

Miscarriage during the first trimester

Miscarriage during the first trimester is a common occurrence. It is estimated that every fifth pregnancy ends with a miscarriage. What causes miscarriage is not fully known and in most cases, because of the commonness, the cause is not researched particularly. In most cases, what happened and why will never be known. Although, it is known that rarely only one factor causes a miscarriage; and the cause is seldom found in something the patient did or did not do. There is a high likelihood that next pregnancy will be successful.

In case of three miscarriages in a row, without having a birth in between, a further examination is recommended. Despite efforts to find the cause of repeated miscarriages a clear explanation cannot be guaranteed. Despite that the probability of a successful next pregnancy is still high. The likelihood of a successful pregnancy is good but it is a difficult process to go through.

Symptoms of miscarriage

The symptoms of miscarriage are often vaginal bleeding and pain. Sometimes, the symptoms are very little or none, and the miscarriage is diagnosed with an ultrasound scan. Pregnancy symptoms (nausea, fatigue, breast soreness) may continue despite the fetal death. In some cases, no fetus is seen but gestational sac has formed.

Diagnosis

To ensure an accurate diagnosis, an ultrasound scan is performed twice with 10-14 days interval. It is preferred that the ultrasound is performed by the same examiner or at the same institution. The reason for the interval between ultrasound scans is that vaginal bleedings in early pregnancy is common and it is very important to ensure that it truly is a miscarriage instead of a small bleeding in a normal early pregnancy. By following this process, a mistake in diagnosing is greatly decreased. During the two week waiting period the body gets an opportunity to finish the miscarriage in a natural way. According to researches most women start to bleed spontaneously within two weeks from the fetal death, but in some cases it takes longer. After 10-14 days, the examination at the Gynecology Outpatient ward is repeated. At that time, if the miscarriage is confirmed but the uterus has not completely emptied, a medical treatment is offered.

Natural process of miscarriage

Vaginal bleeding and some pain can be expected during a miscarriage. Usually, it starts with light bleeding (less than menstrual period). The bleeding then becomes heavier and exceeds a heavy menstrual bleeding for the duration of 2-4 hours. Along with the bleeding, blood clumps will be discharged. The gestational sac could be visible, even a small fetus as well. It is recommended to move around and to go often to the restroom.

Along the bleeding, feeling abdominal pain is common. The pain is caused by uterine contractions. The pain is often described as cramping in the lower part of the abdomen that intensifies periodically. The pain diminishes when the bleeding decreases, although for the next 1-2 weeks some discomfort might remain. It is recommended to take anti-inflammatory pain killers, such as ibuprofen, to treat the pain. Sometimes nausea and vomiting may occur while the bleeding is heavy.

General advice

A good preparation is recommended, such as buying pain killers and to have large feminine pads ready, when needed.

While waiting for the bleeding to start, it is possible to continue normal daily routine. There is no need to be absent from work or to avoid exercises, as long as you are symptom free. During the day while the bleeding is at its heaviest, it is recommended to stay home.

Keep in mind:

- Avoid sexual intercourse during the vaginal bleeding.
- Shower instead of bathing/going to the swimming pool, during the vaginal bleeding.
- That it is normal to bleed for 2-3 weeks.
- While bleeding, only use feminine pads and avoid the usage of tampons and menstrual cups.
- That next menstrual bleeding should begin in 4-6 weeks and could be heavier than usual.

Pharmacological treatment

If the bleeding has not started spontaneously in two weeks a medical treatment will be offered. A medicine called Cytotec is used to start contractions in the uterus. The dosage is four tablets, taken at home. Often a pre-treatment with the medication Mifegyn is given at the medical appointment. The Cytotec tablets are placed deep into the vagina. Usually it starts bleeding few hours later. Symptoms are the same as during a miscarriage in natural way, as described earlier.

Most common side effects are flue like symptoms, a slight temperature (less than 38,0°C), nausea and diarrhea. The side effects usually diminish after 12 hours. Occasionally, the bleeding becomes so heavy that an immediate treatment at the hospital is needed.

When the treatment information and tablets are received, you will also get a questionnaire and recommendation how to follow up that the treatment was effective. The questionnaire is answered five weeks after the treatment and on the same day a home pregnancy test is taken. If any questions are answered with a yes we ask that you telephone 543-3224 daytime hours and book an appointment.

Operation

A minor operation is performed if the medical treatment is not appropriate or has not been successful. The operation is performed under short anesthesia and the uterus is emptied with a suction device. When an operation is needed, further information will be provided.

Emotional wellbeing

Often miscarriage is a sudden event and there is little time to process. The reaction to a miscarriage differs between individuals. Some feel like they have lost a child and need time and understanding to process the grief. Others feel little sorrow and just need to physically recover. No one reaction is correct. Allowing time to process the loss and talking to loved ones or professionals can help. Grieving is normal and processing the loss takes time. Landspítali offers women and their partners support in the form of an interview with a socialworker, priest, or a deacon. A nurse can set up the interview if needed.

There is a reason to call the Gynecology emergency service, if:

- The bleeding fills XL feminine pads, night pads or something similar, within 30 minutes for more than two hours.
- New abdominal pain starts.
- Pain is not relived by using of pain killers or pain remains despite the bleeding has stopped.
- Body temperature is above 38°C.

If the matter is urgent or cannot wait until next day, please contact Landspítali's Main Desk, tel.: 543 1000 and ask for the Emergency Gynecology services at the Women's Hospital.

In case of emergency please contact 112.

Contact information

The reception at the Gynecology Outpatient Ward (21 AM) is open on business days between 8:00 and 16:00, tel.: 543 3224.