

*North Carolina Women's Hospital*  
**Miscarriage: The Silent Loss**

**WHAT IS A MISCARRIAGE?**

A miscarriage is the loss of a pregnancy before 5 months of pregnancy (or about 20 weeks from your last menstrual period). Most miscarriages occur before 3 months (12 weeks) of pregnancy. A pregnancy lost later than this is called a stillbirth.

**WHY DID THIS HAPPEN?**

You did NOT cause this to happen. Miscarriages are not caused by eating the wrong food, having sex, lack of rest, working long hours, or being emotional upset.

Most miscarriages happen because the baby's body and organs cannot form normally. This is usually because of an extra or a missing chromosome that was present at the time of fertilization, either in an egg cell or a sperm cell. Problems like this usually happen by chance and are never caused by a mother doing something wrong. As many as one in 5 pregnancies will end in miscarriage, most of the time before a woman even knows she is pregnant.

Sometimes miscarriages occur because of health problems in the mother, such as problems with the womb (uterus) or cervical abnormalities, abnormal hormone levels, immune disorders and infections. If you have had two or three miscarriages in a row your doctor might do some special tests to look for any of these problems.

**WHAT SHOULD I DO NOW?**

Sometimes when a woman has a miscarriage, all of the pregnancy tissue is lost through the vagina at the time of miscarriage. Your doctor may do an ultrasound to see if anything remains in your uterus.

If tissue remains in your uterus, you have three options for treatment. **All these options are safe.** Your doctor or health care provider will help you decide which option is best for you.

1. Waiting
2. Dilation and Curettage (D & C)
3. A medication called misoprostol (Cytotec®)

• **Waiting**

There is no risk in waiting. However, some pregnancies will not completely miscarry on their own even if you wait for an entire week. A few women who choose this option may have heavy bleeding and need to come to the emergency room. In these cases, a dilation and curettage (D & C) may be needed to stop the bleeding and remove any tissue that remains in the uterus.

• **Scheduled Dilation and Curettage (D & C)**

You will receive medication just before the procedure to make you comfortable. You will not actually be put to sleep for the procedure. The D & C takes only a few minutes to perform.

Most women will be asked to come to UNC the day before the procedure to review the procedure and to ask questions. Any necessary medical information and insurance information will be discussed at this time. You will then be asked to return the next day for the procedure. You should not eat or drink anything after midnight on the night before the surgery or the following morning just prior to surgery. You will be watched for several hours after the D & C is completed, then you will be allowed to go home the same day. To be completely safe, you must have someone to drive you home, however.

During a D&C procedure, the doctor places a speculum into your vagina in order to see your cervix. A speculum is the same instrument your doctor uses when you have a pap smear. Then, the doctor places dilators into the cervix, one at a time, to help open the cervix. Next, a small tube is placed through the cervix into the uterus. Gentle suction is used to remove blood and tissue from inside the uterus. Very rarely, there is a complication after a D&C such as heavy bleeding, infection, or damage to the uterus.

- **Misoprostol (Cytotec®)**

Cytotec® is the newest method to treat a miscarriage. Your provider will prescribe a dose of 4 pills that you should place as far up in the vagina as you can reach. This medication will cause cramping to begin in 2 – 4 hours. After this time, you will have heavy bleeding and passage of tissue. You can take up to 3 or 4 ibuprofen tablets (Advil® or Motrin®) every six hours to help decrease the discomfort of the cramps. You do not need to save any tissue that you pass. Although you should expect bleeding, if your bleeding becomes heavy enough to soak through a maxipad every hour for more than 2 to 3 hours, you should call your provider or come to the UNC emergency room.

If you do not pass any tissue after using Cytotec®, your provider will prescribe a second dose of 4 pills of Cytotec® to use. If nothing happens with the second dose of the medication, you may need to be scheduled for a D & C. This is necessary for about 1 in 5 women who choose this option. Finally, you will be scheduled for a repeat ultrasound about a week after you use the Cytotec® to be sure that no tissue remains in the uterus.

#### **WHAT IS NORMAL DURING A MISCARRIAGE?**

Vaginal bleeding will occur for 5-7 days and it will be similar to a period. You may experience cramping that can be relieved by over the counter medicines such as Advil® or Motrin®. It is normal to pass some blood clots or tissue (about the size of a quarter).

#### **WHAT IS NOT NORMAL?**

If you have any of the following problems, you should call the clinic or your health care provider. If you cannot reach your provider, you can call UNC Hospitals at (919)966-4131. Ask for the GYN resident on-call.

- Vaginal bleeding that is heavier than a normal period for 1-2 days
- Vaginal bleeding that lasts more than 7 days
- Vaginal bleeding that soaks a maxipad pad every hour for 2 or 3 hours
- Fever of more than 100.4° F (38 C) for 4 hours or any fever of 101° F (38.3 C)
- Foul smelling or unusual discharge from the vagina
- Abdominal pain that is severe enough to keep you from doing your regular activities

#### **WHAT TO EXPECT IN THE NEXT DAYS AND WEEKS**

- **ACTIVITY LEVEL:** Listen to your body... it will guide you about the level of activity you can do comfortably. You should be physically ready to return to your usual work within a few days.
- **BATHING:** Even if your miscarriage involved a D&C, you can take baths as soon as you desire.
- **SEXUAL RELATIONS:** You should avoid intercourse for approximately two weeks. After two weeks, you can have intercourse as soon as you and your partner feel emotionally ready. For some couples, the stress of a pregnancy loss causes a decrease in sexual desire; for others, the need to feel close and connected may increase desire. Talking with your partner about how you are both feeling will help to avoid misunderstandings.
- **SANITARY PROTECTION:** Use only sanitary pads (not tampons) for vaginal bleeding during the first two weeks to reduce the risk of infection.
- **BREAST SORENESS:** Some women will have swelling and pain in their breasts for a few days after a miscarriage and sometimes there is even sign of early milk production. A tight fitting bra can. Putting whole green cabbage leaves inside your bra will help decrease the swelling. Change the leaves when they wilt. Ibuprofen (such as Aleve® or Motrin®) can also help decrease discomfort.
- **FEELINGS:** Grief is a natural response to any loss and often occurs even with the earliest miscarriages. Grief may cause sadness, fatigue, difficulty sleeping and changes in your appetite. Symptoms of grief are not the same for everybody. Mothers and fathers may have differences in how they feel, how they react and how long it takes for them to feel better. One way to understand your feelings is to talk with each other, a supportive friend, someone who has experienced a similar type of loss, or a counselor. If you are feeling hopeless or unable to do regular activities you should contact your health care provider or go to an emergency room as soon as possible.

*Approved by NC Women's Hospital Patient Education Committee, January 20, 2004 as draft pending field test results*