

What to Do in Case of Miscarriage: Information, Support, and Treatment Options



Highlights

Vaginal bleeding is usually the first sign of miscarriage, followed by lower abdominal (tummy) pain.

Vaginal bleeding during pregnancy is not always due to a miscarriage, but if you experience it, you should speak to your doctor or midwife without delay.

Depending on how many weeks pregnant you are when you miscarry, you may see clots and tissue or the form of a small baby.

Support is available for you and your partner if you experience a miscarriage.

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How does a miscarriage feel?

A miscarriage usually starts with vaginal bleeding. This could range from light spotting to heavy bleeding. In most cases, lower abdominal pain occurs, resembling period pain or severe cramps. As a miscarriage progresses, fluid and blood clots may pass from the vagina.

Spotting or bleeding during pregnancy does not necessarily indicate a miscarriage, but if you notice bleeding, it is important to seek medical advice.

In some types of miscarriage, symptoms may be absent, and the miscarriage is only discovered during an ultrasound. Some individuals may notice mild symptoms such as reduced pregnancy-related nausea and breast tenderness.

Emotional responses to miscarriage vary. It can take time to process the experience, and partners may also experience their own emotions.

What actions should I take if I suspect a miscarriage?

A miscarriage requires prompt medical attention. Seek medical care if you experience:

Heavy vaginal bleeding (soaking more than 2 maxi pads per hour or passing large clots)

Severe abdominal or shoulder pain

Fever (temperature above 38°C)

Dizziness or fainting

Unusual vaginal discharge with a bad odor

Diarrhea or pain during bowel movements

What happens during a miscarriage?

Once a miscarriage starts, medical intervention cannot stop it. Treatment focuses on reducing the risks of heavy bleeding or infection.

The duration of the miscarriage process depends on the chosen management approach:

Expectant management - allowing the miscarriage to progress naturally

Medical management - taking prescribed medication to help pass pregnancy tissue

Surgical management - undergoing a procedure to empty the uterus

Expectant Management

This approach involves waiting for the body to pass the pregnancy tissue naturally. Spotting and cramping typically precede heavier bleeding. Cramps may intensify as tissue passes.

The process may take up to two weeks, with some bleeding continuing afterward. Waiting for the miscarriage to occur can be emotionally challenging due to the uncertainty of timing.

Medical Management

Some individuals opt for medical management to expedite the process. A doctor may prescribe medication that induces bleeding and cramping similar to a miscarriage. Pregnancy tissue typically passes within 4 to 6 hours, though additional doses may sometimes be needed.

Surgical Management

If pregnancy tissue remains in the uterus or if an individual prefers to avoid prolonged pain and bleeding, a surgical procedure called dilation and curettage (D&C) may be performed. The procedure lasts approximately 5 to 10 minutes under general anesthesia, and patients can usually return home the same day.

During the waiting period, rest is recommended. Pain can be managed with over-the-counter medication, and sanitary pads should be used instead of tampons to minimize infection risks.

How does miscarriage tissue look?

The appearance of pregnancy tissue varies depending on the stage of pregnancy:

Early pregnancy (up to 6 weeks) - Small clots may pass, possibly containing white or gray tissue. The embryo is too small to be seen.

6 weeks - Clots may contain a small sac filled with fluid. The embryo, about the size of a fingernail, may be present inside.

8 weeks - The tissue may appear dark red and shiny. A sac with an embryo the size of a small bean may be visible, with developing features.

10 weeks - Clots appear dark red and jelly-like. The sac is inside one of the clots, and the developing baby is tiny but fully formed.

12 to 16 weeks - Fluid discharge may occur first, followed by bleeding and clots. The fetus is fully formed and may be outside the sac.

16 to 20 weeks (late miscarriage) - Large, dark red clots with tissue may pass. Pain can be intense, resembling labor, and medical pain relief may be required.

What occurs after a miscarriage?

After a miscarriage, cramping and bleeding similar to a period may continue for up to two weeks before stopping.

Pregnancy symptoms such as nausea and breast tenderness usually diminish. After a late miscarriage, breast milk production may occur. The menstrual cycle typically resumes within 4 to 6 weeks.

It is normal to experience a range of emotions following a miscarriage. Support options are available.

Tools and Support

Medical Support

Healthcare Providers: Doctors and midwives are your main sources of information and support during recovery.

Follow-up Appointments: Regular check-ups ensure proper physical recovery and monitor for complications.

Emotional Support

Counseling: A therapist can help you process the emotional impact of miscarriage.

Support Groups: Connecting with others who've experienced miscarriage can offer comfort.

Family and Partners: Emotional support from loved ones is crucial.

Physical Recovery

Pain Relief: Use over-the-counter painkillers and heat packs for cramps.

Sanitary Pads: Avoid tampons to reduce infection risk.

Rest: Take time to recover physically and emotionally.

Additional Resources

Informational Guides: Hospitals may provide brochures on miscarriage recovery.

Books and Articles: Resources for understanding and coping with miscarriage.

Support for Future Pregnancies

Fertility Counseling: Consult specialists for future pregnancy planning.

Anti-D Injections: Rh-negative individuals may need this shot to protect future pregnancies.