Gloucestershire Hospitals
NHS Foundation Trust

Early miscarriage

Introduction

This leaflet gives you information about 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. Most miscarriages happen in the first 12 weeks of pregnancy. This is known as early miscarriage and happens 10 to 20 times in every 100 pregnancies. Late miscarriage, after 12 weeks is less common, and happens 1 or 2 times in every 100 pregnancies.

Most women who have a miscarriage go on to have a successful pregnancy in the future.

Why did I miscarry?

It is usually not possible to find a reason for an individual miscarriage. In early miscarriage the most common cause is that there is a problem with the baby's chromosomes. For most miscarriages this happens by chance, and is not something that you could have changed.

It can be difficult to not know the cause of your miscarriage, and this can often leave you questioning whether it was something you did or something that you could have prevented. In almost all cases there is nothing that you, or anyone else, could have done to prevent a miscarriage from happening.

Possible causes for miscarriage are thought to be:

- **Genetic** - most early miscarriages are caused by a problem with the baby's chromosomes. Too many, or not enough chromosomes means that the baby cannot develop normally and the pregnancy cannot continue.
- **Hormonal** - women who have irregular periods may find it harder to conceive and when they do, they are more likely to miscarry.
- **Placental problems** - the placenta supports a baby's growth and development. Sometimes problems with the placenta can lead to miscarriage.
- **Infection** - this does not include coughs and colds. Infections that cause very high temperatures and others, such as rubella (German Measles) may cause miscarriage.
- **Anatomical** - a weak cervix (neck of the womb) can mean that the cervix opens too soon. This is often associated with late miscarriages.

Possible risk factors for miscarriage are thought to be:

- **Long term Health conditions –** for example problems with your thyroid, high blood pressure, diabetes and lupus.
- **Polycystic ovarian syndrome –** a hormonal condition that is thought to slightly increase your risk of miscarriage.
- **Medication –** for example non-steroidal anti-inflammatory medications, such as ibuprofen and retinoids used for eczema or acne. You should speak to your GP or pharmacist if you are concerned about any medications that you are taking before trying for a pregnancy.
- **Age –** risk of miscarriage increases with age. There is a significant rise in miscarriage after the age of 40.
- **Ethnicity –** black women are more likely to have a miscarriage than white women.
- **Lifestyle factors –** Being over or under weight (having a high or low body mass index), smoking, alcohol, illegal drug use, caffeine intake and very high levels of stress.
- **Previous miscarriages –** after a miscarriage your risk of having a further one increases slightly. If you have a successful pregnancy after a miscarriage then this decreases your risk again for a future pregnancy.

It is important to remember that having one or more of these risk factors does not mean that you will have a miscarriage. Some women with no known risk factors have a miscarriage and other women with multiple risk factors do not.

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

Having a miscarriage slightly increases your chances of having another miscarriage in the future. This risk increases slightly with each further miscarriage but is thought to decrease if you have a successful pregnancy between miscarriages.

How long should we wait before resuming intercourse?

Your uterus (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.

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, but others feel that they want to become pregnant again very soon after their miscarriage.

Some people prefer to wait for a period to help them with dating the pregnancy, but it is possible to become pregnant before this. This is not known to increase your risk of miscarriage. Evidence suggests that conceiving in the 6 months after a miscarriage can reduce your risk of miscarriage.

There are some circumstances, 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.

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.

The coil
If you want an Intrauterine Contraceptive Device (IUCD) fitted, this can be done by an experienced 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.

While you are waiting to start using your chosen contraceptive, you should continue to use a condom.

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, the options available for managing the miscarriage can be discussed.

You may be offered a choice of the following:

- To let things happen naturally (known as conservative management).
- To induce the miscarriage with medication (known as medical management).

- To have a procedure under local or general anaesthetic to remove the pregnancy (known as 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 during your clinic visit. They will discuss what to expect and any plans for follow-up care.

How long will I bleed after a miscarriage?

This varies, but generally the bleeding should gradually reduce over 7 to 14 days from the time that miscarriage happened. The bleeding should stop completely within 3 weeks. We advise you to use sanitary towels following a miscarriage to reduce your risk of infection.

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 Early Pregnancy Assessment Clinic (the number can be found at the end of this leaflet) or your GP. In an emergency you should go to the Emergency Department at Gloucestershire Royal Hospital.

How soon after miscarriage will my periods return?

Your body will still contain some pregnancy hormone which means that a pregnancy test may be positive for 2 to 4 weeks after your 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.

Your first period after a miscarriage may be heavier than it usually was, this is normal. If may take a few months for your period to return to normal.

How soon can I have a bath or swim?

There is no reason to avoid having a bath or shower 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 completely 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 well enough to return to work after a week or two, but others need longer. We can provide you with a fit note for work should you require it. After this your GP will also be able to advise and support you.

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?

With early miscarriage it is not possible to determine the sex of the baby. In later miscarriage it can sometimes be possible, but not usually before 18 weeks.

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. In early miscarriage, if appropriate, we can offer you a scan picture should you wish.

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 following this procedure.

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. You are welcome to attend the service.

If you wish to know more about either of these, please ask your nurse or doctor for further details.

Can I request a baby loss certificate?

For any pregnancy loss before 24 weeks, you can now request a baby loss certificate in memory of your baby. In order to request a certificate, you will need your NHS number or the postcode registered with your GP, your mobile phone number or email address registered with your GP and permission from the other parent and their email address.

For more information or to request a certificate, please visit:
www.gov.uk/request-baby-loss-certificate

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.

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 exhausted 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's website (the address is 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. 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.

I am 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. Deciding when to try for a pregnancy can be an anxious time, and having a miscarriage is likely to affect how you feel when you do become pregnant again. This is understandable and talking to your partner or close family and friends might help.

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

Try to spend the time maximising your health before you start trying for another baby. For example, you could both give up smoking, eat a healthy balanced diet and take regular exercise.

Research has shown that taking a medication called progesterone can reduce the risk of having a miscarriage for certain women. If you have had 1 or 2 miscarriages then progesterone may increase your chances of achieving a successful pregnancy by five percent.

The National Institute for Health and Care Excellence (NICE) recommends that you should be offered progesterone if you have bleeding in an early pregnancy, have had a previous miscarriage and have had an ultrasound scan confirming that your pregnancy is in the uterus (womb).

In view of this, in any future pregnancy if you notice any bleeding, please speak to your GP or midwife to arrange a referral to the Early Pregnancy Clinic for assessment.

Will I receive a follow up appointment after my miscarriage?

We do not offer a routine follow-up after miscarriage unless your bleeding does not settle or your pregnancy test remains positive. In which case, we ask you to call the early Pregnancy Assessment Clinic (the contact details are at the end of this leaflet).

If you need further support after your miscarriage, please speak to your GP. You may also like to visit the websites listed in the Further information section at the end of this leaflet.

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.

Further information

Miscarriage Association
17 Wentworth Terrace
Wakefield
WF1 3QW

Tel: 01924 200 799
Monday, Tuesday and Thursday, 9:00am to 4:00pm
Wednesday and Friday, 9:00am to 8:00pm

Email: info@miscarriageassociation.org.uk
Website: www.miscarriageassociation.org.uk

Tommy's – The pregnancy and baby charity

Tommy's Midwife Helpline
Tel: 0800 0147 800
Monday to Friday, 9:00am to 5:00pm

Email: midwife@tommys.org
Website: www.tommys.org/baby-loss-support

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

- 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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