



PATIENT INFORMATION

MISCARRIAGE

WHAT IS A MISCARRIAGE?

A miscarriage is the loss of a pregnancy. A miscarriage may occur at any time in the first half of pregnancy but, most often, it occurs in the first 12 weeks (first trimester). It happens in about 15–20% of pregnancies.

It is your body's way of ending a pregnancy that has had a bad start. The loss of a pregnancy can be very hard to accept and you may wonder why it happened or blame yourself. A miscarriage is no one's fault and you cannot prevent it.

WHAT CAUSES A MISCARRIAGE?

Miscarriages are very common. The reasons for miscarriages are varied and, most often, the cause cannot be identified. Chromosomal abnormalities of the fetus are the most common cause of miscarriage during the first trimester making it impossible for the fetus to develop normally.

A miscarriage is **not** caused by stress, exercise, or sex. The risk of miscarriage is lower after the first 12 weeks of the pregnancy.

WHAT ARE THE COMMON SYMPTOMS?

- Any **vaginal bleeding**, other than spotting, during early pregnancy is considered a **threatened miscarriage**.
- The bleeding may be light or heavy, constant, or off and on. It may sometimes be hard to know whether light bleeding is a sign of miscarriage. If you have bleeding with pain, the chance of a miscarriage is higher.
- Pain in the belly, lower back, or pelvis.
- Tissue that passes from the vagina.

TREATMENT

No treatment can stop a miscarriage. As long as you do not have heavy blood loss (soaking through two pads in less than one hour), a fever, weakness or other signs of infection, you can let a miscarriage follow its own course. This may take several days. If you have experienced a number

of miscarriages in a row, your doctor may order tests to look for a cause.

While many miscarriages complete on their own, treatment is sometimes needed. Treatment options include expectant management, medical management using medication called Misoprostol, which is inserted vaginally to aid or start the process of miscarriage, and/or surgery - a Dilatation and Curettage (D&C).

If you have **Rh-negative** blood, you may need an injection of Rhogam, a blood product. Rhogam prevents you from developing **antibodies** that can affect a future pregnancy with an Rh-positive baby. If you have not had your blood type checked, you will need a blood test to determine if you are Rh-negative.

A miscarriage does not happen all at once. It usually takes place over several days and symptoms vary. Here are some tips for dealing with a miscarriage:

- Use pads instead of tampons. You will probably have vaginal bleeding for a week or more. It may be light or slightly heavier than a normal period; you may also pass clots or tissue. Bleeding decreases over the course of up to two weeks. Your next period should start in 3 to 6 weeks and you can again use tampons if you wish.
- Take acetaminophen (Tylenol) or Advil for cramps. Read and follow all instructions on the label. You may have cramps for several days after the miscarriage and you may pass some clots.
- Eat a balanced diet that is high in iron and vitamin C as you may be low in iron due to blood loss. Foods rich in iron include red meat, shellfish, eggs, beans, and leafy green vegetables. Foods high in vitamin C include citrus fruits, tomatoes, and broccoli. Talk to your doctor about whether you need to take iron pills or a multivitamin.

WHERE CAN YOU GET HELP?

The **Early Pregnancy Clinic (EPC)** is located in the Women's Unit of Mount Sinai Hospital. It is located in the Ontario Power Generation (OPG) building at 700 University Ave. (southwest corner of College St. and University Ave.), 8th floor, Toronto ON M5G 1Z5.

The Early Pregnancy Clinic is a nurse run clinic that helps women through their miscarriage experience. The nurse's role is to assess and identify each patient's needs, provide emotional support and help women decide which option is best for them. A physician is always available if the nurse needs to consult, review and discuss any concerns, or requires advice. Again, these options include: expectant management, medical management and surgical management - dilatation and curettage (D&C).

Each patient is followed for at least two weeks, or until everything is resolved. The patient is then encouraged to follow up with their own family doctor.

Women experiencing a miscarriage are referred to the Early Pregnancy Clinic via the Emergency Department, their family doctor or midwife. A recent ultrasound is required, a blood group and screen and Beta hormone level is also helpful.

The phone number for the EPC is 416-586-4800 ext. 4621.

Remember. A miscarriage is no one's fault and you can't prevent it.

FINDING SUPPORT

Share your worries with your partner. Your partner has suffered a loss also and you can support each other. Don't feel like you have to work through these feelings alone. Talk to family and friends.

If you feel very sad or depressed for longer than 2 weeks, call your doctor or the Early Pregnancy Clinic at 416-586-4800 ext: 4621. The nurses can refer you to a Social Worker.

SUPPORT GROUPS

Perinatal Bereavement Services Ontario – 905-472-1807 or toll free 1-888-301-7276 or www.pbso.ca

FUTURE PREGNANCIES

Talk with your doctor about any future pregnancy plans. Most doctors suggest that you wait until you have had at least one normal period before you try to get pregnant again. If you do not want to get pregnant, ask your doctor about birth control options.

References:

SOGC (Society of Obstetricians and Gynaecologists of Canada) - Clinical Practice Guidelines for Miscarriage Management

ACOG (American Congress of Obstetricians and Gynecologists)

American Pregnancy Association

E-medicine Health