

# After a Miscarriage

## Patient Information

Rapid Access Gynecology Clinic  
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Early pregnancy loss, or miscarriage, is a common experience for women. Nearly 1 in 4 women will miscarry in their lifetime. Miscarriage can occur naturally or it can be assisted with medication or a surgical procedure. Most of the time, a miscarriage proceeds without any problems but, rarely, complications can occur.

## **What Can I Expect During and After a Miscarriage?**

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### **Bleeding**

Bleeding during and after a miscarriage is expected. The amount of bleeding during the miscarriage varies from light to heavy. After the miscarriage, the bleeding may last for 2 or more weeks. It is typically like a period or lighter than a period. If you experience bleeding that is much heavier than a normal period (soaking 3 maxi pads in 2 to 3 hours), you should see your doctor or go to the emergency department.

### **Cramping (Pain)**

Most women experience cramping during the miscarriage and for a few days after. There may be more cramping if you pass any blood clots. Some women can have mild cramping for 10 days following the miscarriage. If you have any severe pain in your abdomen, you should see your doctor or go to the Emergency Department.

### **Fever**

If your temperature is over 38° Celsius (102° Fahrenheit) and it does not become normal after taking Tylenol® (acetaminophen), you should see your doctor or go to the Emergency Department.

### **Breast tenderness**

Breast tenderness or swelling may last for a few days after a miscarriage. You may also have some drainage of fluid from your nipples for a few days. This is normal.

### **When will I get my period again?**

Most women will get their first period 4 to 6 weeks after the miscarriage. After the miscarriage, you will be fertile. If you do not wish to become pregnant again you should start using a reliable method of birth control immediately.

### **When can I try to get pregnant again?**

Generally, we will tell you that you can try to get pregnant again once you have had a normal period. You can discuss this with the doctor at the Rapid Access Gynecology Clinic during your follow up visit.

## What Choices do I Have to Treat a Miscarriage?

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Many women have a natural miscarriage and do not need any medical treatment. If you are bleeding heavily, your uterus is not able to pass all the pregnancy tissue, you do not wish to wait for a natural miscarriage, or a miscarriage complication occurs, treatment may be used. Treatment options include misoprostol, manual vacuum aspiration (IPAS) or a Dilatation and Curettage (D&C).

### Medication: misoprostol (Cytotec®)

Misoprostol is a medication that works by softening and opening the cervix (opening of the uterus) and helps your uterus to contract (cramp) so that the pregnancy can pass naturally.

#### How do I take misoprostol?

You will be given a prescription of 8 tablets of misoprostol (200 micrograms tablets). Insert 4 tablets into the vagina. Push them in as high as possible. You should lie down for the first 60 minutes to allow the tablets to start working. If you did not pass any pregnancy tissue after 12 hours, insert the other 4 tablets the same way.

#### What can I expect after the misoprostol?

Most women have some bleeding and cramping within the first few hours after inserting the misoprostol. It is normal for the bleeding to be heavy in the first 12 hours after you insert the tablets. After that, the bleeding should be more like a period. Most women will have some bleeding for 1 to 2 weeks.

#### Are there any side effects?

The most common side effects from this medicine are nausea, vomiting, diarrhea, abdominal cramping and shivering. These side effects are usually mild and only last for a few hours or a day.

#### How will I know that the misoprostol worked?

You will be given an appointment at the Rapid Access Gynecology Clinic (see address at the back of this pamphlet) 1 week after taking the misoprostol. The doctor in the clinic will decide if you need any other tests such as an ultrasound or blood test.

### Surgical procedure: Manual Vacuum Aspiration (IPAS)

One option for treatment of miscarriage is manual vacuum aspiration, also known as IPAS. Studies over the past 30 years have documented the safety and efficacy of IPAS for the treatment of miscarriage. An IPAS is a minor procedure done to remove pregnancy tissue from the uterus (womb). It can be done in the emergency department and does not require that you have a general anesthetic (put to sleep). Your doctor will tell you if you are a good candidate for this procedure.

#### How will I feel after the IPAS procedure?

Get as much rest as possible on the day of the IPAS procedure. You will have vaginal bleeding and mild uterine cramping for 1 or 2 days.

It is normal to continue to have bleeding like a period (or less) for up to 2 weeks after the procedure. You may resume normal activities the day after the procedure. Please do not put anything in your vagina for 1 week after the procedure. Specifically, do not douche, use tampons or have vaginal intercourse for 1 week after the IPAS.

## Are there any risks?

As with any procedure there are risks to having an IPAS. These risks are small and the vast majority of women have no problems after having an IPAS. The potential risks of an IPAS include:

- Incomplete emptying of the uterus (0.5%)
- Uterine perforation (hole in the uterus) (0.06%)
- Infection (2%)
- Heavy bleeding
- Vagal reaction or fainting

## What happens after the IPAS (follow-up)?

You will be given an appointment at the Rapid Access Gynecology Clinic (see address at the back of this pamphlet) 2 weeks after the IPAS procedure).

## Surgical procedure:

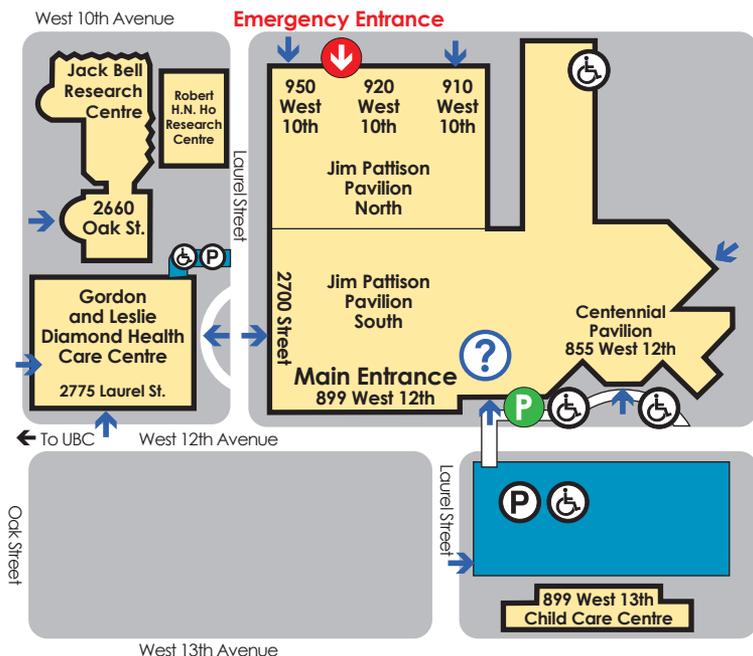
### Dilatation and Curettage (D&C)

A dilatation and curettage, also called a D&C, is a minor procedure done in an operating room to remove pregnancy tissue from the uterus (womb). It is often not needed, but in some situations your doctor may suggest it. You will normally be asleep for the D&C (general anesthetic). The risks are the the same as for the Manual vacuum aspiration (IPAS) and also include rare risks with the general anesthetic.

## What else do I need to remember?

You should go the **Emergency Department** **immediately** if you:

- suddenly feel faint or feel like passing out
- suddenly have severe pain in your abdomen
- have very heavy bleeding from your vagina (soaking 3 maxi pads in 2 to 3 hours)



## Your appointment at the Rapid Access Gynecology Clinic is at

\_\_\_\_\_ o'clock on \_\_\_\_\_.

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**Emergencies Only call 604-875-4111 and ask operator to page the Gynecology resident on call.**

For more copies, go online at <http://vch.eduhealth.ca> or email [pthem@vch.ca](mailto:pthem@vch.ca) and quote Catalogue No. **GH.330.A48**

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