

# WHAT WAS LOST

## A CHRISTIAN JOURNEY THROUGH MISCARRIAGE

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## Foreword

*B*ooks don't fix everything. They can't. But even if books cannot set every wrong thing straight nor make every painful event reasonable, a good book most certainly can grant us the benison of new thoughts about ancient griefs and long-standing wrong, and this is a good book.

The first principle of a wise book about unfixable things is, then, that its author must accept—and lead us to accept—with humility the fact that in some circumstances the only movement possible is a movement from within ourselves. The chief hallmark of a wise and worthy book about the unfixable is closely akin to that: both the book and its author must respect with quiet and with dignity the sorrow they are addressing. Beyond even both of those traits, however, the thing that most demarcates a good book about loss and pain from an ordinary one is that a good book can form a community—indeed, it almost becomes a community—of those who entered its pages in anger or frustration or grief or resentment or some toxic *mélange* of those emotions and then came away from those pages less burdened and less defeated.

There is always at least a modicum of the personal in any foreword. Personal presence is understood to be part of the doing of forewords, in fact. But in forewords to books about loss, almost always what is seen and said far exceeds the modest notion of “modicum.” Such certainly is the case here.

I am one of those women who, in the days of wine and roses, miscarried over and over again, several times being so far into a pregnancy that we could even know the gender of the child we had just lost. I never have recovered from those losses or ceased to grieve for those children; nor have I ever ceased to identify myself, at least to myself, as one who could not easily bring a pregnancy to term. I suspect that the invitation to write this foreword comes out of the very fact that, not being able to hide my grief, I years ago began instead openly to claim it.

In writing *What Was Lost*, Elise Barrett has done much the same thing, electing not only to claim her grief, but also to record it without self-indulgence and with the kind of grace that, in the hands of the skilled writer, turns personal narrative into communal solace. Because she is an ordained clergywoman, Barrett can and does go beyond the simple sharing of her own, not-too-unusual, physical and emotional experiences with miscarriage. She probes, with informed skill, both the pastoral and the theological implications and ramifications of what presents to the miscarrying woman and her family as random and unnecessary death cast in the stone of an unremitting sorrow. It has been almost unsettling to discover, all these many years later, just how consoled I have been by Barrett's words and insights and lines of thought.

As for that final characteristic of community, already I can hear women like me saying to one another, "Have you read *What Was Lost* yet? It will ease your mind as well as your heart." They are right, it will. And theirs is a company I am grateful to have joined.

Phyllis Tickle

## Introduction

You may have picked up this book for any number of reasons. Maybe you had a miscarriage last week, or maybe you had a miscarriage twenty years ago, and you're trying to figure out how to handle the grief. Maybe you saw the word "miscarriage" on the book's spine, and it caught your eye because you have a friend who lost a pregnancy. Maybe you're the spouse or family member of someone who has had a miscarriage, and you're working to find healing words even as you struggle with your own complicated emotions. Maybe you're a pastor doing your best to recognize the loss that one of your church members has experienced. No matter your connection to the topic, I'm glad you found this book, and I pray it proves to be a helpful companion for you.

My name is Elise, and in addition to being a United Methodist pastor, I am a woman who has had multiple early miscarriages. My husband and I experienced our first pregnancy loss while I was still in seminary. I was taken completely aback by how painful it was for me. I had been pregnant for only seven weeks, but still it seemed as though my heart, my sanity, and my life were all splitting into pieces. And so, in my role as full-time student, I tried to deal with my grief and confusion by studying all that had been written about miscarriage. It didn't take long. Don't get me wrong; there are a few good resources available, some medical, some psychological, some spiritual, and I will point you toward some of the books and articles I found helpful. But I could find very little of what I really needed—reflections about questions like, "Where was God?" "Did this little life matter to anyone but me?" and "Why does everyone keep telling me that there was a reason for this?"

When we lost that first pregnancy, I had rarely heard anyone else talking about miscarriage, yet approximately one in four pregnancies will end in miscarriage. Why didn't these two things match up? I didn't know of many other people who had been through something similar, but that changed

quickly. My experience was a little like a password into a secret society. As people discovered that I'd had a miscarriage, all sorts of women and men would quietly sidle up to me and say, "We lost our first baby too," or "I had three miscarriages fifty years ago." This kind of loss has touched so many people, and yet we don't seem to have ways of talking about it.

Even in the church—perhaps especially in the church—we Christians have a tough time knowing what to do with miscarriage. We know how to have baby showers, how to bring casseroles and rock new babies and crochet booties. An infant death or stillbirth, while unspeakably tragic, carries rituals: a funeral, a visitation, bereavement cards, and flowers. But we don't know what to do for people who have lost pregnancies before a baby ever appeared.

This book is meant to be a companion on the journey through a complicated grief for those whose pregnancies have ended too soon. You will notice that I share a great deal of my own story within its pages. This is not intended to serve as an example of what pregnancy losses *should* feel like. Far from it. Instead, my hope is that as you read about my own experiences and those of other women, you will be better able to sort through and tell the story of your own experience. Think of it as a conversation we're beginning. Every person's experience of this loss will be fundamentally different. There are no shoulds, no oughts, related to your feelings.

The book is set up so that, if you choose, you can use it as a reflection guide. Each chapter ends with questions for reflection as well as an exercise you can try. One way to use the book would be to read one chapter at a time, and then spend quiet time for the next few days reflecting on that chapter. You could write in a journal in response to the reflection questions and spend time doing the exercise outlined. You also could use this book in the context of a support group or other small group.

Don't feel compelled to do any of these things, however, if they are not comfortable for you. This book is meant to be a companion for you in your grief, not a boss. If you don't like journaling, you could find a trusted person to talk through those questions with you—a friend, pastor, counselor, or spouse, or even a pregnancy loss support group. The goal is to find a way to tell your own story, as I will share mine with you in these pages. Sharing our stories helps us process what has happened, understand what we're feeling, and move through the pain we're experiencing. And sharing our stories helps those around us understand how best to support and love us and how to be with others who have lost pregnancies.

I hope that this book can support and help you as you share your story of loss. I also hope that it will help you turn to God for support and help. This

is a Christian book, and my deep hope is that using it will provide a path for you to remain in relationship with God during this painful time. You may be angry at God, or disappointed in God, or wondering if God even exists at all. These are all normal emotions (even for God’s children—just look at the Psalms!) and God can handle them. We will talk about this more later, but for now it’s enough to say that your pain matters to the One who made you, and that God wants to make this journey with you—no matter what state you’re in.

Because the chapters follow chronologically, your reading will make most sense if you read the chapters in order. However, because they are organized topically as well, you are welcome to read the ones that seem most necessary to you at different times. Share this book with your loved ones and friends, if you think there are parts that will be helpful to them as they do their best to love and support you. The last chapter contains resources for ongoing reflection, including other recommended reading and complete worship and memorial service resources.

One final story before we begin. I was serving as a pastor at a downtown church when a woman who had lost a pregnancy at twelve weeks came into my office. Her first stop had been a local Christian bookstore. She kneaded damp Kleenex on her lap as she said to me, “There wasn’t anything! Not a thing! They had books on healing from abortion, books on pregnancy, books about children, but nothing about miscarriage! Am I the only person to ever have trouble dealing with this?” She is not the only one—far from it. This book is for her, and for people like her, and for people who love people like her. I pray that it will help you walk through this grief, and I pray that it will help you trust God again.

Feast Day of St. Catherine of Siena  
2009

## PART 1 The Journey through Miscarriage



# Remembering Your Pregnancy

*I* was twenty-four years old when my husband and I were married, an idealistic twenty-four, commuting three hours one way to Durham, North Carolina, to finish my divinity degree. During the week, I lived in northern Durham, in the basement of a 1960s split-level home with a couple in their seventies, and on the weekends I returned to our brick ranch parsonage, a newlywed in the town of Blacksburg, South Carolina, population two thousand. In most ways this schizophrenic life was pleasant, and it proved to be a very good way to work into matrimony. Chris and I were always delighted to see one another, and we would throw ourselves into the work of being married on the weekends with verve and good humor—"Why don't I clean the bathroom this time, sugar?" We talked over the foibles of parishioners and professors, chummily red-inked his sermons and my papers, ate homegrown tomatoes dropped at the back door by church members, played with our doe-eyed pound dog, and were as happy as two people could reasonably be.

I think that this was why natural family planning was perhaps less effective for us than for others. I had explained the method to my mother with great enthusiasm, and then defended it vigorously when she hopefully suggested that I might want to try the Pill. I had tried the Pill, I said, and it made me feel like Medusa—bad temper, snakes, and all. I was going to chart, and we were not going to get pregnant, not while I was in school.

But all it took was one inattentive weekend reunion, and I was staring at two lines on a dollar-store pregnancy test.

I was a bit shocked. But secretly, I was thrilled: more thrilled, in fact, than I thought I really ought to be. Practically, this made no sense. I was living in two places, going to school full-time, and almost all of Chris's small salary was making its way to Durham with barely a stopover in our checking account. All the same, I was thrilled. We're married, after all, I'd tell myself, as smiles I couldn't control stretched across my face. I have a secret,

I thought. I am full of a secret. I am blossoming, fertile and lovely, and I am holding life inside of me.

That next week, when I returned to school, I was bubbling over with that life. It was such a transformative thing—I was going to have a baby!—and I couldn't imagine not preparing the way for that transformation. Like a bulldozer before a road crew, I crashed seriously along the paths I walked at school. I had a meeting with the academic dean, inquiring about the pros and cons of switching from the three-year program I was in to a two-year master's degree program. I spoke gravely to my four professors, warning them about the probability that I would need time off, that sometimes I might not be able to make the drive. When I stayed after class to explain the situation to one of those professors, he broke into smiles and told me about his joy in becoming father to two small children. "It will change your life," he said. I smiled too. It already had. I was a part of this happy club of people who were parents, Christian parents, taking the blessing of procreation and the obligations of discipleship seriously.

And I did take those things seriously. I felt as if I finally understood the exhortation in 1 Thessalonians to "pray constantly." Every moment was a prayer, every moment charged and filled with awareness of the tiny life growing inside me. Every time the bread and juice of Communion touched my lips, I felt a searing connection to this mysterious little being inside me, who was receiving Communion along with me. Every step I took on the fifteen-minute walk to and from the remote parking lots assigned to divinity school students—every crack in the sidewalk avoided, every soft landing from a curb, every careful check of oncoming traffic—every second was a prayer breathed and answered. My hands, almost on their own, would float to my slightly bloated belly, barely touching it in benediction twenty times a day. I would wake up in the morning in the basement I occupied and smile, and pray, "O God, I know I should be scared, and this timing is really not what we'd planned . . . but God, I am so thankful. I am thankful because you made marriage for blessings like this and we are indeed full of blessing."

Because I felt so heavy with blessing, I took my care of that blessing very seriously as well. I packed my backpack with healthy snacks—bananas, which I hated, but which seemed extra virtuous for that very reason; cashews, which were a terrible expense but so nutritious—and I carefully avoided alcohol and caffeine, which seemed to show up in all sorts of innocent-looking places, like chocolate. I pored over the recommended diets and even photocopied one for the refrigerator, so I would be sure to have representative calories from all the important categories. As I filled my stomach

with bananas and spinach and milk and whole wheat, I became more aware of responsibility and joy. These bananas were for the baby. That spinach was for the baby. I would go to sleep early for the baby. I luxuriated in the new obligations. I thanked God for the chance to prove that I would be a good mother.

Since I was attending Duke and had student health coverage, we decided that I would find an ob-gyn there, even though I likely would deliver the baby in South Carolina. So I made an appointment to have the pregnancy confirmed at the student health clinic. My roommate from my first year accompanied me, and we explored the maze that is Duke Hospital, looking for the proper administrative window. Sitting there, waiting for my name to be called, Christy looked at me and said, “Aren’t you scared?” Yes, I said, I was, but also thrilled. I had this completely irrational fear, however, that the official pregnancy test would be negative, and that all of my impressive preparations would look simply silly, the overreaction of a fertile imagination. I provided the requested urine sample, a little clumsily, and tried to seem nonchalant as Christy and I leafed through magazines. The nurse finally called me back and sat me down, and said, “Elise, the test is positive.” Her plump face was creased and creased again with her smiles. She continued, “This is wonderful; it’s so seldom I get to tell students this as *good* news!” Good news, I thought, glancing at my wedding band. Wonderful news. And now it was *official* good news! If Duke Hospital said I was pregnant, there could be no doubt. They scheduled me for my first appointment six weeks later.

Turning pages in my calendar later that night, back in the snug basement of the home I shared with the grandparent-like couple, I not only wrote down that appointment, I also wrote down every milestone I could think of on the way to a baby. “Two months pregnant!!” I wrote, with a little smiley face. “Six months pregnant!” “Baby due!!” with a heart around it. Of course, I wrote in pencil, knowing that dates could change. But I imagined what would be happening at each of those milestones: what I’d miss at school about the time of our ultrasound, what the weather would be like when the baby arrived. A September birthday would be lovely, I thought. Parties would be so much fun—we could have people play outside, and it would still be nice and warm.

When I got home that weekend, Chris and I called our parents to tell them the pregnancy had been confirmed. Joy and rapture on both sides. My mother offered to give us my little brother’s old crib, and Chris and I wandered through the parsonage, discussing the pros and cons of each bedroom as a nursery. We finally decided on the middle bedroom in the hallway, the one with twin beds in it. It had two windows on one wall and was just the

right distance from our room. I thought we could paint it blue, and I mentally sketched out where we would put the crib and a changing table.

When we sat by the fire later, in our wood-paneled den, we talked about how amazing it would be to have a baby there, playing on the Berber carpet, snuggled up at night, crying to wake us to eat. We were wide-eyed and overwhelmed, trying to imagine all the things we had heard people talking about, trying to imagine the feel of a sleeping newborn, the smells of milk and diapers, the sounds of crying and gurgling and laughing. I fell asleep that night smiling, my hand resting on the bit of skin and flesh that covered the little life inside me.

Looking back, this all seems very naive, but there is something both magical and terrifying about a first pregnancy. We know, if we know anything about children, that living with small people is going to mean a permanent and profound change, so it's only natural for expectant parents to start preparing themselves for that change by planning and using their imaginations. Then there are the physical changes for the mother. Your body is changing in unexpected and uncontrollable ways: your digestion changes, your breasts swell and start to hurt, funny veins start popping out all over the place, your stomach gets queasy, you have headaches or strange sensations. You start to have unpredictable emotional responses to normal comments your husband makes, crying every time you see a certain cell phone commercial. And if you don't know much about miscarriage, if you or someone you are close to has not experienced a pregnancy loss, you have no sense of anything but inevitability about the outcome. We are scared away from sex from adolescence on by the *threat* of a baby, we remember occasional alarmist articles in teen magazines about girls who got pregnant "just from oral sex!"—no wonder it rarely occurs to us that it may, in fact, be possible to be pregnant without having a baby at the end of nine months. This is why, for many women, miscarriage comes as a terrible, unwelcome surprise, something they never knew they should fear. Tammy, who lost her second pregnancy to miscarriage, put it this way:

I had prayed for so long and was so excited that God had answered my prayer by giving me a second child. I was very maternal from the beginning and jumped the gun on getting things ready for the new baby to come. I had one child and had followed all the rules about not getting things together (maternity clothes, baby items, etc.) too soon with my first pregnancy and just thought I'd enjoy the experience a little earlier this time around. [I] had no idea or thought that I might lose this child. My first pregnancy was "perfect."

In twenty-first-century America, we also tend to assume that we have an enormous amount of control over the process of becoming pregnant and hav-

ing children. We have medications, pills, condoms, and fertility drugs that many of us vaguely imagine have the power to regulate the process perfectly. This assumption is only confirmed if you are able to become pregnant easily. JoAnn shared about her first pregnancy:

When I got married at the tender age of twenty, back in June 1963, I was naive enough to believe that all of our hopes and dreams would come to pass on our time schedule, and at our request. . . . I guess my first experience with this unrealistic thinking came on July 25, 1967. My husband (at the time) and I had decided that upon my graduation from college in 1965, we would wait about two years, save the money I'd earn from teaching, and then start a family. When it was determined that I was pregnant, in April 1967, we were ecstatic. How wonderful . . . how easy . . . how convenient! Even the due date given, of December 15, 1967, was perfect. I'd be able to take an extended Christmas/maternity leave, and we'd have a "Christmas baby."

If pregnancy does happen easily, we can be lulled into even more of a false sense of control over the whole journey of procreation, making miscarriage an even greater shock. One woman said:

After being married four years, my husband and I decided to have a baby. I felt so blessed to become pregnant after only trying for one month. When I was able to attempt another pregnancy, I became pregnant after two months. Both times, I felt God had blessed me with good health to be able to become pregnant so quickly. Babies are one of the greatest miracles from God.

Katherine offered, "I do feel that God touched me in order to create our babies' lives/souls." When God's hand is sensed at work in conception, miscarriage can come not only as a shock, but also as a crisis of faith, when our sense of God's control and our control over the process is shaken.

We have longer than ever before to get ready, as well. Even within the past five years, and definitely within the last fifteen, home pregnancy tests have become more sensitive and readily available, fundamentally changing how we find out we're pregnant. Twenty years ago, the missed period was the first sign, but a woman who miscarried early would probably chalk it up to a menstrual cycle that started late. Women were having miscarriages regularly, but many fewer women knew about it. The process of planning and imagining started later, after a trip to the doctor, after the likelihood of miscarriage was already reduced.

Now, stacks of boxes in the family-planning section of drugstores and groceries boast boldly lettered promises: "Test as early as 5 DAYS before your missed period!" We have the gift of finding out so very early when a

fertilized egg has implanted and begun growing, and so we have also the burden of knowing about many pregnancy losses we would not have known about otherwise. Furthermore, many women are waiting longer than ever to start having children, waiting until lengthy education programs are completed, until a career is established or a move is made. The average age of women having their first child went from 21.4 years in 1970 to 24.9 in 2000.<sup>1</sup> We are having first children later in life, and older mothers have a statistically higher rate of miscarriage.

Every single one of us approaches that pregnancy-test aisle in the drug-store with different feelings. Some women, like me, are thrilled by the possibility. It comes as a happy surprise or an answer to prayer, and the test seems to open the door to all sorts of wonderful future dreams and visions. Others are scared to death to crack open the stick and see what it says. Maybe you were one of these women. Maybe for you, pregnancy came as something fearful, whether expected or not. Perhaps you weren't married, or didn't have a partner you could rely on to be committed to you and the child. Or perhaps you were married or engaged but feeling trapped in an unhealthy or unhappy relationship, and having a child felt like it would have cemented the misery. Maybe your relationship was fine, but your partner didn't want to have a child. Maybe you felt as though you weren't ready to be pregnant, that this was going to be the end of everything you'd hoped for and worked toward in your career. Maybe the pregnancy itself was miserable: you didn't want the baby, and you felt trapped by the changes happening in your body. Or maybe you experienced some combination of feelings: both excited and worried, both happy and miserable, both looking forward to and regretting the impending change.

Other women have been trying hard to get pregnant for months, or even years. If you are one of these women, you probably brought home your test (value-pack-sized, those "buy three for the price of two" packages) full of hope, but already anticipating disappointment. And when the test told you that you were finally (finally!) pregnant, you may have been full of other emotions. Maybe you tried not to get your hopes up too quickly, especially if you had had disappointments before. Maybe you didn't believe the first test and took another one to be sure. Maybe you made an immediate appointment with your doctor, to do everything you could to cement this fragile miracle. Maybe you were worried sick about the two and a half drinks you'd had at a wedding reception before you knew, when you were still telling yourself, "It hasn't happened yet—why should this time be any different?" Maybe you were simply ecstatic to finally be pregnant and eager to spread the news. Heather shared, "With my first pregnancy (and loss), I had been dealing with

infertility for nine years and became pregnant . . . with [this pregnancy] we told everyone since we were so excited after all those years of infertility.”

Every woman’s story is different. Every woman’s pregnancy is different. But for every one of us, it makes a difference in our lives, and thinking about that difference helps us recognize what was lost when the difference died.

## REFLECTION QUESTIONS

1. Reflect on your own pregnancy. How did you find out you were pregnant? How did you feel? How did your partner respond to the news?
2. How was your relationship with God affected by the pregnancy? For example, did your prayers change? If you attended church while you were pregnant, did your experience of worship change? Did you feel closer to or farther away from God during your pregnancy?

## EXERCISE

Think of someone who would be a good conversation partner for you during this time—your spouse, a close friend, a trusted pastor or church member, another woman who has lost a pregnancy, or a counselor. Ask that person if you can tell her or him the story of your pregnancy. Share with your conversation partner what the pregnancy meant to you, how you felt about expecting a baby, and what you did to start preparing, in emotional, mental, and physical ways.

# Remembering Your Miscarriage

Sundays are a little intense in most pastors' homes. And Chris was serving what's known as a two-point charge, in which one pastor serves two churches. The two churches we were part of for those years were in many ways quite different. One was downtown, a graceful turn-of-the-century brick building in the shadow of First Baptist Church, with stained-glass windows and creaky-floored Sunday school classrooms. The other was out in the country, a twelve-mile drive up to a local "mountain," and looked for all the world like the church immortalized in that old tune "The Little Church in the Wildwood." It still boasted a bell in the churchyard, a relic from the days when the circuit preacher would ride into the community on horseback and the bell would be rung to call folks in from the fields to listen to the preaching. Each church had its own flavor, each was full of personality, and each sheltered the prayers and common life of between thirty and forty saints and sinners.

The idea behind having a two-point charge is that the membership of those churches is small enough to allow the pastor to care for each approximately half-time. The challenge, of course, is that usually a two-point (or three-point) charge does not have the funds to hire, say, a secretary or administrative assistant. So the pastor is responsible for doing everything from visiting and preaching to preparing bulletins and filling out administrative forms. This meant that Sundays with my darling procrastinator of a husband were always exciting. He would rise before sunlight started sneaking over the foothills and work intently in front of the computer, books and commentaries and notes strewn wildly around his feet, one leg jiggling frantically as he looked for just the right word, tried to find the perfect example or metaphor, something that would bring the Scriptures to vivid freshness in that morning's sermon. At some point, we would have breakfast (I in the sunny nook in the kitchen, he in the bedroom/office) and he would update the bulletins.



We would look up last week's statistics—thirty-eight in attendance for worship, \$748 collected—and put those into their proper spots. He would settle on a sermon title, write a pastoral prayer, and hit “print,” and we'd whirl out the door, his black robe flapping around long legs.

I usually drove to the churches, and our routine was invariable. The only driver breaking the speed limit at 7:50 on a Sunday morning, I'd sling the car onto the side of the street outside the downtown church and leave it running as Chris ran inside to leave the freshly printed order of worship on the photocopier for some devoted layperson to run during Sunday school. He would dash back out, I'd accelerate madly down the gravelly back roads, and as he folded still-warm sheets of paper in tilted halves and reviewed his sermon, we'd screech into the tree-sheltered parking area at the country church, usually with bare minutes (or seconds) to spare before worship began.

The first few minutes in worship after all this excitement were always peaceful. Some Sundays I'd sing in the choir, using the old 1920s Cokesbury hymnal; most Sundays I would stay in a pew, on the left side about a third of the way back. I would decorously receive a bulletin from the gracious hands into which Chris had thrust the stack of them moments before and fit my body into the wooden L of the pew. My eyes would scan the order of worship as if for the first time, and I would grow quiet, readied by the sounds of feet on old wood, creaking doors, and folks speaking quietly in soft rural South Carolina drawls.

The Sunday I lost the pregnancy started the same as all the other Sundays. The only difference was that I'd had some faint spotting earlier that morning, when I was getting ready. I had done a frantic Internet search and found plenty of sites that assured me that all was (probably) well. And so I had gotten ready just as usual, with just a nagging uncertainty in the back of my mind that distracted me as I responded to the call to worship and sang the hymns. As soon as I politely could after the service, I ducked across the churchyard to the small fellowship building where the bathrooms were located and checked again. A little more spotting, but still nothing to be worried about, I told myself.

Because I really thought everything was all right, then, I was unprepared when cramps started to twist my abdomen during the service at the second church. I knew then that something was terribly, terribly wrong, but I didn't know exactly what. I vividly remember staring at the black words and musical notation on the thin pages of the hymnal, unable to concentrate enough to understand what they meant. After what seemed like an eternity, worship was over and Chris and I pushed open the door of the parsonage. I went to

the bathroom and saw blood. I changed clothes and went to my tired husband and said, “I think I’m having a miscarriage.”

He looked up at me, sitting on the side of the bed, one shoe off and one shoe on, in his shirtsleeves, and he was silent for a moment. Then he put his shoe back on, got up, put his hand on my shoulder, and said, “Well, let’s go to the hospital.” He paused. “Is that what we do?”

I nodded, and we got into the car. Chris drove faster than he should have, with the result that the forty-five-minute drive to the hospital took closer to thirty-five minutes. The ride was mostly silent. I was numb, repeating in my head, “Please, God . . . please, God,” and there didn’t seem to be much point to talking. We parked close to the emergency room and walked along the sidewalk to the door. The glass panel slid to one side, and we stepped inside the unbelievably crowded waiting room. *Of course*, I remember thinking, *it’s Sunday afternoon*.

We gave our names to the harried intake staffer, found seats (though none were available side by side), and began waiting.

From this point onward, I can’t remember what happened very well. My memories come in short clips. Trips into the filthy bathroom, looking, dazed, at dark red blood on the pad I’d grabbed before we left the house. Flipping the pages of the few free circulars that were strewn around the waiting room. Being called back for a triage interview, feeling frantic that it was taking so long, but with a hopeless knowledge at the pit of my stomach that it wouldn’t matter how long it took, that there was nothing they could do. My sweet husband checking, checking, checking with the front desk to make sure we hadn’t been forgotten. It was well over two hours before we were finally called back to get an ultrasound.

I had to have a reverse catheterization, an unpleasant enough process, but the results were even worse. The technician, in a mournful riff on the “first ultrasound” mystique, forced fluid into my bladder, squeezed cold gel on my stomach, and rubbed the wand around silently for several moments. “Hmm,” she said. “Well, there’s nothing there, not that I can see . . . but it’s possible that you’re just much earlier along than you thought you were.” I knew better. One of the benefits of charting for birth control was that I knew precisely when everything happened. I knew when I had gotten pregnant, and I knew how far along I should have been. And I knew then that the baby was gone.

In a daze, we were shepherded to another examination room to wait for a doctor. While we were waiting, two things happened. The first was that, much like grieving people at a wake, we started making gruesome and sad jokes. The second was that a pastor friend came to see us. Mike was a generation older than we and had supervised Chris for a summer internship

while Chris was in school. While we were in the waiting room, I had not felt up to calling our parents, either set of them. But Chris had asked if he could call Mike, who was serving a church a few blocks from the hospital. Embarrassment struggled with the need to turn the spiritual side of this over to someone else, and that need won. I told him he could call, and just as we were settled in the examination room, Mike arrived.

God bless him, he was wonderful. Mike, a short, stocky, white-haired fellow with a perpetual smile creasing his face, walked in, his smile full of concern and sympathy. He hugged Chris, came over to squeeze my hand, and listened silently as we told our brief story. I can't remember if he said anything wise, but I do remember how solid and comforting his presence was, how incredible the relief was when he walked in. Looking back, I think it was because Chris and I, usually professional pray-ers, professional "presence of God" types, were too bruised and bewildered to be able to deal with God in that moment. Just knowing that there was someone there who could believe in God for us for a little while, who could pray for us and be confident for us, felt like someone had put a warm, heavy blanket around my shivering shoulders.

The three of us visited for a while, talking about nothing in particular, until the doctor entered the room, a kind young woman with dark hair and a tired face. She examined me and looked at the ultrasound results, and sighed. "We just can't be absolutely sure at this point, you understand," she explained to me. "It's probable that you've lost the pregnancy, but in case there's still a chance, I want to take precautions." Precautions, it became clear, primarily involved no pain medications and no tampons. I was to go to the hospital's ob-gyn practice early the next morning and wait to be worked in. They would do blood work, and the comparison would tell us for sure.

Mike and his wife, Donna, asked if we wanted to stay with them that night, and Chris and I were so dazed that we didn't even hesitate politely. Just as Mike's presence in the hospital room had felt like a warm blanket, the door to their parsonage seemed like the entrance to a fallout shelter. For some reason, my most vivid memories of that night center around walking into their home—Donna's brisk and cheerful hospitality rolling out in front of our feet, a beautiful, time-polished oak sideboard in the kitchen that had belonged to her grandmother, Chris and I sitting on their couch. I tried to erase thought by flipping through a copy of *Southern Living* that was on the coffee table. "Apple pie like grandma used to make," I read, as cramps assailed me again. "Time to plant hydrangeas."

The rest of that night passed the way any nightmare does. I sat upright in the bed, shoved into a sitting position by a pile of pillows, almost dozing

between cramps (contractions?), and then being awakened unmercifully as the intensity increased. I took trip after trip to the bathroom, changing soaked pads, watching helplessly as clots began to pass with the blood. And I cried, half asleep, slow tears washing my face as I wondered if our baby had been a boy or a girl.

The next morning found me wandering tentatively around Spartanburg Regional Medical Center, looking for the obstetrician's office while Chris parked the car. It was a large practice, thirteen doctors, and I finally found the glass door at the end of a nondescript hallway. I pushed my crumpled emergency-room paperwork that shouted, "spontaneous abortion!" across the desk, and a receptionist with a carefully blank expression invited me to have a seat in the waiting room, saying that they would work me in when they could.

I tried to find the most inconspicuous seat in the waiting room, averting my eyes from the huge, baby-filled bellies I seemed to see everywhere I looked. I felt simultaneously like a harbinger of doom—"Look out, not all pregnant people end up with babies!"—and horribly, sickly jealous. Hiding close to the stacks of magazines, I began leafing through glossy publications with names like *Your Baby Today*, *Babyhood*, *Parenting*, *Mother and Child*. After a few minutes, I realized that I was going to start crying in a fairly open and attention-getting way if I kept looking at these articles, and so I looked to see if there was something else. Nary a copy of *Golf* was to be seen. "What do the women here for hysterectomies read?" I asked Chris as he joined me, and found a dog-eared copy of the hospital's publicity publication, which I read over and over until my name was called, more than an hour later.

The doctor, a large, gentle, middle-aged man, was as kind as he could have been. I told him as I came in, "I know you have to test, but I already know I've had a miscarriage," as if claiming the sad news up front would make it better when the lab proved it, kind of like breaking up with your high school boyfriend before he has a chance to break it off with you. After the examination and blood work had been completed, the doctor invited me to sit down in his office, and said, "You were right, and I'm sorry. You have lost the pregnancy." Tears, hot and embarrassing, welled to my eyes, and I said, "I know—it's fine—I'd be fine if the cramping didn't hurt so much. Can I have some sort of painkiller now?" The doctor, understanding, gave me a mini Snickers bar and a box of Kleenex, and went out to get me some ibuprofen. When he came back, the pills in a little white paper cup, he said, "It's quite normal to grieve this, you know." I interrupted with something like, "Well, I was only seven weeks along," and the doctor continued, "The truth is, there have been studies done, and the grieving process is actually

quite similar no matter how advanced the pregnancy is.” This was absurdly comforting. In the halls of science and empirically verified truths, I received the news that science had given me permission to feel this wrenching hurt and emptiness and bewilderment with some sort of strange satisfaction. I left the office and trudged to the car, numb, adjusting to a new life I wasn’t sure I liked very well. The months rolling out before me had seemed very full; now they were suddenly empty. I had been a mother-to-be; now I was not even sure I would ever be a mother. Our baby was gone before she had ever arrived, and I felt as if I’d been wrenched out of someone else’s life, a life brimming with promise and abundance and joy, and deposited back in a barren place I thought I’d left behind.

What was your own miscarriage like? I’ve heard stories of many different experiences of pregnancy loss. In most of them, women talk about that period of time between fearing and being sure that the pregnancy could not be saved; they talk about the pain, and they talk about the blood. Maybe you will relate to LeAnn’s experiences:

With the loss of our first baby at about eleven weeks, I experienced overwhelming sadness. I had begun to have some bleeding and went in for an ultrasound. It was a Friday afternoon, and once the doctor told us we were losing our baby, he sent me home to miscarry on my own (to avoid having a surgical procedure). This was a physically painful and emotionally draining weekend . . . by Sunday evening I had lost the baby.

My second miscarriage experience was quite different from the first. . . . Again, I began experiencing some bleeding around the tenth week. It was a Friday, and my doctor’s office closed around eleven. I called the office around ten, but they wanted me to lie down for a while to see if the bleeding would stop. Of course it didn’t, and I went to the ER later that evening with the understanding that I would see the doctor on call from my ob-gyn office. That didn’t work out, and a stranger delivered the news that our baby was no longer living. This time, my experience was filled with anger. Again, I was sent home to miscarry on my own. This time, it took nearly three weeks!

Some women even experience premonitions, feelings that something is wrong before they have any physical evidence. Mary told a haunting story:

[My miscarriage] started at school. It was the week before finals and I was finishing up not only the year but also the end of the job. I knew something was wrong. I was ten weeks out. I was supposed to get my first ultrasound the following week. I knew it wasn’t just spotting.

The night before I had a terrible nightmare that I haven’t told anyone until just now because it was so horrible and so prophetic I didn’t think

anyone would believe me. I dreamt a tiny little baby, like an embryo, was all bloody and crawling up my stomach to nurse. In my dream I was thinking, “No, baby, you’re too little. It’s not time. It’s not time.” I woke up and tried to dismiss the dream.

At school during lunch I went in to the school minister’s office and just cried hysterically. I really did think my world fell apart. Everything was wrong and I deserved it. I had to leave that very day. I was shaking when I left lesson plans for the sub and I swear there were tearstains on the paper. I didn’t care. I was leaving anyway. I was in no shape to drive. My husband left work to come to pick me up from school . . . when he drove me to the ob-gyn he was still hopeful. He said, “Maybe we will just get to see the baby early.” I said, “No.” It’s already gone. I knew it. I wasn’t being negative. I knew Buddha [her nickname for her unborn baby] was gone and God himself had left me. I was ashamed and broken. I felt like my body had betrayed me and I had let everyone down.

Many women learn of their unborn child’s death in the doctor’s office, and the way that medical personnel respond can affect their experience significantly, for better or for worse. Often, women need or elect to have a D&C procedure (dilation and curettage, a surgery usually done under general anesthesia in which the cervix is dilated and all remaining tissue from the pregnancy is scraped from the uterus). Some women discover that the baby has stopped growing or has died, and they have to decide whether to have the D&C right away or to wait until their bodies figure out that the baby is no longer living. Susan shared what this was like for her:

I thought the pregnancy was normal. The only difference I had felt was that I hadn’t been as nauseous, but I just figured that was because I was getting close to the end of my first trimester; I was about eleven weeks. We went in for our checkup. Dr. Bissell put the wand (like there is magic in it) on my belly. Nothing. Again. Nothing. She said something like, “Let’s go do an ultrasound. Sometimes they’re just hiding.” We walked down the hallway to the ultrasound room.

Thankfully, Matt [her husband] was with me. She began the ultrasound. I knew. There was nothing. Just stillness. I immediately started to sob. I don’t even know where it came from. I think Matt was in shock. “Well, damn,” was what Dr. Bissell said. Looking back, I’m grateful for that kind of response. I wouldn’t have wanted some sort of scientific explanation.

One of the hardest things about the type of miscarriage I had was that since my body hadn’t eliminated (awful term, but I can’t think of a better one) the fetus, we had to decide what we wanted to do: wait and see, take some sort of drug that would allow my body to deliver, or a D&C. We went home, thought about our options, which of course once the shock

wears off only spurs more questions. We met the next Monday at the doctor's office and, after some more conversation, decided on the D&C. You would think that would be it, but I didn't realize that we had to schedule an operating room, which meant that it would be two more days before the procedure could be done. I remember once we had decided on the operation, I just wanted it out. I hated going around with a dead baby (crude, but true) inside of me.

Some women have just days between the positive pregnancy test and the miscarriage that poses as a late period. Some women have pregnancies that seem fine until the tenth or eleventh week. Some women have pregnancies that keep them teetering on that fine edge between fear and hope for months, with occasional bleeding, funny physical symptoms, or a nagging feeling that something just isn't right. And some women grieve instantly, while others feel guilty at the smothered relief that floods them.

The experience of miscarriage can be complicated further by the feelings of guilt that can immediately rush in. This was a difficult part of Christine's experience:

Pregnancy #1 was a miscarriage in week eleven. I felt broken and actually felt it was punishment for an elective abortion I had at the age of seventeen. Although I believed strongly in God, my spiritual upbringing taught me that God punished us for our sins. A family member who had taken me to the emergency room overheard a nurse complain about having to clean up my private area, and so I felt humiliated and a burden. I had to have a D&C because they told me they needed to remove the rest of the "tissue." There was no social worker or chaplain. As I awoke from anesthesia, I found myself in a room with a woman who had had a hysterectomy, and I was discharged before I could even stand.

This guilt can be related to something concrete, as it was for Christine (a previous abortion, smoking or drinking during the first part of the pregnancy—even though most of these things are unlikely to have caused the miscarriage) or to something abstract (the worry that you were not praying enough, that you were not happy enough about the pregnancy, that you were not going to be a good enough mother). In nearly all these cases, the guilt is related to the grief of the loss rather than to anything that would have affected the pregnancy. However, that fact doesn't usually make it any easier to let go of such feelings of guilt.

Women who have been struggling with infertility can have particularly complicated emotions. Even more so than with other women, less-fertile women's pregnancies might seem all the more precious because they have



been so long in coming. When she lost her first pregnancy after nine years of infertility challenges, Heather said:

We saw a heartbeat on two different ultrasounds, but when we went back for our eleven-week ultrasound, the baby had died. I was devastated. I didn't know that a baby's heart could stop beating. We scheduled a D&C for the next morning. The doctor was nice but kept calling it a "fluke." The whole evening before the D&C I wept constantly . . . I cried all through the check-in process at the hospital the next morning. When a nurse said, "You can try again," I told her she didn't understand . . . it had taken me nine years to get pregnant with this one.

Your pregnancy loss may have been very different from your best friend's. Your experience at the doctor's office may have felt cold and impersonal, while your sister experienced only compassion from medical personnel. Your physical experience may have been the most traumatic part of your loss, while for your co-worker the emotional impact was stronger. There is no "right" way to feel, no "right" way for you to respond to your miscarriage. But in every case, the miscarriage brings a tragic full stop to the hope and excitement and fear of pregnancy.

## REFLECTION QUESTIONS

1. Reflect on your experience of miscarriage. Tell your own story. Did you anticipate the loss? Did it come out of the blue? Who was with you? When did you know?
2. Think about your experience with medical professionals. Were they helpful? Hurtful? How did they make you feel?

## EXERCISE

Find art supplies you are comfortable using (paper and paints, pastels or crayons, modeling clay, or something else) and use them to express your experience of your miscarriage. When you are finished, share your artwork with a trusted person and explain it to her or him.