Miscarriage

Miscarriage: an unplanned loss of pregnancy prior to the point in which the fetus can survive.

There are three different types of miscarriage a woman can experience. All of them will carry a number of emotions with them. As midwives, it is part of our duty to guide women and families through pregnancy loss. While 12-32% of all pregnancies are reported to end in miscarriage, it is estimated that about 50% actually end in miscarriage. Many times the pregnancy was either unreported or unrecognized before the miscarriage occurred. This handout is to act as a guide, but is not intended to replace the value of your midwife. *Your midwife should only be a phone call away and is available at your request, all hours.*

Threatened Miscarriage: A term used when a woman shows signs or symptoms that a miscarriage may take place, usually vaginal bleeding. The cervix is usually closed and at this point there is about a 50% chance that the woman will miscarry. The bleeding will either stop and the pregnancy will continue, or the bleeding will pick up and a miscarriage will occur. A *Threatened miscarriage* becomes an *Inevitable miscarriage* once bleeding becomes more severe and cramping accompanies it. The woman will begin to pass contents of the uterus. Once this occurs, there is no avoiding a miscarriage. Bleeding may be heavy and contain clots and tissue.

Complete Miscarriage: A term used once the uterus has been emptied and the cervix has closed. When the miscarriage is complete, the baby, placenta, amniotic sac and all other products of the pregnancy have passed from the uterus. The experience can be quite emotional, and sometimes healing for women. Some bleeding and cramping may continue but usually resolves without treatment.

Incomplete Miscarriage: A term used when some contents are still inside the uterus. The threat of excessive bleeding, infection and complications remain until the uterus is completely empty.

Treatment Options

Observation – Many times a miscarriage does not require treatment. As long as vital signs are stable and the pregnancy is in the first trimester, observational treatment can be considered. Given time, the contents of the uterus will pass, usually within two weeks, but sometimes longer. Some clients may not wish to wait or may decide they are emotionally unprepared to follow through with this option. Concern of heavy bleeding, infection, or other complications may contribute to decisions for other treatments.

Herbal Treatment – Clients may consider or your midwife may suggest some herbal remedies to encourage or support the miscarriage. Please speak to your midwife before beginning herbal treatments.

Medical Treatment – Should the client or care provider decide the miscarriage should take place sooner rather than later, certain medications can be given to stimulate the uterus to empty it's contents. This can be done over a day but can take up to several days.

Surgical Treatment – Should the client or care provider decide that surgical treatment is best, a doctor can remove the contents of the uterus surgically. This may involve the client being put under general anesthetic. Some clients may consider this option if they cannot emotionally handle passing the uterine contents, or waiting for the miscarriage to happen. For women with heavy bleeding or infection, surgical treatment may be a good option as well.

Managing a Miscarriage

- For herbal support in emptying contents of the uterus, please consult your midwife.
- 600mg Ibuprofen can be taken to ease pain, alternatively arnica for pain can be used, and a warm bath is also healing and helpful.
- Red raspberry leaf tea to drink during and after a miscarriage supports and strengthens your uterus.
- Rest, drink plenty of water, and nourish your body. Avoid heavy lifting while bleeding.
- Be aware that bleeding can last 7-10 days after miscarriage, though it shouldn't be heavy.
- Sex should be avoided until bleeding has stopped and you feel comfortable and ready to resume.
- Pregnancy can be achieved and cycles will resume after a miscarriage. Treat the miscarriage as the first day of your last menstrual period.
- Birth control, if desired should be started right away.
- If wanting another pregnancy, be sure to continue folic acid daily as well as a prenatal vitamin if taking one.

If you are Rh – be sure to ask your midwife or care provider about the need for RhoGam!

When to call your midwife: Anytime you want support or if you experience heavy bleeding for more than 1.5 hours, a fever (100.4 or above), moderate to severe abdominal pain or cramping, or vaginal discharge that smells bad.

When to Call 9-1-1: Severe vaginal bleeding, or feelings of shock including: lightheadedness or feeling like you are about to pass out, confusion, shallow, rapid breathing, cold, clammy skin, weakness, or vomiting.

Things to Consider

- Naming the baby
- Having a ceremony for the baby
- Saving the baby, placenta, or tissue collected
  - For burial, cremation or genetic testing
  - Contact your midwife for further information
- Journal about your baby or experience
- Plant a tree or garden to memorialize your baby, or plant a tree for a donation in a state forest
- Donate to a charitable organization dealing with miscarriage or stillbirth

After a Miscarriage

Find support from: family, friends, religious leaders or groups, community support groups, online support groups, other parents who have experienced miscarriage (remember you are not alone, it is more common that you think).
Consider therapy such as grief counseling, art, animal, or music therapy, breathwork or other types.
Consider purchasing the book entitled Mending Invisible Wings: Journal for Healing Mothers by Mary Burgess (http://mendinginvisiblewingsblog.wordpress.com/tag/mary-burgess/).

References

Frye, Anne (2006). *Holistic Midwifery*. Portland, Oregon: Labrys Press

Myles, Margaret (2009*). Textbook For Midwives*, 15th edition, New York, New York: Churchill Livingstone.

Tharpe, N., Farley, C. (2009). *Clinical Practive Guidelines for Midwifery & Women's* Health. Sudbury, Massachusets: Jones and Bartlett Publishers.