
AFTER A MISCARRIAGE

Facing the reality of everyday life after the loss of a pregnancy may be difficult. Parents often feel that their lives have been turned upside down yet it seems for everyone else that life is going on normally. Telling people what has happened can be traumatic and the news may be received with mixed reactions. You may find that you cry a lot, or when you are least expecting it. It is okay to be tearful. If you need to talk, find someone who will listen and understand. Often talking to other parents who have had a similar experience is helpful. Let others know how you are feeling and what your needs are at this time. There may be times you need to be alone. You and your family come first at this time.

There is no 'set time' for your responses to a miscarriage. You may feel shock, guilt, anger, sadness and despair. You may be calm one day and distressed the next. You have experienced the loss of your baby and your reactions are part of a normal grief response

Please ask the staff if you would like to speak to a social worker or counsellor. Please ask the staff for a work certificate for some time off work (a week off work is normal).

FUTURE PREGANCIAS

It is medically safe to start trying to conceive again after your next normal menstrual period following the miscarriage. Many couples however need some time to emotionally recover following a miscarriage.

The majority of women who experience a miscarriage will have normal pregnancies in the future. After one miscarriage, the risk of another miscarriage is thought to be no higher than if you had not had a miscarriage. No specific treatment is required during the next pregnancy for most women, however an early ultrasound at 8 weeks pregnant may help to reassure you that everything is progressing normally.

EARLY PREGNANCY ASSESSMENT SERVICE

The *Early Pregnancy Assessment Service* (EPAS) is a clinic that operates at St George Hospital every weekday morning at 8am. You may be referred to this clinic by your GP or the Emergency Department, or you may turn up yourself if you have bleeding problems in early pregnancy (less than 12 weeks pregnant). No referral is needed.

You will be seen and managed by gynaecology doctors at this clinic, and followed up until you are well.

HELPFUL CONTACTS

St George Social Work department:
9113 2494

Sutherland Social Work department:
9540 8300

SIDS and Kids 24 hour phone support:
1800 651 186
www.sidsandkids.org

REFERENCES

- SIDS NSW *Miscarriage brochure*
- NSW Health PD Maternity– *Early pregnancy complications*, 25 Sept 2009
- RCOG Green top Guideline no 17: *The Investigation and treatment of couples with Recurrent Miscarriages*, may 2003



**St George and Sutherland
Hospitals**

Miscarriage

*Information for women and
their partners*

**SOUTH EASTERN SYDNEY
ILLAWARRA
NSW HEALTH**

Miscarriage

Having a miscarriage is an upsetting and unexpected event for women and their families. To feel sad, empty and bewildered at this time is understandable and normal. Following miscarriage parents may experience a range of emotions. For many parents, there is no baby to grieve over and few memories of this time. Partners often grieve in different ways. Everyone is an individual and what is right for one person may not be right for another. It's important that partners communicate with each other at this time and be aware of each other's feelings and thoughts.

SIGNS OF A MISCARRIAGE

Many women experience bleeding in the days leading up to miscarriage. Some women experience cramping like period pain. For others the pregnancy ends suddenly, with no warning at all and may be detected only when an ultrasound is performed ('*silent*' or '*missed*' miscarriage).

TYPES OF MISCARRIAGE

There are lots of terms that you may hear when referring to a miscarriage. Women who are bleeding have a '*threatened miscarriage*', and usually require an ultrasound to determine whether the pregnancy is well. Women bleeding heavily with cramping may have an '*inevitable miscarriage*', or an '*incomplete miscarriage*' where the pregnancy is in the process of being passed. Women who completely pass the pregnancy naturally may have a '*complete miscarriage*'. Women who have no signs of miscarriage may have a '*silent*' or '*missed miscarriage*', which may only be detected on ultrasound.

Most miscarriages occur before 12 weeks pregnant. Miscarriages are also very common, about 1 in every 5 or 6 pregnancies will end as a miscarriage.

HOW IS A MISCARRIAGE DIAGNOSED?

Most miscarriages are diagnosed by an ultrasound examination. A normally developing pregnancy should be visible on ultrasound by 6 weeks after your last period. An ultrasound may be performed over your abdomen or through the vagina. Sometimes blood tests to check pregnancy hormone levels are used. Sometimes early in a pregnancy (or if you last period is uncertain), it may not be clear what is happening with a single ultrasound or blood test and several ultrasounds and/or blood tests may be required over a few weeks.

WHAT CAUSES A MISCARRIAGE?

Often there is no explanation for the loss of a pregnancy. Nearly all miscarriages are unexpected and are not preventable.

Possible causes include:

- A chromosomal (or genetic) problem. This is a common cause and is nature's way of stopping an abnormal pregnancy from progressing any further. It is usually a 'one off event and not a sign of any underlying problem.
- A weakness to the neck of the womb (cervix).
- An abnormality of the womb, such as a septum or fibroid.
- A health problem such as diabetes, rare auto-immune or immunological conditions
- Trauma such as a severe fall or accident
- A severe infection.
- They are more common for women over the age of 35

Women often look back and wonder whether anything they may have done has caused the miscarriage. For the majority of women, a miscarriage is an 'unlucky' event which could not have been prevented. Your doctor will discuss

with you whether there may be any underlying problem or cause.

It is normal not to look for an underlying cause after one miscarriage as most tests will be normal. If however you have had several miscarriages (usually 3 or more), your doctor may recommend a series of tests to see if you have an underlying problem.

TREATMENT FOR MISCARRIAGE

If your miscarriage is occurring naturally, your doctor may suggest a 'wait and see' approach to see if your body passes the pregnancy naturally. This will occur in a safe and timely manner for the majority of women. You can expect up to 7-10 days of bleeding, which may be quite heavy with cramping and the passage of small blood clots for 48 hours. When the bleeding settles, this signifies that the miscarriage has passed, and you may expect your next period within 6-8 weeks.

If you choose to allow a natural miscarriage to occur, you need to be able to return to the emergency department if you develop severe pain or heavy bleeding. You should also return to your doctor if the bleeding has not completely settled in 10 days time.

If the miscarriage does not appear to be occurring naturally, or you have a '*silent miscarriage*', your doctor may suggest waiting for a period of time to see if a natural miscarriage occurs, or you may have a '*dilatation and curettage*' (D&C) of the uterus. This is a day surgical procedure to gently remove the pregnancy through the vagina and cervix under general anaesthesia. If you chose to wait, a time limit will usually be set for you to have a D&C if a natural miscarriage does not occur.

See '*Having a D&C*' brochure.