



Mercy Health

Care first

Support information for women,  
their partners and families

# Early Pregnancy Loss (Miscarriage)



Community  
Reviewed

Making  
information  
easier  
to read.

**The experience of early pregnancy loss can bring about a mix of thoughts and feelings.**

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

## 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 early; most commonly in the first 12 weeks of pregnancy.

The first sign that the pregnancy is not progressing well may be when a woman experiences vaginal bleeding and crampy period pain.

Some women may have no symptoms and only learn that they have miscarried when they have a routine ultrasound. Usually, there is no treatment that will prevent a miscarriage.

There are different types of miscarriage including a **complete** miscarriage, an **incomplete** miscarriage or a **missed** 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 stopped growing and has failed but has not passed from the uterus.

An ectopic pregnancy is a complication where the pregnancy grows outside the uterus. An ectopic pregnancy will not survive and may be life threatening, requiring specific medical treatment.

## **How common are miscarriages?**

Approximately 13 to 20 per cent of pregnancies miscarry. This incidence increases with age, which means that on average every pregnant woman has a one in five chance of having a miscarriage.

While many women experience miscarriage, it is often not talked about. There are helpful resources and organisations that you can refer to. Please see the inside back cover for more information.

## **What is known about the causes of miscarriage?**

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

### **1. Chromosomal abnormalities**

The majority of miscarriages occur because the chromosomes in the embryo (a very early pregnancy) are abnormal and, from the beginning, the pregnancy does not develop properly.

Research shows that as many as 80 per cent of all miscarriages that occur in the first 12 weeks of pregnancy happen because something has gone wrong in the complicated fertilisation process. In these cases, miscarriage can be seen as nature's way of dealing with an embryo that is not developing normally.

In these cases the embryo may not develop beyond a very early stage and may not be seen on an ultrasound scan. Nothing can be done to prevent a miscarriage if the pregnancy has not developed normally. Most often, these chromosomal mistakes occur by chance, not from genetic problems inherited from the parents. This means that a miscarriage is no more likely to happen in the next pregnancy.

### **2. Mother's health**

Sometimes the mother may have a medical condition that can lead to an increased chance of miscarriage. For example, uncontrolled diabetes, thyroid disease, uterine abnormalities or, occasionally, an infection can lead to miscarriage. Rare medical conditions that affect blood clotting can also cause miscarriage. Treatment of these illnesses may improve the chances of having a viable pregnancy.

### 3. Mother's age

Research shows that older women are more likely to experience miscarriage. This is because chromosomal abnormalities are more common in the female egg as women age. The father's age may also play a role in miscarriage.

Medical science reports that the risk of miscarriage is one in five (20 per cent) when the mother is 30; one in two (50 per cent) when she is 40; and three in four (75 per cent) when she is 45.

### 4. Lifestyle factors

Smoking more than 10 cigarettes a day has been shown to increase the risk of miscarriage.

Alcohol is not advised in pregnancy and moderate to heavy alcohol intake may be associated with miscarriage.

Large amounts of caffeine may also be associated with miscarriage.

### 5. Previous miscarriage

For some women who have experienced two or more successive miscarriages, there may be an underlying factor increasing the risk of miscarriage. Further investigation may be appropriate and will be discussed with the doctor on a case by case basis.

## Myths about miscarriage

There are many common myths about the causes of miscarriage. You may hear some of these myths from family and friends. Hearing these stories can cause unnecessary guilt, worry and anxiety.

Sometimes, in trying to find a reason for your miscarriage, you may look for things you have done recently that you think may have caused your miscarriage.

Below is a list of things that do **not** cause a 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.

Although this information may not ease the pain or frustration of your loss, it may help you understand how often miscarriages occur.

## **Are you likely to have another miscarriage?**

Not necessarily. After one miscarriage your next pregnancy is most likely to be normal and ongoing. Many women who have experienced a miscarriage go on to have healthy full term babies. If a woman has had three consecutive miscarriages, a referral to the outpatient clinic may be organised for specialist advice.

It is important to remember that experiencing two miscarriages in a row is not unusual and this does not mean there is anything “wrong” with you or your body.

## **What is the treatment 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, the doctor will discuss the options with you.

These include:

- allowing the pregnancy to pass naturally
- having tablets to help the pregnancy pass
- having an operation – dilatation and curettage (D&C) – under anaesthesia to remove the pregnancy from the uterus.

Each decision needs to be made on a case by case basis and depends on many things, including your own wishes.

If you need more information please refer to the information sheets provided by the Emergency Department on:

- medical management of miscarriage with misoprostil information sheet
- surgical treatment for a miscarriage (D&C) information sheet
- treatment options for early pregnancy loss information sheet.

Women who have a Rhesus (Rh) negative blood type (ie A, AB, B or O negative) may need to be given an injection of Rh (D) immunoglobulin or “anti-D”. This medication will protect future pregnancies from problems that may occur when an Rh negative mother carries an Rh positive baby.

If you are Rh negative, our staff will give you more information.

## **After the miscarriage**

**Bleeding and pain:** You may have bleeding that is like a period, which may last up to two weeks. Take ibuprofen (Nurofen) or paracetamol (Panadol) for pain. Use sanitary pads until the bleeding has stopped.

The amount of bleeding and its duration will differ according to how the miscarriage has been managed and whether a D&C has been performed. Your clinician will discuss with you what you are likely to expect based on your own circumstances and the particular management option that has been decided.

### **You should contact your doctor or the Emergency Department if:**

- your bleeding becomes heavy or your pain is uncontrolled
- you have fevers or chills
- your vaginal discharge smells unpleasant.

**Next period:** Your next menstrual period will usually come in the next four to six weeks. Sometimes this period is heavier than normal, but not always. Be aware that you may ovulate before this and could get pregnant in the first month after a miscarriage.

**Sex:** Usually the advice is to wait until the bleeding has stopped before having vaginal sex; however, when you are emotionally ready to have sex is an individual decision. As everyone responds differently to a miscarriage, 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. Some women need a few days off to adjust to their changed circumstances before they are emotionally ready to return to work.

**If you need advice call**  
**Mercy Hospital for Women (Heidelberg)**  
**Emergency Department on 8458 4000**  
**or**  
**Werribee Mercy Hospital**  
**Emergency Department on 8754 3300**

**Trying for another pregnancy:** It is recommended that you wait until after your next period before you try for another pregnancy. Importantly, try for another pregnancy when the time is right for you.

It is important that you avoid smoking and excessive amounts of caffeine and alcohol. Continue to take folic acid while trying to conceive.

### **The personal impact of pregnancy loss**

The experience of early pregnancy loss, whatever the stage of the pregnancy, can bring about a mixture of thoughts and feelings.

Grief is understood as a person's response to loss and this process is unique to everyone. There is no right or wrong way to respond. Some people are deeply distressed by a miscarriage while others may be less emotionally affected.

Some women find that they are able to readily process what has happened and resume daily activities. For others, after what may have been months or even years of preparation, 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 may 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.

## **Care during your time of loss**

Our staff always aim to provide holistic care when assisting you with the care and management of your pregnancy loss. We respect the range of thoughts, feelings and behaviours that can be part of each woman's response to a miscarriage.

Pastoral care is available. If required, social work is also available.

Most people find it helpful to express their thoughts and feelings with their partner, family and friends.

Sometimes women prefer not to speak with family or friends but choose instead to talk with their doctor, midwife or other health professional. It may be difficult for women to allow expressions of their sadness or grief about their miscarriage, particularly if they have not told anyone about the pregnancy.

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

## 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 gestational age 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, it is important to let your doctor or midwife know so that the necessary arrangements can be made for the pregnancy tissue to be transferred into your care. You may choose to allow the hospital to take care of your pregnancy tissue and the pastoral carer 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 assist in honouring 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, receiving an individual memory quilt or naming certificate.

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

## Ongoing care

There is no particular time frame 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.

## Support Services

Here are some support services that you may find helpful. Remember that your local doctor (your GP) is a good first option in obtaining appropriate care.

### **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 Health holds a series of public reflection sessions to mark International Pregnancy and Infant Loss Remembrance Day each year on October 15. The reflections offer time and space in which to acknowledge the loss of a baby. For details, visit [mercyhealth.com.au](http://mercyhealth.com.au)

### **Mercy Hospital for Women:**

Phone: 8458 4688

### **Werribee Mercy Hospital:**

Phone: 8754 3400

### **SANDS miscarriage, stillbirth or newborn death support**

This service provides support over the phone by trained staff and volunteers who have also experienced some form of pregnancy loss. They have support groups and helpful written material.

Phone: 9899 0218

Web: [www.sands.org.au](http://www.sands.org.au)

### **Australian Centre for Grief and Bereavement**

Bereavement counselling and support service.

Phone: 1300 664 786 or 9265 2111

Web: [www.grief.org.au](http://www.grief.org.au)

### **Your local doctor**

Your local GP is also a good source for information and medical advice in regards to 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.

### **Interpreter services**

If you require an interpreter you can call the Telephone Interpreter Service on 131 450 and ask to be connected to a service mentioned above.

## Online resources

### **National Library of Medicine**

<http://www.nlm.nih.gov/medlineplus/miscarriage.html>

### **March of Dimes**

<http://www.marchofdimes.org/complications/miscarriage.aspx>

### **Pregnancy & Infant Loss Support Inc**

<http://www.nationalshare.org/Grief-Questions.html>

### **Mayo Clinic**

<http://www.mayoclinic.com/health/pregnancy-loss/PR00098>

<http://brochures.mater.org.au/Home/Brochures/Mater-Mothers-Hospital/Miscarriage>

<http://www.kemh.health.wa.gov.au/brochures/consumers/wnhs0001.pdf>



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