

The loss of a pregnancy is often a sad and distressing experience, but it is not uncommon. About one in four pregnancies ends in a miscarriage. There are three main ways of dealing with a miscarriage:

1) A "wait and see approach"

- This option allows your body to pass the pregnancy on its own, without medicine or surgery.
- Most women will miscarry on their own within two to four weeks from the time of diagnosis but it is most common for women to pass the pregnancy in less than one week.
- When you start to pass the pregnancy, you will have uterus contractions usually feeling like strong, period-like cramps. You may pass some clots but the bleeding will settle down and continue like a period for 7 to 10 days.
- You need to see your family doctor or our clinic if:
 - You do not get your period back within 4 to 6 weeks of having your miscarriage.
 - Bleeding persists for more than 2 weeks.
 - You do not have any bleeding after four weeks of waiting for a miscarriage; in this case, you may need to proceed with the medical or surgical approach (see below).
- **You need to come to the emergency room (ER) urgently if:**
 - Your bleeding is very heavy (for example, if you have soaked more than 2 menstrual pads per hour for 2 hours) or you start to feel lightheaded or dizzy.
 - You start to feel unwell with fevers (greater than 37.8°C), chills, muscle aches or pains, unpleasant smelling discharge, or severe pain.

2) Medical approach

- A medicine called *misoprostol* may be used to start a miscarriage if you prefer not to wait for one to begin naturally. You will be given tablets (to either take by mouth or to put inside your vagina) that help to soften the cervix and allow the pregnancy to pass. When put into the vagina, they have less side effects and may work more effectively.
- Possible side effects of misoprostol can include chills, fevers, nausea, vomiting, diarrhea, abdominal pain, and uterine cramps; usually side effects last less than 24 hours but the uterine cramps can last until the entire pregnancy has passed from the uterus.
- After taking the medication, the bleeding will usually start within 24 hours. The bleeding is usually heavy for the first couple of hours. You may pass some clots but the bleeding will settle down and continue like a period for 7 to 10 days.
- You need to see your family doctor or our clinic if:
 - You do not have any bleeding after 7 days of taking the misoprostol or if 48 hours has passed and bleeding has been less than a normal menstrual period; in this case, you may need to proceed with the surgical approach (see below).
 - You do not get your period back within 4 to 6 weeks of having your miscarriage.
 - Bleeding persists for more than 2 weeks.
- **You need to come to the emergency room (ER) urgently if:**
 - Your bleeding is very heavy (for example, if you have soaked more than 2 menstrual pads per hour for 2 hours) or you start to feel lightheaded or dizzy.
 - You start to feel unwell with fevers (greater than 37.8°C), chills, muscle aches or pains, unpleasant smelling discharge, or severe pain.
 - Please note that misoprostol can cause a fever but please come to the ER if the fever is over 38°C more than 24 hours after taking the misoprostol medication.

- 3) Surgical approach (dilation and curettage, also known as a D&C)
- While you are asleep in the operating room, an obstetrician-gynecologist specialist will open the cervix (the opening of the uterus) and use a suction device to gently remove the pregnancy tissue. This is done through your vagina so you will not have an incision or stitches.
 - Like all operations, small anaesthetic and surgical risks are involved. There is a small risk of infection or injury to the cervix and uterus. There is also the very rare risk of a condition called Asherman's syndrome where scarring can develop inside the uterus making it difficult to get pregnant again the future; this is in less than 1% of cases.
 - You need to have nothing to eat or drink after midnight prior to your surgery date in order to have an empty stomach for the anesthesia.

Frequently Asked Questions

- Will the method of treatment I choose affect my chances of becoming pregnant again?
 - No. Generally your chances of having a successful pregnancy in the future are equally good whichever method you choose.
- How can I manage the cramps that come with a miscarriage?
 - Sometimes the pain that comes with a miscarriage is worse than period cramps. Putting a heating pack over your lower abdomen can help. If you need to take pain medicines, anti-inflammatories like ibuprofen (e.g. Advil) or naproxen (e.g. Aleve) can help. These are available at the pharmacy without a prescription.
- How long will I bleed after a miscarriage or an operation?
 - After any of the different options, you are likely to have a period-like bleeding for 7 to 10 days.
- What causes a miscarriage?
 - It is usually difficult to give a definite answer as to what causes a miscarriage. It is extremely unlikely that anything you did caused it to happen. Do not blame yourself or anyone else. About 60% of all miscarriages occur because of some chromosome abnormalities. Only in a small number of women with recurrent (3 or more) miscarriages, a definite cause can be determined.
- What are my chances of having another miscarriage?
 - After one miscarriage, most women will go on to have a normal pregnancy. Even after several miscarriages, there is a good chance of a successful pregnancy.
- How long should I wait before trying for another baby?
 - You may try again when you feel ready, both physically and emotionally. We recommend trying again after you have had a normal period, which you should have about 4-6 weeks after a miscarriage, provided your periods were regular before.
- What can I do to prevent having another miscarriage in the future?
 - Because there is nothing you did that caused a miscarriage, there is nothing in particular that we can suggest to avoid future pregnancy losses. We do know that miscarriages are more common in women who smoke cigarettes, drink large amounts of alcohol, or are obese or underweight so continue to work on being healthy and take your prenatal vitamins.
- What feelings are normal after a miscarriage?
 - It is very normal to feel sad and depressed about a miscarriage. Miscarriages are common but this does not often make it easier. Give yourself and your body time to recover. It may help to talk over things with your partner, friends, and other members of your family.
 - If you would like to talk further, our hospital social worker, Pam Stirling, is available during business hours. You can reach her at 403-601-6633 or Pamela.stirling@ahs.ca.