2026

PROJECT REPORT

Improving information and care for miscarriage in Indiana

PARC

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Executive Summary

Miscarriage is common, yet people who experience it are often left without the information, support, and care they need. This report shares findings from in-depth interviews with 26 people in Indiana who experienced a miscarriage between 2018 and 2023. **Their stories reveal consistent gaps in how pregnancy loss is recognized and managed across the state.**

- When people noticed signs of miscarriage and reached out to a health care provider, they were rarely given clear guidance about what to expect or when to seek care.
- Without anywhere else to turn, many ended up in the Emergency Department. This setting was almost universally described as costly, stressful, and poorly equipped to meet their needs.
- Inconsistent with clinical guidelines, most people in our study were never told that they had options for how their miscarriage could be managed.
- When people were offered a choice about how to manage their miscarriage, they were often asked to make a decision before they had time to process the news of their loss.

Background

Miscarriage, or pregnancy loss, impacts approximately 15% of known pregnancies [**1**]. Despite the frequency with which it occurs, miscarriage remains understudied, and existing research rarely centers the voices and perspectives of those who have lived through it. Research from around the world has found that people frequently report being unsatisfied with the care they receive during a miscarriage [**2,3**], while health care providers often feel underprepared to meet their patients' emotional needs [**4**]. Additionally, most of the research conducted with people experiencing pregnancy loss recruits them from health care settings, leaving significant gaps in our understanding of how people decide to seek care and how they navigate the process once they do.

The Study

Between June 2023 and July 2024, we conducted virtual in-depth interviews via Zoom or telephone with people in Indiana who had experienced a miscarriage in the previous five years.

26

participants shared their experience

31

miscarriages were discussed

8.5

average weeks at time of loss (range: 5 to 20 weeks)

- All participants identified as cisgender women who use she/her pronouns and ranged in age from 27 to 46 at the time of the interview (with an average age of 34).
- They had experienced between one and six lifetime pregnancy losses and reported a variety of reproductive histories, including prior induced abortion, pregnancies carried to term, and current pregnancy.
- Despite our efforts to recruit a more diverse sample, our participants were all English-speaking, predominantly white (24 white, 2 Latina), and married or in a serious relationship (n = 25).
- Participants lived and sought care across the state, but in mostly urban environments.

Findings

Although these findings are not representative of all experiences of pregnancy loss in Indiana, the frequency and consistency of what participants described, including similar challenges across different providers, time periods, and health care settings, suggests these are not isolated incidents. They point to broader patterns in how pregnancy loss is managed across the state. In this report, we do not use the real name of participants; all names are pesudonyms.

1. People experiencing pregnancy loss need clear information about what to expect and when to seek care.

When participants suspected they were having a miscarriage, many reached out to a health care provider right away. They were looking for guidance about what to expect during the process and when to seek medical attention. Instead, women in our study were told to stay home and "wait it out". Without any information about what the process might look like or how to assess their own symptoms, many participants were left to navigate the physical and emotional challenges of miscarriage while managing work, childcare, and other responsibilities.

Sophie, a first-time pregnant woman in her mid-20s, called her gynecology practice in 2021 after experiencing bleeding at 8 weeks' gestation. She was told,

“Unless you're 20 weeks, there's absolutely nothing we can do. Just stay home and wait it out.”

Sophie expressed frustration at the lack of guidance, asking:

“What about bleeding? What should I be expecting? What should I be looking for? They didn't have a whole lot of information for me.”

2. There are a lack of options for miscarriage care and information outside of the Emergency Department.

Because participants had no clear guidance about when or where to get care, the Emergency Department (ED) often became the default option. Lauren experienced her miscarriage in 2022 when she was in her early 30s. She started bleeding at home and then explained,

“I called my gynecologist to see what are the next steps, what do I do? They told me that I had to go the emergency room. There was no other option. They wouldn't see me, just wanted me to go to the ER.”

Some felt the ED was the only place they could speak with a medical professional, while others were referred there by health care providers. Participants who obtained care for pregnancy loss in the ED unanimously reflected on the experience as negative, often costly, and in some cases, "traumatizing". Shannon said plainly,

> **"If I hadn't gone to the emergency room, [my miscarriage] would not have been nearly this expensive or nearly this stressful."**

Women who were directed to the ED based on their pain levels found that threshold vague and difficult to assess on their own. Once there, most were not offered pain medication or given any information about managing pain at home. Many described providers who seemed uncomfortable discussing pregnancy loss.

Perhaps most significantly, none of the women in our study who visited the ED were given a choice in how their miscarriage was managed, despite the fact that clinical guidelines recognize three different treatment options for early pregnancy loss [**1**].

Next Steps

The findings from this report are already informing efforts to improve care and support for people experiencing pregnancy loss in Indiana. Our work is focused on three areas:

1. Getting better information to patients

We are developing plain-language resources about what to expect during a miscarriage, including guidance on symptoms to watch for and when to seek care. Our goal is to make sure that people have access to clear, honest information when they need it.

2. Working with health care providers to improve how they support patients

We are engaging with providers across Indiana to share what we heard from participants and to identify practical ways to improve how they communicate with patients experiencing pregnancy loss. This includes helping providers understand the consequences of defaulting to the Emergency Department and supporting them in developing clearer, more compassionate guidance for patients.

3. Improving the Emergency Department experience

For people who do need emergency care during a miscarriage, we want to make sure that experience is as supportive as possible. We are working with ED providers to improve how pregnancy loss is recognized and treated in emergency settings, including ensuring that patients are informed of all available treatment options and that their emotional needs are met alongside their medical ones.

We welcome input from community members, providers, and organizations who share our commitment to improving care for people experiencing pregnancy loss in Indiana.

Please email us at **kjlaroch@purdue.edu** or **parrrc@purdue.edu**

Resources

Get confidential support and information by calling or texting the M+A Hotline at 1-833-246-2632

https://mahotline.org/

Staffed by experienced healthcare professionals, this free hotline offers expert advice on various aspects of miscarriage and abortion, ensuring individuals receive accurate information and compassionate support throughout their journey.

The Massachusetts Medication Abortion Access Project (the MAP) uses an asynchronous telemedicine platform to offer mifepristone and misoprostol for miscarriage management, abortion, and for use as period pills. A minimum payment of $5 is requested.

https://themap.wspr.health/

https://www.cambridgereproductivehealthconsultants.org/map

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