

Sadly, miscarriages are common, occurring in 15 to 20 percent of pregnancies. They happen most often during the first eight weeks. The cause of miscarriage is usually unknown. Miscarriages are not caused by bending, stretching, carrying heavy objects, having sex or emotional upset.

## **What to expect when a miscarriage happens:**

Common signs include: vaginal bleeding, passage of clots and tissue, cramping or pain in the lower pelvis or back. There is no treatment that can stop a miscarriage, but you should still talk to your doctor for guidance.

Symptoms usually disappear within 7 days. You can help reduce the pain by taking acetaminophen (Tylenol) and/or an anti-inflammatory (ie. ibuprofen/Advil). A miscarriage will often happen on its own over the course of several days. There are also treatments for miscarriages including medications and a medical procedure called a D&C (dilatation and curettage).

If you have bleeding during your pregnancy and have Rh-negative blood, you will be given an Rh antibody injection to avoid Rh problems in later pregnancy.

## **Will I require medical treatment for my miscarriage?**

In most cases there are three options for managing a miscarriage:

1. Watch and wait: wait for the miscarriage to happen on its own
2. Medical management: this involves using pills to make the miscarriage happen sooner (Misoprostol, Mifepristone)
3. Surgical management: have a doctor remove the pregnancy tissue by D&C

Many women choose to watch and wait as their first option. If this takes too long, you can come back to the doctor at any time to try another option. If medicine doesn't work, you may come back for a suction procedure. A suction procedure works 100% of the time with any type of miscarriage.

The treatment option may also depend on your type of miscarriage. We will review this with you.

## I've chosen my treatment, what should I expect?

1. **Watch and wait:** cramping and bleeding that is slightly worse than during a period. Afterwards, lighter bleeding often lasts one to two weeks and may start and stop.
2. **Medicine:** Misoprostol pills are placed in the vagina when you are home. Cramps and bleeding start 2 to 6 hours after the insertion of the pills. The bleeding may be heavier than a period at first. Lighter bleeding often lasts for one or two weeks. Some women get nausea and/or diarrhea after using misoprostol. This usually lasts a few hours.
3. **Surgical:** D&C's are done in the operating room. You will be given anaesthesia before the procedure. During the procedure the cervix is gently stretched and the pregnancy tissue is removed with a small plastic suction device. You are usually discharged home a few hours after the procedure. Mild cramping and bleeding after the procedure is normal.

Taking over the counter pain medication (Tylenol, ibuprofen) and using a heating pad can help ease the pain of cramps.

## What happens after a miscarriage?

We will give you take-home instructions. Call us (or go to the emergency department) if you have/are:

- Bleeding that soaks more than one maxi pad in an hour.
- Passing clots larger than a golf ball
- Severe abdominal pain
- A bad odour from the vagina
- A fever

After having a miscarriage or D&C it is ok to shower or have a bath. A tight-fitting bra worn around the clock for 1-2 days may help reduce breast fullness and tenderness.

Follow up may involve ultrasonography, a blood test, or both. We will also take the opportunity to talk about your emotions and how you're coping.

## Your emotions:

Having a miscarriage can cause a variety of emotions including grief and anger. Sadness, difficulty sleeping and a decreased appetite are common signs of grief. Everyone shows their feelings in different ways.

It may take longer for you to recover from the emotional effects of a miscarriage than the physical effects. We have two social workers at our clinic who can see you for emotional support.

## References:

1. Society of Obstetricians and Gynaecologists; Your pregnancy – Miscarriage. <https://www.pregnancyinfo.ca/your-pregnancy/special-consideration/miscarriage/> (Oct 2019)
2. Common treatments for Miscarriage. *Am Fam Physician*. 2011 Jul 1;84(1):85-86.
3. UNC Department of Obstetrics and Gynecology: 'Dealing with Miscarriage' Patient Handout. [www.med.unc.edu](http://www.med.unc.edu)