

Early Miscarriage

Miscarriage is a common occurrence. About 1 in 5 pregnancies ends in miscarriage. Diagnosing a miscarriage can be done in several ways. Women may experience symptoms of miscarriage, such as blood loss and/or abdominal pain, or a standard ultrasound may also be done, and it appears that the fetus is no longer alive. There are several ways to treat a miscarriage; wait and see, medication or curettage. Below, we will discuss the pros and cons of the various treatment options. To choose a treatment, you can also use the [selection table](#).

Waiting

You can wait until your body sheds the fetus on its own. If the bleeding has already started, it usually takes a few days to 2 weeks for the miscarriage to occur. This is true for 7 out of 10 women. In 3 out of 10 women, it takes more than 2 weeks for the miscarriage to occur, or the miscarriage does not occur independently. When the bleeding has not yet started, about 5 out of 10 women spontaneously lose the fetus within 2 weeks. After experiencing miscarriage, women may have some blood loss for up to 6 weeks afterward. However, most women return to normal menstruation within 6 weeks of miscarriage.

The advantages of waiting are:

- You don't have to go to the hospital.
- You don't get any medications or IVs.
- Often you have less pain than with medication.
- No damage to the uterus.
- No additional risk of adhesions.
- No additional risk of preterm birth in a subsequent pregnancy.

The disadvantages of waiting can be:

- You don't know when the bleeding will start. This is not a problem for the body but can be emotionally challenging.
- Having a miscarriage hurts. Some women find the pain as bad as a heavy period. Other women experience more pain. You can take paracetamol or ibuprofen for this.

- Sometimes the blood loss is so bad that you need to be rushed to the hospital. This happens to 1 to 2 women out of 100. In this case, an operation (curettage) is usually still necessary.
- A residual miscarriage gives a small risk of inflammation of the uterus. Unfortunately, 3 out of 100 women get this.

Advice on miscarriage:

- You can use painkillers, such as paracetamol (2 pills of 500mg every 6 hours).
- If necessary, you can add an NSAID, such as naproxen (2 times a day 500mg) or ibuprofen (3 times a day 400mg).
- Use sanitary napkins, not tampons. Tampons hold back pieces of tissue or clumps of blood. This is more likely to cause inflammation.
- Do not bathe, swim or go to the sauna (to prevent inflammation). Showering is allowed.
- Do not have sex if you are losing blood. This also gives you a chance of inflammation.
- Make sure there is someone around with whom you feel comfortable.
- Sometimes you may lose a lot of blood unexpectedly. Then the person with you can call the midwife, family doctor, or hospital.
- You don't have to catch the miscarriage to see if the miscarriage is complete. But of course, you may catch it. It can help you process that your pregnancy went wrong. This way you can say goodbye. You can put the fetus in a jar with water. You can also bury it if you wish.
- You do not need to take the fetus to the midwife, family doctor, or hospital. It does not need to be examined. There is no point, not even for a future pregnancy.
- Miscarriage tissue may be discarded or flushed down the toilet.
- If you have questions about what you saw, you can take a picture of it to show the midwife or doctor later.

When to call if you are waiting to miscarry?

Call the family doctor, your obstetrician, or gynecologist urgently if you

- have a lot of blood loss: if you have to change thick pads several times in 1 hour
- Feeling dizzy, feeling like you're going to faint
- have a lot of pain and need stronger pain relief
- continues to have pain and blood loss for more than 24 hours after the miscarriage
- have a fever higher than 38 degrees
- Have questions or concerns

Medications

You can take medication that will make the fetus leave your uterus faster. These medicines are given to you by the gynecologist, and you take them at home. You will be given 1 tablet of mifepristone to swallow. Then, 24 to 48 after that, you will use 4 tablets of misoprostol. You should preferably take these tablets vaginally (just like a tampon), as they have the fewest side effects. You can also insert the tablets rectally (via the anus), put them under your tongue, or swallow them. After experiencing a miscarriage, women may experience some blood loss for up to 6 weeks afterward. Most women return to a normal period within 6 weeks of miscarriage.

Benefits:

- If you are on medication, you decide when to start taking and inserting the medication.
- Most women experience blood loss and abdominal cramps within a day of inserting the vaginal tablets. In addition, it causes contractions of the uterus (contractions), which induces miscarriage.
- 85 out of 100 women have a complete miscarriage after medication. They miscarry at home within 2 days.
- No damage to the uterus.
- No additional risk of adhesions.
- No additional risk of preterm birth in a subsequent pregnancy.

Disadvantages:

- You're not certain if inducing the miscarriage will work.
- About 15 out of 100 women still require surgery (curettage).
- Having a miscarriage hurts. Some women find the pain as bad as a heavy period. Other women experience more pain.
- You may experience side effects of the medication, such as fever, nausea, and diarrhea.
- The side effects last for several days.
- Sometimes the blood loss is so bad that you need to be rushed to the hospital. This happens in 1 to 2 women out of 100. In that case, you usually get surgery (curettage).
- A residual miscarriage gives a small risk of inflammation of the uterus. Unfortunately, 3 out of 100 women get this.

What happens if you take medication to speed up the miscarriage?

- You first swallow 1 tablet of mifepristone, and 24-48 hours later, insert 4 tablets of misoprostol into the vagina.
- Do you get blood loss from your vagina within a day? Then the pills will work, and you will have a miscarriage.
- Do you not get pain and blood loss within 48 hours of inserting the vaginal tablets? Then contact the hospital.
- Getting the miscarriage is otherwise the same as with a miscarriage, you wait for.
- The miscarriage usually lasts about 2 hours.
- After the miscarriage, the pain and blood loss decrease.
- The pills dissolve almost completely. But you can still find pills in the vagina. You can remove these yourself after 24 hours and throw them away. This is because the active substances have been absorbed into your body.

For inducing a miscarriage with medication, the same advice applies to waiting. See "advice in case of miscarriage" and "when to call if you wait in case of miscarriage".

Curettage

A gynecologist can remove a miscarriage with surgery. This is called curettage.

The anesthesia is anesthesia. The gynecologist inserts a tube through the cervix into the uterus. Through this tube, the miscarriage tissue is sucked out. So, you will not have a wound outside the operation (but in the uterus).

A curettage takes 10 to 15 minutes. After a curettage, women may experience blood loss for about 2 weeks after the procedure. Most women return to a normal period within 6 weeks of curettage.

Benefits:

- You know when you will have a miscarriage if it doesn't happen spontaneously before then.
- The procedure is short, so you'll be in pain for less time than with wait-and-see or medication.

Disadvantages:

- It is an operation in the hospital with an anesthetic (narcosis). Anesthesia can have the side effect of making you feel nauseous and uncomfortable after surgery.
- Chance of a lot of blood loss. 2 out of 100 women need extra blood after surgery (blood transfusion).
- Chance of a hole in the uterus. The tube then goes through the wall of the uterus. This happens in 1 out of 100 women. Usually, this is not a problem. However, you will stay in the hospital longer for checkups. In addition, you will be given antibiotics.
- A greater chance that a residual miscarriage will remain. A remnant miscarriage gives a small risk of inflammation of the uterus. 3 out of 100 women get this.

Disadvantages for subsequent pregnancies:

- 2 out of 100 women have a harder time getting pregnant because of adhesions in the uterus. This is called Asherman syndrome. Surgery may then be needed to remove the adhesions.
- There is a greater chance that in a subsequent pregnancy, the baby will be born prematurely. After a curettage, about 8-9 out of 100 women will have a preterm birth, compared to 6 out of 100 women who have not had a curettage. The more often you have a curettage, the greater the chance.

For an operation for a miscarriage, you will be in hospital for half a day. Curettage is usually not performed at the Amsterdam UMC itself but on location at the Boerhave clinics. The gynecologist is from the Amsterdam UMC.

The anesthesiologist (anesthesiologist) will tell you from what time you are not allowed to eat or drink before the surgery.

The gynecologist usually prescribes 2 tablets of misoprostol. You put these deep into your vagina 2 hours before the procedure. This medicine causes your uterus to open up a little. The gynecologist can then stretch the uterus more easily.

The surgery takes 10 to 15 minutes.

Ask in advance if someone can pick you up.

Advice for home after surgery for miscarriage

The cervix is still open for a few days. This gives an extra chance for inflammation. You can reduce that chance by spending the first 2 weeks:

- not to use tampons
- not have sex (don't put anything in the vagina)

- not to take a bath (showering is allowed)
- not to swim
- not to go to the sauna
- You may experience blood loss for a few more weeks.
- You may have abdominal pain for another week. After that, you can use painkillers, such as paracetamol (2 tablets of 500 mg every 6 hours).
- If necessary, you can add an NSAID, such as naproxen (2 times a day 500mg) or ibuprofen (3 times a day 400mg).

When to call after surgery for a miscarriage?

Call the family doctor, midwife, or hospital if, after surgery you

- Gets a fever (higher than 38 degrees)
- suddenly gets severe abdominal pain
- bleed more heavily than with a period
- have smelly discharge and also feel uncomfortable
- Have questions or concerns
- If there is pain and a lot of blood loss, there may be a remnant of the miscarriage left behind.

For consultation or questions, you can call the gynecology outpatient clinic

Phone number: