

Miscarriage

Yarmouth Regional Hospital



Miscarriage – Yarmouth Regional Hospital

There is no right way to feel after a miscarriage. Some people may recover quickly, while others may 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.**

About 1 in 4 pregnancies ends in miscarriage, and we do not always know why. Nothing you did or did not do is likely to have caused the miscarriage.

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
- › Numbness
- › Sad, depressed, or feel like crying
- › A sense of loss
- › Empty
- › Angry
- › Guilty
- › Like you have failed
- › Isolated (alone) and lonely
- › Little interest in daily life
- › Like 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, like it is too painful to talk about
- › Pain when you see people who are pregnant, babies, or anything to do with parenting
- › Acceptance (a feeling that these things happen)

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

It may help to talk about your feelings with your loved ones. You may also find it helps to talk with other people who have had a miscarriage. **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 loved ones

What about my partner?

- While your partner is grieving for the baby, they may also feel upset about your pain. You may be able to help each other grieve and even become closer. But grief can cause stress in 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 isolated and lonely. Some people hide their feelings so well that it seems like they do not care at all.
- Some couples do not have the same feelings about a miscarriage. If your partner feels that you seem much more upset, they may struggle to understand why you are not getting back to normal. This can lead to tension and disagreements during an already hard time.
- Maybe your partner is not sympathetic about the loss, or you do not have a partner. Your relationship might have broken down because of the pregnancy or the miscarriage. 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 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. For example, 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 people will avoid talking about your miscarriage at all. They may worry that they are reminding you of your loss. Others may try to cheer you up, hoping it will help you get back to normal more quickly. Some people may 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 miscarriages.

- Sometimes the uterus (womb) empties itself fully.
- Sometimes the baby dies and the uterus does not empty itself, or some pregnancy tissue is left behind. If this happens, your doctor may suggest:
 - › A minor surgery called a **dilation and curettage** (D and C)
 - › Medical treatment (medication)

You may also choose to wait for your uterus to empty by itself.

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 and C, you may have cramps and bleed on and off for up to 14 days (2 weeks).
- If you had a natural miscarriage, or took medication to help, you might have bad cramps and heavy bleeding. The pain and bleeding should get better over time. You may have light bleeding or spotting for 14 days.
- **While you have bleeding, do not:**
 - › Use tampons or a menstrual cup (like a DivaCup®)
 - › Have sex
 - › Swim or use a hot tub

These activities can raise your risk of an infection.

- It is OK to take a bath or a shower.

Call your primary health care provider (family doctor or nurse practitioner) if:

- You have signs of an infection, like:
 - › Bleeding and pain that is getting worse
 - › Vaginal discharge (fluid) that looks different than what you are used to or smells bad
 - › A fever (temperature above 38 °C or 100.4 °F)
 - › Chills
- You have severe (very bad) sadness or grief, or you feel you are not able to cope with what has happened
- You have questions or concerns about your health or care

Go to the nearest Emergency Department right away if you have any of these symptoms:

- › Bad-smelling drainage or pus coming from your vagina
- › Heavy vaginal bleeding and soaking 1 pad or more in an hour
- › Severe (very bad) abdominal (belly) pain
- › You feel like your heart is beating faster than normal
- › You feel very weak or dizzy

When will I get my next period?

- You will get your next period about 4 to 6 weeks after the miscarriage. It may be heavier than usual.
- **You can still get pregnant during this time**, so if you do not get your period after 6 weeks, you may want to take a pregnancy test.

Why do I feel so tired?

- Having a miscarriage can be physically and emotionally exhausting.
- You may need to rest and sleep more than usual.
- You may not feel like your usual self for 7 days (1 week) or more, especially if you are bleeding heavily.
- It may help to eat foods that have a lot of iron (like red meat, eggs, pumpkin seeds, spinach, and 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 and the support of your coworkers.

What else do I need to know?

- After a late miscarriage, your breasts or chest 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 or chest are painful, a mild pain medication may help, like:
 - › Acetaminophen (Tylenol®)
- If you are still in pain even after taking Tylenol®, contact your primary health care provider or midwife.

Causes of miscarriage

Why did it happen to me?

- Miscarriage is common. Health care providers do not usually know exactly why it happens. 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 will **not** save the pregnancy. Once a miscarriage starts, it is almost impossible to stop. Nothing you did or did not do is likely to have caused the miscarriage.

What are the main causes?

The known causes of miscarriage include:

- **Genetic:**
 - › The baby does not start developing normally and cannot survive. This is the cause of more than half of early miscarriages.
- **Hormonal:**
 - › People 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:**
 - › The placenta is an organ that grows in the uterus during pregnancy. It gives oxygen and nutrients to the growing baby. It also removes waste products from the baby's blood. Problems in the vessels that send blood to the placenta can lead to a miscarriage.
- **Infection:**
 - › Minor infections like coughs and colds do not cause miscarriages, but very high fevers and some illnesses may cause a miscarriage.

- **Anatomical:**

- › If the cervix (opening of the uterus) is not strong, it may start to open too early and cause a miscarriage.
- › If the 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 a miscarriage in later pregnancy.

- **Ectopic pregnancy**

- › The fertilized egg starts to grow in the wrong place, usually in one of the fallopian tubes. The fallopian tubes connect the ovaries (where eggs come from) to the uterus.

- **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 the baby to develop. This is rare.

Remembering your baby

- Many people want to do something special to remember their baby or to say goodbye. Ask your health care team what your hospital offers.

Can we know the baby’s sex?

- This is sometimes possible, but usually only after a late miscarriage.

“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 an ultrasound, you may be able to get the ultrasound picture.
- After a late miscarriage (from about 15 weeks on), your health care team may offer to take pictures of the baby, and handprints or footprints. If you cannot face looking at these at the time, your health care team can keep them for you in case you want them later.

Can we have a blessing for the baby?

- A spiritual care team member 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 your favourite charity
- Write a letter or a 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

Follow-up treatment

- You may be offered a follow-up appointment at the hospital. If not, you may want to see your primary health care provider or midwife to talk about any questions or concerns you have. Some hospitals offer pre-pregnancy counselling to talk about future pregnancies.

How long should I wait before trying again?

- Usually, it is best to wait until after your first period. This makes it easier to figure out the date your baby was conceived. Your primary health care provider may advise you to wait longer if you have had certain problems or you are waiting for tests or test results.

- If you get pregnant in the first 30 days (1 month) after a miscarriage, it does not mean that you are 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 feel ready, both physically and emotionally. Some people find that being pregnant again helps them to recover from the miscarriage. Others need more time. If you have a partner, they should also feel ready before trying again.

What about birth control?

- It is possible to get pregnant before your first period. If you want to wait, talk with your primary health care provider about birth control.

How should I get ready for a future pregnancy?

- Eat healthy foods. Canada's Food Guide can help:
 › <https://food-guide.canada.ca>
- Move your body each day, if you can.
- Get enough sleep.
- Do things you enjoy.

Taking care of yourself will help with a future pregnancy.

What are the chances I will have another miscarriage?

- After a miscarriage, most people 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?

- You may feel very anxious (worried) during pregnancy after a miscarriage. This is normal. It may help to find extra support during your pregnancy.
- Your primary health care provider may offer you an early ultrasound. You may find this helpful, or you may feel that it would make you more anxious. It is your choice.
- It may help to share your feelings and fears with others.

Where can I get help?

You may want to talk with:

- Your partner
- Your friends
- Your family
- Your co-workers
- Your primary health care provider
- A spiritual care team member
- A public health nurse in your area
- A social worker (to support you and/or your family):
 - › Yarmouth: 902-742-2737
 - › Digby: 902-245-2502 ext. 3284
 - › Shelburne: 902-875-4144 ext. 286

Online resources

- Pregnancy and Infant Loss (PAIL) Network – Sunnybrook Health Sciences Centre
 - › <https://pailnetwork.sunnybrook.ca/>
- Share: Pregnancy & Infant Loss Support
 - › <https://nationalshare.org>
- Miscarriage Association
 - › www.miscarriageassociation.org.uk

Books

- Davis, D. L. (1996). *Empty Cradle, Broken Heart: Surviving the Death of Your Baby*. Fulcrum.
- Backman, L., Dubois, E. (2006). *I Never Held You: Miscarriage, Grief, Healing and Recovery*. CreateSpace.
- Nelson, T. (2004). *A Guide For Fathers: When a Baby Dies*. Tim Nelson.

“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.”

Notes:

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find all patient education resources here:
www.nshealth.ca/patient-education-resources

Connect with a registered nurse in Nova Scotia any time:
Call 811 or visit: <https://811.novascotia.ca>

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