

Miscarriage

What is a miscarriage?

A miscarriage is the loss of a pregnancy before the unborn baby (fetus) can survive outside the uterus (womb).

- About one in four pregnancies ends in miscarriage and the rate increases with a woman's age
- Most miscarriages (75-80 out of every 100) happen in the first 12 weeks of pregnancy

Most miscarriages are due to a major abnormality with the developing baby. The development of a baby and the implantation in the uterus is a complex process. If something goes wrong, the pregnancy may fail.

What are the symptoms?

Vaginal bleeding is the most common symptom of miscarriage. There may be period-like cramping pain in the lower pelvis. For some women, pain is the only sign that they are miscarrying. Some women may have no symptoms at all.

Types of miscarriage

There are various types of miscarriage. An ultrasound may be used to determine the type of miscarriage.

- Complete miscarriage – the pregnancy has ended and both the baby and all pregnancy tissue have been passed. The uterus is empty.
- Incomplete miscarriage – when some, but not all, of the baby and remaining pregnancy tissue has been passed. If this happens there may be a lot of bleeding or an infection may develop.
- 'Missed' miscarriage – the pregnancy has failed and the baby has stopped growing but remains inside the uterus. The failed pregnancy and tissue may remain in the uterus for days or weeks before the bleeding or pain starts.

Treatment

Unfortunately, if you are having a miscarriage, there is no emergency care that will save your pregnancy.

There are three options for treating a miscarriage:

- No treatment (expectant management) – you can choose to wait and see what happens. An incomplete miscarriage will usually pass naturally in a few days and a missed miscarriage will usually pass in a few weeks.

- Treatment with medicine – there are medicines available which can assist in speeding up the uterus emptying the remaining pregnancy tissue
- Surgical treatment (dilation and curettage or D&C) – usually performed under a general anaesthetic, the opening of the cervix (neck of the womb) is gently widened and the remaining pregnancy tissue is removed from the uterus. It is common to go home later the same day.

Your doctor can help you decide what treatment option is best for you.

If your blood group is *Rhesus (Rh) negative*, you may require an injection of a medication that will protect your future babies. Your doctor will tell you if this is necessary.

Home care

- Take it easy while the bleeding is heavy or you have pain. This allows you time to recover physically and emotionally.
- If you have pain, you may need some mild pain relief such as paracetamol. If you have been prescribed any other medications, take them as instructed and be sure to finish all antibiotics, even if you feel better after two or three days. If you take medication to speed up the uterus emptying, you may require some stronger pain relief or anti-nausea medication.
- A heat-pack on your abdomen can help decrease the pain. It can be applied for up to 20 minutes every hour, as needed. Check your skin after five minutes; if a rash or irritation occurs, remove the heat pack.
- Use sanitary pads, not tampons, while you are bleeding

It is advised that you do not resume sexual intercourse until the bleeding has stopped; however, when you are emotionally ready to have sex is an individual decision.

What to expect

- Most women bleed for five to 10 days. This is heavy in the first few days then becomes light and watery. You should seek medical advice if you have heavy bleeding, fever, abdominal pain that is not controlled by simple pain relief medicines or your vaginal discharge smells offensive.
- Your next period should come within four to six weeks and may be heavy and abnormal

PATIENT INFORMATION

- Most of the problems that cause miscarriage happen by chance and there is no way of knowing if it will happen again. In most cases, the next pregnancy goes to full term.

How will I feel about the miscarriage?

There is no 'right way' to feel after a miscarriage. A range of feelings is normal, and they may remain for some time. Your feelings may include sadness, anger, disbelief, disappointment and a sense of isolation. Consider speaking with your doctor, a community support group or counsellor if you are finding it difficult to discuss with friends or family.

You may receive a call from our Cabrini Pastoral and Bereavement Service within a few weeks after you leave hospital to see how you are coping. They can also be contacted directly should you wish for their support: www.cabrini.com.au/services/pastoral-and-bereavement

Trying for another pregnancy

There is no right time to try to get pregnant again, although it is advised that you wait until after your next period. Some couples may need time to adjust to their loss, while others may want to try again right away.

Prevention

There is no special treatment to prevent further miscarriage, although there is some general advice.

- Stay healthy. Do not drink alcohol, smoke or use drugs.
- Take folate (folic acid) – this is a vitamin that can be purchased over the counter from your local pharmacy. This helps with the formation of the baby's nervous system. Take 0.5mg per day for one month prior to pregnancy if possible and for the first 12 weeks of pregnancy.
- Maintain a healthy diet and weight by exercising regularly

Women who have had three miscarriages in a row are at risk of miscarrying again. If you fall into this group, your local doctor can refer you to see a specialist for further tests, counselling and management of future pregnancies.

Follow-up

You should have a check-up with your doctor about six weeks after your miscarriage to make sure there are no problems and that your uterus has returned to its normal size. You can also ask any questions about your miscarriage. If you have any other concerns, return to Cabrini ED or discuss these issues with your local doctor, or specialist.

Seeking help

Cabrini Emergency Department (ED) is staffed by experienced emergency doctors and nurses 24 hours a day, 7 days per week. If you have any questions about your ED treatment our qualified ED staff can be contacted on **(03) 9508 1500** at any time. If you need to return to Cabrini ED for ongoing care we would be glad to take care of you again and if this occurs within a week of your initial consultation the doctor's fee will be bulk-billed.

You can also expect to receive a phone call or SMS message from one of our emergency nurses the day after you have been discharged. The nurse will be able to clarify any aspect of your diagnosis, treatment, or follow-up.

In a medical emergency return to Cabrini ED if it is safe to do so or go to the nearest hospital emergency department or call an ambulance – dial triple zero (000).

Return to the emergency department or urgent care centre promptly if:

- **You have severe pain in your abdomen or shoulder**
- **You are losing a lot of blood (such as soaking two pads per hour or passing blood clots the size of golf balls)**
- **You have a fever**
- **You are dizzy or collapse**
- **The vaginal discharge smells offensive**

Want to know more?

- Contact Cabrini ED on **(03) 9508 1500**
- Cabrini pastoral and bereavement services on **(03) 9508 1222**
- Ask your local doctor or healthcare professional
- Contact Miscarriage, Stillbirth and Newborn Death Support (SANDS) on 1300 072 637 or www.sands.org.au
- Visit the Better Health Channel at www.betterhealth.vic.gov.au