



Miscarriage Information

We are very sorry that you are experiencing a miscarriage. Please know that we are here to support you & your family throughout this process. Your physical, mental, and spiritual healing are important to us and we are happy to connect you with resources that can provide additional healing.

If you have any questions, concerns or fears, please call our triage nurse at 703-273-9440 x318. After hours, you can reach the doctor at 1-888-724-3845.

- Miscarriages are fairly common. Statistically, they occur in 15-20% of all clinically recognized pregnancies. Most occur in the first trimester, at less than 14 weeks of gestation; 67% are due to chromosomal abnormalities that are not at increased risk to reoccur.
- You will likely be asked to have your blood drawn if a miscarriage is suspected. Your blood will be examined for the level of your pregnancy hormone (beta HCG), and sometimes for your progesterone level. You may be asked to have your blood work repeated in 48 hours.
- If there is suspicion of an ectopic or if you have had an ectopic treated, you will need to have weekly BHcg's done until they are zero.
- During a miscarriage:
 - Do not use tampons. Only use pads for bleeding.
 - Do not have intercourse until after your normal period returns.
 - Bleeding from a miscarriage can be very heavy. However, notify the doctor right away if you are passing clots the size of your palm, or if you are soaking through an overnight pad every half-hour or feel dizzy or nauseated . Also give us a call if you develop fever, chills, or severe pain.
 - The length of time that you bleed during a miscarriage will vary. Typically, the bleeding and cramping will be very heavy for a few hours to a few days. Then the bleeding and cramping will ease, but you will likely continue to have some kind of bleeding or spotting for the next 7-10 days.
 - Increasing your activity level may increase the bleeding. It is important to listen to your body and reduce activity levels if this occurs. If you experience very heavy bleeding, as defined above, please call us right away.
 - As your bleeding decreases, you may increase your activity level very gradually.

Your provider will let you know what treatment options you have. These may include:

- Expectant management – Waiting for the miscarriage to occur naturally.
- Cytotec – a vaginal pill that helps the uterus contract and expel its contents.

- D&C (dilation and curettage) – This is an outpatient procedure done at the hospital where the fetal and placental tissue are removed. Sometimes your provider will advise that this is the best option for you, especially if a miscarriage is not happening on its own in a week or two, if you are showing signs of infection or hemorrhage, or if the miscarriage is happening later in pregnancy.
- After 12 weeks of pregnancy, the above may or may not be an option. Discuss your options with our providers.
- Your next period may be somewhat irregular, but it usually comes 4-6 weeks after a miscarriage is complete.
- We usually recommend that you wait *at least* one regular menstrual cycle – but preferably two or three cycles – before attempting pregnancy again.
- Please follow up with us in the office two to three weeks after your miscarriage.
- Options for baby’s remains:
 - Unless we have recommended testing on the baby, you do not need to bring us the remains.
 - Miscarriages at home often happen in the toilet. If you wish to collect and bury the baby’s remains, contact the following ministries for more information on your options:
 - A M.O.M.S. Peace: www.amomspeace.org
 - Heaven’s Gain: <https://heavensgain.org/> (513) 607-6083
 - If you have a procedure at StoneSprings Hospital Center you may opt to have the baby’s remains sent to a local funeral home and then released to you for burial. For more information, contact Dawn Murphy at the Office of Decedent Affairs: 703-391-4145.