



Information about miscarriage

In the first three months of pregnancy



The National
Maternity
Hospital

Seirbhís Sláinte
Níos Fearr
á Forbairt

Building a
Better Health
Service

Introduction

This information may be helpful if you have had a miscarriage in the first 3 months of pregnancy.

The loss of a pregnancy through miscarriage can be a very distressing time. When you experience a miscarriage it may be accompanied by grief and sadness.

The intensity and depth of the sadness will vary from one person to another. We offer our deepest sympathy at this difficult time.

The level of support that an individual requires will vary. Further information and support is available from your local hospital and through the Miscarriage Association of Ireland. See contact details on last page of this booklet.

What is an early miscarriage?

An early miscarriage is the loss of a pregnancy before the 12th week of gestation.

Why do miscarriages occur?

In most cases, it is not possible to determine why an early miscarriage happens. The most common cause is thought to be a problem with the baby's chromosomes (the genetic structures within the body's cells). If a baby does not have the right number of chromosomes, it will not develop properly and the pregnancy can end in miscarriage. However the problems are usually a chance occurrence and are unlikely to happen again. Other possible causes can be discussed with your doctor.

How common is miscarriage?

Unfortunately early miscarriage is very common and occurs in about 1 in every 5 pregnancies.

The risk increases with:

- Age - At the age of 30 the risk is 1 in 5 (20%) over the age of 40 the risk is 1 in 2 (50%).
- Medical problems such as poorly controlled diabetes.
- Lifestyle factors such as smoking, excessive alcohol consumption or being overweight.

How is miscarriage diagnosed?

Many early miscarriages happen even before a period is missed or before a pregnancy test is positive. Early miscarriage is usually diagnosed on ultrasound scan. This is often by way of internal (transvaginal) scan or abdominal scan. It may be necessary to have more than one scan or indeed a blood test to confirm the diagnosis.

What happens when a miscarriage is confirmed?

Once a diagnosis of miscarriage has been confirmed the doctor or the midwife will discuss the next stage of management. If the scan shows you have miscarried and nothing remains in your womb you may not need any further treatment.

If the miscarriage is confirmed and some or all of the pregnancy remains inside the womb the doctor will talk to you about the best options for you. You may choose to wait and let nature take its course, or to use medications or to have a surgery. You will receive advice on the most appropriate treatment choice for you.

Letting nature take its course - Expectant Management

Effective for 50 out of 100 women. This may be suitable for you if you live close to the hospital.

You may experience cramping and bleeding which could be heavy. It may take a number of weeks for the bleeding to start and bleeding could continue for a number of weeks. You would be offered a further appointment 7-14 days later as you may need medications or a small operation if this method does not work.

Medication - Medical management of miscarriage

Effective for 85 out of 100 women. This involves taking a medication called Misoprostol, which helps open the neck of the womb. You would experience cramping and bleeding, like a heavy period. You would usually have a follow up appointment at the Early Pregnancy Unit to see if the medication has worked. The advantage of this option is that you avoid needing an anaesthetic. The bleeding may continue for up to 3 weeks.

Having a procedure - Surgical management of miscarriage

This is effective in 95 out of 100 women. This procedure (ERPC – Evacuation of retained products of conception) is carried out under general anaesthetic. It involves coming in to the hospital for a few hours. You may need a tablet (Misoprostol) to soften the neck of the womb. The pregnancy is gently removed from the womb using suction. There is a small risk of heavy bleeding, infection and injury to the womb or needing a second procedure.

What happens to my baby?

In the vast majority of cases following a miscarriage a baby cannot be identified. All tissue (passed after expectant, medical or surgical management) will be sent to the laboratory for examination.

The results can confirm that the pregnancy was inside the womb and not outside the womb (an ectopic pregnancy). It also looks for abnormal development of the placenta (molar pregnancy).

It is usually not possible to find out why a miscarriage happened from this examination.

What happens when a baby is identified?

Where a baby is identified the hospital will need to know your wishes in relation to burial. You may choose to take care of the burial yourself or you may wish the hospital to undertake this on your behalf. If you wish the hospital to organise this you will be asked to sign a consent form.

Most hospitals and the Miscarriage Association of Ireland have a book of remembrance.

Contact your local hospital or the Miscarriage Association of Ireland if you wish for your baby's name to be entered into this book.

What to expect after miscarriage

You can expect some vaginal bleeding for 1-2 weeks after your miscarriage. This is like a heavy period for a day or two. This should then become lighter and brown in colour. We would advise you to use sanitary towels rather than tampons. You may also experience some cramping (like strong period pains) for a few days.

If you experience heavy bleeding, severe pain, a foul smelling vaginal discharge, a high temperature or you are feeling unwell you should contact the hospital for advice.

If your periods are normally regular, your next period will usually be in 4 to 6 weeks time. You will ovulate before this, therefore if you do not wish to become pregnant straight away it is advisable to use contraception.

A miscarriage affects women and their families in different ways. Some women are emotional for a number of weeks after miscarriage while others may experience intense grief that lasts a lot longer. Further support is available through your hospital and the Miscarriage Association of Ireland.

When can I return to work?

This will depend on how you are feeling physically and emotionally. We would advise you to rest for a few days before returning to work. You can discuss this with your doctor prior to going home.

Will I have a hospital follow up appointment?

In the majority of cases following a miscarriage there is no need for a hospital follow up.

Your GP is a very important source of follow up and should be contacted if you have any concerns or worries. However, if your GP feels you should have a hospital appointment they will gladly arrange this. The hospital will also cancel any further appointments in relation to this pregnancy.

When can I try again?

You can try to get pregnant again whenever you feel ready. We would advise that you wait until you have a normal period. For some parents, emotionally this may be too soon and a number of months may be required before trying again. Folic acid 400 mcg until after week 12 of pregnancy is important for anyone trying to become pregnant.

Am I at higher risk of a miscarriage next time?

You are not at higher risk of miscarriage if you have had one or two miscarriages. Most miscarriages occur as a once-off event and there is a very good chance you will have a successful pregnancy in the future.

Local support services

Hospitals around the country offer a range of support services following a miscarriage.

The majority of hospitals in Ireland have a *clinical midwife/nurse specialist in bereavement* who can provide practical and psychological support around the time of your miscarriage.

Please contact the maternity unit of your local hospital for information on the support services they provide.

Useful contact numbers

The Miscarriage Association of Ireland

T: 01-873 5702 | E: info@miscarriage.ie

www.miscarriage.ie

Féileacáin - Stillbirth and Neonatal Death

Association of Ireland

T: 085-249 6464 | E: info@feileacain.ie

www.feileacain.ie

Anam Cara... Supporting parents after bereavement

T: 01-404 5378 | M: 085-288 8888

E: info@anamcara.ie | www.anamcara.ie

Pregnancy and Infant Loss Ireland

www.pregnancyandinfantloss.ie

Other helpful resources

Royal College of Obstetricians & Gynaecologists (RCOG)

Patient information leaflet on early miscarriage

www.rcog.org.uk/en/patients/patient-leaflets/early-miscarriage/

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