

**Centre intégré de santé et de
services sociaux de Laval**

Hôpital de la Cité-de-la-Santé
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LOST PREGNANCY...

May 1996

Revised : Avril 2017

Québec 

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WHAT HAS HAPPENED TO ME

What is a miscarriage ? (spontaneous abortion)

A miscarriage or spontaneous abortion is pregnancy that terminates between 4th and the 20th week. Approximately one pregnancy in five ends in miscarriage during the first twenty weeks of pregnancy.

When the miscarriage occurs, the embryo's development has been stopped for approximately two weeks. The main cause of a miscarriage is the presence of a chromosomal abnormality in the embryo. It occurs at the time of conception and nothing can change this unavoidable event.

There are two types of miscarriage. The first is called a "complete abortion". In case, the embryo and placental debris are completely expelled in a natural way. The second is called an "incomplete abortion" because the embryo is expelled, but the placental debris remain in the uterus. In this case, a curettage must be performed to remove the placental debris from the uterus.

There may be other indications for a curettage: a pregnancy may have ended in the case of a "dead ovum" (the pregnancy ends because the embryo's development is interrupted in the uterus without the woman suffering blood loss) or a "blighted ovum" (formed ovum that has not evolved into an embryo that is capable of developing.)

WHAT IS A CURETTAGE?

There are two treatment options that can be offered. First, a drug can be taken that is applied intravaginally. However, this option applies only if there is very little debris in the uterus. The second treatment is curettage.

Curettage is a surgical procedure that involves cleaning the uterine cavity (uterus).

Before the curettage, the nurse will inform you about the steps to be followed. Blood tests may be done (e.g., blood type). A peripheral vein cannula will be inserted to allow the nurse to administer an analgesic (Fentanyl) and a sedative (Versed) to you.

Beforehand, the doctor will anesthetize the cervix (paracervical block) and will dilate it to be able to access the uterus with the curette.

A small tube (cannula) is inserted in the uterus so that its contents can be evacuated by means of an instrument. The doctor then performs the curettage with a type of small spoon with sharp edges (curette) introduced through the cervix.

During the curettage, you may feel abdominal cramping. It will decrease rapidly after the procedure. A curettage takes approximately 10 minutes.

Afterwards, we will keep you under observation for at least one hour and, if all goes well, you can return home. You must be accompanied by a responsible adult in order to go back home.

INFORMATION FOLLOWING A CURETTAGE

Your curettage has been performed, and you are ready to return home. Here is some information about the signs or symptoms to watch for after a curettage. Also, you must recognize the signs of impending complications. Note that the risk of complications is less than 1 %.

Bleeding

Curettage causes vaginal bleeding, which can last an average of 4 to 10 days. This loss is rarely very heavy, but if you use more than one sanitary pad per hour, we suggest that you contact the Gynecology Outpatient Clinic (workdays from 8 a.m. to 4 p.m.), your health care provider, or go to Emergency at the CISSS de Laval – Cité-de-la-Santé Hospital.

Abdominal cramps

You may feel abdominal cramping. It should decrease rapidly in the days following the curettage. To relieve this pain, you can take analgesics such as acetaminophen (e.g., Tylenol, Atasol) or ibuprofen (e.g., Advil, Motrin). **DO NOT TAKE ASPIRIN.** However, if the abdominal cramping increases or if it is not relieved by medication, contact the Gynecology Outpatient Clinic (workdays 8 a.m. to 4 p.m.), health care provider, or go to Emergency at the CISSS de Laval – Cité-de-la-Santé Hospital.

Fever and shivers

If you have shivers in the days following the curettage or if you feel feverish, we recommend that you take your temperature. If it reaches 38,5°C (100.2°F) or more, contact the Gynecology Outpatient Clinic (workdays 8 a.m. to 4 p.m.), your health care provider, or go to Emergency at the CISSS de Laval – Cité-de-la-Santé Hospital, because there is the possibility that an infection is developing inside your uterus (endometritis).

Normally, these infections are accompanied by cramping, foulsmelling, greenish, and often very heavy vaginal discharge.

Risk of infection

In order to reduce the risk of infection, we suggest that, for a two-week period, you do not have sexual intercourse and do not use a vaginal douche or tampons (don't put anything in your vagina). Also, you cannot bathe, whether in a pool, lake, spa, etc. However, you may take showers.

Signs of pregnancy that persist

If, one week later, you still have signs of pregnancy such as nausea in the morning, breast tenderness, etc., contact Gynecology Outpatient Clinic (workdays 8 a.m. at 4 p.m.) for an assessment.

However, do not take a pregnancy test because it will very likely be positive, even if you are no longer pregnant, due to the pregnancy hormones that have not been completely eliminated from your system.

If you have any questions or for above-mentioned reasons, do not hesitate to contact us at the Gynecology Outpatient Clinic (workdays 8 a.m. to 4 p.m.) at the CISSS de Laval – Cité-de-la-Santé Hospital at: 450 975-5563 option #4.

LIFE...AFTER A MISCARRIAGE

Birth control methods

If you have intend to take oral contraceptives, you may start them on the first Sunday following the curettage. They are effective after 15 days of regular and appropriate use. If you choose an intrauterine device, you must make an appointment for 4 to 6 weeks after the curettage. While waiting for the intrauterine device to be inserted, and as a contraceptive method, we suggest that you use a condom with spermicides every time you have sexual intercourse, because the day of ovulation cannot be predicted. Your next normal menstruation will be in approximately 4 to 6 weeks (after the curettage).

If you do not use any means of contraceptives, you can become pregnant immediately after your curettage. Medically, there is no disadvantage to you becoming pregnant after a miscarriage. However, a couple must give themselves time to properly integrate the loss and initiate the grieving process.

Return to work

A one-week leave from work is recommended and is signed by your doctor. However, you may gradually resume your daily activities, based on your tolerance, as early as the next day.

THE EMOTIONAL IMPACT OF A MISCARRIAGE

After a miscarriage, most women, men and couples go through a difficult period. This period can start a few hours or several days after the event.

Women and men do not generally experience the miscarriage in the same way. These different reactions can introduce misunderstanding in the couple. This is why it is important that the couple maintain good communication.

THE WOMAN'S EXPERIENCE

All women grieve after a miscarriage. Some have a more difficult time than others for different reasons:

- The woman may feel guilty about the miscarriage. She believes that the miscarriage is punishment for some mistake she made at another time: a elective termination pregnancy, a sexually transmitted disease and blood-born infection, etc.
- The woman feels responsible for the miscarriage and tries to determine what she could have done to cause it: falling, most recent sexual relations, demanding work, etc.
- The woman may see her miscarriage as a failure as a woman or mother. "I am not a real woman or a good mother if I can't have a child! ". She may also see it as a failure regarding the expectations of her spouse, children and parents.
- The woman may experience a lack of understanding from the people around her, who tend to minimize the loss. The reaction by those close to her prevents her from talking about her miscarriage and may even lead to anger.

All these reactions can result in the woman suffering a loss in her self-esteem. She can experience depression that is related to a feeling of emptiness and sadness at the time of the crisis.

All these reactions are normal and are part of the grieving process. The woman may feel jealous about other pregnant women as well as resentment towards her spouse, who seems less affected. For the woman, she interprets his lack of sadness as not grieving.

THE MAN'S EXPERIENCE

As we mentioned previously, men can react in different ways:

- The man feel less concerned about the miscarriage because he is not close to the event physically, and the intensity of attachment to the fetus is not the same as for the woman.

- The man may be irritated by his spouse's continuing sadness and want her to change her way of thinking or "get over it".
- He may be grieving as much as his wife and not want to show it for fear of making her more upset. Others suppress their emotions because they seem socially unacceptable.

THE COUPLE'S EXPERIENCE

There may be tension between the man and the woman due to their different perceptions of the situation.

As a couple, they can experience tension by feeling the need to prove their ability to have a child. Sexual relations can become a source of conflict and frustration because they are no longer guided by desire and pleasure, but focused only on procreation.

The couple may also feel pressure from the people around them, who encourage them "to try again".

MISCARRIAGE = A SHOCK

Miscarriage can be a greater shock than what is generally thought. Some circumstances will intensify the loss felt by the woman, man or couple.

Situations that contribute to increased grief are:

- If the pregnancy is advanced.
- If the woman has already had a miscarriage.
- If it is a first pregnancy.
- If the woman has already had an abortion or an elective termination pregnancy.
- If the matrimonial situation is difficult.
- If the woman is advanced in age.
- The man's and the woman's experience.
- If the woman, man or couple has recently suffered another loss.
- If the couple is receiving fertility follow-up.

JUST AFTER THE MISCARRIAGE: A RATHER DIFFICULT PERIOD (the stages of grief)

It is normal for you to go through a period of crisis after a miscarriage. This period of destabilization is due to the sadness caused by the loss you are experiencing. The loss is multidimensional. There is the loss of the baby, loss of status as a pregnant woman, and loss of the possibility of achieving the status of mother. The losses are therefore many and real.

You will go through different stages that are called "The grieving process". This process is necessary in order to properly integrate this experience and accept the loss.

Shock and listlessness

First, there is the shock. There is a feeling of "numbness". We deny what is happening to us. "It can't be true! It can't be happening! My baby is still in my belly, right doctor?"

Finding the reasons and melancholy

During this phase, you actually realize what has happened. You may feel great sadness, and even become depressed, because you do not accept the loss of the fetus. This depression can also be caused by the hormonal changes that are occurring in your body. You try to determine the causes of the miscarriage. You say to yourself things like: "Why me? ", "It's unfair ! ", "It's because... ! "

Disorganization

After having accepted the situation and after having expressed your grief, you will find yourself disorganized because you are beginning to accept that the loss is final.

This step is characterized by reflection about what this child meant to you. You wonder what you will do with the child's belongings (if you had any). You don't feel capable of adapting to the loss: "I will never get over it! I will never forget this baby! ". You may have difficulty resuming your activities, but this is normal and temporary.

Reorganization

You once again feel like reinvesting and getting involved in various activities (those that you had before becoming pregnant, or new ones).

It is time to move forward, the event is integrated into your life and you go on. The hurt caused by the loss of the fetus will gradually heal over time.

TO BETTER ACCEPT YOUR BEREAVEMENT...

To make your grieving process easier:

- Have someone explain the reasons for your miscarriage to you so that you can accept it better and reduce the feeling of guilt (however, the causes cannot always be identified).
- Allow yourself to be sad and experience your grief at your own pace.
- Find at least one significant person for you (in addition to your spouse). To help you, this person must be able to listen to your pain.
- Take time to stop and think of yourself.

It is suggested that the woman speak with her spouse about what she is experiencing, even if she seems less affected. Your mutual and affective presence for one another will do you both a lot of good.

HOW DO YOU REALIZE THAT THE STEPS IN THE GRIEVING PROCESS HAVE NOT ALL BEEN COMPLETED?

The steps in the grieving process can take from a few months to slightly more than one year. However, there are indications that identify a poorly resolved grieving process.

One of the grief reactions may persist:

- Easily feeling like crying.
- Getting angry as soon as miscarriage is discussed.

- Refusing to talk about it.
- Acting like nothing has happened.
- Feeling upset when you see a pregnant woman.
- Refusing to see other babies.
- Feeling guilty for the smallest reason.

Symptoms of depression may persist:

- Avoiding friends or family.
- No longer wanting to resume your activities.
- Developing some dependencies such as drugs, alcohol, food, etc.

If, after a few weeks, you have some of these symptoms, you should consult a professional so that he can help you get through this stressful event.

WHEN SHOULD YOU BECOME PREGNANT AGAIN?

You can think about a new pregnancy once the steps in the grieving process have been completed. The new pregnancy is seen as another pregnancy, and the awaited child must not be considered as a replacement for the lost pregnancy, but instead as another child.

It is you, as a person and as a couple, who can determine the proper time for another pregnancy. However, it is medically preferable to wait one or two months after the miscarriage.

If this is your third consecutive miscarriage, it is recommended that you have a specific medical evaluation for this situation. Discuss it with your doctor.

RESOURCES

Don't forget, different resources are available to you:

- Your spouse.
- Your family.
- Your friends.
- Health and social service professionals.
- Bereavement support groups.

SUGGESTED READING

- "Is your Body Baby-Friendly?: Unexplained Infertility, Miscarriage & IVF Failure-Explained", Alan E. Beer with Julia Kantecki and Jane Reed, AJR Publishing, Houston, 2006
- "L'insoutenable absence", Régina Sara Ryan, Éditions de l'Homme, Montréal, 1999.
- "Grandir: Aimer, perdre et grandir", Jean Monbourquette, Outremont, Québec, Novalis, 1994.
- "Une fausse couche et après?", Micheline Gareil, Hélène Legrand, Éditions Albin Michel, Paris, 1995.

DIRECTORY OF RESOURCES

- Info-Santé811

Centre intégré de santé et de services sociaux de Laval :

- Gynecology Outpatient Clinic450 975-5563
- CLSC Ruisseau-Papineau450 687-5690
- CLSC des Mille-Iles.....450 661-2572
- CSLC du Marigot.....450 668-1803
- CLSC Ste-Rose-de-Laval.....450 622-5110
- Psychology Department450 975-5586

Centre des femmes de Laval

(Laval women's centre).....450 629-1991

In an **EMERGENCY**, contact
INFO SANTÉ
at **811**

RESOURCES	CONTACT INFORMATION
Support group	
Family doctor	
Gynecologist	
Friend	
Chaplain	
Other professional :	

Manon Lainesse, nurse in training for a B.S.N.

In collaboration with:
Suzanne Durand, specialized clinical nurse

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