

Miscarriage

Understanding Miscarriage: During a Miscarriage

No two miscarriages are alike. Because of this, your healthcare provider will talk with you about the most appropriate treatment for you. If you're in good health and early in the pregnancy, your body may expel all the pregnancy tissue on its own. If your body doesn't expel all the tissue, your healthcare provider may recommend treatment to prevent infection and severe bleeding (hemorrhaging).

What happens during miscarriage

Some miscarriages happen without any signs or symptoms. Most miscarriages, however, start with bleeding and cramping, which may increase over time. The cramps may get very strong. This is normal when a miscarriage is happening. Cramping widens the passage (cervix) that tissue from the uterus must pass through to leave your body. Your healthcare provider may ask you for a sample of the tissue for lab testing. This is to make sure that the cells being shed from your body are normal.

Diagnosis

To confirm the miscarriage, your healthcare provider will do a pelvic exam. Your healthcare provider might order a blood test to measure the levels of a pregnancy hormone (hCG). He or she may also have you get an ultrasound test to find out if all of the tissue has passed from the uterus. If a miscarriage happens very early in the pregnancy, an ultrasound is not needed.

Treatment

If any tissue remains in the uterus, your healthcare provider may suggest the following measures depending on your particular situation:

- **Medicine.** This is prescribed for you to take at home. The medicine causes the uterus to expel any remaining tissue. Take the medicine exactly as directed.
- **Dilation and curettage (D & C).** This procedure is done in your healthcare provider's office or at the hospital. You are given medicine to prevent pain or to allow you to relax or sleep during the procedure. The healthcare provider uses instruments to widen the cervix (dilate). Tissue and blood that line the uterus are then removed (curettage).

Be sure you talk to your healthcare provider about the risks and benefits of these treatments.

If you have Rh-negative blood

If your blood is Rh negative, you may need treatment with Rho(D) immune globulin. This injection prevents substances in your blood from attacking the baby's blood during a future pregnancy. Your healthcare provider can tell you more.

Follow-up care

Keep all follow-up appointments. These are needed to make sure that you are healing well. During these visits, mention if you're feeling very sad or depressed. Your healthcare provider can suggest counseling or other resources to help you.

When to seek medical care

Contact your healthcare provider if you have any of the following:

- Severe pain in the stomach, pelvis, or low back
- Vaginal discharge that has a bad odor
- Bleeding that soaks a new sanitary pad each hour
- Fever of 100.4°F (38°C) or higher, or as directed by your healthcare provider

Stillbirth

Stillbirth is when a baby dies in the womb after 20 weeks or more of growing.

What causes stillbirth?

Stillbirth can be caused by many things, such as:

- Diabetes or high blood pressure in the mother
- An infection in the mother or in the baby
- Birth defects because of genetic problems or other causes
- Fetal growth restriction
- Mismatched blood proteins between mother and baby (Rh disease)
- A problem with the umbilical cord. This includes knots, a too-tight cord, a cord wrapped around the baby's body or neck, or the cord dropping through the open cervix after the membranes have ruptured (cord prolapse).
- A problem with the placenta, such as poor blood supply, or a shared placenta between twins (twin-to-twin transfusion)

Symptoms of stillbirth

Some symptoms of stillbirth can include:

- Stopping of the baby's movement and kicks

- Light to heavy bleeding
- No baby heartbeat heard with a stethoscope or Doppler

Diagnosing stillbirth

Stillbirth is diagnosed with an ultrasound test. The test shows lack of movement and heartbeat of the baby. The ultrasound test may also help the healthcare provider understand why the baby died. Blood tests may also be done to see what caused the stillbirth. The placenta and baby may be examined after delivery to learn more about the cause.

Treatment for stillbirth

Treatment of a woman after stillbirth varies. It depends on factors such as how long the baby has been in the womb, the size of the baby, and how much time has passed since the baby's heartbeat stopped. Treatment may be done by one of these methods:

- Waiting for labor to happen on its own
- Dilating the cervix and using tools to deliver the baby
- Inducing labor using medicine to open the cervix and cause the uterus to contract and deliver the baby

Coping with stillbirth

Stillbirth is very difficult for the parents, and often other family members. It can be more upsetting than an early miscarriage because the mother has felt the baby move. It can be very hard to go through labor, yet not have a baby to take home. Counseling is important for all parents coping with a stillbirth. It can help you understand your feelings and begin the work of grieving. Talk with your healthcare provider to be referred to a counselor with experience in pregnancy loss.

Grieving the loss of your child

Give yourself time to grieve the loss of your baby. There are ways to help you move through the grieving process. You may wish to hold and touch the baby. In a private room, a nurse or counselor will bring the baby to you, wrapped in a blanket. This can give you a real memory of

your baby. Seeing your baby can be helpful when there is a birth defect. Sometimes, a parent may imagine a birth defect as much worse than the real problem. You may also wish to take photographs or footprints of your baby, or take a lock of hair to keep. You may wish to remember the baby with a memorial or funeral service. This can also help friends and other family members understand the loss that you have experienced.

Learning more about the cause of death

Some parents may wish to learn more about the cause of their baby's death. An autopsy or special genetic and chromosomal testing may be options. Talk with your healthcare provider. Results can be shared at a meeting with your healthcare provider several weeks afterward. Autopsy does not prevent you from being able to see or hold the baby, and can be done before a funeral.

When to call your healthcare provider

Call your healthcare provider right away if you have any of these:

- Fever of 100.4°F (38°C) or higher
- Pain or bleeding
- Symptoms of depression
- Other symptoms as advised

Understanding Miscarriage: Emotions



Miscarriage is the unplanned end of a pregnancy that happens before you reach 20 weeks. When a miscarriage happens, you're likely to have a wide range of feelings. Allow yourself to accept how you feel. Only then can you begin to move on.

No one is to blame

Know that you did not cause this to happen. Miscarriage is very common. There is a 15% chance of miscarriage with each pregnancy (after pregnancy has been diagnosed). Miscarriage usually takes place during the first 10 weeks after conception.

Grief takes many forms

Grief may be the first thing you feel, or it may come upon you later. Perhaps you'll grieve because the future you hoped for is lost. Grief is painful and often lonely. But your miscarriage should become easier to deal with over time.

What you feel is OK

No one can tell you how to respond to your miscarriage. If you have been trying to have a child, this loss may feel overwhelming. Perhaps this was an unplanned pregnancy. That doesn't mean you won't feel loss. You know yourself best. It's OK to feel whatever you feel.

A sense of loss

No matter what you thought about being pregnant, having a miscarriage may cause a sense of loss. You may feel as if something is missing. It's OK if you can't describe how you feel. At first, it may be enough just to look inside yourself and feel your emotions.

Partner's note

Men grieve, too. You may be feeling sad, helpless or frustrated. When you're struggling with your own feelings, knowing how to help your partner may be hard. But do your best to provide support. The following tips may also help:

- Be kind to yourself and your partner.
- Spend time together.
- Fix a meal or bring dinner home for her.
- Rent a movie.
- If you have children, spend extra time with them.

Understanding Miscarriage: Possible Causes

Miscarriage is common, but finding its cause may not be easy. If a cause can be found, it's likely to be a problem with the baby or the structure of the uterus. Other factors cause miscarriage, but they are less common.

Problems with the baby

Either of the following problems with the baby can cause a miscarriage:

- There is a problem with the baby's chromosomes (genes that carry the information needed for life).
- Birth defects

Problems with the uterus or cervix

Any of the following problems with the uterus or cervix can cause a miscarriage:

- The uterus may be divided (have a septum), or have fibroids or adhesions.
- The lining of the uterus may be too thin for the fertilized egg to implant.
- The cervix may be too weak to support the weight of a pregnancy.

Other factors

Any of the following problems can cause a miscarriage:

- A serious illness, such as uncontrolled diabetes mellitus.
- A bad injury, perhaps during a car accident.
- Exposure to toxins or radiation.

What does not cause miscarriage

Plenty of myths and “old wives’ tales” try to explain the cause of miscarriage. But they are fiction—not fact. None of the following activities causes miscarriage:

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| <ul style="list-style-type: none">• Carrying groceries• Lifting a small child• Wearing high heels• Coloring your hair• Having sex• Vacuuming | <ul style="list-style-type: none">• Working outside the home• Being a vegetarian• Eating spicy foods• Having a Pap smear• Riding a horse or a bicycle• Wishing away or denying a pregnancy |
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Understanding Miscarriage: Recovery



Your body has had a shock to its system. Because of this, you may not feel well for a few days. Your body is going through changes, and you can expect mood swings. When you are ready, start back to your normal routine.

Mood swings

The miscarriage has caused a sudden drop in your hormone levels. This is likely to produce mood swings or make your emotions even more extreme. Stress and lack of sleep can also affect your moods. As your body returns to normal, these mood swings should lessen.

Returning to your daily routines

You are the best judge of how you feel. Do only as much as you feel up to. Also be sure to follow your healthcare provider's instructions. Keep the following in mind:

- Return to work or your daily routines when you feel ready. This might be right away, or you may want to wait a few days.
- Take showers instead of tub baths. This helps prevent infection. Your healthcare provider will tell you when you can take baths again.
- Avoid strenuous exercise, such as aerobics or running, until the bleeding slows to the rate of a normal period.
- Wait to have sex, and don't use tampons until your healthcare provider says it is OK.
- Do not douche.

Finding support

Recognize your need to talk. Ask for support when you want it, and accept help when it's offered. Although sharing thoughts with your partner is vital, you may also feel like talking with other family members or friends.

Look nearby

The real experts on miscarriage are the women who have gone through it. Because miscarriage is so common, it's likely that someone close to you has had one. You may begin to see that you're not alone in experiencing such a loss.

Other sources of support

Many women find it easier to talk to people who are not family or friends. If this is true for you, try contacting the following:

- Share: Pregnancy and Infant Loss Support at <http://www.nationalshare.org>
- Resolve Through Sharing at <http://www.bereavementservices.org>
- Pregnancy Loss Support Program at <http://www.pregnancyloss.org/>

When to call the healthcare provider

It's normal to be sad for a while. You may even feel "down" until you're pregnant again. Be sure to call your healthcare provider if either of the following is true:

- You continue to have no interest in eating or are not able to sleep.
- Your depression does not lessen, or you get more upset.

Understanding Miscarriage: Trying Again

You've been pregnant, so you know that chances are very good it can happen again—if you want it to. The choice is up to you and your partner. If you want to try again, do so when you're ready.

A joint decision

You and your partner may decide to try again soon, or you may prefer to wait. To increase the chances of a healthy pregnancy, your healthcare provider may suggest waiting 2 to 3 monthly cycles. This builds up the uterine lining. As a result, the fertilized egg is more likely to implant properly.

Special tests

If you go on to have repeat miscarriages, your healthcare provider may want to run a few tests.

In certain cases, special tests can pinpoint the cause of miscarriage. Some causes, such as problems with the uterus, can often be corrected. If you have a general health problem, finding ways to control it may be all that's needed.

Prepare for the future

After the first miscarriage, most couples go on to have a healthy pregnancy. You can give a future baby the best start by eating a balanced diet. To help prevent problems during your next pregnancy, avoid actions that may place the baby at risk. While you are pregnant, stay away from the following:

- Smoking
- Drinking alcohol
- Using drugs
- Spending time in hot tubs and saunas

When you are ready

Your health is what matters. Wait until you feel fit in body and mind before trying to get pregnant again. Until then, enjoy the time you spend with your partner. Allow yourselves to enjoy each other. Try not to let getting pregnant become your one goal. Instead, look at pregnancy as one possible outcome of a loving relationship.



Now is a good time to focus on your relationship.

