

Following the loss of your baby - miscarriage before 20 weeks of pregnancy

We wish to extend our sympathy to you and offer you our support at this difficult time. We hope this information will offer you help and guidance in your time of need. If you need any help, please do not hesitate to ask any member of staff involved in your care.

Feelings

Losing a baby is an experience that many will share, but we all react differently. For some, expressions of grief will be overwhelming and public. For others they may be very private, but no less deeply felt. Partners, family and friends may all find it difficult to show their emotions. Many of us need to share our emotions in order to be able to cope with them. These feelings are real and painful, but they are also acceptable and understandable.

Grief throws our lives out of balance and there are bound to be good days and bad days. Try not to panic—all this is normal. Take time to think through any decisions, as major changes at this time could be unsettling.

Grief may produce physical symptoms, for example disturbed sleep, lack of appetite, nausea or palpitations. These are all normal reactions and may be eased by sharing your feelings and experiences with professionals, family and friends.

Causes of late miscarriage

About 1 in 5 pregnancies end before 24 weeks, although most miscarriages happen in the first 13 weeks. It is less usual to miscarry between 14 and 24 weeks, although some of the causes may be the same.

The pregnancy may have been abnormal in some way. Abnormalities include problems with the baby's chromosomes, which may cause a genetic problem. It may be possible to test for a specific gene, if it is known. Sometimes abnormal genes can cause fatal conditions.

Structural abnormalities of the baby, such as heart defects, or anatomical problems of the mother can also cause miscarriage. Infections can either directly affect the baby, or infection in the amniotic fluid surrounding the baby.

Spontaneous miscarriage

This is where the miscarriage has occurred naturally. Most women feel uncomfortable or have labour pains and the waters may break. It can happen quickly, the neck of the womb dilating too fast to stop the miscarriage happening. The placenta may not always deliver spontaneously and may require removal under an anaesthetic.

What to bring into hospital

Your stay may be a few days, so bring enough clothing, nightwear and toiletries for this time. There may be a television and music system; you are welcome to bring CDs. You may like to choose something for your baby to wear; if your baby will be very small, we can give you an outfit and blanket.

Inducing labour

At your stage of pregnancy, we feel it is safer to make the uterus (womb) contract to deliver your baby rather than using a surgical method, which might damage the cervix (neck of the uterus) or the uterus itself. We know it is a very difficult time and throughout the procedure your husband, partner or friend can be with you on the ward. You will receive a lot of support from the staff and plenty of pain relief when and if required.

Two days prior to the induction, you will be given a tablet called Mifepristone, which is an anti-progesterone tablet. This allows the uterus to become more sensitive to the later medications we use. After being given the tablet you will go home but will be asked to return if you are unwell. You will be admitted for the induction process two days later. Occasionally the tablet may cause some bleeding or even contraction pains (similar to strong period pains) and if this occurs you should ring Ward 16B at Stoke Mandeville Hospital on 01296 3418111 and we may admit you sooner. More commonly you may experience some milder pain and in this case you could stay at home and use Paracetamol for pain relief. It is advised that you do not use Aspirin or the Ibuprofen-type of tablets as they may interfere with the medication.

When you return to the ward two days later, Prostaglandin tablets will be inserted into the vagina by the staff caring for you. These tablets are given to start the uterus contracting. After that you will be given medication to take by mouth every 3 hours until the contractions become more regular. The time interval until delivery can be very variable—usually later in the evening but very occasionally it may take longer. You should plan to stay overnight in case this is necessary. Facilities will be available for your partner to stay with you overnight if required. You will be given plenty of pain relief and anti sickness medication, usually by injection.

At the time of delivery the placenta (afterbirth) may come away on its own but occasionally it may be necessary to take you to theatre to have this removed under a general anaesthetic. The amount of blood loss at the time of delivery is variable and on rare occasions may be quite heavy necessitating a blood transfusion.

If your blood group is Rhesus negative, an injection of Anti-D will be given to you following delivery.

You may go home once you are feeling well and the timing of this will depend on whether you needed to have a general anaesthetic and your physical condition. The staff will keep you informed at all times.

Seeing your baby

You may be anxious about seeing your baby, but most parents are pleased to have this precious memory. You will be offered the opportunity to see and hold your baby if you would like to do so. It is possible to take your baby home; if you would like to do this please ask the nurse or midwife caring for you.

Photographs and mementoes

We take photographs of your baby, if possible. These photographs are taken with a digital camera and will be available immediately. If at this time you do not wish to have the photographs, they are then kept in your notes for up to 25 years in case you change your mind. You can also take your own photographs.

It may be possible to provide hand and footprints if you would like them.

Naming your baby

It is rarely possible to identify the sex of your baby at the time of the birth. Therefore it may be advisable to choose a name that is suitable for either a boy or a girl.

Blessing your baby

Your baby can be named and blessed by the Hospital Chaplain or a minister known to you. This blessing can occur either with or without you being present. A blessing card will then be given to you.

Book of remembrance and remembrance service

You may like to enter your baby's name in the hospital chapel 'Baby Book of Remembrance' which is situated in the Prayer Room. You may wish to write your own thoughts or a special poem in this book. Please speak to a Chaplain or a Bereavement Officer about what you would like to enter.

An annual Baby Remembrance Service is held, normally in October. You will receive an invitation for this.

Blood tests

You may be offered a variety of blood tests which may help to determine why your baby has died. These will usually be carried out before the baby is delivered but can be carried out later if circumstances make this more acceptable to you. Please ask the staff for more information regarding these tests.

The Post Mortem examination

This can be performed from 15 weeks gestation and may give you or the doctors reasons why your baby died; over half of PMs give some useful information. They may also then be able to tell you whether the same problem is likely to affect any pregnancy you may have in the future. If no cause is found this usually means future pregnancies have a good chance of success.

If you choose to have this examination, it would be performed by a specialist Paediatric Pathologist at the John Radcliffe Hospital, Oxford and you will be given the results at your follow -up appointment.

Arrangements for your baby's funeral

There are a number of options available to you for your baby's funeral, which the Bereavement Officer, Chaplain, Midwives or Nurses will be happy to discuss with you. The Bereavement Officer can also help you to find a Funeral Director in your area. If you have met one of the Chaplains during your stay they may be able to carry out the funeral for you. We can also help you find a funeral celebrant if you prefer.

Follow-up care

The hospital staff will answer any immediate questions you may have, but it is difficult to think of everything at this time.

You may have a visit from your Community Midwife, but this will be discussed with you prior to discharge.

An appointment will be made for you to see your Consultant 8-10 weeks after the birth. It is important that you ask any questions that you like—it may help to make a note of them beforehand so that you do not forget anything. At this appointment you will be able to discuss the results of any investigations that have been carried out and any implications it may have for future pregnancies.

This appointment may or may not include a physical examination.

After care

You are advised to see your GP after discharge. Bleeding may continue for 2-4 weeks and sometimes may be quite heavy, although some women continue with a light loss until their next period. You are advised to use sanitary towels rather than tampons to assess bleeding and reduce infection. You are advised not to resume sexual intercourse until the bleeding has stopped.