

North Carolina Women's Hospital

Miscarriage: The Silent Loss

WHAT IS A MISCARRIAGE?

A miscarriage is the loss of a pregnancy before 5 months (20 weeks). Most miscarriages happen before 3 months (12 weeks) of pregnancy.

WHY DID THIS HAPPEN?

Most miscarriages happen because the fetus (this is the word for a baby while it is still inside the mother) is not normal. Usually this is because either the egg or the sperm had the wrong number of chromosomes. Chromosomes are like directions for the baby. If there is an extra chromosome, or if one is missing, the baby could have birth defects, mental retardation, or the baby may not be able to survive.

As many as one in five pregnancies will end in miscarriage, many times before a woman even knows she is pregnant. If you have had two or three miscarriages in a row, your care provider may do tests to see if you have a health problem that might be making it hard for you to stay pregnant.

YOU did not cause this to happen. Miscarriages usually happen by chance. They do not happen because you ate the wrong food, had sex, did not rest enough, worked long hours, or were upset or stressed.

WHAT IS NORMAL DURING A MISCARRIAGE?

It is normal to bleed for 5-7 days after a miscarriage and it will be similar to a period. You may have cramping. You can take over the counter medicines such as Advil[®] or Motrin[®] to help with the cramping. It is normal to pass some blood clots or tissue (about the size of a quarter). The earlier you are in the pregnancy, the more likely it is that your body will finish the miscarriage by itself.

Sometimes the miscarriage does not finish by itself. If this happens, you have three choices. **All of these choices are safe.** Your health care provider will help you decide what is best for you:

1. Waiting
2. Dilation and Curettage (D&C) [click here to learn more about D&C](#)
3. Medication (misoprostol (Cytotec[®]))

- **Waiting**

Waiting means choosing to wait for the miscarriage to end on its own. In some cases, if bleeding is very heavy, even a woman who has decided to wait may need a dilation and curettage (D&C) to clean out the uterus.

- **Scheduled Dilation and Curettage (D&C)**

A D&C is the quickest way to end a miscarriage. During a D&C, the cervix, which is the opening to the uterus, is gently widened, and the inside of the uterus is scraped to clean out anything still inside it. On the day of the D&C, you will be given medication to make you comfortable. You will not be put to sleep. You stay in the hospital for a couple of hours after the D&C to make sure you are okay before you go home. You will need to have someone drive you home afterwards.

- **Misoprostol (Cytotec®)**

If you choose Cytotec®, you will be asked to place 4 pills into your vagina, close to your cervix. The pills will cause you to begin cramping in 2 to 4 hours. After that, you will have heavy bleeding. It is normal to pass some blood clots or tissue. If nothing happens after the first dose of pills, you will use 4 more pills in the same way. If you do not pass any tissue after the second dose of medication, you may need to be scheduled for a D&C. This is necessary for about 1 in 5 women who choose this option. Finally, to be sure that no tissue remains in the uterus, you will be scheduled for a repeat ultrasound about a week after you use the Cytotec®.

WHAT IS NOT NORMAL?

If you have any of the following problems, you should call the clinic or your health care provider. If you cannot reach your provider, you can call UNC Hospitals at (919)966-4131. Ask for the OB/GYN resident on-call.

- Vaginal bleeding that is heavier than a normal period for 1-2 days
- Vaginal bleeding that lasts more than 7 days
- Vaginal bleeding that soaks a maxipad every hour for 2 or 3 hours
- Fever of more than 100.4° F (38 C) for 4 hours or any fever of 101° F (38.3 C)
- Foul smelling or unusual discharge from the vagina
- Cramping or pain that is so strong that you cannot do what you normally do

WHAT TO EXPECT IN THE NEXT DAYS AND WEEKS

- **ACTIVITY LEVEL:** Listen to your body... it will guide you about what you can do comfortably. You should be physically ready to return to your usual work within a few days.
- **BATHING:** You can take baths as soon as you are ready even if you had a D&C.
- **SEX:** You should avoid sex for about two weeks. Before you have sex both you and your partner should feel emotionally ready. For some couples, the stress of a miscarriage makes them less interested in sex; for others, the need to feel close and connected may increase desire. Talking with your partner about how you are both feeling will help.
- **BLEEDING:** Use only sanitary pads (not tampons) for vaginal bleeding during the first two weeks.
- **BREAST SORENESS:** Some women will have swelling and pain in their breasts for a few days after a miscarriage and sometimes there are even signs of breast milk. A tight fitting bra can help with soreness. Putting whole green cabbage leaves inside your bra will help decrease the swelling. Change the leaves when they wilt. Ibuprofen (such as Aleve® or Motrin®) can also help.
- **FEELINGS:** Grief can be natural, even with the earliest miscarriages. Grief may cause sadness, fatigue, difficulty sleeping and changes in your appetite. Symptoms of grief are not the same for everybody. You and your partner may have differences in how you feel, and how long it takes for you to feel better. One way to understand your feelings is to talk with each other, a friend, someone who has also had a miscarriage, or a counselor. If you are feeling hopeless or unable to do regular activities you should contact your health care provider or go to an emergency room as soon as possible.