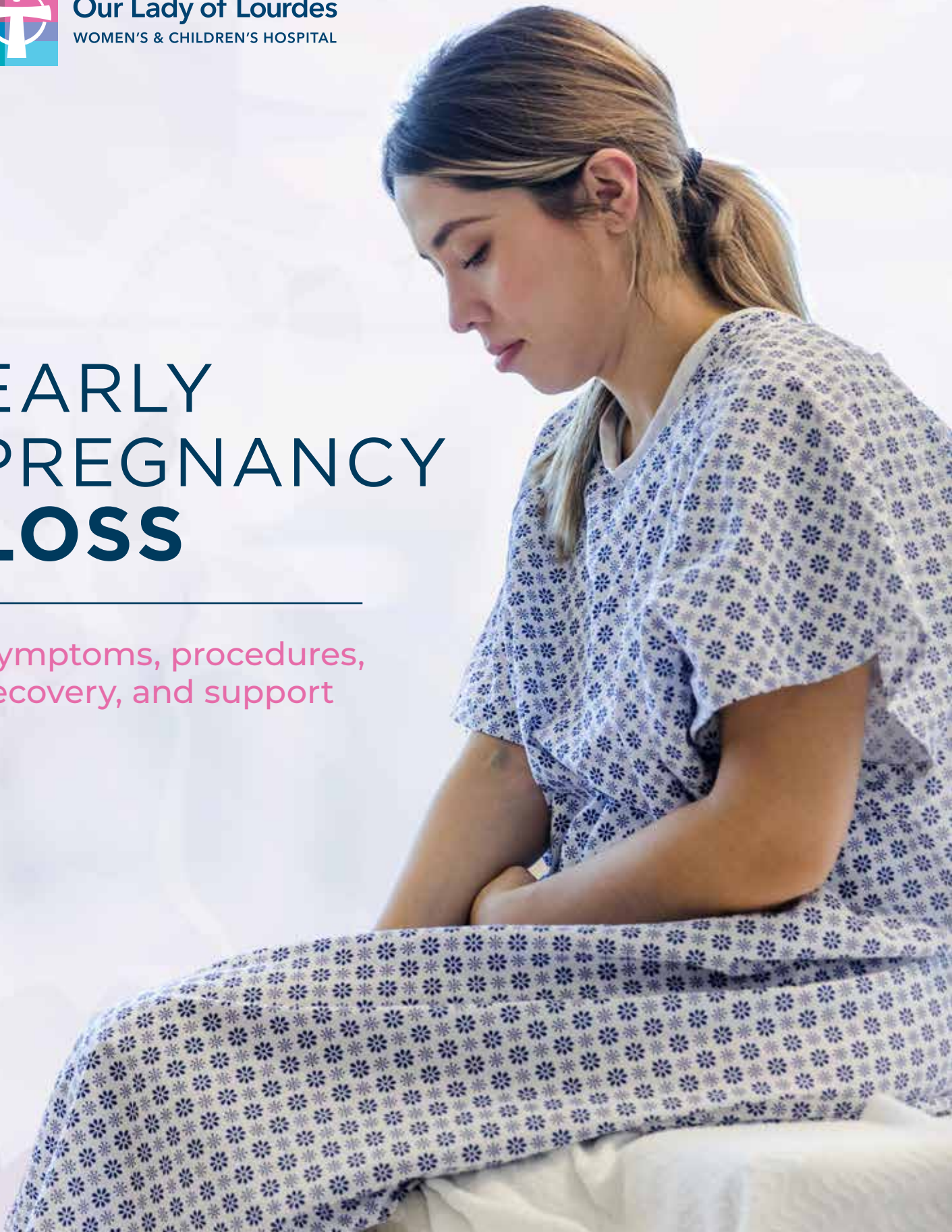




Our Lady of Lourdes
WOMEN'S & CHILDREN'S HOSPITAL

EARLY PREGNANCY LOSS

Symptoms, procedures,
recovery, and support



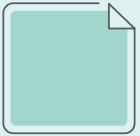


The following items are included in your **Butterfly Tote**



Butterfly Box

Once you deliver your baby, there is Bridgett's Caring Cradle inside of the butterfly box. You can place your baby inside of this cradle to spend as much time as you want with your baby.



Large Chux Pad

During a miscarriage, you can expect heavy amounts of bleeding, as well as blood clots.



Peri Pad

Large pads are recommended until bleeding slows down. You can expect bleeding to be more than a period.



Nuns Cap or "Potty Hat"

This item is to be placed on the toilet seat. This will help you to collect your baby's body.



Peri Bottle

Warm water can be used to spray your bottom to help clean and wipe yourself.



Disposable Underwear

Recommended for heavy bleeding.



We're Here for You

Your Pregnancy Navigator is ready to assist with any additional questions you have or information you need. Reach her directly by calling (337) 470-5483.

EARLY PREGNANCY LOSS

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ABOUT MISCARRIAGE

Early pregnancy loss is defined as the spontaneous loss of a pregnancy in the uterus before week 20. It is most commonly called a “miscarriage” and sometimes referred to as a “spontaneous abortion.” When a miscarriage occurs, it can be a surprising, frightening, confusing, and sometimes devastating event that affects everyone in the family. Miscarriage is more common than most people think. Here are the numbers:

10%-15%

of known pregnancies end in miscarriage **before week 12**

1%-5%

end in miscarriage in **weeks 13-19**

50%

of all pregnancies possibly end in miscarriage

1 in 3

end in miscarriage for **women over 40**

WHY IT HAPPENS

According to the American College of Obstetricians and Gynecologists (ACOG), miscarriage is a random event. It is not caused by working, exercising, stress, having sex, morning sickness, having a heated argument, or taking birth control pills before pregnancy. **Miscarriage is no one's fault.** When it happens, there's no reason to feel guilty or spend time looking for something or someone to blame.

Around
50%

of miscarriages happen due to
Genetic anomaly

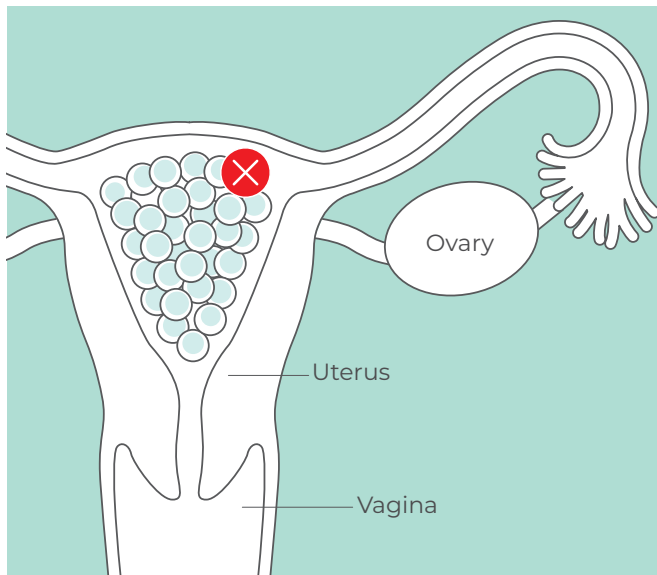
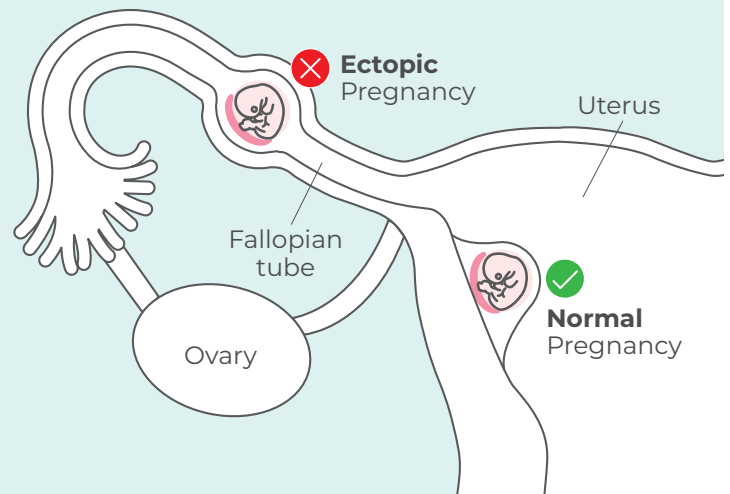
Around 50% of miscarriages happen when the **embryo** (fertilized egg) does not develop correctly.

This usually happens because the number of **chromosomes** (cell structures containing the genes that determine a person's physical makeup) is not normal. If an egg or sperm has less—or more—than the normal number of chromosomes, the embryo will have an abnormal number, and a miscarriage will likely occur.

Ectopic pregnancy

An ectopic pregnancy is a pregnancy in which the fertilized egg implants outside the uterus, usually in the fallopian tube. Unfortunately, this type of implantation is not compatible with continuing the pregnancy.

Symptoms may include pain, cramping, and vaginal bleeding. Ectopic pregnancies may require surgical intervention and can be a serious threat to your health.



Molar pregnancy

A molar pregnancy happens when an unfertilized egg implants in the uterine wall. The **unfertilized egg** contains some genetic material. But although these cells can reproduce, they can't differentiate. This means that the mass, or mole ("hydatidiform mole"), will never become a baby.

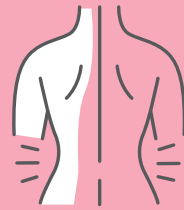
A molar pregnancy can produce a positive pregnancy test, cause symptoms of pregnancy, and even enlarge the uterus due to the presence of high levels of the hormone HCG (human chorionic gonadotropin).

MISCARRIAGE SIGNS & SYMPTOMS

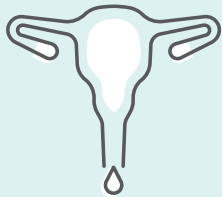
Bleeding is the most common sign of miscarriage. But a small amount of bleeding is common in early pregnancy and doesn't necessarily indicate a miscarriage. In fact, most people who have vaginal spotting or bleeding in the first trimester will go on to have a successful pregnancy.



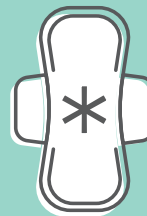
Vaginal spotting or bleeding—with or without pain



Pain or cramping in your abdomen or lower back



A gush of fluid from the vagina



Passing tissue through the vagina



SURGICAL PROCEDURES

Before any procedure is scheduled, your health care provider should explain how it will be done as well as the risks and benefits. Be sure to ask any questions and talk to your provider about any concerns you may have. It may be helpful to have a family member or friend with you as you make these decisions.

Your health care provider may recommend surgery after a miscarriage if there are signs of infection, heavy bleeding, or a medical condition. Risks of a surgical procedure include bleeding, infection, and possible injury to internal organs. Options for this type of procedure vary from state to state and may include:

Vacuum aspiration

Uterine tissue is removed with a suction device inserted through the cervix and into the uterus.

Dilation and curettage (D&C)

The cervix is dilated, and an instrument called a “curette” is inserted to remove the remaining tissue. A D&C is usually done in the hospital under anesthesia.

MEDICAL CARE

If your health care provider suspects a miscarriage, they may want you to have a uterine ultrasound, blood test, or pelvic exam. If these procedures confirm a miscarriage has occurred, your provider will talk to you about your options and next steps. If your blood type is **Rh negative**, you may be given a shot of Rh immunoglobulin (RhIg) to prevent Rh factor problems in a future pregnancy.

After a miscarriage, it's important that no pregnancy tissue remains in your uterus. This remaining tissue is called an incomplete miscarriage. If your health care provider recommends waiting for the tissue to naturally pass on its own, it can take up to 2 weeks or longer. Another option is to take a medication that helps expel the tissue. Both of these nonsurgical options may cause bleeding, cramping, diarrhea, and nausea.

When the pregnancy tissue passes through your vagina, it may look like a blood clot mixed with grayish/whitish material or a clear, fluid-filled sac. Your health care provider may suggest an ultrasound or blood test to confirm that all the tissue has passed. If there is tissue still remaining in your uterus, you may need to have a surgical procedure to remove it.

PHYSICAL RECOVERY

It may take a few weeks to a month or more for your body to physically recover after a miscarriage. Your period should return in 4 to 6 weeks, and you may have pregnancy hormones in your blood for several months.

If you want to get pregnant again, talk with your partner and health care provider about the best timing. It's important to take time to recover both physically and emotionally before trying to get pregnant again. You also may want to wait until you have had at least a few “normal” menstrual periods so calculating the due date of your next pregnancy is more accurate.

To help prevent infection after an early pregnancy loss, you should not put anything in your vagina for 1 to 2 weeks. This includes not using tampons or menstrual cups, avoiding sexual intercourse, and not having sex with penetration (fingers or sex toys).

You should see your health care provider for a follow-up visit a few weeks after the early pregnancy loss. If you experience heavy vaginal bleeding, chills, fever, or severe pain as you're recovering, call your health care provider or seek medical care right away.

EMOTIONAL HEALING

Following an early pregnancy loss, it's normal for people, partners, and family members to experience a wide range of painful emotions. Everyone grieves differently. You may feel disbelief, sadness, depression, anger, or even guilt. You may want to scream, cry, yell, or blame someone. You may feel anxious, have trouble concentrating, or find yourself unable to get out of bed.

All of these thoughts and feelings are normal expressions of grief. And it may take several months or even longer to begin to recover emotionally from a miscarriage. Try to remember that the miscarriage was not your fault—or anyone's fault. Be gentle with yourself and take as much time as you need to grieve your loss and feel more like yourself again.



LETTING OTHERS HELP

The first few days at home may be difficult for you and everyone around you. Grief can make it hard to ask for help or even to know what to ask for. But these first days are also the best time to let your friends and family members step in and help—while you rest and focus on getting stronger.

If someone offers to shop, cook, do laundry, or clean up—say yes. If you have other children and someone wants to take them on an outing—say yes. Then say thanks and go take a nap.

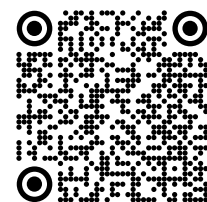
Friends and family members may not always use the “right” words or know how to offer you their sympathy and support. This is especially true if they've never gone through an early pregnancy loss themselves. If you can, try to remember that they love you, mean well, and are doing their best to offer comfort and care during this time of grief and sadness.

RESOURCES & SUPPORT

Early pregnancy loss can be one of the most devastating things parents and families will be forced to deal with. For many people, knowing you are not alone and receiving comfort and support from other parents who truly understand what you're going through can be extremely helpful.

Remember that you don't have to go through this difficult time alone. Reaching out to a grief professional or joining a miscarriage support group can get you the specialized care and support you really need, especially in the first days and weeks. Ask your health care provider or hospital nurse for their referral or recommendations.

You can also find plenty of resources by visiting the [March of Dimes](https://www.marchofdimes.org) website. The site makes it easy to search for specific information about miscarriage, ectopic pregnancy, or molar pregnancy. You can also find information about support groups in your area.



bit.ly/3QtTnVy



With understanding and support, it is possible to move through your grief toward healing. You didn't ask for this to happen, and it's not your fault. So be gentle with yourself, take all the time you need to find your way, and try to share your feelings openly with the people who love and support you. Things will get better. ◀



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