UZ LEUVEN

Early pregnancy loss

Patient information

Introduction

If you are reading this brochure, you will unfortunately have been told that your pregnancy has resulted in a miscarriage. This brochure aims to explain your pregnancy loss, what you can expect, the various options that are open to you and the impact this loss may have on you.

Remember that no two miscarriages are the same and everyone reacts to one differently. Not everything in this brochure will consequently apply to you. Mainly take in those parts that are useful to you or can offer you support. Remember that you can contact us at any time if you have questions or need to talk.

THE DEPARTMENT AND PHYSICIANS

Your appointments will take place in the 'woman, child and genetics' building at UZ Leuven. You can park your car at parking West. From the carpark follow the 'Hospital' signs and then the red arrow.
Enter the building via 'gate 4' following the red arrow inside. You can register here via the reception desk or the mynexuzhealth app and you will then be directed to the correct waiting area.

Our department includes several physicians who specialise in early pregnancy:

- Prof. dr. Timmerman
- Prof. dr. Pexsters
- Prof. dr. Van den Bosch
- Prof. dr. Froyman
- Dr. Van Schoubroeck

Our doctors are also supported by midwifery consultants, i.e. midwives specialised in early pregnancy loss. They can be contacted via:

- gyn.casemanager@uzleuven.be
- 016 34 27 96

WHAT IS A MISCARRIAGE?

We refer to an early miscarriage with a pregnancy of less than 12 weeks that is no longer developing. An early miscarriage diagnosis is made on the basis of clinical and ultrasound data at the consultation unit or in A&E.

There are different types of miscarriages:

- A missed miscarriage is diagnosed when we can tell from the ultrasound that the pregnancy is still present in the uterus but the foetus has stopped developing and/or the heartbeat has stopped. Sometimes the ultrasound will show that the amniotic sac is empty, indicating that the foetus could not develop. This is also referred to as a miscarriage in this brochure.
- With an incomplete miscarriage we can no longer see an amniotic sac on the ultrasound, but we can still see signs of a pregnancy in the uterus. You may already have lost some blood as a result.
- With a complete miscarriage the ultrasound no longer shows any signs of a pregnancy. You may already have lost some blood as a result.

Sometimes you may have already suffered some spontaneous blood loss, lost some blood clots or suffered cramping similar to menstruation pains. It is also possible that you did not have any symptoms beforehand and that the news you were given at the consultation was totally unexpected.

Despite the fact that we refer to these different types of miscarriages, it remains a loss of a pregnancy that may well have been very desirable. This brochure will consequently always use the term miscarriage and only occasionally make a distinction between the different types.

Different terms can be used to refer to this pregnancy, e.g. an embryo, your baby, your unborn baby, your little star, etc. Use whatever term you feel most comfortable with.
This brochure uses the term 'foetus' but feel free to replace this with a word you prefer to use.

MISCARRIAGE: WHAT NOW?

FOLLOWING A COMPLETE MISCARRIAGE

A miscarriage can happen spontaneously resulting in blood loss and menstruation like cramps. You may also have lost some blood clots. Blood loss can vary and continue for several weeks after. Sometimes you may still lose blood clots and suffer menstruation like cramps. Always be alert to the following symptoms though. If any of them occur report to A&E:

- Excessive blood loss
- Severe pain despite having taken painkillers
- A temperature > 38.5°C
- Malodorous vaginal blood loss

FOLLOWING AN INCOMPLETE OR MISSED MISCARRIAGE

Once an incomplete or missed miscarriage has been diagnosed you have various treatment options. The gynaecologist and midwife can help you make this decision. They will run through the various options with you, discuss the advantages and disadvantages and answer any questions you might have. Depending on your previous history and other individual factors, some options may be more beneficial than others. Again this will be discussed with you.

There are three options available:

- ✔ Expectant management
- ✔ Medical management
- ✔ Surgical management

Remember that you don't have to decide straight away when a miscarriage has been diagnosed. You have a few days or even a few weeks to decide.

Expectant management

You may decide to wait until spontaneous blood loss occurs. This may happen within a few days but may take longer.

Possible symptoms include pain, lower abdominal pressure or lower back pain. They are caused by the contractions of the uterine muscle. The cramps can be more painful than those experienced during menstruation.

You will also suffer vaginal blood loss, which may be considerable and include several large blood clots.

If you decide upon expectant management, it is essential that you watch out for signs of a possible infection. Always contact the midwifery consultants or gynaecologist on call in the event of one of the following symptoms:

- Malodorous vaginal (blood) loss
- Feeling generally unwell
- Nagging lower abdominal pain
- Anxiety

Report to A&E immediately in the event of the following symptoms:

- A temperature > 38.5°C
- Excessive blood loss
- Severe pain despite having taken painkillers

Once the physical side of the miscarriage has ended, we would like you to come for a check-up at the gynaecological ultrasound consultation unit. You can also talk to the gynaecology midwifery consultants on that day if you wish to do so.

If you decide after a while that you would like to switch to medical or surgical management, you are at liberty to do so. In that case contact the midwifery consultants.

Medical management

If you opt for medical management you have decided to start using medication to speed up the physical process of the miscarriage.

Medical management involves two types of medication that are taken with a gap of 36 to 48 hours between them:

- ✔ The first medication is Mifegyne®, an oral tablet which is taken in the hospital. This medication softens the uterus and makes it more susceptible to the second medication. Most women suffer few side effects from this pill. You may feel slightly nauseous or suffer minimal blood loss. Occasionally blood loss may be considerable following the use of Mifegyne® on its own. Even so, we still advise the use of the second medication to give your body every opportunity to abort the amniotic sac and/or foetus.

- ✔ The second medication is Cytotec®. You will be provided with it at the hospital to take home. It consists of four vaginal tablets, which are applied 36 to 48 hours after you have taken Mifegyne®. You must then lie down and rest for at least 30 minutes to give the vaginal medication chance to work. 1 to 6 hours after the insertion of the tablets you will notice that they are starting to work. Possible symptoms include pain, lower abdominal pressure or lower back pain: they are caused by the contractions of the uterine muscle. The cramps can be more painful than those experienced during menstruation.

  You will also suffer vaginal blood loss, which may be considerable and include several large blood clots.

Other potential temporary side effects include:

- Feeling feverish, slightly raised temperature
- Stomach/bowel problems (nausea, vomiting, diarrhoea)
- Generally feeling unwell

The day on which the Cytotec® tablets are administered will not be easy. The first 24 hours following the insertion of the tablets are often the most intense. It is advisable, therefore, that someone should stay with you and look after you that day.

Most women suffer more extensive blood loss during the first 24 hours, after that it will gradually reduce. The blood loss may last and fluctuate for about 2 weeks. After 2 weeks we would like to see you again for an ultrasound check-up.

Contact us sooner or report to the nearest A&E department in the event of any of the following symptoms:

- Excessive blood loss
- Severe pain despite having taken painkillers
- A temperature > 38.5°C
- Malodorous vaginal blood loss

With 90% of women we still observe some remaining tissue during the ultrasound scan following the use of the medication. We may propose to wait a little longer and plan a second ultrasound check-up following menstruation.
Sometimes surgical intervention may be necessary. The doctor in charge of the treatment will discuss this with you.

Surgical management

Finally, you may opt for surgical management.

If that is the case your uterus will be cleared of any remaining tissue during a short operation under general anaesthetic. It is usually performed at the surgery day care hospital.

Despite the fact that our physicians are very familiar with this type of intervention, all operations are associated with potential risks. The main ones being a risk of infection, of perforation of the uterus, of excessive blood loss or (in exceptional cases) a risk of adhesion. However, these complications are very rare. The physician will discuss this in detail with you before the operation.

Providing the operation was successful and you are feeling well, you can go home the same day, accompanied by your chosen companion.

Prior to the operation the anaesthetist will formulate an anaesthesia plan, following the completion of the 'anaesthesia questionnaire' or during a consultation with the anaesthetist.

The day of the operation will proceed more or less as follows:

- ✔ You will arrive at UZ Leuven via the large reception hall (you can park at parking Oost) where you report to the reception desk.
- ✔ You will then be expected at the agreed time at the reception desk for the surgery day care hospital. You will be welcomed by a nurse at the day care hospital, who will check your parameters, provide you with a hospital gown and cap and insert a drip. The physician will also try to call in to answer any further questions you might have.
- ✔ You will then be taken to the operating theatre.
  The anaesthetist will put you to sleep and the gynaecologist will perform the operation, which will take approximately 30 minutes. After the operation you will have to remain in hospital for a little while until you are properly awake again, any blood loss is normal, you have had something to eat and drink and have been able to urinate spontaneously. Providing all this is satisfactory you can go home the same day. The nursing staff and physician will provide you with any necessary prescriptions and certificates.
- ✔ You only need comfortable clothing and your usual toiletries for this brief hospital admission. So if it turns out that you need an overnight stay, you will already have the essential items with you.

Further information on surgery day care hospital procedures can be found in the 'Surgery day care hospital' brochure, which the midwifery consultant can provide you with.

You may still suffer uterine cramps during the first few days after the operation. Vaginal blood loss will be minimal but may persist for a few days. Sometimes the gynaecologist will schedule a follow-up ultrasound scan a few weeks after the curettage.

Contact us first or report to the nearest A&E department in the event of the following symptoms:

- Excessive blood loss
- Severe pain despite having taken painkillers
- A temperature > 38.5°C
- Malodorous vaginal blood loss

PAIN MANAGEMENT FOLLOWING A MISCARRIAGE

A miscarriage causes uterine cramps that may be quite painful. Non-medicinal pain management, such as placing a hot water bottle or cherry pit pillow on your abdomen or lower back, can provide some relief. If that is not enough you can take the following painkillers:

First stage:

✔ Paracetamol 1 g:
- 1 g → every 6 hours, maximum 4 tablets per day
- Available without prescription

Second stage:

✔ Ibuprofen 400/600 mg:
- 400 mg → every 4-6 hours, maximum 3 tablets per day with meals
  Available without prescription
- 600 mg → 1 to 2 tablets per day with meals. Only available on prescription.

Third stage:

✔ Tradonal® Odis 50 mg:

- 50 mg → 1 to 2 tablets every 4-6 hours, maximum 8 tablets per day
  › This is the maximum dose. Usually 1-2 tablets suffice. If you feel you still need more pain medication, it is advisable to report to the nearest A&E department to eliminate potential complications.
- Only available on prescription
- Remember: Can cause drowsiness, do not drive a car.

Important: Always read the enclosed leaflet before taking medication. In the event of doubt: discuss your concerns with the physician who is treating you.

Always remain vigilant about your pain levels. If you cannot manage the pain sufficiently you should report to the nearest A&E department.

FREQUENTLY ASKED QUESTIONS

When should I contact the hospital?

- ✔ If you suffer (abnormally) severe blood loss
- ✔ If you suffer (abnormally) severe pain, despite having taken painkillers
- ✔ With malodorous blood loss
- ✔ With a temperature > 38.5°C
- ✔ If you are feeling generally unwell

You can contact the gynaecology midwifery consultants by telephone on 016 34 27 96 during office hours (09.00 – 17.00 hrs).

In urgent cases outside office hours (24/7) you can call the gynaecologist on call on 016 34 08 03.

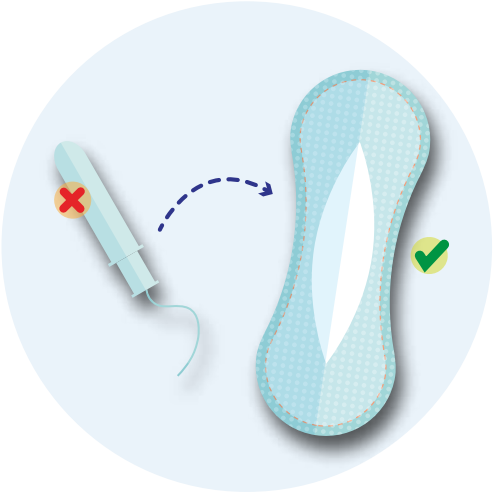
If you urgently require medical assistance, report to the nearest A&E department.

How much blood loss is normal following a miscarriage?

The amount of blood loss varies from person to person. It can be excessive and considerably more than during a 'normal' menstruation. You can also lose blood clots.

If your pregnancy was reasonably advanced these blood clots may sometimes also include the foetus or amniotic sac.

A few practical tips



Only use sanitary towels or menstruation underwear with a miscarriage. The use of tampons or menstruation cups is not advisable because they are associated with a higher risk of infection.

Ensure that you have an ample supply of sanitary towels and opt for large, high absorption towels. You can also place a towel with a plastic bag underneath in your armchair or bed, to provide protection from excessive blood loss.

Also make sure that you have enough painkillers at home and take them if necessary. Placing a hot water bottle or cherry pit cushion on your abdomen or lower back may also provide relief.

When can I get pregnant again?

We recommend that, following a miscarriage, you have at least one menstruation before becoming pregnant again.
You may soon feel keen to become pregnant again, or you may not feel ready for another pregnancy at all. Being ready to try again is a very personal decision and only you can decide. You can always contact the midwifery consultants if you feel the need to discuss this.

If you want to initiate (another) fertility round after your miscarriage, talk to the fertility doctor who is treating you.

It is not unusual to be very concerned if you become pregnant again following a miscarriage. If so, you can also contact the midwifery consultants, who can provide more information and schedule an appointment for an early pregnancy ultrasound scan around 7- 8 weeks into the pregnancy.

EMOTIONAL IMPACT

A miscarriage can have a much greater emotional impact than you might have expected. In your head and heart you already expected a baby who suddenly won't be arriving. Your future with a baby has unexpectedly come to an end. This can be very painful.

You may well be wondering why this pregnancy went wrong. Usually a miscarriage is the result of a genetic error, which means that it probably started to go wrong from the outset. Very often we cannot define what caused it and it is nature that has decided on your behalf. Remember that there is absolutely nothing you could have done to prevent the miscarriage. You should definitely not feel guilty.

Give yourself enough time, space and rest to process your sorrow and remember that there is no specific timeline. We all experience sorrow differently, in our own way and with our own ups and downs. It is absolutely OK to feel very angry or very sad. Or to briefly feel nothing at all and lose track. All these feelings are normal.

Your partner may also find this difficult to cope with. They are watching you suffer but can't do much to help. You may well experience and process your loss in different ways. That is quite normal and you should give each other space to do so. Asking for help is not a problem if you temporarily lose touch with each other during this

difficult period. Try to continue to discuss it with each other and with other people.

Perhaps you need additional support to deal with your miscarriage. Always sound the alarm if you notice that you continue to feel very sad, or worry or you are having dark thoughts. You can always contact the midwifery consultants if you need someone to talk to. They can also refer you to more specialised help if you wish. Together we will look for appropriate support tailored to your needs.

Rituals

Some people like to keep a memento that reminds them of this pregnancy. Choose something that suits you at a time that feels right for you. For example, you could frame an image of the ultrasound, light a candle or write a letter to your unborn child. Look for something that brings you solace.

Various communities, including the city of Leuven, have dedicated a special area in their cemeteries (a so-called little stars meadow), where parents who lost a baby during pregnancy can remember and find solace. Some communities will allow you to leave behind a star or other memento of your baby. Again, decide what feels right for you in this respect.

Books and websites

Various websites, books, podcasts etc. are available that can help you through the period following your miscarriage. Again the midwifery consultants can help you with this.

In the event of questions, doubts, confusion or a need to talk to someone, please do not hesitate to contact the midwifery consultants (who can be contacted on working days between 09.00 and 17.00 hrs) on:

+32 16 34 27 96

gyn.casemanager@uzleuven.be

Gynaecologist on call, only in urgent cases, available 24/7:

+32 16 34 08 03

Design and implementation
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You can also find this brochure at www.uzleuven.be/en/brochure/701618.

Please send comments or suggestions relating to this brochure to communicatie@uzleuven.be.

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