Miscarriage: the facts and your feelings

Information and support for young people
Information and support for young people affected by miscarriage, ectopic or molar pregnancy.

It doesn’t matter how old you are - having a miscarriage\(^1\) can be a very upsetting and lonely experience.

You and your partner might have been trying for a baby or your pregnancy might have been unplanned. Either way it can be a confusing and sad time.

We created this leaflet to help you understand the facts about miscarriage and how you might feel in the days, weeks and months afterwards.

We have written as if we are talking to the person who was physically pregnant, but we hope the information and support will be helpful to partners, family and friends too.

“Our hearts are broken, we never imagined losing our baby”

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\(^1\) We sometimes use the word ‘miscarriage’ or ‘pregnancy loss’ to refer to miscarriage, ectopic and molar pregnancy.
The facts

Knowing more about what is happening in your body and what the doctors and nurses might be talking about can help you feel more in control. This section explains the basics. There’s a lot more information on the Miscarriage Association website and in our leaflets.²

Doctors and nurses use different words to describe different types of pregnancy loss. We’re starting here with ectopic and molar pregnancy because they are the ones most people know less about.

Ectopic pregnancy

An ectopic pregnancy is one that develops outside the womb, usually in one of the fallopian tubes. The pregnancy cannot grow properly outside of the womb so you will probably need surgery to remove it. Sometimes this is done as an emergency and you might not know much about it until afterwards.

You can find out more about ectopic pregnancy on our website.

Molar pregnancy or Hydatidiform Mole pregnancy

In a molar pregnancy, an abnormal fertilised egg grows in the uterus (womb). The cells that should become the placenta grow too quickly and leave no space for the baby to develop. You need special follow-up after a molar pregnancy.

You can find out more about molar pregnancy on our website.

² All our leaflets are available free at www.miscarriageassociation.org.uk/leaflets.
**Miscarriage**

A miscarriage is when a pregnancy stops growing. Sometimes there is a baby (also known as an embryo or fetus) which has died. Other times all that has developed is the pregnancy ‘sac’ without a visible baby.

You might have some spotting or just a little bleeding at first, but then painful, maybe very painful cramps, very heavy bleeding and blood clots. You might see something that you recognise as a fetus or your baby.

Most miscarriages happen in the first 12 or 13 weeks of pregnancy, but they can also happen later. A miscarriage that happens between 14 weeks and just under 24 weeks of pregnancy is called a second (or mid) trimester loss or late miscarriage. You can read more about second trimester loss on our website.

In the first three months of pregnancy, if you feel OK and you can cope with the bleeding, then you don’t necessarily have to go to hospital if you’d rather not. You should contact your doctor if you are worried or if the bleeding and pain are too hard to cope with. You should also contact them if you have a high temperature or vaginal discharge that looks or smells bad.

If you have a late miscarriage, from 14 weeks or so, you may go into labour, with very painful cramps (contractions). It is probably best to go to hospital if this happens, so that you can have the right care, support and pain relief.

If you decide to go to Accident & Emergency (A&E), you may have to wait a while to be seen. It may be worth bringing some night-time or heavy flow sanitary pads, a change of underwear, something to wrap around your waist (if you want/need to cover any heavy bleeding) and your phone charger.

Sometimes the uterus (womb) does not empty itself completely. This is called an incomplete miscarriage. You may be offered medicine or surgery to remove what is left. We have more information on these options in the next section.
**What is a missed or delayed miscarriage?**

This is when the pregnancy stops growing but the physical miscarriage hasn't happened. You would usually find out about this at a scan.

If you have a missed/delayed or incomplete miscarriage, the nurse or doctor will talk to you about what happens next.

**Natural management.** First, you may need to wait for a week or two to see if the miscarriage happens naturally — and you might prefer that anyway. That might take a few weeks.

**Medical management.** If that doesn’t happen, you might be offered pills or pessaries to start or complete the miscarriage. You might stay in hospital for this, or you may be given medication to use at home. If you are more than 14 weeks pregnant, you will almost certainly have medical management to start the process of labour.

**Surgical management.** You might be offered a small operation to remove the remains of your pregnancy, either with a general or a local anaesthetic.

If a particular option feels like the best one for you in the circumstances, it’s OK to be clear with your doctor or nurse about how you feel.

Our leaflet *Management of miscarriage* has lots more information. You can also find out more on our website.

**Why me?**

About one in four pregnancies ends in miscarriage but doctors usually don’t know exactly why it happens. It is very unlikely that it was caused by anything you did or didn’t do. The known causes of miscarriage include:

- The baby doesn’t develop normally from the start and can’t survive.
- Blood clotting problems (sometimes called ‘sticky blood’).
- Hormone problems.
- A very high fever and some illnesses.
- An irregular shaped uterus (womb) or large (usually harmless) growths in the uterus that means there is no room for the baby to grow.

Our leaflet *Why me?* has lots more information.
**Will the doctor or hospital tell my parents?**

If you are over 16 then the doctor will keep your visit confidential (private).

If you are under 16, your parents will not be told about your visit to hospital as long as the doctors believe that you are able to understand what your treatment means.

Doctors and nurses might try and persuade you that it would be a good idea to talk to your parents. But if they believe you are able to consent to your own treatment then they must respect your right to decide for yourself.

**What happens next?**

While the bleeding continues you can reduce the risk of infection by using pads or period pants rather than tampons or menstrual cups. You should avoid sex until the bleeding stops. It’s fine to bath and shower but best not to go swimming.

You are likely to get your next period 4-6 weeks after the miscarriage and it might be heavier than usual. This can sometimes feel like a difficult time as you come to terms with not being pregnant anymore.

**Pregnancy in the future**

After one miscarriage most people go on to have a normal pregnancy.

You might be thinking about getting pregnant again quickly, or you might want to wait. Sometimes having a miscarriage can change your ideas about what you want in the future. It can be helpful to talk about your feelings about pregnancy with someone you know and trust, or with us at the Miscarriage Association. Our leaflet *Thinking about another pregnancy* may help too.

If you don’t want to get pregnant again, you can talk to Brook about the right kind of contraception for you. You can see their *contraception information* on their website. You could also speak to your GP.
Your feelings

There’s no ‘right’ way to feel after a miscarriage. Different people react in different ways. Some people feel better quickly and others find it takes a long time.

Everyone’s feelings are different but the young people we spoke to said they experienced some of these:

- tired
- scared
- guilt
- shock
- crying
- lonely
- confused
- jealous
- relief
- numb
- acceptance
- sadness
- anger
- depression
- empty

You may have feelings that seem to contradict each other. For example, you might feel relieved but also guilty that you feel relieved and sad for your baby too. This can be confusing, but it might help you to know that it’s common to experience a complicated mix of emotions after a loss.

You might have difficult feelings straight away or some time after the miscarriage. You may find you feel better for a while but that they come back later. Some people find particular dates difficult, for example their baby’s due date or the anniversary of their loss. Other times can be hard too, for example when your period comes back or if you have friends or family who get pregnant.

Miscarriage after unplanned pregnancy

“You have so many emotions to go through into accepting the pregnancy only to have that taken away again.”

If your pregnancy was unplanned then you might have been shocked or scared when you found out you were pregnant. You might not have been sure what to do.

You might have been excited and hopeful about the future. Many unplanned pregnancies become very much wanted.
You might have been thinking about abortion. The miscarriage might be a relief as the decision was taken out of your hands – but you might also feel guilty – as if the thoughts caused it (they didn’t).

If you weren’t sure you wanted to be pregnant or you became pregnant as a result of sexual abuse, you may expect to be relieved after a miscarriage. Some people do feel this way. Other people find that they are still upset.

You might also find your thoughts about when you want a baby have changed.

It can be particularly difficult if you and your partner (or ex-partner) have or had different opinions or feelings about the pregnancy and the miscarriage. This can lead to additional upset or conflict. If you are looking for further relationship support and help to work through any difficulties you might find *The Mix* and *Click Relationships* helpful (see our Useful Resources on page 15).

You have probably experienced a lot of strong emotions and upheaval. It may take a while to understand how you feel.

“I feel like a part of me is missing, but I can’t talk about it as I shouldn’t have even been pregnant in the first place.”

It may help to talk to people around you, to other people who have experienced miscarriage or to someone at the Miscarriage Association (see page 11).

**Talking and getting support**

Talking to someone you trust can help you feel less alone. It can sometimes help things feel easier to deal with. But we know it isn’t always easy. We hope that the suggestions on the next pages are helpful. Search for *Talking about miscarriage* on our website for help having those difficult conversations.
Talking to... parents or carers

Talking to your parents or carers might seem impossible. But a lot of people are surprised by their reaction and find it helpful to have their support. Plan what you want to say and choose a time when you are able to talk without distractions. Think about the different ways they might react and how you could respond. This can help you stay calm and feel in control.

“I was terrified of telling my parents as I knew they would be angry. It was a hard conversation but in the end it helped that they knew”

Talking to... friends

“If it wasn’t for one amazing friend, everything would have been much harder.”

Friends can be a fantastic support. But they might not know what to say or how to help. It might be useful to give them this leaflet or send them the link to our ‘Simply Say’ resources or our leaflet Supporting someone you know.

You could even say:
Talking to… your partner (if you have one)

“He didn’t know how to deal with it so he just stopped talking about it. I needed his support but didn’t know how to ask. I wish we’d talked about it more now.”

Your partner might try and ‘be strong’ for you but this can sometimes come across as if they don’t care. They might be relieved or might not understand why you feel so sad. They might just not know how to support you. Try and focus on what you feel and what you would like from them, rather than what they are doing wrong. You could give them this leaflet or a link to the Miscarriage Association website too.

If you are finding it difficult to talk to them or describe how you feel, you might find it helpful to write things down first.

Sharing the stories and films we have on our website may also help you explain how you feel.

If you are the partner of someone who has experienced the physical loss, you might find it helpful to look at our leaflet Partners Too.

Talking to… a nurse, counsellor or teacher at school or college

It might be helpful to talk to an adult you trust in school or college. Make sure you ask them if they have to tell anyone else, especially if you’re not ready to tell your parents.

You could say:
Talking to… the Miscarriage Association

“The website is jam-packed with information and it’s really great that everyone has so many options. There is something for everybody.”

We’re here to help. We can give you information and explain any medical stuff you don’t understand. We can offer you a listening ear and help you find other sources of support or counselling if you need.

We know that picking up the phone and talking to someone you don’t know might make you nervous. You might not know how to start or what to say. Our helpline staff and volunteers can help you find the right words. We also have a live chat option or you can DM us if you’d prefer.

Our private Facebook groups can connect you with other people who have been through something similar. We’ve also got lots of support available through our Zoom groups. You don’t need to have your camera on or speak but you can opt to use the chat function instead of talking. Search our website for online support and services.

Talking to… your workplace

If you work full or part time, you may need to take some time off to recover physically and/or emotionally. This will probably mean you have to speak to your manager. You may choose to tell them about what has happened, or you may prefer to give them a different reason for your absence. It may help to write things down in an email or text.

If you do tell them that the absence is because of a pregnancy loss, you usually have more rights.

Some workplaces have a miscarriage policy, or published information about the support they can offer to people who experience pregnancy loss. You should be able to find this on your work intranet, if you have one.
Even if your workplace doesn’t have any polices relating to pregnancy loss, you have a right to time off after a miscarriage (called ‘pregnancy-related leave’). You can ‘self-certify’ (tell your employer that it is pregnancy-related) for seven days. After that you need a note from your doctor. If time off is recorded as ‘pregnancy related’, you should not have your absence used against you in any way (for example being fired because you have taken too much time off work).

You do not have an automatic right to full pay for your time off, you may only receive statutory sick pay (SSP). This depends on your contract.

Sometimes nurses or doctors at the hospital where you are treated will also be happy to sign you off work. They might ask you whether you want the reason to be recorded as miscarriage or pregnancy loss or if you would rather they put something else. This may be useful if you have not told/don’t want to tell your work about what’s going on. It does mean your absence won’t be recorded as ‘pregnancy-related’.

If you have a casual or zero-hours contract, your rights may be different. Maternity Action can help you understand what you are entitled to (see page 15).

We have more information about miscarriage and the workplace for you and your employer on our website.

**Talking to…a therapist or counsellor**

Some people find it helpful to talk to a therapist (sometimes called a counsellor) about what has happened and how it has made them feel. We have more information on counselling after a miscarriage on our website.

Young people are often able to access counselling for free. Young Minds has more information about counselling and how to access it here. You may feel more comfortable accessing online counselling from a service like The Mix.

Pregnancy loss can sometimes lead to poor mental health or make existing mental health difficulties harder to deal with. Talking to a therapist or counsellor may help you to find ways to improve your mental health too. We have information on looking after your mental health after pregnancy loss on our website.
Dealing with difficult reactions

Family, friends and partners

“My mother was relieved, I also didn’t tell her until a few weeks after the miscarriage and she was positive, said it was for the best. I know why she felt that way but it still hurt.”

We really hope you get the support you deserve from people around you. But you might find that some people react in ways that are upsetting or hurtful.

Sometimes people mean well but say the wrong thing.

Some people might not understand what your loss means to you. They might think that because you are young or your pregnancy was unplanned, the miscarriage was a ‘good’ outcome. This can be hurtful and difficult to cope with if you were relying on that person for support. It can also feel lonely especially if it seems as if no one understands how you feel or shares your emotions.

“People said ‘it was lucky really’. I don’t know how to deal with that.”

You might also like to talk to people who do understand through the Miscarriage Association Facebook page or groups.
**Doctors, nurses and medical staff**

Doctors and hospital staff can be very helpful and supportive but you might find some who don’t seem to pay much attention to how you are feeling. Some might say things that are meant to help but don’t really.

The most important thing is to make sure that you ask any questions you have. Even if it feels a bit uncomfortable, it’s better to ask when you have the doctor or nurse in front of you than to go home feeling confused and uncertain. You might want to ask things like the pros and cons of different treatment options, what could happen next, whether you might need any further treatment, what will happen to the remains of your baby and what to do if you are worried.

“At the time I just wanted to get out of there but now I wish I had asked for more information. I wasn’t told that I would keep bleeding.”

**Managers and employers**

Not all employers understand the laws around pregnancy loss and the workplace. It may help to send them a link to our leaflet, *Miscarriage and the workplace*.

If you experience a hurtful or upsetting reaction from your manager or employer, you may find it helpful to approach someone else in the team and explain what has happened. This could be someone in HR or another manager or colleague if you work in a small organisation.

If you have told your parents or another trusted adult what is going on, they may be able to help you sort things out at work.

*Maternity Action* can help you understand your rights and explain what you should do next if you feel you are not being treated in the right way.

**Remembering your baby**

Not everybody thinks of their pregnancy as a baby, but if they do, they might want to do something to remember them.

You can ask the hospital if they offer anything. This might be your scan picture or they might have a book of remembrance. If you’re in Scotland, you can apply for a *certificate of pregnancy loss*. These will also be available in England from early 2024. We hope Northern Ireland and Wales will soon do the same.
Some people find it helpful to plant flowers, donate to charity or perhaps buy something as a keepsake, maybe an ornament or a piece of jewellery. Or you may want to write a letter, a poem or a message to add to our online remembrance page.

More help and support

Pregnancy loss can be a very upsetting experience. We hope this leaflet will help you find some support. This might be from family, friends, your partner, healthcare professionals, a teacher or someone here at the Miscarriage Association. You don’t have to go through this alone.

Here are some more organisations that may be able to give you further support and information.

**Brook** – Sexual health and information for under 25’s ([brook.org.uk](http://brook.org.uk))
**CALM** – Support, info and advice for young men ([thecalmzone.net](http://thecalmzone.net))
**Click Relationships** ([click.clickrelationships.org](http://click.clickrelationships.org))
**Maternity Action** – Advice and support about your rights after a loss ([maternityaction.org](http://maternityaction.org))
**TheMix** – Find support online or in your local area at TheMix ([themix.org.uk/get-support](http://themix.org.uk/get-support))
**Relate** – Relationships advice and support ([relate.org.uk](http://relate.org.uk))
**Samaritans** – 24 hour freephone helpline support on 116 123 ([samaritans.org](http://samaritans.org))
**Young Minds** – Information about counselling and other mental health support ([youngminds.org.uk](http://youngminds.org.uk))

Thanks

We’d like to thank everyone who shared their thoughts and experiences with us and allowed us to use their comments in this leaflet.