Mercy Health

Care first

Early pregnancy loss (Miscarriage)

Information for women, their partners and families

Miscarriage

This booklet is for women, their partners and families who are dealing with the physical and emotional effects of a pregnancy loss in the first 12 weeks.

What is a miscarriage?

Miscarriage is the term used when a woman experiences the loss of her pregnancy in the first 20 weeks. Most miscarriages occur in the first 12 weeks of pregnancy.

Some women have vaginal bleeding or pain, but some women may have no symptoms and only learn that they have miscarried when they have an ultrasound.

Usually, there is no treatment that will prevent a miscarriage.

How common are miscarriages?

One in four women experience miscarriage, but it is often not talked about.

Terminology

There are different types of miscarriage. You might hear different terms being used to describe your miscarriage.

- A *complete miscarriage* means all the pregnancy tissue has passed and the uterus (womb) is now empty.
- An *incomplete miscarriage* means some of the pregnancy tissue remains in the uterus.
- A *missed miscarriage* means the early pregnancy has failed and is still in the uterus.
- An *ectopic pregnancy* is a where the pregnancy grows outside the uterus. An ectopic pregnancy cannot survive and may be dangerous for the woman.

The experience of early pregnancy loss can bring up many different thoughts and feelings.

You can choose who to speak to and share your feelings with.

You are welcome to speak to us at any time about your experiences.

What is known about the causes of miscarriage?

The exact reason for your miscarriage may not be known but some of the possible reasons are listed below.

1. **Chromosomal abnormalities**

   About eight in 10 miscarriages occur because of an error in the genetic information in the developing pregnancy or embryo. These errors happen at the very beginning of a new pregnancy and mean that the pregnancy cannot develop properly.

   Nothing can be done to prevent an early miscarriage that happens because of chromosomal abnormalities. Commonly, these chromosomal mistakes happen by chance. They are rarely genetic problems inherited from the parents. This means that there is no greater risk of miscarriage with your next pregnancies.

2. **Health issues**

   On rare occasions, the woman may have a medical condition that can lead to an increased chance of miscarriage. For example, poorly controlled diabetes, or medical conditions that affect blood clotting can cause miscarriage. Treatment of these illnesses may improve the chances of carrying a pregnancy.

3. **Age**

   Older women are more likely to have a miscarriage. Chromosomal problems in the embryo are more common as women age. The father's age may also play a role in miscarriage.

   With each pregnancy, women in their early 20s have about a one-in-10 chance of miscarriage. Women in their mid-40s have about a one-in-two chance of miscarriage with each pregnancy.

4. **Lifestyle factors**

   Smoking more than 10 cigarettes a day, obesity, moderate-to-heavy alcohol use and large amounts of caffeine increase the risk of miscarriage.

Are you likely to have another miscarriage?

Most women who have experienced a miscarriage go on to have healthy babies. If a woman has had three miscarriages in a row, she should be referred for specialist advice.

Experiencing two miscarriages in a row is not unusual and does not mean there is anything wrong with you or your body.

Myths about miscarriage

There are many myths about the causes of miscarriage. Hearing these stories from other people can cause unnecessary guilt, worry and anxiety.

Below is a list of things that **do not** cause miscarriage:

- Exercising in moderation
- Working
- Travelling
- Having sex
- Morning sickness
- Taking the oral contraceptive pill
- Wondering whether or not you wanted the baby
- Stress or worry
- Having previously had an abortion
- Having an ultrasound
- Having a fright
- Having an argument

What is the management for a miscarriage?

If the miscarriage is completed and all the tissue has passed, you will not need any further medical treatment. If the pregnancy has not passed, options include:

- allowing the pregnancy to pass naturally (expectant management)
- having tablets to help the pregnancy pass (medical management)
- having an operation — 'dilatation and curettage (D&C) — to remove the pregnancy tissue from the uterus (surgical management).

These choices depend on many things, including your own wishes.

For more information, please refer to:

- 'Expectant Management of Miscarriage' information sheet
- 'Medical Management of Miscarriage' information sheet
- 'Surgical Treatment for a Miscarriage (D&C)' information sheet
- 'Management Options for Early Pregnancy Loss' information sheet

Women who have a Rhesus (Rh) negative blood type (such as A, AB, B or O negative) may need to be given an injection of Rh (D) immunoglobulin or 'Anti-D'.

If you are at home and allowing the pregnancy to pass naturally or with tablets, it is important that you know you can come to the Emergency Department at any time if you would prefer to be in hospital.

It is also important that you come to the Emergency Department if:

- after 1–1.5 hours of bleeding heavily, you are still soaking two or more pads in an hour
- you are experiencing more pain than you can manage at home and you are not getting enough relief from the pain medications you were given.

After the miscarriage

Bleeding and pain

You may have bleeding that is like a period, which can last up to two weeks. Use sanitary pads until the bleeding has stopped. Avoid using tampons or menstrual cups.

The amount of bleeding and its duration will differ according to how the miscarriage has been managed. Your clinician will discuss with you what you are likely to expect, based on your own circumstances and which management option has been decided.

You can take ibuprofen (Nurofen) or paracetamol (Panadol) to help manage pain.

When to contact your doctor or the Emergency Department

You should contact your doctor or the Emergency Department if:

- your bleeding becomes heavy (if you are changing soaked pads more than once an hour you will need to come to hospital for review)
- your pain is uncontrolled
- you have fevers or chills
- your vaginal discharge smells unpleasant.

If you need advice, call:

Mercy Hospital for Women (Heidelberg)	
Early Pregnancy Assessment Clinic	8458 4439
Emergency Department	8458 4000
Werribee Mercy Hospital	8754 3300

Next period

After the miscarriage is complete, your next menstrual period will usually come within four to six weeks (if your cycle is approximately 28 days). This period may be heavier than normal. Be aware that you will ovulate before this and could get pregnant before your period returns.

Sex

Most women prefer to wait until the bleeding has stopped before having vaginal sex. However, when you are emotionally ready to have sex is an individual decision. Everyone responds differently to a miscarriage, so the time you need to recover emotionally will vary from person to person. You and your partner need to discuss when you are both ready for sexual activity.

Returning to work

Every woman feels differently about when to return to work. You may need some time off work before you feel emotionally ready to return.

Trying for another pregnancy

Try for another pregnancy when the time is right for you. Generally, unless you have been given specific advice, there is no medical reason to wait until you try again. If you have had medical or expectant management, it may be helpful to wait for one period to ensure that the miscarriage process is complete.

If you are overweight or obese, we would encourage you to work towards achieving a healthy weight before trying for another pregnancy.

Avoid smoking, alcohol and excessive amounts of caffeine.

If you are planning to conceive again in the next three months, continue to take folic acid.

The personal impact of pregnancy loss

There is no right or wrong way to respond to a miscarriage. Some people are deeply distressed by a miscarriage while others may be less emotionally affected.

Some women find that they can readily process what has happened and resume daily activities. For others, this sudden and unexpected loss can leave them feeling shocked and vulnerable.

Understanding grief

Grief is a normal, natural and inevitable response to loss.

Your grief following a miscarriage is real, unique to you and shaped by your life story. Your culture and spiritual beliefs will also affect how you grieve. The range of emotions experienced following a miscarriage can include emptiness, sadness, guilt, disappointment, anger, loneliness, isolation, frustration, helplessness or despair.

You are encouraged to acknowledge and trust your feelings — and take the space and time you need to attend to your experience.

Your partner might also experience some of these emotions yet respond differently to you. Acknowledging and accepting this emotional experience can help to understand each person's response to the pregnancy loss. In addition, some people may grieve for the loss of hopes and dreams evoked with the beginnings of new life.

Sometimes, the grief surrounding a miscarriage can connect with other grief experiences and you can feel deeply sad. Your sense of loss may be triggered by seeing pregnant women. The sense of loss can be felt some time later, especially around the date of the expected birth or the anniversary of the miscarriage.

There is no timeframe for grief. However, if you continue to experience deep sadness and are finding it difficult to fully engage in your life, then it is important that you seek help.

It may be difficult for women to express their sadness or grief about their miscarriage, particularly if they have not told anyone about the pregnancy.

Care during your time of loss

Most people find it helpful to express their thoughts and feelings with the important people in their lives.

Sometimes women prefer not to speak with family or friends but choose instead to talk with their doctor, midwife or other health professional.

You might choose to speak to an allied health professional such as a pastoral carer or social worker. The specific role of pastoral care is to enable women and families to name their experience and to explore what this means for them.

Care of pregnancy tissue

Some women and their partners are concerned about what happens to the fetus or pregnancy tissue when the pregnancy loss occurs before 20 weeks' gestation. At this time in pregnancy there is no legal requirement to have the pregnancy tissue or fetus buried or cremated, but you may choose to do this. You can discuss your options with the pastoral carer at the hospital.

Options include taking the pregnancy tissue home for burial in a place that is meaningful for you. If you choose to do this, let your doctor or midwife know so that the pregnancy tissue can be transferred into your care.

You may choose to allow the hospital to take care of your pregnancy tissue and our staff will explain to you what this involves. Please be assured that your pregnancy tissue will be cared for respectfully.

The place of ritual

For some women and their partners, a small ritual can help honour their experience. This can be done with the support of a pastoral carer. It may include a simple blessing, giving and lighting of a candle, or receiving an individual memory quilt or naming certificate.

You may choose to do something special at home with your partner and family, such as planting a tree or flower in memory of your baby. Your choice will be respected and assisted.

Support Services

Here are some support services that you may find helpful.

Pastoral care

Pastoral care can provide you with a safe space to name, acknowledge and explore your experience of having a miscarriage.

Attending respectfully to your experience can assist in making meaning and promote your total wellbeing. Pastoral care can also assist with the creation of simple and meaningful rituals to honour your experience and your spirituality.

Mercy Hospital for Women
Phone: 8458 4688

Werribee Mercy Hospital
Phone: 9216 8525

Interpreter services

If you need an interpreter, you can call the Telephone Interpreter Service on 131 450. Ask to be connected to a service mentioned above.

Red Nose Grief and Loss

Provides free, professional 24/7 support for women and their families following an early pregnancy loss. This can be via the phone or face-to-face sessions.

Phone: 1300 308 307

Website: rednosegriefandloss.org.au

SANDS miscarriage, stillbirth or newborn death support

Provides 24/7 phone support from trained staff and volunteers who have also experienced some form of pregnancy loss. SANDS has support groups and helpful written material and is part of Red Nose Grief and Loss.

Phone: 1300 072 637

Website: sands.org.au

Australian Centre for Grief and Bereavement

Bereavement counselling and support service.

Phone: 1300 664 786 or 9265 2111

Website: grief.org.au

Your local doctor

Your local general practitioner (GP) is a good source for information and medical advice about your pregnancy loss and achieving a pregnancy in the future. Your doctor can also refer you to a psychologist for counselling if this is helpful in the healing process.

Other online resources

Better Health Channel (Victoria)

betterhealth.vic.gov.au/health/healthyliving/miscarriage

Tommy's (UK) – Miscarriage information and support

tommys.org/baby-loss-support/miscarriage-informationand-support/recurrent-miscarriage

Mercy Hospital for Women
163 Studley Road
Heidelberg Victoria 3084
Phone: +61 3 8458 4025
Fax: +61 3 8458 4777

Werribee Mercy Hospital
300 Princes Highway
Werribee Victoria 3030
Phone: +61 3 8754 3300
Fax: +61 3 8754 3364

mercyhealth.com.au

Cover artwork: from wahbung-ngetel ('Call of Country') by Gunnai and Yorta Yorta artist Dixon Patten.

Mercy Health

Care first

Mercy Health acknowledges Aboriginal and Torres Strait Islander Peoples as the first Australians. We acknowledge the diversity of Indigenous Australia. We respectfully recognise Elders past, present and emerging. This brochure was produced on Wurundjeri Country.

P1852 03/22