Loss of an early pregnancy

azdelta
Uw ziekenhuis.

Dear parent(s),

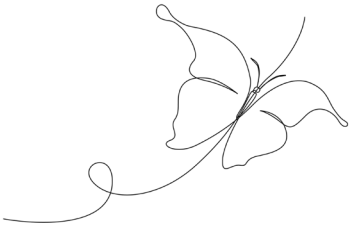
What is happening to you is unexpected and painful. You were looking forward to the arrival of your baby. And you have been since the positive pregnancy test or the very first ultrasound scan. Now, however, you are told that the heart is not (or no longer) beating and so the pregnancy is ending.

We want to offer you more information during this difficult period through this brochure. You find yourself in an unfamiliar situation where you have questions and need to make decisions.

The brochure includes explanations of the loss of a pregnancy. It contains practical information, and we also reflect on the emotional process that this loss may bring about for you. We would like to provide clarification and support in this way. However, every miscarriage is different, and everyone experiences it in a different way.

We use “you/your” in this text, but we certainly mean your partner as well.

The doctors and staff of the Obstetrics Department

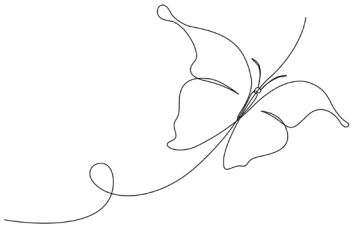


There are different types of miscarriages. However, despite all the names and explanations, this is still the loss of your pregnancy.

Early miscarriage occurs in about 1 in 9 women. Exact figures for loss before 12 weeks of pregnancy are difficult to determine, but it is important to know that you are not alone in this.

Couples often look for a cause, a reason for this early loss. However, this is often unknown. Something is going wrong in the future baby's early development.

Don't start blaming yourself. Loss of a pregnancy is not brought on by exercise, sex, stress or work. However, maintaining a healthy lifestyle is important for the proper development of your pregnancy (no excessive alcohol consumption, no drug use, no smoking, etc.).



1 What next?

If nothing can be seen on an ultrasound scan anymore

If the gynaecologist no longer sees an amniotic sac in the uterus on an ultrasound scan, nothing else needs to be done. You may have already noticed signs, but symptoms may also start to appear. These symptoms* vary and differ from person to person.

- brown discharge or blood loss (possibly with clots) and/or menstrual cramps in the lower abdomen or back.
- decreasing symptoms of pregnancy.

*these complaints can also occur when there is no indication of a miscarriage.

It is normal for you to have fluctuating blood loss for a few more weeks. This blood loss may continue until your next menstrual period.

You may take **painkillers** (see below).

It is best to **contact** the Gynaecology Department if you have any of the following symptoms:

→ Very heavy bleeding.
It is normal to have a lot of bleeding during a miscarriage, which may even include clots. If this heavy bleeding lasts longer than half a day, it is best to contact us.
However, it is normal for large pads to be saturated after just 1 hour.
→ You feel very faint because of the blood loss.
→ Severe pain (despite taking painkillers).
→ Fever > 38.5°C.
→ Bad-smelling vaginal discharge.

If anything else is seen on an ultrasound scan

If the gynaecologist still sees something on an ultrasound scan, we will work with you to determine the appropriate treatment. Your gynaecologist will explain the 3 options and advise you based on your wishes and medical history. Together, we will make a choice that suits you.

If everything feels a bit overwhelming, know that no decision or action needs to follow immediately. Rest assured that we can wait a few days (and see what your body does).

If you have any further questions, please contact your doctor.

There are 3 options:

1. **Natural developments - wait-and-see policy**
2. **Treatment with medication**
3. **Surgical management (curettage)**

Choice 1: we wait and see

You can wait and see to let your body initiate the miscarriage on its own. These **symptoms** will possibly occur:

- Menstrual pain in the lower abdomen or lower back pain.
- A feeling of pressure in the lower abdomen.
- (Heavy) vaginal bleeding with possibly some large blood clots (very heavy menstruation!). For example, it is normal for large pads to be saturated after just 1 hour.

These signs can occur within a few days, but can also take longer.

A **new appointment** is always scheduled for a check-up with the doctor treating you. There is no need to worry if nothing unusual happens before the scheduled check-up with the doctor. During this check-up, your doctor will check and discuss everything.

You can also decide to wait a few days before actively inducing a miscarriage.

» **Advantage** to wait and see:
Everything happens very naturally and spontaneously.
Waiting can help with the coping process.
It may give some couples time to say goodbye in their own way.
However, this varies from person to person.
» **Disadvantage** of wait and see:
When you will lose the pregnancy is unknown.
It can be mentally tough to wait and see.
The discharge may not be complete, in which case further treatment may still be necessary (e.g. medication or surgery).

You should always **contact** the Gynaecology Department if you have the following signs:

→ Bad-smelling vaginal (blood) discharge.
→ Generally feeling unwell.
→ Severe nagging pain in the lower abdomen.
→ Fever > 38.5°C.
→ Severe pain (despite taking painkillers).
→ Excessive bleeding, much more than during your menstruation. Possibly with clots.
This bleeding lasts for more than half a day.
However, it is normal for large pads to be saturated after just 1 hour.
→ You feel very faint because of the blood loss.

If you wish to change your choice to wait and see (to medical or surgical treatment), it is best to contact your gynaecologist.

Option 2: we initiate passing the tissue with medication

When treatment with medication is chosen, medication is prescribed to initiate the passing of the pregnancy tissue. You will be given this medication, namely Cytotec® 200 mcg, by the gynaecologist.

You should insert these tablets Cytotec® vaginally at home according to schedule given by your gynaecologist. This is always determined and prescribed individually.

Sample schedules:

- ☐ Schedule 1:
  Insert 4 Cytotec® 200 mcg tablets vaginally together.
  This may be repeated after 4 hours if there is no change (signs of passing the pregnancy tissue).
- ☐ Schedule 2:
  Insert 4 Cytotec® 200 mcg tablets vaginally together.
  This may be repeated after 24 hours if there is no change (signs of passing the pregnancy tissue).
- ☐ Schedule 3:
  Insert 2 Cytotec® 200 mcg tablets vaginally together.
  Repeat 3 hours later if there is no heavy loss.
  This may be repeated again 3 hours later.

Your gynaecologist may prescribe additional medication to take.
For example, 1 pill of Mifegyne®. This will need to be taken before starting the Cytotec®.

Know that if in doubt, whether you have lost the pregnancy or not, you certainly can't do anything wrong by inserting this medication again if it says "may be repeated".

If several administrations have been carried out according to the schedule and this has not changed anything, you should wait until the already scheduled check-up with the doctor treating you.

Blood loss can occur quickly after inserting the medication. However, it is just as likely to take longer. It can even take up to a few days for bleeding to start.

An **appointment** is always scheduled 1 week after placing the medication. It is unnecessary to visit immediately after the miscarriage, as there will only be more clarity after 1 week.

If you have not yet lost the pregnancy (or not completely), we will discuss with you how to proceed further.

» **Advantage**:
There is active intervention and no wait and see.
» **Disadvantage**:
Your body may not respond to this medication, and no loss may follow.
It is not uncommon for a curettage to still be needed to remove remaining tissue.
Furthermore, you may experience profuse bleeding at home (with possible uterine cramps (pressure in your lower abdomen and/or lower back pain). Those cramps are usually more severe than your period.
Sufficient pain relief may certainly be taken for this (see below).

Side effects of this medication may occur:
- A slight rise in temperature to fever may occur.
- Gastrointestinal symptoms such as nausea, vomiting and/or diarrhoea.
- Generally feeling unwell. This may last a few days.

Know that the day you insert the medication will be a tough one. We recommend not being alone this day. There will be heavy bleeding for the first 24 hours. This may continue for a few days, but will normally subside gradually. This bleeding may continue for up to a few weeks, fluctuating somewhat.

You should always **contact** the Gynaecology Department if you have the following signs:

- → Excessive bleeding, much more than during your menstruation. Possibly with clots.
  This bleeding lasts for more than half a day.
  However, it is normal for large pads to be saturated after just 1 hour.
- → You feel very faint because of the blood loss.
- → Severe pain (despite taking painkillers).
- → Fever > 38.5°C.
- → Bad-smelling vaginal (blood) discharge.

Option 3: A surgical approach

The uterus is emptied by means of a suction curettage procedure under general anaesthesia. This procedure is performed during a day of admission to the hospital.

The **course** of this day's admission:

' You sign in via the kiosk in the reception area at the appointed time.

› You then go to the day unit of the hospital (5.1.3.). A nurse will receive you here.
Your parameters will be taken and you will be asked to put on a surgical gown.

› After this, you will be taken to the operating theatre. The procedure itself takes about 30 minutes.
When you are awake again, you will be taken back to the room.

› You may go home the same day. You will first need to drink something and be able to urinate spontaneously.
When everything is fine (including blood loss), you can go home.

› Your doctor will come by, and you will receive the necessary prescriptions and certificates.

› Arrange transport beforehand. You won't be able to drive yourself home.

In the first few days after the suction curettage, you may still experience some cramps in your lower abdomen (uterus). You may also have some minimal bleeding for a few days.

A new **appointment** will be scheduled 4 to 6 weeks after the curettage for a check-up with the doctor treating you. Sometimes a contraceptive pill is started after the curettage, according to the advice of the gynaecologist treating you. Take this contraceptive pill as usual. Your next check-up appointment with the gynaecologist will then take place after the first "pill rules".

You should **contact** the Gynaecology Department if you have the following signs:

→ Excessive bleeding, much more than during your menstruation. Possibly with clots.
This bleeding lasts for more than half a day.
However, it is normal for large pads to be saturated after just 1 hour.
→ When the blood loss makes you feel very faint.
→ Severe pain (despite taking painkillers).
→ Fever > 38.5°C.
→ Bad-smelling vaginal (blood) discharge.

» **Advantage**:
There is active intervention and no wait and see.
» **Disadvantage**:
A curettage is an operation. There are potential risks associated with any surgical procedure.
The most common risks are: risk of infection, risk of perforation of the uterus and risk of adhesions. These complications are very rare.
However, our doctors are very familiar with this procedure.

2 How might your body respond?

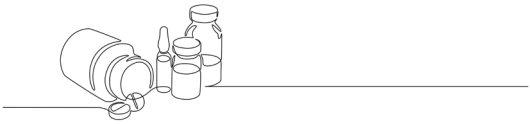
Know that every situation can go differently, and not everything will apply to you. We list a few more important things.

If you have any questions or need a chat, you can always contact us.

- **Pain**

Most women experience abdominal pain. This can range from mild menstrual pain to more severe pain. Especially when medication is taken to induce the miscarriage. This pain can be more severe than menstrual pain and can cause cramps in the lower abdomen and/or lower back.
A warm shower can definitely help with this. Don't take a bath. A heat pack on the abdomen can also provide relief. If this does not help, you can take painkillers:

- Paracetamol (= Dafalgan®) 1 g if needed 4x/day
- Ibuprofen® 400 mg if needed 3x/day



You can obtain these painkillers freely from pharmacies.

If needed, stronger painkillers can be taken, as prescribed by the (family) doctor:

- Ibuprofen® 600 mg if needed 2x/day
- Dafalgan® codeine

If the pain is too severe and the pain relief is insufficient, please contact the Gynaecology Department.



- **Fever**

A normal side effect of the medication Cytotec® is fever.
You may take paracetamol (Dafalgan®) 1g for this.
If the fever is higher than 38.5°C, it is best to contact the Gynaecology Department.

- **Blood loss**

The amount of blood loss varies from person to person. It is not abnormal for this bleeding to be profuse and for you to lose blood clots.

When heavy bleeding occurs, more than your normal period, it is often a sign that the pregnancy is being lost.

Depending on how many weeks you are pregnant, you can sometimes recognise the fetus or amniotic sac among the lost blood and clots. A fetus at 8 weeks is about 3 cm in length, 9 weeks 4 cm, 10 weeks 4-6 cm and at 12 weeks 6-9 cm. But sometimes you don't recognise a fetus anymore.

Use only sanitary pads or menstrual underwear. Choose large pads with high absorbency. The use of tampons is not recommended due to the risk of infection.

3 After this loss of my pregnancy?

Going through the loss of a pregnancy can be devastating. No matter how early the pregnancy is, much depends on individual factors. How long have you been waiting for a baby, if you have already experienced a loss ...

You may be overwhelmed by thoughts, feelings and sensations that confuse you; a grieving process will begin.

Physically

The body usually recovers quickly after the loss of a pregnancy. The next menstrual period usually occurs 4 to 6 weeks later.

There is a small risk of infection because the cervix is still open for a few days after the loss. To reduce the risk of infection, it is important to avoid using tampons, taking a bath, having sex and swimming. This is especially important in the first 2 weeks after the miscarriage or as long as the bleeding continues.

Hormone levels will drop quickly, which can unsettle you emotionally.

The feeling of emptiness prevails here for most women. Talk about this feeling with the people around you (despite the taboo).

Loss can take a lot of energy and be accompanied by poorer sleep, eating less well, fatigue, etc. Know that these are normal signs of grief and take care of yourself.



Emotional processing

As a parent, you usually quickly bond with your unborn child and make plans for the future, even from the moment you want to have a child.

Attachment causes loss to be accompanied by sadness and grief. Please know that this emotional processing is different for every individual, with ups and downs. Not everyone goes through the same emotions. You can experience a variety of feelings. Some experience powerlessness, helplessness and disbelief. Others express sadness or anger at what is happening to them. Many also feel a sense of guilt and look for things they might have done differently.

Guilt is a very normal emotion, but totally unjustified. People can also often find it difficult to cope with their powerlessness.

Unfortunately, things went wrong at the start of development. There was nothing you could do to prevent this. Be sure to give yourself space for your emotions and their processing. The emotional impact of this loss of your pregnancy can also be greater than you had anticipated beforehand.

As a couple, you lost the pregnancy together. Yet it is often the case that you and your partner grieve in different ways. You may experience this as awkward and difficult and, as a result, feel like you have to deal with it alone. However, try to talk about this with your partner, but also give each other space.



Even for those around you, it is often not clear what you are going through; the loss is invisible to the outside world. Well-intentioned statements can hit hard ...
On the other hand, going through a miscarriage should not be a taboo subject. Feel free to talk about it with family, friends ... It can be helpful to talk to other parents who have also gone through this.

A new pregnancy?

From a medical point of view, it is possible to get pregnant again quickly. It is recommended that you skip 1 cycle and thus allow your menstruation to occur before you become pregnant again. This allows the vaginal flora and the uterus to recover.

When you are ready again for a new pregnancy is very personal and something you have to decide for yourself. So, an individual plan is often drawn up, which your doctor will discuss with you.

Maintaining a healthy lifestyle is important for a pregnancy to develop properly. Smoking, (excessive) alcohol consumption and drug use are harmful. We definitely recommend stopping these if you wish to become pregnant. If you would like guidance with this, be sure to discuss this with your (general) physician.



It is normal to feel very anxious when you are next pregnant. Especially during the first trimester. Your gynaecologist can schedule an appointment for an early pregnancy ultrasound scan at 7-8 weeks' gestation. An additional ultrasound check is often scheduled during this first trimester.

The chance of a miscarriage recurring is statistically very small. The prevalence of losing an early pregnancy twice is estimated at 1.9% (1.8%-2.1%).

At 3 or more miscarriages, this is estimated at 0.7% (0.5%-0.8%). However, this is probably an underestimate, as a number of miscarriages go unnoticed.[1]

For two or more miscarriages, additional investigations may be initiated.

[1] Youssef, A. (2023, October 10). Identify, appraise and individualise: clinical practice and prediction models in recurrent pregnancy loss. Retrieved from https://hdl.handle.net/1887/3643184

4 What should I have at home?

- Heat pack/cherry stone pillow
- Pain relief
- High-absorbency sanitary pads or menstrual underwear (no tampons!)
- Preferably, you are not alone on this day. If your partner cannot be home, arrange for a family member or a friend who can support you in this to be at home with you.

5 When do I get in touch?

✓ If you have excessive bleeding, much more than during your menstrual periods. Clots might be present.
This bleeding lasts for more than half a day. However, it is normal for large pads to be saturated after just 1 hour.

✓ When blood loss makes you feel very faint.
✓ When pain is too severe and the pain relief is insufficient.
✓ If the fever is higher than 38.5°C.
✓ If there is a bad-smelling vaginal (blood) discharge.
✓ If you have doubts or you are uncertain.

6 Where can I go?

Contact details:

Gynaecology Administration
Tel. 051 23 63 96

Rumbeke Obstetrics Department:
Tel. 051 23 61 69

Menen Maternity Unit
Tel. 056 52 24 95

Torhout Maternity Unit
Tel. 050/23 23 70

Psychological service
Rumbeke:
Joke Corneillie, 051 23 38 80,
joke.corneillie@azdelta.be
Menen:
Amber Mullie, 051 23 80 05,
amber.mullie@azdelta.be
Torhout:
Jasmijn De Bouvere, 050 23 23 29,
jasmijn.debouvere@azdelta.be

Peer support contact:

Going through a miscarriage should not be a taboo subject. Feel free to talk about it with family, friends ...
It can be supportive to speak to other parents who have also gone through this.

When should I seek further help?

If the grief lasts too long at an intense level and interferes with your normal functioning, you may need to contact a grief counsellor or psychologist.

If you wish to have help in your grieving process, we can help you find the support you need. Contact our Psychological service or through the doctor treating you.

Interesting books and websites

There are different types of websites, podcasts and books that can support you in processing this loss of your pregnancy. Some books for inspiration:

- Als je een prille zwangerschap verliest, Bernard Spitz, Manu Keirse & Annemie Vandermeulen
  This book brings together the expertise of a woman doctor, a psychologist and a social nurse.
  They deal frankly and accessibly with all medical and psychological questions that are associated with miscarriage.
  Publisher Lannoo, EAN 9789020988413, 2010

- Als je je kindje verliest in de zwangerschap, Miriam van Kreij
  A personal (work) book for when you have lost your child in pregnancy, however early that may be. With poems, inviting questions, accessible suggestions ...
  Publisher Lannoo, EAN 9789401454209, 2018

- Maar ik hield al wel van je, Marjolijn De Cocq
  A candid book about miscarriages. About experiences that are recognisable to many women. But also for partners, parents, relatives ...
  About feelings, desires, sadness, misunderstanding, guilt, among others.
  Publisher De Bezige Bij, ISBN 9789403113210, 2020

- Miskraamsels – Mindfucks & verwerking van miskramen, Judith Taanman-Veenstra
  Judith tells her story realistically, candidly and with a dose of humour. She doesn't mince words and dares to touch the sore spots.
  Publisher van Brug, EAN 9789065236531, 2022

- Ongekend verlies, Wat als je zwangerschap misloopt?, Annemarie van der Meer
  A book full of information, experiences and interviews on miscarriages and deaths around birth.
  Publisher Sirene, ISBN 978 90 5831 481 9, 2008

Notes

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0520 6506-EN **This brochure is revised on 12/12/2025**