

# Miscarriage in Early Pregnancy

If you are reading this leaflet, you are probably in the process of dealing with a miscarriage, or maybe supporting someone in that situation.

We are sorry for your loss and hope, whatever your circumstances, this leaflet in some way can help you understand and cope with your miscarriage.

## What is early miscarriage?

Early miscarriage is when a woman loses her pregnancy during the first three months. This may be accompanied by vaginal bleeding and pain.

Many early miscarriages occur before a woman has missed her first period or before her pregnancy has been confirmed. Once you have had a positive pregnancy test, there is around a one in five (20%) risk of having a miscarriage in the first three months. Most miscarriages occur as a 'one-off' (sporadic) event and there is a good chance of having a successful pregnancy in the future.

## Why does early miscarriage occur?

Much is still unknown about why early miscarriages occur. The most common cause is chromosome problems. Chromosomes are tiny thread-like structures found in all the cells of the body. In order to grow and develop normally, a baby needs a precise number of chromosomes. If there are too few or too many chromosomes, the pregnancy may end in a miscarriage. There is nothing that could have been done to change this.

## Types of miscarriage

- **Complete miscarriage.** If you have had bleeding and expelled the pregnancy, your uterus (womb) may have emptied and you need no further treatment.

- **Missed/Delayed miscarriage.** This means that your baby may have died or not developed, but the pregnancy or empty sac remains inside the uterus.
- **Incomplete miscarriage.** Some women pass pregnancy tissue but there is still some left inside the uterus.

## What happens next?

### Expectant management

In most cases we suggest expectant/natural management initially. This is where we wait for your body to miscarry naturally without intervention. It is successful for about 80% of women. You will be given a pregnancy test to do in two weeks and we will ask you to call us if it is still positive. If it is negative and any bleeding is settling, the miscarriage is complete.

Most women have strong period-like pain or cramps, especially when the pregnancy is expelled. Use a hot water bottle and take regular over-the-counter pain relief. You are also likely to have heavy bleeding and clots for a few hours, then period-like bleeding for up to two weeks. You may see the sac or pregnancy especially if you are miscarrying after 8–12 weeks. **If you are concerned, have bleeding where you are soaking large sanitary towels every hour, or are in severe pain that is not controlled with regular pain relief such as paracetamol or ibuprofen, call us (see top of page).**

If you miscarry at home and you are unsure what to do, you can bring the tissue to us, in a container, if you wish.

### Risks

There are risks of heavy bleeding, retained tissue or infection, but the risks are low, and a member of staff will discuss them with you. There is also a possibility that the miscarriage does not happen naturally. Some women need medical or surgical intervention.

### **What happens in two weeks if I have not bled or I have a positive pregnancy test?**

If a scan shows that there is still pregnancy tissue in your womb you will be offered two options – medical or surgical management.

#### **Medical management**

This is treatment with tablets to speed up a miscarriage.

Some tablets are inserted into your vagina, which make your uterus contract and push out the pregnancy tissue.

#### **What to expect**

Most women have strong period-like pains or cramps, especially when the pregnancy is expelled. Taking regular pain relief medication can help. You are also likely to have heavy bleeding with clots for a few hours then period-like bleeding for up to two weeks. You may see the sac or pregnancy, especially if you are miscarrying after 8–12 weeks. **If you are soaking a large sanitary towel in an hour, or your pain is not controlled by regular pain relief medication, please call us.**

You will be given a pregnancy test to take three weeks after medical management. If the test is positive, please call the unit. If the test is negative, the miscarriage is complete.

#### **Risks**

There are risks such as bleeding heavily; needing further doses of medication; surgery if the medication does not work; retained tissue; and infection. The risks however are low, and a member of staff from the unit will explain them to you in more detail if you choose this option.

#### **Surgical management**

##### **(previously known as ERPC or D&C)**

This is an operation to remove the remains of your pregnancy.

The procedure is carried out under general anaesthetic. The cervix (neck of the womb) is opened gradually and a narrow suction tube is inserted to remove any remaining tissue. The procedure takes about 5–10 minutes and normally you go home the same day. The procedure is done vaginally and you will have no cuts or stitches. Please see the information leaflet 'Losing Your Baby in Early Pregnancy' for further details.

#### **What to expect**

There can be strong cramping when you first wake up, turning into period-like pain. You will be given pain relief for this. You are likely to have vaginal bleeding for up to two weeks.

#### **Risks**

There are risks such as heavy bleeding; damage to the womb (uterine perforation); damage to the bowel or other internal organs; scarring to the lining of the womb; retained tissue that will need further treatment in the weeks following surgery; cervical damage; and infection. The risks, however, are low, and a member of the unit will explain them to you in more detail if you choose this option.

#### **After a miscarriage**

Everyone reacts differently to miscarriage. Most women are able to return to normal activities and work within a few days, although some need a little longer. Women can experience pain similar to a period for a few days. Normally, taking simple pain relief, such as paracetamol, regularly helps to settle this.

Bleeding can last for around 7–14 days. It sometimes stops and starts again, but gradually reduces. Use sanitary pads and not tampons until your next period to reduce the chances of infection. Your next period is due around 4–6 weeks after your miscarriage and can be a little more heavy than normal. This is your body making sure it has emptied properly. Please contact your GP if your next period does not come as expected.

Avoid sexual intercourse and swimming until the bleeding has stopped, again to reduce the chances of infection.

**If you do not want to become pregnant again,** you need to start using contraception in the next day or two. Speak to us today or make an appointment with your GP or family planning clinic as soon as possible. It is possible to become pregnant very quickly after a miscarriage.

**If you do want to become pregnant now,** we advise you to start taking 400mcg of folic acid daily. Discuss this with your GP to make sure you take the correct dose. We suggest you wait until your next normal period to make sure your body has had some time to get back to normal. Your chance of having a healthy pregnancy in the future is just as good whichever method is used to manage your miscarriage. There is no increased risk of future miscarriage and you don't need to take special precautions with your next pregnancy. Reducing alcohol and coffee intake and stopping smoking all increase chances of having a healthy pregnancy.

## **Will I need a follow-up appointment?**

Most women do not need a follow-up. However if you have questions, please call us or make an appointment with your GP who will be able to answer them for you.

**You should call us if you develop any of the following symptoms:**

- bleeding that continues to be heavy or gets heavier than a normal period;
- a high temperature;
- offensive vaginal discharge; or
- pain that is getting worse rather than better, or is not controlled by regular pain relief medication.

## **Support**

Many women and their partners find talking to their friends or family helpful. Your GP is also there to support you and you can find information on the Miscarriage Association's website at [www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk)

You are also welcome to contact the Peggy Cole Emergency Gynaecology Assessment Unit (EGAU) at Ipswich Hospital, Monday–Friday, 8am–4pm (excluding bank holidays).

Telephone **01473 703671** or, outside the above hours, call the Stour Centre on **01473 704788**.

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