General information about miscarriage

Sadly your pregnancy has resulted in miscarriage or a potential miscarriage. We are very sorry that this has happened, and hope that the information in this leaflet will be of some help to you and your partner.

This leaflet aims to help you understand more about miscarriage generally, where to seek more support to help you and your partner come to terms with losing your pregnancy, and about planning future pregnancies.

Miscarriage in early pregnancy is very common, with as many as one in four confirmed pregnancies ending this way. It is also something that families and friends often find difficult, awkward or uncomfortable to talk about.

The staff on The Early Pregnancy Unit (EPU), (Clinic 24), will talk through the issues with you and hope to help you through this distressing time by:

- Explaining the options available to you now
- Describing possible events, in order to help prepare you
- Being available to give you advice over the telephone. (If the unit is closed please contact Daphne Ward, the inpatient gynaecology ward). Contact telephone numbers are found at the end of this leaflet.
- Providing written information for you, in the form of this leaflet, to help you understand what is happening to you.

Although miscarriage happens to so many women, it is a very individual experience, characterised by common symptoms: bleeding, (this may be the passing of blood clots, tissue or even a recognisable fetus, or just some brown spotting), discomfort/pain and the loss of the pregnancy.

Depending on the circumstances, including how clinically well you are at the time when you were seen in Clinic 24, you will have been offered the following choices to help you with the next part of the miscarriage:

- Expectant management of miscarriage
- **Surgical management of miscarriage** (SMM)
- **Medical management of miscarriage** (MMM)
- **Home management of miscarriage**
- **Manual vacuum aspiration for management of miscarriage** (MVA)
Terms to describe miscarriage:

Every woman’s miscarriage is individual and experienced under different circumstances. However there are common medical terms to describe miscarriage, which you may hear:

- **Threatened miscarriage**: in this instance there is bleeding, sometimes accompanied by pain, often this is unexplained and no cause for either is found. The neck of the uterus (womb) known as the cervical os is closed, and an ultrasound scan confirms the pregnancy is currently ongoing.

- **Inevitable miscarriage**: there is pain and bleeding and on examination the cervical os is open. Sadly the pregnancy will be lost and no intervention will prevent the miscarriage. An ultrasound scan is not indicated.

- **Delayed/missed miscarriage**: the pregnancy has ended, either the fetus has died or the embryo never developed, but you have not expelled the pregnancy. You may have begun to feel a lessening of any pregnancy symptoms, such as breast tenderness and nausea, but you have not had any further symptoms of the miscarriage, such as bleeding or cramping pelvic pain.

- **Blighted ovum or anembryonic pregnancy**: (This means a pregnancy without an embryo). This is the name given to a fertilised egg that does not divide and develop as it should. The normal pregnancy sac develops but a fetus does not develop within the sac.

- **Incomplete miscarriage**: not all the tissue from the pregnancy has been passed.

- **Complete miscarriage**: all the tissue from the pregnancy has been passed.

- **Ectopic pregnancy**: a pregnancy that starts to develop outside the uterus, usually in the fallopian tube.

- **Pregnancy of unknown location**: this is a label to describe the situation whereby the ultrasound scan shows the uterus is empty despite a positive urine pregnancy test. At this stage the pregnancy could be one of three outcomes: a very early pregnancy that is too small for detection on scan, a complete miscarriage or an ectopic pregnancy.

- **Molar pregnancy (Hydatidiform Mole)**: this is a medical term which means a fluid-filled mass of cells (mole = a mass of cells; hydatid = containing fluid-filled sacs or cysts). It results from an imbalance of genetic material; one cause is the egg being fertilised by more than one sperm which results in a collection of cells that should develop into the placenta but does not. The symptoms mimic a pregnancy but there is, in fact, no pregnancy. You will be given more specialist advice should you be diagnosed with this.

Causes of miscarriage:

Although miscarriage in early pregnancy is a common experience, it is often impossible to know why it has occurred, and the causes of miscarriage are still not completely understood.

On the EPU we understand it is very hard to accept that no definite answer can be given to you, about why your miscarriage has happened.
It is unlikely that anything you may have done will have caused the miscarriage.

The main causes for early miscarriage are thought to be:

**Genetic**

It is thought that as many as half of all early miscarriages are due to chance chromosomal abnormalities. Fertilisation is very complex, and some ovum (egg) and sperm, by chance, may be abnormal resulting in a vulnerable pregnancy, resulting in early miscarriage. This is seen as nature's healthy response to these abnormalities.

**Immunological**

Some women may have substances in their blood, called antibodies, which may cause abnormal clotting in the blood flow to the pregnancy, leading to miscarriage. These are uncommon, but are tested for in women who have three or more consecutive miscarriages, one after the other.

**Infection**

Whilst minor infections, such as colds, are not harmful, it is thought that high fever may lead to miscarriage. It is therefore wise to avoid contact with someone who is known to have an infectious illness.

**Anatomical**

It is very rare, but certain abnormalities of the uterus or cervix may cause miscarriage.

**Other risk factors include:**

- Pregnancy over 40 years of age
- Uncontrolled diabetes or thyroid problems
- Smoking

**Tests for the cause of miscarriage**

Investigations into the cause of miscarriage are only performed after a woman has suffered three consecutive miscarriages. This is because one miscarriage is most likely to have been a result of chance, and the next time you become pregnant you are still more likely to go on and have a successful pregnancy than you are to suffer a miscarriage.

Even after having three miscarriages, the majority of women go on to have normal pregnancies resulting in a live birth. However you may be advised to have tests to detect any treatable problems that might be causing the miscarriages such as immunological problems. Whilst these may not be common, their treatment might improve the chances of successful future pregnancies.

You may be offered tests and an appointment with a team member specialising in this field, if it is thought that this might help.

**Physical experiences**

Everyone is different, but many women find that it can take them anything from a few days to a few weeks or even months to recover physically from a miscarriage. You may find that you are particularly tired or feel generally run down. Or you may feel better or simply relieved once the process has happened, especially if it took a long time or if there was a long period where it was not clear if you were miscarrying or not.
All sorts of things can have an impact on your recovery, including how much bleeding you have had and how long the process has taken. There are no absolutes, but if you are worried that it is taking you a long time to recover physically, please see your GP.

**Partners**

Often partners can be forgotten when a woman is having a miscarriage. They are generally trying to be strong and support you, neglecting their own emotions and loss of their hopes and dreams. Some women find it useful to discuss their feelings with their partner and together you may be able to support each other at this sad time.

**Next period**

Your next period will generally occur in six to eight weeks and may be heavier than normal; this is natural and should not be of concern.

However because you ovulate before your period it is possible to become pregnant before the period arrives. If you have not had a period after eight weeks we suggest you perform a pregnancy test and contact the GP.

**Trying again**

People’s feelings vary after the experience of miscarriage. You may feel that you want to get pregnant again as quickly as possible, or you may feel apprehensive and anxious at the thought of another pregnancy; there is no ‘right’ way to manage this – only you and your partner can decide when you are ready.

If you are having investigations for recurrent miscarriage, a molar pregnancy or medication management using drugs called methotrexate or mifepristone plus misoprostol you will be given specific advice about when you will be able to start trying again.

**Contacts**

- **Clinic 24 (The Early Pregnancy Unit)**
  01223 217636
  08:00 to 20:00 Monday to Friday
  08:30 to 14:00 at weekends
  Closed: Bank holidays

- **Daphne ward (The inpatient gynaecology ward)**
  01223 257206 or 01223 349755
  Any other time

**Further information:**

If you feel that you or your partner need more help coming to terms with losing your baby, here are some contact numbers and web addresses which may be of use:

- **Petals**
  0300 688 0068
  [www.petalscharity.org](http://www.petalscharity.org)
• The Miscarriage Association
  01924 200799 (Monday-Friday 09:00 – 16:00)
  www.miscarriageassociation.org.uk

• The Ectopic Pregnancy Trust
  01895 238025
  www.ectopicpregnancy.org.uk

• Association of Early Pregnancy Units
  http://earlypregnancy.org.uk/index.asp

• Stillbirth and Neonatal Death Society (SANDS)
  020 7436 7940
  Open 09:30 – 17:30
  https://www.sands.org.uk/

References/ Sources of evidence
• Charing Cross Hospital Trophoblast Disease Service
  http://www.hmole-chorio.org.uk/

Privacy and Dignity
Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.

We are a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:
If you would like this information in another language or audio, please contact Interpreting services on telephone: 01223 256998, or email: interpreting@addenbrookes.nhs.uk For Large Print information please contact the patient information team: patient.information@addenbrookes.nhs.uk

Document history
Authors: Sandra Kent, Lisa Prentice, Louise Norman & Miriam Baumgarten
Pharmacist: N/A
Department: Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ
Contact number: Ext 3755, bleep 154-554
Publish/Review date: April 2019/April 2022
File name: General_information_about_miscarriage.doc
Version number/Ref: 6/PIN0143/Document ID 6535