

**Patient  
Information**

# Early miscarriage

## Introduction

This leaflet gives you information about early miscarriage.

Miscarriage can be a distressing experience, not only because you feel the deep emotional sadness of losing a baby, but also the changes that your body will go through may affect the way that you are feeling.

We would like to offer our condolences to you and will try to help by answering any questions you have.

## What is a miscarriage?

Miscarriage is the loss of a pregnancy before 24 weeks. It is estimated that 1 in every 4 pregnancies ends in miscarriage and about 80 in 100 of these happen before 12 weeks.

Most women who have a miscarriage go on to have a successful pregnancy next time.

## Why did I miscarry?

It is usually impossible to find a reason for any individual miscarriage, but we do know that in at least one third of miscarriages, there is something wrong with the pregnancy. This means that if a baby had survived until birth it would probably have been born with significant abnormality. Although this can be proved in one third of miscarriages, in reality this probably happens in a higher number than that.

This means that a large number of miscarriages are nature's way of stopping or ending a pregnancy that is going wrong, rather than the loss of what would otherwise have been normal full-term pregnancy.

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Department

**Obstetrics and  
Gynaecology**

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### Common causes for miscarriage are thought to be:

- **Genetic** - about half of all early miscarriages are due to abnormal development from the beginning of the pregnancy
- **Hormonal** - women who have irregular periods may find it harder to conceive and when they do, they are more likely to miscarry
- **Immunological** - sometimes problems with blood vessels to the placenta can lead to miscarriage
- **Infection** - this does not include coughs and colds. Infections that cause very high temperatures and some infections such as rubella (German Measles) may cause miscarriage
- **Anatomical** - a weak cervix (neck of the womb), irregular shaped uterus or the presence of fibroids may increase the risk of miscarriage

### Could anything that I have done have caused me to miscarry?

If the pregnancy is normal, and there is no infection affecting it, then minor alterations in behaviour do not usually affect the pregnancy.

We do know that smoking, poor diet, alcohol, certain illnesses and some medications can make miscarriage more likely, but otherwise, a healthy pregnancy is usually quite resilient (strong).

### Is this miscarriage likely to affect my chance of having another baby?

A miscarriage itself does not affect future chances, as long as some physical reason is not found. If a physical reason for your miscarriage is found, you will be involved in discussions about any treatment that may be needed. The likelihood that a woman who has experienced a miscarriage will eventually have a healthy baby is good; even if they have had more than one miscarriage.

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## **How long should we wait until trying for another baby?**

After the bleeding from a miscarriage has ended and a urine pregnancy test is no longer positive, there is usually no reason to wait to try again for another pregnancy. In terms of your emotional health, you may feel that you want to wait a bit longer before you try again.

There are some circumstances, however, where a health professional may advise you to wait a little longer before trying again. The reasons will have been discussed with you and the information provided. These include ectopic pregnancy and hydatidiform mole.

## **How long should we wait before resuming intercourse?**

Your womb should settle within 2 weeks, and you would be unlikely to cause any harm with intercourse after that.

It is important to wait until any bleeding has stopped and that you have a negative pregnancy test before resuming unprotected intercourse.

## **When do I need to start using contraception following a miscarriage, if I want to wait before trying for another baby?**

You can ovulate (produce an egg) any time after a miscarriage, so if you have intercourse, it is possible to become pregnant before your next period.

### **Condoms**

You can resume intercourse with condoms as soon as your bleeding has stopped.

### **The pill**

Please discuss this with your hospital doctor, nurse practitioner, GP or the Family Planning Clinic.

### **The diaphragm**

If you use the diaphragm (cap), it is important to have the size checked before you use it again as your body may have changed slightly.

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### **The coil**

If you want an Intrauterine Contraceptive Device (IUCD) fitted, this can be fitted by an experience nurse or doctor immediately after your miscarriage.

### **Implant**

If you would like the contraceptive implant, this can be fitted by an experienced nurse or doctor straight after a miscarriage or within 5 days of starting your next period.

You can discuss contraception with your hospital doctor, GP or Family Planning Clinic. If you are waiting to start using your chosen contraceptive, you should use a condom or sheath in the meantime.

## **Do I need an operation to make sure my womb is empty?**

Not necessarily. This is a very personal choice. When the nurse practitioner or doctor tells you that you are miscarrying, you can talk about the options available for managing the miscarriage.

## **You may be offered a choice of the following:**

1. To let things happen naturally (known as conservative management), coming in for an outpatient appointment 14 days after the start of miscarriage. You can contact us with any concerns during this time via the Ward 9a Helpline (the telephone number is at the end of this leaflet)
2. To induce the miscarriage with medication (medical management), then allow the process to happen naturally, coming in to see us 14 to 21 days after taking the medication
3. To have an operation to clear the womb (surgical management of miscarriage)

There are risks and benefits to all of these options and these will be discussed with you by your nurse practitioner or doctor.

## **How long will I bleed after a miscarriage?**

This varies but generally, the bleeding should gradually reduce over 7 to 10 days from the time that you actually miscarry the pregnancy and usually stops within 3 weeks.

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We advise you to use sanitary towels not tampons during the bleeding following a miscarriage.

If the bleeding does not seem to be stopping, is getting heavier, if you have a lot of pain or you have an unpleasant smelling discharge you should contact the Ward 9a Helpline or your GP.

### **How soon after miscarriage will my periods return?**

Your body will still contain some pregnancy hormone and a pregnancy test may stay positive for 2 to 4 weeks after miscarriage.

Once the pregnancy hormone has fallen to a level which is not detected from a urine pregnancy test, your body will start the next menstrual cycle. This varies with each person but is usually about 4 to 6 weeks following miscarriage.

### **How soon can I have a bath or swim?**

There is no reason to avoid having a bath or shower on the day following a miscarriage. It is advised to use warm water rather than very hot water.

You can resume swimming as soon as you feel fit enough to do so although it is advisable to wait until any vaginal bleeding or discharge has stopped.

### **How soon can I resume normal activities?**

This varies from person to person depending on how long your physical recovery takes and on the amount of emotional distress. It is important to take things gently until your physical strength returns. If you have any questions, please contact your GP.

### **How soon should I go back to work?**

Most women feel fit enough to return to work after a week, but others need longer. Your GP will advise and support you in the best way forward for you.

**Patient  
Information****Will my breasts produce milk?**

A woman who has had a miscarriage after about 14 weeks of pregnancy may experience hardness of her breasts and may have some milk production. This does not need any treatment and although distressing, it will ease after a few days.

**Can we know the sex of the baby we lost?**

If you miscarry before 18 weeks of pregnancy, the sex of the baby is unlikely to be known. After this time it becomes easier to determine the sex as the baby is more developed.

**Can we see a photograph of the baby?**

We do not offer photographs to women who miscarry under 14 weeks because it is difficult to take pictures due to the size of the baby. After 14 weeks we do our best to take photographs that you are able to keep as part of a precious memory.

For women who choose to have an operation to remove the miscarriage, we are sorry to say that it is not possible for us to take photographs.

**Can we arrange to have a blessing said for our baby?**

There is a hospital chaplain available to support your spiritual needs and we will try to accommodate all religious beliefs.

There is a book of remembrance held within the hospital and the Trust also holds a yearly service in remembrance of the babies who die before and around birth which you are welcome to attend. If you wish to know more about either of these, please ask your nurse or doctor for further details.

**It is weeks since I miscarried, yet I still feel upset and depressed, is this normal?**

Every woman is different. Some women find that they recover quickly after a miscarriage and others take much longer.

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Most women appear to cope very well at the time, focusing on the physical aspects of the miscarriage but once the bleeding and pain have settled find that they are very upset and tearful.

Some of the feelings associated with loss are difficult to talk about. You may feel shocked or angry, or you may feel empty. Some women feel really tired and lose interest in everyday life and in sexual relationships with their partner. Some women feel guilty or as if they have failed as well as feeling isolated and alone.

The loss of a baby is very sad and what you are feeling is normal.

Do not expect too much of yourself and please allow yourself time to grieve. Most people never forget the loss of a baby, but the pain will get easier over time.

Men and women react differently to the loss of a baby and although it is difficult, it is important to communicate your feelings with each other through this difficult time.

The leaflet on miscarriage, available on the Miscarriage Association website (address at the end of this leaflet) discusses the different feelings you and your partner might be experiencing and may help you to understand each other and offer more support.

### **Our friends and relatives avoid the subject of my miscarriage, why is this?**

It can be very hurtful when people avoid talking about something that is very important to you, but most people find another person's loss and grief very difficult to talk about. Usually, people avoid talking about it because they do not know what to say and very much want to avoid saying the wrong thing and hurting your feelings. People often feel that they do not want to remind you about it, when of course it is actually at the front of your mind. You may feel hurt when people avoid the subject, but might feel able to raise the subject yourself which in turn can encourage others to be more open.

**Patient  
Information****I'm really worried about getting pregnant again, because I'll be so anxious about miscarrying, what can I do about that?**

You are likely to feel like this, especially around the time of year when you miscarried, but be reassured that having this miscarriage does not increase your risk of miscarrying next time.

**Is there something we can do to give our baby a better chance?**

Healthier parents have more chance of producing healthier babies. Try to spend the time maximising your health before you start trying for another baby for example you could both give up smoking, improve your diets and take regular exercise.

**Will I receive a follow up appointment after my miscarriage?**

Many women like to book a follow up appointment with their GP after they are discharged from the Early Pregnancy Clinic. If you would like to arrange for a health visitor to visit you at home to discuss the emotional aspects of your miscarriage, this can be arranged at your GP's surgery.

**Contact information****Early Pregnancy Assessment Clinic**

Gloucestershire Royal Hospital

Tel: 0300 422 5549

This line is open from 8:00am to 4:00pm, 7 days a week.



**Patient  
Information****Further information****Miscarriage Association**

17 Wentworth Terrace

Wakefield

WF1 3QW

Tel: 01924 200 799

Monday to Friday, 9:00am to 4:00pm

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

Other written information is available from the hospital, please ask your nurse or doctor if you would like a copy of:

- Conservative (expectant) management of miscarriage (information sheet)
- Surgical management of miscarriage (leaflet) GHPI1223
- Medical management of miscarriage (information sheet)
- Information and support following the loss of your baby before completion of 24 weeks (leaflet) GHPI0502
- Surgical management of miscarriage under local anaesthesia (leaflet) GHPI1454

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