



Miscarraige Questions

If you have been diagnosed with a miscarriage, you may be given the option of a D&C (a short surgical procedure) or allowing the miscarriage to pass spontaneously. Your physician will make a recommendation based on the length of the pregnancy, the size of the fetus and your symptoms (bleeding, pain, cramping).

Spontaneous misscarraige:

If the pregnancy is very early, you may be recommended to wait for a spontaneous miscarriage. In this case, you may experience symptoms similar to labor with severe cramping and bleeding. After the miscarriage is complete, your blood should be checked to make sure the pregnancy homone (HCG) has returned to normal. If you begin bleeding and the bleeding is excessive or does not stop withing a short period of time, you should call your physician, as you may still need a D&C. It is dangerous if the fetus passes and the placenta remains in place, as bleeding will persist.

Scheduling a D&C:

A D&C is an outpatient surgical procedure, usually performed at a surgical center. Patients typically register at the surgical center one hour prior to the planned time of the procedure. You are asked to not eat or drink anything 8 hours prior to the procedure as you will be given a light anesthetic to make you comfortable. The D&C is performed by your physician, who will be with you the entire time. During a D&C, the uterus is cleaned of all tissue. The procedure lasts about 10 minutes. You will need a ride home from the surgery center. There is minimal pain or cramping after a D&C.

Testing:

You should know your blood type when you are pregnant. If you are Rh antibody negative and your partner is Rh antibody positive, you will need Rhogam. If you had a spontaneous miscarriage, you need to make sure that your HCG has decreased to normal. Ectopic pregnancies may present with similar symptoms as a sponteous miscarrainge (bleeding, cramping, early pregnancy) and can be life threatening. If you have had several miscarraiges, your physician may recommend additional testing.

After a miscarriage, how long does bleeding last?

After a spontaneous miscarriage, heavy bleeding (greater than your normal menstrual period) will usually last for one day, although up to four days would be considered normal. Light bleeding will probably occur for an additional week. Irregular bleeding and staining may persist until the next spontaneous period.

What should I do after the miscarriage is complete?

After a miscarriage, you may resume normal activities. Do not drive on the day of the D&C, you may use tampons after one day and resume normal sexual activities after one week.

When can I expect my next period?

Your next period will probably come 4-8 weeks after the heavy bleeding stops.

How long should I wait before getting pregnant again?

It is best to wait for at least one normal menstrual cycle before trying to get pregnant again. Stay on your prenatal vitamins.

Am I at risk for a miscarriage next pregnancy?

Miscarriage occurs in about 18% of all clinically recognized pregnancies. Miscarriages are not caused by stress, exercise, eating or drinking the wrong food, intercourse, travel or lifting.

Women, who do not want to be pregnant, cannot cause a miscarriage. In the same vein, miscarriages cannot be prevented. They usually occur due to a chromosomal problem with the fetus. The rate of miscarriage with each pregnancy is independent of the last. Patients having three consecutive pregnancy losses are evaluated for reasons other than chromosomal problems.

Contact us for:

- Very heavy bleeding (filling more than 4 pads in less than 1 hr for more than 2 hrs)
- Fever greater than 100.4 for more than 4 hours
- Severe pain unrelieved by rest, heat and the medication you have been prescribed.