

Does having one miscarriage mean I'm likely to miscarry again?

No. Although you're likely to be worried about the possibility of another miscarriage, fertility experts don't consider a single early pregnancy loss to be a sign that there's anything wrong with you or your partner. Some practitioners will order special blood and genetic tests to try to find out what's going wrong after two miscarriages in a row, particularly if you're 35 or older or have certain medical conditions. Others will wait until you've had three consecutive losses. In certain situations, such as if you had a second trimester miscarriage or an early third trimester premature birth from a weakened cervix, you might be referred to a high-risk specialist after a single loss so she can carefully manage your pregnancy.

Though you may be ready physically to get pregnant again, you may not feel ready emotionally. Every woman copes with grief of early pregnancy loss in her own way.

Some cope best by turning their attention toward trying for a new pregnancy as soon as possible. Others find that months or more go by before they're interested in trying to conceive again. Take time to examine your feelings and do what feels right for you and your partner. Ask your caregiver where to get counseling or find support groups, if you think that would be helpful.



Miscarriage



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What is a Miscarriage?

A miscarriage is the loss of a pregnancy in the first 20 weeks. Approximately 15 to 20 percent of known pregnancies end in miscarriage and more than 80 percent of these losses happen before 12 weeks. This does not include situations in which you lose a fertilized egg before you get a positive pregnancy test. Studies have found that 30 to 50 percent of fertilized eggs are lost before a woman finds out she is pregnant, because they happen so early that she goes on to get her period about on time. If you lose a baby after 20 weeks of pregnancy, it's called a *stillbirth*.

What causes a miscarriage?

Between 50 and 70 percent of first trimester miscarriages are thought to be random events caused by chromosomal abnormalities in the fertilized egg. Most often, this means that the egg or sperm had the wrong number of chromosomes and as a result, the fertilized egg can't develop normally.

In other cases, a miscarriage is caused by problems that occur during the delicate process of early development; for example, when an egg doesn't implant properly in the uterus or an embryo has structural defects that don't allow it to continue developing.

What are the signs that I might be having a miscarriage?

Vaginal spotting or bleeding is usually the first sign of miscarriage. Keep in mind, though, that up to 1 in 4 pregnant women have some bleeding or spotting (finding spots of blood on your underpants or toilet tissue) in early pregnancy and half of these pregnancies don't end in miscarriage.

You may also have abdominal pain, which usually begins after you first have some bleeding. It may feel crampy or persistent, mild or sharp or may feel more like low back pain or pelvic pressure. If you have both bleeding and pain, the chances of your pregnancy continuing are much lower.

Be aware that vaginal bleeding, spotting, or pain in early pregnancy can also signal an *ectopic* or a *molar* pregnancy. If you have any of these symptoms, call your doctor right away so she can determine whether you have a potential problem that needs to be dealt with immediately.



What happens after a miscarriage?

Whether you miscarry on your own or have the tissue removed, you'll have mild menstrual-like cramps afterward for up to a day or so and light bleeding for a week or two. Use pads instead of tampons and take ibuprofen or acetaminophen for the cramps. Avoid sex, swimming, douching and using vaginal medications for at least a week or two and until your bleeding stops.

If you begin to bleed heavily (soaking a sanitary pad in an hour), have any signs of infection (such as fever, achiness, or foul-smelling vaginal discharge) or feel excessive pain, call your practitioner immediately or go to the emergency room. If your bleeding is heavy and you begin to feel weak, dizzy or lightheaded, you may be going into shock. In this case, call 911 right away — don't wait to hear from your caregiver, and don't drive yourself to the ER.