Incomplete Miscarriage

Miscarriages in pregnancy are common. A miscarriage is a pregnancy that has ended before the twentieth week. You have had an incomplete miscarriage. Partial parts of the fetus or *placenta* (afterbirth) remain behind. Sometimes further treatment is needed. The most common reason for further treatment is continued bleeding (*hemorrhage*). Tissue left behind may also become infected. Treatment usually is curettage. Curettage for an incomplete abortion is a procedure in which the remaining products of pregnancy are removed. This can be done by a simple sucking procedure (suction curettage). It can also be done by a simple scraping (curettage) of the inside of the *uterus* (womb). This may be done in the hospital or in the caregiver's office. This is only done when your caregiver knows the pregnancy has ended. This is determined by physical examination and a negative pregnancy test. It may also include an ultrasound to confirm a dead fetus. The ultrasound may also prove that products of the pregnancy remain in the uterus.

If your cervix remains dilated and you are still passing clots and tissue, your caregiver may wish to watch you for a little while. Your caregiver may want to see if you are going to finish passing all of the remaining parts of the pregnancy. If the bleeding continues, they may proceed with curettage.

WHY DO I FEEL THIS WAY

Miscarriages can be a **very emotional time** for prospective mothers. This is **not you or your partner's fault.** The miscarriage **did not occur because of a lack** in you or your partner. Nearly all miscarriages occur because the pregnancy has started off wrongly. At least half of miscarried pregnancies have a chromosomal abnormality (almost always not inherited). Others may have developmental problems with the fetus or placentas. Problems may not show up even when the products miscarried are studied under the microscope. You can usually begin trying for another pregnancy as soon as your caregiver says it's okay.

HOME CARE INSTRUCTIONS

- Your caregiver may order bed rest (this means only getting up to use the bathroom). Your caregiver may allow you to continue light activity. If curettage was not done at this time, but you require further treatment.
- Keep track of the number of pads you use each day. Keep track of how *saturated* (soaked) they are. Record this information.
- **DO NOT USE TAMPONS. Do not douche or have sexual intercourse until approved by your caregiver.**
- It is very important to keep all follow-up appointments for re-evaluation and continuing management.
- Women who have an Rh negative blood type (ie, A, B, AB, or O negative) need to receive a drug called Rh(D) immune globulin (RhoGam®). This medicine helps protect future fetuses against problems that can occur if an Rh negative mother is carrying a baby who is Rh positive.

SEEK IMMEDIATE MEDICAL CARE IF:

- You experience severe cramps in your stomach, back, or abdomen.
- You run an unexplained temperature (record these).
- You pass large clots or tissue (save any tissue for your caregiver to inspect).
- Your bleeding increases or you become light-headed, weak, or have fainting episodes.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

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