Miscarriage:

Yarmouth Regional Hospital
Miscarriage

There is no “right” way to feel after a miscarriage. Some women may recover quickly, while others take a long time. Some may cope well at the time, but find the pain of their loss hits them later. **You are not alone in this terrible experience.** About 1 in 4 pregnancies ends in miscarriage, and we don’t always know why. Nothing you did or didn’t do is likely to have caused the miscarriage.

You have lost a baby. You will probably feel sad and need time to grieve. Although you will have less pain over time, the memory of your loss may always stay with you.

**Everyone’s feelings are different. You may feel:**

- shock
- numb
- sad and like crying
- a sense of loss
- empty
- depressed
- angry
- guilty
- as though you have failed in some way
- isolated and lonely
- little interest in everyday life
- it is hard to concentrate
- tired all the time
- like sleeping too much or too little
- not interested in sex
- like talking about the miscarriage all of the time or that it is too painful to talk about
- pain when you see pregnant women, babies, or anything to do with motherhood
- acceptance – a feeling that “these things happen”

You may have any of these feelings anytime after the miscarriage. They may go away and come back later. They may come back around the time the baby is due or on the anniversary of the miscarriage.

It may help to talk about your feelings with your partner, family, and friends. You may also find it helpful to talk with other women who have had miscarriages. Don’t be afraid to ask for support when you need it.

“In the ultrasound room, I expected to see our baby kicking and waving. Instead there was nothing. We’re completely devastated.”
Your partner, family, and friends

What about my partner?
- While your partner is grieving for the baby, they may also feel upset about your pain and distress. You may be able to help each other grieve and even become closer as a result. But grief can put a strain on even the best relationships. Your partner may not know how to react. Just when you need each other most, it may be hard to know what to say or do.
- Some partners try to “stay strong” but they can end up feeling lonely and isolated. Some hide their feelings so well that it seems like they don’t care at all.
- Some couples don’t share the same feelings about a miscarriage. If your partner feels that you seem much more upset, your partner may struggle to understand why you aren’t getting “back to normal”. This can lead to tension and disagreements at what is already a difficult time.
- Maybe your partner is not sympathetic about the loss, or you don’t have a partner. Your relationship might have broken down because of the pregnancy or the miscarriage, and this can feel like a double loss. These situations can leave you feeling lonely, and you may need extra support.

What do I tell my children?
- Children often notice when something is wrong, especially if a parent is upset. You may want to tell them about what has happened, especially if they knew you were pregnant. The book “Goodbye Baby: Cameron’s Story” by Gillian Griffiths can help young children talk about miscarriage. Check your local public library.

What about other relatives and friends?
- Many people find other people’s sadness hard to cope with and talk about. Your parents and your partner’s parents may be mourning the loss of their grandchild and worrying about you at the same time.
- Family and friends may say the wrong things even though they mean well. Some will avoid talking about your miscarriage at all. They may worry that they’re reminding you of your loss when you’re trying to get over it. Others may try to cheer you up, hoping it will help you get back to normal more quickly. Some people may just not understand what your loss means to you.

People say “Well at least it wasn’t a proper baby” which is just an awful thing to say—it was still my baby.”
Treatment and recovery

There are different types of miscarriage. Sometimes the uterus (womb) empties itself completely. Sometimes the baby dies and is not miscarried, or some pregnancy tissue is left behind. If this happens, your doctor may suggest:

› a minor operation called a D&C (dilatation and curettage)
› medical treatment, including pills

You may choose also to wait for it to happen naturally.

When will the pain and bleeding stop?

There is no way to tell. It can depend on how late in the pregnancy the miscarriage happened and how it was treated. If you had a D&C, you may have cramps and bleed on and off for up to 2 weeks.

If you had a natural miscarriage, or took pills to help the process along, you might have quite bad cramps and heavy bleeding. The pain and bleeding should get better over time. You may have light bleeding or spotting for 2 weeks.

Contact your family health care provider if:

• You have signs of an infection such as:
  › bleeding and pain that is getting worse
  › vaginal discharge that looks different than what you’re used to or smells bad
  › chills or a fever (over 38° C/100.4° F)
• You have extreme sadness, grief, or feel you are not able to cope with what has happened.
• You have questions or concerns about your condition or care

Go to the nearest Emergency Department right away if:
• You have foul-smelling drainage or pus coming from your vagina.
• You have heavy vaginal bleeding and soak 1 pad or more in an hour.
• You have severe (very bad) abdominal pain.
• You feel like your heart is beating faster than normal.
• You feel extremely weak or dizzy.
While you have bleeding, you can lower the risk of an infection by:
› using pads (do not use tampons or a menstrual cup)
› not having sex
› not swimming
It is fine to take a bath or shower during this time.

When will I get my next period?
You are likely to get your next period about 4-6 weeks after the miscarriage. It may be heavier than usual. You can still get pregnant at this time, so if you don’t get your period after 6 weeks, you may wish to have a pregnancy test.

Why do I feel so tired?
Having a miscarriage can be physically and emotionally exhausting. You may feel unwell for a week or more, especially if you are bleeding heavily. You may need to rest and sleep more than usual. Eating foods rich in iron can help (e.g., red meat, eggs, pumpkin seeds, spinach, cereals like Cream of Wheat® or oatmeal).

When can I go back to work?
This is different for each person. Some people take longer to recover than others and need more time off work. You may find it hard to face people and concentrate on work. Or you may get comfort from the routine of work and the support of your coworkers.

What else do I need to know?
After a late miscarriage, your breasts may stay larger for several days. They may also leak milk, which can be very upsetting. A supportive bra may make you feel more comfortable. If your breasts are painful, a mild painkiller like acetaminophen (Tylenol®) should help. You may want to talk with your family health care provider or midwife.
Causes of miscarriage

Why did it happen to me?
Miscarriage is common, affecting about 1 in every 4 pregnancies. Doctors don’t usually know exactly why it happens, and this can be hard to accept.

Could I have stopped it?
No. If you miscarry in the first 3 or 4 months, staying in bed might slow the bleeding, but it won’t save the pregnancy. Once a miscarriage starts, it is almost impossible to stop. Nothing you did or didn’t do is likely to have caused the miscarriage.

What are the main causes?
The known causes of miscarriage include:

Genetic
• The baby doesn’t develop normally from the start and can’t survive. This is the cause of more than half of early miscarriages.

Hormonal
• Women with very irregular periods may find it harder to get pregnant. When they do get pregnant, they are more likely to miscarry.

Blood-clotting problems
• Problems in the vessels that send blood to the placenta can lead to miscarriage.

Infection
• Minor infections like coughs and colds do not cause miscarriage. But very high fevers and some illnesses may cause miscarriage.

Anatomical
• If your cervix (opening of the uterus) is not strong, it may start to open too early and cause a miscarriage.
• If your uterus has an irregular shape, there may not be enough room for the baby to grow.
• Large fibroids (harmless growths in the uterus) can lead to miscarriage in later pregnancy.
Ectopic pregnancy
• The fertilized egg starts to grow in the wrong place, usually in one of the fallopian tubes.

Molar pregnancy (also called “hydatidiform mole”)
• An abnormal fertilized egg starts to grow in the uterus. The cells that should become the placenta grow too quickly and leave no room for a baby to develop. This is rare.

Remembering your baby
Many people want to do something special to remember their baby or to help them say goodbye. Ask staff what options your hospital offers.

Can we know the baby’s sex?
This is sometimes possible, but usually only after late miscarriages.

“We never knew whether our baby was a boy or a girl, so we chose the name Lee. It helps, somehow.”

Can we have a keepsake of the baby?
If the miscarriage was early but you had already had a ultrasound, you may be able to get the ultrasound picture. After a late miscarriage (from about 15 weeks on), hospital staff may offer to take pictures of the baby and handprints or footprints. If you can’t face looking at these at the time, staff can keep them for you in case you want them later.
Can we have a blessing for the baby?
Spiritual care staff may be able to hold a short service or say a prayer for your baby. You are also welcome to ask a representative of your own faith.

“I am having a service at the hospital chapel today to name and bless my baby. Only time will help with the pain, but I am glad to be getting the chance to say goodbye.”

What else can I do?
You may wish to:
• Name your baby.
• Wear a piece of jewelry with the birthstone for the month of your due date.
• Plant flowers or a tree in memory of your baby.
• Make a donation to a favourite charity.
• Write a letter or poem to your baby.
• Add a message to the Miscarriage Association’s Stars of remembrance
  › www/miscarriageassociation.org.uk/your-feelings/marking-your-loss/stars-of-remembrance

Looking to the future

Followup treatment
You may be offered a followup appointment at the hospital. If not, you may want to see your family health care provider or midwife to talk about any questions or concerns you have. Some hospitals offer pre-pregnancy counselling for people who want to talk about future pregnancies.

How long should we wait before trying again?
• Usually, it is best to wait until after your first period. This makes it easier to figure out the date of conception. Your doctor may advise you to wait longer if you’ve had certain problems or are waiting for tests or test results.
• If you do get pregnant in the first cycle after miscarriage, it does not mean that you’re more likely to miscarry again. There is even some evidence that conceiving in the first 6 months after a miscarriage actually lowers your risk of miscarrying again.
• The best time to try is when you and your partner feel ready, both physically and emotionally. Some women find that being pregnant again helps them to recover from the miscarriage. Others need more time.

What about contraception (birth control)?
It’s possible to get pregnant before your first period. If you want to wait, talk with your family health care provider about birth control.

How should I get ready for a future pregnancy?
Try to take care of yourself with a healthy diet and lifestyle. Get regular exercise and plenty of sleep, and eat healthy foods – the Canada Food Guide is helpful:
   › https://food-guide.canada.ca
Taking care of yourself will help with a future pregnancy.

What are the chances I’ll have another miscarriage?
After one miscarriage, most women go on to have a normal pregnancy. Even after several miscarriages, you still have a good chance of having a normal pregnancy.

How can I cope with my fear of miscarrying again?
Pregnancy after miscarriage can be a very anxious time. You may wish to seek out extra support in your next pregnancy. Your family health care provider may offer you an early ultrasound next time. You may find this helpful, or you may feel that it would make you more anxious. It is your choice. Sharing your feelings and fears with others, such as your partner, a trusted friend, or your family health care provider, may help.
Where can I get help?

Other than your family health care provider, partner, friends, family, and co-workers, there are other people willing to help. You may wish to contact a spiritual care worker or the Public Health Nurse in your area.

- **VON (Victorian Order of Nurses) Bereavement Support Group (for all losses)**
  - 2nd Tuesday of each month, 2:30-4:30 p.m.
  - VON office
    - 55 Starrs Road
    - Yarmouth, NS
  - Phone: 902-742-4512

- **Social workers are available in Digby, Shelburne, and Yarmouth counties for individual or family support. You can contact the social worker in your area directly to set up an appointment:**
  - Yarmouth: 902-742-3542 ext. 1737
  - Digby: 902-245-2502 ext. 3284
  - Shelburne: 902-875-4144 ext. 286

**Online resources**

- **Share: Pregnancy & Infant Loss Support**
  - www.nationalshare.org
- **Miscarriage Association**
  - www.miscarriageassociation.org.uk

**Suggested reading**


"With the right support and with time, things did get better. I’ll never forget my losses but I’m learning to live with what happened and accept it."