

A life-size loss miscarriage



You have unfortunately experienced a pregnancy loss.

A miscarriage is a very personal experience. We offer our sympathies to you in this difficult time.

You may not be able to take in all the information and support you receive at the hospital right now, and many questions may come to mind later. We hope this leaflet will help you deal with what has happened and encourage you to seek help if needed.

Miscarriage

A miscarriage refers to the termination of a pregnancy before the end of the 22nd week of pregnancy.

Most miscarriages occur in early pregnancy before the 12 weeks of gestation are complete.

Miscarriages are common and cannot always be explained. They can be caused by a genetic issue of the fetus or problems with the mother's health. Most often, they are caused by a fertilized egg whose development is disrupted for an unknown reason. The embryo may have a gene or chromosomal disorder, or it may be deformed. One miscarriage does not increase the risk of miscarriage in the next pregnancy. In most cases, nothing can be done about miscarriages and therefore the causes leading to them will only be investigated after three consecutive miscarriages.

Crisis of body and mind

The psychological effects of pregnancy loss are very individual. What has happened may at first seem unreal or so distressing that you want to fight it and deny it. It is only natural to feel strong emotions such as fear, anxiety, despair, guilt, anger, depression, and emptiness. Often emotions erupt as crying. Your body can also react in different ways to what happened. Typical feelings include bodily pain, feeling unwell, feeling empty, trembling, dizzy and tired. It is important to identify and express your own feelings and accept them as part of your own response at that moment.

The experience of losing a pregnancy is always individual and recovery takes time. Often the situation comes as a surprise and the intensity and duration of the grief is not comparable to the duration of the pregnancy. Talking about experience can make you feel better. You can talk about the loss with your spouse, friends, family members, or others who have experienced the same. It is important for both parties to be able to talk to each other about the loss as well. If speaking feels difficult, there are other ways to express emotions. Writing, reading, moving around in nature, painting, listening to music, hands-on activities and daily routines, and family can support your survival. You know what works best for you.

Burial of a child

The hospital delivers fetuses born before the 22nd week of pregnancy for co-cremation. The ashes are scattered on the Mäntykangas cemetery when the earth is thawed. At the request of a parent, the fetus may be blessed before co-cremation. Use the form below to let the hospital know how you want to proceed. If you do not want co-cremation, you can take care of burying the fetus yourself and agree on a blessing with your parish or hospital priest.

Remembering a deceased child is an important part of recovery. Hietakehto, located behind the chapel in Mäntykangas Cemetery in Jyväskylä, in the central square of the urn forest cemetery, is intended as a memorial place for those who have not had a child or who have lost their children an early pregnancy so that no ordinary funeral has been held. The ashes of the fetuses in the co-cremation are scattered in a designated area near Hietakehto.

For questions related to burial and mourning, you can talk to the hospital priest on 040 514 1195 (hospital priest on duty).

Help and support available

Taking care of your own well-being is important. You can get more detailed home care instructions from the hospital. Also, instructions for any follow-up care you might need are discussed when you return home from the hospital / outpatient clinic. Information about the treatment you receive will be sent to the agreed follow-up provider. A follow-up check will ensure that your body has recovered.

If you have any questions about the miscarriage, you can contact the counseling center in your area, the Gynecology and Maternity Unit at Nova Hospital or the Maternity Hospital. You can also contact your local depression nurse, mental health office or parish. You should ask for help, especially if you have doubts about your own chances of survival or what has happened to you. The Crisis Center Mobile in Jyväskylä offers telephone and on-site chat assistance.

Gynecology and Maternity,

Obstetrics Hospital Nova

Unit hospital Nova

8 am-3 pm tel. 014 269 1023

24/7 tel.014 269 1204

Social and crisis emergency service

Crisis Center Mobile Matarankatu 2,

In Central Finland

(D-Door), Jyväskylä

24/7 tel.014 266 0149

Mon-thu 8 am-8 pm,

Fri 8 am-5 pm tel. 044 788 8470

Agreeing on co-cremation and blessing

Mother's name:

The hospital delivers the dead fetuses for co-incineration. The ashes are scattered on Mäntykangas Cemetery in Jyväskylä near Hietakehto. The ashes are scattered on the Mäntykangas cemetery when the earth is thawed.

If you want your child to be blessed before the cremation, you can choose co-blessing in addition to co-cremation. In practice, this means that the hospital priest blesses the fetuses in the hospital chapel before being taken to co-cremation.

If you do not want co-cremation, you can take care of the cremation or burial of the fetus itself and a possible blessing. In this case, you should agree on the blessing with your parish or hospital priest and contact the pathology department.

Tick the option you selected:

Co-blessing and co-ashes

Co-ashes without blessing

I will arrange the cremation / burial myself and any blessing