

Miscarriage

Types of Miscarriage

Types of miscarriage

We are sorry that you have had a miscarriage. A miscarriage is a pregnancy that has failed to progress and can be a very distressing experience. Unfortunately, miscarriage is common, and may occur in 1 in 5 pregnancies. It may be difficult to take in all the information when you have been given bad news, so we have prepared this leaflet for you to take away. Only some of this information may apply to you and the nursing staff can direct you to the important areas. We hope it is of help.

There are different types of miscarriage and you often have a choice of treatment. Sometimes we cannot tell you exactly what has happened at the time of your appointment and may need to take blood tests or repeat your scan after an interval.

Complete miscarriage

This situation is likely if there has been bleeding in early pregnancy and the scan shows that the womb is empty at a stage where a pregnancy should be visible. The pregnancy may have come away completely, and although bleeding may continue, no treatment is required.

Why couldn't you see anything on the scan?

This is most likely because you've already passed the pregnancy tissue with the bleeding you've already had. However, just occasionally there can be heavy bleeding with an ectopic pregnancy (pregnancy located outside the womb) and this can look very similar on the ultrasound scan.

How do I know for sure?

We will have taken a blood test to measure BHCG (pregnancy hormone) levels or repeated the pregnancy test. This may need to be repeated in a few days to make sure the hormone level is coming down. We will phone you within 24 hours with the results.

Why have I been told to do a urine pregnancy test?

Once we're sure this is a miscarriage, we ask you to do a urine pregnancy test (instructions attached to it) 10-14 days after the bleeding has stopped. If this is still positive, then please telephone the early pregnancy clinic on the number overleaf.

Until the final diagnosis is made, we would advise you not to travel outside of the county and to avoid strenuous exercise or sexual intercourse.

What should I do if I get pain or bleeding?

If you develop severe pain or heavy bleeding, you should contact **Wynard Ward** immediately on the number below. If you have some mild pain or bleeding and just want advice, ring the early pregnancy unit during the day.

How long will the bleeding last?

After a miscarriage, the bleeding can go on for one to two weeks. It should get lighter like the end of a period. You should just use sanitary pads, not tampons. If the bleeding becomes heavy or if you have an unpleasant smelling discharge, you should see your family doctor as you may need antibiotics for an infection.

When should I seek help?

If you feel faint or dizzy with the bleeding or have severe pain you should telephone **Wynard Ward** on the number given at the end of this leaflet. If the matter is not urgent and you would like some advice you can telephone the Early Pregnancy Unit within normal working hours or leave a message on the answer phone. The staff in The Early Pregnancy Unit will be happy to speak to you.

Can I go to work?

You can go to work if you wish, however it is advisable to be able to return home if the bleeding becomes very heavy. Many women feel sad after a miscarriage and need extra time off to recover. In this case, you will need to see your family doctor to arrange a sick note.

Why does a miscarriage happen?

Often we never find out the cause for miscarriages, but the most common cause is that for some reason the pregnancy wasn't healthy. Even if you have had one or two miscarriages previously, you are very likely to carry a successful pregnancy in the future.

When can I get back to normal activities?

Having a bath/shower after a miscarriage is safe, although we recommend avoiding swimming until after the bleeding has stopped. You should avoid intercourse for at least a week after the bleeding has stopped. **If you have intercourse again before the follow up pregnancy test, we recommend using contraception to avoid confusion with your result.**

When do I get my period again?

Your periods should return 4-6 weeks after the bleeding stops, but this does vary.

When can I try again?

There is no 'right' time to start trying again, but we would advise waiting until your next normal period before trying for a baby again and until you both feel ready. Waiting for 3

normal menstrual periods often helps to date a pregnancy more accurately and allow some of the stress following your miscarriage to settle.

Will it happen again?

The chances of a successful pregnancy next time are very high. Stopping smoking and reducing your alcohol intake both increase your chance of having a healthy pregnancy. If you are trying to conceive you should be taking folic acid which has been shown to reduce the risk of neural tube defects such as spina bifida.

Blood group and red blood cell antibodies

Everyone has a blood group that is determined by structures called antigens on their red blood cells. You may have heard of types such as A, B, O etc and that these are important if, for example, a blood transfusion is needed. There are also antigens called Rhesus, so we can be Rhesus positive (Rh +ve) or negative. Women who are Rh -ve need an injection called anti-D in some situations if their baby is possibly Rh +ve, to prevent their immune system from being stimulated or sensitized by the baby's blood cells. Most women who have a complete miscarriage before 12 weeks without operative treatment do NOT need the anti-D injection.

Incomplete miscarriage

Sometimes only part of the pregnancy tissue has come away by the time of your scan and the remaining blood clot and material is still visible. This will be expelled from the womb in time (natural or expectant management) but you may choose treatment to speed up the process or if pain or bleeding is troublesome.

Blood group and red blood cell antibodies

Please see the information under Complete Miscarriage.

Most women who have an incomplete miscarriage before 12 weeks **without** surgical or medical treatment do NOT need the anti-D injection.

Delayed (missed) miscarriage

In this situation the baby may have failed to develop but the pregnancy sac and afterbirth remain intact. Pregnancy hormones are still produced and there may have been no signs of any problem. This situation is likely if your dates are very certain but the pregnancy is much smaller than expected on scan, or if a repeated scan has shown failed growth or development compared to a previous one. Treatment options are similar to incomplete miscarriage.

Blood group and red blood cell antibodies

Please see the information under Complete Miscarriage.

Most women who have surgical treatment for their miscarriage **DO** need the anti-D injection if Rhesus -ve.

Inconclusive scan (intrauterine pregnancy of uncertain viability)

What does this mean?

Today's ultrasound scan has shown that you are pregnant, but we can't be sure whether the pregnancy is going to miscarry or possibly continue. We are sorry that we have not been able to reassure you.

Why can't the scan be sure?

Ultrasound scans are very helpful, but sometimes one scan on its own cannot give a definite answer and we need to do another scan in 1-2 weeks to compare it. It may be that the dates of your last period are not accurate and the pregnancy is not as far on as we first thought, or it may be that the dates are accurate and the pregnancy started off, but then stopped growing.

What happens if I start bleeding more heavily?

If the pregnancy is not growing, you may start to bleed more heavily before we next see you. This means you may be starting to miscarry. Some women describe episodes of bleeding

before the actual miscarriage happens. This can be very confusing as you may not know if the miscarriage has happened or not. The amount of bleeding is dependant on how advanced the pregnancy is. Some women experience a great deal of bleeding with lumps (clots) of blood coming away. It is a lot heavier than a period and can be frightening.

Will it hurt?

The uterus needs to contract to miscarry the pregnancy and some women describe this as labour pains. We suggest simple pain killers such as Ibuprofen and paracetamol if they are tablets you can take. If you need further pain killers you can come into hospital.

How long will the bleeding last? When should I seek help?

Please see information under complete miscarriage.

How will I know the miscarriage has definitely happened?

We will see you as arranged in 2 weeks. At this time you may or may not need another scan depending upon what's happened since we last saw you. Please keep this appointment as we would like to see how you are, however If you don't attend, we will ring you. Please make sure we have the number you prefer us to use.

If the pregnancy has not grown, and I don't have a miscarriage before I come back, what then?

If the follow up scan shows that the pregnancy is definitely not continuing, we will discuss the different ways to manage the problem. This involves either:

- **Expectant (natural) management** - doing nothing and allowing nature to take its course (it is likely that you will miscarry over the next few weeks)
- **Medical management** - taking tablets to speed up the miscarriage
- **Surgical management** - having a small operation to empty the uterus (womb)

Pregnancy of unknown location

We are very sorry we weren't able to see the pregnancy on today's scan.

What is a pregnancy of unknown location?

This is the term given when we haven't seen your pregnancy on the ultrasound scan today and therefore can't be sure how or where the pregnancy is progressing. There are three possible reasons for this:

1. A very small normal pregnancy

The pregnancy may be normal, but too small to be seen on the scan. This can happen if you are unsure of your dates or your periods are irregular.

2. A miscarriage

The pregnancy may have already been lost with the bleeding and that's why we can't see it on the scan. Sometimes the pregnancy test can remain positive for a few weeks.

3. An ectopic pregnancy

The pregnancy may be growing outside the uterus (womb). These pregnancies can be difficult to see on the first scan. It is important that we don't miss ectopic pregnancies, because if not recognised, they can be dangerous, so we need to monitor you closely.

Why has a blood test been taken?

This is to measure the level of beta HCG.

What is 'Beta HCG'?

This is the pregnancy hormone in the blood. The level of it can be measured and from this result, it can help us decide where your pregnancy is and if it is growing or failing naturally. Often two HCG tests are required, 48 hours apart to see how the level is changing. A second hormone called Progesterone can also be tested and this may help predict the direction of change of HCG, and allow us to advise more accurately on treatment. When we have the results we will

let you know when we need to see you again - either for another blood test or another scan.

What should I do if I get pain or bleeding?

If you develop severe abdominal or shoulder pain (internal bleeding can cause pain that is felt in the shoulder tip) or heavy bleeding, you should contact the ward immediately on the number below. If you have some mild pain or bleeding and just want advice, ring the early pregnancy unit during the day.

Until the final diagnosis is made, we would advise you not to travel outside of the county and to avoid strenuous exercise or sexual intercourse.

Viable intra-uterine pregnancy

If the scan is normal, why am I bleeding?

The early pregnancy unit in Exeter sees approximately 1000 women with pain and bleeding in early pregnancy, most of whom have a reassuring scan and go on to enjoy a normal pregnancy with a healthy baby. This is known as a **threatened miscarriage**. Smoking, high blood pressure, recreational drugs and some medical conditions can make bleeding more likely but often there is no cause.

What should I do if my bleeding continues?

The length of bleeding can be quite variable and if you are uncertain if it is normal, your GP can usually advise you or refer you back to the early pregnancy unit if that is helpful.

Blood group and red blood cell antibodies

Please see the information under Complete Miscarriage.

Most women who have a threatened miscarriage before 12 weeks **without** operative treatment do NOT need the anti-D injection. There are some exceptions, for instance when the bleeding

is very heavy, and the staff will advise you if the injection is required.

Useful numbers / website

Early Pregnancy Unit 01392 406503

Wynard ward 01392 406512

RD&E Switchboard..... 01392 411611

www.miscarriageassociation.org.uk

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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