Pastoral Care and Miscarriage:
A Ministry Long Neglected

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ABSTRACT: Ministers often are estranged from the loss experience of women who miscarry. This paper gives medical information about such spontaneous abortions, describes several factors that shape the woman's experience, and explores possible pastoral response.

This article is for ministers as they encounter women whose pregnancies end in miscarriage and stillbirth. The encounter is one of theological, psychological, and sociological significance, yet it often is ignored as if it were unimportant.

Miscarriage is a crisis in a woman's life little understood by most clergy. Since most miscarriages happen early in a pregnancy, before the woman's physical shape has changed, pastors often never find out about either the pregnancy or the miscarriage. If they do find out, few respond in a meaningful way. At best, they often feel awkward, not wanting to intrude in a scene they don't understand. At worst, they fail to realize the importance of what has happened and contribute to the woman's cultural experience of being discounted.

Definition

The experience has many names: spontaneous abortion, unintended fetal death, termination of a wanted pregnancy, fetal wastage, miscarriage. It refers to the death and expulsion of a nonviable fetus, and its occurrence is remarkably more common than is generally assumed.

Twenty-five percent of women who have ever been pregnant have had a miscarriage. Among those who have been pregnant four times

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almost 50 percent have miscarried. The word *miscarriage* here refers only to the 15–20 percent of recognized pregnancies that end up spontaneously aborted. The actual number of fertilized ova lost is probably more like 49 percent, since about one-third of all zygotes are shed before the first missed menstrual period. These usually go unnoticed and unreported. Seventy-five percent of all miscarriages occur within the first three months of pregnancy; most of these are the result of an incorrect chromosomal division, which produces a conceptus that cannot grow or survive beyond ten or twelve weeks. The abnormality may be the result of genetic problems inherited from the parents, but more often it is a chance mutation that has occurred during fertilization or the early growth of the embryo. A woman who has miscarried once is not significantly more likely to miscarry again. But after three miscarriages, there is a one-in-two chance that the next pregnancy will fail.

The several distinctions made by the medical community are explained in the following summary:

*Threatened abortion* (miscarriage) is the term used when a woman bleeds and may have cramps but the cervix is still closed; the process could stop and the pregnancy continue. At least half the women who bleed early in pregnancy will notmiscarry and are, in fact, bleeding for reasons unrelated to the condition of the fetus. If the bleeding becomes heavy and continues for several days and if the cervix opens and severe contractions begin, the miscarriage becomes an *inevitable abortion*. Hospitalization may be necessary, especially if all of the fetus and placenta is not expelled.

When these tissues remain, the term used is *incomplete abortion*. A dilution and curettage (D and C) is performed in these cases to remove the contents that were not expelled. If a D and C is not performed, the uterus cannot contract, the placenta will continue to pump blood, and the cervix will not close. This poses a danger to the life of the woman from hemorrhage or infection.

A *complete abortion* is one in which all the afterbirth comes out and the cervix closes. The physician will usually determine that a D and C is not needed in these cases.

Another type of miscarriage is known as a *missed abortion*. This occurs when the fetus dies at least four weeks before being expelled. In cases of missed abortion, the fetus degenerates and emerges in the form of bloody clumps of tissue; in other cases, it is a small embryo. Some women who have early miscarriages expel such an embryo at home. Usually a woman no longer feels pregnant, her breasts return to their normal size, the uterus does not grow, and a pregnancy test is negative. Most often the embryo aborts naturally; sometimes, however, labor has to be induced or a D and C performed.

If a woman has three or more consecutive miscarriages, her con-