Women’s services

Early pregnancy unit (clinic 24)

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 baby, 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, on the numbers listed at the end of this leaflet). 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. Sometimes there are no symptoms especially if the miscarriage is diagnosed at the first antenatal scan.

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 four choices to help you with the next part of the miscarriage:

- Expectant management
- Surgical management of miscarriage (SMM)
- Medical management of miscarriage (MMM)
- Home management of miscarriage (HMM)
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 womb (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 this so you will not be offered a scan.

- **Delayed/missed miscarriage:**
the pregnancy has ended, either the baby has died or the embryo never developed, but you have not expelled the pregnancy. You may have begun to feel less pregnant, with a lessening of any 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 baby 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 womb (uterus), usually in the fallopian tube.

- **Pregnancy of unknown location:**
the ultrasound scan shows the uterus is empty despite a positive urine pregnancy test. At this stage the pregnancy could be one of three: 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 ovum being fertilised by more than one sperm and 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 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 consultant gynaecologist 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 EPU.

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.

You may possibly have been offered some medical intervention to manage your miscarriage; if you decide this is how you wish to proceed you will have to wait until you have had at least one menstrual cycle (period) before you start trying again to ensure the medication used is completely out of your system. In this case you will have to use some form of contraception, preferably condoms.

If you are having investigations for recurrent miscarriage, a molar pregnancy or medication management using a drug called methotrexate 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
  Petals Charity

- 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

References/ Sources of evidence

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 now 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, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.
Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

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