D and C (Dilation and Curettage) + Natural Alternatives

Dilation and curettage (D&C) is a brief surgical procedure in which the cervix is dilated and a special instrument is used to scrape the uterine lining. Knowing what to expect before, during, and after a D&C may help ease your worries and make the process go more smoothly. Here's what you need to know.

Reasons for a D&C

You may need a D&C for one of several reasons. It's done to:

- **Remove tissue in the uterus** during or after a miscarriage or abortion or to remove small pieces of placenta after childbirth. This helps prevent infection or heavy bleeding.
- **Diagnose or treat abnormal uterine bleeding.** A D&C may help diagnose or treat growths such as fibroids, polyps, or endometriosis, hormonal imbalances, or uterine
Here is a Natural Miscarriage Story

I was almost 12 weeks along when I miscarried, so it was almost like a mini birth. I was lucky that I have experienced a live, home birth when my daughter was born over two years ago. That, combined with past experiences with miscarriage, helped me to not be afraid of the process. I was very thankful to do everything at home. The physical process was an important part of my overall healing. Unfortunately for me, after the worst had passed, I continued to bleed and have intermittent contractions. After two full weeks from the time that I passed the baby and placenta, I went back to my OB to get an ultrasound to see if I had retained some piece of the placenta. I was also fighting a cold virus and showing symptoms of an internal infection in my uterus. My blood was beginning to have a foul odor to it.

The doctor confirmed that I had indeed retained some tissue. Later that day, at my family practice doctor’s office, I had a vaginal exam and my blood drawn to be tested. My iron levels were great, but my white blood count was low indicating an infection was beginning to take root. My family practice doctor is very natural minded and I respect him very much, so when he suggested I take antibiotics, I listened. I hate taking antibiotics and try to avoid them as much as I can, but I felt like the antibiotics were the lesser of two evils when weighing the risks of a D&C. Looking back, if I had been in a better mindset (thinking right and not consumed with grief) I probably would have thought to pull out the natural remedies sooner to avoid having to take antibiotics. But only hindsight is 20/20, and hopefully this post will help someone else in the same situation.

He gave me three days to pass the rest of the tissue on my own or I would have to go the hospital. I left his office thinking I may have “failed” at this pregnancy, but I am sure not going to “fail” at having a miscarriage. I pulled out my type A, over-ambitious personality and got to work figuring out all the natural remedies that help complete a miscarriage.
Over a three day period, I did many different remedies to help me expel the last of the tissue. And sure enough, it worked. I completed the miscarriage on my own and did not need a D&C.

Hallelujah!

# Remedies to Encourage Natural Miscarriage

Here are the remedies I tried, in no particular order:

- **Tea with Dong Quai in it.** I drank [Traditional Medicine Women's Moon Cycle](#) tea. I also drank some plain [Raspberry Leaf tea](#).
- **Cinnamon.** I couldn't really find exactly the dosage to take, so I just sprinkled [cinnamon](#) on everything I could. The [Women's Moon Cycle tea](#) also has some in it. It tastes great in a glass of raw milk, or on a piece of bread slathered with butter. If you want to be bad, sprinkle on some sugar and you are in for a treat. It's also great with cumin on a roast in a [slow cooker](#).
- **Acupuncture.** My acupuncture doctor did an hour long treatment to help me expel everything. You can do pressure points at home if you want. They are mostly all in your ankles and shins. There is one on your hand as well, the fleshy part in between your first finger and thumb. Basically, all those points that you stay away from when you are pregnant. Yeah, well, now you get to use them. I recommend just massaging the area and whenever you find a tender spot, rub the heck out of it, even if it hurts a bit.
- **Cupping.** She also did a technique called [cupping](#). Cupping is known to release congestion and help things that are stuck, physically or energetically, unstick.
- **Energy healing.** I had a session with an energy healer and I realized that part of the reason I was holding on to that last bit of tissue was an emotional reason. I emotionally was not ready to fully let go of the pregnancy and my body was reacting to my emotions by holding on to the last bit of tissue.
- **Affirmations.** After the energy healing session, I told my body over and over again to let go and release. I also repeated over and over again, "I am healed. I am healthy."
- **Homeopathy.** Both [Sabina and Sepia](#) are good for completing a miscarriage. I did Sepia because not only does it help expel the tissue, it helps expel the grief. My homeopathic doctor warned me that it would make me want to curl up in a ball and cry, a lot, and not to be alarmed. I sort of brushed him off and then later that day, I went to a yoga class. Showing up late to said yoga class late, the only spot left was smack dab in the middle of room, next to the instructor. Just my luck! And sure enough, it only took one sun salutation and there I was, the crazy person, silently sobbing in child’s pose for the rest of class. Super embarrassing. So if you take Sepia, stay home!
- **Herbs.** [Black](#) and [Blue Cohosh](#). I had these on hand and was going to do this at the last moment. These herbs are so disgusting, that I really did not want to have to drink it. Luckily I didn't have to.
These are the same herbs you can help to induce a full term pregnancy. They are like a natural version of the hospital given Pitocin. Also, a friend just told me, that Black and Blue Cohosh can be found homeopathically, and they are called Caulphyllum and Cimicifuga.

It’s been over a week now since my “deadline” and I stopped bleeding on that day. I have had no more pain or blood, which I am very, very happy about. I can finally start to move on emotionally now that the physical process is done.

I so hope that this helps anyone going through a miscarriage and looking for information about natural

D&C Procedure After A Miscarriage

Unfortunately, miscarriage is the most common type of pregnancy loss, according to the American College of Obstetricians and Gynecologists
Studies reveal that anywhere from **10-25% of all clinically recognized pregnancies will end in miscarriage**, and most miscarriages occur during the first **13 weeks of pregnancy**. Pregnancy can be such an exciting time, but with the great number of recognized miscarriages that occur, it is beneficial to be informed on miscarriage in the unfortunate event that you find yourself or someone you know faced with one.

The main goal of treatment during or after a miscarriage is to prevent hemorrhaging and/or infection. The earlier you are in the pregnancy, the more likely that your body will expel all the fetal tissue by itself and will not require further medical procedures. If the body does not expel all the tissue, the most common procedure performed to stop bleeding and prevent infection is a D&C.

**What Is A D&C Procedure?**

D&C, also known as dilation and curettage, is a surgical procedure often performed after a **first trimester** miscarriage. Dilation means to open up the cervix; curettage means to remove the contents of the uterus. Curettage may be performed by scraping the uterine wall with a curette instrument or by a suction curettage (also called vacuum aspiration), using a vacuum-type instrument.

**Is A D&C Necessary After A Miscarriage?**

About **50% of women who miscarry do not undergo a D&C procedure**. Women can safely miscarry on their own, with few problems in pregnancies that end before 10 weeks. After 10 weeks, the miscarriage is more likely to be incomplete, requiring a D&C procedure to be performed. Choosing whether to miscarry naturally (called expectant management) or to have a D&C procedure is often a personal choice, best decided after talking with your health care provider.

Some women feel comfort in going through a miscarriage in their own home, trusting their own body to do what it needs to. Some see this as a vital part of
the healing process, eliminating the question of “what if?” about the health of the pregnancy. There are also many women who miscarry who have a history of gynecological problems and don’t want to risk the possibility of any more complications occurring from having a D&C procedure done. For most first trimester miscarriages, expectant management should be a viable option.

For some women, the emotional toll of waiting to miscarry naturally is just too unpredictable and too much to handle in an already challenging time. Healing for them may only start once the D&C procedure is done. A D&C may be recommended for women who miscarry later than 10-12 weeks, have had any type of complications, or have any medical conditions in which emergency care could be needed.

**How Is A D&C Procedure Done?**

A D&C procedure may be done as an outpatient or inpatient procedure in a hospital or other type of surgical center. A sedative is usually given first to help you relax. Most often, general anesthesia is used, but IV anesthesia or paracervical anesthesia may also be used. You should be prepared to have
someone drive you home after the procedure if general or IV anesthesia is used.

1. You may receive antibiotics intravenously or orally to help prevent infection.
2. The cervix is examined to evaluate if it is open or not. If the cervix is closed, dilators (narrow instruments in varying sizes) will be inserted to open the cervix to allow the surgical instruments to pass through. A speculum will be placed to keep the cervix open.
3. The vacuum aspiration (also called suction curettage) procedure uses a plastic cannula (a flexible tube) attached to a suction device to remove the contents of the uterus. The cannula is approximately the diameter in millimeters as the number of weeks gestation the pregnancy is. For example, a 7mm cannula would be used for a pregnancy that is 7 weeks gestation. The use of a curette (sharp edged loop) to scrape the lining of the uterus may also be used, but is often not necessary.
4. The tissue removed during the procedure may be sent off to the pathology lab for testing.
5. Once the health care provider has seen that the uterus has firmed up and that the bleeding has stopped or is minimal, the speculum will be removed and you will be sent to recovery.

What Are The Possible Risks And Complications Of A D&C Procedure?

- Risks associated with anesthesia such as adverse reaction to medication and breathing problems
- Hemorrhage or heavy bleeding
- Infection in the uterus or other pelvic organs
• Perforation or puncture to the uterus
• Laceration or weakening of the cervix
• Scarring of the uterus or cervix, which may require further treatment
• Incomplete procedure which requires another procedure to be performed

What To Expect After The D&C Procedure:

Most women are discharged from the surgical center or hospital within a few hours of the procedure. If there are complications or you have other medical conditions, you may be kept longer. You will more than likely be given an antibiotic to help prevent infection and possibly some pain medication to help with the initial cramping after the procedure.

Things to know about taking care of yourself at home:

• Most women can return to normal activities within a few days, and some feel good enough to return to normal non strenuous activity within 24 hours.
• You may experience some painful cramping initially, but this should not last longer than 24 hours.
• Light cramping and bleeding can be expected from a few days to up to 2 weeks. Ibuprofen is usually suggested for treating cramps.
• You should not insert anything into the vaginal area, including douche and sexual intercourse, for at least 2 weeks or until the bleeding stops. (Your health care provider should give you specific instruction for when intercourse can resume.)
• Tampons should not be used until you start your next regular period, which could be anywhere from 2-6 weeks after the D&C procedure.
• It will be unknown when ovulation will return, so once sexual intercourse is allowed, you should use a method of contraception until your health care provider says it is okay to try to get pregnant again.
• Make sure to attend your follow up appointment.

When To Contact Your Health Care Provider:

Most women experience few complications after a D&C procedure, but you should be aware of things that could signal a possible problem.
Your health care provider should give you specific instructions on what you should expect, but you should contact them as soon as possible if you experience:

- Dizziness or fainting
- Prolonged bleeding (over 2 weeks)
- Prolonged cramping (over 2 weeks)
- Bleeding more than a menstrual period, or filling more than a pad an hour
- Severe or increased pain
- Fever over 100.4 °F or chills
- Foul smelling discharge
This summer I sat on an exam table in an ER in Denver and heard a phrase I had hoped never to hear: “I’m very sorry, but we can’t find a heartbeat.”

I was in the ER after a car accident, where they confirmed that I was only bruised, not badly injured, but that the baby I was carrying had died perhaps a week earlier, at nine weeks gestation. The doctor called it a “missed miscarriage,” which is when the fetus has died but the mother’s body hasn’t yet shown any of the usual signs of miscarriage such as cramping or bleeding. My body still felt pregnant, but the baby was gone. I declined the Misoprostol and D&C and flew home to let my body complete the process naturally. It took another couple of weeks, a round of acupuncture and Chinese herbs and a dramatic onslaught of bleeding before the fetus finally passed from my body.

Several months have now passed and I have learned a great deal about how to heal both the body and the heart after the loss of a pregnancy. If you find yourself in this lonely and tender place, I hope the information in this article will help support you in preparing to conceive again.

**Support Your Body In Healing**

Miscarriage is a traumatic experience for the body, as well as the heart. In my case, I experienced labor-like contractions for several days before the actual miscarriage, during which I had significant blood loss. I then had follow-on complications which required medical support, including a round of heavy-duty antibiotics.

After a miscarriage you may feel surprisingly postpartum, with extended bleeding, a roller coaster of hormones and emotions, and bone-tired exhaustion. You may have night sweats or other trouble sleeping. It can be beneficial to supplement with additional Iron and Vitamin D and may also be a good idea to take extra Vitamin C and Echinacea to ward off infections. It is a good idea to stay hydrated and eat protein-rich,
healthy and simple foods. Check with your doctor to see what he or she recommends for your particular situation.

Let yourself rest as much as you need to – your body has been through a lot and is in recovery. You may need to sleep longer and nap or sit down more often. Too much strenuous activity will wear you out quickly and may increase your bleeding significantly. You may need some extra help during this time to keep up with household obligations. The six-week recovery period recommended for recovery after birth very much applies after a miscarriage.

During those six weeks, take precautions to avoid an infection. My doctor warned me against intercourse until the bleeding subsided, but other sources also warn against hot tubs, douching and even baths. Even if you follow all of the precautions, as I did, your body may retain some tissue that could trigger an infection. Watch for the warning signs, which include cramping or tenderness in the uterus and abdomen, fever, or foul-smelling discharge. See a doctor immediately if you have any of these symptoms.

Process Your Grief

After my miscarriage, I felt angry for a long time before I felt sad. I worried that I was somehow at fault, that I had done something or failed to do something that put the pregnancy at risk. I was ashamed that my body had failed to keep this baby alive. I worried that I was too old to have another viable pregnancy. I was afraid I might not want to try again and risk another loss. I pulled away from my partner and grew impatient with my toddler daughter. I was angry at my body for the complications and how long it took to heal. It took several months for me to feel like myself again.

The grieving process looks different for everyone and in every situation. There are several things that may help:

- **Talk to people who have been there.** When I miscarried I couldn’t think of anyone I knew who had experienced this kind of loss. But when I started talking to my friends about my experience I found out that several of them had recently miscarried and I never knew. Not only did those conversations help affirm my feelings, they brought us closer as friends.
• **Create a closing ritual.** Whether your loss was very early in the pregnancy or there was a tiny body to bury, give yourself the gift of a ritual to mark your loss and remember your baby. You may want to plant a tree, choose a name for your baby, or create some other memorial.

• **Find someone to talk to.** Talk to your partner about your feelings. He will be processing his own grief and sharing your sadness and healing will support for both of you. You may also find support from family, a grief counselor or other therapist, or support groups and forums for women who have experienced loss.

• **Treat depression if needed.** If you or people close to you are worried that you are showing signs of deep or ongoing depression, seek treatment. Untreated depression can be dangerous, especially once you conceive again.

• **Give yourself time.** Grief has its own timeline. It doesn’t end just because you want it to, or your husband is ready to try again, or your friends think you should be feeling better by now. Allow yourself to feel what you feel for as long as it takes. Be prepared for sadness to come up again at milestones, such as your expected due date, or the date you found out you were pregnant, or the anniversary of the loss.

**Try Again When You are Ready**
Different practitioners offer varying advice on how long to wait before conceiving again. Some say it is safe to try again as soon as the bleeding stops. My OB recommended two months and my midwife suggested three. The main reason for waiting is to allow your body to have at least one normal period before conception, which will allow clear dating of the next pregnancy.

My acupuncturist’s perspective on the healing process was this: The first month allows the body to clear the pregnancy tissue and hormones. The second month allows your cycle to regulate. The third month is for your heart. In my experience it really does take this long, if not longer, to grieve, so this advice makes a lot of sense to me.

Talk to your own practitioners and your partner to determine what is right for you both physically and emotionally.
Prepare For Pregnancy
If you have had repeated miscarriages, it may be a good idea to talk to a professional about testing to identify potential causes of your losses. However, if this was your first miscarriage, the odds are good that you will conceive again easily and have a healthy pregnancy.

Preparing your physical body to conceive after a miscarriage is no different than preparing to conceive at any other time: Eat well, take prenatal supplements, avoid smoking and alcohol, track your cycles so that you know when you are most fertile. Preparing your heart may take a little more effort. Even if you have made peace with the actual miscarriage, being pregnant again will likely bring up fears and tenderness for you. Many women say that their fears tend to ease after they pass the milestone of the previous loss, but some women experience anxiety all the way through subsequent pregnancies. Talk about your feelings with people you trust and seek help if the anxiety or sadness feels out of control.
Conceiving again after a pregnancy loss takes great courage and faith. These things will be most available to you if you have allowed both your body and your heart adequate support and time to heal.

When you have a choice between surgery, natural miscarriage or labor

Usually you will be offered a choice between surgery and either waiting for a natural miscarriage or having induced labor. The two types of surgery are D&C (dilate and curettage) or a D&E (dilate and evacuation--for bigger babies between 14 and 20 weeks). Some doctors prefer you wait for it to happen naturally due to the small risks of dilating the cervix for a D&C. Waiting it out is typically only for those less than 10 weeks along due to the risk of blood clots and hemorrhage, but this depends on your doctor. On rare occasions, you may be offered a methotrexate shot and a suppository to bring on a natural miscarriage. (See first trimester.) As for the choosing between a D&E and actual labor, state laws vary about the age of viability, and you may fall in the gray area, which will be discussed later.
Things to think about when choosing between natural labor and D&C surgery:

Do I want to wait for a natural miscarriage?

Advantages: If you wait, you can feel certain that there was no mistake made. When the baby comes you will know that nature has run its course. You can go home instead of going immediately to a hospital or office procedure. You can take a little time to say goodbye and
gather loved ones around you.

**Disadvantages:** For some women, this process is not much worse than a bad period, for for many, it can take several days and be extremely painful and scary. You may have to have a D&C anyway if everything does not come out (called an incomplete abortion). It may be distressing to think of walking around with your baby who is no longer living. Having tissue come at home may be frightening and you may feel awkward, not sure if you save it, or bury it, or what to do.

**Do I want a D&C?**

**Advantages:** This is mostly painless and will get you back on track to start trying again much sooner. The physical part of the ordeal will end.

**Disadvantages:** There is some risk of damaging the cervix during dilation, although that has mostly been taken care of by using laminaria, or seaweed sticks to dilate you gently overnight. Some doctors now use a cream to begin dilation. (If this will not be done, ask if you are going to be dilated (very early pregnancies may not need it, and your cervix may already be opening), and how. Mechanical dilation is riskier. Some women also worry about punctures or perforations of the uterus. While this is a possibility, the risk is small. Even if this should this happen, the uterus will usually heal without complications or harm to your next pregnancy. The main disadvantage to this procedure is that you will not get to see the baby, ever. Most clinics and hospitals will have the baby's remains cremated. If you are pretty far along, holding the baby may be very important to you.

If your doctor does not agree with your decision to either wait or to have a D&C, GET A SECOND OPINION. This is your baby and your life. If you need a second opinion, a good place to go is a women's hospital or clinic, where they usually focus on you, not the procedure, and help you make the best decision based on all the information available.

**The Gray Area**

The death of your baby becomes a legal issue somewhere between 20-28 weeks gestation. Some countries, or regions within a country, require labor and delivery at 24 weeks; some allow the doctor some discretion. Naturally, if you have already begun early labor, you may not have a choice. If your labor could be stopped, then the miscarriage might not happen at all. Otherwise, the cause of the miscarriage is usually Fetal Demise, and if the baby died well before the exam that showed no heartbeat, then it may measure out smaller than the pregnancy would indicate.

There will be a viability point, usually at 24 weeks, where you have no choice but to deliver the baby. To find out more about this, and whether or nor you want or will be able to have your baby's remains, you may want to read about the politics of fetal death.

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Things to think about when choosing between a D&E and induced labor:

**Do I want a D&E (if eligible)?**

**Advantages:** This is mostly painless and will get you back on track to start trying again much sooner. The physical part of the ordeal will end.
Disadvantages: You will never see your baby, and if you are like me, where the baby was too small to see its sex and the chromosome tests do not come out, you will never even know if your baby was a boy or a girl.

Do I want to deliver the baby through labor?

Advantages: You will get to hold your baby, take a picture if you want, and say goodbye. It will be very, very hard and sad, but it will make you feel better later.

Disadvantages: Although this is not always the case, the drugs they give you to dilate your cervix and induce labor might make you very sick—throwing up, diarrhea, some women have mentioned hallucinations and terrible fear. It can take many hours or even days to get dilated enough to get the baby out. And the result is the same: you have done all this labor to see a baby that is not alive.

Different doctors will push different options. Weigh them the best you can and make sure you get what you want. Even if you regret your decision later (as I do), remember that there simply is no good way to deliver a baby who has died. It's a terrible thing no matter what.