

Quality
Standards

Early Pregnancy Complications and Loss

questions to ask your health care team
to help you receive high-quality care





What are the signs of early pregnancy complications?

Early pregnancy complications include vaginal bleeding (more than spotting) and pain in the abdomen, lower back, or pelvis. They often happen in the first 13 weeks of a pregnancy. If you experience pain or bleeding in early pregnancy, you may need medical attention. Contact your family doctor, midwife, or obstetrician (OB), or go to a hospital emergency department.

Should I go to the emergency department?

Call your health care provider or go to the nearest emergency department if you:

- Suddenly have severe pain in your abdomen that is not going away or helped with acetaminophen (Tylenol)
- Suddenly feel faint or like you are passing out
- Have very heavy bleeding (soaking more than three pads in three hours)
- Have chills or a fever higher than 38°C (100.4°F)



Start talking

Early pregnancy complications or loss can come with mixed emotions. People can feel sadness, grief, relief, fear, and more, and it can be hard to talk about what's happened with health care providers or even with family and friends. This can be especially true if you haven't shared the news of the pregnancy with many people yet.

Sharing your concerns with your health care providers can help them give you the best possible care during a stressful time. Asking questions can also help you make decisions about your treatment.

Use the topics outlined here to guide your conversations with your doctor, midwife, or other health care providers:

- If complications begin
- Experiencing early pregnancy loss
- Planning for the future

It's okay to ask to speak to your doctor, midwife, or nurse privately, and it's okay to ask lots of questions.



Write it down

It may help you to write down your symptoms. Having details on hand when you talk with your care providers will help you give a more complete description of your experience.

You may have this mix of emotions and may not be sure how you're supposed to be feeling. So, it's hard to know what questions to ask.

**PERSON WHO EXPERIENCED
EARLY PREGNANCY LOSS**



If complications begin

Telling health care providers about your pregnancy can help them understand your concerns and help you get the information you need. If it's too difficult to share your physical and emotional health history or ask questions, you may want to have a family member or support person do some of the talking.

Some things you might want to discuss with your health care providers:

- Whether you've experienced pregnancy complications, an ectopic pregnancy (when the embryo implants in a fallopian tube), pregnancy loss, or infant loss before
- Who your support people are, and who you would like to be involved in your care (partner, friend, family member)
- If this pregnancy was planned, and if you used fertility treatments such as in vitro fertilization (IVF) to get pregnant
- How you would like health care providers to refer to your pregnancy (for example, "fetus" or "baby")
- Results from any recent ultrasounds or pregnancy blood tests

Some questions you may want to ask your health care providers:

- What tests are you recommending? What do they involve?
- When and how will I get the results?
- Is there something I can take for the pain?
- Is there an early pregnancy assessment service that I can be referred to?



An early pregnancy assessment service

is staffed by health care providers and support professionals with special training in diagnosing and caring for people experiencing early pregnancy complications or loss.



Experiencing early pregnancy loss

Early pregnancy loss—a miscarriage in the first 13 weeks—happens in about one in five pregnancies. But not all pain or bleeding ends with a miscarriage. And some people don't have any symptoms. A routine ultrasound (a medical scan) or blood test can show if a pregnancy is not developing as expected, or if it has ended.

If you experience early pregnancy loss, before you leave the hospital or your health care provider's office, ask what you can expect in the days or weeks ahead. If you understand what's happening, you'll know what to do if your symptoms get worse.

Even though early pregnancy loss is a common experience, this does not make it any less difficult or painful. Your mental health is important, so ask for support if you need it.

Some things you might want to ask your health care providers:

- What are my options for managing a miscarriage (waiting for the miscarriage to happen on its own, taking medication, having surgery)?
- What will I see and feel during and following a miscarriage? What should I expect?
- If my pain or bleeding gets much worse, what should I do?
- Will I have pain or nausea? How can I manage them?
- Do I need follow-up appointments or tests?
- What should I say when I share the news of my loss with family or friends? What are some common reactions to loss that I should be prepared for?
- How can my family and I support one other?
- Are there peer support groups in my area?



Important to know

People who experience a loss in the first 13 weeks of pregnancy often ask, “What did I do wrong?” or “Could I have prevented it?”

Health care providers tell us there are three things they’d like patients and families to know:

- A miscarriage is no one’s fault
- In most cases, a specific cause cannot be identified
- There’s no treatment to stop a miscarriage

[Peer support connects you with people who say,] “I’ve been there too.” For healing, that was the most important thing for me.

**PERSON WHO EXPERIENCED
EARLY PREGNANCY LOSS**



Planning for the future

An early pregnancy loss may affect you and your family in unexpected ways. Along with the effects on your body, the emotions that follow a miscarriage, such as sadness and fear, can come back when people think about getting pregnant again.

Here are some questions you may want to ask your health care providers:

- I want to get pregnant again. When can I try, and will I have problems getting pregnant or having a healthy pregnancy in the future?
- I don't want to get pregnant again now. What do I need to know about using birth control after a pregnancy loss? If I get pregnant again, where can I get support to help manage the emotions that may arise after this loss?



More information and support

There's a lot of information out there about early pregnancy loss and complications, but it can be challenging to know what's reliable. The patients, caregivers, and clinicians we spoke with to put this guide together told us these are resources they find useful:

- [Pregnancy and Infant Loss \(PAIL\) Network](#)—PAIL has free group and individual peer-support services for families across Ontario
- www.october15.ca—Every year, across Canada, October 15 is Pregnancy and Infant Loss Awareness Day. This site provides information on events, as well as resources for parents



For your reference: The quality standard in brief

Ontario Health is committed to helping patients, health care providers, and organizations improve the quality of health care in Ontario. Through its Quality business unit, Ontario Health produces quality standards that outline **what quality care looks like** for specific conditions, such as early pregnancy complications and loss. Quality standards are based on current best evidence and input from clinicians, patients, and health care providers.

This patient guide accompanies the quality standard for clinicians on early pregnancy complications and loss.

If you're interested in the quality standard, developed in partnership with the Pregnancy and Infant Loss (PAIL) Network, below is a summary. To read more, you can download it [here](#).

Comprehensive Assessment

For clinicians: People with signs or symptoms of early pregnancy complications receive a comprehensive assessment that includes a transvaginal ultrasound and serum beta-hCG measurement.

What this means for you

Your health care providers should:

- Ask you about your symptoms and medical history
- Offer you a blood test and a procedure known as a transvaginal ultrasound

These steps will help them assess your pregnancy and offer the next steps in your care.

Early Pregnancy Assessment Services

For clinicians: People experiencing early pregnancy complications and loss have access to early pregnancy assessment services.

What this means for you

Health care professionals (such as a family doctor, nurse, midwife, or emergency department doctor) with training and experience in care during early pregnancy complications and/or loss should be available in your area.

Pregnancy of Unknown Location

For clinicians: People with a pregnancy of unknown location (not visible in the uterus or adnexa, on ultrasound) receive two serial serum beta-hCG measurements taken 48 hours apart. They are followed until a final diagnosis is made or until beta-hCG returns to zero.

What this means for you

If you have a positive pregnancy test, but the pregnancy cannot be seen in an ultrasound picture, your health care providers should:

- Repeat ultrasounds and bloodwork until your pregnancy is located or a pregnancy test is negative
- Tell you what to do if your symptoms get worse
- Tell you how to get emergency care

Diagnosis of Intrauterine Early Pregnancy Loss

For clinicians: Pregnant people who experience intrauterine early pregnancy loss receive this diagnosis as quickly as possible based on transvaginal ultrasound. While waiting to learn whether or not the pregnancy is viable, they receive information on who to contact, where to go, and how long it should take to receive a diagnosis. A diagnosis of early pregnancy loss is also communicated to the person's primary or other relevant care providers.

What this means for you

Your health care providers should:

- Diagnose your early pregnancy loss as quickly as possible
- Let you know who will contact you with a diagnosis and how long it should take
- Encourage you to have a support person with you at appointments

Management Options for Intrauterine Early Pregnancy Loss

For clinicians: People with intrauterine early pregnancy loss receive information on all potential management options (expectant, medical, and surgical) and are supported in making an informed decision on the most appropriate management approach for them, based on their diagnosis, clinical situation, values, and preferences.

What this means for you

Your health care providers should:

- Discuss your options for managing your early pregnancy loss so you can choose the one that is best for you and your family
- Offer you written information on what to expect, plans for follow-up care, and how to access support services for pregnancy loss

Management Options for Tubal

Ectopic Pregnancy

For clinicians: People with a confirmed tubal ectopic pregnancy receive information on all potential management options (expectant, medical, and surgical) and are supported to make an informed decision about their care. They have access to their preferred management option. Health care professionals closely monitor signs and symptoms and arrange appropriate access to follow-up care.

What this means for you

Your health care providers should:

- Discuss your options for managing your ectopic pregnancy so you can choose the one that is best for you and your family
- Offer you information on what to expect during treatment and what to do if your symptoms change or get worse
- Continue to monitor your health

Compassionate Care

For clinicians: People and families experiencing early pregnancy complications and/or loss are treated with dignity and respect, and receive support in a sensitive manner, taking into account their individual circumstances and emotional responses, no matter where they receive their care.

What this means for you

You and your family should be treated with dignity and respect at all times.

Psychosocial and Peer Supports

For clinicians: People who experience an early pregnancy loss and their families are offered information about psychosocial and peer support services and organizations.

What this means for you

Your health care providers should offer you information on emotional and peer supports. They should offer you a referral to a peer support program if you want one.

What's next?

Remember, everybody is different.

The support you need and your care plan will be unique to you.

This conversation guide is only a starting point.

You may have other topics you want to cover with your health care providers. It's important to speak to them about any other questions or concerns.

Need more information?

If you have any questions or feedback about this guide, please contact us at qualitystandards@hqontario.ca or 1-866-623-6868.

For more reading on early pregnancy complications and loss, read the quality standard at:

hqontario.ca/qualitystandards

For more information, please visit:

hqontario.ca or pailnetwork.sunnybrook.ca