Miscarriage

Your treatment options and what to expect

We understand that you are having, have had, or may have, a miscarriage. This handout provides some information to help you and your health care provider decide how to manage it. Before receiving treatment for your miscarriage, you need to know your choices for treatment and their possible benefits and risks.

This handout explains what a miscarriage is, the possible causes, and your choices for treatment. Please ask your health care provider any questions you may have.

What is a miscarriage?

Miscarriage is the loss of pregnancy before the embryo or fetus can live on its own outside the uterus. It is also called *early pregnancy loss* or *spontaneous abortion*.

Miscarriage is fairly common. Between 15% and 20% (15 to 20 out of 100) of all confirmed pregnancies end in miscarriage.

How is a miscarriage diagnosed?

A woman having a miscarriage usually has cramps and bleeding. As the symptoms go on, tissue from the pregnancy may pass through her vagina. The tissue is usually solid. It is lighter in color than a blood clot. Often it is tan-colored. If you think you have passed pregnancy tissue, be sure to save it for us to examine.

If you are having symptoms of a miscarriage, your health care provider will probably do a pelvic exam to see if your cervix is dilated or if you are passing pregnancy tissue. An ultrasound may also be done to look at your uterus. This will show if the pregnancy can continue or if the fetus has passed out of your uterus. Sometimes a series of blood hormone tests are done several days apart, as well.

What causes miscarriage?

We do not know exactly what causes most miscarriages. Some of the possible causes are:

- The fertilized egg did not divide normally, causing the incorrect number of chromosomes needed for fetal development.
- Some chronic illnesses, such as poorly controlled diabetes, can cause a miscarriage.

- Severe trauma and very serious infections may cause miscarriage.
- Abnormal conditions in the uterus, such as having fibroids, may cause miscarriage after the first 3 months of pregnancy.

Women who have had more than 2 miscarriages in a row are also at higher risk of miscarriage.

Miscarriage is almost never caused by something you have done. Having sex, mild trauma such as falling, and most medicines do not affect a normal pregnancy, and they do not cause miscarriage.

You can talk with your health care provider about doing tests to find out what may have caused your miscarriage.

How is miscarriage treated?

If it appears a miscarriage is beginning, with only light to moderate bleeding, we usually do nothing. More than half the time, the bleeding will stop and the pregnancy will go on normally.

A miscarriage is certain if your cervix starts to dilate and your bleeding increases. There are 3 ways to manage miscarriage:

- You can "watch and wait" under the supervision of your health care provider until the pregnancy passes on its own.
- You can take medicine to help the pregnancy pass.
- You can have a simple and safe procedure to remove the contents of your uterus. This is called a *vacuum aspiration* or *suction dilation and curettage* (D & C).

The treatment that is best for you will depend on how long your miscarriage has been going on and how much you are bleeding. Your health care provider will talk with you about your choices and explain the risks and benefits of each one. You may receive more written information, depending on the treatment you choose.

"Watch and Wait" or "Expectant Management"

At least half the time, a miscarriage in progress will complete itself on its own within 1 week. But, if you are having a miscarriage and choose to wait, your risk of needing an emergency procedure is higher than if you take a medication or have a procedure when the miscarriage begins.

The advantage of "watch and wait" is that it can eliminate the need for a medication or a procedure. Many women consider this method more natural.

The risks of watching and waiting are:

- Bleeding may last a long time or become heavy.
- Heavy bleeding may make you anemic.
- Tissue remaining in your uterus may become infected.

These risks increase your chances of needing to stay in the hospital or needing an unplanned medical procedure or a blood transfusion.

Misoprostol

A medication called *misoprostol* is very effective in completing a miscarriage that has begun. It causes the uterus to contract and expel any remaining pregnancy tissue. It also decreases bleeding.

The U.S. Food and Drug Administration (FDA) has never been asked to approve misoprostol for treatment of miscarriage, but it has been approved for other uses. Many medical studies have proven that misoprostol is safe and effective for treating miscarriage. The advantages of misoprostol are that it may complete the miscarriage faster than doing nothing and using it may eliminate the need for a procedure.

If you decide to use misoprostol, we will give you more detailed instructions. Here is some basic information:

- You will be given tablets to place in your vagina or inside your mouth, in your cheek. Misoprostol usually causes cramps shortly after it is placed. The cramps can last for several hours.
- Bleeding may increase as the remaining pregnancy tissue passes. Heavy bleeding should not last more than 2 hours. Misoprostol can also cause nausea and vomiting, diarrhea, and a mild fever or chills. If you received medicine to help with nausea, take it before you use the misoprostol. All of these symptoms usually go away within 24 hours. We may tell you to repeat the misoprostol treatment if we think you still have pregnancy tissue that has not passed.
- Serious complications are rare, but they do occur. If serious complications do occur, or if misoprostol does not complete the miscarriage, you may need a vacuum aspiration procedure.

Vacuum Aspiration

During vacuum aspiration, a thin, flexible plastic tube is inserted into your uterus to carefully and gently remove the pregnancy tissue. The tube is attached to suction and then moved back and forth inside your uterus for a few minutes to remove the pregnancy tissue. You may feel cramping during and after the procedure as your uterus shrinks back to a smaller size.

You may receive oral pain medication before this procedure. Also, a local anesthetic may be injected into your *cervix* (opening of the uterus) to numb it. Sometimes it is necessary to open the cervix first by stretching it.

The advantage of vacuum aspiration is that it removes the pregnancy tissue quickly to complete the miscarriage. If you choose vacuum aspiration, we will give you information that describes the procedure in more detail and explains the possible complications.

Risks

There are risks with all medical procedures, including all of the options for managing miscarriage. If you choose "watch and wait" or medication, the risk of a hospital stay or unplanned emergency vacuum aspiration is higher. Risks from vacuum aspiration are similar, but they also include the rare possibility of damage to the uterus. Very rarely, a woman will die during or after a miscarriage – less than 1 in 100,000. For comparison, miscarriage is still safer than carrying a pregnancy to term.

What to Expect During a Miscarriage

Bleeding

Bleeding may be very heavy, and you may pass large blood clots (clumps of blood). Bleeding and cramping can last for several hours. Blood clots may be the size of a lemon. This is normal.

The embryo or fetus itself is very small. You may not even notice it as the tissue passes. Sometimes, if the pregnancy has developed 8 weeks or more, you may recognize the fetus. The bleeding usually begins to ease after the pregnancy tissue has passed.

Cramps

Cramps are a normal part of the process, and some women have stronger cramps than others. Cramping may be very severe. It will ease after the pregnancy tissue has passed.

These things can provide comfort for cramps:

- Getting back rubs from your support person
- Putting a hot water bottle or heating pad on your abdomen
- Sitting on the toilet
- Standing in a warm shower

If your cramps are so strong that you feel you need to take pain medicine, you may take:

- Up to 1,000 mg of acetaminophen (Tylenol) every 6 hours, and/or up to 800 mg of ibuprofen (Advil, Motrin) every 8 hours (you may take both if needed)

  OR

- Other pain medicine from the clinic, if you received any

Do **not** take aspirin – it will increase bleeding. If you have any questions about your pain medicine, please call your clinic. See the last page of this handout for clinic phone numbers.

Do **not** drive or do other things that require concentration if you are taking pain medication that includes a narcotic.

Fever and Chills

Fever and chills can be a sign of infection. However, some women who do not have an infection also get a mild fever and chills after taking misoprostol. Acetaminophen (Tylenol) or ibuprofen (Advil or Motrin) should help lower your temperature. Call your health care provider if you have a fever of 100.4°F (38°C) or higher that lasts longer than 4 hours.

Your Emotions

Some women feel guilty, depressed, or sad after a miscarriage. These are normal reactions. They should go away as you recover. If you continue feeling this way, or if these feelings are very strong, call or make an appointment to talk with your health care provider.

Share Pregnancy and Infant Loss Support, Inc. has information that may be very helpful to you. Call 800-821-6819 or visit *www.nationalshareoffice.com*. Share also runs local support groups.

Other Symptoms

Some women have nausea, vomiting, or diarrhea, especially if they used misoprostol.

After a Miscarriage

Daily Activities

You may go back to your usual light activities such as school, work, or driving, as soon as you feel up to it. Some women feel well enough to do these things right after their miscarriage. Most prefer to rest and relax until the next day.

Share Pregnancy and Infant Loss Support, Inc. is a national organization that provides support for those whose lives are touched by the loss of a pregnancy. For more information, please visit their Web site at *www.nationalshareoffice.com*, or call 800-821-6819.

You should not do any strenuous activity, such as bicycling, jogging, lifting, horseback riding, or swimming, for several days. You should not do strenuous activities if you are bleeding more heavily than you bleed when you have your period.

Vaginal Intercourse

It's best to wait to have sex until heavy bleeding has lightened up and you are using birth control. We recommend that you wait at least 1 week after miscarriage to have sex.

Tampons or Pads?

We recommend that you put nothing in your vagina for the first week. When you use pads, you can tell more easily how much you are bleeding. After the heavier bleeding lets up, you can use tampons if you wish.

Getting Pregnant Again

Talk with your health care provider about how long to wait before trying to get pregnant again. Usually, there is no need to wait before trying again. If you have had 2 or more miscarriages in a row, talk with your health care provider about having tests for conditions that may cause miscarriage.

When to Call the Clinic

Call the clinic if you:

- Are bleeding and soaking through 2 maxi-pads an hour, for 2 or more hours in a row
- Have severe cramps not relieved by medicine, especially more than 24 hours after the miscarriage
- Have a fever higher than 100.4° F (38°C) for more than 4 hours after the miscarriage
- Have nausea, vomiting, or diarrhea for more than 24 hours after the miscarriage
- Feel overwhelming sadness or depression

Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. Clinic staff are also available to help.

- ❑ **UWMC Maternal and Infant Care Clinic:**
  206-598-4070
  Box 356159
  1959 N.E. Pacific St.
  Seattle, WA 98195
- ❑ **UWMC Women's Health Care Center:**
  206-598-5500
  Box 354765
  4245 Roosevelt Way N.E.
  Seattle, WA 98195
- ❑ **UWMC Family Medical Center:**
  206-598-4055
  Box 354770
  4245 Roosevelt Way N.E.
  Seattle, WA 98195
- ❑ **Harborview Family Medicine Clinic at the Pat Steele Building:**
  206-744-8274
  401 Broadway, Suite 2018
  Seattle, WA 98104
- ❑ **Women's Clinic at Harborview:**
  206-744-3367
  325 Ninth Ave.
  Ground Floor, West Clinic
  Seattle, WA 98104

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