

Information leaflet: (impending) miscarriage

In this leaflet you will find information about an early miscarriage. You will read about what a miscarriage is, which symptoms you can experience, and how a miscarriage can take place. The recovery after a miscarriage is also described. Of course, you can always contact us for additional information.

What is a miscarriage?

A miscarriage is the loss of a non-viable pregnancy. Usually, a miscarriage takes place before 16 weeks of gestation. One of the first signs of a miscarriage can be vaginal blood loss. In approximately 20% of all pregnancies, some vaginal bleeding occurs in the first 16 weeks. In about half of these cases, the pregnancy will remain intact. In the other half, a miscarriage occurs.

Cause

The cause of a miscarriage is almost always a problem in the development of the foetus. The foetus is not developing as expected and nature finds a solution for this: growth stops, and the body rejects the pregnancy. The root cause is usually a chromosomal anomaly which occurred at fertilization. Chromosomes carry the hereditary material. However, in most cases the cause is not a hereditary disease, but a coincidental deviation that arises spontaneously. Therefore, treatment is never possible. Medication or other measures, such as bedrest or quitting work, are pointless. For the same reason, there are usually no consequences for a subsequent pregnancy.

The first symptoms

The most common symptoms of a miscarriage are vaginal blood loss and period-like abdominal pain. Pregnancy symptoms like tight breasts and morning sickness can sometimes decrease during a miscarriage.

Diagnostics

In case of blood loss early on in pregnancy, we can check with an ultrasound if the pregnancy is intact. From 7 weeks onward, it is possible to see whether the fetal heart is beating. If there is a heartbeat, the risk of miscarriage is very small (5%), but not completely excluded. After 12 weeks of gestation, it is possible to listen with a doptone to the heartbeat to confirm an intact pregnancy. An ultrasound is not harmful for an intact pregnancy. However, it is important to realise that an ultrasound does not change the course of the pregnancy.

A miscarriage is a common and natural phenomenon. Therefore, midwives usually wait and see what happens. Time will tell whether the pregnancy is viable or not.

Course of a miscarriage

A miscarriage can take place in three ways:

1. Spontaneously, by waiting
2. By medication
3. By curettage

In the following section, you will read more about the different options. Which option you choose, is a matter of personal preference. Combining certain options is also possible, for example: you can wait for a few days/weeks for a spontaneous miscarriage, and if it takes too long, still opt for medication or

a curettage. A practical advice from our side is to call in sick at work for some time. A miscarriage can be a difficult experience to go through. Allow yourself space to process this loss.

1. Waiting

In most cases, a miscarriage occurs within a few days after the first blood loss (40% takes place within a week). Sometimes it might take another week, or even a few weeks, until the miscarriage takes place. You will gradually experience cramping in the uterus, and the blood loss will increase, comparable to a heavy period, sometimes with blood clots. Brief, heavy blood loss is normal while the body expulses the gestational sac or embryo. After this takes place, the pain will almost instantly decrease. The blood loss will also decrease, comparable to the final days of your period. The amount of blood loss during a miscarriage varies widely. It is advised to use pads instead of tampons, due to risk of infection. Pain relief can be used, preferably paracetamol. Occasionally, a miscarriage turns out to be incomplete, in which case medication or a curettage could still be necessary.

Many women prefer to wait for the miscarriage to happen naturally. In the end, 90% of miscarriages take place within 3 weeks. In terms of the emotional aspect, for some women it feels better not to intervene too quickly. Others, however, prefer not to wait as it could bring uncertainty and emotional difficulties.

2. Medication

Misoprostol is a medicine which can provoke a miscarriage. It comes in the form of (vaginal) tablets, which can be taken at home. The course will be the same as in a spontaneous miscarriage. The use of medication is successful in around 80% of women. If not, you can try to take another dosage of medication, or opt for a curettage. A gynaecologist prescribes the medication and decides whether its use is advisable in a specific case.

3. Curettage

A curettage is a minor surgical procedure. During this procedure, the cervix is dilated, and the uterine cavity is scraped clean via the vagina. The procedure takes approximately 5-10 minutes, and you can go home the same day. You will be given a brief anaesthetic, so you will not be aware of the procedure. If you are healthy, a curettage comes with a very small risk of complications. However, the risk of adhesions in the uterus due to scar tissue (also known as Asherman's syndrome) is 10-13%. This may affect your fertility.

When to reach out

You can reach the midwife on call 24 hours a day by calling 030-2334976 (option 1). Be sure to contact us in case of:

- Any worries or concerns
- Lots of blood loss (more than 2 blood-soaked pads within an hour)
- Fever (temperature above 38 degrees, measured rectally)
- Persistent symptoms (if you keep experiencing cramping or blood loss after a miscarriage or curettage for an extended period)

Physical recovery

The physical recovery after a spontaneous miscarriage or curettage is usually fast. The first one or two weeks you can still experience some blood loss or brown discharge. It is advised to wait with sexual intercourse until the blood loss has stopped, due to the risk of infection. After this time, the body has recovered sufficiently to become pregnant again.

Emotional recovery

Many women go through a difficult time after a miscarriage. The impact is often greater than anticipated: this applies to both women and their partners. A miscarriage might mean a change in your perspective of the future. Suddenly, it brings an end to all the plans and fantasies you had about this baby.

Maybe you are wondering why it went wrong. It might comfort you to know that the pregnancy was not viable from the start: the miscarriage was a natural and logical consequence of a genetic error. Next to this factual explanation, however, you might feel like you could have done something different to prevent the miscarriage. Although very understandable, feelings of guilt are not justified.

What is also important to know, is that there is no timeline for grief. Every person experiences a miscarriage differently. Allow yourself to take the time and space you need. Consider calling in sick at work: it is a very normal thing to do in this situation. The government is working on a specific leave policy concerning pregnancy loss. Already, you will often already be paid in full if you indicate the miscarriage as the reason for calling in sick.

What can you do to cope with your loss?

- Take your feelings seriously. Every feeling is valid. Sadness, loss, guilt, disbelief, anger, emptiness. Maybe you feel acceptance or even relief. Everything is possible, nothing is weird.
- Talk about it. With your partner, a relative or a friend, or someone else. People are often very willing to listen. Of course, you are also always welcome to talk with your midwife.
- Know your partner will probably experience and process the miscarriage in a different way than you do. It is valuable to discuss this, with each other and with other people.
- Do what feels good to you, in the moment it occurs to you. Place a little memorial on a shelf. Plant a tree in the yard. Pick a piece of jewellery as a keepsake. Write a letter to your unborn child. Light a candle every once in a while. Or do something entirely different, as long as it suits you and your partner.
- Read about it. On Facebook there are group pages on which you can write about your own experience and read about those of others.
- Tell your living child(ren) about it. There are beautiful picture books about this topic to read to young children.

Future

If you want to get pregnant, it is advisable to live as healthy as possible. This entails a healthy and varied diet, no alcohol, no smoking, and no drug use. Also, we would like to remind you of the use of folic acid. If you use medication, you can check with your GP or doctor if this specific medication can be used in pregnancy. In case a change in medication is advised, it is often best to do so before conceiving. Women who get pregnant after a miscarriage, are usually happy, but might also experience feeling of uncertainty and anxiety. Luckily, most pregnancies after a miscarriage result in a healthy newborn.