Early Pregnancy Loss (Miscarriage)

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This booklet is for women, and their partners and families, who are dealing with the physical and emotional effects of a pregnancy loss in the first 14 weeks of pregnancy.

What is a Miscarriage?

Miscarriage is the term used when a woman experiences the loss of her pregnancy in the first 24 weeks. Most miscarriages occur early; most commonly in the first 12 weeks of pregnancy.

The first sign that the pregnancy is not progressing well maybe when a woman experiences vaginal bleeding and cramp-like period pain.

Some women may have no symptoms and only learn that they have miscarried when they have a routine ultrasound. Usually, no treatment will prevent a miscarriage

Types of Miscarriage;

- **Complete Miscarriage** means all the pregnancy tissue has passed and the uterus (womb) is now empty.
- **Incomplete Miscarriage** means some of the pregnancy tissue remains in the uterus.
- **Missed Miscarriage** means the early pregnancy has stopped growing and has failed but has not passed from the uterus.

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How Common are Miscarriages?

Approximately 13 to 20 percent of pregnancies miscarry. This incidence increases with age, which means that on average every pregnant woman has a one in five chance of having a miscarriage.

What is Known about the Cause of Miscarriages?

The exact reason for most miscarriages may never be known but there are some common possible reasons;

1. Chromosomal Abnormalities

The majority of miscarriages occur because the chromosomes in the embryo (a very early pregnancy) are abnormal and from the beginning, the pregnancy does not develop properly. Research shows that as many as 80% of all miscarriages that occur in the first 12 weeks of pregnancy happen because something has gone wrong in the complicated fertilization process. Nothing can be done to prevent miscarriage if the pregnancy has not developed normally. Most often, these chromosomal mistakes occur by chance, not from genetic problems inherited from the parents; this means that a miscarriage is not more likely to happen in the next pregnancy.

2. Mother's Age

Research shows that older women are more likely to experience a miscarriage. This is because chromosomal abnormalities are more common in the female egg as women age. The father's age may also play a role in miscarriage. Medical science reports that the risk of miscarriage is one in five (20%) when the mother is 30; one in two (50%) when she is 40; and three in four (75%) when she is 45.

3. Mother's Health

Sometimes the mother may have a medical condition that can lead to an increased chance of miscarriage. For example, uncontrolled diabetes, thyroid disease, uterine abnormalities, or occasionally, an infection can lead to miscarriage. Rare medical conditions that affect blood clotting can also cause miscarriage. Treatment of these illnesses may improve the chances of having a viable pregnancy.

4. Lifestyle Factors

Smoking more than 10 cigarettes a day has been shown to increase the chance of miscarriage. Alcohol is not advised in pregnancy and moderate to heavy alcohol intake may be associated with miscarriage. Large amounts of caffeine may also be associated with miscarriage.

5. Previous Miscarriage

For some women who have experienced two or more successive miscarriages, there may be an underlying factor increasing their risk of miscarriage. These women should be referred to the Recurrent Pregnancy Loss (RPL) Clinic for follow up. An investigation may be appropriate and will be discussed with the doctor on a case by case basis.

Things that Do Not Cause a Miscarriage:

- Daily work.
- Exercise; in moderation.
- Travel.
- Morning sickness.
- Taking the oral contraceptive pill.
- Wondering whether or not you want the baby.
- Stress or worry.
- History of abortion.
- Having an ultrasound.

Is a Woman who has a Miscarriage Likely to have Another Miscarriage?

Not necessarily. After one miscarriage your next pregnancy is most likely to be normal. Many women who have experienced a miscarriage go on to have healthy full-term babies. If a woman has had three consecutive miscarriages, a referral to the outpatient Recurrent Pregnancy Loss (RPL) Clinic may be organized for specialist advice and investigation.

It is important to remember that experiencing two miscarriages in a row is not unusual and does not mean there is anything 'wrong' with you or your body.

What is the Treatment for a Miscarriage?

If the miscarriage is completed and all the tissue has passed, you will not need any treatment. If the pregnancy has not been passed, the doctor will discuss options with you. Each decision needs to be made on a case by case basis and depends on many things, including your wishes.

Possible Options Include;

- Conservative management by allowing the pregnancy to pass naturally.
- Medical management by inserting a vaginal tablet (misoprostol) to help the pregnancy pass.
- Surgical treatment for miscarriage dilation of cervix and curettage (D&C) under anesthesia to remove the pregnancy from the uterus.

Women who have a Rhesus (Rh) negative blood type (i.e. A, AB, B, or O negative may require an injection of Rh(D) immunoglobulin or 'anti-D'. This

medication will protect future pregnancies from problems that may occur when an Rh-negative mother carries an Rh-positive baby. If you are Rh-negative, our staff will provide you with more information.

After a Miscarriage:

Bleeding and Pain. You may have period-like bleeding and pain which can last up to two weeks. You can take ibuprofen (Nurofen) or paracetamol (Panadol) for pain.

The amount of bleeding and its duration will differ according to how the miscarriage has been managed and whether a dilation and curettage (D&C) have been performed. Your clinician will discuss what you are likely to expect based on your circumstances and the particular management option that has been decided.

Contact your Doctor or go to the Emergency Department if:

- Your bleeding becomes heavy or your pain is uncontrolled.
- You have fevers or chills.
- Your vaginal discharge has an unpleasant odor.

Next Period: Your first menstrual period after a miscarriage will usually begin four to six weeks after the miscarriage.

Sometimes this period is heavier than normal but this is not always the case. You should be aware that you may ovulate before this and could get pregnant in the first month after a miscarriage.

Sex: It is usually recommended to wait until the bleeding has stopped.

Returning to Work: Every woman feels differently about when to return to work. Some women need a few days to adjust to their changed circumstances before they are emotionally ready to return to work.

Trying to get Pregnant: It is recommended that you should wait until after your next period before you try for another pregnancy. It is important that you wait until the time is right for you. If trying to get pregnant, it is important that you avoid smoking and excessive amounts of caffeine and alcohol. Continue to take folic acid while trying to conceive.

Understanding Grief: Grief is a normal, natural, and inevitable response to loss. Your grief following a miscarriage is real, unique to you, and shaped by your life story. Your culture and spiritual beliefs will also affect how you grieve. The range of emotions experienced following a miscarriage can include emptiness, sadness, guilt, disappointment, anger, loneliness, isolation, frustration, helplessness or despair. You are encouraged to acknowledge and trust your feelings – and take the space and time you need to attend to your experience.
Your husband may also experience some of these emotions yet respond differently to you. Acknowledging and accepting this emotional experience can help in understanding each person's response to the pregnancy loss. In addition, some people may grieve for the loss of hopes and dreams evoked with the beginning of new life.

Sometimes, the grief surrounding a miscarriage can connect with other grief experiences and you can feel deeply sad. Your sense of loss may be triggered by seeing pregnant women. The sense of loss can be felt some time later, especially around the date of the expected birth or the anniversary of the miscarriage.

Care during your Time of Loss: Our staff always aims to provide holistic care when assisting you with the care and management of your pregnancy loss. We respect the range of thoughts, feelings, and behaviors that can be part of each woman's response to a miscarriage.
Religious care can be arranged. If required, social workers are also available to offer support.

Care of Pregnancy Tissue
Some women and their husband are concerned about what happens to the fetus or pregnancy tissue when the pregnancy loss occurs before 20 weeks gestation. At this gestational age there is no legal requirement to have the pregnancy tissue or fetus buried or cremated, but you can discuss options with the hospital.

Options include taking the pregnancy tissue home for burial in a place that is meaningful for you. If you choose to do this, it is important to inform your doctor, midwife, or nurse to make the necessary arrangements for the pregnancy tissue to be transferred into your care. You may choose to allow the hospital to take care of your pregnancy tissue.

Repeated Pregnancy Loss
If pregnancy loss is repeated three or more times, you will be referred to the Recurrent Pregnancy Loss (RPL) Clinic. The RPL Clinic is a good source of information and medical advice in regards to your pregnancy loss and achieving pregnancy in the future.

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If You Need Help:

Telephone: +974 4026 1295
Clinic Time: Every Tuesday (8am - 3pm)
Location: Women's Wellness and Research Center (WWRC)
1st Floor – Early Pregnancy Clinic

Online Resources:

This information is adapted from the Mercy Hospital for Women's Early Pregnancy Loss booklet in Heidelberg, Germany.

Patient and Family Education

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