Losing an early pregnancy

What is a miscarriage?

A miscarriage is the loss of an early pregnancy and is also called spontaneous abortion.

There are various types of miscarriage, usually depending on the stage of the pregnancy at which the miscarriage occurred, or depending on the course of the miscarriage.

- In the case of an extremely early miscarriage (blighted ovum), growth has stopped early in the pregnancy and no embryo has developed. The ultrasound will only show the amniotic sac.
- In the case of a slightly later miscarriage (missed abortion), the growth has progressed further and an embryo will be visible on the ultrasound. However, the embryo will have no cardiac activity and is usually smaller than it should be at that stage of the pregnancy.

These types of miscarriage can go unnoticed or are sometimes accompanied by a small amount of brown blood loss or minor abdominal pain.

If the uterus expels the pregnancy tissue and the cervix opens up, you will experience cramping pain and bleeding. The chance that the pregnancy will end is very high in this case.

If the pregnancy tissue is completely expelled from the uterus, the pain and bleeding will stop and the cervix will close again. In some cases, some tissue is left in the uterine cavity, and the miscarriage is not yet complete.

Possible complaints during a miscarriage

Vaginal bleeding and mild menstrual pain can be the first sign of a miscarriage. Pregnancy symptoms such as tender, swollen breasts and morning sickness sometimes subside shortly before a miscarriage.

You will usually have few complaints in the case of a blighted ovum or missed abortion. When pregnancy tissue is expelled by contractions of the uterus, you will experience contraction-like pain and bright red bleeding. The pain and bleeding will gradually increase at first. Once the uterus is completely empty, the pain will subside.

A miscarriage cannot be stopped or prevented. Contact your doctor if the pain or bleeding is too severe or lasts too long.

Examination in the event of a miscarriage

Your gynaecologist or midwife can conduct various tests to confirm that you have had a miscarriage or to determine the cause of the miscarriage.

Physical examination

Your gynaecologist or midwife will use a speculum to examine the cervix. If necessary, an internal examination will follow to estimate the size of the uterus and to assess whether the cervix has opened.

Ultrasound examination

This examination can be carried out internally (through the vagina) or externally (through the abdomen). The uterine cavity and the pregnancy are made visible and your doctor or midwife can assess whether the pregnancy is still intact. Ultrasound examination does not affect the result of the pregnancy.

Examination of the pregnancy tissue

Your doctor or midwife will visually examine the pregnancy tissue to check if it matches a pregnancy. In some cases, the tissue will be examined microscopically, but this also says nothing about the cause of a miscarriage. Both of these examinations are purely intended to confirm that a miscarriage has indeed occurred. These examinations are also unable to determine the gender of the embryo.

Blood test

In the case of excessive bleeding, the blood can be tested for anaemia (Hb: haemoglobin). The blood group and Rhesus D (RhD) factor are also tested in some cases. A first miscarriage is not a reason for additional blood testing. After two miscarriages, the chromosomes in your and your partner's blood can be tested. After multiple miscarriages, your blood can be tested for clotting disorders or antibodies.

What if a miscarriage is diagnosed?

There is nothing you can do to prevent the miscarriage. There is also no treatment to prevent a miscarriage.
If a miscarriage is diagnosed, you can choose between:

1. awaiting the natural course of events;
2. artificially inducing the miscarriage (with drugs);
3. having the pregnancy tissue removed (curettage);

Awaiting the natural course of events.

A miscarriage usually starts within a few days after the first bleeding. This can sometimes take longer, even up to a few weeks. Cramping pain will gradually develop in the uterus and the bleeding will increase. Normally, the pain should disappear almost immediately after the miscarriage. The bleeding also quickly reduces and is comparable to the last few days of menstruation.
If you have an RhD negative blood group, you may be given an anti-D immunoglobulin injection.

Benefits of waiting
You can wait because a spontaneous miscarriage runs a more natural course. The grief can be experienced at home and the potential complications of curettage can be avoided.

Drawbacks of waiting
If you decide to wait for a spontaneous miscarriage, it is advisable to consider how long you are willing to wait and to discuss this with your doctor. From a medical point of view, waiting cannot hurt and has no consequences for a future pregnancy. However, it can be emotionally demanding. Curettage may also be necessary at a later stage due to excessive bleeding or pain from an incomplete miscarriage. Pregnancy symptoms may persist as long as there is pregnancy tissue in the uterus.

Drug-induced miscarriage
If the miscarriage does not start naturally, you can choose to induce it with medicine (Mifegyne and Cytotec). If you opt for this treatment, you will be given eleven tablets by the doctor in the outpatient clinic. You will be instructed to swallow 3 tablets of 200 mg Mifegyne in the evening on day 1. On day 3 in the morning 36-48 hours later) you insert four tablets of 200 microgram Cytotec into the vagina. In most cases, the pills will take effect within three to four hours; you may experience abdominal cramps and bleeding. After 24 hours, you must insert the next four tablets of 200 microgram Cytotec into the vagina, regardless of whether or not you have had bleeding. If this is also unsuccessful, curettage will have to be carried out.

Benefits of drug-induced miscarriage
If successful, there is no need for curettage.

Downsides of drug-induced miscarriage
In some cases, a miscarriage using Mifegyne and Cytotec may not occur or may be incomplete, which would still require curettage. The bleeding and cramps can sometimes be severe. Nausea may occur as a side-effect.

Curettage
During curettage, the gynaecologist removes the pregnancy tissue from the uterus. This is done using a thin tube (vacuum aspiration) or scraper (curette) through the vagina and cervix. Curettage can be performed under general anaesthesia or with an epidural, depending on your preference and the assessment by the anaesthetist (the specialist responsible for the anaesthesia). There is also the option to perform the curettage under sedation. This means less aftercare and a shorter stay in the outpatient OR. If you have an RhD negative blood group, you will be given an anti-D immunoglobulin injection after the curettage.

Benefits of curettage
Less uncertainty than waiting and less interruption of your daily life.

Drawbacks of curettage

Curettage is a surgical procedure. A relatively rare complication is Asherman syndrome: adhesions form inside the uterus. These can reduce fertility and must be surgically removed in a later stage.

Perforation occasionally occurs: the tube or curette punctures the uterine wall. This usually has no consequences, but it is sometimes advisable to spend an extra night in the hospital. You will often be given antibiotics.
Another complication is an incomplete curettage, in which some of the tissue of the miscarriage is left behind.

After curettage there is a higher chance of premature delivery in the next pregnancy. This tissue can still be expelled spontaneously, but it may also be necessary to perform a second curettage.

After the miscarriage

Physical recovery

Physical recovery after a spontaneous miscarriage or curettage is usually quick. You may experience some bleeding and brown discharge for one to six weeks. It is advisable to wait with intercourse until the bleeding has stopped. Becoming pregnant is not hindered by a miscarriage and, from a medical point of view, there is no need to wait with another attempt at getting pregnant. The next menstruation will occur after around four to six weeks.

When should you seek medical attention?

It is advisable to contact your doctor or midwife in the following situations:

- In case of heavy bleeding (long-lasting and more than an ordinary menstruation). Definitely seek medical attention if you are seeing stars or fainting.
- In case of persistent complaints. Persistent cramping pain and/or heavy bleeding may be an indication of an incomplete miscarriage. In that case, some of the pregnancy tissue is still inside the uterus. Curettage may be required to removed it.
- In case of fever. A temperature of 38°C or higher could indicate an infection in the uterus which may require treatment with antibiotics.

Also contact your doctor or midwife if you are worried. Between 08:30 and 17:00, you can call the gynaecology outpatient clinic: (040) 888 83 80. Outside of office hours, you can call the maternity suites: (040) 888 95 51.

Emotional recovery

You may have a difficult time after a miscarriage. Grief, guilt, disbelief, anger and a feeling of emptiness are common emotions. It is hard to indicate how long this will take.
Feelings of guilt are almost never justified: you cannot stop or prevent a miscarriage. It is good to discuss your feelings with your partner, family, friends or doctor.

A subsequent pregnancy

A subsequent pregnancy usually goes well, even for women who have had more than one miscarriage. If you want to become pregnant, it is wise to live a healthy life.

A miscarriage cannot be prevented. It can be reassuring to have your doctor perform an ultrasound before the next pregnancy.

More information

Aid organisations

There is no national organisation focused on helping women who have had a miscarriage. However, there are several local organisations that can help with answering questions and seeking aid and support in your neighborhood:

Project Lotgenotencontact bij Miskramen (contact with fellow miscarriage mothers)
Humanitas, Nederlandse Vereniging voor Maatschappelijke Dienstverlening en Samenlevingsopbouw (Dutch association for social services and society building)
Sarphatistraat 4, 1017 WS Amsterdam
Postbus 71, 1000 AB Amsterdam
Tel. (020) 523 11 00

Freya, patient association for fertility problems
PO Box 476
6600 AL Wijchen
Tel./fax (024) 645 10 88
Website: www.freya.nl

FIOM, Stichting Ambulante FIOM (outpatient foundation)
Central Office
Kruisstraat 1
5211 DT 's-Hertogenbosch
tel. (073) 612 88 21

NVOG (Dutch Society of Obstetrics and Gynaecology)
Website
www.nvog.nl

Questions?

If you have any questions, please discuss them with your doctor or midwife. You can call the gynaecology department on (040) 888 83 80.