



## What is a miscarriage?

A miscarriage is the loss of a pregnancy during the first 20 weeks. It is usually your body's way of ending a pregnancy that has had a bad start. The loss of a pregnancy can be very hard to accept. You may wonder why it happened or blame yourself. But a miscarriage is no one's fault, and you can't prevent it.

Miscarriages are very common. For women who already know they are pregnant, about 1 out of 6 have a miscarriage. It is also common for a woman to have a miscarriage before she even knows that she is pregnant.

## What causes a miscarriage?

Most miscarriages happen because the fertilized egg in the uterus does not develop normally. A miscarriage is **not** caused by stress, exercise, or sex. In many cases, doctors don't know what caused the miscarriage.

The risk of miscarriage is lower after the first 12 weeks of the pregnancy.

## What are the common symptoms?

Common signs of a miscarriage include:

- Bleeding from the vagina. The bleeding may be light or heavy, constant or off and on. It can sometimes be hard to know whether light bleeding is a sign of miscarriage. But if you have bleeding with pain, the chance of a miscarriage is higher.
- Pain in the belly, lower back, or pelvis.
- Tissue that passes from the vagina.

## How is a miscarriage diagnosed?

Call your midwife if you think you are having a miscarriage. If your symptoms and a pelvic examination do not show whether you are having a miscarriage, your midwife can do tests to see if you are still pregnant.

## How is it treated?

No treatment can stop a miscarriage. As long as you do not have heavy blood loss, a fever, weakness, or other signs of infection, you can let a miscarriage follow its own course. This can take several days.

If you have **Rh-negative** blood, you will need a shot of WinRho. This **prevents problems** in future pregnancies. If you have not had your blood type checked, you will need a blood test to find out if you are Rh-negative.

Many miscarriages complete on their own, but sometimes treatment is needed. If you are having

a miscarriage, work with your midwife to watch for and prevent problems. If the uterus does not clear quickly enough, you could lose too much blood or develop an infection. In this case, medicine or a procedure called a **dilation and curettage (D&C)** can more quickly clear tissue from the uterus.

A miscarriage doesn't happen all at once. It usually takes place over several days, and symptoms vary. Here are some tips for dealing with a miscarriage:

- Use pads instead of tampons. It is normal to have mild or moderate vaginal bleeding for 1 to 2 weeks. It may be similar to or slightly heavier than a normal period. The bleeding should get lighter after a week. You may use tampons during your next period, which should start in 3 to 6 weeks.
- Take acetaminophen (Tylenol) for cramps. Read and follow all instructions on the label.
- You may have cramps for several days after the miscarriage.
- Eat a balanced diet that is high in iron and vitamin C. You may be low in iron because of blood loss. Foods rich in iron include red meat, shellfish, eggs, beans, and leafy green vegetables. Foods high in vitamin C include citrus fruits, tomatoes, and broccoli. Talk to your midwife about whether you need to take iron pills or a multivitamin.
- Talk with family, friends, or a counsellor if you are having trouble dealing with the loss of your pregnancy. If you feel very sad or depressed for longer than a couple of weeks, talk to a counsellor or your doctor.
- Talk with your midwife about any future pregnancy plans. It is suggested that you wait until you have had at least one normal period before you try to get pregnant again.
- If you don't want to get pregnant, ask your doctor about birth control options.

## **After a miscarriage, are you at risk for miscarrying again?**

Miscarriage is usually a chance event, not a sign of an ongoing problem. If you have had one miscarriage, your chances for future successful pregnancies are good. It is unusual to have three or more miscarriages in a row. But if you do, your doctor may do tests to see if a health problem may be causing the miscarriages.

## **Suggested Reading Materials**

- • When Bad Things Happen to Good People, Harold S. Kushner
- • Healing Together (Article 1990) - Bereavement Publications, Inc.
- • Miscarriage Myths (Article 1990) - Bereavement Publications, Inc.
- • Free to Grieve: Healing & encouragement for those who have experienced the physical, mental and emotional trauma of miscarriage and stillbirth: Maureen Rank
- • Our Stories of Miscarriage: Health with words: Editor: Rachel Faldet, Karen Fitten
- • Miscarriage -Women Sharing From the Heart: Marie Ellen, Shelly Marks
- • Empty Arms: Emotional Support Those Who Have Suffered Miscarriage or Stillbirth - Pamela W. Vredevelt
- • In Heavenly Arms: Grieving the Loss Healing the Wounds of Miscarriage - Shari L. Bridgman
- • Miscarriage: A Man's Book - Rick Wheat
- • Silent Grief: Miscarriage - Finding Your Way Through the Darkness - Clara Hinton

<http://www.healthlinkbc.ca/healthtopics/content.asp?hwid=hw44090>