

Miscarriage

Following your appointment today, your doctor has determined that your pregnancy has, or may have, miscarried. Whether your pregnancy was planned or unplanned, miscarriage can be a difficult time. This information sheet answers some of the questions you may have about miscarriage.

What is a miscarriage?

Miscarriage happens when a pregnancy stops growing. A miscarriage can be described as:

- **Complete miscarriage** – when a pregnancy stops growing and all the pregnancy tissue passes out of the body, without needing surgery or any other treatment.
- **Incomplete miscarriage** – when a pregnancy stops growing and some of the pregnancy tissue passes out of the body, but some remains inside the uterus (womb).
- **Missed miscarriage** – when the pregnancy stops growing but the tissue has not passed outside the body and remains inside the uterus.
- **Threatened miscarriage** – when there has been vaginal bleeding, but the pregnancy is still growing. In many cases, the pregnancy will continue to develop normally.

How common is miscarriage?

Miscarriage is very common in the first few weeks of pregnancy, and most will happen in the first 12 weeks. Up to 1 in 5 people who know they are pregnant will miscarry, but even more may have a very early miscarriages without even knowing they are pregnant.

Why does miscarriage occur?

Often no cause can be found for miscarriage and no reason can be given. Most miscarriages occur due to chromosomal abnormalities resulting in an abnormal embryo or fetus. Miscarriage is nature's way of ending a pregnancy that is developing abnormally. Miscarriage is also more common in people over the age of 40 years, smokers, and in some medical conditions.

What does this mean for future pregnancies?

If you look after your general health, don't smoke and limit caffeine and alcohol intake, usually the next pregnancy will be normal.

A single miscarriage is not usually investigated, but if you experience three miscarriages in a row further tests are usually recommended.

How is miscarriage diagnosed?

Symptoms such as abdominal pain and cramps and vaginal bleeding or passing pregnancy tissue are often signs that a miscarriage may be happening.

Sometimes there may only be a loss of pregnancy symptoms without pain or bleeding. On the other hand, not everyone that has pain or bleeding goes on to miscarry.

An ultrasound can be done to see if a miscarriage has happened and to check for ectopic pregnancy (pregnancy occurring

outside the uterus, eg.in the tubes). Blood tests will also usually be done to check that the pregnancy hormones are falling as expected.

How is miscarriage treated?

There are three treatment options for miscarriage:

- **Expectant management** – waiting for the pregnancy tissue to pass naturally. This will happen in about 50% of miscarriages but may take up to 2 or 3 weeks to complete.
- **Medical management** – taking medication to help the uterus push out any remaining pregnancy tissue. This may cause some pain and bleeding, which means the medication is working.
- **Surgical management** – undergoing a brief surgical procedure to remove pregnancy tissue. This is almost always successful but carries small surgical risks.

The best option will depend on your symptoms, if the miscarriage is complete or not, the stage of your pregnancy and your personal circumstances.

What else should I know?

You may experience feelings of loss, sadness, anger or even guilt, even if the pregnancy wasn't planned, and even though the miscarriage process is out of your control. Sometimes it may help to talk with a counsellor. Please contact us on **1300 003 707**, your GP or your local hospital if you feel you may need further counselling.

You may have some light bleeding for one or two weeks following a miscarriage. If you are at all concerned about persistent or heavy bleeding, please contact us, or your GP or local hospital.

It is possible for you to become pregnant again before your next period, which is expected in 4-6 weeks. If you don't want to fall pregnant yet it is important to start a reliable method of contraception immediately to reduce the risk of unplanned pregnancy. If you want to become pregnant, your doctor may recommend you wait until after your next period before trying again.

Your doctor or nurse will discuss any necessary aftercare instructions with you.



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