

What is a miscarriage?

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

- About one-in-four pregnancies ends in miscarriage.
- Most miscarriages (75 to 80 out of every 100) happen in the first 12 weeks of pregnancy.

Most miscarriages happen without an obvious cause. 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 sign 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. A few women may have no symptoms at all.

Types of miscarriage

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

- **Complete miscarriage** – the pregnancy has ended and both the fetus and the remaining pregnancy tissue have been passed. The uterus is empty.
- **Incomplete miscarriage** – when some, but not all, of the fetus and remaining tissue has been passed. If this happens there may be a lot of bleeding or an infection may develop.
- **Delayed or silent miscarriage** – the pregnancy has failed and the fetus has stopped growing. Pregnancy symptoms, such as morning sickness or breast tenderness, may ease or completely disappear. 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.

The usual treatment is to wait for the natural emptying of the womb.

If some of the pregnancy tissue remains in the uterus after a miscarriage, your doctor may refer you to a specialist doctor to perform a *dilation and curettage* (D&C).

During a D&C the opening of the *cervix* (neck of the womb) is gently widened and the remaining pregnancy tissue is removed from the uterus. This is done to prevent further bleeding and infection. A D&C is normally performed under a general anaesthetic. It is common to go home later the same day. Do not have sex until advised by your doctor.

If you are *Rhesus (Rh) negative*, you may require an injection of a medication that prevents problems with the *Rhesus* factor in future pregnancies. Your doctor will tell you if this is necessary.

Home care

- Rest. 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.
- Use sanitary pads, not tampons, while you are bleeding.

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 heavy bleeding, fever, or abdominal pain develops.
- Your next period should come within four to six weeks and may be heavy and abnormal.
- 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.

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. If you do not wish to conceive again in the near future you should seek advice about contraception.

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 folic acid. This helps with the formation of the baby's nervous system. Take 0.5 mg 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, you can be referred by your local doctor to see a specialist for further tests, counselling and management of future pregnancies.

Follow up

You should have a check-up with your doctor 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, see your local doctor.

Notes:

Seeking help



In a **medical emergency** go to the nearest hospital emergency department or call an ambulance (dial 000).



For other medical problems see your local doctor or health care professional.



For health advice from a Registered Nurse you can call **NURSE-ON-CALL 24 hours a day** on **1300 60 60 24** for the cost of a local call from anywhere in Victoria.*

NURSE-ON-CALL provides access to **interpreting services** for callers not confident with English. Call **1300 60 60 24**.

*Calls from mobile calls may be charged at a higher rate



Want to know more?

- See your local doctor or health care professional.
- Contact **Stillbirth and Neonatal Death Support (SANDS)**
Phone (03) 9899 0218
www.sandsvic.org.au
- Contact **Small Miracles Foundation**
Phone 1300 266 643
www.smfoundation.org.au
- Visit the **Better Health Channel**
www.betterhealth.vic.gov.au

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