

Women's Reactions to Recurrent Spontaneous Abortion

B. E. Chalmers, V. Piccioni, I. Kretzman*, G. J. Hofmeyr, and
B. van Iddekinge*

Department of Obstetrics and Gynaecology and * School of Psychology,
University of the Witwatersrand, Johannesburg, South Africa

Abstract

Emotional reactions of 26 spontaneous recurrent aborters to their first and most recent miscarriage are explored. Results suggest that emotions following a series of abortions are different from those following the first. Emotions may also be modified by the experience of a live birth prior to a series of abortions. The ability to ascertain the cause of their abortions appears to be most important for the women. Knowledge of the range of emotions experienced is useful when counselling those who have experienced recurrent abortion.

Zusammenfassung

Es werden die gefühlsmäßigen Reaktionen von 26 Frauen mit spontanen, wiederholten Fehlgeburten auf die erste und die letzte Fehlgeburt erforscht. Die Ergebnisse legen nahe, daß die gefühlsmäßige Reaktion auf die erste Fehlgeburt sich von der letzten nach einer Reihe von Fehlgeburten unterscheidet. Die gefühlsmäßige Reaktion kann auch durch die Erfahrung einer Lebendgeburt vor einer Serie von Fehlgeburten beeinflußt und verändert sein. Für die Frau ist es von größter Wichtigkeit, die Ursache der Fehlgeburten erkennen zu können. Ein Wissen um die verschiedenen Reaktionsmöglichkeiten ist bei der Beratung von Frauen, die mehrere Fehlgeburten hatten, hilfreich.

Introduction

Increasing attention is being devoted to women's emotional reactions to obstetric or gynaecological procedures or pathologies^{1–3}. A particular area of inter-

Correspondence to: B. E. Chalmers, School of Psychology, University of the Witwatersrand, Wits 2050, South Africa.

est has been the exploration of women's reactions to spontaneous abortion⁴⁻¹⁸. While reactions of disappointment and failure are normal and common, these reactions may be modified by such factors as the wantedness of the pregnancy and the previous obstetric history of the women.

Little attention has been focussed on the experiences of women who have recurrent spontaneous abortions. Reactions occurring after several abortions may well differ from those resulting after a first miscarriage, and may be influenced by whether the woman is a primary or secondary aborter. Understanding of these reactions is of importance to optimize the counselling offered to these women.

The present study was conducted to explore emotional reactions amongst habitually aborting women. The recalled reactions of women to their first abortion are contrasted with emotions felt following their most recent abortion. While reactions to a first abortion have frequently been documented⁴⁻¹⁵, few have studied the impact of recurrent abortions^{16,17}.

Patients and Methods

Postal questionnaires were sent to 46 women who had been referred for immunological investigation of recurrent abortion during the previous two years, either by the recurrent pregnancy loss clinic at the Johannesburg hospital, or by gynaecologists in private practice. Completed questionnaires were returned by 27 women (59 per cent), of whom 12 were primary (no previous live births) and 15 secondary aborters. The median number of abortions experienced was 4. The majority of women (17 or 68%) had experienced either 3, 4, or 5 abortions. Four had experienced only 2, but were included because they had indicated that they perceived themselves to have a recurrent problem by seeking specialised investigation of these miscarriages. Six had experienced between 6 and 10 abortions. Most abortions occurred in the first trimester (66%). While the remainder happened during the second. The median time (range), prior to questionnaire completion, of the first miscarriage was 4 years 3 months (1 year 4 months - 18 years 10 months) and the most recent was 12 months (3 months - 4 years 10 months).

The questionnaires administered to the women consisted of 46 questions relating to such issues as: emotions experienced, memories of events and knowledge of the cause of their first as well as their most recent abortion.

In addition to descriptive statistical analysis, Fisher's exact probability test was applied to determine differences between subgroups.

Results

Women were asked to rate the severity of a number of possible emotions felt after their first and most recent abortions. Only feelings rated as "strongly felt" were included in the data analysis. The frequency of occurrence of these intense feelings are presented in Table 1.

As can be seen, feelings of disappointment, disbelief and emptiness were most commonly reported following the first miscarriage, and were still commonly felt

Table 1. Number of women who reported that the emotion described was strongly felt at the time of their first and their most recent abortion (n = 27)

Emotions	Strongly felt at the time, n (%)		Significance of difference p
	First abortion	Most recent	
Disappointed	20 (77)	23 (88)	NS
Hopeless	5 (19)	19 (73)	.0001
Empty	13 (50)	18 (69)	NS
Awful	11 (42)	18 (69)	< .05
Bitter	6 (23)	16 (62)	< .01
Angry	8 (31)	15 (58)	< .05
Restless	6 (23)	14 (54)	< .05
Failure as a woman	8 (31)	14 (54)	trend .08
Disbelief	14 (54)	14 (54)	NS
Lonely	6 (23)	13 (50)	< .05
Numb	8 (31)	13 (50)	NS
Worried about her sanity	4 (15)	11 (42)	< .05
Afraid	4 (15)	11 (42)	< .05
Exhausted	6 (23)	11 (42)	NS
Guilty	5 (19)	11 (38)	NS
Hostile	1 (4)	9 (35)	< .01
Disgusted	3 (12)	6 (23)	NS
Nervous	3 (12)	6 (23)	NS
Relieved	2 (8)	1 (4)	NS

after the most recent. Feelings of hopelessness, awfulness, bitterness, anger, restlessness, failure as a woman, loneliness, fear and hostility were reported significantly more frequently following a series of abortions, as was concern about one's sanity. Effects on the woman's partner were also reported more frequently by women after their most recent abortion than after their first.

Perhaps the most striking outcome to the study related to the women's need to ascertain the cause of their abortions. Of the 27 respondents 26 considered it essential to know the cause. Sixteen women reported that discovery of a specific cause, e.g. an immunologic problem, was the most important information they had received. Feelings experienced most often in response to diagnosis of a specific cause were hopefulness and relief. Other information rated as most important was that the parents were not to blame², and that other couples had similar problems¹ and some had subsequently produced a child (1 respondent).

The groups of primary and secondary aborters were too small for meaningful statistical comparison. Those who had never produced a live child tended to report feelings of disgust, fear, anger and failure as a woman more frequently than the secondary aborters, and less disbelief at the time of the most recent abortion.

Discussion

The results show that the women's feelings following the first abortion closely resemble those reported in the literature⁴⁻¹⁵ but are different from those ex-

perienced after a series of pregnancy losses. Understandably, feelings of loss, emptiness and disappointment follow a first abortion. However, added to these are bitterness, anger, hopelessness and a sense of failure as a woman as abortions continue to occur. These emotions are perhaps best expressed in the words of one woman (primary aborter, six miscarriages).

"... things that I was feeling, e.g. hating other pregnant women ... crying after holding tiny babies and perhaps the worst of all watching my husband being great with other people's small children ..."

The intensity of feelings and clarity of recall of the women was notable. The questionnaires used allowed space for more detailed answers than were actually required to be inserted and most of the women wrote copiously of their experiences. Doing so, however, appeared to create anxiety in some at least. One woman (primary aborter, five miscarriages, the last approximately 16 months previously) wrote:

"Filling this form in has brought back clear memories of my most recent miscarriage. Feeling extreme anger, guilt, hopeless, bitterness and frustration at myself at this moment."

Both vivid memories of events surrounding the abortion, as well as emotional flooding as described by these women are indicative of unresolved grief⁹. Despite the apparent clarity of recall of the women, the retrospective nature of the study remains problematical.

Emotional recall of, in particular, negative feelings may have dimmed with time particularly if emotional adjustment has taken place. For some women this could have occurred. For all, the experiences of living in the month's/years after the abortion could have influenced recall.

A further finding to emerge in common with published reports^{8,10} was the apparent extreme distress evoked by a lack of known cause for the abortion. Respondents in this study as in many others⁸⁻¹⁰ tended to blame themselves for the abortion prior to obtaining information about possible causes. Relief is a specific cause could be ascertained was evident. All but one of the respondents reported that it was extremely important to know the cause of their abortions. As one woman wrote (primary aborter, 2 miscarriages).

"I would really love to know the cause of my last miscarriage. If it is within your power please let me know, it is very important to me."

Although the sample is small, the data also suggest that emotional response patterns may be different for primary and secondary recurrent aborters. As can be expected, guilt, fear, disgust and feelings of failure are lessened by the previous experience of at least one live birth. On the other hand, secondary aborters have more difficulty accepting their abortion experiences than primary aborters.

An important factor which arose from unstructured comments of the respondents, was the conflict during a pregnancy between the fear that allowing oneself optimism may make another loss unbearable, and the fear that a negative attitude may contribute to an adverse outcome. One woman after 5 primary abortions wrote:

"I can assure you that the instinct for emotional survival causes you to deal very severely with any flicker of hope in the early weeks of the subsequent pregnancy . . . You cannot deliberately leave yourself open to the shock and pain. So you work on the assumption that you will lose it again – if you don't, that's a bonus."

If indeed, as suggested by the work of Stray-Pedersen and Stray-Pedersen⁹, emotional factors contribute to the risk of abortion, it is important to achieve a fine balance between providing positive emotional support and setting the woman up for a more traumatic experience in the event of failure.

The results of this study suggest that the emotional aspects of the experience of abortion are important and often difficult for women to cope with. The need for supportive counselling for women in this situation appears evident. The obstetrician may need to work in a multi-disciplinary team which can offer counselling together with obstetric care.

Alternatively community based resource groups may provide a valuable source of emotional support for women experiencing recurrent abortion.

References

1. Dennerstein, L. and Ryan, M. (1982). Psychosocial and emotional sequelae of hysterectomy. *J. Psychosom. Obstet. Gynecol.* 1, 81–86
2. Garel, M., Lelong, N., and Kaminski, M. (1987). Psychological consequences of caesarean childbirth in primipares. *J. Psychosom. Obstet. Gynecol.* 6, 197–209
3. Leiblum, S. R., Kenman, E., and Lane, M. K. (1987). The psychological concomitants of in vitro fertilization. *J. Psychosom. Obstet. Gynecol.* 6, 165–178
4. Graves, W. L. (1987). Psychological aspects of spontaneous abortion. In: Bennet, M. J. and Edmonds, D. K. (eds.) *Spontaneous and Recurrent Abortion*, Blackwell Scientific Publications, Oxford
5. Jiminez, S. (1982). *The other side of pregnancy*. Prentice Hall, New Jersey
6. Oakley, A., McPherson, A., and Roberts, H. (1985). *Miscarriage*. Fontana, Glasgow
7. Simon, N. M., Rothman, D., Goff, J. T., and Senturia, A. G. (1969). Psychological factors related to spontaneous and therapeutic abortion. *Amer. J. Obstet. Gynecol.* 104, 799–806
8. Siebel, M. and Graves, W. L. (1980). The psychological implications of spontaneous abortions. *J. Reprod. Med.* 25, 161–163
9. Stack, J. M. (1980). Spontaneous abortion and grieving. *American Family Practice*, May, 99–102
10. Heilstrom, L. and Victor, A. (1987). Information and emotional support for women after miscarriage. *J. Psychosom. Obstet. Gynecol.* 7, 93–98
11. Borg, S. and Lasker, J. (1982). *When pregnancy fails: Coping with Miscarriage, Stillbirth and Infant Death*. Routledge Kegan Paul, London
12. Leroy, M. (1988). *Miscarriage*. McDonald Optima, London
13. Chalmers, B. (1984). *Early Parenthood: Heaven or Hell?* Juta, Cape Town
14. Chalmers, B. and Hofmeyr, G. J. (1989). *Miscarriage: A crisis discarded*. Central Television Services. University of the Witwatersrand, Johannesburg (Video)
15. Pizer, H. and O'Brien Palinski, C. (1980). *Coping with a Miscarriage*. New American Library, New York
16. Grimm, E. R. (1962). Psychological Investigation of Habitual Abortion. *Psychosom. Med.* 24 (4), 369–378

17. Warburton, D. and Shrobino, B. (1987). Recurrent spontaneous abortion. In: Bennett, H. J. and Edmonds, D. K. *Spontaneous and Recurrent Abortion*. Blackwell Scientific Publications, Oxford
18. Stray-Pederson, B. and Stray-Pederson, S. (1984). Etiologic factors and subsequent reproductive performance in 195 couples with a prior history of habitual abortion. *Amer. J. Obstet. Gynecol.* **148**, 140–146