# compassionate care for people in the campbell river area

## experiencing signs of miscarriage

## what's happening?

Your healthcare provider may schedule an ultrasound (external and/or internal) if you have bleeding or pain in early pregnancy. If this shows a normal pregnancy, you may carry on with routine care.

Sometimes it is too early to tell by ultrasound if the pregnancy is still progressing. A heartbeat can usually only be seen once the baby is more than 6-7 weeks. If the ultrasound is done before this, it may take time and more testing to determine if this will be an ongoing pregnancy.

If your body has begun to miscarry, you can choose to wait for this to pass on its own, or your health care provider can help the process with medications or a surgical procedure. These options are explained in this brochure.

## did you know?

Miscarriage is the unexpected loss of an early pregnancy which is common and occurs in up to 30% of pregnancies.

Bleeding is not uncommon in early pregnancy and doesn't always mean a miscarriage has happened.

Miscarriage can be seen as nature's way of ending a pregnancy in which the baby was not developing as it should have to be able to survive. Nothing you did or didn't do would cause this.

## seek immediate attention

- if you are bleeding heavily (more than 1 soaked maxi pad an hour for more than 4 hours) or passing multiple clots orange sized or larger
- if you have any foul-smelling discharge
- if you have a fever (>38 C or 101 F)

if you feel like you are going to faint

## grieving

Emotional and spiritual healing is as vital as physical healing, and it is normal to feel a range of emotions after a pregnancy loss. There is no standard amount of time for this, and it will look different for each person. It is important to share how you are feeling with people who can support you.

Grieving allows you to begin the healing process, which is unique for each person.

## links + helpful books

*The following recources offer a variety of information, with some approaches having changed over the years. However, the universal themes of grief remain, and many have found them helpful.*

www.miscarriageassociation.org.uk

www.miscarriagesupport.org.nz

www.miscarriage.about.com www.silentgrief.com

www.miscarriagehelp.com www.hopexchange.com

**Miscarriage: Women Sharing from the Heart**
*by Marie Allen and Shelley Marks*

**A Silent Sorrow: Pregnancy Loss – Guidance and Support for You and Your Family**
*by Ingrid Kohn, Perry-Lynn Moffitt, and Isabelle Wilkins*

## follow up

- Contact your family doctor or midwife to follow up after 2 weeks, or sooner if needed.
- We can refer you to resources for counselling and additional support as feelings very and may resurface at unexpected times.
- Call your health care provider if you have any questions or concerns. We are here to help you!

Campbell River and District
Division of Family Practice
A GPSC initiative

# general information

## what now

You should get plenty of rest so that your body can recover, and avoid heavy exercise until your bleeding has stopped.

You can bathe or shower at home, but avoid swimming pools or hot tubs while you are still bleeding.

## bleeding

The amount of bleeding is hard to predict since every woman's body reacts differently.

Typically, options A and B will have the heaviest bleeding, followed by C.

Do not use tampons and avoid vaginal intercourse until the bleeding has stopped.

## cramping

You may have cramping during the miscarriage and for up to 10 days afterwards.

You can use Acetaminophen (Tylenol) and/or Ibuprofen (Advil), and a hot water bottle or hot pack may be helpful.

## tenderness

Breast tenderness and swelling can last up to a week after the miscarriage.

You may have some drainage from your nipples for a few days. You can use some absorbent gauze or tissue inside a snug fitting bra.

## periods

You should have a normal period 4-6 weeks following a miscarriage.

You should wait until after your next period before attempting to become pregnant again. Use a form of birth control for at least one month - this allows your body time to recover.

**all** of these **options** are **safe**, so you can choose whichever option is **most suited to you.**

# your options

## OPTION A: Expectant management

*You will wait for the tissue in your uterus to pass on its own, without medication or surgery*

- You will have cramping (like menstrual cramps) and bleeding (like a heavy period)
- It is normal to see clots or pale coloured tissue
- This process can start right away but sometimes it can take several weeks before your body recognizes that the pregnancy is not developing properly
- You can choose to change to medical or surgical management at any time if it becomes too difficult to wait
- You can be at home but you must have someone with you as well as reliable transportation to the hospital available until you have finished bleeding
- No medical or surgical intervention is involved, unless complications arise or you decide you would like medical assistance at a later time
- It may be difficult not knowing when you will start the process, as it's different for each person

## OPTION B: Medical Management

*You will be given either two medications called Mifepristone and Misoprostol or Misoprostol alone*

- You will have cramping (like menstrual cramps) and bleeding (like a heavy period)
- This is 90% effective
- This will usually take 48 hrs to 3 days to complete the process
- You can be at home but you must have someone with you as well reliable transportation to the hospital available until you have finished bleeding
- You might still need a D+C if you are bleeding heavily or if the miscarriage does not complete

## OPTION C: Dilatation & Curettage (D&C)

*Surgical stretching of the cervix (dilatation) and gentle suction of the uterine contents (curettage) by a Specialist*

- You will initially speak to the Specialist at the clinic or hospital to discuss the procedure and then you will come in on a different day (usually within one week) to the hospital to have the D&C done
- You will need a ride home from the hospital
- Recovery is usually within 1-3 days
- 98% effective at removing the pregnancy tissue
- Once you have had the D&C, most people need less follow up care
- Receiving anesthesia and having a surgical procedure always has some risk (the Specialist will explain these in more detail with you)
- This option is more invasive and must be done in the hospital