



Supporting surrogacy teams through miscarriage and stillbirth

We understand your grief and disappointment at this moment and are here to support you in every way possible.

This document aims to provide you with practical guidance and information on what to expect in the days and weeks ahead, to reduce surprises and limit any additional stress. The team is also on hand for emotional support and should you need help finding other information – please do not hesitate to call or message us. We know that each situation comes with its own unique questions and concerns. As a surrogacy team, your circumstances are different to those of others going through this experience and the appropriate care of you all is important.

We have published a separate document for the medical staff responsible for your care, to provide guidance on supporting surrogates and intended parents through the loss of a baby. The document can be found on our website [here](#).

Links to relevant and helpful support groups are also included which you may find helpful.

Support for you

There are a number of charities and support groups who understand your loss and can provide support and guidance should you need it. If you do not feel ready to speak to a stranger, you can let us know and we will help to find a service for you. Below are the details for some well-known organisations that specialise in pregnancy loss.

Tommy's is a charity which supports people through all aspects of pregnancy and loss. You can talk to a Tommy's midwife for free, Monday-Friday, 9am-5pm on 0800 0147 800 or email midwife@tommys.org. All their midwives are trained in bereavement and support. <https://www.tommys.org/>

SANDS is a charity which supports parents who experience stillbirth and neonatal death. You can contact the helpline team on 0808 164 3332 or email helpline@sands.org.uk for advice on local services such as counselling. <https://www.sands.org.uk/contact-us>

Medical terms

It is likely that you will talk to various medical professionals, such as midwives, GPs and gynecologists who will use medical terms to describe what is happening, and refer to your baby. Though these terms can feel very insensitive, they are not intended to cause you further distress. Below are some examples of terms you may hear and what they actually mean. We hope that by being aware of them now, you will be prepared for any discussions and will not be blindsided by the perfunctory nature of any language used.



Tissue- this describes the soft tissue inside the surrogate that will be passed once a miscarriage begins. This can include the baby and the placenta.

Fetus- This is a term that may be used to describe the baby. A fetus is a developing baby between 10 weeks and birth.

Induction- this word describes a process where the surrogate may have labour started artificially, often using medications, so that the baby can be born. This will only happen in a late miscarriage or stillbirth.

Post-mortem- This is a procedure that can be completed after a late miscarriage or stillbirth by the hospital. It will seek to try to identify any underlying reasons for the loss. Sometimes a reason cannot be identified conclusively.

Miscarriage

A miscarriage is classified into two categories: early and late.

An **early miscarriage** happens within the first three months of pregnancy. Whether the miscarriage is experienced at home, or in hospital, it is important that the surrogate seeks medical attention, normally by calling the Early Pregnancy Unit. The midwives, nurses and doctors at the hospital will want to check there is no risk of excessive bleeding or other complications and will be able to confirm if a full miscarriage has occurred and, if so, what the next steps should be. If you are concerned about the type of pain, or amount of bleeding, go straight to accident and emergency immediately.

The surrogate will have options in terms of what happens next:

- a) The miscarriage can be left to progress naturally without intervention. The surrogate can remain at home, as long as there is no concern or additional risk to her, such as excessive bleeding. In many cases the miscarriage will be complete within 1-2 weeks once all the tissue related to the pregnancy has passed out of her womb.
- b) If the miscarriage has not completed within two weeks, or you all agree that you do not want to wait that long, medication can be given to help things along. The medication comes in the form of pessaries, which the surrogate can have inserted into her vagina to help soften and open the cervix so that the remaining tissue can pass through.

A **late miscarriage** is one that happens during the second trimester between 12 – 24 weeks. A late miscarriage can be treated with the same steps as an early miscarriage or through surgery. Surgery may be the medically-advised option if:

- The surrogate experiences continuous heavy bleeding
- There is evidence that an infection has set in
- The other methods have been tried unsuccessfully (NHS, n.d.)

Sometimes women who have a late miscarriage may also need to physically be induced to give birth. This can be understandably distressing for everyone as you cope with your own emotions as well as having to make decisions about the delivery and who might be present. Talking this through between yourselves as well as other professionals will help you agree the best way forward so you are all able to be supported, and you can support each other.



Additionally, there is a distinction between miscarriage and stillbirth to be aware of which may be upsetting. If a late miscarriage results in the need to deliver baby but is before 24 weeks, it is not considered a stillbirth (see below) even though, understandably, for many it feels as it should be called a stillbirth and treated similarly (Tommy's, n.d.). If you have any questions about this, then please do speak to the nurse supporting you all, the team at Brilliant Beginnings or one of the organisations listed above.

What happens after a late miscarriage?

Many hospitals will offer to take respectful photographs of the baby if the surrogate is induced to deliver. The photos will remain in the surrogate's maternity notes for 25 years (British Medical Association, n.d.).

Some, though not all, hospitals will also offer a burial or cremation service. Sometimes a number of babies are buried or cremated together so if you think that you would prefer to make your own arrangements, it is better to raise this with the hospital early. You can make a final decision afterwards.

What paperwork may be completed following late miscarriage?

Following a late miscarriage, there is no compulsory paperwork that has to be completed.

The medical notes completed by the team caring for the surrogate are kept in the surrogate's maternity file.

Additional paperwork may be completed if a post mortem is requested and completed to determine the cause of the miscarriage. As the legal birth mother, the surrogate will sign the paperwork. This is something everyone should take time to consider and complete together if possible.

Though a certificate of birth and a certificate of death is not legally issued following a late miscarriage, some hospitals will informally provide them. To request one, ask a hospital nurse supporting the miscarriage, the hospital chaplain, the PALS (Patient Advice and Liaison Service) officer or hospital bereavement service. Some hospitals also have a book of remembrance (Tommy's, n.d.). If informal certificates are being provided and you all agree, there is no legal reason why they cannot record whatever information you request, including reflecting the intended parents' names and giving the baby the intended parents' surname.

Stillbirth

If your baby dies at or after 24 weeks of pregnancy, this is called a stillbirth and always involves delivery of the baby. Although there are instances in the case of miscarriage (before 24 weeks) where there is a need to deliver the baby, a stillbirth is treated differently.

Where a stillbirth has occurred, the doctor or midwife will issue a certificate of stillbirth which will be used in the registration later on.



As with a late miscarriage, many hospitals will offer to take respectful photographs of your baby following a stillbirth. The photos will remain in the surrogate's maternity notes for 25 years (British Medical Association, n.d.).

Registering a stillbirth

A stillbirth should be formally registered, typically within 42 days, by the surrogate or her spouse. The local register office near the surrogate can explain when this can happen. You may decide to attend the registration together, and it may be sensible to let the register office know that your child was born through surrogacy in advance of your appointment so everyone is supported and your situation is managed sensitively. We can help you with this.

The stillbirth certificate is a legal document so needs to reflect the legal position in respect of parenthood (which means the surrogate needs to be recorded as the mother and, if she is married, her spouse will be recorded as the father/parent). However, if you all agree, there is no reason why the baby cannot be registered using the intended parents' chosen name and surname.

If you are experiencing a loss, you can contact our team for additional support and advice about what will happen next. The team can also help to find services that can further support you and help you to get through this difficult time. You can email: bbteam@brilliantbeginnings.co.uk at any time and someone will respond to you at the earliest opportunity.

Bibliography

1. <https://www.tommys.org/pregnancy-information/pregnancy-complications/baby-loss/miscarriage/how-your-miscarriage-will-be-managed/treatment-late-miscarriage>
2. <https://s3-eu-west-2.amazonaws.com/lawcom-prod-storage-11jsxou24uy7q/uploads/2019/06/Surrogacy-consultation-paper.pdf>
3. <https://www.gov.uk/register-stillbirth>
4. <https://www.bma.org.uk/advice-and-support/ethics/confidentiality-and-health-records/retention-of-health-records>
5. <https://www.nhs.uk/conditions/miscarriage/what-happens/>