



Early Pregnancy Assessment Clinic (EPAC)

Guidance and Information after an Early Miscarriage

You have had a scan that has shown that you have had a miscarriage. You may have had some warning, for example bleeding or discharge from your vagina and/or pain, or you may have stopped feeling pregnant. Sometimes there is no sign at all that things may be wrong and the news can be shocking.

This can be a devastating time, and you and your partner, and your family may experience a range of emotions.

Although no-one can take away your sense of loss, it can sometimes be helpful to talk things through and share your experiences with others. There is support available to you, to help you to feel less alone, and to know others will have similar experiences to yours. Talking with a family member or close friend can be helpful; however, it need not be anyone close to you.

Here are some contacts below and overleaf:

- Baby loss support midwives
Sophie Wilson & Rachel McWilliams (Dorset County Hospital)
Telephone: 07795 318318 / 07825280491
Forgetmenot@dchft.nhs.uk
- The Miscarriage Association
Helpline: 01294 200799
Website: www.miscarriageassociation.org.uk
E-mail: info@miscarriageassociation.org.uk
- Baby loss certificate
<https://www.gov.uk/request-baby-loss-certificate>
- The Ectopic Pregnancy Trust
Telephone: 0207 7332653
Website: www.ectopic.org.uk
E-mail: ept@ectopic.org.uk
- The Hospital Chaplain
Telephone: 01305 255198
- Midwife Co-ordinator, Early Pregnancy Clinic
Telephone: 01305 255760 (24 hours contact)

Your GP may also be able to offer support. Your physical recovery may not take very long, but emotionally it may take some time and it is possible that feelings of loss will always be with you.

Why did I miscarry?

Even though around 1 in 4 pregnancies end in miscarriage, it is usually difficult to determine the cause. Many women are left asking the question “why?” and find it hard to accept that no-one can give a definite answer. It is very unlikely to be because of anything you did – miscarriage is rarely anyone’s fault. The main causes are thought to be:

- **Genetic**
About half of all early miscarriages occur because of chance chromosome abnormalities.
- **Hormonal**
Women with hormone irregularities may find it harder to conceive and when they do, can be more likely to miscarry.
- **Clotting problems**
Blood clotting problems within the blood vessels which supply the placenta can lead to miscarriage.
- **Anatomical**
Some women may have an irregular shaped uterus, which can sometimes cause problems. If the cervix (neck of the womb) is weak, it may start to open and may lead to miscarriage. This is not a cause of 1st trimester (less than 13 weeks) miscarriages.
- **Ectopic pregnancy**
This is when the fertilised egg implants outside the womb, most commonly in the fallopian tube. There is a separate leaflet explaining this.
- **Molar pregnancy (Hydatidiform Mole)**
A small number of women are found to have this. It occurs when a genetically abnormal fertilized egg implants in the uterus, but the cells of the placenta grow very rapidly and prevent it growing further. This can be quite a complex condition, and the doctor or nurse will be able to give you further information.

What happens now?

Depending on the scan results, you may be offered a choice. The midwife or doctor will discuss this with you, and there is a separate leaflet outlining the options available to you.

If the miscarriage is complete, you will need no further medical treatment, but we would advise you to see your GP for a check-up in about 6 weeks.

When will my periods come back to normal?

It is not unusual for your period to be later than normal after a miscarriage and it may be heavier. Sometimes they can be irregular for a few months after a miscarriage. If you are concerned about this, it may be worth discussing with your GP.

Will the miscarriage affect our chances of having another baby?

After one miscarriage, most women go on to have a normal pregnancy. Statistics indicate that even after several miscarriages, you still have a good chance of having a baby.

How long should we wait before trying for another baby?

The most important thing is to wait until you feel physical and emotionally ready to try again. Doctor's opinions vary, but most advise that you can wait until you have had one or two periods before trying to conceive again. This makes it easier to date a subsequent pregnancy. Take care of yourself with a healthy diet, plenty of rest and regular exercise. Folic acid tablets are recommended before conception and in early pregnancy. Ask your chemist or GP for information.

Further information

If you have any concerns when you get home, please feel free to phone the midwife on the number below:

Early Pregnancy Assessment Unit
Telephone: 01305 255760

About this leaflet:

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If you have feedback regarding the accuracy of the information contained in this leaflet, or if you would like a list of references used to develop this leaflet, please email pals@dchft.nhs.uk



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