



## PRACTICE

## WHAT YOUR PATIENT IS THINKING

**“No small talk please, my baby’s just died”**

A woman reflects on the ways healthcare professionals can help make miscarriage less devastating. For series information contact Rosamund Snow, patient editor, [rsnow@bmj.com](mailto:rsnow@bmj.com)

anon anonymous

Thirteen years ago I was carrying a child that died at three months’ gestation. I was 39 and I knew that a fair proportion of babies die early on in pregnancy. But there were things I wish the hospital staff had known, which might have helped them make this experience less devastating.

I had been on a walk along the Thames towpath when I registered a change in me. It was like a brief moment of awareness that a humming fridge has suddenly stopped and gone still. It was so fleeting that I immediately forgot about it.

A few days later I went to the local hospital’s obstetric unit for my three month scan. A year earlier I’d nearly died during a ruptured ectopic pregnancy so I was pleased I’d made it this far. But the scan took longer than I imagined and I realised I was in trouble. Eventually a doctor came over to me and said he was sorry but they had been unable to find a heartbeat. He said some other things that I couldn’t take in.

**It matters where you wait**

I was ushered back into the waiting room area and told to wait until someone could see me to talk through what to do next. The waiting room was teeming with expectant mothers who were feeding babies and entertaining bored toddlers. It is difficult to describe exactly how bad I felt sitting among all this lively commotion. Here were dozens of heavily pregnant mothers literally bursting with life and my belly had just become a giant watery tomb.

Every hour I waited, the urge to get up and run grew stronger. I kept repeating “I’d like to go home now please” but the nurse insisted I needed to wait and that a doctor would come to see me soon. I felt so upset that it didn’t even occur to me to ask whether I could sit somewhere else.

**Small talk**

Finally, after about four hours (it was a busy day) a young doctor led me into her office to talk through my options for how to end the pregnancy. I was trying to remain calm and not show how dreadful I was feeling so I smiled at her. She asked me what I did for a living. I was a radio producer, I told her. “Oh, that’s interesting”, she said, “is it hard to get your ideas made into programmes?” I tried to answer, but my mouth was dry and I was on the brink of tears. What I really wanted at that moment was someone who would reassure me, perhaps ask me if I wanted a hug. Someone who would explain in simple terms that I could either have the fetus removed surgically or take some pills that would expel it in a few days. I was not able to follow the medical jargon the keen young doctor used to discuss my options. I just wanted to go home and cry.

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**What you need to know**

- It would have made an enormous difference to me to be able to wait in a different environment, especially as the wait was so long. Even just waiting in a corridor around the corner from all the pregnant women would have been a whole lot more bearable
- Not all patients like to talk about their jobs when they've just been given the bad news that their baby has died. A word of sympathy, or even silence, would have been more welcome. Anything, just not having to make small talk
- Too much information, especially if the patient has just had some shocking news, can be counterproductive. If patients are on their own, give them the option of talking through the details on the phone later when they have had some time to assimilate what's happened

**Support groups that can help your patient**

Miscarriage Association ([www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk))

Mumsnet ([www.mumsnet.com/info/search?query=miscarriage](http://www.mumsnet.com/info/search?query=miscarriage))

NCT ([www.nct.org.uk/pregnancy/miscarriage](http://www.nct.org.uk/pregnancy/miscarriage))