

Experiencing a Miscarriage



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This information document was created in cooperation with health professionals involved in caring for parents who experience a miscarriage (physicians, nurses, social workers, psychologists and gynaecologists) and with parents who have experienced a miscarriage.

Miscarriage can be a difficult experience

Parents who experience a miscarriage often have questions and concerns. This guide was developed to help them better understand what is happening to them.

Miscarriage is the death of the embryo or foetus before the 20th week of pregnancy. It is the most common complication of pregnancy. About one in five pregnancies end in miscarriage.

There are different types of miscarriage:

- **Complete miscarriage:** The products of pregnancy (embryo/foetus/placenta) completely leave the woman's body after the cervix opens.
- **Incomplete miscarriage:** The products of the pregnancy do not leave or only partially leave, because the cervix is not open. Medical treatment is required to ensure that all the products of pregnancy are removed and to prevent infection or other complications.

Some pregnancy complications are considered miscarriages, because they end in the loss of the pregnancy:

- **Blighted ovum:** The embryo stops developing during the initial stages of development resulting in an empty gestational sac (sac in which the embryo should be located).
- **Ectopic pregnancy:** The fertilized egg attaches itself outside the uterus, most often in the Fallopian tube. When it grows the embryo can rupture the tube. The woman experiences abdominal pain and vaginal bleeding. This is a medical emergency that requires immediate medical attention.
- **Hydatiform mole (molar pregnancy):** Problem during fertilization, which leads to abnormal development of the placenta. The mole is a pregnancy with a non-viable foetus. The molar tissue develops very quickly. The uterus grows more than in a normal pregnancy. Some moles (one in five) can turn into cancer. Therefore, medical care is important after this diagnosis.

Causes of miscarriage

Many parents believe that they have caused the miscarriage and feel guilty. However, in most cases, this is not true. In fact, it is often impossible to determine the specific cause of a miscarriage.

Factors that increase the risk of miscarriage:

- Age (40 years or over)
- Chromosomal abnormalities
- Uterine abnormalities
- Hormonal imbalances:
 - Poorly controlled diabetes
 - Thyroid issues
 - Polycystic ovary syndrome
- Invasive diagnostic procedures:
 - Amniocentesis
 - Uterine biopsy
- Environmental factors (tobacco, alcohol, drugs, mercury, etc.)
- Infections (herpes, rubella, etc.)
- Autoimmune diseases
- Injuries or accidents
- Diseases that affect the blood



Physical symptoms

The physical symptoms vary from one woman to another:

- Vaginal bleeding that may be heavy (one sanitary napkin in an hour);
- Pain or cramps in lower abdomen, more intense than regular menstrual cramps;
- Passing of blood clots or tissues that appear to indicate the passing of the products of pregnancy;
- Decline in pregnancy symptoms:
 - Volume and sensitivity of breasts;
 - Morning sickness;
 - Bloating;
 - Feeling the foetus move, etc.

Miscarriage can be physically and mentally painful. This difficult event can cause significant stress but remember that it is temporary and there are many treatments to relieve the physical symptoms (see the *How to relieve pain* section, p.14).

Potential physical complications

Miscarriage sometimes results in physical complications (quite rare).

Here are the most common potential complications:

- Loss of a very large quantity of blood (hemorrhaging);
- Possible infection if the products of pregnancy are not completely eliminated from the woman's body or by to surgical procedures.

ATTENTION!

You must go to Emergency in the following cases:

- Fever over 38°C for more than 24 hours;
- Heavy vaginal bleeding (more than one sanitary napkin per hour);
- Vaginal discharge that smells bad;
- Severe pain in the lower abdomen or in the shoulders.

Common diagnostic tests

Medical tests are often necessary to confirm a miscarriage.

Here are the most common tests:

- Blood tests;
- Ultrasound (on the abdomen or in the vagina);
- Examination of the cervix.

Miscarriage treatments

The treatment depends on a woman's physical condition.

Often, the physician may recommend simply waiting for the miscarriage to happen naturally.

Sometimes drug or surgical treatment is required.

Waiting

You simply wait for the uterus to evacuate the products of pregnancy on its own without drugs or surgery.

Without treatment, the miscarriage may take a few weeks before it is complete.

The woman may experience abdominal pain and cramps.

Vaginal bleeding indicates that the uterus is evacuating the foetus. Bleeding may be very heavy at first, but then gradually decline. It may last up to 10 hours after the products of pregnancy are evacuated. A physician needs to be seen afterwards to confirm that the miscarriage is complete.

Drug therapy

Sometimes the uterus needs help evacuating the products of pregnancy using a drug called misoprostol that causes contractions.

The drug causes cramps that may be painful and bleeding that contains clots and products of pregnancy.

Misoprostol has side effects:

- **Nauseas and vomiting:** Anti-nausea and vomiting drugs may help (e.g., dimenhydrinate [Gravol]) .
- **Diarrhea:** It is important to stay hydrated.
- **Abdominal pain or cramps:** Ibuprofen (Advil) or other drugs suggested by a health professional may relieve the pain.
- **Fever:** Acetaminophen (Tylenol) may also be used to reduce the fever that can occur after misoprostol is administered. Misoprostol can cause fever. You must see a health professional if the fever lasts more than 48 hours.

ATTENTION!

You must go to Emergency in the following cases:

- Extremely heavy vaginal bleeding (two sanitary napkins in an hour, two hours in a row)
- Fever over 38°C for more than 48 hours;
- Vaginal discharge that smells bad;
- Severe pain in the abdomen or shoulders that is not relieved by taking a painkiller.

Vaginal bleeding should gradually decline but may last up to 10 days. Consult a physician about one week after the treatment to ensure that all the tissues have been completely eliminated from the uterus.

Surgery - Dilation and curettage

Surgery is sometimes required to remove all the products of pregnancy from the uterus. Dilation enlarges the cervix and curettage allows the tissues to be removed.

Before the procedure...

- Plan to have help returning home.
- Do not eat or drink after midnight the day before surgery.
- Do not consume alcohol or drugs for 24 hours before and after the procedure.
- Do not take Aspirin for one week before the procedure. Also stop taking, as directed by your physician, blood-thinning drugs, such as Coumadin or Xarelto.

- The drugs given during the procedure to control pain and anxiety can affect the level of consciousness. You should have someone with you when you leave the hospital. You should not drive or make important decisions for 48 hours after the procedure due to the effects of the drugs.
- A support person should accompany you for the procedure to support you during this difficult event.
- Bring some sanitary napkins in case of bleeding after the procedure.

Procedure

- A sedative to help you relax is administered.
- An IV is administered in the arm.
- A regional or general anaesthetic is administered.
- During the surgery, the doctor inserts an instrument into the vagina to see the cervix clearly. The surgeon may then insert a small tube connected to a device that is used to remove the products of pregnancy. The products of pregnancy are analyzed in the lab, and then incinerated.

After the procedure...

- You may return home a few hours after the surgery if everything goes smoothly.
- You may eat and drink normally upon waking. You should start with a light diet to prevent nausea.
- Abdominal pain and vaginal bleeding may occur in the days following the procedure. Acetaminophen (Tylenol) or other drugs suggested by a health professional may relieve the pain.
- To reduce the risk of bleeding, do not take Aspirin in the days following the procedure. (Follow your doctor's recommendations if you already take Aspirin.) There are more tips in the *How to relieve pain* section (p.14).
- You must rest as much as possible that day. This is a good opportunity to surround yourself with people you trust for support in your physical and psychological recovery.
- The day after the procedure, you may gently resume your daily activities. Avoid intense activities during the first week of recovery.
- Vaginal bleeding varies from one woman to the next after surgery, but generally, it is lighter than menstruation. Some women experience an increase in bleeding and abdominal cramps from the 4th to 10th day after surgery. For most women, bleeding stops around the 2nd or 3rd week.

ATTENTION!

You must go to Emergency in the following cases:

- Fever over 38°C for more than 24 hours;
- Heavy vaginal bleeding (more than one sanitary napkin per hour for two hours);
- Severe abdominal pain that is not relieved by taking a painkiller.



Treatments for ectopic pregnancy

The treatment depends on a woman's physical condition, the site of the ectopic pregnancy, how the tissues are affected, and the desire to have other children. The physician may recommend waiting before considering treatment using drugs or surgery.

Waiting

If a woman's condition allows, the physician may recommend waiting for evacuation of the products of pregnancy to occur naturally. However, due to the mother's risk of severe bleeding, this option is not often offered.

Drug therapy

If a woman's condition is stable, a drug (methotrexate) can be used to stop the development of embryonic cells.

The drug is injected into a muscle. A second injection may be necessary.

After treatment, it is normal to have abdominal pain for a few days.

Precautions

- **Caution!** You must wait at least four months before becoming pregnant again. Methotrexate may cause deformities in the embryo.
- Ensure that loved ones do not come in contact with the drug. Since the body eliminates the drug through bodily fluids (blood, urine, stools and vomit), you must:
 - Flush the toilet twice after you use it.
 - Ensure that your loved ones do not touch your bodily fluids.
 - Do not have sex for three weeks.
- Do not consume alcohol, products containing Aspirin or non-steroidal anti-inflammatories (e.g., Ibuprofen [Advil]) due to the risk of stomach bleeding.
- Do not take folic acid, which can negate the effect of the drug.
- Do not get vaccinations for three weeks following treatment.
- Avoid sun exposure for three weeks.

Potential side effects

- Dizziness, fatigue, diarrhea, loss of appetite, nausea and vomiting, loss of hair, psoriasis (skin reaction), inflammation inside the mouth, etc.

ATTENTION!

You must go to Emergency in the following cases:

- Heavy vaginal bleeding (more than one sanitary napkin an hour);
- Feeling like you are going to faint;
- Swelling of the face, tongue or mouth;
- Difficulty breathing;
- Sudden and severe abdominal pain or cramps;
- Blood in the stool;
- Feeling of burning when urinating;
- Jaundice of the skin or whites of eyes;
- Skin irritation (rash);
- Fever (over 38°C);
- Bleeding or abnormal bruising on the body;
- Cough or sore throat.

Surgery

Surgery is necessary if waiting and drug therapy do not work or are not possible.

Surgery is used to remove the products of pregnancy from the Fallopian tube or to remove the damaged Fallopian tube. The choice between the two options depends on the desire to have other children and the condition of the tube.

- **Salpingotomy** – An incision is made in the damaged Fallopian tube to remove the products of pregnancy. This technique is preferable if you want to have another child.
- **Salpingectomy** – One of the Fallopian tubes is removed.

Surgery is done by **laparoscopy** (small incisions in the abdomen) or by **laparotomy** (one longer incision in the abdomen).

After the procedure...

- The length of hospital stay depends on the type of surgery and your physical condition. You may be able to go home the same day, or you may need to stay in hospital for a few days.
- You should slowly get up and walk around four to six hours after surgery.
- You can usually drink and eat once you are fully awake. You should start with a light diet to prevent nausea.
- Abdominal pain and vaginal bleeding may occur in the days following the surgery. A health professional may recommend medications to reduce the pain. See the *How to relieve pain* section (p.14) for more tips.
- To reduce the risk of bleeding, do not take Aspirin for a few days after the procedure. (Follow your doctor's recommendations if you were already taking Aspirin.)
- You must rest as much as possible in the days following the procedure. This is a good opportunity to surround yourself with people you trust for support in your physical and psychological recovery.
- After laparoscopic surgery, you may gradually resume your regular daily activities. Avoid intense activities during the first few weeks of recovery. Recovery may take longer if a laparotomy was performed.
- Birth control may be started after two to three weeks if a laparoscopy was performed. In the case of a laparotomy, your physician will be able to tell you when you can resume birth control.

ATTENTION!

You must go to Emergency in the following cases:

- Fever over 38°C for more than 24 hours;
- Heavy vaginal bleeding (more than one sanitary napkin an hour for four hours);
- Severe abdominal pain that is not relieved by taking a painkiller.

Immunoglobulin therapy

You will need to receive a dose of immunoglobulins if your blood type is negative (Rh-). Immunoglobulin therapy aims to prevent the development of antibodies that might put a future pregnancy at risk.

This medication is given by injection.

How to relieve pain

- Place a hot, damp cloth, hot water bottle or magic bag on your abdomen, except after surgery that involves an abdominal incision.
- Take a hot bath to help you relax. Wait three days before taking a bath if you have had surgery.
- Lay in the fetal position (on your side with your knees bent in toward your chest).
- Do some relaxation exercises, such as deep breathing:
 - Place one hand on your stomach and the other on your chest;
 - Take a deep breath in, filling your belly;
 - Slowly breath out focusing on the sound of your exhalation.
- Listen to soft music and do some visualization:
 - Think of pleasant things and try to see them in your head.
- Rub essential oils (cypress, lavender, lemon) on your abdomen, except after surgery that involves an abdominal incision:
 - Consult your doctor or pharmacist before using essential oils as some oils may be toxic and harmful to your health.
- Medications:
 - Abdominal pain or cramps: Ibuprofen (Advil) or other drugs suggested by a health professional may relieve the pain.
Note: You should not take Ibuprofen (Advil) if you received methotrexate for an ectopic pregnancy.

Preventing infections

- Use sanitary napkins instead of tampons until your next menstruation to allow the uterus to evacuate the products of pregnancy and reduce the risk of infection.
- Avoid swimming in a pool, lake or ocean for at least one week.
- Do not use vaginal douches.
- Do not have sex for at least two weeks or wait four weeks if surgery was performed.

Psychological effects of miscarriage

Miscarriage is difficult for many parents. Dreams crumble and life goals must be redefined. The psychological symptoms vary from one person to another.

Many parents feel shock and grief. The days and weeks afterwards can be difficult. Many emotions may surface:

- Guilt;
- Feeling of injustice and powerlessness;
- Anger;
- Shame;
- Lower self-esteem.

Difficult moments

Some moments may be difficult. Recognizing them may help you better prepare yourself and better manage your emotions:

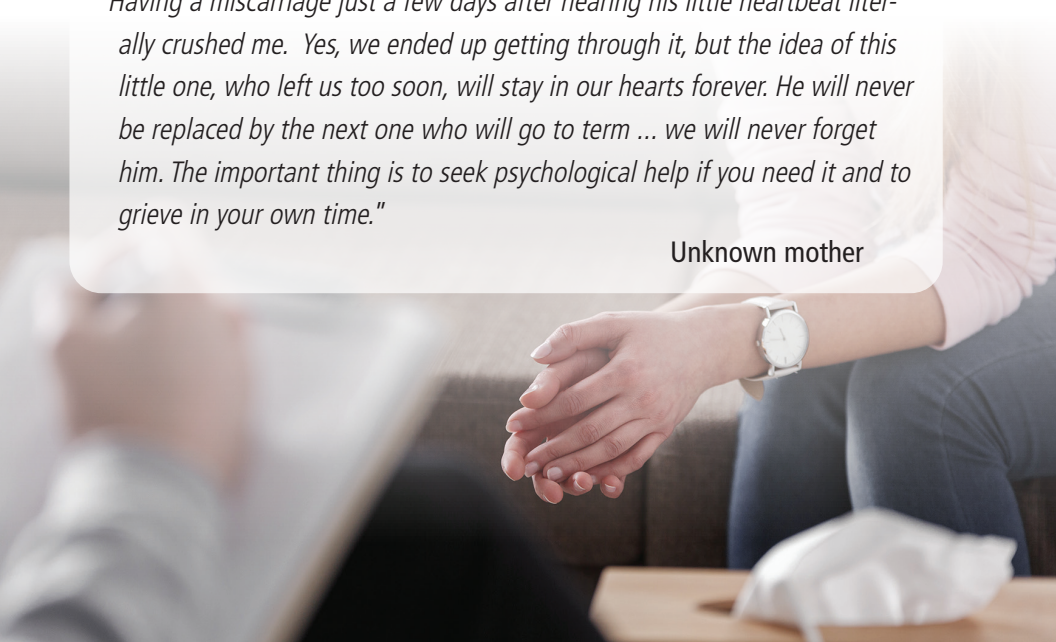
- Announcement of the news to loved ones;
- Questions or comments from family and friends;
- Decisions to make about items already purchased;
- Seeing babies or pregnant women;
- The expected delivery date;
- The date of the miscarriage.

Tips to help you manage your emotions

- Learn about miscarriage to better understand what happened.
- Do not hide your emotions. Avoid isolating yourself. Seek comfort from support people and talk to them about your emotions.
- Write your thoughts and emotions in a private journal or write notes about the baby.
- Avoid feeling guilty. The parents are not responsible for what is happening to them. It is rarely possible to know the exact cause of the miscarriage.
- Reading the stories of or talking to other people who have experienced miscarriage may help you feel understood and help you cope better with your grieving.
- Symbolic actions may help you say goodbye to your little one. For example, some parents plant a tree in memory of their baby, while others set up a special little corner in their home.
- Do visualization or relaxation exercises.
- Do a fun, physical activity to distract yourself and get rid of frustrations.
- Plan an enjoyable activity, such as a meal with a loved one or a trip.
- Consult a health professional if the feelings persist.

"Having a miscarriage just a few days after hearing his little heartbeat literally crushed me. Yes, we ended up getting through it, but the idea of this little one, who left us too soon, will stay in our hearts forever. He will never be replaced by the next one who will go to term ... we will never forget him. The important thing is to seek psychological help if you need it and to grieve in your own time."

Unknown mother



Reactions of loved ones

Reactions vary from one person to another. Some may seem weird and even offensive; often, people do not understand the suffering of parents who experience a miscarriage. Despite everything, it is important to talk about your emotions with loved ones and to surround yourself with good support during this difficult time.

Partner

The partner does not experience the miscarriage in the same way as the mother. Even if he is upset, he may react differently than her. The couple may be put to the test. Each person needs to experience their emotions and to be understood. Communication is essential.

Children

Regardless of their age, children may also react in different ways after a miscarriage. Some children have unusual behaviour (e.g., an increased need for attention). Parents need to take the time to talk openly about the event with simple words and without limiting information. If the parents decide to take a symbolic action in memory of the baby, it is suggested that they include their other children and to take the time to talk about it with them to help them better navigate their emotions.

Family and friends

Family and friends may also be upset by the miscarriage. They may feel uncomfortable and avoid talking about it. Some may make offensive comments. Here are some examples: "It's better this way; he might have been born with a deformity. It's not a big deal, you can try again." Such comments show a lack of understanding about experiencing a miscarriage.

Some people may minimize the importance of miscarriage; however, it is not a trivial event. Parents have the right to experience and express the emotions they feel. Talking with other couples who have experienced a similar situation or reading their stories can help.

Anxiety about another pregnancy

Many parents worry about the idea of a new pregnancy. However, wanting another pregnancy can help in coping with the grief of a miscarriage. Having a miscarriage does not always mean that it will be difficult to have another child.

To reduce the worries about another pregnancy, it is important to experience and express your emotions. It may be helpful to talk with a support person or with other parents who have had a child after a miscarriage.

Even if it is difficult, you must try not to think too much about the risk of miscarriage if you have another pregnancy; enjoy this new, happy event to the full.

Frequently Asked Questions

When can we consider another pregnancy?

It is important to wait a certain amount of time before a new pregnancy, because miscarriage causes significant physical and psychological stress.

- It is recommended to wait two weeks before having sex (four weeks in the case of surgery).
- The menstrual cycle resumes its natural course four to five weeks after miscarriage.
- To allow the uterus to recover fully, it is recommended to wait until after the next menstruation before trying to get pregnant again. Some physicians recommend waiting longer.

ATTENTION!

Methotrexate may cause deformities in the embryo.

After receiving methotrexate, **you must wait at least four months** before becoming pregnant again.

What is the risk of having another miscarriage?

After a miscarriage, it is unlikely that the next pregnancy will end in another miscarriage. Less than one couple in 40 (less than 3%) experience a miscarriage in the next pregnancy.

What should I do in the event of milk production?

Milk production starts quite early in the pregnancy, i.e., from the 16th week. After 16 weeks, you can prevent milk production by avoiding stimulating the breasts.

If milk production causes discomfort:

- Apply cold compresses;
- Use over-the-counter pain control medications.

Resources

Parents need to know that they are not alone.

There are many resources to support them and help them through this difficult time:

- Family physician, nurse practitioner, psychologist and other health professionals (to meet physical and psychological needs);
- Family/loved ones;
- Support groups;
- Electronic and print resources.

Facebook

- Facebook Group from northwestern New Brunswick to exchange information about perinatal bereavement: Comité de sensibilisation au deuil périnatal (French)
- Facebook Group from Quebec that provides information on miscarriage and perinatal bereavement: Fausse couche – Vrai deuil (French)
- Facebook Group that provides information and support to parents who experience miscarriage: Miscarriage & Pregnancy Loss (English)

Internet

Information on miscarriage:

- Information on miscarriage: <https://naitreetgrandir.com/fr/grossesse/trimestre1/fiche.aspx?doc=fausse-couche> (French)
- www.healthlinkbc.ca/health-topics/hw44090#hw44090-RelInfo
- <https://americanpregnancy.org/pregnancy-complications/miscarriage/>

Virtual support

- www.nospetitsangesauparadis.com (French)
- www.parentsorphelins.org (French)
- www.climb-support.org/

Chat forums for parents experiencing perinatal bereavement

- www.mamanpourelavie.com/forum/categorie/deuil (French)
- www.healthlinkbc.ca/health-topics/hw44090#hw44090-RelInfo

Cremation jewellery site

- <https://bijoux-funeraires.com/?fbclid=IwAR3jVI-4CJTGF0x7xssZzuEtj62l0-epzjXk-jzuoCWHWX1y4GIb-vSILBJE> (bilingual)

Suggested readings

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- De Montigny, F., Verdon, C., Lord-Gauthier, J. and Gervais, C. (2017). *Décès périnatal. Le deuil des pères*. (French) Éditions du CHU Sainte-Justine.
- Farley, K. and DiCola, D. (2012). *Grieving Dads: To the Brink and Back*. (English) Grieving Dads.
- Fréchette-Piperni, S. (2005). *Les rêves envolés*. (French) Québec: Éditions de Mortage.
- Pieris, J. (2016). *A loss misunderstood: Healing your grieving heart after miscarriage*. (English) Changing Lives Press.
- Ramgahan, M. (2019). *Why is everyone having a baby but me? The guide to healing for women who suffer from recurrent miscarriages*. (English) Difference Press.
- Vandendorpe, M. (2017). *Vivre un deuil périnatal. Mort d'un diamant brut*. (French) Éditions du Cram.

Video on grieving dads:

- Quand passe la tempête, deuil des pères:
www.youtube.com/watch?v=kW_cQMqflhM&t=89s (French)
www.youtube.com/watch?v=r_-ibxtXO3g (French with English subtitles)