



MISCARRIAGE

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A MISCARRIAGE

A miscarriage is the loss of a non-viable foetus and therefore ending the pregnancy. Should this occur during the first four months of pregnancy, then this is referred to as a miscarriage. A miscarriage is often spontaneous; you will experience blood loss and (abdominal) pains similar to period pains during the first few months of pregnancy. A miscarriage can also be determined by means of an ultrasound, without the occurrence of blood loss or other signals that the pregnancy may not be going well. A miscarriage occurs unexpectedly and is often an intense and emotional experience.

CAUSES

The cause of an early miscarriage is almost always a disturbance in the development of the embryo. The embryo is abnormal and nature finds a solution as it were by preventing further growth and rejects it. The cause is usually a chromosomal abnormality which has occurred during fertilization. Although this is not a hereditary defect but a 'spontaneous' accidental abnormality. Usually there are no consequences to further pregnancies. For most women, there is no clear cause for miscarriage. If you have never had a miscarriage before, further examination is not needed. In case of repeated miscarriage it is recommended to investigate further into a possible cause.

LIKELYHOOD OF A MISCARRIAGE

Early miscarriages occur relatively often: of all conceptions approximately 50-60% aborts before you are even aware that you are pregnant. Following a positive test 1 in 10 pregnancies still result in a miscarriage. The risk of miscarriage increases with the age of the mother. Between the ages of 35 and 40 the miscarriage figures state 1 for every 5/6 pregnancies and between the ages of 40 and 45 these numbers change to 1 in every 3. If a woman suffers a miscarriage as a one off, there is usually no reason for concern relating to future pregnancies.

SYMPTOMS

One of the first symptoms of a miscarriage is often vaginal bleeding. But blood loss does not necessarily mean that you are having a miscarriage. In 50% of cases, the loss of blood actually has a different, often harmless, cause. You may also experience period-like (abdominal) pain. Pregnancy symptoms, such as breast tenderness and nausea, often fade just prior to a miscarriage. But this is not always the case. The decrease in pregnancy symptoms can also fit a "normal" course of an ongoing pregnancy.

EXAMINATION

An ultrasound scan can determine if the pregnancy is still intact. An ultrasound creates an image of the uterus. This will usually show if the baby's heart is beating well. If this is the case, then the chances of miscarriage are very small, but not ruled out. An ultrasound can also often show if the amniotic sac is empty or if the baby's heart has stopped beating. An ultrasound scan can give a definite answer from approximately 7 weeks of pregnancy. Please note that the early stages of pregnancy often require an internal scan.

COURSE OF MISCARRIAGE: WAIT OR INTERVENE

There are several ways in which a miscarriage can take place, after it has been established.

- Wait until the miscarriage comes spontaneously.
- The use of drugs to induce miscarriage.
- Curettage.

WAIT

Blood loss during the 2nd or 3rd month of pregnancy is often the first sign of a miscarriage. Usually the miscarriage occurs a few days after the initial blood loss, sometimes it can take a week or even longer. Eventually all miscarriages will occur spontaneously. Gradually you will start to experience cramping pains in the uterus and the blood loss increases, like a heavy period. Over the course of several hours, the amniotic sac will separate from the uterus and will be expelled through the vagina; the miscarriage process is then complete. When a miscarriage occurs normally, the pain will cease almost immediately after this. The blood loss lessens and is similar to the last days of a menstrual period.

PAIN

The pain which is experienced during a miscarriage can vary. This can range from very severe to that similar to a menstrual period. Often it is the case that the further the pregnancy has progressed, the larger the amniotic sac is, therefore more pain is experienced. Paracetamol can be used to alleviate pains; recommended dosage is no more than 1000mg every 6 hours. Should paracetamol fail to provide sufficient pain relief then diclofenac may also be used (three times daily 25-50mg), get more information about this from your chemist. If you experience excessive pain or you may be concerned the miscarriage is not proceeding 'normally', please always contact us.

Advantages

Many women prefer to wait as a spontaneous miscarriage is considered the natural way. Another advantage of waiting is that there are no risks of (rare) complications as the result of a surgical procedure.

Disadvantages

Disadvantages can include:

- Waiting causes uncertainty, you are unsure when the miscarriage will occur.
- It can be difficult emotionally. You are still experiencing pregnancy symptoms while you know the embryo is no longer alive.
- There is a minor chance that the miscarriage is not complete. The blood loss will continue and in that case curettage will still be necessary.

MEDICATION (MISOPROSTOL / CYTOTEC)

Medication for inducing a miscarriage is only prescribed after consultation with your gynaecologist. The gynaecologist will assess and discuss with you the advantages and disadvantages of the medication. In addition, you will have an ultrasound and receive guidance on how to use the medication and the miscarriage process. By inserting tablets into the vagina a spontaneous miscarriage can be induced. The process which follows is the same as a spontaneous miscarriage, you will experience painful cramps, bleeding and finally the embryo is expelled. The experience and pain relief is the same as with a 'spontaneous' miscarriage. Approximately 50% of women will miscarry after a first dose of the drugs, with a 2nd dose the success rate is 80-90% of women. If the miscarriage is not successfully induced after administering these drugs, curettage is the last resort. The tablets are suitable to be inserted at home.

CURETTAGE

Curettage is a minor surgical procedure. Under anaesthesia, the womb is accessed through the vagina and a thin, spoon-like scraping instrument removes the womb lining. In some hospitals, the procedure is carried out without general anaesthesia; in those cases you will receive a local anaesthetic. The advantage is that you will not be left with scarring due to the procedure. Curettage is an outpatient procedure, which means that you can go home the same day. This is usually after a few hours. The surgery itself takes about 5 to 10 minutes.

COMPLICATIONS

If you are healthy, the risk of complications is very small. Curettage does not affect your chance for subsequent pregnancies.

- Asherman's syndrome rarely develops: this is where adhesions (scar tissue) form on the inside of the uterus and/or the cervix, these must be surgically removed.
- Sometimes perforation occurs: this is where the tube accidentally goes through the uterine wall. Usually this causes no negative consequences, but it may result in a slightly longer hospital stay.
- Finally it may happen that the curettage procedure fails to remove all of the dead tissue. In some cases the remaining tissue will leave the body spontaneously, if this does not happen, a second curettage should take place.

WHEN TO RING

Heavy blood loss

When you are losing a significant amount of blood (more than a large sanitary towel saturated in 30 min.) or when this is causing you to feel unwell.

Pain

A miscarriage may result in (a great deal) of pain. You may always contact us.

Persistent issues

If you continue to experience pain and/or (heavy) bright red blood loss following a miscarriage, this could mean the miscarriage is incomplete.

Fever

Fever during or shortly after a miscarriage may indicate an infection of the uterus. Please contact us if your temperature is over 38 ° C.

Concerns

If you have concerns about the progress of the miscarriage or you need to consult with us, you can always ring us. In events such as above please ring us on our emergency number: **06-49 777 349**

PHYSICAL AND EMOTIONAL RECOVERY

The physical recovery from a miscarriage doesn't usually take a very long time. Although there might still occur some blood loss during the first couple of weeks. It is recommended not to have intercourse until the blood loss has completely ceased. After which the body has recovered sufficiently to conceive again. The first menstruation usually occurs after approximately six weeks. There is no medical reason why you should wait until your next menstruation before trying to conceive again.

Many women experience psychological difficulties after having suffered a miscarriage. The miscarriage shatters the hopes for a particular future by suddenly ending all plans and fantasies about the expected child. It may be a comforting thought to know that the pregnancy had been suffering issues from the beginning and that nature has 'solved' the problem. And that this is not an event you could have influenced or prevented. Dealing with a miscarriage is a very personal matter; everyone processes this in his / her own way. Also it is difficult to say how long this process would take, it is different for everyone.

Women who become pregnant again after a miscarriage usually consider this good news. But often feel insecure and anxious during the first term, will all go well this time?

A NEW PREGNANCY

If you are planning to conceive again following a miscarriage, it is recommended to live as healthy as possible. Eat healthy and varied, don't drink or smoke excessively. Even if you are strictly following these rules, it is not guaranteed you will prevent a miscarriage. Every woman who is planning to conceive (again) is advised to take 0.4 mg of folic acid daily. Contact us immediately when you are pregnant again, we can discuss and plan your first ultrasound. Becoming pregnant again following a miscarriage is especially exciting, that is why we offer the first ultrasound at 8 weeks.