

First trimester miscarriage

Loss of pregnancy can be a sad and distressing experience and we would like to express our sympathy to you during this difficult time. Over the next few days you will have many questions and concerns. This leaflet will help to answer the most frequently asked questions following a first trimester (up to 13 weeks of a pregnancy) miscarriage. However, if you have any other questions or would prefer to talk with a member of the nursing or medical staff please contact us on 0118 322 7181; we will try our best to help you.

What is first trimester miscarriage?

This is the term used to describe the unexpected loss of a pregnancy within 13 weeks of conception.

What are the types of miscarriage?

- **Complete miscarriage:** where bleeding has ended and the womb is empty. No further treatment is necessary.
- **Incomplete miscarriage:** where bleeding occurs but some pregnancy tissue remains within the womb.
- A miscarriage that occurs before miscarriage symptoms (bleeding/abdominal pain) have started is called a **missed miscarriage**. Missed miscarriages are found during an ultrasound scan where the pregnancy is no longer growing and/or no heartbeat is found.

What are the treatments for miscarriage?

The Emergency Gynaecology Unit staff will talk with you about the options available for managing your miscarriage, but this leaflet covers: expectant/conservative management; surgical management; and medical management.

Expectant or conservative management (leaving things to nature)

- Bleeding may continue for up to 3 weeks
- It is impossible to know when the process (bleeding) will start in a missed miscarriage.
- Please see the separate leaflet – [Conservative management of miscarriage](#).
- We normally give you a follow-up appointment after 2 weeks, by which time most miscarriages will be complete.

Surgical management of miscarriage (SMM)

- This procedure usually completes the miscarriage process immediately.
- The procedure is performed under a general anaesthetic (you are asleep).
- There is no routine follow up after SMM
- Please see the separate leaflet – [Surgical management of miscarriage \(SMM\)](#).

Manual Vacuum Aspiration (MVA)

- This is similar to SMM but undertaken under local anaesthetic in the early pregnancy clinic
- See separate leaflet – [Manual vacuum aspiration \(MVA\)](#)

Medical management of miscarriage

- A combination of oral and vaginal medication is used to help complete the miscarriage process.
- It is usually used for **missed** miscarriages because it starts the miscarriage process soon after taking the medication rather than waiting for bleeding to start naturally.
- Please see the separate leaflet – [Medical management of miscarriage](#).

What should I expect during the miscarriage process?

- During expectant and medical management of miscarriage you are likely to experience strong 'period type' pain and heavy bleeding, sometimes with clots.
- Painkillers such as paracetamol and ibuprofen should help.

When should I seek help during or after the miscarriage process?

- If you are worried for any reason.
- If you are not managing with the pain (if the pain is severe and painkillers such as paracetamol and/or ibuprofen do not ease the pain and/or if you feel unable to cope).
- If the bleeding becomes very heavy (when you are **passing clots the size of the palm of your hand** or you need to change your sanitary towel **after 30 minutes**).
- There is an unpleasant smelling discharge.
- You have a fever – high temperature (37.5°C or above).

If you experience any of these please contact the Early Pregnancy Unit 0118 322 7181

Is there a risk of infection?

The risk of infection is small and occurs in 2 to 3 out of 100 women. If this occurs, you may require treatment with antibiotics.

Why did I miscarry?

- About one in four early pregnancies will end in miscarriage.
- It is not possible to give a definite answer as to what causes a miscarriage.
- When you fall pregnant, the baby takes half its genes from the sperm and half from the egg.
- At the time the sperm joins with the egg, some of this genetic information is lost and sadly the pregnancy starts to fail from that point on.
- It is extremely unlikely that anything you did caused the miscarriage.

What can increase my risk of miscarriage?

- Multiple pregnancy (carrying more than one baby).
- Advancing age (there is an increased risk of miscarriage in women above the age of 35).

Compassionate

Aspirational

Resourceful

Excellent

- Poorly controlled diabetes.
- High fever (over 100F / 40°C).
- Smoking (30-50% increased risk).
- Drinking more than 2 units of alcohol per week.
- Drug misuse (particularly cocaine).
- Rare auto-immune diseases.
- Rare chromosome diseases.
- Infections such as Rubella, Toxoplasmosis, cytomegalovirus.

Will I miscarry again?

After one miscarriage most women will go on to have a normal pregnancy. However, it is not uncommon for women to experience more than one miscarriage.

Is there anything I can do to stop another miscarriage?

Unfortunately, there is nothing you can do to prevent most miscarriages. If you have bleeding in a future pregnancy there is evidence that progesterone supplements can help reduce the risk of miscarriage. Your GP will be able to refer you to the EPU for a scan and a discussion about if this treatment is right for you.

Leading a healthy lifestyle is recommended:

- Start taking folic acid as soon as you plan to conceive.
- Take regular exercise.
- Eat a healthy diet.
- Avoid smoking.
- Avoid illegal drug use.
- Cut down on alcohol.
- Keep your weight to within normal limits.

Are there any complications after a miscarriage?

A miscarriage can have emotional impact, not only on a woman but also on her partner, friends and family. This can happen immediately after the miscarriage or weeks later.

The most common emotions that are felt after a miscarriage are grief and bereavement.

They can cause physical and emotional symptoms such as tiredness, loss of appetite, depression and difficulties in concentrating and sleeping.

If you are experiencing these symptoms, speak to your GP who will be able to give advice on counselling services.

How soon after miscarrying can I have sex?

We advise that you avoid sex until all bleeding and pain has settled and you feel ready emotionally.

How long should I wait before trying for another baby?

- You may try again when you feel ready.
- We do advise that you wait until you have had a normal period. This should come within 4-6 weeks of your miscarriage, providing your periods were regular before. If your periods are irregular, it may take longer.
- The first period following a miscarriage can often be heavier and more painful than normal.
- If you would rather wait for a while before trying again we would advise that you start any contraception as soon as possible.

When can I go back to work?

It is advisable to rest for a week but the decision to go back to work depends on how you feel and the type of work that you do.

If you have decided to have SMM, please see the separate leaflet, [Surgical management of miscarriage \(SMM\)](#).

Where can I get more information?

The Miscarriage Association is a UK national charity, which gives support and information on the subject of pregnancy loss. Their website is: www.miscarriageassociation.org.uk

Further information can be found on the following websites;

- <https://www.nhs.uk/common-health-questions/pregnancy/how-can-i-increase-my-chances-of-getting-pregnant/>
- <https://www.fpa.org.uk/pregnant-or-trying-get-pregnant>
- The government has issued Baby loss certificates to formally recognise the loss of a pregnancy below 24 weeks. This is optional, more information can be found on the website below
[Request a baby loss certificate - GOV.UK \(www.gov.uk\)](#)

Contact us

If, after you have gone home, you have any questions or concerns; please call the Early Pregnancy Unit where the staff will be happy to help you. **Tel: 0118 322 7181 (24 hours a day, 7 days a week)**

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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