

## What to expect following your miscarriage

You are likely to feel lethargic and drained for the next few days. Physically you should allow yourself a week to recuperate following your miscarriage, but if you feel you require longer emotionally you should see your GP for a medical certificate.

## When can my partner and I recommence sexual intercourse and when can we try to conceive again?

You should allow your body two weeks to return to normal, although you may experience a loss of interest in sex for a short time. It is advisable to wait until your next period before trying to conceive again, although emotionally you may require a longer time.

## Useful contact details

There are many useful organisations able to provide support and information following pregnancy loss.

### The Miscarriage Association

Provides support and information for those suffering the effects of miscarriage. They can provide written information and have a network of telephone contacts and regional support groups.

Tel: 01924 200799

[www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk)

### The Ipswich Hospital Chaplaincy

The chaplains at the hospital will be willing to talk to you about your loss if you would like. You can ask a member of ward staff to contact them for you or call the hospital switchboard on 01473 712233. You may wish to have a prayer or blessing said or place an entry in the Book of Remembrance.

### Antenatal Results and Choices (ARC)

The only charity offering non-directive support and information to parents throughout the antenatal testing process and when an abnormality is diagnosed in their unborn baby.

[www.arc-uk.org](http://www.arc-uk.org)

The Ipswich Hospital NHS Trust holds an annual remembrance service in conjunction with Baby Loss Awareness Week in October.

Produced by:

**The Ipswich Hospital NHS Trust**

Heath Road, Ipswich, Suffolk IP4 5PD

Hospital switchboard: 01473 712233

[www.ipswichhospital.nhs.uk](http://www.ipswichhospital.nhs.uk)

# Losing Your Baby in Early Pregnancy

**Emergency Gynaecology  
Assessment Unit**  
**Tel: 01473 703671**

**Stour Centre**  
**Tel: 01473 704788**

The loss of your baby can be a time of much sadness, leaving you with a mixture of different feelings and emotions. You may be feeling confused, bewildered and wondering why this is happening to you.

Coming into hospital is a stressful time, making it difficult to emotionally adjust to the trauma of a miscarriage. At this time you and your partner may have many questions unanswered, or ones that have occurred to you after going home.

We hope the information in this leaflet will help to answer some of the questions you may have and go some way to alleviating your anxiety.

### **How common is miscarriage?**

It is not often realised that miscarriage is quite common. One in every four pregnancies will end in miscarriage, many without the woman knowing that she was pregnant. One in every six women will have a medically recognised miscarriage (a loss during a pregnancy which is known to the woman and her healthcare professional).

### **What causes miscarriage?**

There are thought to be many possible causes for miscarriage. Some can be identified but many, especially when the pregnancy is in its early stages, will never be found. It is thought that about 50–60% of early miscarriages are due to chance chromosomal abnormalities.

### **Is it possible to determine the sex of the baby?**

Not usually, because of the early stage of development at which most miscarriages occur.

### **Diagnosis and management**

An ultrasound scan is usually performed to diagnose the end of the pregnancy and will confirm whether there has been a complete miscarriage. The diagnosis can come as a shock as you may still feel pregnant, as the symptoms of pregnancy come from placental tissue and not the baby itself.

In most cases we recommend conservative management initially. This is where we wait for your body to miscarry naturally without intervention. It is successful for about 80% of women.

If conservative management is not successful, there are other ways of managing your miscarriage. You may be offered medical management; this is treatment with tablets to speed up the miscarriage process (MERPC – medical evacuation of retained products of conception).

You may also be offered surgical management (SERPC – surgical evacuation of retained products of conception, formerly known as a D&C) which is an operation performed to remove any remaining pregnancy tissue.

You may need time to decide which of these is right for you.

### **Disposal of the remains of your pregnancy**

If you miscarry in hospital, we would normally cremate any miscarried tissue.

The remains of your pregnancy will be taken to the mortuary and then disposed of by cremation at Ipswich Crematorium. You will not be able to attend the cremation.

If you do not want us to do this and would like an alternative arrangement, please let us know what you wish to do within 14 days of the date of your miscarriage. You may want to discuss this with the hospital chaplain and record your wishes on the form given to you by nursing staff.

The remains of your pregnancy will not have any tests or investigations carried out on them, unless there are specific medical reasons for doing so. If this is the case, your consent will be obtained by the doctor involved in your care.

### **How much bleeding should I expect after an ERPC and when will my next period start?**

You should expect some bleeding over the next few days. This could contain some small blood clots. If the bleeding becomes like a heavy period, maybe with large clots, continues for a long time or you develop an offensive smelling discharge, you should seek advice from your GP or contact the ward.

It is advisable to avoid the use of tampons until your next period which is likely to arrive within 3–6 weeks. →