



A Patients Guide to UNDERSTANDING MISCARRIAGE

Pregnancy is a wonderful and exciting time. Unfortunately, a good number of pregnancies end in miscarriage, so we feel it is important that you be well informed.

What is a miscarriage?

Miscarriage is the loss of a pregnancy in the first 20 weeks. Up to 15-25% of pregnancies end in miscarriage and about 80% of losses happen in the first 12 weeks. Sometimes the miscarriage happens so early, the woman does not even realize she was pregnant.

Why am I having a miscarriage?

The majority of first trimester pregnancies are thought to be random events most likely caused by chromosomal abnormalities. Other times the miscarriage happens because of problems with implantation of the embryo, or failure of the embryo to develop properly. Most of the time, however the cause cannot be positively identified.

What signs should I look for?

Vaginal spotting or bleeding is usually the first sign. However, not all instances of bleeding in early pregnancy end in miscarriage, so try not to panic! If you are having cramping or pain along with bleeding, your chances of miscarriage are higher.

What should I do if I think I am miscarrying?

Call our office at 480-539-6646, or call Dr. Christine Brass-Jones' pager number which is on the after hours message. Depending on your symptoms, we may see you in the office, send you for an ultrasound, or have you go to the emergency room.

If you are seen in the office, we will ask about your symptoms and do an exam to check your cervix to determine if you are actually having a miscarriage. If there is an uncertainty, we may then send you for an ultrasound, and possibly for lab work to check your HCG levels.

If you are sent for an ultrasound, you may get a report at that visit, or they may send or phone in the results to the office or to Dr. Brass-Jones. If the ultrasound shows a fetal heartbeat, your chances of miscarriage are reduced, but you will probably need to get another in a few weeks to be sure everything is okay. If the ultrasound tech is unable to see a heartbeat, or if other irregularities are seen on ultrasound, your chances of miscarriage are higher. If you have difficulty getting a timely ultrasound appointment, call us back for another referral, or we may send you to the emergency room.

If you go to the emergency room, you will have labwork and an ultrasound done and the hospital will call or fax our office or Dr. Brass with an update.

What happens if things don't look so good?

If you are going to miscarry, the bleeding and cramping will get worse. This usually happens within a week or so of your first symptoms. During this time, you should use pads, not tampons, and can take Ibuprofen or Tylenol for the pain. A heavy bleed and passing of clots and tissue is not unusual. However, if you are filling a maxi-pad every hour and feeling lightheaded, or have signs of infection such as fever and chills, call us immediately or go to the emergency room. If you miscarry and your blood type is Rh negative (O-, A-, B-, AB-), you will also need an injection of Rhogam. This may be administered at the hospital or in our office.

Can I have a D&C?

We know this is not a pleasant process for you physically and emotionally. However, if there is no immediate health threat, a spontaneous miscarriage is preferred over dilation and curettage (D&C) to remove products of conception. When a D&C is performed, there is a risk of causing scar tissue to the uterus that may make it more difficult for you to conceive in the future. In complicated or prolonged miscarriages, a D&C may be required.

What can I expect afterward?

After you have finished bleeding, we will need to see you in the office for a follow-up visit. At that time, we will determine if there is a need for any additional ultrasounds or lab work. Usually, about 4-6 weeks later, you will get a normal period and can start trying to conceive again. However, sometimes it can take as long as 3 months for your body to “normalize”. Your chances of miscarriage do not increase after having only one or two miscarriages. However, if you have had three or more, further studies may be needed to look for a cause.

How do I heal after a miscarriage?

Alternative and holistic therapies such as massage, acupuncture and reflexology can help get you “back on track” by helping to balance hormones and increase blood flow to bolster the healing processes of the body. Reiki, yoga and dance are useful to help balance your thoughts and emotions. All of the above therapies also help with relaxation, sleep and stress reduction. Castor oil packs can help with the bleeding and aid the natural process, ask the MA’s for instructions and supplies.

Healing is a process and each person must find her own way to recover from this loss. Feelings and grief and sadness are normal. Lean on your support system of family and friends and allow yourself to work through the loss. There are plenty of support groups online as well. Browse through and find one that works for you or ask us for a referral to a counselor. It takes time, but eventually it gets a little easier every day.