

Information after a miscarriage

It appears from your symptoms or tests that you have had a miscarriage.

Why did it happen?

We will probably never know why, but it is usually because the pregnancy did not develop properly. Around one in five pregnancies ends in miscarriage, and there was nothing you could have done to change this, or to cause it. It is not your fault, and it didn't happen because you ate something, or lifted something you shouldn't have or got stressed.

What do I do now?

Everyone reacts differently to miscarriage. Most women are able to return to normal activities/work within a few days although some need a little longer. Women can experience:

- Pain similar to a period pain for a few days and normally regular paracetamol for a few days settles this.
- Bleeding can last for around 14 days. It sometimes stops and starts again, but gradually reduces. We recommend using sanitary pads and not tampons until your next period to reduce the chances of infection. Your next period should happen around four-six weeks after your miscarriage and may be heavier than normal. This is your body making sure it has emptied properly. Please contact your GP if your next period does not come as expected.

Do I need a check-up?

Most women do not need further check-ups. However:

- Avoid sexual intercourse until the bleeding has stopped to reduce infection risk.
- If you do not want to become pregnant now, please start contraception within the next day or two. Speak to us today or make an appointment with iCASH/your GP as soon as possible. It is possible to become pregnant very quickly after miscarriage.
- If you want to become pregnant we recommend you wait until after your first period before trying again. We also suggest that you take daily 400mcg folic acid to reduce the chance of conceiving a baby with spina bifida (it works best if you take it for three months before conceiving). Reduce alcohol and coffee intake, stop smoking and try to achieve a normal weight for your height as these all increase the chance a healthy pregnancy. There is no increased risk of future miscarriage and you don't need to take any special precautions with your next pregnancy.
- If you have questions please call us, or make an appointment with your GP.
- Repeat a pregnancy test at the end of three weeks to ensure it has returned to negative. It can take time for your hormones to settle, but we would want to talk with you if your test is still positive at that stage
- Call us/see your GP if you develop any of these symptoms:
 - Your bleeding continues to be heavy or gets heavier than your normal period
 - High temperature
 - Offensive vaginal discharge
 - Pain that is getting worse rather than better, or not controlled by regular painkillers

What happens to the pregnancy if I passed it in hospital?

If you pass pregnancy tissue in hospital, it will be sent to the laboratory, where they will place a sample on a slide and view it under a microscope. If this confirms you have had a miscarriage, it will help us to plan your follow-up care, but unfortunately it won't tell us why this happened to you. This sample is kept for up to 30 years.

If you miscarry your baby in hospital and we can confirm this visually, then we transfer your baby to the bereavement centre. If you are at home and unsure what to do with your baby or pregnancy remains, we are happy for you to bring the tissue to us, and we can care for it under our hospital guidelines.

Our normal protocol is for foetal tissue to be included in a shared cremation at the local crematorium around 4-8 weeks after your miscarriage. There is an option for individual burial or cremation or you can choose to take your pregnancy remains home. Please let us know if you prefer not to have your pregnancy remains included in our shared cremation.

If pregnancy tissue is not confirmed on lab testing, we may need to arrange further blood tests, scans or pregnancy tests

Who can I talk to about how I feel?

We would normally advise you to give yourself a few weeks - it is normal to be sad after going through this experience. However, if things are not settling, or you need further support, you could contact your GP, or the Miscarriage Association (www.miscarriageassociation.org.uk). We can also offer you counselling through the Trust, so let us know if you need more support.

Contact Details:

<p>The Early Pregnancy Unit (EPU) Lily clinic, treatment Centre, Hinchingbrooke Hospital, Huntingdon, PE29 6NT Opening days may vary</p>	<p>The Emergency Gynaecology Assessment Unit (EGAU) 1st Floor, woman and child unit, Bretton Gate, Peterborough (City Hospital), PE3 9GZ Open: Weekdays 0800-1800 Weekends/Bank Holidays 0800-1200</p>
<p>Central triage line for EPU and EGAU: 01733 673758 (voicemail will cut in when the line is engaged – please leave a message for a call back). www.womenshealthpeterborough.co.uk</p>	
<p>For emergencies only, out of these hours, please attend the Emergency Department.</p>	

Within this leaflet we use the term woman/women, however we acknowledge that it is not only people who identify as women for whom it is necessary to access our services. We recognise the importance of providing inclusive and respectful care to all people and their families, including those whose gender identity does not align with the sex they were assigned at birth. Please let us know if there is anything we can do to make you feel more comfortable while you are under our care