



FACING A MISCARRIAGE



Learning that your pregnancy has stopped growing can be an emotional and confusing time. There are ways to manage your miscarriage. Understanding the choices available and making a decision that is best for you is an important part of healing. Based on your needs and the doctor's recommendations, your plan of care will be guided by Early Pregnancy Loss Program nurses.

The plan is flexible - you can choose one option to start and then go to another. Studies show that your chances of getting pregnant again are not changed by how your miscarriage happens. Infection is rare (less than 3 percent) with all of the options. Follow-up care is provided to make sure your miscarriage is complete. Bleeding and cramping decreases once the miscarriage occurs, and by 10 to 14 days after, should be minimal.

OPTIONS FOR MANAGEMENT

Detailed information sheets are available for each of these options.

EXPECTANT MANAGEMENT

Expectant management is also known as “watchful waiting,” spontaneous or natural miscarriage. Many women safely miscarry at home. Knowing what to expect when the bleeding and cramping start, and when it may be necessary to go to the hospital, may help with some of the fear of the unknown.

Considerations:

- A natural process in response to a pregnancy that has stopped growing.
- Able to be in your own home with support from family, friends, and Early Pregnancy Loss Program nurses.
- Length of time for the process to begin can vary from a few days to several weeks.
- Most women experience warning signs of light bleeding and cramping prior to the miscarriage occurring.
- Pain medication can be used to help relieve the discomfort from cramping or backache.
- A small number of women will have very heavy bleeding with a miscarriage and need to go to the hospital for care.

MEDICAL MANAGEMENT

The medication (*misoprostol*) is used to encourage uterine cramping that will lead to the miscarriage. It is easily inserted into the vagina and is about 60% effective with one dose and up to 85% effective after a second dose. The Early Pregnancy Loss Program nurses will provide a prescription for the medication and detailed teaching on what to expect.



Considerations:

- Being able to plan your miscarriage at a time that best meets your needs.
- Being in your own home with support from family, friends, and Early Pregnancy Loss Program nurses.
- *Misoprostol* usually begins to work within 4 to 12 hours, but it can vary. You should set aside 2 to 3 days for the appointment and the miscarriage.
- Possible side effects of *misoprostol* include nausea and diarrhea. Less common side effects are headache, dizziness, chills, rash, fever.
- A small number of women will have very heavy bleeding with a miscarriage and need to go to the hospital for care.

SURGICAL MANAGEMENT (D&C)

Dilation and Curettage (D&C) is a procedure done in the Operating Room by a gynecologist. This procedure is not necessary for everyone. It involves opening the cervix (dilation) and removing the pregnancy tissue. A D&C is booked as a day surgery procedure. Sometimes an urgent D&C may be needed if a woman has very heavy bleeding.

Considerations:

- A booked D&C can usually be arranged within 1 week. A pre-admission appointment is required. Discharge from the hospital is usually within a few hours after the procedure is done.
- Like any surgical procedure, there are possible risks with a general anesthetic.
- Complications are rare with a D&C. Possible risks include infection, trauma to the uterus or cervix, or a small amount of tissue may stay inside the uterus.

FOR ALL MANAGEMENT OPTIONS:

PROCEED TO AN EMERGENCY DEPARTMENT IF YOU:

- Have very heavy vaginal bleeding (soaking through 4 maxi pads in 2 hours).
- Have dizziness (not relieved with resting) or fainting.
- Do not get better as expected or you cannot manage at home.

SEE A PRIMARY HEALTHCARE PROVIDER FOR ASSESSMENT IF YOU:

- Have signs of infection, such as:
 - New, increasing, or foul-smelling vaginal discharge.
 - Fever over 38°C; chills.
- Are not able to drink fluids.
- Have pain that does not get better after you take pain medication.
- Have prolonged bleeding and cramping (over 2 weeks).