



Early Pregnancy Loss

What is a miscarriage?

A miscarriage is the natural death of an embryo or a fetus before it can live independently outside the womb. Miscarriage, often referred to in medical terms as a spontaneous abortion, is a common event in the first trimester, occurring in 20% to 25% of all pregnancies. Symptoms may include vaginal bleeding, abdominal pain or cramping.

Most of the time, the cause of a miscarriage is not known. There may be something wrong with the egg, the uterus, the hormones that help a pregnancy to continue, or with chromosomes.

Once the miscarriage has been confirmed, it cannot be reversed with a medical intervention. Having a miscarriage has no impact on one's fertility or ability to have healthy pregnancies in the future.

What to expect during your Emergency Department (ED) visit

If you are experiencing an early miscarriage, you will be treated at the Jewish General Hospital (JGH) Emergency Department.

During your stay in the ED, you can expect to be evaluated by the nursing and medical team. A blood test and, most likely, an ultrasound will be performed. A member of the consulting gynecological team might also visit you.

The doctor will discuss various treatment options with you and together, you will determine which is the best option for you.

Treatment for miscarriage

Various treatment plans may be offered to you, depending on the stage of your pregnancy. They are:

1 • Expected management (waiting for the embryo to pass naturally)

When a woman has a miscarriage, her body can naturally pass all of the contents of the uterus. This can sometimes take several days. A follow-up appointment at your obstetrical clinic or with your family doctor is needed to ensure that all tissue has been passed.

At this appointment, an ultrasound and/or blood test might be performed. If the miscarriage is confirmed as incomplete, medical or surgical treatment may have to be provided to prevent infection.

2 • Medical treatment

Treatment with medication most commonly misoprostol (Cytotec) —can induce contractions, causing the pregnancy tissue to pass. This is performed at home, and a follow-up appointment takes place in a clinic about ten days later. In some cases, heavy bleeding and pain can last for several hours. Pain and anti-nausea medications may be prescribed.

3 • Surgical treatment: Dilation and curettage (D&C)

The D&C procedure is generally performed in the operating room. It lasts 10 to 15 minutes and you will be given medication to decrease pain and help you relax. During the procedure, a small tube is used to remove any remaining pregnancy tissue. In some cases, a patient is asked to take medication a few hours before the D&C to soften the cervix.

After the procedure, you may experience mild pain in the pelvic region. To relieve the pain, you can take acetaminophen (Tylenol®) or ibuprofen (Advil®) as directed, and/or apply heat in the pelvic region with a hot water bottle.

In all methods of managing a miscarriage, you may continue to experience fatigue, nausea, breast tenderness or other pregnancy symptoms. They might continue for about 1-2 weeks, as your body slowly eliminates all pregnancy hormones.

If you have any questions about family planning, or about when you can resume sexual intercourse, you can speak with your physician during your follow-up visit.

You should return to the ED if:

- You experience fever, chills, or malaise for more than 24 hours.
- You have intense abdominal pain that does not stop after you have taken acetaminophen (Tylenol®) or ibuprofen (Advil®).
- You have heavy bleeding, requiring you to change your sanitary pad every hour, for six hours.
- You have foul-smelling vaginal discharge or pain and burning during urination.
- You feel faint or dizzy.
- You experience feelings of deep sadness and/or depression, or you feel suicidal or want to harm yourself and/or others.

Feelings you may experience

Miscarriage can be a very distressing experience. Apart from possibly evoking many negative emotions physical symptoms can occur when a pregnancy is lost.

There is no right or wrong way to feel after a miscarriage. You may feel a variety of mixed emotions for several weeks or longer depending on the circumstances of your loss. Grieving your loss is a healthy, normal response. You and/or your partner may grieve entirely differently than other people or even differently from each other.

Feelings can vary, depending on the person, but common reactions include shock, numbness, feeling like a failure, sadness (with crying), anger, guilt, loneliness and constant tiredness.

You may be sleeping a great deal or not enough, and you may find it painful to see pregnant women, babies or anything having to do with motherhood.

Support

During your time at the JGH, an interdisciplinary team of healthcare professionals can support you through your loss. Do not he sitate to ask for assistance at any time.

Once you leave the hospital, you can look for support from your partner, friends, family, or various support groups to help you through this difficult time. It is important to remember that your emotions will vary from day to day for an indefinite period of time.

If you lack support, you should contact your local CLSC to speak with a nurse or social worker. You can also contact the JGH Emergency Department's Social Services team, at **514-340-8222**, extension **25329**.

Support groups

- Quebec Association of Parents Living in Perinatal Loss (French/English) 514-686-4880 www.parentsorphelins.org
- Healing Together (English only) West Island Women's Centre 514-781-8529 outreach@wiwc.ca
- Silent Sorrow (English only) Monkland Medical & Professional Centre 514-266-0531 info@ndgtherapy.com
- Groupe Mes anges (French only) Clinique du deuil périnatal 450-978-8300, ext. 18349
- BedonZen (French only) 514-216-8790 info@bedonzen.com
- Poussière d'étoiles (French only) 450-492-1257 info@carrefourfamilialdesmoulins.com