



# Miscarriages:

## Information to help you understand

This pamphlet will help answer questions you may have about miscarriages. If you have any questions about the information in this pamphlet, please ask your Apple Tree care provider.

### What is a miscarriage?

A miscarriage is the spontaneous (unexpected) loss of a pregnancy before 5 months gestation. It occurs when the fetus isn't developing normally.

Miscarriage is common. Nearly one in four pregnant people will experience a miscarriage in their lifetime. Most miscarriage occurs in the first 12 weeks of pregnancy.

### What causes a miscarriage?

The majority of miscarriages are caused by a genetic abnormality (major defect) in the pregnancy. An example of a genetic abnormality is when the fetus has an extra piece of genetic information (a chromosome). The chance of a genetic abnormality increases as a person gets older.

A miscarriage is sometimes caused by other medical problems, such as:

- Uncontrolled diabetes
- Uncontrolled thyroid disease
- Abnormalities of the uterus (womb)
- Blood clotting abnormalities
- Genetic problems in the parents (e.g. chromosome re-arrangement that changes the original structure of the chromosome)

Routine activities (e.g. exercise, lifting, sexual intercourse, travel, heavy work, and stress) do not cause miscarriage.

### What does bleeding in early stages of pregnancy mean?

Bleeding in the early stages of pregnancy (between 6 weeks and 12 weeks+6 days) does not always mean that a miscarriage will occur. Bleeding can be a result of:

- Abnormalities of the vagina or cervix (opening of the uterus);
- Bleeding between the pregnancy sac and the uterus (subchorionic hematoma); or
- Ectopic pregnancy (pregnancy outside of the uterus).

A physical examination, ultrasound, and blood tests will be used to help determine the cause of the bleeding.

### How do you determine if a miscarriage will occur?

An ultrasound can give us information about what is happening with your pregnancy. Sometimes the outcome of your pregnancy is clear after one ultrasound, but sometimes further testing, such as a repeat ultrasound or blood test, will be needed.

Below are some terms that may help you understand early pregnancy complications and miscarriages.

#### Viability pregnancy

This means that your pregnancy appears to be progressing normally. Your care will be returned to your primary caregiver (e.g. doctor or midwife).

#### Non-viability pregnancy

The pregnancy has stopped growing and will end in miscarriage.

## Pregnancy of uncertain viability

Pregnancy of uncertain viability is where it is not possible to determine if the pregnancy will be successful during the first ultrasound appointment.

In this situation, a repeat ultrasound will be done 10 to 14 days after the first visit to tell whether the pregnancy is progressing normally. It is possible to miscarry during this time. If you think you have miscarried during this time, please call the Apple Tree Maternity clinic so that we can reassess you sooner.

## Pregnancy of unknown location

A pregnancy of unknown location is when a person has a positive pregnancy test but there are no signs of pregnancy on ultrasound. This could be due to three reasons:

- The pregnancy is too early to be seen on ultrasound;
- The pregnancy has already passed (complete miscarriage) before their ultrasound; and
- The pregnancy is outside the uterus (ectopic pregnancy).

If a pregnancy of unknown location is identified, further blood tests or ultrasounds may be done to determine the location of the pregnancy.

If symptoms worsen (e.g. develop severe pain, feel faint, or have heavy bleeding), it is important to seek medical care, as this could mean an ectopic pregnancy.

## Ectopic pregnancy

An ectopic pregnancy is a pregnancy that is located outside the uterus. Most commonly, the pregnancy is growing in the fallopian tube (the tube that carries the fertilized egg from the ovary to the uterus). This type of pregnancy can be dangerous and needs to be treated. It can be treated with medication or surgery.

## Complete miscarriage

This means that all the pregnancy tissue is gone from the uterus.

## Incomplete miscarriage

A miscarriage has occurred but some pregnancy tissue is still inside the uterus.

## Is there anything that can help prevent a miscarriage?

No activities or treatments (e.g. bed rest) have been proven to prevent or reduce the chance of miscarriage.

## How do you determine the cause of a miscarriage?

Genetic testing to determine the cause of a miscarriage is not performed for every miscarriage.

This testing is only done if a pregnant person has:

- A history of infertility or
- Experienced recurrent miscarriages (2 miscarriages in a row): if you've had recurrent miscarriages, your care provider may refer you to a specialist.

Results of the genetic testing of the miscarriage tissue are available approximately 2 months after the test and will be sent to your care provider. Book a follow up appointment with your family doctor.

## Treatment Options for Miscarriage

Once an ultrasound has determined if a miscarriage will occur, several treatment options are available, including:

1. Expectant management
2. Medical management
3. Dilation and curettage (D&C)

All of these options are considered safe. Your care provider will discuss these options with you and help to determine the best option for you. The outcome of future pregnancies is not affected by how the miscarriage is managed.

## Expectant management

Expectant management is when you wait for the miscarriage to occur naturally.

It takes an average of 2 weeks after the diagnosis of pregnancy loss for miscarriage to occur. For some pregnant people, it could take up to 3 or 4 weeks for miscarriage to occur. See below for more information on what to expect during the miscarriage.

While pregnant people who choose expectant management will have a complete miscarriage, approximately 1 in 3 people will need a dilatation and curettage (D&C) surgical procedure to make sure all the pregnancy tissue is gone. See below for a description of the D&C surgical procedure.

## Medical management with Misoprostol and/or Mifepristone

Medical management is when a medication called misoprostol (Cytotec) and possibly Mifepristone is used to open the cervix and help the uterus to start the miscarriage.

For this treatment option, you will be given 1 Mifepristone tablet taken orally and 4 misoprostol tablets to insert into your vagina at home. Please call to notify the Apple Tree Maternity call line when you have taken this medication to arrange follow-up.

The miscarriage usually occurs within 12 hours from the time the medication is started (compared to 2 to 4 weeks for expectant management). If there is no response to the medications after 24 hours, the same dose of misoprostol can be repeated once. See below for more information on what to expect during the miscarriage.

While most people will complete their miscarriage with medical management, 1 in 6 individuals who choose to use misoprostol may need a D&C procedure to make sure all the pregnancy tissue is gone. See below for a description of the D&C surgical procedure.

## Dilation and curettage(D&C)

This is an option available to any pregnant person having a miscarriage. It may be recommended by the physician for people who are experiencing heavy bleeding, who have an infection, or who have certain medical conditions.

D&C is a minor surgical procedure in which the cervix is gently opened (dilation) and the pregnancy is removed with a suction device or small curette (curettage). The procedure generally lasts 10 to 15 minutes.

This is done in the Operating Room at Kootenay Lake Hospital by a Family Physician with extra training or an OB/GYN with an anesthetist and OR nurses. This is generally organized by the team at Kootenay Lake Hospital.

## What can I expect after treatment?

For expectant management and medical management, most people will experience bleeding and cramping during the miscarriage. It is normal for the bleeding to be heavy for 2 to 3 hours. After this, the bleeding should be more like a normal period, with the bleeding slowing down over the next 7 days. Most people will experience some bleeding or spotting for up to 3 weeks.

While you are bleeding, you should use maxi-pads, NOT tampons. You should also avoid having a bath (showers are acceptable), going for a swim, or having sexual intercourse.

If you are experiencing heavy bleeding (e.g. soaking 1 maxi-pad per hour for more than 3 hours), you should call the ATM on call line.

Some people will have nausea, cramping, and moderate to severe pain for 2 to 3 hours while the miscarriage occurs. For people using misoprostol, other common side effects may also include vomiting, diarrhea, shivering, or fever. These effects are usually mild and last for 2 to 3 hours or up to 1 day. They can be treated with ibuprofen (e.g. Advil), acetaminophen (e.g. Tylenol), and dimenhydrinate (e.g. Gravol), as needed.

For people who have a D&C, a small amount of bleeding is expected, comparable to a light period, lasting for up to 3 weeks after the procedure. There may be mild cramping, but this will resolve in less than 24 hours.

## What complications can develop as a result of these treatments?

Complications from expectant management, medical management, and surgical management may include:

- Left over pregnancy tissue in the uterus: requires D&C surgical procedure to remove remaining pregnancy tissue
- Infection: requires antibiotics
- Heavy bleeding: may require D&C and rarely, a blood transfusion

People selecting D&C may also experience damage to the uterus, including cervical tears, perforation (hole in the uterus), and Asherman's Syndrome (scarring inside the uterus). These complications are rare (less than 1% of D&C's) but could interfere with future pregnancies.

## How will I be followed?

Your follow-up process is determined by your treatment option:

- **Expectant management:** you will receive a follow-up phone call from an Apple Tree care provider within 10 days of the miscarriage
- **Medical management:** you will receive a follow-up phone call from a member of the care team within 72 hours after the misoprostol is taken.
- **Dilation and curettage:** no specific follow up is required after routine D&C.

**If you have any questions or concerns, please call the Apple Tree on-call line**

## What will happen after my miscarriage?

It is normal to have bleeding for up to 3 weeks after a miscarriage. If you are still bleeding after 3 weeks, please contact Apple Tree Maternity or your family doctor.

It is important for you to do a **home (urine) pregnancy test 3 weeks** after the miscarriage. You can buy this from your local pharmacy. If the home pregnancy test is **positive, contact Apple Tree immediately.**

It is normal to feel sad and upset about your miscarriage. It is important to care for yourself during this time. If you would like to speak to a counselor, please let one of the care providers know. There is also a list of resources attached.

## When can I get pregnant again?

After having a miscarriage, it is recommended that you wait until you have 1 normal period before you try to get pregnant. Most people have a normal period 4 to 8 weeks after a miscarriage. If your periods do not return within 8 weeks of your miscarriage, please contact your family doctor.

You will be fertile after your miscarriage, so if you do not want to become pregnant, you should use some form of birth control (e.g. pill, condoms, intrauterine device / IUD).

## What do I do in case of an emergency?

Please go to the nearest Emergency Department **immediately** if you:

- Suddenly have severe pain in your abdomen;
- Suddenly feel faint or like passing out;
- Have very heavy bleeding (soaking more than 3 maxi pads in 3 hours);
- Have fever of greater than 38 degrees Celsius (103 degrees Fahrenheit); or
- Have foul smelling discharge.

**If you need to speak to a care provider:**

Apple Tree Maternity On-Call  
1-866-279-9111

## Where can I get more information?

For more information on miscarriages, please see the following websites and books:

### 1. Websites

- [www.miscarriagesupport.org.nz](http://www.miscarriagesupport.org.nz)
- [www.miscarriage.about.com](http://www.miscarriage.about.com)
- [www.marcarriagehelp.com](http://www.marcarriagehelp.com)
- [www.hopexchange.com](http://www.hopexchange.com)
- [www.silentgrief.com](http://www.silentgrief.com)

### 2. Books

- Miscarriage: Women Sharing from the Heart by Marie Allen and Shelley Marks
- A Silent Sorrow: Pregnancy Loss – Guidance and Support for You and Your Family by Ingrid Kohn, Perry-Lynn Moffitt, and Isabelle Wilkins
- Surviving Miscarriage: You Are Not Alone by Stacy McLaughlin
- Miscarriage, Medicine and Miracles: Everything You Need to Know About Miscarriage by Bruce Young and Amy Zavatto

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Adapted from the BC Women's Handout which was Developed by the health professionals of the Early Pregnancy Assessment Clinic with assistance from Learning & Development Department