



Acta Medica Europa

Missed Abortus

Sharma Shah ¹

¹ Specialist of Gynecology and Obstetrics, New Delhi, India

Dear Editor,

Missed abortus, the silent loss of a pregnancy where the fetus has died but remains in the uterus undetected, presents a unique and emotionally challenging experience for women and their families. This letter calls for greater awareness and understanding of this often-misunderstood miscarriage, advocating for compassionate and comprehensive care that prioritizes both physical and emotional well-being. The absence of typical miscarriage symptoms like bleeding and cramping can leave women with missed abortus in a state of limbo, grappling with uncertainty and grief while unaware of the loss. Delayed diagnosis and subsequent management decisions can be further complicated by personal beliefs, cultural factors, and limited access to healthcare resources. Early recognition and prompt intervention are crucial for minimizing potential physical complications, including infection, hemorrhage, and disseminated intravascular coagulation. Yet, the diagnosis often relies on ultrasound examination, highlighting the importance of accessible and culturally sensitive prenatal care (1-4).

However, the impact of missed abortus extends far beyond the physical. The emotional toll of silent loss can be profound, characterized by feelings of isolation, grief, and uncertainty about the future. Addressing these emotional needs alongside physical care is essential for holistic recovery. Empathy and open communication are cornerstones of compassionate care for women experiencing missed abortus. Healthcare providers must create a safe space for open dialogue, validate emotional experiences, and provide clear and comprehensive information about options for management, including surgical evacuation, medical management, and expectant management. Furthermore, access to psychological support and grief counseling is crucial for navigating the emotional complexities of silent loss. Connecting women with peer support groups or online communities can also provide valuable solace and foster a sense of shared understanding. Research initiatives focused on the psychological impact of missed abortus and the efficacy of different support interventions are necessary to guide clinical practice and optimize care for these women. Understanding the

emotional and psychosocial sequelae can inform the development of personalized support strategies and resources (3-7).

In conclusion, missed abortus presents a unique and emotionally challenging experience for women and their families. Recognizing the physical and emotional complexities of this silent loss is crucial for delivering compassionate and comprehensive care. By prioritizing early diagnosis, providing clear information, offering empathetic support, and investing in research, we can empower women to navigate this difficult journey and emerge with resilience and well-being.

REFERENCES

1. Oliveira SC, de Almeida LA, Carvalho NB, Oliveira FS, Lacerda TL. Update on the role of innate immune receptors during Brucella abortus infection. *Vet Immunol Immunopathol.* 2012;148(1-2):129-135. doi:10.1016/j.vetimm.2011.05.036
2. Sarikaya S, Körez MK, Ovali F, Turgut E, Vatansev H, Günenc O. Investigation of serum trimethylamine-N-oxide levels in missed abortion: A prospective study. *Int J Gynaecol Obstet.* Published online December 6, 2023. doi:10.1002/ijgo.15288
3. Omarov MA, Magomedov YuI. Diagnostika i lechenie nesostoiavshegosia vykidysha [Diagnosis and treatment of missed abortion]. *Akush Ginekol (Mosk).* 1983;(5):57-59.
4. Sert ZS, Bertizlioglu M. Effect of obesity on the time to a successful medical abortion with misoprostol in first-trimester missed abortion. *Arch Gynecol Obstet.* Published online December 8, 2022. doi:10.1007/s00404-022-06875-9
5. Ozerkan K, Orhan A, Kasapoglu I, Demir BC, Uncu G. Laparoscopic Evacuation of an Early Pregnancy. *J Minim Invasive Gynecol.* 2019;26(3):398. doi:10.1016/j.jmig.2018.06.002
6. Ozgen L, Ozgen G, Simsek D, Dincgez B, Bayram F, Midikhan AN. Are women diagnosed with early pregnancy loss at risk for anxiety, depression, and perinatal grief?. *Saudi Med J.* 2022;43(9):1046-1050. doi:10.15537/smj.2022.43.9.20220291
7. Njeru J, Wareth G, Melzer F, et al. Systematic review of brucellosis in Kenya: disease frequency in humans and animals and risk factors for human infection. *BMC Public Health.* 2016;16(1):853. Published 2016 Aug 22. doi:10.1186/s12889-016-3532-9