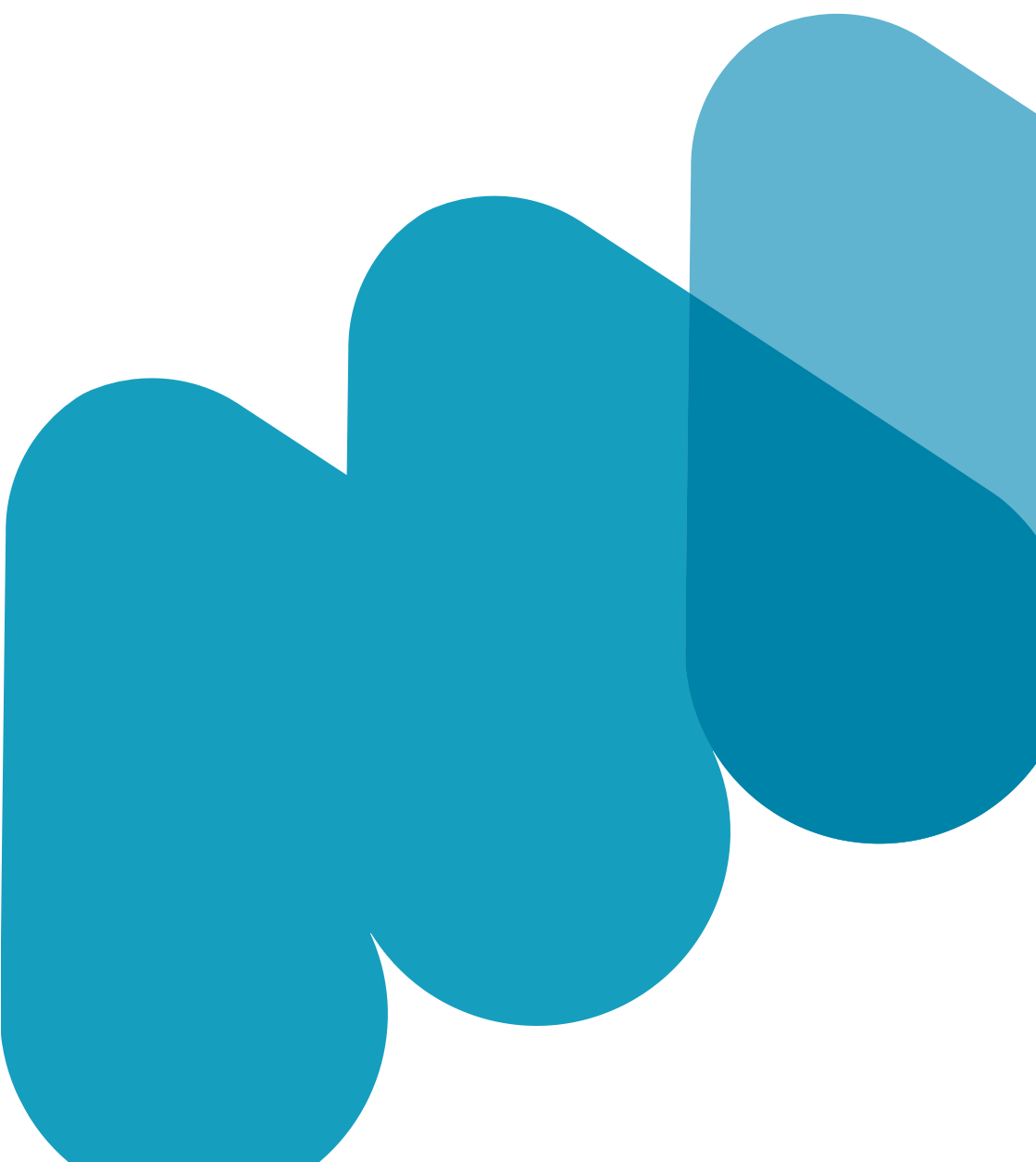




MISCARRIAGE
ASSOCIATION

The knowledge to help

Your miscarriage



Miscarriage can be a very distressing experience. Apart from the emotional upset, you have to cope with the physical trauma of the miscarriage. And you have to face the loss of all the pregnancy meant to you as your body returns to normal*.

Your feelings

There is no right way to feel after miscarriage. While some women recover quickly, others take a long time. Some cope well at the time but find the pain of their loss hits them later.

You have lost a baby, so you will probably feel sad and may need time to grieve. That pain will lessen in time, although the memory of your loss may stay with you always.

Everyone's feelings are different, but many women experience some of these:

“ In the scan room, I expected to see our baby kicking and waving. Instead there was nothing. We're completely devastated. ”

- Shock
- Feeling numb
- Sadness and crying
- A sense of loss
- Feeling 'empty'
- Depression
- Anger
- Guilt
- Feelings of failure
- Feeling isolated and lonely
- Taking little interest in everyday life
- Finding it difficult to concentrate
- Feeling tired all the time
- Sleeping too much or too little
- Having no interest in sex
- Talking about the miscarriage all the time...
- ... or finding it too painful to discuss
- Finding it painful to see pregnant women, babies or anything to do with motherhood
- Acceptance – a feeling that 'these things happen'.

** We have written this leaflet as if we are talking to the woman who has miscarried. We hope it will also be helpful for her partner, family or friends.*

You may have some of these feelings for the first time some time after the miscarriage. Or they may come back later – perhaps around the time the baby is due or on the anniversary of the miscarriage.

It may help to talk about your feelings with your partner, your family and your friends. You may also find it helpful to talk to other women who have had miscarriages. The Miscarriage Association can put you in touch with such women; we can also help by giving you support and information (see page 10).

You may find it helpful to read our leaflet *Your feelings after miscarriage*.

“ I work in a hospital so see pregnant women and tiny babies all the time and it's heart-breaking. I get so jealous and think, why not me? ”

“ We've been through so much together. I wouldn't wish miscarriage on anybody, but it did bring us closer together. ”

Your partner, family and friends

What about my partner?

Apart from grieving for the baby, your partner may feel upset about your pain and distress. You may be able to help each other and even feel closer as a result.

But grief can put a strain on even the best relationships. Your partner may not know how to react. And just when you need each other most it may be difficult to say or do the right things.

Some partners focus on 'being strong'; but they can end up feeling lonely and isolated. Some hide their feelings so well that they seem not to care at all (see our leaflet 'Partners Too').

Some couples don't share the same feelings about a miscarriage. If you are much more upset, your partner may struggle to understand why you aren't getting 'back to normal'. This can lead to tension and rows at what is already a difficult time.

Perhaps your partner is unsympathetic about the loss; or you don't have a partner. Your relationship might have broken down, perhaps because of the pregnancy or the miscarriage; and this can feel like a double loss.

These situations can leave you feeling very lonely and you may need additional support (see page 10).

What do I tell my children?

Children often notice when something is wrong, especially if a parent is upset. You may want to tell them something about what has happened, especially if they knew you were pregnant.

The book *Goodbye Baby* is specially written to help young children talk about miscarriage¹. You may also find it helpful to read our leaflet *Talking to children about pregnancy loss*.

What about other relatives and friends?

Many people find other people's sadness hard to cope with and talk about.

Your parents and your partner's parents may be mourning the loss of their grandchild and worrying about you at the same time.

Family and friends may say the wrong things even if they mean well. Some will avoid talking about your miscarriage altogether. Others may try to cheer you up in the hope that you will get back to normal more quickly.

Sadly, some people will just not understand what your loss means to you. They may think it's 'for the best' perhaps because of your age or personal circumstances. This can be very upsetting and you may need support from others who understand.

“People say ‘Well at least it wasn’t a proper baby’, which is just an awful thing to say – it was still my baby.”

Treatment and recovery

There are different types of miscarriage. Sometimes the uterus (womb) empties itself completely. But sometimes the baby dies and is not miscarried, or some pregnancy tissue is left behind.

If this happens, your doctor may suggest a minor operation to remove the remains of your pregnancy. Or you may be offered treatment with pills to start or complete the miscarriage. Or you may decide to wait for the miscarriage to happen naturally.

It might help to read our leaflet *Management of miscarriage*.

When will the pain and bleeding stop?

There is no hard and fast rule. It can depend on how late in the pregnancy the miscarriage happened and how it was managed.

If you had an operation you may bleed on and off for up to two weeks. You may also have cramping pains during this time.

If you had a natural miscarriage, or pills to help the process along, you might have quite bad cramping pains as well as heavy bleeding and clots.

“When I was told I had lost the baby I just wanted it to be all over as soon as possible. I was booked in immediately and had the op the following day. I recovered physically within a couple of weeks.”

The bleeding and pain should gradually ease off. If they get worse, or you have a vaginal discharge that looks or smells bad, or if you have a high temperature, you should contact your doctor. These can be signs of infection and if so, you will need treatment.

While bleeding continues, you can reduce the risk of infection by using pads rather than tampons, and avoiding sex. During this time, it's fine to bath or shower but best not to go swimming.

You are likely to get your next period 4-6 weeks after the miscarriage. It may be heavier than usual. You can still get pregnant beforehand; so if your period hasn't arrived after six weeks, it might be a good idea to have a pregnancy test.

“I was told it would be like a heavy period with cramps and may go on longer than usual. In fact I was shocked by the amount of bleeding and I also needed strong pain-killers.”

Why do I feel so tired?

Having a miscarriage can be physically and emotionally exhausting. You may feel unwell for a week or more, especially if you are bleeding heavily; and you may need to rest and sleep more than usual.

Eating foods rich in iron can help; some examples are red meat, eggs, sardines, spinach and cereals like Weetabix®.

When can I go back to work?

Again, there are no hard and fast rules. Some people take longer to recover than others and need more time off work.

You might find it hard to face people and harder still to concentrate on work. Or you may gain comfort from the routine of work and the support of your colleagues.

Our leaflet *Miscarriage and the workplace* may be of help to you and your employer.

What else do I need to know?

After a late miscarriage, your breasts may stay larger for several days. They may also leak milk, which can be very upsetting.

A well-supporting bra may make you feel more comfortable. If your breasts are painful, a mild painkiller like paracetamol should help. You may want to get advice from your GP or midwife.

“After three days, my milk came in. That reminded me even more of my lost baby.”

Causes of miscarriage

Why did it happen to me?

Miscarriage is common, affecting about one in every four pregnancies. But doctors don't usually know exactly why it happened; and this can be hard to accept.

It may help to know that it's very unlikely that anything you did – or failed to do – caused your miscarriage.

Could I have stopped it?

Almost certainly not. If you miscarry in the first three or four months, staying in bed might slow the bleeding but can't save the pregnancy. The fact is that once a miscarriage starts it is almost impossible to stop.

What are the main causes?

The known causes of miscarriage include:

Genetic

This is when the baby doesn't develop normally from the start and can't survive. This is the cause of more than half of early miscarriages.

Hormonal

Women with very irregular periods may find it harder to get pregnant; when they do get pregnant they are more likely to miscarry.

Blood-clotting problems

Problems in the vessels that supply the placenta with blood can lead to miscarriage.

Infection

Minor infections like coughs and colds are harmless. But very high fevers and some illnesses may cause miscarriage.

Anatomical

- If your cervix (the bottom of the uterus) is weak, it may start to open too early and cause a miscarriage;
- If your uterus has an irregular shape there may not be enough room for the baby to grow;
- Large fibroids (harmless growths in the uterus) can lead to miscarriage in later pregnancy.

For more information it may be helpful to read our leaflet *Why me?*

What about ectopic and molar pregnancies?

Ectopic pregnancy is when the fertilised egg starts to grow in the wrong place, usually one of the fallopian tubes.

Molar pregnancy (also called 'hydatidiform mole') is a rare problem that can happen when an abnormal fertilised egg starts to grow in the uterus. The cells that should become the placenta grow too quickly and leave no room for a baby to develop.

For more information, see our leaflets *Ectopic pregnancy* and *Molar pregnancy*.

Remembering your baby

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

Can we have a memento of the baby?

If the miscarriage was early but you had a scan first, you may be able to get the scan picture.

After a late miscarriage (from about 15 weeks), staff in the hospital may offer to take photos of the baby and hand or footprints. If you can't face these at the time, they can keep them in case you want them later.

Some hospitals offer a memorial certificate or card after a miscarriage.

Can we know the baby's sex?

This is sometimes possible, but usually only after late miscarriages. Sometimes tests after recurrent miscarriage may show whether the last baby was a boy or a girl.

What about a blessing for the baby?

You may be able to get the hospital chaplain to hold a short service or say a prayer for your baby. Or you could ask a representative of your own faith. Some hospitals arrange regular services of remembrance for babies who have miscarried or died.

“ I am having a service at the hospital chapel today to name and bless my baby. Only time will help with the pain, but I am glad to be getting the chance to say goodbye. ”

What else can we do?

You may find some of these ideas helpful:

- Ask whether the hospital has a book of remembrance, where your baby's details can be recorded;
- Find out whether there is a local garden of remembrance, where you could arrange a personal memorial;
- Plant flowers or a tree in memory of your baby;
- Make a donation to a favourite charity;
- Write a letter or poem to your baby;
- Write a message to add to our virtual forget-me-not meadow. (at www.miscarriageassociation.org.uk)

“ We never knew whether our baby was a boy or a girl, so we chose the name 'Lee'. It helps, somehow. ”

Looking to the future

What about follow-up treatment?

You may be offered a follow-up appointment at the hospital. If not, you may want to see your GP, midwife or health visitor about any questions or worries.

Some areas offer pre-pregnancy counselling for people who want to talk about future pregnancies.

How long should we wait before trying again?

The usual advice is to wait until after your first period. This makes it easier to work out the date of conception.

Your doctor may advise you to wait for longer if you've had particular problems or are waiting for tests.

If you *do* get pregnant in that first cycle, that's not going to make you more likely to miscarry. There is even some evidence that conceiving in the first six months after a miscarriage actually lowers your risk of miscarriage next time.²

So when's the best time?

It's when you and your partner feel ready, both physically and emotionally. Some women find that being pregnant again helps them to recover from the miscarriage. Others need more time.

What about contraception?

It's possible to get pregnant before your first period. So if you want to wait, it's worth talking about contraception with your GP or family planning clinic.

How should I prepare for the next pregnancy?

Try to take care of yourself with a healthy diet and lifestyle. For more detail, see our leaflet *Thinking about another pregnancy*.

What are the chances that I'll have another miscarriage?

After one miscarriage most women go on to have a normal pregnancy. Even after several miscarriages you still have a good chance of having a baby next time.

How can I cope with the fear of miscarrying again?

Pregnancy after miscarriage can be a very anxious time. You may want to think about getting extra support in your next pregnancy to help you through.

Your GP or Early Pregnancy Unit may offer you an early scan next time. Some women find this helpful, but others feel it would make them more anxious.

Sharing your feelings and fears with other people might help. You could try your partner, a trusted friend or your GP. Or you could contact the Miscarriage Association and/or use our internet support forum (see *page 10*).

How the Miscarriage Association can help

Miscarriage can be a distressing experience but it doesn't have to be a lonely one.

The Miscarriage Association can offer support, help and information. You can call our helpline, email or write to us.

We can also put you in touch with others who have been through similar losses. We have a network of volunteer telephone contacts across the UK.

These aren't medical experts or professional counsellors; they are women – and some men – who have been through miscarriage, ectopic pregnancy or molar pregnancy themselves.

We may also be able to refer you to a miscarriage support group in your area. Here you can talk about your experiences and feelings in an atmosphere of understanding and care.

“With the right support and with time, things did get better. I'll never forget my losses but I'm learning to live with what happened and accept it.”

If your nearest contact is not listed in the white box below, do get in touch with us and we will try to help.

You can also register for on-line help through our internet support forum, accessed through our website.

If you need to speak to someone urgently at any time, the Samaritans offer 24-hour telephone support on 08457 90 90 90.

References

¹ *Goodbye Baby*, by Gillian Griffiths, published by St Andrew Press, May 2010, ISBN:978-0-7152-0940-0

² Love E, Bhattacharya S, Smith NC, Bhattacharya S. *Effect of interpregnancy interval on outcomes of pregnancy after miscarriage: retrospective analysis of hospital episode statistics in Scotland*. *BMJ* 2010; 341:c3967

Need to talk to someone who understands?

Call our support line on 01924 200799. Monday to Friday, 9am-4pm

Or email info@miscarriageassociation.org.uk

More information from the Miscarriage Association

The publications listed below can be ordered by post; almost all of them can also be downloaded free of charge from our website.

Item	Cost
<ul style="list-style-type: none">Basic information pack: <i>Your miscarriage (this leaflet)</i> <i>Your feelings after miscarriage</i> <i>Why me?</i> <i>Thinking about another pregnancy</i>	£6.00 (free with membership)
<ul style="list-style-type: none">Other leaflets <i>Ectopic pregnancy</i> <i>Molar pregnancy (hydatidiform mole)</i> <i>Management of miscarriage: your options</i> <i>Recurrent miscarriage</i> <i>Pregnancy loss and infertility</i> <i>Late miscarriage: second trimester loss</i> <i>Partners Too</i> <i>Antiphospholipid syndrome (APS) and pregnancy loss</i> <i>Miscarriage and the workplace: a guide for employers</i> <i>When the trying stops (after pregnancy loss)</i> <i>Someone you know (a leaflet for family and friends)</i>	£3.00 each
<ul style="list-style-type: none">Leaflets in pdf format <i>Blighted ovum</i> <i>About the cervical stitch</i> <i>Talking to children about miscarriage</i> <i>Anti-D fact sheet (for women with Rhesus negative blood type)</i> <i>Your miscarriage: a leaflet for a range of D/deaf people</i> <i>Your miscarriage: an illustrated leaflet with simple text</i> <i>We are sorry that you have had a miscarriage – bilingual leaflet in English and: Arabic/Bangla/Gujerati/Polish/Punjabi/Turkish/Urdu</i>	£2.00 each
<ul style="list-style-type: none">Miscarriage Association merchandise MA logo trolley key-ring	£3.50
MA logo cotton T-shirts: S, M, L, XL	£8.00

Prices include postage and packing

Why you may like to join the Miscarriage Association

The Miscarriage Association provides information and support for anyone affected by miscarriage, ectopic pregnancy or molar pregnancy. We work with the media to raise public awareness of miscarriage. And we work with health professionals to promote good care for women and their partners.

Anyone who supports these aims can join the Miscarriage Association.

As a member you can:

- Become part of a community of people with similar experiences;
- Receive our members' newsletter and a free basic information pack;
- Be part of our vital work. You can become a volunteer, supporting others and/or helping us plan for the future. And your membership fee will help support our work.

“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.”

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 25% at no cost to you – just tick the **Gift Aid** box on the application form overleaf.

To qualify for Gift Aid, you must pay an amount of income tax or capital gains tax that is at least equal to the amount that we and any other charities you donate to will claim on your membership fee or donations in that tax year. If you stop paying UK tax, you should let us know.

Application for Membership

Date: _____

**delete where applicable*

I/we* would like to join The Miscarriage Association¹

Name: _____

Address: _____

County: _____

Postcode: _____

Tel: _____

e-mail: _____

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

Send your application form and payment to the Miscarriage Association, 17 Wentworth Terrace, Wakefield WF1 3QW. 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 donations I make to be considered as **Gift Aid** donations until I notify you otherwise

¹The 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.



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