



Early Pregnancy Loss Information Sheet

Early pregnancy loss can be a devastating and difficult experience. Your physician at OFC wants to support you through this diagnosis by providing you with the knowledge you require to make informed decisions about your care.

First trimester pregnancy loss or miscarriage is the most common complication of pregnancy worldwide. This can mean there is a gestational sac in your uterus with no embryo, something we call an anembryonic pregnancy or “blighted ovum.” It can also mean that you have an embryo in your uterus that has stopped growing and/or no longer has a heartbeat. Approximately 20% of pregnancies result in early pregnancy loss, and these risks increase with age.

The most common cause of early pregnancy loss is when the embryo has the wrong number of chromosomes (aneuploidy) and cannot continue to grow. If you experience multiple pregnancy losses in a row, approximately three, your physician at OFC will discuss other tests which can be performed to make sure there is not another reason for repeated/recurrent pregnancy losses.

There are several ways to treat an early pregnancy loss. Each option has advantages and disadvantages, and your physician can help you decide on the best option for you:

1. Expectant management (watching and waiting)
2. Medical management with misoprostol pills
3. Surgical management with a manual vacuum aspiration (MVA) or dilation and curettage (D&C)

Your specific situation may necessitate a specific treatment option over another.

Expectant Management:

- If you feel well, watching and waiting for the uterus to empty naturally is a very safe option, but it can take time
- 1 in 6 people will begin having heavy bleeding and cramping and their uterus will empty within 1 week of being diagnosed with an early pregnancy loss on ultrasound. Over 50% of people will experience uterine emptying within 2 weeks of diagnosis
- If it has been more than 2 weeks of waiting, your physician may recommend another treatment option (medical or surgical)

Medical Management:

- A medication called misoprostol is prescribed (4 tablets or 800 mcg are inserted vaginally)
- Misoprostol is self-administered in the privacy of your own home, and usually starts to work within a few hours
 - Misoprostol is 70% effective after 1 dose, and up to 85% effective after 2 doses
 - Misoprostol induces contractions of the uterus and dilation of the cervix allowing the passage of pregnancy tissue. It is normal to have bleeding and cramping as the uterus empties. Side effects include diarrhea, nausea and a low grade fever.
 - Misoprostol is the most commonly selected option at OFC. In some cases, the first dose will not work, and a second dose of 4 tablets will be needed. If you do not experience passage of tissue within 24 hours of the first dose, you should insert another 4 tablets into the vagina. If after two doses you have still not had any results, you should contact your OFC physician.

Surgical Management:

- An MVA or D&C can be over 95% effective at emptying your uterus. Usually, people are scheduled for an appointment date and time, which can help with planning. The procedure occurs during the day, and you will return home to rest later that day. You should feel back to normal by the next day but may continue to have menstrual type bleeding for a week or so. Overall, an MVA or D&C results in less bleeding, but it does require instrumentation of the uterus, which can be associated with a low risk of infection or scar tissue formation.

When should I call for help?

There is a physician on call 24 hours a day for the Ottawa Fertility Centre. If you have any questions about how to take your medication, or if you have concerns about very heavy bleeding, pain or fever, please give us a call. We understand that this process is both emotionally and physically taxing and we are here to support you through this difficult time.

Contact Information:

During office hours: 613-686-3378, enter extension given to you by your physician or follow the phone tree prompts to reach a nurse or your physician's office

After hours: 613-761-4000. Ask to speak with the IVF doctor on-call.

Support Resources:

Bereaved Families of Ottawa: A local Ottawa support system for those who have experienced any type of loss. <https://bfo-ottawa.org/programs/>

Pregnancy and Infant Loss Network (PAIL): Local perinatal support groups, resources and information. An online Facebook-based support group is available as well. <https://pailnetwork.sunnybrook.ca/>

A list of other resources can be found at: <https://butterflyboxottawa.weebly.com/resources.html>

Other counseling and support resources can be found on our website at: <https://conceive.ca/patient-resources/counseling-and-support-groups/>

References:

1. Shorter et al., (2019). Management of early pregnancy loss, with a focus on patient centered care. Seminars in Perinatology.
2. ACOG Practice Bulletin, No. 200 (2018).
3. Al Wattar et al., (2019) Management of first-trimester miscarriage: a systematic review and network meta-analysis. Human Reproduction Update, Vol.25, No.3 pp. 362–374.
4. WHO. Clinical practice handbook for safe abortion. (2014).