Loss Tree - Helping You Move Forward After Early Pregnancy Loss

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We would like for you to know that you are not alone during this time of loss.

The meaning behind Loss Tree:

The root of it may be that you can truly never know why you are in this place in your life and why this has happened to you, but your baby is a seed that was planted. Unfortunately, something happened that you probably would have never expected, but out of this loss, something beautiful can and will bloom.

The purpose of Loss Tree:

This packet was created as a resource for you and your family to use during this tragic and unexpected time in your life. This packet contains information on grief and loss as well as medical information that may be helpful for your recovery and future family planning. Use this packet as a guide to find the information you need at the time you need it. A table of contents is provided so you can access information as you are ready.

Sincerely,

UAMS Health Women's Center Team

Loss Tree–Helping You Move Forward After Early Pregnancy Loss

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Types of Early Pregnancy Loss

An early pregnancy loss, or miscarriage is defined as any loss before 20 weeks gestation. The death of a baby before the thirteenth week is the most common form of pregnancy loss. The majority of first-trimester losses occur due to problems with the development of the baby or placenta.

- A **threatened miscarriage** means you have some symptoms of a miscarriage, such as bleeding or cramping, but no miscarriage has occurred. This does not mean you will lose the baby, as many women who have these symptoms go on to deliver full-term babies.
- An **inevitable miscarriage** means you have symptoms such as bleeding and cramping, but you may also pass some tissue. An examination shows that your cervix is dilated, and this indicates you will probably miscarry.
- An **incomplete miscarriage** may occur if you experience severe cramping, bleeding, and cervical dilation. This suggests that the baby may remain in the uterus. The miscarriage may complete on its own or a dilation and curettage (D&C) may have to be performed.
- A **missed miscarriage** is the discovery through ultrasound that your baby has no heartbeat, but you have no symptoms of a miscarriage. You may be sent home to wait for bleeding and cramping to occur on its own. Your doctor may need to prescribe medication or perform a D&C.
- A **blighted ovum** is a common cause of 1st trimester pregnancy loss. This means a fertilized egg has attached to the uterine wall but there is no embryonic development. When this happens, it means the baby did not start to grow even though there is a sac and a placenta. You may continue to experience pregnancy symptoms but if a natural miscarriage does not happen you may need a D&C or other medical treatment.
- An **ectopic** or **tubal pregnancy** occurs when, instead of attaching to your uterus, the fertilized egg attaches itself to a fallopian tube or some other place inside your abdomen. The first sign of an ectopic pregnancy may be severe pain in the lower abdomen, with or without bleeding.
- A **molar pregnancy** may occur in 2 ways: complete or partial. A complete molar pregnancy has only placental growth. Patients have all the signs of pregnancy and discover on ultrasound there is no baby in the sac. A partial molar pregnancy occurs when 2 sperm fertilize an egg. This results in incomplete or absent embryo development. Since a molar pregnancy causes high pregnancy hormone (beta hCG) levels, your doctor will monitor you closely and may tell you to wait one year before becoming pregnant again.
- A **chemical pregnancy** occurs in the first trimester, often shortly after implantation. Beta hCG levels may rise, indicating conception has occurred, and then drop off, meaning the pregnancy was not viable. This may all happen before a menstrual period is missed.

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Types of Management of a Miscarriage

How is a miscarriage managed?

Unfortunately, there is nothing you can do to prevent a miscarriage (pregnancy loss) from happening. What happens next depends on your health and what is happening to you.

Each approach has benefits and risks. Talk to your doctor about which option is best for you.

Expectant or natural management

Also called "watch and wait." Expectant management may be recommended in early pregnancy. This involves going home and waiting until the pregnancy tissue has passed from your uterus by itself. This can happen quickly, or it may take a few weeks.

Medical management

You may be offered medication that speeds up passing of the pregnancy tissue. You may be asked to stay in the hospital until the tissue has passed, or you may be advised to go home.

Surgical management

You may be advised to have a form of minor surgery called a 'dilatation and curettage' (also called a D&C). This procedure is recommended if you are having heavy bleeding, significant pain, or are showing signs of infection. It may also be recommended if expectant or medical management has failed. You may also decide that you prefer this option. This procedure is done under general anesthesia (be put to sleep) in an operating room. It takes 5 to10 minutes once you are asleep. The health care provider opens the cervix and removes the remaining pregnancy tissue.

Vacuum aspiration

When a pregnancy loss does not resolve spontaneously, an alternative procedure to D&C is vacuum aspiration. A benefit of this procedure is it can be done in the obstetrical clinic and lasts only 5 to 10 minutes.

"A life need not be long-lived for it to have been meaningful."

The impact of a miscarriage on the hearts of parents is tragic, no matter how short the pregnancy was.

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How Beta hCG Affects Pregnancy

What is beta hCG?

- **Beta hCG** (Human Chorionic Gonadotropin) is a hormone made in the placenta during pregnancy. That is why it is often called the pregnancy hormone.

Why is it important to check beta hCG levels?

- While you are pregnant, beta hCG levels can double every 96 hours. They can also fall if something is wrong. Doctors watch these levels because they tell how the pregnancy is going.
- When a woman has had a pregnancy loss in the past or there is another reason to worry, doctors may check these levels often.
- How do you test for beta hCG?
- A blood test: the hormone shows up in your blood about 11 days after getting pregnant.
- A urine (pee) test: it takes about 12 to 14 days for the hormone to be found in pee after getting pregnant.

What do beta hCG test results mean?

- Less than 5 mIU/mL means there is no pregnancy.
- Between 6 and 24 mIU/mL is not clear one way or the other. Your doctor may order another test.
- Above 25 mIU/mL means there is a pregnancy.

Why do you check beta hCG levels more than once?

- A doctor or nurse may recheck your levels if you are bleeding, have severe cramping, or have a history of miscarriage.
- One test result usually is not enough to find out what may be wrong.
- When there is a question about the pregnancy, your doctor or nurse will often take a series of tests a few days apart. The results may help show a pattern.

When do beta hCG results signal a problem?

- The body might make less beta hCG if there is something wrong with the baby's growth.
- If the first tests show lower levels, doctors often do another test. When the second test is lower than the first, it means something is wrong.
- Another concern is when beta hCG levels do not rise as they should during pregnancy. This means a fertilized egg grows outside the womb instead of inside it. This is called an ectopic pregnancy. An ectopic pregnancy cannot be carried to term. Medicine or surgery is needed to stop it right away.

Why do you check beta hCG levels after a pregnancy loss?

- Doctors often keep testing beta hCG levels after a pregnancy loss to ensure they return to less than 5. That usually takes about 4 to 6 weeks for most women.

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Medical Management

- Medical management of a miscarriage is often used when the pregnancy has been identified in the uterus, but it is not viable. In these cases, a miscarriage is confirmed even though bleeding has not yet started.
- Cytotec (misoprostol) is a medication used to manage a miscarriage when beta hCG results or ultrasound tests confirm the diagnosis of either a missed miscarriage or blighted ovum.
- This medication will cause your cervix to dilate and allow pregnancy tissue to pass.

Instructions:

- Take ibuprofen an hour before taking your prescribed dose of misoprostol to reduce cramps.
- With the vaginal application, place pills in your vagina. You will need to lie down for 30 minutes while the medication is absorbed.
- If you are taking your dose of misoprostol by mouth (oral), take the pills with food. Do not take them with antacids or calcium.
- Wear a night-time capacity menstrual pad after you take the pills to make sure you are prepared for the bleeding the medication will cause (do not use a tampon). Miscarriage-related vaginal bleeding and cramps will usually start within 1 to 4 hours of taking misoprostol. You might have cramps for 3 to 5 hours.
- The bleeding is often the same as menstrual bleeding but might be heavier and more painful than you typically experience. Like a natural miscarriage, the bleeding can last for 1 to 2 weeks. You might have "starts and stops" or spotting.
- If bleeding does not start within 24 hours of taking your dose of misoprostol, contact your doctor or refer to the written instructions you were given. Often, another dose of the pills will be recommended.

When to Seek Emergency Help:

See your doctor or get emergency treatment if you have any of these symptoms after any miscarriage:

- Bleeding that continues for more than 2 weeks
- Fever and/or chills lasting for more than 24 hours
- Foul-smelling vaginal discharge
- Heavy bleeding that soaks more than 2 menstrual pads per hour for 2 hours in a row
- Heavy bleeding that returns 2 weeks after taking the medication

What is my Follow-up after Miscarriage?

- Shared decision-making between patient and doctor will be used to develop a plan of care to best meet physical and mental health needs after pregnancy loss. Follow-up could be a combination of below:
  a. Lab-only appointment to monitor beta hCG levels
  b. Face-to-face visit with a doctor
  c. Telehealth appointment with a doctor

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Surgical Management

What to Expect After a D&C

Most women are discharged from the hospital within a few hours after the procedure. If there are complications or you have other medical conditions, you may need to stay longer. You will likely be given an antibiotic to help prevent infection and possibly pain medication to help with the initial cramping after the procedure.

Things to know about taking care of yourself at home:

- Most women can return to normal activities within a few days, and some feel good enough to return to normal non-strenuous activity within 24 hours.
- You may experience some painful cramping initially, but this should not last longer than 24 hours.
- Light cramping and bleeding can be expected for a few days to up to 2 weeks. Ibuprofen is usually suggested for treating cramps.
- You should not insert anything into the vaginal area including using a douche or tampons for 2 weeks. You should avoid having sexual intercourse for at least 2 weeks or until the bleeding stops. Your health care provider should give you specific instructions for when intercourse can resume.
- Your cycle may start anywhere from 2 to 6 weeks after the D&C procedure.
- It is unknown when ovulation will return, so once sexual intercourse is allowed, you should use a method of birth control until your doctor says it is okay to try to get pregnant again.
- Make sure to attend your follow-up appointments.
- Discuss with your doctor when you can return to work.

When will I return to clinic?

- You will have a follow-up appointment around 2 weeks after the surgery.

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How can I deal with physical pain and fatigue?

- Take ibuprofen (Motrin or Advil) 800 mg up to 3 times a day. Take this with food to prevent an upset stomach.
- To help with any discomfort, change your pad frequently and clean the area gently with water only.
- To help with any nausea, drink plenty of water and try to eat small meals (rice, bananas, oatmeal, scrambled eggs, plain grilled chicken)
- Heating pad for 10 to 15 minutes
- Rest in a soothing place
- Get plenty of sleep
- Warm Shower (no baths)
- Take occasional walks
- Relaxation and guided imagery
- Therapy
- Massage
- Yoga
- Essential Oils

When Will I Start My Cycle?

Your menstrual cycle can resume anywhere between 4 to 8 weeks after the pregnancy loss.

How Soon Can I Get Pregnant Again?

You can get pregnant soon after the miscarriage is over. If you want to try again, take folic acid daily. If you are not ready for pregnancy at this time, please discuss contraceptive options with your health care provider. If you have had 3 miscarriages, you should discuss this with your provider and schedule a preconception counseling appointment. If you have had a molar or ectopic pregnancy you should speak with your provider regarding when you can try again.

Going Back to Work

Some people find comfort in returning to work and getting back into their daily routine quickly, while others need more time. Check with your employer to find out how much time off you may take. You may consider asking a trusted co-worker to tell others what has happened before you return and whether you want to talk about your experience.

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What You Need to Know about Rh Factor and RhoGAM

The Rh factor is related to your blood type. Molecules in your red blood cells determine if your blood type is positive or negative. That also indicates your Rh factor. When you are pregnant, your doctor checks your blood type and Rh factor. You can be:

- **Rh-positive:** Have the Rh protein
- **Rh-negative:** Do not have the Rh protein

If you are Rh-negative, we give you a medicine called RhoGAM. RhoGAM, given as an injection, stops your blood from making a special protein that attacks Rh-positive blood cells. RhoGAM is made from human blood taken from plasma donors. It has a very small number of Rh-positive proteins.

Why do I need RhoGAM?

Your doctor gives you RhoGAM only when your baby has Rh-positive protein. It keeps your Rh-negative blood from attacking your baby's Rh-positive blood. We suggest you get RhoGAM:

- After you have vaginal bleeding while pregnant if you are Rh-negative.
- To protect future pregnancies if your baby's blood comes in contact with yours. That can happen if you have a miscarriage or ectopic pregnancy (when the egg plants somewhere other than your womb). You do **NOT** need an injection after a chemical pregnancy (a miscarriage within 5 weeks of becoming pregnant).
- Because it prevents you from making antibodies that may attack your Rh-positive baby.

RhoGAM will be given in clinic at your appointment after a loss is confirmed.

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Ways to Remember Your Baby After Early Pregnancy Loss

Early pregnancy loss is hard because most families do not yet have special keepsakes to help them remember their babies. You can start by collecting anything that reminds you of your baby and create a memory box or keepsake book. Examples of items are:

- Labels from doctor visits
- Ultrasound picture, if you received one at your visit
- Pregnancy test results
- Pictures of yourself pregnant, even if you did not know you were pregnant or look pregnant
- Hospital bracelet
- Card of congratulations or recognition of your pregnancy
- Cards and flowers after your loss
- Recognition of Life Certificate
- Memorial booklet
- A quilt or small blanket you or someone close to you made

You can also create special reminders of your baby. Some parents name their baby even if they do not know the baby's gender. Some parents choose a name based on a strong feeling they had or use a name that could be used for either gender. You can name your baby at any time, it does not have to be at the time of your loss.

What can I do to honor my baby's memory?

- Plan a special memorial service to remember your baby. Your hospital may have a service each year that you can go to.
- Write your thoughts and feelings in a journal. You can even write letters or poems to your baby. Make an album or memory box for keepsakes.
- Make a donation to a local group in memory of your baby and to support other parents that may be experiencing a similar experience. Get help if needed as you grieve.
- Talk to your religious or spiritual leader.
- Join a support group.
- Talk to your local hospital social worker or bereavement coordinator.
- Talk to your friends and family about your feelings and how they can help.

Other:

- Holy Sews: holysews.org
- Mamie's Poppy Plates (keepsake plates made in Arkansas): mamiespoppyplates.com

"You never arrived in my arms, but you will never leave my heart."

– Zoe Clark-Coates

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Birth Control Options

It is important to give yourself plenty of time to decide if you are ready to conceive again. After a pregnancy loss, it is normal to need time to heal both physically and emotionally. When you feel ready, you can talk to your doctor about your options. In the meantime, if you are not ready to conceive again, there are birth control options available to you.

- **Permanent Birth Control** - A surgical procedure that makes a person who can produce sperm unable to cause a pregnancy or a person who can ovulate unable to become pregnant. Permanent birth control is not reversible and prevents pregnancy 99% of the time. While women can choose from bilateral tubal ligation in the hospital (aka "having your tubes tied") or a tubal block done in a health center, men may choose a vasectomy.
- **IUD (Non-hormonal/Hormonal)** - A small t-shaped device that is placed inside of the uterus by a health care provider to prevent pregnancy 99% of the time. Available in non-hormonal (copper) and hormonal (plastic) options, the IUD is one of the most effective forms of birth control and can last anywhere between 3 to 10 years depending on which type you choose. Non-hormonal and hormonal IUDs work to prevent sperm from fertilizing an egg.
- **Implant (Hormonal)** - A small rod placed under the skin in the upper arm by a health care provider to prevent pregnancy 99% of the time. Less than 1 out of 100 women a year will become pregnant using the implant. The implant, which lasts for 3 years, releases the hormone progestin to stop the ovaries from releasing eggs, and it thickens cervical mucus, so it is difficult for sperm to enter the uterus.
- **The Injection (Hormonal)** - An injection given by a medical professional of the hormone progestin in the arm or hip that lasts 3 months and prevents pregnancy 99% of the time. Less than 1 out of 100 women will get pregnant each year if they always use the injection as directed. The injection, also known as Depo-Provera, stops the ovaries from releasing eggs and thickens the cervical mucus, so it is difficult for sperm to enter the uterus.
- **The Vaginal Ring (Hormonal)** - A flexible ring that is inserted into the vagina each month for 3 weeks at a time that prevents pregnancy 99% of the time. Less than 1 out of 100 women will get pregnant each year if they always use the ring as directed. The vaginal ring releases hormones that stop the ovaries from releasing eggs and thickens cervical mucus, so it is difficult for sperm to enter the uterus.
- **Patch (Hormonal)** - The patch is applied (like a sticker) weekly anywhere on the skin (except for the breasts) and prevents pregnancy 99% of the time. Less than 1 out of 100 women will get pregnant each year if they always use the patch as directed. The patch releases hormones that stop the ovaries from releasing eggs, and it thickens cervical mucus, so it is difficult for sperm to enter the uterus.
- **The Pill (Hormonal)** - A pill that should be taken at the same time every day for maximum effectiveness, which is often used to reduce cramping and bleeding during periods and that prevents pregnancy 99% of the time. Less than 1 out of 100 women will get pregnant each year if they take the pill each day as directed. The pill releases hormones (progestin-only or a combination of hormones) to stop the ovaries from releasing eggs and thickens cervical mucus, so it is difficult for sperm to enter the uterus.

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- **Condoms (Non-hormonal)** - Available in latex or polyurethane, condoms, which prevent pregnancy 98% of the time, are placed over an erect penis to stop sperm from entering the vagina during ejaculation. 2 out of 100 women whose partners use condoms will get pregnant if they always use condoms correctly. Internal/female condoms are inserted into the vagina and prevent pregnancy 95% of the time. This means that 5 out of 100 women will become pregnant if the internal condom is always used correctly.
- **Emergency Contraception (Hormonal and Non-hormonal)** - Emergency contraception can be used up to 5 days after unprotected sex. It can come in the form of a pill or copper IUD, which have varying degrees of effectiveness. Emergency contraception prevents pregnancy from occurring by preventing ovulation and thickening cervical mucus, but it does NOT cause an abortion.
- **Spermicide** - Made with sperm-killing chemicals, spermicides such as foams, suppositories, or film (used separately, not in combination) prevent pregnancy 82% of the time. 18 out of 100 women will get pregnant each year if they always use the spermicide as directed. Placed inside the vagina shortly before sex, spermicides block the cervix and keep sperm from joining with an egg.
- **Fertility Awareness/Natural Family Planning (Non-hormonal)** - Natural family planning involves a woman tracking her monthly cycle from her period through ovulation to determine when she is most and least likely to get pregnant. When used correctly, this method prevents pregnancy 76% of the time. 24 out of 100 women who use natural family planning will have a pregnancy if they use the method correctly.
- **Withdrawal/Pull-out Method (Non-hormonal)** - Withdrawal prevents pregnancy 73% of the time by pulling the penis out of the vagina before ejaculation. 27 out of 100 women whose partners use withdrawal will become pregnant each year, even if used correctly. Remember, there is always a chance of pregnancy if sperm is introduced to the vagina.

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Tips for Dealing with Grief during Holidays or Due Date

Holidays can be a difficult time for people that have had a loss. ***There is no right or wrong way to handle holidays.*** Some may wish to follow family traditions, while others may choose to change. When we are already experiencing the great stress of bereavement, the additional strain of holidays can create unbearable pressure. ***The key to coping with grief during holidays is to find the way that is right for you.***

Suggested ways to prepare in advance:

Plan for any approaching holidays.

Be aware that this might be a difficult time for you. The additional stress may affect you emotionally, cognitively, and physically. This is a normal reaction. It is helpful to be as prepared as possible for these feelings.

Recognize that holidays may not be the same.

It is likely impossible to keep everything the same as it was, so try to be kind with your expectations about what is possible. Doing things a bit differently can acknowledge the change while preserving continuity with the past.

Be careful not to isolate yourself.

It's important to take time for yourself while staying open to the support of family and friends.

Holidays may affect other family members or close friends.

Talk over your plans. Respect their choices and needs, and compromise if necessary.

Avoid additional stress.

Decide what you really want to do, and what can be avoided.

When coping with grief during holidays, it is important to remember that not everyone grieves the same way or finds comfort in the same things. Many families have found comfort in the following suggestions:

Remember the deceased: make a holiday donation to a charitable organization in their memory. Share photos and memories. Include your baby in conversations and celebrations.

Take care of yourself: Plan time to do things that help you relax (warm baths, watch movies, read, play games, exercise). Plan to be with the people that you enjoy. Get plenty of sleep, watch what you eat, and avoid excessive alcohol consumption. Keep a diary or journal of feelings, and how you and your family are coping.

Limit social gatherings: Choosing to attend gatherings may give you more comfort than stress. Be willing to leave a party or function early if you are uncomfortable.

Do something for others: Volunteer at a soup kitchen, ask someone who is alone to share the day with your family, provide help to a family in need; volunteer in a hospital. Helping others may help you feel better.

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Signs of Depression

Everyone feels sad at times. These feelings may be stronger after a pregnancy loss. If your feelings of sadness are strong, last for a long time, and prevent you from leading your normal life, you may need treatment for depression to feel better. Depression is not a sign of weakness or a character flaw. Depression affects each person differently. Here are some signs of depression:

- Having little interest in your usual activities or hobbies
- Feeling tired all the time
- Gaining or losing weight
- Having trouble sleeping or sleeping too much
- Having trouble concentrating or making decisions
- Thinking about suicide or death

Tell your provider if you think you have any of the signs of depression. Be honest, clear, and concise. This can improve your care and help you and your doctor make good choices about your health. Even the most severe cases of depression can be treated.

If you need assistance during these times, you can contact the resources below:

- 24/7 Nurse Call Center (Institute for Digital Health and Innovation) 501-526-7425 option 2
- UAMS Health Women's Center (Midtown Phone Nurses) 501-296-1800 option 4
- UAMS Health Midtown Licensed Clinical Social Worker 501-320-7562
- UAMS chaplains are available 24 hours a day to provide pastoral and emotional support to patients 501-516-9120

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Common Responses to Grief

- **Shock and Numbness**
  - The hopes and dreams that you may have had for your baby suddenly end when you learn that you have or are going to experience an early pregnancy loss. This discovery can come as quite a surprise. You may feel as if you are moving around in a fog. It can be hard to believe this has happened. Shock may also be the temporary feeling that enables you to do what you need to make necessary decisions.
- **Helplessness**
  - Pregnancy loss often leaves parents feeling powerless. You may feel as if your body has failed you or wonder if different medical care or interventions could have changed what happened. You may feel especially helpless and scared if the cause of your loss could not be determined or if you have a genetic, medical, or health concern that can potentially cause another loss.
- **Confusion**
  - You may be confused by your feelings and how others expect you to feel. You may ask yourself, "Why am I not more upset?" or "Am I overreacting?" Others may not understand your reactions to grief either.
- **Loss of Faith**
  - You may have done everything you were told to do to have a healthy baby, and it can shatter your hope for the future when you experience early pregnancy loss. It can also be extremely frustrating and disheartening when you want a baby so badly, yet you hear stories of people abusing or neglecting their children. Talking about these feelings with your family, clergy, or support person may help as you struggle with this.
- **Denial**
  - It may be too difficult to cope with the death of your baby and the end of your pregnancy all at once. You may still be feeling pregnancy symptoms, which can cause you more heartache.
- **Anger**
  - You may be angry with your health care provider, your God, your partner, or yourself. You may direct your anger at your friends and family if you feel they are not being as supportive as you would like them to be. You may also find yourself becoming angry when you see other pregnant women or women with babies.
- **Guilt or Self Blame**
  - It is natural for parents to wonder if they are somehow at fault following a pregnancy loss. You may wonder if something you did caused the loss, i.e., drinking alcohol or taking medicine before you knew you were pregnant, lifting something heavy, your diet, or having sex. While blaming yourself is a common reaction, in most situations, the loss could not have been prevented.

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- **Sadness/Depression**
  - You may find yourself crying frequently, sometimes for no apparent reason. You may want to isolate yourself from the outside world, even from your friends and family. Some of this may be due to the hormonal changes your body goes through after a miscarriage, but you may also find yourself feeling sad at other times as well, such as:
    - When you see other pregnant women or babies
    - At the onset of your first period after your loss. "This may recur for several months or be increased if you are trying to conceive again."
    - On and leading up to your baby's due date
    - On special days such as Mother's Day and Father's Day, or other holidays that are commonly associated with children
    - On the anniversary of the day you found out you were pregnant or the anniversary of your loss
    - When friends and family members announce their pregnancies or birth of their babies
    - When you resume a sexual relationship with your partner
    - When you receive invitations to baby showers
    - During the season your baby passed and or the season you became pregnant
    - When you feel your support system is not there for you
- **Frustrations**
  - Maybe you went through infertility treatments or tried for a long time to get pregnant. If so, it can be very frustrating to go through testing and treatment, often costing thousands of dollars, and then to experience early pregnancy loss. Many women say they feel frustrated because of their lack of control over their body.
- **Jealousy**
  - It is not uncommon to feel intense jealousy toward those who have babies or older children. If someone close to you is pregnant, it can be very challenging and heartbreaking to be around that person as their pregnancy advances. It can be difficult to express these feelings, especially if those around you do not understand your circumstances.

"Whether your child is in your arms, or in your heart, you are a mother."

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We are so sorry for what you and your family are going through in your time of loss. We hope these resources can comfort and support you in the days ahead.

Resources

- 24/7 Nurse Call Center (Institute for Digital Health and Innovation) 501-526-7425 option 2
- UAMS Health Women's Center (Midtown Phone Nurses) 501-296-1800 option 4
- UAMS Health Midtown Licensed Clinical Social Worker 501-320-7562
- UAMS chaplains are available 24 hours a day to provide pastoral and emotional support to patients, families, and staff. If you would like to have a pastoral visit or speak with a chaplain, please contact UAMS Pastoral Care Department at 501-516-9120.

Support Groups

- Virtual support groups and workshops available through Return to Zero H.O.P.E: https://rtzhope.org/register
- Online Support Meetings available through Postpartum Support International
- Facebook Groups

Books

- After the Loss of Your Baby: For Teen Moms (Connie Nykiel)
- Bearing the Unbearable: Love, Loss, and the Heartbreaking Path of Grief (Joanne Cacciatore, Jeffrey Rubin)
- Carry You With Me (Alanna Knobben)
- Empty Arms: Coping After Miscarriage, Stillbirth, and Infant Death (Sherokee Ilse)
- Expecting Sunshine: A Journey of Grief, Healing and Pregnancy After Loss (Alexis Marie Chute)
- Grieving is Loving: Compassionate Words for Bearing the Unbearable (Joanne Cacciatore)
- Healing Together: A Couple's Guide (Suzanne B. Phillips, Dianne Kane)
- It's Not "Just" A Heavy Period: The Miscarriage Handbook (Elizabeth Petrucelli)
- Life Touches Life: A Mother's Story of Stillbirth and Healing (Lorraine Ash, Christine Northrup)
- Loved Baby: 31 Devotions Helping You Grieve and Cherish Your Child After Pregnancy Loss (Sarah Philpott)
- Making Loving Memories (Mary Lou Eddy, Linda Raydo)
- Miscarriage: A Shattered Dream (L.H. Burns, Sherokee Ilse)
- Navigating the Unknown: An Immediate Guide When Experiencing the Loss of Your Baby (Amie Lands)
- Poems for Wyatt: An Archive of Infant Loss and Recurrent Pregnancy Loss (Mandy Kelso)

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- Remembering with Love: Messages of Hope for the First Year of Grieving and Beyond (Elizabeth Levang, Sherokee Ilse)
- The Unspeakable Loss: How Do You Live After a Child Dies? (Nisha Zenoff)
- This Little While (S.M. Johnson, Joy Johnson)
- Three Minus One: Stories of Parents' Love and Loss (Sean Hanish, Brooke Warner)
- Too Soon a Memory: A Guide for Parents Suffering a Miscarriage (Pat Schwiebert)
- Unexpecting: Real Talk on Pregnancy Loss (Rachel Lewis)
- Unspeakable Losses: Healing from Miscarriage, Abortion, or other Pregnancy Loss (Kim Kluger-Bell)
- When Hello Means Goodbye (Chef Paul Kirk, Pat Schwiebert)
- Your Own Path Through Grief: A Workbook for Your Journey to Recovery (Jill A. Johnson-Young)
- When Men Grieve: Why Men Grieve Differently and How You Can Help (Elizabeth Levang)
- When a Man Faces Grief (James E. Miller, Thomas Golden)
- Grieving Dads: To the Brink and Back (Kelly Farley, David DiCola)
- Swallowed by a Snake: The Gift of the Masculine Side of Healing (Thomas Golden)
- Planning a Precious Goodbye: Following Miscarriage, Stillbirth, SIDS, and other Child Death (Sherokee Ilse, Susan Martinez)
- We Hold You in Our Hearts: Condolence, Keepsake and Remembrance Guest Book for Funerals, Memorial & Funeral Services (Smiling Family Publications)

Websites

- https://www.counselingdegreesonline.org/resources/how-to-cope-with-miscarriage
- https://www.acog.org/womens-health/faqs/early-pregnancy-loss
- https://familyhealthcare provider.org/condition/early-pregnancy-loss/
- https://www.marchofdimes.org/find-support/topics/miscarriage-loss-grief/miscarriage
- https://nationalshare.org/
- https://www.archildrens.org/center-for-good-mourning
- https://carryyouwithme.com/cywm-program

Loss Tree–Helping You Move Forward After Early Pregnancy Loss

Counseling Providers in Arkansas

Central Arkansas:

Arkansas Psychiatric Clinic
4 Executive Center Court
Little Rock, AR 72211
501-448-0060

Roots Bilingual Counseling
2400 Crestwood Road, Suite 201
North Little Rock, AR 72116

Behavioral Health Services of Arkansas
10 Corporate Hill Drive, Suite 330
Little Rock, AR 72205
501-954-7470

Carrie Calhoon, LCSW
2120 Riverfront Drive, Suite 250
Little Rock, AR 72202
501-456-4796

Centers for Youth & Families
1521 Merrill Drive
Little Rock, AR 72211
501-660-6893

Chenal Family Therapy
Multiple Locations throughout AR
501-781-2230

Counseling Associates, Inc.
350 Salem Road, Suite #1
Conway, AR 72034
Offices also located in Morrilton, Clarksville, and Russellville.
501-336-8300

Counseling Clinic, Inc.
112 Pearson Street
Benton, AR 72015
501-315-4224

Families, Inc. (Referrals only)
2126 N. 1st Street, Suite F
Jacksonville, AR 72076
501-982-5000

Lakewood Behavioral Health Associates
4020 Richards Road, Suite F
N. Little Rock, AR 72117
501-753-1616

Living Hope, SE
10025 West Markham, Suite 210
Little Rock, AR 72205
501-663-5473

Napa Valley Counseling
1701 Centerview Drive, Suite 102
Little Rock, AR 72211
501-224-0318

Psychiatric Associates
9601 Baptist Health Drive, #1050
Little Rock, AR
501-228-7400

Riverstone Wellness Center
5905 Forest Place, Suite 230
Little Rock, AR 72207
501-777-3200

UAMS' Women's Mental Health Clinic
4224 Shuffield Drive
Psychiatric Research Institute
Fourth Floor
Little Rock, AR 72205
501-526-8201

Roots Bilingual Counseling
2400 Crestwood Road, Suite 201
North Little Rock, AR 72116
501-271-8520

Loss Tree–Helping You Move Forward After Early Pregnancy Loss

Northeast Arkansas:

Families, Inc.
1815 Pleasant Grove Road
Jonesboro, AR 72401
870-933-6886

Offices also located in Paragould, Pocahontas, Osceola, Trumann, Walnut Ridge, Ash Flat, & Mountain Home.

Northwest Arkansas:

Ozark Guidance Center
2400 S. 48th Street
Springdale, AR 72762
479-750-2020

Additional offices in Bentonville, Berryville, Huntsville, and Siloam Springs.

Chenal Family Therapy PLC
5507 W. Walsh Lane, Suite 201
Rogers, AR 72758
479-595-0333

Southeast Arkansas:

Southeast Arkansas Behavioral Health
2500 Rike Drive
Pine Bluff, AR 71603
870-534-1834

Additional offices in Star City, Sheridan, and Stuttgart.

Southwest Arkansas:

Southwest Arkansas Counseling and Mental Health Center
2904 Arkansas Blvd.
Texarkana, AR 71854
870-773-4655

Additional offices located in Dequeen, Hope & Nashville

Chenal Family Therapy PLC
100 Ridgeway Street, #2
Hot Springs, AR 71901
501-781-2230

Eastern Arkansas:

Mid-South Health Systems
801 Newman Dr.
Helena, AR 72342
870-338-3900

Additional offices located in Forrest City, West Memphis, Marianna & Wynne

Western Arkansas:

The Guidance Center
3111 South 70th St.
Fort Smith, AR 72903
479-452-6650

Additional offices located in Mena, Booneville, Van Buren, Ozark, Waldron and Paris

Postpartum Support International Providers in Arkansas:
https://psidirectory.com/w:arkansas

Reviewed: 10/2024