

1–2 weeks after your miscarriage.

You can expect some cramps (like strong period pains) in your lower abdomen on the day of your miscarriage.

Heavy or prolonged vaginal bleeding, smelly vaginal discharge and abdominal pain or if you feeling unwell need to come to hospital.

Emotional recovery

A miscarriage affects every woman differently and can be devastating for her partner too. Some women come to terms with what has happened within weeks; for others, it takes longer. Many women feel tearful and emotional for a short time afterwards. Some women experience intense grief over a longer time. Need to talk to your doctor if you are not able to cope up.

Returning to work

When you return to work depends on you and how you feel. It is advisable to rest for a few days before starting your routine activities.

When I can try for next pregnancy:

You can try for a baby as soon as you and your partner feel physically and emotionally ready.

Am I at higher risk of miscarriage next time:

You are not at higher risk of another miscarriage if you have had one or two early miscarriages. Most miscarriages occur as a one-off event and there is a good chance of having a successful pregnancy in the future.

Like anyone else planning to have a baby, you should:

- take 400 micrograms of folic acid every day from when you start trying until 12 weeks of pregnancy to

reduce the risk of your baby being born with a neural tube defect (spina bifida)

- be as healthy as you can – eat a balanced diet and stop smoking
- not drink alcohol as this may increase your chance of miscarriage.

REFERENCES: RCOG PATIENT INFORMATION LEAFLET ON EARLY PREGNANCY LOSS.



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MISCARRAIGE INFORMATION LEAFLET

*For the Purpose of Patient/Family Education,
not to be circulated otherwise



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This information is for you if you want to know more about miscarriage in the first 3 months of pregnancy.

This information explains the care you will receive after an early miscarriage has been confirmed. Losing a baby is a deeply personal experience that affects people differently. It can be very distressing and you may need a great deal of support afterwards.

- Early miscarriages are very common and one in five women have a miscarriage for no apparent reason.
- Bleeding and/or pain in early pregnancy can be a warning sign of miscarriage and you should seek medical advice if you are in this situation.
- You may be offered tests including an ultrasound scan to check your pregnancy.
- Once a miscarriage is diagnosed, your healthcare professional will tell you about your options, which include expectant, medical or surgical treatment.
- Most miscarriages are a one-off event and there is a good chance of a successful pregnancy in future.

Why do early miscarriage happen?

In most cases, it is not possible to give a reason for an early miscarriage. The most common cause is thought to be a problem with the baby's chromosomes (the genetic structures within the body's cells that we inherit from our parents). If a baby does not have the right number of chromosomes, it will not develop properly and the pregnancy can end in a miscarriage.

The risk of miscarriage is increased by:

- your age – at the age of 30, the risk of miscarriage is one in five (20%); over the age of 40, the risk of miscarriage is one in two (50%)
- medical problems such as poorly controlled diabetes
- lifestyle factors such as smoking, being overweight or heavy drinking.

How is early miscarriage diagnosed:

An early miscarriage is usually diagnosed by an ultrasound scan. You may be advised to have either a transvaginal scan (where a probe is gently inserted in your vagina) or a transabdominal scan (where the probe is placed on your abdomen) or occasionally both.

You may be offered blood tests that could include checking the level of your pregnancy hormone (β hCG).

If you are bleeding or have pain, a vaginal examination may be carried out.

Some women will miscarry quite quickly but for others the diagnosis and ongoing management may take several weeks.

If the miscarriage is confirmed but some or all of the pregnancy is still inside your womb, your healthcare professional will talk to you about the best options for you. You may choose to wait and let nature take its course, or to use medicines or to have an operation.

Letting nature take its course (expectant management of a miscarriage).

This is successful in about 50 out of 100 women who choose this option. It can take some time before the bleeding starts and this may continue for up to 3 weeks. It may be heavy and you may experience cramping pain. If you have severe pain or very heavy bleeding, you may need to be admitted to hospital.

You should be given a follow-up appointment about 2 weeks later:

- If bleeding fails to start within 7–14 days or is persisting or getting heavier, you will be offered a further ultrasound scan. The options of continuing expectant management, medical treatment or having an operation will then be discussed with you.

Taking medication (medical management of a miscarriage)

This is successful in 85 out of 100 women and avoids an anaesthetic.

You will be given medication called misoprostol, usually as vaginal pessaries although tablets to swallow may be taken if you prefer. The medication helps the neck of the womb (cervix) to open and lets the remaining pregnancy come away. It will take a few hours and there will be some pain with bleeding or clotting (like a heavy period). You will be offered pain relief and anti-sickness medication. Some women may experience diarrhoea and vomiting.

After the treatment, you may bleed for up to 3 weeks. If the bleeding is heavy, you should come to hospital.

If the treatment has not worked, you will be given the option of having an operation.

Having an operation (surgical management of a miscarriage)

The operation may be carried out under general or spinal anaesthetic. It is successful in 95 out of 100 women.

Surgery will usually take place within a few days of your miscarriage but you may be advised to have surgery immediately if:

- *you are bleeding heavily and continuously*
- *there are signs of infection*
- *medical treatment to remove the pregnancy has been unsuccessful.*

The operation is safe but there is a small risk of complications including heavy bleeding, infection or damage to the womb. A repeat operation is sometimes required. The risk of infection is the same if you choose medical or surgical treatment.

WHAT HAPPENS NEXT:

You can expect to have some vaginal bleeding for