be made for each baby. The baby's name, date to remember (date the baby died or date baby was due to be born), and who the baby is remembered by may be entered in the Book together with special thoughts. The special thoughts might be a sentence or a verse of a poem written in memory of the baby. Those who make entries into the book will be given a Remembrance Certificate showing the page their baby's record is entered on so that in the future other family members will be able to access the information. This means that these precious babies can be included in the family tree.

Those who are not able to complete the Book in person may use the copy of a page of the Book at the back of this booklet. Please complete and return to ***The Miscarriage Association of Ireland, Carmichael Centre, North Brunswick Street, Dublin 7.*** Once your entry has been made in the Book, a Remembrance Certificate will be forwarded to you. Please put your name and address on the back of the form.

Alternatively you can email the details you would like to have entered in the Book of Remembrance to **info@miscarriage.ie** Please include your name and address in the email so that your Remembrance Certificate can be forwarded to you.

The Book of Remembrance will be on display at any event where The Miscarriage Association of Ireland is represented.

Ideas to Remember your Baby

Many of us who have lost our babies through miscarriage have no mementoes to hold onto and treasure and it can sometimes seem like our baby didn't exist outside our own bodies, hearts and minds. Sometimes we need something physical or tangible to cling on to. Many of us who have had early miscarriage will have no grave to visit, no baby things already purchased - clothes, toys - many may not even have an ultrasound scan picture.

Aside from the Remembrance Book or Remembrance Certificates, you may like to have your own personal memories or mementoes to have and to treasure. Some ways you can honour the memory of your baby could be by:

- Keeping cards that people send following the loss of your baby.
- Finding a nice poem or verse and framing it and put it on your wall.
- Plant a flower or tree in your garden or a portable pot, a window box or a house-plant.
- Make a new date in the calendar, by planning a special day to honour your baby, whether that is for their anniversary, due date or any special days. Some people like to visit one of our Memorial Stones.
- Plan a quiet day with your partner or close family in a special place to you.
- Light a candle or place flowers in the water of a running stream, release a balloon into the sky, whatever you feel would make it a special time to be quiet with the thoughts of your baby.
- Get a special piece of jewellery to wear in remembrance of your baby, a bracelet, pendant or ring. There are sites on the internet where you can buy (fairly inexpensive) specially made pieces of jewellery with your baby's name engraved on them or with their birth stone.
- At Christmas time it's nice to place a special ornament or decoration on your tree for your baby.

Other Ways to Remember your Baby

Bookmarks

The Association has printed 6 different bookmarks, with words of comfort to remember all the babies lost through miscarriage. See our website **www.miscarriage.ie** for pictures of the bookmarks currently available.

Baby Remembrance Blessings

The Association has produced a beautiful cream card with a choice of two verses to remember your baby: "Your life was short, yet very precious" or "Rock them gently Lord, our sons and daughters…" There is space to enter the baby's name and date to remember.

Our Logo available as a Pin

Our beautiful logo, the family tree, with the falling leaf is available as a pin. This is a lovely memento to wear on your coat or have for your memory box.

If you would like to receive any of the above mementos, please just email **info@miscarriage.ie** with your name and address.

Our Miscarriage Candle

A special candle for you to light in your home in memory of your baby.
Available to purchase on our website **www.miscarriage.ie**

Our Miscarriage Teddy Bear

A beautiful cream Teddy bear wearing a white t-shirt bearing our logo of the family tree with the falling leaf representing our little babies gone too soon.
Available to purchase on our website **http://www.miscarriage.ie**

Memorial stones

For all people united in the loss of a child, whether the loss was recent or long ago – all are welcome to this special place…

The Miscarriage Association of Ireland has to date placed sixteen Memorial Stones. These stones are dedicated to all babies lost before, during and after birth.

Some babies lost through miscarriage have their own resting place in a family plot or grave, but there are some babies who only got to share our lives briefly - and they do not. Sadly, a great many of these are buried in communal graves without individual markers or have no resting place at all.

We know from contact with countless numbers of parents that they would like to have a permanent feature to commemorate their baby; a nice peaceful place to visit, where they could spend some quiet time in reflection and to remember. It was this demand that brought about our Memorial Stone initiative.

It is our aim to place Memorial Stones in as many locations around the country as possible. If you are interested in getting a Memorial Stone placed in a cemetery or location near you and are in a position to liaise with the cemetery or churchyard, regarding placement of the stone, please contact us at **info@miscarriage.ie** and we will be happy to discuss further.

Our Memorial Stones are at the following locations

Glasnevin Cemetery

Our first Memorial Stone was placed in the Holy Angel's Plot, Glasnevin Cemetery, Dublin 11 in November 1999. In Spring 2001, The Miscarriage Association of Ireland also placed two memorial seats, where people can sit and reflect, while visiting the cemetery.

Deansgrange Cemetery

Our second Memorial Stone was placed in the Plot of the Angels, Deansgrange Cemetery on Saturday 11th October, 2008.

St. Teresa's Church, Donore Avenue, Dublin 8.

On Sunday 9th November 2008 following our annual Service of Remembrance, our third Memorial Stone was unveiled and dedicated to all babies lost before, during and after birth in the grounds of St. Teresa's Church, Donore Avenue, Dublin 8. This marked the 20th anniversary of the establishment of The Miscarriage Association of Ireland.

St. Michael's Cemetery

Our fourth Memorial Stone, first outside Dublin, was placed in St. Michael's Cemetery, Athy, Co. Kildare in April 2009. This stone was officially dedicated following the Cemetery Mass on Wednesday 17th June 2009.

Redford Cemetery

On Sunday 7th November 2010, our fifth Memorial Stone was officially unveiled and dedicated, following a memorial ceremony in Redford Cemetery, Greystones, Co. Wicklow.

Church of Our Lady and Saint Joseph, Caragh, Naas, Co Kildare

Following a special prayer service, on Friday 11th November 2011, our sixth Memorial Stone was unveiled and blessed in the church grounds of Our Lady and Saint Joseph, Caragh, Naas, Co. Kildare.

Fingal Cemetery

Our seventh Memorial Stone was placed in Fingal Cemetery, North Co. Dublin in December 2011 and was officially dedicated to all babies lost before, during and after birth at the Annual Cemetery Mass on Sunday 24th June 2012.

The Church of St. MacCullin, Lusk, North Co. Dublin

Our eighth Memorial Stone which is placed in the church grounds of St. MacCullin's, Lusk, was officially unveiled and blessed following a Service of Remembrance Sunday 24th June 2012.

Holy Spirit Parish Church, Ballymun, Dublin 9

Our ninth Memorial Stone was unveiled and dedicated in the church grounds of the Holy Spirit, Ballymun following a Memorial Service at 3pm on Sunday 16th September 2012.

St. Kieran's Cemetery, Kilkenny

Our tenth Memorial Stone was unveiled and dedicated following a Memorial Service in St. Kieran's Cemetery, Kilkenny on Saturday 29th September 2012.

St. Patrick's Cemetery, Clonmel, Co. Tipperary

Our eleventh Memorial Stone was unveiled and dedicated following a Blessing Service at 3pm on Sunday 19th July 2015 in St. Patrick's Cemetery, Clonmel, Co. Tipperary.

Church of Ireland, Belturbet Co. Cavan

Our twelveth Memorial Stone was unveiled at the Church of Ireland, Belturbet Co. Cavan on 29th June 2017. There was a great community turn out. Jacinta and Ivor, who started this very special quest, unveiled the Stone.

Bohermore Cemetery, Galway City

Our thirteenth Memorial Stone is placed in the plot of the angels in Bohermore Cemetery in Galway City.

Rath Cemetery, Tralee Co Kerry.

Our fourteenth Memorial Stone is placed in Rath Cemetery, Tralee, Co Kerry and was unveiled at a blessing service on Saturday 26th August 2017.

St Patricks Cemetery, Lifford Co Donegal

Our fifteenth memorial stone was placed in St Patrick's cemetery, the Crossroads, Kilygorden, Lifford, Co Donegal in May 2017. Olivia Bradley walked from Dublin to Donegal in May 2017 in order to raise money for the stone and for The Miscarriage Association of Ireland.

Donaghcomper Cemetery, Celbridge Co Kildare

Our sixteenth memorial stone was placed in Donaghcomper Cemetery Celbridge, Co Kildare in October 2019. It is situated in the beautiful Angels plot in the cemetery.

The Logo of The Miscarriage Association of Ireland

The tree with the falling leaf speaks volumes.

Our logo is the Family Tree with the falling leaf, representing the missing family member - in this case, the precious little baby lost through miscarriage.

Our logo plays a significant part in representing all those whose “little lives” born too soon, who never got to the opportunity to share their lives with us, but who live on in our hearts forever.

Our logo has been a source of consolation for many, since our Association was established in September 1988. It was inspired and created by Marie McCarthy.

Books on Miscarriage

- If it Happens to You - Miscarriage and Stillbirth *Karina Colgan,* A&A Farmer (1994)
- Our Stories of Miscarriage: Healing with Words *by Rachel Faldet* (1997)
- Miscarriage: What Every Woman Needs to Know *by Lesley Regan* (2001)
- Miscarriage & Stillbirth the Changing Response *by Bruce Pierce* (Veritas) (2003)
- Waterbugs & Dragon Flies (explaining death to children) *by Doris Stickney* (2004)
- Pink for a Girl *by Isla McGuckin* (2006)
- Forever Our Angels *by Hannah Stone* (2006)
- About what was lost: Twenty writers on Miscarriage, healing and Hope
- *by Jessica Berger Gross* (2006)
- "We Lost Our Baby: One Couple's Story of Miscarriage and Its Aftermath"
- *by Siobhán O'Neill - White & David White* (2007)
- Saying Goodbye *by Zoe Clarke-Coates* (2017)

Books on Planning Future Pregnancies

- Pregnancy after a loss: A Guide to pregnancy after miscarriage, stillbirth and infant death *by Carol Ciruilli Lanham* (1999)
- Trying again : A guide to pregnancy after miscarriage, stillbirth and infant Loss *by Ann Douglas* (2000)
- Getting Pregnant - How to improve your chances of a healthy conception *by Anne Charlish* (2002)
- Fertility & Conception - The complete guide to getting pregnant *by Zita West (Dorling Kindersley)* (2014)
- The Irish Pregnancy Book *by Dr Peter Boylan* (2015)

Related Websites

Bereavement support – Pregnancy & Baby Loss

A Little Lifetime Foundation
18 Orion Business Campus, Rosemount Business Park, Ballycoolin, Blanchardstown, Dublin. **Tel:** (01) 882 9030. **E-mail:** info@alittlelifetime.ie
Web: www.alittlelifetime.ie

Féileacáin - Stillbirth and Neonatal Death Association of Ireland
37 North Street, Skibbereen, Co Cork.
Tel: Mobile: 085 249 6464 (Support Line). 028 51301 (Office).
Email: admin@feilecain.ie **Web:** www.feileacain.ie

Ectopic Pregnancy Ireland
Support and information for all who have been affected by ectopic pregnancy
Carmichael House, North Brunswick Street, Dublin 7. **Tel:** 089 436 5742.
Email: info@ectopicireland.ie **Web:** www.ectopicireland.ie

Molar Pregnancy Information & Support
National Gestational Trophoblastic Disease Registry, Monitoring and Advisory Centre, Cork University Maternity Hospital, Wilton, Cork. The Dedicated Centre in Ireland for GTD. **Tel:** (021) 4920526 **Email:** gtd@hse.ie **Web:** www.cuh.hse.ie/Cork-University-Maternity-Hospital/Gynaecology/GTD-Centre/

Anam Cara
Anam Cara Parental and sibling bereavement support on the loss of a child.
HCL House, Second Avenue, Cookstown Industrial Estate, Tallaght, Dublin, 24.
Tel: 01 404 5378 **Mobile:** 085 288 8888 **Email:** info@anamcara.ie
Web: http://www.anamcara.ie/

United Kingdom Miscarriage Association
Providing Miscarriage Support and Information in the United Kingdom and Northern Ireland. **Web:** http://www.miscarriageassociation.org.uk

The Ectopic Pregnancy Trust (EPT)
To raise awareness of ectopic pregnancies amongst women of childbearing age, the medical profession and the general public.
The EPT, PO Box 70187, London WC 1A 9JD, United Kingdom.

The Ectopic Pregnancy Foundation
The Ectopic Pregnancy Foundation (EPF) has been established with the aim of improving the care of women with a diagnosis, or possible diagnosis, of ectopic pregnancy. **Patient Helpline:** +44 (0) 845 070 4636. **Contact us:** info@theepf.org
Web: www.ectopicpregnancy.co.uk

Tommys - Information and support on miscarriage
Web: http://www.tommys.org/pregnancy-information/pregnancy-complications/miscarriage
Tel: 0044 20 7398 3400 **Email:** mailbox@tommys.org

Infertility and Adoption

NISIG - National Infertility and Support & Information Group

Infertility can be an isolating experience. You are not alone.
Tel: 087 787 5058 (anytime) - Confidentiality is assured
P.O. Box 131, Togher, Cork. **Email:** info@nisigireland.com
Web: www.nisig.com

The Adoption Authority of Ireland

Responsible for registering and supervising the Registered Adoption Societies and for maintaining the Adoption Societies Register. The Adoption Authority of Ireland is also responsible for granting declarations of eligibility and suitability to prospective adopters in advance of their adopting abroad and for maintaining the Register of Foreign Adoptions in which details of inter-country adoptions are entered.
Shelbourne House, Shelbourne Road, Dublin 4**. Tel:** (01) 230 9300
E-mail: adoptioninfo@aai.gov.ie **Web:** www.aai.gov.ie

Depression

Samaritans
What-ever you are going through, whether you think it is big or small, you don't have to bottle it up.
4-5 Ushers Court, Ushers Quay, Dublin, 8.
Tel: Free phone 116 123 **Text:** 087 260 90 90 **Email:** jo@samaritans.org
Web: www.dublinsamaritans.ie
Web: www.samaritans.org

AWARE - Helping to defeat Depression
9 Upper Leeson Street, Dublin, 2. **Tel:** (01) 661 7211.
Helpline 1880 80 48 48 **E-mail:** supportmail@aware.ie
Web: www.aware.ie

Pieta
Feeling afraid or alone - talk to a therapist any time of day or night
Call Free on **1800 247 247** or **Text HELP to 51444**
Head Office: Pieta House Dublin, First Floor, Greenhills Retail Park, Tallaght Dublin 24. **Email:** info@pieta.ie **Telephone:** 01 458 5490 **Website:** www.pieta.ie

Hospitals

National Maternity Hospital
Caring for women prior to, during and after childbirth as well as providing a full range of gynaecological services.
Holles Street, Dublin 2. **Tel:** (01) 637 3100.
Web: www.nmh.ie

The Coombe Women's Hospital
The hospital provides an extensive women's healthcare service in Ireland, with more than seven thousand babies born here each year, an extensive pre- and post-natal programme for parents, expert care for sick and premature babies from all over the country, and the largest gynaecological service in Ireland.
Coombe Women's Hospital, Dublin 8. **Tel:** (01) 408 5200.
Web: www.coombe.ie

Rotunda Hospital
Providing maternity services to women and their families for hundreds of years. General gynaecology, infertility service, menopause clinic, colposcopy clinic, recurrent miscarriage clinic and early pregnancy loss clinic.
The Rotunda Hospital, Dublin 1. **Tel:** (01) 8171700.
Web: www.rotunda.ie

Cork University Maternity Hospital
CUMH opened in March 2007 and involved the amalgamation of maternity services from Erinville Hospital, St. Finbarr's Maternity Hospital, Bon Secours Maternity Unit and Gynaecology services from Cork University Hospital.
Web: www.cuh.hse.ie **Web:** www.corkmiscarriage.com
Tel: 021 492 0500 to contact the Clinical Midwive Specialists in Bereavement and Loss.

St Mary's Recurrent Miscarriage Unit
More than 1,000 couples are treated annually at the Recurrent Miscarriage Clinic (RMC), the largest referral unit of its kind in Europe and part of the obstetrics and gynaecology service at St Mary's.
Winston Churchill Wing, St Mary's Hospital, Praed Street, Paddington, London W2 1NY, United Kingdom. **Tel:** 0044 2033 121 323
Web: www.imperial.nhs.uk/services/maternity

Other Websites

AIMS Ireland Association for Improvements in the Maternity Services Ireland
To highlight and campaign for normal birth and mother-friendly birth practices in Ireland and provide information, research & support.
Email: support@aimsireland.com *and* info@aimsireland.com
Web: www.aimsireland.com

Health Service Executive
The HSE is responsible for providing health and personal social services to everyone living in Ireland.
Email: info@hse.ie
Web: www.hse.ie

Carmichael Centre for Voluntary Groups
Carmichael Centre is the first, largest and busiest shared facility for charities in Ireland.
North Brunswick Street, Dublin 7
Web: www.carmichaelcentre.ie
The Miscarriage Association of Ireland has as its headquarters the Carmichael Centre for Voluntary Groups. Along with many other voluntary organisations, we use the Centre as a base for correspondence, telephone contact referrals and occasional meetings. We also have the availability of a shared-desk facility. There are 46 resident member charities located in Carmichael Centre and hundreds of external organisations who access services and supports. *Please note that the Association does not have personnel on-site on a permanent basis, please check our website for details of support group meetings and telephone support.*

http://www.pregnancyandinfantloss.ie/
This site aims to signpost bereaved parents and healthcare staff to support structures and knowledge about pregnancy and infant loss, in an Irish context. It is intended for use by both parents and healthcare professionals and is an output of The National Standards for Bereavement Care Following Pregnancy Loss and Perinatal Death.

Agencies

Tusla - Child and Family Agency

An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

The Committee of The Miscarriage Association of Ireland is extremely grateful for the ongoing support received from Tusla. Without this the Association would be unable to offer the much needed support that is as necessary today as it was when the Association was founded 30 years ago (September 1988).

Please remember to print your name and address on the back of the copy so we can send on your remembrance certificate

Name: _____

Address: _____

_____

_____

Contact Telephone Number: _____

Date: _____

The Miscarriage Association

OF IRELAND

Carmichael Centre, North Brunswick Street, Dublin 7.
Tel: (01) 873 5702 Fax: (01) 873 5737 www.miscarriage.ie

The Miscarriage Association of Ireland is a charitable organisation *(Registered Charity Number CHY9738 / 20024420)* run by people who have all experienced miscarriage. We give our time and services voluntarily and our funds are used for the production and distribution of information and the provision of our support service. We are always in need of funding to enable us to continue this work.

If you would like to support the work of The Miscarriage Association of Ireland, please consider becoming a member/ renewing your membership or making a donation - any contribution is greatly appreciated

Thank You
Treasurer

Membership/Renewal Form

Annual Subscription €15

I/We enclose Cheque/Postal Order (made payable to the Miscarriage Association of Ireland) for €15 as Membership Subscription for the year 2____.

NAME _____

ADDRESS _____

_____

_____

TELEPHONE _____

New Member ☐ Renewal ☐ Donation ☐ (Please tick appropriate box)

GDPR

As a member, we store some personal data about you so that we can send you information about miscarriage and baby loss and to invite you to upcoming events which may be of interest. We would normally continue to send you information for approximately 2-3 years from your last membership renewal. If at any time you no longer wish to receive information from us, you can unsubscribe and we will delete your details from our database. **You can unsubscribe by** *email: unsubscribe@miscarriage.ie, by post: The Miscarriage Association of Ireland, Carmichael House, North Brunswick Street, Dublin 7 or on our website: click the unsubscribe button (under Contact us and under Privacy Policy".*

Please supply your name and address when unsubscribing so we can find you in our database.

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The Miscarriage Association of Ireland
Carmichael Centre, North Brunswick Street, Dublin, 7
Telephone: 01 873 5702
Email: info@miscarriage.ie
Website: www.miscarriage.ie
Facebook Page: www.facebook.com/miscarriage.ie

Charity Number CHY9738 / 20024420

Written and Produced by the Miscarriage Association of Ireland

TUSLA
An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

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