

Gynaecology

Miscarriage

What you may need to know after a miscarriage

Why did I miscarry?

Sadly about one in four pregnancies end in a miscarriage. It is usually difficult to give a definite answer as to what caused the miscarriage. It is extremely unlikely that anything you did caused your miscarriage. Do not blame yourself or anyone else. At this hospital we often see over 100 miscarriages a month.

About 80% of all miscarriages occur because of some chromosome abnormalities. Only in a small number of women with recurrent (repeated) miscarriages can a definite cause be determined. However these may be:

- Hormonal irregularities.
- Immune problems.
- Infections causing high temperature **or** infections such as German measles which may directly affect the baby.
- Structural problems with the cervix (neck of the womb) or the womb.

Should I be investigated after a miscarriage?

Because it is unusual for us to find anything abnormal, we do not usually investigate a woman unless she has had two or more consecutive miscarriages. Most women will go on to have a normal pregnancy after one or two miscarriages, whether they are investigated or not.



What are my chances of becoming pregnant again?

The chances of becoming pregnant again after a spontaneous miscarriage irrespective of whether it was managed by conservative, medical or surgical treatment are just as good.

Will I miscarry again?

After one miscarriage most women will go on to have a normal pregnancy. Even after several miscarriages, there is a good chance of a successful pregnancy.

What can I do to get myself ready for my next pregnancy?

Being as healthy as possible is a good idea moving forward. Trying to stop smoking and keeping your Body Mass Index (BMI) in a healthy range (between 19 and 25) is a good idea. Continue taking folic acid and vitamin D if you are planning to conceive soon. Also make sure that any other health conditions (like diabetes or high blood pressure) are well controlled.

How long should I wait before trying for another baby?

You may try again when you feel ready. We advise that you wait until you have had a normal period, which you should have three to five weeks after a miscarriage, provided your periods were regular before. However it is best not to have sexual intercourse until the bleeding has completely stopped after the miscarriage.

I would rather wait before trying for another baby, when should I start using contraception?

You should start any contraception as soon as possible. Discuss this with your hospital doctor, GP or family planning clinic.

Will I get a follow-up appointment to the clinic after the miscarriage?

Not always, unless there is a specific reason. If this is your second or subsequent miscarriage and you are not already a patient of the recurrent miscarriage clinic (Tommy's clinic) then your GP will need to refer you to Professor Quenby.

How will the miscarriage affect us?

The experience of miscarriage affects each woman and her partner differently. Some couples appear to have very little effects, whereas others experience a sense of loss and grief, which may cause periods of crying and depression. There is no set rule and it is normal to feel these varying responses. Do not feel afraid to express your feelings and concerns. Give yourself and your body time to recover. It may help to talk over things with your partner, friends and other members of the family. If you would like to talk further support groups are available. Contact details are provided in this leaflet.

Is there some way I can record a memento for the baby I miscarried?

Some couples feel that they would like a way of recording the existence of their pregnancy. There is a 'Book of Remembrance' kept in the hospital Faith Centre where, for a small fee, a few words can be written as a memento to your baby.

There is also a yearly memorial service held in the Faith Centre to remember all of the babies that have miscarried.

Please telephone the chaplaincy department for further information and support: 024 7696 7515

What do I do with my pregnancy if I pass it at home?

Some families choose to bury the pregnancy in a place of their choice (this has to be in a biodegradable container at least 18 inches deep with permission of the land owner).

If you prefer to bring the pregnancy in to the hospital we can arrange for a monthly communal burial to happen. If you wish this to be done please contact the Emergency Gynaecology Unit (EGU) on 024 7696 7000.

What shall I do if I want to change my mind about burial options?

If you have any questions regarding burial or if you have changed your mind about your choice, please contact the Chaplaincy team directly on 024 7696 7515.

Contact details for support on 024 7696 7000:

- EGU Manager: Anna Rudkin

Patient Information

- EGU Clinical Nurse Specialist: Vicki Castle
- Early Pregnancy Clinical Nurse Specialist: Mandi Kirkman
- Advanced Nurse Practitioner: Rachel Meadows

The following charities can also offer information and support:

Tommy's charity 0800 014 7800

Website: www.tommys.org

E-mail: midwife@tommys.org

The Miscarriage Association 01924 200799

Website: www.miscarriageassociation.org.uk

E-mail: info@miscarriageassociation.org.uk

If you feel you need further support in the form of counselling, please contact either your GP or the Emergency Gynae Unit for contact details. Some GP practices have a counsellor attached to their surgery. The hospital can provide you with contact details for the Acorn Centre based in Nuneaton. If you have internet access you can access their website: www.acorncentrewarks.org.uk or you can contact them on: 024 7638 1878.

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 7243 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

To give feedback on this leaflet please email feedback@uhcw.nhs.uk

Document History	
Department:	Gynaecology
Contact:	27000
Updated:	June 2022
Review:	June 2024
Version:	11.3
Reference:	HIC/LFT/369/07