



Patient Information

Miscarriage

A miscarriage can be a distressing experience. As well as the emotional trauma of discovering that you are pregnant and then losing the baby, your body has been adapting to the pregnancy and now has to return to normal.

We have compiled this leaflet, using information based on our experience, from the Miscarriage Association, and from recent research.

Your feelings

When you started to miscarry, you probably felt frightened and helpless, as if you had no control over what was happening to you. You may have had some feelings which were difficult to cope with and which may return from time to time.

People react differently to the loss of their pregnancy. Some of the reactions described here may apply to you

- Anger, depression, bitterness, loneliness
- Talking about it and thinking about it all the time
- Sadness and crying
- Loss of interest in, and inability to concentrate on things going on around you
- Pain and jealousy at the sight of pregnant women or anything to do with motherhood
- Sleeping too much or too little
- Feelings of guilt or failure, lack of interest in sex
- For some women the feelings of sadness last for a few days. For others it takes longer for them to fade

Some women find it helpful to discuss their feelings with others who have had similar experiences.

Why did this happen to me?

Even though about one in five pregnancies end in miscarriage, it is not usually possible to find the cause. Many women are left asking why it happened. It can be difficult to accept that nobody can give a definite answer. It is most unlikely that it was caused by anything that you did - miscarriage is seldom anybody's fault.



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The main causes are thought to be:

- Genetic problems: about half of all early miscarriages occur because of chance chromosome abnormalities.
- Hormones: women with hormone irregularities find it harder to conceive and when they do they are more likely to miscarry.
- Immune/blood clotting system: problems in the blood vessels that supply the placenta can lead to miscarriage.
- Infections: minor infections like colds are not harmful, but a very high temperature and some specific illnesses or infections may cause miscarriage.
- Anatomical problems: if the cervix (neck of the womb) is weak, it may start to open as the womb becomes heavy in later pregnancy, rarely early in pregnancy and this may lead to miscarriage. Large fibroids may lead to miscarriage later in pregnancy. Very rarely an irregular shaped uterus can mean that there is not enough room for the baby to grow in later pregnancy.

Children

Children can pick up on their parents' sadness and it may help to give basic explanations, depending on their age and level of understanding.

The telephone number of the Miscarriage Association is at the end of this leaflet. They are always happy to give help and support to anyone who needs it.

Your Partner and Family

Your partner and close family are likely to feel upset because of the pain and distress that you have been through. They will have been looking forward to the birth of your baby in different ways. You may find it difficult to cope with their feelings as well as your own.

Your partner may not express their feelings in the same way as you. They may find it difficult to discuss what has happened. They may feel guilty that you are experiencing the pain and feel that it is their fault for making you pregnant.

You may both be feeling so sad at the loss of the happiness the baby was going to bring that you are unable to give each other the support that you both need.

It can take a long time for a woman to recover from miscarriage. It takes some time for your hormones to return to normal and for you to accept what has happened. Your partner may find it difficult to understand that it takes so long to get back to normal and they may feel that they don't know what to do to help.

Do try to talk to each other about how you feel so that you can get a better understanding of what both of you are going through.



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It may be that your partner is not sympathetic about your miscarriage, or that you don't have a partner. You may feel very alone at this time and it may help you to find someone else with whom to discuss your feelings.

Your physical health

If your miscarriage has been complete or if there is only very little of your pregnancy left inside the womb, you may not need to stay in hospital.

However, if you are bleeding heavily, that is changing a pad every 20mins and passing clots which is not reducing, you may need a small operation to remove any pregnancy tissue that is left in the womb.

If you have a delayed or missed miscarriage (the baby has stopped growing but your body has not started the process of miscarriage), there are different ways of managing your miscarriage.

- Conservative management- letting nature take its course
- Medical management –using tablets
- MVA-removal of pregnancy tissue under local anaesthesia (awake) about 1 hour in hospital
- Surgical Management under general anaesthesia (asleep) 4-5 hours in Hospital – this is still on a first line option and you can change if required

Leaflets are available on request.

After your miscarriage

Following miscarriage you may have bleeding for up to 2 weeks. The bleeding should lessen over this time. You may have some cramping period type pains. If the pain is not eased by paracetamol, if the bleeding increases or is very heavy or you get an unpleasant discharge you should see your doctor as soon as possible. You can contact EPU/EGU unit at any time for advice.

To reduce the risk of infection you should not use tampons during this time or for your next period. For this reason it is also best not to have sexual intercourse until the bleeding stops.

You should get your next period between four to six weeks after the miscarriage. It may be heavier than normal.

In later miscarriages your breasts may stay larger and may leak milk for several days, which can be very distressing. Wear a supporting bra if your breasts are painful, and take a mild painkiller such as paracetamol. You can have medication to suppress lactation, speak to the nurse or GP if needed.



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Getting back to normal

We usually advise you to take things easy for the first week after your miscarriage, as you may feel physically low at this time. You may feel ready to go back to work after a week but remember that although you may feel physically fit, it will probably take longer to recover emotionally. It depends on the nature of your work and the support of your colleagues how soon you feel ready to go back – it varies from person to person.

Planning for the future

After a miscarriage many couples understandably feel anxious about becoming pregnant again. Because early miscarriage is such a common occurrence, routine investigations into cause are carried out only after three consecutive miscarriages.

There are no hard and fast rules about when it is right to try to conceive again. Most doctors agree that it is a good idea to wait until you have had a normal period. The important thing is that you and your partner feel emotionally ready to try again and that you are physically fit. Folic acid supplements are recommended before conception and in early pregnancy: ask your pharmacist for advice.

Someone to talk to

It can be a great help to you to talk to someone who will understand how you feel and acknowledge your loss.

While you are in hospital a member of the nursing staff will be available to talk to. One of our Hospital Chaplains is always on call and available to visit and spend time with you, and your family too if you wish.

You can ask a member of the nursing staff to contact the Chaplain, or you can contact them directly by ringing the main hospital switchboard on 01793 604020 and asking for the “on call chaplain”.

On discharge from hospital a Community Midwife is happy to visit you at home following your miscarriage. Contact number : 01793 604813, between 9am and 10am.

Friends, colleagues and other family

You may find that people will avoid talking about something that is very important to you. They may be worried about saying something hurtful or upsetting to you. You may need to help friends and relatives cope with the situation by talking openly about what has happened and how you feel.

Unfortunately some people will not understand how important this has been for you.



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Remembering the baby you have lost.

Babies dying before 24 weeks do not have to be registered. In Swindon it is policy for all miscarried babies to be cremated (unless parents wish to make alternative arrangements.) This happens once a month at the Kingsdown Crematorium in Swindon. It is important that you know that a tiny piece of tissue from your miscarriage has to be examined in the laboratory to check for a specific condition and that this will not be cremated.

Many parents want to do something positive to remember their baby and we will help if we can. The hospital chaplain is always available to talk to and to discuss ways in which he can help you to deal with your feelings of loss.

Mothers may like to see and hold their babies and photographs can be taken. In earlier miscarriages – up to about 14 weeks - it is not usually possible to tell the sex of the baby or take photographs.

Other useful contacts: Miscarriage Association: www.miscarriageassociation.org.uk
Helpline: 01924200799

If you require any further support or advice please contact the Early Pregnancy/ Emergency Gynaecology Unit: Tel: 01793 605257



Miscarriage

From 1st January 2019 smoking will not be permitted on any NHS site in England. Smoking will not be permitted within any of our buildings or anywhere outside on our sites. Smoking facilities will not be provided. Please be considerate of others when vaping in hospital grounds.

This information sheet is available to order in other languages and formats. If you would like a copy, please contact us on 01793 604031 or email gwh.pals@nhs.net

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