Information and support services following miscarriage
This booklet gives information and guidance to women who have experienced miscarriage and their families.

### Contents

<table>
<thead>
<tr>
<th>Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>2</td>
</tr>
<tr>
<td>What is miscarriage?</td>
<td>2</td>
</tr>
<tr>
<td>Causes of miscarriage</td>
<td>3</td>
</tr>
<tr>
<td>Your emotions</td>
<td>5</td>
</tr>
<tr>
<td>Frequently asked questions</td>
<td>8</td>
</tr>
<tr>
<td>Pre-conception advice</td>
<td>11</td>
</tr>
<tr>
<td>Remembering the baby you have lost</td>
<td>12</td>
</tr>
<tr>
<td>Further help and information</td>
<td>14</td>
</tr>
</tbody>
</table>
Introduction

A miscarriage is the ending of pregnancy before 24 weeks gestation. To the parents and family it is the loss of a precious baby. We understand that this is a very traumatic and distressing time for you and your family.

The staff of the Gynaecology Ward/ Early Pregnancy Clinic are sympathetic towards your feelings and are willing to spend as much time with you as you require. Please feel free to ask questions.

When you are discharged home, if at any time you feel the need to talk and don’t have anyone available, please contact a nurse who can assist you:

Gynaecology Ward, Antrim Area Hospital
Tel: 028 9442 4198

Gynaecology Ward, Causeway Hospital
Tel: 028 7034 6061

What is a miscarriage?

A miscarriage is the loss of a baby that happens anytime from around the date of a missed period to 24 weeks of pregnancy. The chance of having a miscarriage in pregnancy is one in three. The majority of women who experience a miscarriage go on to have successful pregnancies in the future.
Causes of miscarriage

It is likely that no-one will be able to give you a reason for your miscarriage and not knowing can be very upsetting. The most common cause is that there was something wrong with the development of your pregnancy. This may be for a number of reasons:

**Chromosomal abnormalities**

When fertilisation occurs (the union of the mother’s egg with the father’s sperm) the embryo should have 46 chromosomes, 23 from each parent.

Sometimes there can be one extra or one less chromosome. These pregnancies do not develop and often a miscarriage occurs. This accounts for up to 75% of all miscarriages.

Following three concurrent miscarriages, investigations are carried out and genetic counselling may be advised.

**Hormonal imbalance**

Pregnancy may not progress if the balance of pregnancy hormones is incorrect.

**Incompetent cervix**

In this condition the cervix (the neck of the womb) is weak and starts to open as the uterus becomes heavier in pregnancy.

This type of miscarriage occurs in later pregnancy, after the sixteenth week, and generally starts with a rupture of membranes rather than bleeding.
This may be prevented in future pregnancies by inserting a stitch around the neck of the womb at 14 weeks of pregnancy to keep it closed. The stitch is removed usually around 36 weeks of pregnancy.

**Maternal conditions/risk factors**

Miscarriage may be caused by:

- Infections that cause a high temperature
- Kidney problems (chronic nephritis)
- Diabetes
- Toxoplasmosis, an infection from animal faeces
- Brucellosis
- Cytomegalovirus (CMV)
- Listeria, a bacterial infection
- Other infections.

Chickenpox, measles, mumps and influenza may also cause a miscarriage if contracted in the first three months of pregnancy.

Certain viruses can also cause the pregnancy to develop abnormally and therefore may result in a miscarriage. The best known of these is rubella (German measles). If the mother contracts rubella during the first four months of pregnancy, when the baby is being formed, then damage may occur that can cause a miscarriage.

**Multiple pregnancies (twins, triplets or more)**

Miscarriage is more common in multiple pregnancy. It is possible to miscarry one baby and the remaining baby/babies continue to grow and the pregnancy continues.
Medical procedures

An amniocentesis test is a diagnostic investigation for genetic defects. It is performed by passing a needle through the abdominal wall, into the womb to obtain a sample of amniotic fluid (the water around the baby).

Following an amniocentesis test a miscarriage can occur in 1-3% of cases.

Abnormalities of the uterus (womb)

Some women may have an unusual shaped uterus, which makes it difficult for the pregnancy to implant and grow. Treatment by surgery may be possible.

Fibroids may also cause some miscarriages. Some late miscarriages may be due to the placenta (afterbirth) becoming weakened or damaged.

Your emotions

Losing a baby can lead to a wide range of emotions including:

Anger/Why me?

Nobody may know the reason for your miscarriage. One in three pregnancies end in miscarriage and doctors think it is nature’s way of dealing with a pregnancy which may not be progressing normally.

Sense of failure

Some women may feel a sense of failure because they are unable to carry a pregnancy to full term. This feeling may be increased if they have more than one miscarriage. It is normal for you to feel like this.
Sadness

Sadness for yourself, your partner and other members of your family is common. There can be a feeling of letting them down because they have been looking forward to the arrival of your baby.

Some events can bring it all back to you at different times such as dates of ante-natal visits, parentcraft classes and of course when you should have been bringing your baby into the world.

Some of your feelings may recur, such as when you have another baby, even though you felt you had already dealt with them. These emotions are all part of the grieving process.

If you or your family feel that you may be becoming depressed, please speak to your doctor or healthcare professional.

You can develop depression at the time of your miscarriage or in the months or years after.

Jealousy

When you look at other pregnant mothers and other children you may feel like crossing the street to avoid them. This is a normal reaction.

Guilt

Was it something you did or did not do? “If only I hadn’t done the weekly shopping or lifted my toddler.” It is normal to feel this way.
Helplessness

A feeling that there was nothing you could do to prevent it.

Loss of interest in everyday life

You may find it difficult to communicate with friends and relatives and settle into a normal routine.

Sense of relief

Some people feel a sense of relief that they have come through it and are now able to ‘try again’ for another baby.

Partners

Partners can sometimes feel left out as all the attention may appear to be focused on the mother.

It should be remembered that partners have suffered a loss too. Your partner may feel they should not show their sadness openly and may be afraid of upsetting you. They may remain quiet or talk of other things to try and cheer you up. You may feel they are being insensitive and do not feel the same about the loss as you do.

Both parents should express their feelings and talk to each other about them.

Your children

Children need to feel involved. Usually, they have a good understanding and can accept things if answered honestly. They should be given information on the level of their understanding.
Reactions of others

It can be difficult for others to understand your loss and express sympathy. They may unintentionally say things which you may find upsetting.

Frequently asked questions

How long will I bleed for?

It is normal to bleed for up to two weeks after a miscarriage. It should be light but if it becomes heavy, offensive smelling or you have increasing pain and discomfort, please contact your GP.

When would I expect my next period to be?

Your next period should be in 4-6 weeks. It may be heavier and more painful than usual.

Will I produce breast milk?

In later miscarriage your breasts may remain enlarged and leak milk for one week or more. They may feel painful. A mild painkiller such as paracetamol can be taken and a good supporting bra should be worn.

When can I resume sexual intercourse?

It is not uncommon to lose interest in intercourse. Intercourse should not be resumed until bleeding has stopped. Some people find it difficult to resume sexual relations, you may feel guilty about feeling happy again and may also be scared about becoming pregnant again.

People take different lengths of times to come to terms with their grief and should never be rushed.
What about contraception?

It is important to use contraception if you plan to resume sexual activities before your next period as you can ovulate at any time after miscarriage.

The pill or the coil cannot be used until after your first period. It is important to use condoms or other contraception. Do not rely on the withdrawal method during this time.

You can get advice on contraception from your GP or Family Planning Clinic.

Family Planning Clinics

To make an appointment at any of the Clinics, please telephone 028 2826 6163

**Antrim Health Centre**, Station Road, Antrim
Tuesday morning 9.00am - 11.00am
Tuesday evening 7.00pm - 9.00pm

**Ballymoney Health Centre**, Newal Road, Ballymoney
Tuesday 2.00pm - 4.00pm

**Coleraine Health Centre**, Castlerock Road, Coleraine
Monday 7.00pm - 9.00pm
Wednesday 9.30am - 12.30pm / 2.00pm - 4.30pm
Thursday 6.30pm - 8.30pm

**Larne Family Planning Clinic**, Hospital Site, Gloucester Avenue, Larne
Thursday 1.30pm - 3.30pm
Slemish Community Centre,
Braid Valley Site, Cushendall Road, Ballymena
Monday 11.45am - 1.45pm
Tuesday 10.00am - 12 noon

When should I think of returning to work and resuming normal activities?

This varies from person to person.

Going back to work is very much an individual choice. Some people find it helpful to get out of the house and talk to other people, others find it distressing. You should judge yourself as to when you are ready. Discuss this with your GP if required.

Is it likely to happen again?

Most women who have a miscarriage go on to have a normal pregnancy in the future.

Even after three consecutive miscarriages, known as ‘recurrent miscarriage’, the chance of having a successful pregnancy is over 50%.

Most hospitals do not carry out tests after one or two miscarriages, but after the third miscarriage investigations are carried out.
What about follow up appointments?

Your GP, midwife and health visitor will be made aware of your miscarriage.

A midwife or a health visitor can call with you when you go home and the staff in the ward will arrange this.

When can I try again?

The aim is to become physically and emotionally fit before you conceive. There is no specific timescale for trying again. Whenever you feel ready is the right time.

Pre-conception advice

Ideally, you should start taking folic acid at least one month prior to conception. Research has shown that folic acid can help prevent certain defects if commenced before conception.

If you have an ongoing health condition or are taking medication, talk to your GP or specialist before trying to get pregnant.

It is known that smoking, poor diet, alcohol and drugs can affect pregnancy and may cause miscarriage; you can get advice from your GP, midwife or health visitor.

Try and eat a healthy diet and take some exercise. Pate or soft cheese should not be eaten during pregnancy. Pre-cooked foods should be heated properly and salads thoroughly washed.

Pregnant women should avoid contact with animals around the birthing time of lambs, calves and kids.

Toxoplasmosis is a disease spread by contact with cat faeces. Avoid contact with cat litter. Good hand washing is essential before preparing food.
Remembering the baby you have lost

The staff caring for you will take photographs of your baby where appropriate or possible. This will often depend on the stage of pregnancy that the miscarriage occurs. If you do not wish to take these photos home with you at this stage, the staff will place them in your medical notes and you can access them when you feel ready.

The photographs obtained will be the only photographic record available and no further copies can be produced.

Books of Remembrance

For Antrim patients

There is a Book of Remembrance held in the Neonatal Unit in Antrim Area Hospital. If you would like to see the book or have your baby’s name entered with a verse, message or picture, please contact the Ward Sister on 028 9442 4170.

For Causeway patients

There is a Book of Remembrance held in the Maternity Ward in Causeway Hospital. If you would like to have your baby’s name entered with a verse, message or picture, please contact the Ward Sister on 028 7034 6061.
Remembrance Service

Each year the Trust holds a Remembrance Service on the third Sunday of May in a local church in the Antrim area. All bereaved parents, their families and professionals involved are welcome to attend.

The Books of Remembrance are re-dedicated at this service each year.

This service will be advertised in the local newspapers and also in GP surgeries. This service is for both Antrim and Causeway patients.

If you wish to receive an invitation to the yearly Remembrance Service, you should contact the secretary for Dr J McAloon, Consultant Paediatrician at Antrim Area Hospital on 028 9442 4506.

Snowdrop Walk

A Snowdrop Walk is arranged for the third Sunday in February each year and takes place at Shane’s Castle, Antrim. This event gives families the opportunity to plant snowdrop bulbs in memory of their baby. It is a time for remembrance and reflection and also an opportunity to meet others who have experienced a similar loss.

If you wish to receive an invitation to the Snowdrop Walk, you should contact the secretary for Dr J McAlloon, Consultant Paediatrician at Antrim Area Hospital on 028 9442 4506.

There will be no religious service at this event. Light refreshments are provided.
Further help and information

Gynaecology Ward, Causeway Hospital
Tel: 028 7034 6061

Gynaecology Ward, Antrim Area Hospital
Tel: 029 9442 4198

Northern Trust website
www.northerntrust.hscni.net

Miscarriage Association
Contact Gillian on 028 9336 3384
Contact Martina on 028 8953 1677
10.00am – 9.00pm
Email: info@miscarriageassociationni.org.uk
www.miscarriageassociationni.org.uk

Life after loss
Tel: 028 9336 0989
www.lifeafterloss.org.uk

SANDS
Stillbirth and Neonatal Death Society
Tel: 077 4099 3450
Email: support@sandsni.org
www.sandsni.org.uk

Relate
Relationship counselling and guidance
Tel: 028 9032 3454
www.relateni.org

Remember our Child
NI Partnership of Child Loss Support Groups, Belfast
Tel: 028 9079 7975
www.cruse.org.uk/NorthernIreland/RememberOurChild

It is hoped that this booklet will be helpful to you and your family in coping with your loss.