

my body

miscarriage

Miscarriage is the early loss of a pregnancy (during the first 20 weeks). It happens when the pregnancy stops growing. It is quite common. About one in five early pregnancies end in a miscarriage during the first 12 weeks (after that, the risk is lower). Most pregnancy losses do not affect your ability to get pregnant or stay pregnant in the future. If you have two or more miscarriages in a row, talk to your provider because that may mean that you are at higher risk for miscarriage in the future.

People use different words to describe the miscarriage process. Some people are comfortable using anatomical terms like "embryo" and "fetus," while other people prefer to say "baby." There is no right or wrong word to use when you are going through this. Your care team honors and respects whatever language you choose.

What causes miscarriage?

In most cases, the pregnancy was not developing as expected. It can be a way for your body to end a pregnancy in which the fetus could not survive. Many miscarriages happen when there is a problem with the chromosomes, the way the cells divide, or the way the pregnancy implanted. Often there is no clear reason. Your body may notice that the pregnancy is no longer growing right away, or sometimes it may take a few weeks.

Many people experiencing pregnancy loss ask whether past abortions, medications, vigorous exercise, or stress may have caused their miscarriage. A pregnancy loss is almost never related to something you did. There is nothing you can do to prevent miscarriage if your body is already in that process.

How do I know if I am having a miscarriage?

Having some spotting or bleeding is very common in early pregnancy and does not always mean that you are having a miscarriage. If you are experiencing bleeding, your provider will make a plan with you to check with an ultrasound or by checking your levels of pregnancy hormone (hCG). Sometimes a miscarriage is diagnosed during an ultrasound even before the bleeding has started. If you are very early in your pregnancy, it can sometimes take a week or longer to determine if your pregnancy is growing as expected, so you might have more than one ultrasound or blood draw. These tests also help make sure that the pregnancy is inside your uterus and not somewhere else in your body (this is called an ectopic pregnancy).

How is a miscarriage treated?

Often, you can let the miscarriage pass on its own without further treatment. If the pregnancy doesn't pass on its own, or if you prefer to do something to help your body pass the pregnancy more quickly, you have two options:

1. **Medicine.** Your provider can prescribe you medication to take at home. This causes cramping and bleeding much like if your body had started the process on its own.
2. **A surgical procedure.** You can also have a procedure in the office or hospital to remove the pregnancy tissue gently with a suction. This procedure is safe and you will receive medication to keep you comfortable. It usually takes less than 30 minutes and you can go home soon after.

If you have a negative blood type

You should let your healthcare provider know if you have an A-, B-, AB-, or O- blood type. Those with a negative blood type are in need of a **RhoGAM** shot to ensure the health of future pregnancies. This shot should be given as soon as possible (within 72 hours of the miscarriage). If you are unsure of your blood type, your provider can order a lab test to find out.

What will I experience physically?

Your body might start bleeding on its own, or you might need medication from your provider to help start the bleeding. The bleeding might be heavier than a normal period, with small or large clots. This may last anywhere from several hours to a few days, followed by spotting on and off for up to four weeks. Depending on the size of the pregnancy and the amount of bleeding, some people may see the embryo or fetus during the process of bleeding. You may also have cramping or pain in your lower belly or back that can feel more painful than a period. Medications (like ibuprofen) and heat (a warm shower or heating pad) work well for most people to decrease the pain. You can call your provider if you need support or feel you need more pain medicine during the miscarriage. Your regular period should come back in 4-8 weeks.

Here are some ways to care for yourself during this time:

- Get lots of rest, especially for the first 24 hours. When you are having heavy bleeding, it is best to stay at home where you can have everything you need close by.
- Call on your support system. If you are able to have a supportive partner, friend, or family member with you or available to talk to, they can help provide physical and emotional support during this process. Your provider can also provide support.
- Watch for signs of infection (e.g. a fever, chills, a vaginal discharge with a bad odor, or severe pain in the lower belly that doesn't get better with pain medication).
- Use pads for the first 24 hours because it is easier to see how much you are bleeding. You may use tampons after that if you prefer once your bleeding slows down. Change them at least every 8 hours.
- Don't have intercourse until the heavy bleeding has slowed down. Talk with your midwife about birth control options if you do not want to get pregnant again right away.
- Don't douche or use anything to wash the inside of your vagina. It is okay to take a shower or bath.



Please seek medical help if you are experiencing any of the following symptoms

- A temperature above 100.4°F.
- Very heavy bleeding (if you soak through 2 thick maxi pads within one hour).
- Passing more than one clot larger than a lemon (about 2 inches, or 5 cm)
- Any severe pain that doesn't get better with medication, heat, and rest.

What can I expect emotionally?

After a pregnancy loss, there is no right or wrong way to feel. You may feel everything from grief to sadness to relief (or a combination of many emotions). This range of feelings can often come in stages or waves:

- **Shock or denial.** You may feel disbelief or numbness to any feelings.
- **Anger.** You might be angry with yourself, your partner, your health care providers or family and friends. You may find yourself angry about little things that usually don't upset you.
- **Guilt.** You blame yourself or your actions and behaviors for causing the miscarriage. If you had mixed feelings about having a baby, you might feel ashamed of the relief you feel along with your sadness.
- **Lack of control.** You might feel powerless or out of control. You might find you don't have answers to the "what if" and "why" questions that are running through your head.
- **Acceptance.** Coming to terms with the loss you feel is a painful, but important step. This helps you to heal and allows you to build hope for the future.

For some, the loss of a pregnancy can be complicated by other emotions.

- You might think of your loss when you see a pregnant person. You might feel jealous or even angry. At the same time, you can feel guilty for feeling this way.
- You might feel alone and that few people understand your pain. Friends and family may try to comfort you and tell you that you will get pregnant again. They might not seem to understand your sadness about losing your baby.
- If you have had another miscarriage or an abortion, you might worry about whether you can have a full-term pregnancy.
- If you are in a relationship, your partner may grieve in a different way than you. For example, one of you might cry openly, while the other is more reserved. Try to understand your differences. This is a time when you need each other's support.

This grieving process is different for everyone. It is often worst during the first month or two, but it can go on for a year or longer. Give yourself time to work through your feelings. We can help you connect with extra support if you need it.

Healing after a miscarriage

- Take care of yourself. Get extra rest when you need it and eat well-balanced meals.
- Ask your community (partners, friends, or family members) for support. This can mean help cooking meals, getting supplies, or just talking about what you're feeling.
- Give yourself time and permission to grieve.
- Some kind of ritual, like a religious service or small personal memorial might comfort you in your loss and help to express the grief you feel.
- Talk with others who have had the same experience you have. If it feels right, you can consider joining a support group. We can help you find the right one for you.
- Follow people on social media who can relate to your experience: [@ihadamiscarriage](#)
- Read a book on healing after a miscarriage. These are two books we recommend:
 - *Healing Your Grieving Heart After Miscarriage* by Alan Wolfelt, PhD
 - *A Silent Sorrow: Pregnancy Loss Guidance and Support for You and Your Family* (2nd edition) by Ingrid Kohn, MSW and Perry-Lyon-Moffitt
- Discuss your experience with a professional. You can talk with your midwife, family doctor, or nurse. You can also speak with a therapist who specializes in working with people who have experienced miscarriage. If you need help finding a mental health counselor, let your provider know. They will be able to help you find the right one for you.

For the future

Some people want to try to get pregnant again quickly after a pregnancy loss. Other people either want to wait or they want to prevent pregnancy. Talk to your provider if you want to discuss birth control options.

If you would like to get pregnant again, most people who have miscarriages have a healthy pregnancy the next time. Give yourself enough time to recover from your loss, both physically and emotionally. Many people wait until they have had at least one menstrual period after their miscarriage before trying to become pregnant again. If you are planning on becoming pregnant again, we recommend that you begin taking a prenatal vitamin that contains folate or folic acid.

Source:

<https://healthy.kaiserpermanente.org/washington/health-wellness/health-encyclopedia/he.miscarriage.hw44090>