

EARLY PREGNANCY LOSS



What is early pregnancy loss (EPL)?

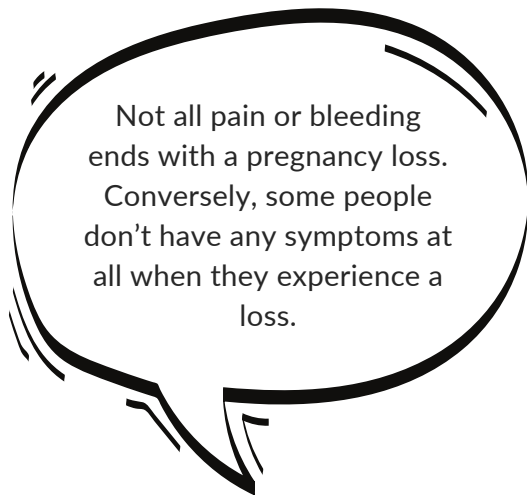
- Early pregnancy loss (EPL), also referred to as a miscarriage, is the loss of pregnancy during the first 13 weeks of pregnancy
- 1 in 5 pregnancies end in loss; most often in the first trimester.

If you are facing an early pregnancy loss, we want you to know first and foremost, you did nothing to cause the loss. It is not your fault. Even though early pregnancy loss is a common experience, this does not make it any less difficult or painful. Your mental health is important, so ask for support if you need it. Everyone's physical and psychological experience of loss is different.

What are the signs and symptoms of possible pregnancy complications/loss?



- **Bleeding:** Usually the first sign is bleeding from the vagina. It may be light or heavy, constant or on and off.
- **Pain/cramping:** Usually in the lower belly or lower back.
- **Passing tissue:** dark red blood clots or thick stringy material may pass from the vagina.



When should I seek medical attention?

If you are experiencing vaginal bleeding or pain, you should seek medical attention. You should contact your family physician, midwife, or obstetrician/gynecologist.

If none of these options are available to you in the next one to three days, you should go to your local emergency department.

However, you should go to the emergency department immediately if you:

RED FLAGS

- Suddenly have severe pain in your abdomen that is not going away or is not lessened with acetaminophen (Tylenol)
- Suddenly feel faint or like you are passing out
- Have very heavy bleeding (soaking more than three pads in three hours)
- Have chills or a fever higher than 38°C (100.4°F)

What caused my pregnancy loss?

These are difficult situations, but it is important for you to know that this is not your fault. The most common cause of early pregnancy loss is an issue with the development of the baby (a genetic or chromosomal abnormality), which causes it to stop growing

Early pregnancy loss is not caused by exercise, nausea/vomiting, or sex. There is nothing you did to cause this, and nothing you could have done to prevent this from happening.

Unfortunately, there is no treatment to prevent pregnancy loss.

I'm having bleeding/pain during pregnancy, how do I find out if I am experiencing pregnancy loss?

An ultrasound (a medical scan) and/or a blood test (beta-hCG) can show if a pregnancy is not developing as expected, or if it has ended.

A blood test for human chorionic gonadotropin (beta-hCG) may be done by your healthcare provider. This substance is made by the developing placenta. A low or decreasing level of beta-hCG can mean loss of the pregnancy. This value needs to be followed by your health care provider.

What is the experience of pregnancy loss like?

Bleeding

- You will likely have bleeding much heavier than a period while passing the pregnancy. This heavy bleeding can last for several days, followed by moderate to light bleeding for 1-2 weeks.
- You may pass clots of varying sizes (sometimes called “products of conception”). This is pregnancy tissue and is normal. Seeing tissue may be upsetting for you.
- Use pads instead of tampons/menstrual cups while you are bleeding from pregnancy loss.
- Your next period should start in 4 to 6 weeks and using tampons at this time is ok.

Pain

- You will likely have painful cramping that can last for several days, even after the miscarriage is complete.
- It is recommended to use acetaminophen (Tylenol) or ibuprofen (Advil) for these cramps. At times the pain can be very intense, far worse than period cramping.
- If this pain is not subsiding and not improving with medications, seek care in your nearest emergency department.

Passing tissue

- You may also pass something that looks like tissue (sometimes called “products of conception”). This is normal, but may be upsetting for you.
- In an early loss (less than 13 weeks), there is no need to collect the tissue or take the tissue to your doctor.

Are there different types of early pregnancy loss?

Depending on the stage you are in your loss, will determine what your physical experience of loss will be over the next few days to weeks.

The three types of early pregnancy loss include:

1) Complete miscarriage

- A complete miscarriage occurs when all the pregnancy-related tissue has passed out of the uterus.
- If you are diagnosed with a complete miscarriage at the Emergency Department or subsequent visits, you may continue bleeding for up to several weeks following the miscarriage. The bleeding can, at times, be heavy, including having to change thick maxi-pads every several hours or experiencing severe (but intermittent and resolving) pain and cramps. The bleeding, when heavy, can also have blood clots, which look like dark jelly. While this appearance can be scary, it is often normal.
- If you are experiencing very heavy bleeding (soaking more than three pads in three hours), have severe pain that is not going away with Tylenol or suddenly feel faint or feel like passing out, go to the nearest Emergency Department.

2) Incomplete miscarriage

- An incomplete miscarriage is one in which only some of the pregnancy-related tissue has left the body and some pregnancy tissue remains in the uterus. In this situation, vaginal bleeding and cramping may have already occurred.

3) Missed Miscarriage

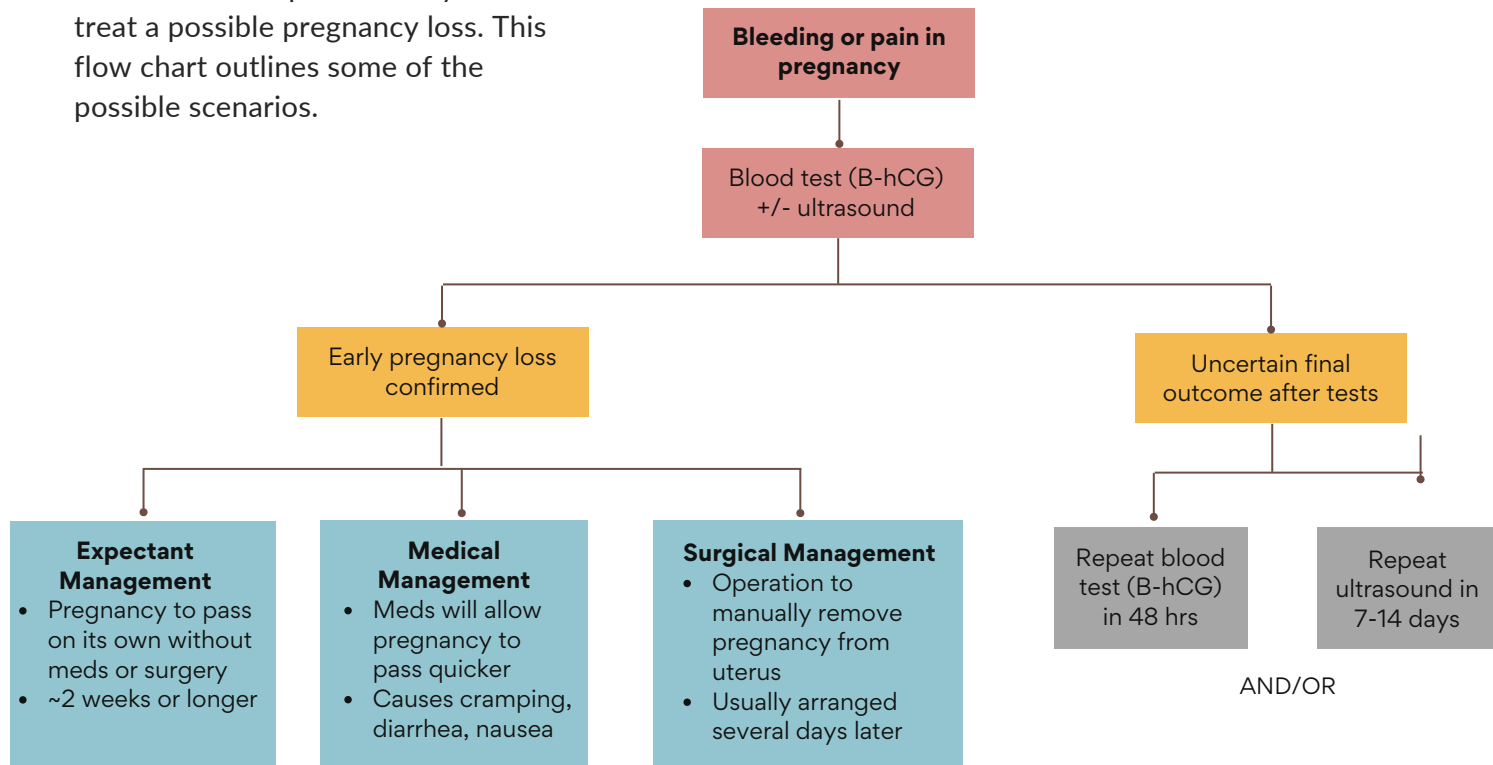
- A missed miscarriage is a pregnancy that stopped developing and there were not any symptoms such as vaginal bleeding to signal the pregnancy was ending in loss.
- While the terminology 'Missed' can be confusing and difficult to hear, please know that you did not do anything wrong and that you did not 'miss' anything.

If you are diagnosed with an **incomplete** or **missed miscarriage** at the Emergency Department or subsequent visits, this unfortunately confirms an **early pregnancy loss**. Subsequently, the doctor may counsel regarding different management options going forward.

- 1) Expectant
- 2) Medical
- 3) Surgical

How are pregnancy losses / miscarriages treated? Do I need medical attention for this?

There are a few possible ways to treat a possible pregnancy loss. This flow chart outlines some of the possible scenarios.



Management Options for Early Pregnancy Loss

Expectant Management

- A “watchful waiting” management approach is one in which the early pregnancy loss is not actively treated. The goal in expectant management is for the pregnancy to expel from the uterus without intervention (i.e. without medications or surgery).
- For some individuals, they may choose to this option if bleeding has already started. Others may choose this option if there was early pregnancy loss confirmed, but have not started bleeding, and would prefer the process to naturally occur. This process may take days or weeks to complete, sometimes even two weeks or longer.
- Sometimes expectant management will not be successful, and medication or surgery will be necessary.

Medical Management

- Another option is to use medications to help the miscarriage progress faster. Some may prefer this in order to have greater control and predictability over the process.
- Two medications that can be used are: 1) misoprostol alone, or 2) mifepristone and misoprostol combined (brand name Mifegymiso). Depending on how the medications are prescribed, they may be taken orally or inserted vaginally.
- Misoprostol is used to dilate the cervix and assist with expulsion of the products of conception from the uterus. For those who have had miscarriages where bleeding has not already commenced, recent evidence supports pre-treatment with a medication called mifepristone, versus misoprostol alone, as it may increase the likelihood of completely expelling the gestational sac and avoiding surgical management. If you are prescribed mifepristone and misoprostol combined (brand name Mifegymiso), mifepristone 200 mg is given first and taken orally, followed by misoprostol 24 hours later. Currently, mifepristone in addition to misoprostol is not available at all pharmacies or hospitals in Ontario.
- The use of these medications will cause increased cramping and bleeding over the following several hours in attempt to help pass the pregnancy tissue. For some, they may find it occurs quickly within the next 2 - 4 hours, for others, it may take 24 - 48 hours. The bleeding may be similar to a menstrual period or heavier. Some may continue to experience bleeding and cramping for up to 2 weeks, even after the passage of tissue. Additional side effects may include diarrhea, nausea, chills or severe cramping. Pain from the cramping may be reduced with use of acetaminophen/Tylenol (up to 2 extra strength, every 6 hours), and can be taken in addition to a non-steroidal anti-inflammatory such Advil (up to 2 extra strength, every 8 hours) or naproxen/Alevee. Sometimes a narcotic may also be prescribed.
- If you opt for medical management, you should also receive information from your prescriber on expected changes in bleeding, how to manage pain and nausea, and who to contact if bleeding does not start within 24 hours.
- Unfortunately in some cases, medical management may not be successful and may require further assessment and/or additional medications or surgical management

Surgical Management

- This approach involves vacuum uterine aspiration or dilatation and curettage (D&C) to surgically remove the pregnancy from the uterus.
- After any of these options, you may continue bleeding for up to several weeks following the miscarriage. The bleeding can, at times, be heavy, including having to change thick maxi-pads every several hours or experiencing severe (but intermittent and resolving) pain and cramps. The bleeding, when heavy, can also have blood clots, which look like dark jelly. While this appearance can be scary, the amount of bleeding is concerning if you experience Red Flags (see page 1). If these Red Flags occur, you should return to the Emergency Department.
- You should have follow-up with your Family Doctor, and obstetrical care provider, or an early pregnancy clinic within one to two weeks following a Missed Miscarriage. At this follow-up appointment, the doctor will tell you if any additional blood work or ultrasounds are needed.

Next steps: Who do I follow up with after the pregnancy loss?

You can follow up with your family doctor, midwife, obstetrician, or an Early Pregnancy Loss Clinic if you have access to one. If you do not have access to these, follow-up care may be arranged through the emergency department.

Early Pregnancy Loss Assessment Center
- is staffed by health care providers and support professionals who care for people with early pregnancy complications or loss.

Can I get pregnant again?

Early pregnancy loss is usually a chance, one-time event. Most people go on to have successful, healthy pregnancies. A single miscarriage does not increase your chances of having another miscarriage in the future. However, if you do have more than two to three miscarriages, your doctor may decide to do some testing to look for a possible causes.

I am interested in trying to get pregnant again soon, when is it safe to try for another pregnancy?

It usually takes between four to six weeks to get your period after a miscarriage.

If you want to get pregnant as soon as possible, you can start trying after you have a period. Waiting until your first period helps to ensure the miscarriage is complete.

I am not interested in getting pregnant again in the near future, how can I prevent pregnancy from happening again?

If you don't want to get pregnant, talk to your doctor about a birth control method that's right for you.

Feeling down? Needing support or resources?

Experiencing pregnancy loss can be very difficult for you and your loved ones. The experience is different for everyone, and yours may be different from those of your friends and family.

It is important to talk to a doctor or counselor if you are feeling low or depressed following a pregnancy loss.

There are supports available including peer support groups which can be helpful.

- **i. Pregnancy and Infant Loss Network (PAIL Network):** pailnetwork.ca and 416-480-5330 or 1-844-772-9388
- **ii. Bereaved Families of Ontario:** bfotoronto.ca and 416-440-0290 or 1-800-236-6364
- **iii. October 15** - october15.ca: Every year, across Canada, Oct 15 is Pregnancy and Infant Loss Awareness Day. This site provides information on events, as well as resources for parents.