

# One in four pregnancies ends in miscarriage. Let us grieve without shame

**Julia Molony**



Nicola Sturgeon had her miscarriage while in office as Scottish deputy first minister. She worked through it, spending the day at an official event to commemorate the 40th anniversary of the Ibrox disaster.

Broadcaster Myleene Klass started to lose a pregnancy midway through her radio show but struggled through to the end. *EastEnders* actress Lacey Turner showed up on set the day after her first pregnancy ended in “cramping and bleeding”, telling nobody what had just happened.

Pregnancy loss is incredibly common. But this raw, bloody, emotionally messy side of human reproduction almost always plays out in secret.

When it is spoken about, it is almost always in retrospect — only after the passing of months or years have safely anaesthetised the emotional shock, and the shame, can “brave” and “taboo-breaking” women come forward.

Only sanitised, airbrushed optics of gestation and childbirth are accepted in polite conversation; images of baby showers and gender-reveal balloons and Instagrammable pictures of organic cotton babygrows.

Meanwhile in workplaces across the world, women are quietly miscarrying in cubicle toilets and boardrooms and on factory production lines. If the bleeding and pain or the emotional turmoil become unmanageable, as they are wont to do when the body releases an unviable foetus, they are covering for themselves by claiming more socially acceptable reasons for their absence; like an attack of diarrhoea and vomiting.

Last week, a worker with the HSE in Kerry took her employer to task after she was denied bereavement leave after losing her son at 20 weeks. Her baby was four weeks short of legal

viability, so the loss was categorised as a miscarriage rather than a stillbirth. As the law stands, there is no specific provision for compassionate leave following a miscarriage in Ireland. The woman was told she was contractually obliged to return the next working day after her son was buried.

**Things are changing.** Earlier this year, New Zealand became the first country in the world to pass legislation that enshrined the right to take time off to recover from pregnancy loss in law. In the last year, a growing number of international companies have made headlines for offering paid miscarriage leave as part of their human resources policy. And weeks before the New Zealand law passed, the Labour party in Ireland proposed a reform that would ensure the provision of up to 20 days’ leave for women who experience miscarriage. The bill has now passed the second stage.

The available evidence supports the argument that this legislation is needed. A British study published earlier this year found that almost one

in three women who experience early pregnancy loss develop post-traumatic stress disorder. Rates of anxiety and depression after miscarriage are already known to be high. The stigma around the subject likely contributes to this. There is often grief, of course. But a culture of silence around pregnancy loss compounds feelings of isolation and shame.

We don’t talk much about the physical realities of miscarriage either, which means many women go into it uninformed and unprepared. We tend to think of it as something that can usually be managed at home with a stock of maternity pads and paracetamol. For some, this is true, but many others are not so lucky. Labour-like contractions and frightening blood loss are common. Medical intervention and surgery often follow, which can compound an already distressing experience. I’ve had two fairly run-of-the-mill first trimester pregnancy losses. For both, I’ve ended up needing treatment in hospital.

It’s not surprising that as a society we turn our eyes away from

miscarriage. It’s a mirror image of a wider cultural attitude to death. We are reluctant to look at it straight on.

A newly pregnant woman is a walking drama of life and death. She embodies a liminal state between the two, from where she can only wait passively, to see which force will take control of her fate. It is the taboo around death that keeps her silent in the early stages. The prospect of new life is something to talk about. The false start of the euphemistically named “foetal demise” not so much.

The pro-life, anti-abortion lobby might decry human intervention in the “natural” process of gestation. But they wilfully ignore the reality that mother nature is the world’s most prolific and unsentimental abortionist. She doles out death unsparingly. The risk to incipient life is greatest at its very first flickers. One in four pregnancies that are clinically recognised ends in miscarriage. In reality, more than half of conceptions are snuffed out almost as quickly as they begin.

And there is peril in early pregnancy for the mother, too. To be newly

pregnant is to transition instantly into a category of elevated risk; susceptible to haemorrhage, sepsis, ectopic pregnancy, and intractable vomiting — among other possible life-threatening misadventures.

But these dark realities of reproduction are not for public consumption. They must be suppressed and cloaked in silence until the 12week mark. When, for the lucky ones, a healthy ultrasound rubberstamps, in so far as is medically possible, the triumph of life over death. For the rest, the one in four, the pain, sorrow, or relief (for there can be relief in death, too) are silently packed away.

A change in the law around bereavement leave is quite evidently the right thing to do. On an individual level, it’s the humane, compassionate thing to do. But on a collective level, it has the potential to be even more radical. By forcing us to formally acknowledge that death and suffering are bound up with the experience of pregnancy and birth, we allow women the legitimacy and openness to grieve without shame.