



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 people recover quickly, others take a long time. Some cope well at the time but find the pain of their loss hits them later.

However early your loss, you may feel extremely sad and may need time to grieve. Feelings of sadness and grief are likely to ease over time, but 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.

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

Talking about your feelings with people close to you can be helpful. You may also find it helps to talk to others who have been through miscarriage. This could be in one of our online or in-person support groups, or over the phone to one of our support volunteers or to our helpline team. You can read more about our support services on page 10.

You may also want to read some of the stories that people have shared on our website ([see https://bit.ly/3DLurUL](https://bit.ly/3DLurUL)).

“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.

You may 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. You may find our leaflet *Supporting someone you know* useful to show to family and friends.

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

The physical process

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, you will probably be told about possible next steps.

You might be advised to wait for a week or two to see if the miscarriage happens naturally.

You may be offered treatment with pills or vaginal pessaries to start or complete the miscarriage.

You may also have the option of a minor operation with either local or general anaesthetic to remove the remains of your pregnancy.

If you are more than 14 or 15 weeks pregnant, you may have to have medication to start off the process of labour or you might be able to choose to wait for labour to start naturally. There is more information on this in our leaflet *Second trimester loss: late miscarriage*.

Unless you are very unwell and need immediate treatment, you should have time to think about these options and to choose the one that you feel you can cope with best. It might help to read our leaflet *Management of miscarriage*.

“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.”

Pain and bleeding

If you miscarry naturally or have medical treatment, you might have very painful cramps as well as heavy bleeding and clots. You might have some pain and bleeding after surgical treatment too.

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, leafy green vegetables and fortified cereals like Weetabix®.

When can I go back to work?

This really depends on how you feel, physically and emotionally. Some people feel ready to return to work within a day or two, while others might need more time.

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 sadly very 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

Hormonal imbalances can cause miscarriage, especially in women with a condition called Polycystic Ovary Syndrome (PCOS).

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.

If you have a molar pregnancy, you will have specialist follow-up.

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 online Stars of Remembrance page at <https://bit.ly/2CIZRZ6>.

“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.¹

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 talking to your partner, a trusted friend or your GP. You could join our online support forum or our private Facebook group or attend a support group. You may find it helpful to read our leaflet *Pregnancy after loss*. And you are always welcome to contact us directly. See page 10 for details.

How the Miscarriage Association can help

The experience of miscarriage, ectopic pregnancy or molar pregnancy can be very distressing, but it doesn't have to be a lonely one.

The Miscarriage Association can offer support, help and information. You can call our helpline, e-mail, write to us or chat with us online.

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 people 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 or one that meets on Zoom. 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.”

You might find it helpful to connect with others online. We have a safe and secure online support forum and several Facebook groups and some support groups meet online. You can find more details at <https://bit.ly/2qwMFFY> or by calling us.

If you need to speak to someone urgently at any time, the Samaritans offer free 24-hour telephone support on 116 123.

Reference

Kangatharan C, Labram S & Bhattacharya S. Interpregnancy interval following miscarriage and adverse pregnancy outcomes: systematic review and meta-analysis. Human Reproduction Update (2016) doi: 10.1093/humupd/dmw043

Need to talk to someone who understands?

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

Chat with us online at www.miscarriageassociation.org.uk.

Or email info@miscarriageassociation.org.uk

More information from the Miscarriage Association

All of our publications are available free of charge and can be downloaded from www.miscarriageassociation.org.uk/leaflets.

We can also send them by email or post on request.

Please note that some publications are available in pdf format only.

Available in print

Your miscarriage (this leaflet)

Your feelings after miscarriage

Why me?

Thinking about another pregnancy

Partners Too

Management of miscarriage: your options

Recurrent miscarriage

Ectopic pregnancy

Molar pregnancy (hydatidiform mole)

Second trimester loss: late miscarriage

Antiphospholipid syndrome (APS) and pregnancy loss

Looking after your mental health during and after pregnancy loss

Pregnancy after Loss

Pregnancy loss and infertility

When the trying stops

Supporting someone you know (a leaflet for family and friends)

Miscarriage: the facts and your feelings (a leaflet for young people)

Miscarriage information booklet (an easy-read, illustrated publication)

Miscarriage and the workplace: a guide for employees and employers

Available only in pdf format

We are sorry that you have had a miscarriage (a bilingual leaflet in English and: Arabic/Bangla/Gujerati/Polish/Punjabi/Turkish/Urdu)

Your miscarriage: a leaflet for a range of D/deaf people

Talking to children about miscarriage

Men and miscarriage

Blighted ovum

Men and miscarriage



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ASSOCIATION**

The knowledge to help

The Miscarriage Association

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Charity Number 1076829 (England & Wales) SC039790 (Scotland)

A company limited by guarantee, number 3779123

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