

After Pregnancy Loss

After Pregnancy Loss

After pregnancy loss, you may experience grief and many other emotions. You may have questions about the reason for your loss. This is normal. Often, health care providers do not know exactly why pregnancy loss happens.

This pamphlet includes basic information about pregnancy loss. Each type of loss may need a different treatment (like medication and/or surgery). This pamphlet does not explain specific treatments. Your health care provider can give you more information and explain any treatments you may need.

Types of pregnancy loss

Miscarriage

- A miscarriage happens when a pregnancy ends in its early weeks, usually before 12 weeks. A miscarriage can cause bleeding from the vagina and cramping.
- About 1 in 4 people who get pregnant will have a miscarriage.
- The reason why a miscarriage happens is often not known. It does not mean that you will not be able to carry a baby to full term in the future.

Ectopic pregnancy

- “Ectopic” means outside. An ectopic pregnancy is a pregnancy that happens outside of the uterus. This is also called a tubal pregnancy.
- An ectopic pregnancy can cause abdominal (stomach area) pain. You may need surgery. **This can be an emergency.**
- Ectopic pregnancy happens in about 1 in every 50 pregnancies.

Molar pregnancy

- A molar pregnancy can happen when an abnormal fertilized egg starts to grow in the uterus. This means the egg was not fertilized as it should be. The cells that should become the placenta (the organ attached to the lining of the uterus that gives oxygen and food to the baby) grow too quickly and leave no room for the baby to grow.
- Molar pregnancy (also called hydatidiform mole) is rare. It happens in about 1 in 500 pregnancies.

When will the pain and bleeding stop?

This is different for each person. It will depend on how late in the pregnancy the loss happened and how it was managed:

- › If you had a miscarriage, you may have major cramping and heavy bleeding for a few hours. This should slowly get better over time.
- › If you had a laparoscopy, you may have abdominal pain for about 1 week (7 days). You may or may not have bleeding.
- › If you had a dilation and curettage (D & C) procedure, you may have cramping and bleeding on and off for up to 2 weeks (14 days).

Call your primary health care provider (family doctor or nurse practitioner) if you have any of the following signs of infection:

- › Bleeding that gets worse
- › Pain that gets worse
- › Vaginal discharge that smells bad
- › Fever (temperature over 38° C/100.4° F) that lasts for 4 or more hours after taking acetaminophen (Tylenol®)

If you cannot reach your primary health care provider, go to the nearest Emergency Department right away.

While you have bleeding, you can lower your risk of infection by:

- › using pads instead of tampons.
- › avoiding sex.
- › avoiding swimming.

It is OK to bathe or shower during this time. **Do not douche.**

When will I get my next period?

- You may get your next period 4 to 6 weeks after your early pregnancy loss. It may be heavier than usual.
- **You can get pregnant before you have a regular period. Use birth control until you have had at least one regular period.** If you do not get your period after 6 weeks, take a pregnancy test.

Call your primary health care provider if you have:

- › More bleeding or bleeding that is heavier than a normal period
- › Bleeding that lasts for more than 2 weeks
- › Cramping that gets worse
- › Fever (temperature over 38° C/100.4° F)
- › Discharge from your vagina that smells bad
- › Pain or cramping that does not get better after taking over-the-counter or prescribed pain medication
- › Very tender or sore breasts (It is normal to have sore breasts and drainage from your nipples for a few days.)
- › Low or depressed mood that does not go away after 2 weeks

Why do I feel so tired?

- Pregnancy loss can be physically and emotionally exhausting. You may feel unwell for a week or more, especially if you are bleeding heavily. This is normal. You may need to rest and sleep more than usual.
- Eating foods rich in iron can help. For example, red meat, eggs, pumpkin seeds, spinach, and cereals (like cream of wheat and oatmeal).

When will my breasts go back to normal?

- After a later pregnancy loss, your breasts may be bigger and tender for up to 1 week. Wearing a well-fitted bra (like a sports bra) or using ice packs may help you feel more comfortable. Your breasts may also leak milk. This can be upsetting. Milky breast discharge may last for a couple of weeks. See your primary health care provider if these symptoms do not go away.
- If your breasts hurt, a mild pain medication (like acetaminophen) may help. Ask your pharmacist or primary health care provider what medication is right for you.

When can I go back to work?

Each person's recovery is different. You may find it hard to face people or focus on work, or you may take comfort in the routine and the support of your colleagues.

Will I have a follow-up appointment?

- You may be offered a follow-up appointment at the hospital.
- If not, contact your primary health care provider, obstetrician, or midwife about any questions or concerns you may have.

Remembering your baby

Many people want to do something special to remember their baby or help them say goodbye.

Can we know the baby's sex?

This is usually not possible after an early loss.

Can we have a memento of the baby?

- If you had an ultrasound during your pregnancy, it may be possible to get an ultrasound picture. Ask the ultrasound unit.
- If you would like a memento, please talk with your health care provider.

Can we hold a service or a blessing for the baby?

The hospital chaplain or a representative of your own faith may be able to hold a service or say a prayer for your baby. Talk to your health care provider if this is something you would like to do.

Other ideas that may help:

- › Name your baby
- › Wear a piece of jewelry with the birthstone for the month of your due date
- › Plant flowers or a tree in memory of your baby
- › Make a donation to a charity that is important to you
- › Write a letter or poem to your baby

Looking to the future

How long should I wait before trying again?

- We usually recommend waiting until after your first period. This makes it easier to figure out the date of conception (day you got pregnant). Your primary health care provider or obstetrician (doctor that specializes in pregnancy and childbirth) may advise you to wait longer if you have certain problems or are waiting for tests or test results.
- It is important to wait until you and your partner feel ready, physically and emotionally. You may find that being pregnant again helps you recover from the loss, or you may feel like you need more time.
- After an ectopic pregnancy, you are at a higher risk of having another ectopic pregnancy. You should have blood work and an ultrasound done before getting pregnant again. Talk with your primary health care provider or obstetrician if you have questions or concerns.
- After a molar pregnancy, we recommend waiting 6 months to 1 year before trying to become pregnant again. Your primary health care provider or obstetrician will talk about this with you.

How should I get ready for my next pregnancy?

- Take care of yourself.
- Eat healthy foods and stay active.
- Talk to your primary health care provider, obstetrician, or midwife about daily prenatal vitamins.

What if I am scared of having another pregnancy loss?

- Trying to become pregnant after a loss can cause many emotions. You may feel scared and anxious. This is normal.
- Your health care provider may offer you an early ultrasound. You may find this helpful, or it may make you feel more anxious. Sharing your feelings with others may help.

Loss affects everyone differently.

There is no right or wrong way to feel after a loss. Whatever you are feeling is OK. You may feel:

- › Shock
- › Numbness
- › Sad
- › A sense of loss
- › Empty
- › Depressed
- › Angry
- › Guilty
- › A sense of failure
- › Isolated and lonely
- › Tired all the time
- › Like sleeping too much or too little
- › Relieved
- › Acceptance (a feeling that ‘these things happen’)

You may:

- › Have little interest in daily life
- › Have trouble concentrating
- › Have no interest in sex
- › Talk about the miscarriage all the time or find it too painful to talk about
- › Find it painful to see pregnant people, babies, or anything to do with parenthood

You may experience these feelings long after the loss. They may also come back later, around the time the baby is due or on the anniversary of the loss. You may worry that you are never going to feel well. It can take time to work through your feelings and thoughts about your pregnancy loss. If you are worried that your feelings are not getting better, ask for help. **Talk to your partner, your family, a counsellor, or other health care professional about how you are feeling.**

What about my partner?

- Your partner may be grieving for the baby, and also feel upset about your pain and distress. You may be able to help each other and become closer because of your shared loss.
- Grief may also put a strain on your relationship. Your partner may not know how to react or how to help you. They may try to stay strong for you, but end up feeling lonely and isolated. They may hide their feelings so well that they seem to not care at all.
- It is important to talk to your partner about how you are feeling. Tell each other what you need.

What do I tell my other children?

- Children often notice when something is wrong, like when a parent is upset. You may want to tell them about what happened, especially if they knew you were pregnant. It helps to use simple words and phrases like “We are sad because the baby died.”
- It is often best to tell children the truth. Children need to be reassured that they are loved. They need to know that, even though you are sad, you will be OK.

What about my other relatives and friends?

- There may be many people who knew that you were pregnant. If you have not told them about your pregnancy loss, they will likely ask how you are doing or how the pregnancy is going.
- Many people find it hard to talk about or cope with another person’s loss or emotions. They may need to work through the loss in their own way and time.
- Family and friends may say the wrong things, even though they mean well. They may:
 - › avoid talking about your loss at all.
 - › worry about reminding you of your loss when you are trying to cope.
 - › try to cheer you up, hoping you will return to normal more quickly.

Who can I reach out to for support?

- After pregnancy loss, you may feel lonely. We encourage you to reach out to your partner, your family, friends, a counsellor, or another health care professional for support.
- It may also help to talk to other people who have had the same experience as you.
- If you do not have a close support person(s) or you do not feel comfortable talking with them, the resources on page 8 may help.

If you are worried that you are not feeling better, ask for help.

Resources

- Your primary health care provider
- A spiritual or faith group leader
- Your local hospital's palliative care service or bereavement service
 - › Phone: _____
- Social Worker
 - › Phone: _____
- Community Grief Counsellor
 - › <https://mha.nshealth.ca/en>
- HAND of Santa Clara (Helping After Neonatal Death)
 - › www.handonline.org

Grief support

- IWK Bereavement Support Services
 - › Phone: 902-470-8942
- Valley Circle of Friends: Pregnancy and Infant Loss Group, Wolfville, NS
 - › Public Health Services: valleycircleoffriends@gmail.com

Books

- *Empty Cradle/Broken Heart: Surviving the Death of Your Baby*. Deborah L. Davis (2016).
- *I Never Held You: Miscarriage, Grief, Healing and Recovery*. Ellen M. DuBois, Dr. Linda R. Backman (2006).
- *A Guide For Fathers: When a Baby Dies*. Tim Nelson (2004).
- *Healing Your Grieving Heart After Miscarriage: 100 Practical Ideas for Parents and Families*. Alan D. Wolfelt (2015).

To borrow these items, contact:

- IWK Pediatric Advanced Care Team
 - › Phone: 902-470-7262
- IWK Family Library
 - › Phone: 902-470-8982

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find this pamphlet and all our patient resources here:
<https://library.nshealth.ca/Patients-Guides>

Connect with a registered nurse in Nova Scotia any time:
Call 811 or visit: <https://811.novascotia.ca>

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