

**Go to the Regina
General Hospital
Emergency Department
if you:**

- have sudden severe abdominal pain
- suddenly feel faint or feel like passing out
- have heavy bleeding (soaking more than 2 maxi pads per hour for more than 2 hours)
- have a fever greater than 38° C (100.4° F).

**To speak to a nurse at the
Early Pregnancy
Assessment Clinic (EPAC)
call:**

(306) 766-4123

Miscarriage Information

Miscarriage is the unexpected loss of an early pregnancy (less than 20 weeks) and happens when the fetus (baby) is not developing. About 1 in 4 pregnancies end in miscarriage.

Causes

Routine activities like exercise, lifting, sexual intercourse, travel, work, and stress do not cause miscarriage. Miscarriage is most commonly caused by a genetic abnormality and may be caused by uncontrolled diabetes, uncontrolled thyroid disease, uterine abnormalities, or blood clotting abnormalities. Genetic testing to help determine the cause of a miscarriage is not always done but may be done where a woman has a history of infertility or had more than 2 miscarriages in a row. Talk to your health care provider for more information about testing.

No activities or treatments (bed rest, for example) have been proven to prevent or reduce the chance of miscarriage.

Bleeding in Early Pregnancy

Bleeding in early pregnancy does not always mean that a miscarriage will occur. Bleeding can be a result of:

- abnormalities of the vagina or cervix
- bleeding between the pregnancy sac and the uterus
- ectopic pregnancy - where the pregnancy is developing outside of the uterus, which is a medical emergency.

Sometimes there is no explanation for bleeding in early pregnancy.

After a Miscarriage

It is normal to have bleeding for up to 3 weeks after a miscarriage. If you are still bleeding after 3 weeks call the Early Pregnancy Assessment Clinic (EPAC). It is normal to feel sad or upset about your miscarriage. It is important to care for yourself during this time. If you would like to speak to a counsellor or social worker please tell one of the EPAC nurses.

Pregnant After Miscarriage

After a miscarriage it is suggested that you wait until you have 1 normal period before you try to get pregnant. Most women have a normal period after 4 to 8 weeks. If your period does not return after 8 weeks, contact your health care provider.

If you do not want to become pregnant again or at this time, talk to your health care provider about using birth control. Options include the birth control pill, condoms, patch, ring, or intrauterine device (IUD).



Treatment Options for a Miscarriage

Once an ultrasound has determined if a miscarriage will occur you have three options. All options are safe. The outcome of future pregnancies are not affected by how the miscarriage is managed. The risk of hemorrhage needing transfusion is less than 1%, and of infection is 1 to 2%. Treatment options include:

- expectant management
- medical management
- dilation and curettage (D&C).

1. Expectant Management

This is when you wait for the miscarriage to occur naturally. The wait takes an average of 2 weeks to occur. Sometimes it takes up to 3 or 4 weeks and 80% of women have complete expulsion of the pregnancy by 8 weeks. Expectant management may be an option for you if you are early in pregnancy.

Most women experience moderate to severe cramping and bleeding which can be quite heavy for 2 to 3 hours. Some women have nausea. You may take ibuprofen or acetaminophen for pain. After the heavy bleeding you can expect bleeding like your period for the following week and then light bleeding or spotting for up to 3 weeks.

To reduce your risk of infection while bleeding after a miscarriage:

- **do not** use tampons
- **do not** have sexual intercourse.

Most women who choose expectant management have a complete miscarriage given time but some need to have the surgical D&C procedure if there is pregnancy tissue left in the uterus.

A follow-up phone is arranged after your Clinic visit with the EPAC nurse.

You can call the EPAC for advice or to arrange a follow-up visit.

2. Medical Management with Misoprostol

Is when the medication misoprostol is used to help the cervix open up and the uterus to start the miscarriage. We give you misoprostol tablets to take home to insert into your vagina at an agreed upon time. The miscarriage usually happens within 12 hours of insertion of the tablets. If it does not occur within 24 hours you may be advised to insert more misoprostol tablets into your vagina.

1 in 6 women who use medical management may still need a D&C to remove tissue from the uterus.

Most women experience moderate to severe cramping and bleeding which can be quite heavy for 2 to 3 hours. The misoprostol may cause side effects including vomiting, diarrhea, shivering, and fever which can last from 2 to 3 hours to 1 day. You may take ibuprofen or acetaminophen for pain or fever and dimenhydrinate can be used for nausea.

The EPAC nurse calls you within 72 hours of taking the misoprostol.

You can call the EPAC for advice or to arrange a follow-up visit.

3. Dilation and Curettage (D&C)

A D&C may be recommended if you are bleeding heavily, have an infection, anemia, a bleeding disorder, or cardiovascular disease. A D&C is a minor surgical procedure where the cervix is opened (dilation) and the pregnancy is removed using suction (curettage) that takes about 15 minutes. A D&C may be done in an operating room under general anesthetic or in the EPAC under sedation with local anesthetic. The wait for a D&C may be up to 1 week, depending on your situation.

After a D&C, you may bleed for about a week. A small amount of bleeding may be normal for up to 4 weeks after the D&C. Mild cramping is normal for 1 to 2 days. Risks of a D&C are rare but include perforation (making a hole) in the uterus, tearing of the cervix, developing scar tissue, infection needing antibiotics and hemorrhaging.