

After a miscarriage

The physical effects of a miscarriage tend to clear up quickly. Any bleeding settles down within seven to 10 days, and the next period will return in around six weeks' time. Sometimes infection can make the bleeding last longer or cause an offensive discharge. If this happens, a course of antibiotics can be prescribed and this will usually clear it up quickly.

The emotional impact of miscarriage can be greater. Grief is a very normal reaction to miscarriage and it is normal for it to be intense as that after any other bereavement. Many women describe a feeling of numbness and emptiness following a miscarriage. Some couples withdraw, feeling alone

and isolated, others may wish to talk about it.

Some couples decide that they want to begin trying for another pregnancy right away, while others feel that this is too soon and need longer to recover. There is no "right" thing to do, and you have to go with your feelings. It is advisable to wait at least one normal period before trying again, though it is safe to have sex when the bleeding has settled and you both feel ready.

Further information

The Miscarriage Association

01924 200799

www.miscarriageassociation.org.uk

Women's Health Information

www.womens-health.co.uk

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Miscarriage

Each year in the UK, hundreds of thousands of women are affected by miscarriage. It is often part of the natural process of making sure that when a pregnancy does continue, the baby will be healthy. In the vast majority of cases, there is no way of preventing a miscarriage.

Having a miscarriage does not mean that you won't be able to get pregnant again, and most women go on to have a successful pregnancy.

What is it?

The medical definition of miscarriage is the spontaneous loss of a pregnancy before 24 weeks. Research has found that as many as one quarter of pregnancies miscarry, the most risky time being between six and eight weeks, dating from the last menstrual period.

Miscarriage symptoms

The most common symptom is vaginal bleeding, which can range from light spotting to heavier than a period. There may be blood clots, or other tissue that is not clearly identifiable. Sometimes a sac-like structure is seen.

Some bleeding is very common during pregnancy, and vaginal bleeding does

not always signal a miscarriage has taken place, especially if the bleeding is light and only lasts a short time. Bleeding that is prolonged or heavy, like a period, is more likely to lead to miscarriage.

Often there is cramping, with period-type pains. Some women find that the usual symptoms of pregnancy, such as breast tenderness, feeling sick and having to pass urine more frequently than usual, may stop unexpectedly.

Why does it happen?

In over 60% of miscarriages, there is a problem with the way genetic material from the egg and sperm combines as a result of fertilisation. There is no other

reason for this than bad luck. Another cause is the embryo failing to implant into the lining of the womb. Doctors don't fully understand why this happens, but sometimes it can be due to a hormone imbalance.

Miscarriage is more common as a woman gets older, because the quality of eggs deteriorates with age. It is more common in smokers and with multiple pregnancies, such as twins.

Previously having taken the contraceptive pill seems to reduce the risk of having a miscarriage slightly.

Miscarriage is not caused by stress or lack of rest. Once a miscarriage has started there is very little that can be done to prevent it.

At hospital

Women with bleeding in early pregnancy may be referred to an early pregnancy assessment unit, based at a local hospital. Usually an ultrasound scan and other tests are needed to find out what is happening.

After a discussion of the symptoms, and possibly an examination, some tests and investigations may be needed:

Blood count This is to make sure the bleeding hasn't caused anaemia.

Blood group Women who have a rhesus negative blood group may need to have an injection to prevent problems for subsequent pregnancies.

Pregnancy test Sometimes, a sensitive blood test for the pregnancy hormone, beta HCG, is sometimes taken.

Ultrasound scan This will show the uterus and any developing embryo. If all is well and the pregnancy is sufficiently advanced, a fetal heartbeat can be seen. If pregnancy is not very far on (less than six to seven weeks) it is sometimes not possible to tell if everything is normal, and another scan is needed in seven to 10 days time.

Types of miscarriage

Different terms are used to describe miscarriage, depending on what the doctor finds out from an internal examination. By feeling the cervix (neck of the womb) the stage of miscarriage can be assessed.

Threatened miscarriage - this is used to describe bleeding in early pregnancy, where the cervix is found to be tightly closed. The pregnancy is most likely to continue.

Inevitable miscarriage - this describes bleeding in early pregnancy where the cervix is found to be open, suggesting that the pregnancy will be lost.

Incomplete miscarriage - miscarriage has definitely started, but there is still some pregnancy tissue left in the uterus. The cervix is usually found to be open.

Complete miscarriage - when the pregnancy has been lost, the uterus is now empty and the cervix has closed.

Missed miscarriage - when the pregnancy stopped growing some weeks ago, but there was no bleeding at this time. This type of miscarriage usually causes a slight, dark-brown blood loss and the sudden end of normal pregnancy symptoms. It is sometimes called a blighted ovum.

Treatment options

If a miscarriage is complete then no further treatment is needed. The other types of miscarriage frequently require treatment, though in some cases it is appropriate to see first if nature takes its course. The decision on whether medical treatment is needed depends on the stage of pregnancy, the amount of bleeding, and each woman's personal choice. When miscarriage occurs under 10 weeks, it is more likely to complete spontaneously.

For missed miscarriage or when there is significant bleeding, treatment with medicines or surgery may be needed to remove the remaining pregnancy tissue. Medicines are effective for miscarriage under seven weeks, or where there is a small amount of tissue remaining in the uterus. Although bleeding may be more prolonged afterwards, research suggests that avoiding an operation may halve the risk of an infection.

The medicine doctors prescribe is called misoprostol, and it makes the uterus contract so that the remainder of the pregnancy is expelled.

Surgical treatment involves going to theatre for a short operation to empty the uterus. This is known as an evacuation of retained products of conception (ERPOC), but is sometimes called a dilatation and curettage (D&C). It takes about 5 minutes. A soft plastic tube is passed through the cervix into the uterus and the pregnancy material is removed by suction.

Recurrent miscarriage

Miscarriage is a very common event and many women experience two miscarriages, purely by chance. Having more than one miscarriage can lead to anxieties that a normal pregnancy will never occur. But even after two miscarriages it is unlikely that there is any underlying problem, and there should be every chance of a successful pregnancy in the future.

After three consecutive miscarriages it is advisable to undergo some tests to rule out a specific cause. Possibilities include a hormonal disturbance, genetic problems, abnormalities of the uterus, or a condition of the immune system called "antiphospholipid syndrome".

Miscarriage later in pregnancy

Four-fifths of miscarriages occur in the first 12 weeks (first trimester) of pregnancy. Pregnancy loss later than this is much less common, and the causes may be different to those described above. A hospital specialist can provide specific advice.