Northern Health and Social Care Trust

Information & Support Services following Miscarriage

This book gives information and guidance to women who have experienced miscarriage (Pregnancy loss) and their families.

Contents

Introduction

We would like to begin by offering our sympathy to you at this time. We know that the loss of a baby can be a difficult and distressing time for you and your family. We want to reassure you that the nursing and medical staff of the Gynaecology Ward and Early Pregnancy Clinic are sympathetic towards your feelings. We are always willing to answer your questions and spend as much time with you as you require. We hope that you find the information in this booklet helpful and that it will also help with some questions you may have.

When you are discharged home, if, at anytime you feel the need to talk and have no-one available please contact:

Gynaecology Ward Antrim Area Hospital

(028) 94424781

Gynaecology Ward Causeway Hospital

(028) 70346061

What is a miscarriage?

A miscarriage is the loss of a baby, which can occur at anytime from around the date of a missed period to 24 weeks of pregnancy.

The chance of having a miscarriage is one in every three pregnancies. The majority of women who experience a miscarriage subsequently have successful pregnancies.

Causes of Miscarriage

It is likely that no one will probably 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 during 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 or if you are over the age of 35 and have had 2 concurrent miscarriages investigations are carried out with your consent and genetic counselling may be advised.

Hormonal Imbalance

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

Compromised Cervical muscle

In this condition the muscle of 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 (waters breaking) rather than bleeding.

This may be prevented in future pregnancies by inserting a stitch around the neck of the womb at fourteen weeks of pregnancy to keep it closed. The stitch is removed usually around thirty-six weeks of pregnancy.

Other factors

Miscarriage can be caused by:

- Infections that cause a high temperature
- Kidney problems (chronic nephritis)
- Diabetes
- Toxoplasmosis (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.

The best known of these is rubella (German measles). If the mother contracts German measles during the first four months of pregnancy when the baby is being formed then damage may occur causing a miscarriage.

Multiple Pregnancies (twins, triplets or more)

Miscarriage is more common in multiple pregnancy. It is possible to miscarry one baby, 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 preformed 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)

Sometimes the uterus may be an irregular shape, which makes it difficult for the pregnancy to implant and for the baby to grow. Treatment by surgery may be possible.

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

Your emotions

Every pregnancy loss is different and there is no right or wrong way to feel about it.

The loss of a baby in pregnancy can be an unhappy, frightening and lonely experience. It's not a major event for everyone, but feelings of shock, grief and loss are common

Some people find it very hard to talk about what has happened.

How **you** feel will depend on your circumstances, your experience of miscarriage and what the pregnancy meant to you.

But whatever your circumstances, it is very common to feel any of the following:

Anger: Why me?

Nobody knows the reasons 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.

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, with you, to the arrival of your baby.

Some events can bring it all back to you at various times, such as dates of antenatal visits, parent craft classes or when you should have been bringing your baby into the world.

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

If you or a member of your family feel that you may becoming depressed, please speak to your doctor or healthcare professional for advice. You could develop depression at the time of your miscarriage or in the months or years that follow.

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 important that you do not blame yourself. Again if you feel this way, this is normal.

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.

Depression

This not only occurs in the weeks following a miscarriage but can continue for months for some people. All the details of the event will be remembered 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.

Seek help from your doctor or healthcare professional if your depression continues.

Helplessness

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 settling into a normal routine.

Sense of Relief

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

Physical

You may feel your loss in physical ways, even some time after the miscarriage. This can include:

- Feeling very tired
- Having headaches or stomach pains
- Being short of breath
- Finding it difficult to sleep – or sleeping a lot

These problems will probably disappear in time, but you could talk to your GP if you are worried.

How long will I feel like this?

There is no set time for your sadness to end; and it may last longer than you -and those around you – expect.

Even when you start to feel better, there may still be some bad times.

You might get upset when you have your first period after the miscarriage. The bleeding can remind you of the miscarriage and the fact that you are no longer pregnant.

Sometimes a bad day comes out of the blue. But sometimes it happens for a reason, like if a friend tells you she's pregnant or has a baby.

Bad days often come on special dates – like the day the baby was due, or the anniversary of the miscarriage. But there will come a time when your feelings change as the pain of your loss eases.

Partners

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

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

Partners should express their feelings and talk to each other.

Children

Children need to feel involved. Usually, they have a good understanding and can accept things if answered honestly. They should be given information to 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 or offensive smelling or you have increasing pain and discomfort, please contact you 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 my breast produce milk?

In later miscarriage your breasts may remain enlarged and leak milk for a 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 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, some people have said they guilty about feeling happy again and may also be scared about becoming pregnant.

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 Clinic, please telephone 028 2826 6123

Antrim Health Centre. Station Road, Antrim
Tuesday 9.15am -11.15am
Tuesday 7.00pm – 9.00pm

Ballymoney Health Centre. Newal Road, Ballymoney
Tuesday 2.00pm – 4.00pm

Braid Valley Site. Cushendall Road, Ballymena
Monday 11.45am – 1.45pm
Tuesday 10.00am – 12.00noon / 2.00 pm – 4.00pm
Thursday 10.00am – 12.00noon / 2.00 pm – 4.00pm

Coleraine Health Centre, Castlerock Road, Coleraine
Monday 7pm – 9pm
Wednesday 9.30am – 12.30pm / 2pm – 4.30pm
Thursday 6.30pm – 8.30pm

Glengormley Community Services. Carnmoney Road, Newtownabbey
Thursday 9.30am – 11.30am / 7pm – 8.30pm
Friday 9.30am – 11.30am

Mid Ulster Hospital. Hospital Road, Magherafelt
Tuesday 2.30pm – 4.30pm / 6.30pm – 8pm
Thursday 9am- 10.30am / 1pm -3pm

Whiteabbey Hospital. Doagh Road, Newtownabbey
Monday 2.30pm 4.30pm / 6.30pm – 8pm

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 thing. Some people find it helpful to get out among people, others find it distressing. You should judge yourself when you are ready. Discuss with your GP if required.

Is it likely to happen again?

Most women who have had a miscarriage go on to have a normal pregnancy.

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

Most hospitals do not do tests after one or two miscarriages however if you are over the age of thirty five and have had two miscarriages or after the third miscarriage investigations can be carried out with your consent.

What about follow up appointments?

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

A midwife or a health visitor can call with you when you go home. If you wish to avail of this service the staff on the ward will arrange this for you.

When can I try again?

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

Pre-conception advice

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

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

It is known that smoking, poor diet, alcohol and drugs can affect pregnancy and may cause miscarriage; you can get advice from you’re 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 cats’ faeces. Good hand washing is essential before preparing food.

Helpful telephone numbers

Gynaecology Ward, Antrim Area Hospital
Tel: (028) 94424198

Gynaecology Ward, Causeway Hospital
Tel: (028) 70346061

Miscarriage Association
www.miscarriageassociation.org.uk
Email: info@miscarriageassociation.org.uk

SANDS
Stillbirth and Neonatal Death Society
Tel: 07740 993 450
www.sandsni.org.uk
Email: support@sandsni.org

Relate (Marriage Guidance & Support)
Tel: (028) 90323454 – all booking via Belfast office.
Opening times:
Belfast
Monday – Thursday 9am -9pm
Friday 9am – 5pm
Saturdays 9am – 1pm
Coleraine
Tuesday 10am – 2pm
Wednesday 6pm – 9pm

Remember our Child
NI Partnership of Child Loss Support Groups, Belfast
Tel: (028) 90797975
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.

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Our Vision

To deliver excellent integrated services in partnership with our community

If you would like to give feedback on any of our services please contact:
Email: user.feedback@northerntrust.hscni.net
Telephone: 028 9442 4655

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