

# The Miscarriage Association



*acknowledging pregnancy loss*

**We are sorry that  
you have had a  
miscarriage**

*“The experience of miscarriage is a very lonely one.  
Here is help, understanding and friendship.”*

*Sheila Kitzinger, MBE*

## About this leaflet

A miscarriage can be a distressing experience. Apart from the emotional upset of losing a baby, your body<sup>1</sup> has been changing in pregnancy and now has to return to normal. Changes inside your body can also affect the way you are feeling.

This leaflet has been written with the help of members of The Miscarriage Association who have been through miscarriage themselves. We hope that it will help by sharing some common feelings and by answering some of your questions.

## Your feelings

### ***I feel very upset and depressed. Is this normal?***

When you started to miscarry, you probably felt both frightened and helpless, as there is usually nothing you can do to prevent it happening. Some women recover quickly, others take a long time. Some cope well at the time, but find a great sadness engulfs them later on. You have lost a baby – you are very likely to feel sad and you may need time to grieve. Don't expect too much of yourself. You may never forget the baby you have lost, but the pain will get easier.

Many women are left with feelings that they find difficult to cope with and talk about. Not everyone is the same, but many women experience some of these feelings:

- *Shock*
- *Anger*
- *A feeling of emptiness*
- *Sense of bereavement*
- *Sadness and crying*
- *Depression*
- *Loss of interest in everyday life*
- *Loss of concentration*
- *Constant tiredness*
- *Feelings of guilt and failure*
- *Sleeping too much or too little*
- *Isolation and loneliness*
- *Lack or loss of interest in sex*
- *Talking about it all the time, or finding it too painful to discuss*
- *Pain or jealousy at the sight of pregnant women, babies or anything to do with motherhood*

Many people find that these feelings arise or come back some time after the miscarriage. This may be on the date the baby was due or the anniversary of the loss. It may help to talk about your feelings with your partner, with friends and, if possible, with others who have had similar experiences. The Miscarriage Association is always happy to give support and help to anyone who needs it.

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<sup>1</sup>Although we address this leaflet to the woman who has miscarried, we hope that it will also be helpful to her partner.

# Close relationships

## **Your partner**

Your partner is likely to feel upset because of the distress you have gone through, as well as for the loss of your baby. You may be able to support each other very well, and may even feel that this experience has brought you closer together. However, grief can put a strain on even the closest relationships, especially over time. Just when you need each other most, it may be difficult to offer each other support.

You and your partner may both be upset but in different ways or at different times. For example, one of you might want to talk, the other may want silence or simply find it hard to express feelings. One of you may want to try for another pregnancy as soon as possible, but the other want to wait, perhaps for some months. Your partner may feel guilty because you are the one that had to go through the physical experience of miscarriage.

Sometimes partners feel powerless to help. Some concentrate on "being strong". The downside is that they may end up feeling isolated, with no-one to talk to. They may also hide their feelings so well that they appear not to care. (See also the leaflet *Men and Miscarriage*.)

Some couples experience very different feelings about a miscarriage. If you are much more upset than your partner, then s/he may struggle to understand why life is not "back to normal" and why it is taking you a long time to come to terms with the loss. This can cause a lot of tension and arguments at what is already a difficult and distressing time.

Sadly, it may be that your partner is unsympathetic to your loss, or that you don't have a partner. Perhaps your relationship has broken down as a result either of your pregnancy or of the miscarriage and you are facing the loss of both your baby and your partner. This can leave you feeling very lonely and unsupported and it may be even more important to find support from someone else (see page 8).

## **Children**

Children often notice when something is wrong, especially if a parent or someone close to them is upset. You may want to think about telling them what has happened, even very simply, especially if they knew you were pregnant. You may find it helpful to read the Miscarriage Association leaflet *Talking to children about pregnancy loss*.

### ***Grandparents and other relatives***

Potential grandparents could also be grieving over the loss of their grandchild, whilst at the same time feeling concern for you. If they try to comfort you, they may say all the wrong things, even though they mean well. They may have difficulty understanding your feelings. Sadly, they may even seem to blame you, suggesting that the miscarriage is somehow your fault. Perhaps showing them this leaflet might help.

### ***Some people avoid the subject of my miscarriage, or seem to pretend it hasn't happened. Why?***

Many people find another person's loss and sadness very difficult to cope with and so they simply avoid talking about it. They may be afraid of saying the wrong thing and hurting your feelings, or worry about reminding you about it when you're trying to forget. Some people may try to cheer you up in the hope that you will get over the miscarriage quickly. Sadly, some people will just not understand the importance of your loss.

## **Remembering the baby you have lost**

Many people want to do something to remember their baby or to help them say goodbye. You may want to find out what your hospital offers.

### ***Could we have a photo of the baby?***

In an early miscarriage, you may be able to have a scan picture of your baby. In a later loss, from around 15 weeks, the hospital may offer to take photographs of the baby and will give them to you or keep them for you in case you want them later. Also in a late miscarriage, they may offer to take hand or footprints of the baby for you to keep. Some hospitals offer a memorial certificate or card after a miscarriage.

### ***Could we know the sex of the baby?***

This may sometimes be possible, but usually only in later miscarriages or as a result of certain investigations after recurrent miscarriage.

### ***Could we arrange to have a blessing said for our baby?***

You may be able to arrange for the hospital chaplain or representative of your own faith to give a short service or say a prayer for your baby. Some hospitals arrange regular services of remembrance – you may want to ask them for details.

### ***Is there anything else I/we can do?***

Your hospital may have a Book of Remembrance where you can have your baby's details entered. There may be a local Garden of Remembrance where you could arrange to have a personal memorial. You may like to plant flowers or a tree in memory of your baby, or give a donation to charity. Some people find it comforting to write a letter or a poem to their baby to express their thoughts and feelings. Do whatever feels right for you.

## The physical process

In some miscarriages the womb empties itself completely. In some cases, though, the baby dies but is not miscarried, or some pregnancy tissue is left behind. If so, the doctor may suggest that you have a small operation called an ERPC (or D&C) to empty your womb. S/he may offer the option of treatment with pills (medical management), which can start the miscarriage process. You may choose to let the miscarriage happen naturally and this process might take some time.

### ***How long will I bleed for?***

The amount of pain and bleeding varies but can depend on the size of the pregnancy and on the way the miscarriage is managed (surgically, medically or naturally). After an ERPC you may bleed, perhaps on and off, for up to two weeks and you may also have cramping pains during this time. With medical or natural management, some women have quite severe abdominal cramps as well as heavy bleeding. The bleeding and any pain should gradually become less. If they become worse, if there is an unpleasant vaginal discharge or you have a high temperature, contact your doctor as soon as possible, since these may be signs of an infection.

It is best to use pads rather than tampons during this time and not to have sexual intercourse until the bleeding stops, to avoid the risk of infection. You can bath and shower, but it is best not to swim until any bleeding or discharge has stopped.

You are likely to get your next period four to six weeks after the miscarriage. This period may be heavier than usual. It is possible to become pregnant before your period is due, so if you haven't had your period after six weeks, and if you have had intercourse, it might be a good idea to do a pregnancy test.

### ***Are there other things I should know?***

In a later miscarriage, your breasts may stay larger and may leak milk for several days. This can be very distressing. A well-supporting bra may relieve discomfort and, if your breasts are painful, you could take a mild pain-killer such as paracetamol. You may wish to ask your GP or midwife for their advice.

## Returning to normal

This varies from person to person. You may feel physically low for a week or so and it is worth taking things easy during this time, if you can. You will find that your physical strength returns gradually and you can then do whatever you feel like. If you are at all worried, consult your GP.

### ***What about doing housework or going back to work?***

This might depend on how you are feeling physically and emotionally. If you go out to work, you may find it difficult to face people and harder still to concentrate on your work. On the other hand you may find it helps to return to the routine and focus of work and you may also find comfort from the support and sympathy of colleagues.

# Causes of Miscarriage

## ***Why did I miscarry?***

Even though about one in four pregnancies ends in miscarriage, it is usually difficult to know the exact cause. It can be hard to accept that no-one can say for certain why it happened. That doesn't mean that it is your fault – your miscarriage is unlikely to have happened because of anything you did or didn't do.

## ***Could it be because I didn't stay in bed when I started to bleed?***

If you miscarried in the first three or four months, then staying in bed would not have stopped you miscarrying. Lying down can slow down bleeding but it won't stop a pregnancy from miscarrying. It is very sad but true that once a pregnancy starts to miscarry, there is very rarely anything that can be done to stop it.

The main causes of miscarriage are thought to be:

**Genetic:** In about half of all early miscarriages, the baby does not develop normally right from the start and cannot survive.

**Hormonal:** Women with very irregular periods may find it harder to conceive and when they do, are more likely to miscarry.

**Immunological:** Problems within the blood vessels which supply the placenta can lead to miscarriage.

**Infection:** Minor infections like coughs and colds are not harmful, but a very high temperature and some illnesses or infections, such as German measles, may cause miscarriage.

**Anatomical:** If the cervix (neck of the womb) is weak, it may start to open as the uterus (womb) becomes heavier in later pregnancy and this may lead to miscarriage. An irregular-shaped uterus can mean that there is not enough room for the baby to grow. Large fibroids may cause miscarriage in later pregnancy.

If you would like more information, you may find it helpful to read The Miscarriage Association leaflet *Why did it happen to us?*

Some pregnancies can be **ectopic**. This is when the fertilised egg starts to grow in the wrong place, usually in one of the Fallopian tubes. The Miscarriage Association leaflet *Ectopic Pregnancy* can provide more information.

A small number of women who miscarry are found to have had a **molar pregnancy** (hydatidiform mole). In this situation, a fertilised egg which is genetically abnormal implants in the uterus (womb) but the cells of the placenta grow very quickly and prevent it developing further. The Miscarriage Association leaflet *Hydatidiform Mole* can provide more information about this kind of pregnancy loss.

## Looking to the future: what happens next?

### ***Will I be offered any follow-up treatment?***

You may be offered a follow-up appointment at the hospital. If not, you may want to make an appointment with your GP, midwife or health visitor if you want to ask questions or talk over anything that may be worrying you. Some areas offer pre-pregnancy counselling for people who want to discuss future pregnancies.

### ***How long should we wait before trying for another baby?***

Many doctors suggest waiting until you have had one period. This makes it easier to calculate the number of weeks the pregnancy may be. If you do become pregnant earlier, the risk of having a miscarriage should be no greater than if you wait. In some cases, however, your doctor will advise that you wait for longer, perhaps because of a medical complication. Ask if you are not sure.

### ***So when is the best time to try again?***

The best time to try again is when you and your partner feel ready, both physically and emotionally. Some women feel that being pregnant helps them to get over their miscarriage. Others need to give themselves time to grieve. Don't feel that you must rush into another pregnancy if you're not ready.

### ***If I want to wait before trying for another baby, when do I need to start using contraception?***

You can ovulate (produce an egg) during the first weeks following your miscarriage. If you have intercourse you may conceive, so it is worth talking about contraception as soon as possible with your GP or Family Planning Clinic.

### ***Is there anything I should do to prepare myself for another pregnancy?***

Try to take care of yourself with a healthy diet and regular exercise. It is recommended to take folic acid supplements before trying for a baby and in early pregnancy; your chemist can provide up-to-date information. You may find it helpful to read The Miscarriage Association leaflet *Preparing for another pregnancy*.

### ***Will this miscarriage affect my chances of having a baby in the future?***

After one miscarriage, most women go on to have a normal pregnancy. Research shows that even if you have several miscarriages, you still have a good chance of having a baby.

### ***If I get pregnant I shall feel so anxious about miscarrying again.***

Many women feel like this. You may want to think how you can get extra support in another pregnancy. Some people find it helpful to have an early scan or scans, although others find this makes them more anxious. Some find that sharing their feelings and fears with someone else can help. You might want to talk to your partner, a trusted friend or your GP; to contact a support volunteer from The Miscarriage Association; or to attend a local support group.

## If you need to talk to someone

Having a miscarriage can be a very distressing experience, but it doesn't have to be a lonely one. The Miscarriage Association can help you find someone else who has been through miscarriage and who can offer you understanding and support.

We have a network of volunteer telephone contacts across the UK. These are women – and some men – who know what it is like to suffer the distress of pregnancy loss; they are not medical experts or professional counsellors. We should be able to find someone in your area whom you can call and talk to. Our out-of-hours answer-phone gives the names and numbers of contacts from different areas. They may refer you to a more local number if you would like this.

We may also be able to refer you to a miscarriage support group in your area, where people can talk about their experiences and feelings in an atmosphere of understanding and caring.

If your nearest contact is not listed below, do get in touch with us at the following address, where we keep an up-to-date list of support volunteers and groups. We will always try to be of help.

### **The Miscarriage Association**

c/o Clayton Hospital

Northgate

Wakefield WF1 3JS

Tel: 01924 200799 (Mon to Fri, 9 a.m. to 4 p.m.)

Fax: 01924 298834

Scottish helpline (answerphone): 0131 334 8883

E-mail: [info@miscarriageassociation.org.uk](mailto:info@miscarriageassociation.org.uk)

Website: [www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk)

If you need to speak to someone urgently, do remember that the Samaritans offer a 24-hour telephone line on **08457 90 90 90**

## If you would like written information

You may want to read more about miscarriage, perhaps to get information about some particular aspect of pregnancy loss. The following publications are available from The Miscarriage Association. Almost all of them can also be found on our website where you can read or download them free of charge.

### **Basic Information Pack** £6.00 (or free with membership)

*About the Miscarriage Association*

*Pregnancy loss: how you might feel*

*Why did it happen to us? – a summary of causes, tests and treatment*

*Preparing for another pregnancy*

### **Leaflets**

*Ectopic pregnancy* . . . . . **£3.00**

*Hydatidiform mole* . . . . . **£3.00**

*Investigations following recurrent miscarriage* . . . . . **£3.00**

*Pregnancy loss and infertility* . . . . . **£3.00**

*Late loss – second trimester miscarriage* . . . . . **£3.00**

*Men & miscarriage* . . . . . **£3.00**

*Talking to children about pregnancy loss* . . . . . **£3.00**

*Antiphospholipid syndrome (APS) & pregnancy loss* . . . . . **£3.00**

*Someone you know – a leaflet for family and friends* . . . . . **£2.00**

*Miscarriage and the workplace – a leaflet for employers* . . . . . **£3.00**

*When the trying stops (after pregnancy loss)* . . . . . **£3.00**

### **Fact-sheets**

*Blighted ovum* . . . . . **£2.00**

*About the cervical stitch* . . . . . **£2.00**

*ERPC (D&C)* . . . . . **£2.00**

*Anti-D (for women with Rhesus negative blood type)* . . . . . **£2.00**

### **Booklets**

*Miscarriage: the guidelines for good practice,*  
– a leaflet for health professionals, by Christine Moulder . . . . . **£4.00**

*The cervical stitch (what it's like),* by Ros Kane  
Sadly out of print, but a good quality photocopy can be supplied. . . . **£6.00**

### **Resources in other languages**

*We are sorry that you have had a miscarriage* . . . . . **£2.00**  
Bilingual leaflet in English and: Arabic/Bangla/Gujerati/Polish/  
Punjabi/Turkish/Urdu

### **M.A. merchandise**

Russian doll pin badge, enamel . . . . . **£2.45**

Trolley key-ring, with Russian doll logo . . . . . **£2.95**

**All prices include postage and packing**

## Perhaps you would like to join The Miscarriage Association

*“I want to thank The Miscarriage Association for being there for me. The newsletters have been like a lifeline, and it was through reading those personal accounts that I plucked up the courage to go to the local support group.”*

The Miscarriage Association aims to provide information and support to anyone who is affected by the experience of miscarriage, ectopic pregnancy or molar pregnancy. We work with the media to raise public awareness of this issue and with health professionals to promote good practice in caring for patients who lose a baby in pregnancy.

Membership of The Miscarriage Association is open to all those who are concerned about pregnancy loss and are in agreement with our aims and objectives. By becoming a member, you will be helping The Miscarriage Association to reduce the distress associated with pregnancy loss.

In addition, you will receive:

- a year's subscription to our quarterly newsletter, which contains news, information and members' personal accounts
- a free basic information pack
- our booklist
- an invitation to the annual Members' Day, with the opportunity to hear excellent speakers and meet others who have experienced pregnancy loss
- an invitation to the Annual General Meeting, where members elect the national Board of Trustees and influence policy
- a copy of the Annual Report and Accounts

### **Gift Aid – making your money go further**

*giftaid it*

Membership fees are a vital source of income for The Miscarriage Association. If you are a UK taxpayer, you can increase the value of your subscription to The M.A. by up to 28% at no cost to you – just tick the **Gift Aid** box on the application form on the facing page.

To qualify for Gift Aid, what you pay in income tax or capital gains tax must at least equal the amount we will claim on your membership fee and any donations you make in the tax year.

# Application for Membership

Date.....

*\*delete where applicable*

I/we\* would like to join The Miscarriage Association<sup>1</sup>

Name: .....

Address: .....

.....

.....

..... County: .....

Postcode: ..... Tel: .....

I/we enclose a cheque/postal order\* for £.....for membership fees for one year.

**or**

I/we wish to pay my/our membership of £..... by Visa/Access/Mastercard\*:

Card no: ..... Expiry date: ..... Issue No. ....

Fees:	Individual/couple (UK)	£20
	Individual/couple (UK), unwaged/on benefit	£5
	Individual/couple (abroad, incl. Eire)	£25
	M.A. Support Group (registration only)	Free
	M.A. Support Group (1–5 newsletters)	£22.50
	Other support groups and organisations	£30

Cheques and postal orders should be crossed ***a/c payee only*** and made payable to The Miscarriage Association.

Please send me details about paying my membership by Banker's Order

*giftaid it*

I would like my membership fee and any donation I make to be considered as a **Gift Aid** donation

<sup>1</sup>The Miscarriage Association is a registered charity and a company limited by guarantee. Should the company be wound up, I promise to pay the sum of £1 towards its debts if asked to do so.

Please send membership application form to:

**The Miscarriage Association**  
**c/o Clayton Hospital**  
**Northgate**  
**Wakefield**  
**West Yorkshire WF1 3JS**

**The Miscarriage Association**  
**Tel: 01924 200799**  
**Monday to Friday**  
**9 a.m. to 4 p.m.**

Please tick if you have already received the basic information pack

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