NHS
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Early miscarriage

What is early miscarriage?

Early miscarriage is when a woman loses her pregnancy in the first three months and is usually accompanied by vaginal bleeding and pain.

Bleeding and pain in early pregnancy:
Many early miscarriages occur before a woman has missed her first period or before her pregnancy has been confirmed. Once you have had a positive pregnancy test, there is around a one in five (20%) risk of having a miscarriage in the first three months. Most miscarriages occur as a 'one-off' (sporadic) event and there is a good chance of having a successful pregnancy in the future.

Why does early miscarriage occur?

Much is still unknown about why early miscarriages occur. The most common cause is chromosome problems. Chromosomes are tiny thread-like structures found in all the cells of the body. In order to grow and develop normally a baby needs a precise number of chromosomes. If there are too few or too many chromosomes, the pregnancy may end in a miscarriage.

What is the risk of having a miscarriage?

The risk of miscarriage is increased by:

- A woman's age - the risk of early miscarriage increases with age. At the age of 30, the risk of miscarriage is one in five (20%). At the age of 42, the risk of miscarriage is one in two (50%).
- Health problems - as an example, poorly controlled diabetes can increase the risk of an early miscarriage.
- Lifestyle factors - smoking and heavy drinking are linked with miscarriages.

There is no scientific evidence to show that stress causes a miscarriage.

Sex during pregnancy is not harmful and is not associated with early miscarriage.

There is no treatment to prevent a miscarriage, except in certain circumstances when the miscarriages have been shown to be due to some rare medical conditions.

What happens if it is a miscarriage?

If the miscarriage has completed, you will not need any further treatment. If the miscarriage has not completed, there is a range of options available.

What are my choices?

You may choose to have an operation, you may prefer to let nature take its course or to take tablets to start the process.

Letting nature take its course (expectant management)

Expectant management is successful in 50 out of 100 women (50%). It can take time before bleeding starts and it is normal for the bleeding to continue for up to three weeks. Bleeding may be heavier than normal and you may experience cramping pain.
Very occasionally emergency admission for heavy bleeding or severe pain is necessary. If bleeding does not start or the miscarriage has not completed, you will be offered the option of taking tablets or having an operation.

Taking tablets (medical treatment)
This is a treatment which can be taken on an outpatient basis.The drug is called "misoprostol" and is given vaginally (internally). After the drug is given you will lie down for 30 minutes and then if you are well you can go home.

The purposes of the drugs are to tell the body it is no longer pregnant, and to promote contractions (cramps) of the womb to pass the pregnancy. This usually takes a few hours after the misoprostol tablets have been given and there is some pain with bleeding or clotting (like a heavy period). You can take pain killers during the treatment.

After the treatment you may bleed for up to three weeks. If treatment does not work, or the miscarriage has not completed, you will be given the option of having an operation.

Medical treatment is successful in about 85 out of 100 women (85%) and avoids a general anaesthetic. You will often only need to be in hospital for a few hours and can then go home. However, there is a risk of heavy bleeding and the need for an emergency admission to hospital.

Having an operation (surgical treatment) Currently performed at Conquest Hospital only.
The operation is usually carried out under general anaesthetic. Surgery is usually arranged as a planned operation, usually within a few days, or performed as an emergency if there is significant bleeding. Surgical treatment is successful in 95 out of 100 women (95%).

You may be advised to have surgery if:
- You are bleeding heavily and continuously
- The miscarriage is infected
- Expectant or medical management are unsuccessful.

The cervix is gently opened and the pregnancy tissue removed by use of a suction device. You may be given some vaginal tablets before the procedure to soften the cervix and make the operation easier and safer.

This operation is called "suction evacuation (emptying) of the womb (uterus)". You may also hear this described as 'evacuation of retained products of conception' (ERPC). This operation is similar to an old-fashioned D&C (dilatation and curettage).

The operation (evacuation) is safe, but there is a small risk of complications. These complications do not happen very often. They can include heavy bleeding (haemorrhage), infection, a repeat operation if the pregnancy tissue is not completely removed and, less commonly, perforation (tear) of the womb that may need to be repaired.

The risk of infection is the same if you choose medical or surgical treatment.

When should I phone for help?

You should be given a 24-hour telephone number to use if you:

- Are worried about the amount of bleeding
- Are worried about the amount of pain you are in and the pain-relieving drugs are not helping
- Have a smelly vaginal discharge
- Get shivers or flu-like symptoms
- Are feeling faint
- Have pain in your shoulders.

Are there any tests?

It is normal for some tissue removed at the time of surgery to be sent for analysis in the laboratory. The results can confirm that the pregnancy was inside the womb and not an ectopic pregnancy (when the pregnancy is growing outside the womb). It also tests for any abnormal changes in the placenta (molar pregnancy). You may miscarry at home. In this situation, some women choose to bring any tissue to the hospital so that it can be analysed.

Further tests are not routine unless you have had three miscarriages in a row.

I would like to have a memorial

Depending on your own individual circumstances, you may choose burial or cremation. Many hospitals have a book of remembrance. If you would like further information, speak with your doctor, nurse or midwife about the options.

What happens next?

To reduce the chance of infection, sanitary towels are advised rather than tampons until the bleeding has stopped. For women who have had an operation to empty the miscarriage, a course of antibiotics may be given.

You may also be advised to wait until you have stopped bleeding before you have sex. When you leave hospital, a letter (known as a discharge letter) with details of your treatment will be sent to your general practitioner. You can ask for a copy of this letter.

Your next period will be in four to six weeks time. Ovulation occurs before this, so you are fertile in the first month after a miscarriage. If you do not want to become pregnant, you should use contraception.

Will I have to come back to hospital?

After the treatment of miscarriage has been completed, there is no need to return to the hospital for review. The EPAU is available for advice and help if there are any lingering questions or problems. For women who have had more than two miscarriages, the GP may wish to refer these patients to the outpatient department for more in-depth investigations.

When can I return to work?

This will vary for each woman. You should be able to go back to work after a week or so. It can take longer than this for you to come to terms with your loss. Making sense of what has happened can take time.

When can we try for another baby?

The best time to try again is when you and your partner feel physically and emotionally ready.

How will I feel?

Losing a pregnancy is a deeply personal experience that affects everyone differently. It can affect the woman, her partner and others in the family.

Many women grieve, but come to terms with their loss. Other women feel overwhelmed and find it difficult to cope. Physical symptoms such as fatigue, loss of appetite, difficulty concentrating and trouble sleeping can be signs of emotional distress. Some women feel fine initially and only later do they experience difficulties.

Many men feel similar distress. Many women experience a profound sense of loss and disappointment. They describe a feeling of numbness and emptiness. Many women grieve as they would do for a close friend or relative. They experience feelings of shock and sadness and anger and can find it difficult to accept their loss. Other women experience a sense of relief.

These emotions are common and will pass with time and good support.Other women experience feelings of guilt, blaming themselves for what they did or did not do. Some women find it hard to move on without knowing the exact cause of their miscarriage.

Others are consoled by the fact that their miscarriage was a chance event and once the process had started, nothing could have been done to prevent it. Some women want to talk about their experience. Others find this too painful.

You should be given all the time you need to grieve. Talking about how you feel with your doctor and midwife can help. If you feel you need further assistance in coming to terms with your miscarriage, ask for a referral for support or counselling.

Advice for next pregnancy

If you are planning a pregnancy, you should have daily supplement of folic acid (at a daily dose of 400 micrograms) when you first start trying until the 12th week of pregnancy. This reduces the risk of your baby being born with a spinal defect.

You should get as healthy as you can before as well as during your next pregnancy. You should eat a healthy balanced diet, and not smoke.

It is advisable to stay within the maximum recommended units of alcohol.

Sources of information

Early Pregnancy Assessment Unit
Mirrlees Ward
Conquest Hospital
The Ridge
St Leonards-on-Sea,
East Sussex, TN37 7RD
Tel: (01424) 755255 Ext: 7047

Early Pregnancy Assessment Unit
Woman's Health - Outpatients
Eastbourne DGH
Kings Drive
Eastbourne
East Sussex, BN21 2UD
Tel: (01323) 417400 Ext: 4158 Answer phone

Miscarriage Association
Clayton Hospital
Northgate
Wakefield
West Yorkshire WF1 3JS
Helpline 01924 200799
Website: **www.miscarriageassociation.org.uk**

Early Pregnancy Information Centre
Website: **www.earlypregnancy.org.uk**

This leaflet is based on information from the Royal College of Obstetrician and Gynaecologists (RCOG) guideline on Management of Early Pregnancy Loss (which was published in October 2006).

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments please contact our Patient Advice and Liaison Service (PALS) – details below.

Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: (01424) 755255 Ext: 2620

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

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Reference

The following clinicians have been consulted and agreed this patient information:
Mr David Chui, Consultant Obstetrics and Gynaecology
Miss Prabha Sinha, Consultant Obstetrics and Gynaecology
Miss Nicky Roberts, Consultant Obstetrics and Gynaecology

The directorate group that have agreed this patient information leaflet:
The EPAU Working Group

Next review date: May 2021
Responsible clinician: Mr David Chui