

## MISCARRIAGE

Loss of a pregnancy can be a sad and distressing experience, but it is not uncommon. Over one in four pregnancies ends in miscarriage. The information given in this factsheet may help you to cope with the loss of your pregnancy at this difficult time. We have provided answers to some of the questions you are likely to have. If, however you do not wish to make a decision now, you may take this factsheet with you and contact us at a suitable time with your decision.

- ***What happens now?***

Some miscarriages are complete and require no further action. A blood loss, like a period, may continue for several days until the lining of the womb is all shed. Others may be incomplete with various amounts of tissue being kept within the womb. Yet another type of miscarriage is where the pregnancy is still intact but not growing any longer. This is called an early pregnancy loss or a missed miscarriage.

There are three ways of dealing with a miscarriage. A brief outline of each of these methods is given. Should you wish to know more about a particular method please ask the clinic staff for further information.

- ***“Wait and see approach” (conservative approach)***

In the past an operation was routinely performed in all cases of miscarriage as there was no way to know how much tissue, if any, was still left behind in the womb. Nowadays with modern ultrasound it has become possible to adopt a “wait and see approach”. In order to check if all the tissue has come away naturally, we will give you an appointment for a repeat scan before you leave the unit.

- ***If I decide to wait how long will it take for me to miscarry?***

Although the length of time taken for a miscarriage to be complete is difficult to predict, in the majority of cases a pregnancy will miscarry within two-three weeks. The contractions of the womb are usually felt as strong period-like pains. If you are bleeding heavily you might need to be admitted into hospital.

- ***Is there a risk of infection if I decide to wait?***

Risk of infection is small. However if you have any of the following symptoms you should contact your doctor or the hospital: excessive bleeding, unpleasant discharge, lasting pain, high temperature or fever.

- ***Medical approach***

Medicines may be used to start a miscarriage if you prefer not to wait.

You will be given tablets that help relax the cervix (neck of the womb) and speed up the process. You may also need tablets for pain relief. The bleeding is heavy initially for a couple of hours. You may pass some clots but soon the bleeding will settle down and continue like a period for up to 7-10 days.

In most cases the above treatment is all that is needed. In order to check if all the tissue has come away, we will give you an appointment for a repeat scan before you

leave the unit. In a small group of cases (5-10%) an operation may be necessary should there still be some tissue left within the womb or the bleeding becomes heavier.

○ ***Surgical approach (Evacuation Of Retained Products Of Conception -ERPC)***

We dilate the cervix (neck of womb) and by using a suction device we suck out the pregnancy tissue. This is carried out under a general anaesthetic. This is done vaginally and you will have no cut/stitches. Like all operations small anaesthetic and surgical risks are involved. There is a small risk of infection or injury to the womb and cervix.

● ***Will the method of treatment I choose affect my chances of becoming pregnant again?***

No. Generally your chances of having a successful pregnancy in the future are just as good, whichever method you choose.

● ***How long will I bleed after a natural miscarriage or an operation?***

Following all the different approaches, you are likely to have a period-like loss for up to 14 days. This is quite normal and should diminish over the period of time.

● ***What you may need to know after a miscarriage***

- The chances of becoming pregnant again after a spontaneous miscarriage irrespective of whether it was managed by conservative, medical or surgical treatment are just as good.
- It is usually difficult to give a definite answer as to what caused a miscarriage. It is extremely unlikely that anything you did caused your miscarriage. Do not blame yourself or anyone else. About 60% of all miscarriages occur because of some chromosome abnormalities. Only in a small number of women with recurrent (three or more) miscarriages a definite cause can be determined.
- It is natural to feel low and depressed. Give yourself and your body time to recover. It may help to talk over things with your partner, friends and other members of the family. If you would like to talk further we can arrange for a follow up appointment for you in the miscarriage clinic.
- After one miscarriage most women will go on to have a normal pregnancy. Even after several miscarriages, there is a good chance of a successful pregnancy.

● ***How long should I wait before trying for another baby?***

You may try again when you feel ready. We advise that you wait until you have had a normal period, which you should have 3-4 weeks after a miscarriage, provided your periods were regular before. However it is best not to have intercourse until the bleeding has completely stopped after the miscarriage.

● ***What can I do to stop having a miscarriage?***

There is nothing in particular that we can suggest. Just be sensible and avoid strenuous activity. Continue taking folic acid if you are planning to conceive soon.

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