

Miscarriage and Bleeding in Early Pregnancy

Bleeding from the vagina is common early in pregnancy and does not always mean you are having a miscarriage. In fact, 50% of women coming to the Emergency Room because of vaginal bleeding will go on to have a normal pregnancy. Unfortunately, bleeding, especially if there is pain, can signal that there is a problem.

What are the symptoms of a miscarriage?

The usual symptoms are vaginal bleeding and lower abdominal cramps/pain. Most women will have bleeding similar to a heavy period. You may notice passing blood clots and even tissue, which may look like liver. Sometimes, however, the bleeding can be quite heavy and this can be scary.

The amount of pain varies among individuals and can be mild, like period cramps, or more severe. Pain that is severe or that is only on one side is concerning for an “ectopic pregnancy” (a pregnancy that is growing outside the womb) and needs to be assessed by a doctor immediately.

What tests will be done?

During your visit in the Emergency Department we will try to determine the cause of your bleeding and pain. This typically involves an internal (vaginal) exam to check the uterus and cervix (the opening to the womb). Blood tests may be done to check the pregnancy hormone levels and determine your blood type.

The most important test is an ultrasound, which may be done immediately or within the next 1-2 days. The ultrasound is used to make sure that the pregnancy is in the uterus and not an ectopic pregnancy, which can be life-threatening. Ultrasounds are also able to assess the size of the pregnancy and look for a baby’s heartbeat. This helps to show whether the pregnancy is developing as expected.

Lastly, if this is your second or more miscarriage in a row, the pregnancy tissue can be sent for special genetic testing to help clarify the cause of the loss.

My doctor said I’ve had a miscarriage.

Why did this happen?

Firstly, we are very sorry that this has happened to you. We want to help you in anyway we can. Please do not hesitate to ask us any questions that you may have. Miscarriages are common and occur in as many as 1 in 4 pregnancies. Unfortunately, there is no way to prevent or stop a miscarriage.

The most common cause is a random genetic abnormality that occurs when the egg and sperm join. These events are unpredictable and cannot be prevented. Less common causes include hormone imbalance, abnormalities in the womb, and some infections. Even with special tests we often never know what caused the miscarriage.

Myths about miscarriage

After a miscarriage, many people will feel guilty and blame the miscarriage on things that they either did or did not do during the pregnancy. It is important that you know that you did not cause the miscarriage in any way.

Importantly, miscarriage is **not caused by** any of the following everyday events:

- Lifting heavy objects
- Straining, bending or stretching
- Working
- Stress or Emotional upset
- Sexual Intercourse
- Normal Exercise
- Moderate Caffeine Intake

What treatment will I need?

If you are having pain you shall be offered pain medications. These may be tablets or given as an injection through your IV. Please let us know if you are in pain so that we can make you more comfortable.

There are three treatment options for miscarriage: expectant, medical and surgical.

1. Expectant Management - The majority of miscarriages will resolve on their own and many women choose to “let nature take its course.”
2. Medical Management - Sometimes it takes days to weeks for all of the pregnancy tissue to be passed and a medication (“Misoprostol”) can be taken either by mouth or by the vagina to help things move more quickly.
3. Surgical Management - Often called a D&C, surgery is typically reserved for women who don’t want to wait for the pregnancy tissue to pass on its own, who have ongoing heavy bleeding or signs of infection, and when expectant and medical management do not work.

Lastly, any woman who has vaginal bleeding during pregnancy and has a certain blood type (A, B or O negative) is advised to get an special injection (“Rhogam”, “WinRho”). This helps prevent the formation of antibodies against future pregnancies.

When should I return to the Emergency Department?

- Your **bleeding increases** or you are soaking 1 maxi pad every hour for 3 hours
- Bleeding lasts more than 2 weeks
- You develop a **fever**
- Your **vaginal discharge smells bad**
- Your **pain is not controlled** by the medications given to you by the doctor
- You feel **faint or dizzy**

What should I do when I go home?

- **Do not use tampons** for the bleeding. Use sanitary pads as needed until the bleeding stops.
- **Do not have sexual intercourse** until the bleeding stops and your doctor has said it’s safe to do so.
- Showers are safe and can provide comfort. **Baths, however, are not recommended until the bleeding has stopped.**
- **Do not use douches** or insert other creams into the vagina until advised by your doctor that it is safe.

Do I need to see anyone in follow-up?

The follow-up you need will depend upon the results of your examination and the tests done in the Emergency Department.

- **All women** should follow-up with their healthcare provider (family doctor, midwife, obstetrician) within 1-2 weeks for reassessment. If you do not have a regular doctor you can go to a walk-in clinic.
- You may be referred to the Early Pregnancy Assessment Clinic (EPAC) at BC Women's Hospital.
- You may be asked to return to the hospital to have an ultrasound in the next 1-2 days if one was not performed during the first visit. After the scan you will come back to the Emergency Department where one of the doctors will review the results with you.
- If it is believed that all of the pregnancy tissue has come out of your uterus (a "completed miscarriage") **you still need to have a repeat pregnancy blood test in 6 weeks** to make sure there is no remaining tissue still inside.

How long will it take to recover?

The bleeding should resolve over 1-2 weeks and the pain normally subsides once all of the pregnancy tissue has come out. You may notice that your breasts become swollen and painful and they may even leak milk. Wearing a tight-fitting bra can help with the discomfort. Physically, you will likely be able to return to work within 1 week.

How long will I feel this way?

Recovery from the emotional challenges of having a miscarriage often takes longer. Losing a baby is a very personal experience and there is no "right way" to feel. Many women experience a profound sense of loss and grief with sadness, guilt and anger being common. For others, a miscarriage can bring a sense of relief. Whatever you feel, it is important to take the time you need to recover.

Talking about how you feel with your partner, healthcare provider or an understanding friend can be invaluable to your recovery. Many people who lose a baby through miscarriage will find that they gradually feel better only to have their grief return around the expected due date and on the anniversary of the loss. Counseling or joining a miscarriage support group (online or in the community) can be helpful. If you find that you are not feeling better after a couple of weeks, or are having trouble sleeping or eating because of the sadness you experience, you should see your doctor.

Lastly, many people find it helpful to create a memorial through which to remember their baby. Examples include: planting a tree or flowers, making a donation to a children's charity or creating a memorial box in which to place any keepsakes that you may have collected during the pregnancy.

When can I try again to get pregnant?

You can expect to get a period within 4-6 weeks after the miscarriage and it is possible to get pregnant again within this time frame. It is generally recommended that women wait until they have at least one normal period before trying again.

Deciding to get pregnant again after having a miscarriage is a very personal decision as many people have fear and anxiety about having another loss. It is important that you feel both physically and emotionally ready to face the joys and challenges of another pregnancy before trying again.

Is there anything I can do to prevent another miscarriage?

Most women who have one miscarriage go on to have a successful pregnancy. As the majority of miscarriages are due to chance there is often little that can be done to predict or prevent them.

There are some known risk factors for miscarriage. Therefore, lifestyle changes such as quitting smoking, decreasing alcohol intake, avoiding illicit drugs and maintaining a healthy weight are all recommended. Taking a prenatal vitamin or folic acid supplement can decrease the chance of nerve and brain abnormalities.

If you have suffered three miscarriages in a row, or have lost a baby after the first trimester, your doctor may refer you to a fertility specialist, such as the Recurrent Pregnancy Loss Clinic at BC Women's Hospital, for further investigations.

Where can I get more information?

Do not hesitate to ask us questions during your stay in the Emergency Department. We encourage you to follow-up with your own healthcare provider in the community who can give you further information as you need it.

Below is a reliable website with more information. They also have a forum online that you may find supportive and helpful in your recovery.

www.miscarriageassociation.org.uk

Additionally, BC Women's Hospital offers a Pregnancy Loss Support Group. For more information on the group, call 604-875-2149.

For more copies, go online at <http://vch.eduhealth.ca> or email pchem@vch.ca and quote Catalogue No. **GH.200.B63**

© Vancouver Coastal Health, April 2013

The information in this document is intended solely for the person to whom it was given by the health care team.

www.vch.ca