

## Miscarriage explained

Spontaneous miscarriage is defined as the loss of a pregnancy before 20 weeks gestation. Most spontaneous miscarriages (75 to 80 per cent) occur in the first 12 weeks of pregnancy. It is estimated that one in four pregnancies end in miscarriage. Many miscarriages are unreported or go unrecognised because they occur very early in the pregnancy.

### What causes a miscarriage?

A miscarriage usually occurs because the pregnancy is not developing properly. The development of a baby from a female and a male cell is a very complicated process. If something goes wrong with the process, the pregnancy will stop developing. Another cause of miscarriage may be that the developing pregnancy did not embed itself properly into the lining of the uterus (womb). The natural reaction of the uterus is to expel the non-viable pregnancy.

### Reaction to miscarriage is variable

There is no 'right way' to feel after a miscarriage. A range of feelings is normal, and they often linger for some time after the miscarriage. Reactions may include feelings of:

- Emptiness
- Anger and disbelief
- Disappointment
- Sadness and a sense of isolation.

In addition to the grief you may feel, your body will be undergoing many hormonal changes, which may make you feel very emotional.

### Don't blame yourself

Pathology tests are sometimes performed after a miscarriage but generally no cause can be identified. This can add to feelings of distress and disbelief, and may lead to feelings of guilt. However, doctors agree that a miscarriage is rarely caused by anything the mother did - or didn't - do (for example: drank alcohol, ate a particular food, had sex or did not rest enough). In the majority of cases, the next pregnancy proceeds to full term.

### Types of miscarriage

Vaginal bleeding is the most common sign that all is not well with the pregnancy. Approximately 30 to 50 per cent of women with significant bleeding will progress to a miscarriage. The types of miscarriage that can occur include:

- **Missed abortion** - occurs when the pregnancy has failed, although there has not been any bleeding or other signs. Occasionally, the aborted pregnancy may remain in the uterus for weeks or even months until bleeding commences. Missed abortion is suspected when pregnancy symptoms disappear and the uterus stops growing. It is diagnosed by an ultrasound examination.
- **Blighted ovum** - this occurs when a pregnancy sac is formed but there is no developing baby within the sac. This is diagnosed by ultrasound, usually after some bleeding.
- **Ectopic pregnancy** - this occurs when the developing pregnancy implants in the fallopian tubes rather than in the uterus.

### You may need a curette (D&C) after your miscarriage

Often, some of the pregnancy tissue remains in the uterus after a miscarriage. If it is not removed by scraping the uterus with a curette (a spoon shaped instrument), you may bleed for a long time or develop an infection. Unless all the pregnancy tissue has been passed, your doctor will usually recommend that a curette be performed. This is done under a light general anaesthetic and you can usually go home later the same day. A sample is usually sent for pathology tests.

## What happens after the curette?

Most women bleed for five to 10 days following a curette. Contact your doctor if you experience:

- Prolonged or heavy bleeding
- Blood clots or strong abdominal pain
- Changes in your vaginal discharge
- Fever or flu-like symptoms.

## Your next period

Your ovaries will usually produce an egg about two weeks after your miscarriage. Your first period should occur within four to six weeks. You should have a check-up with your doctor six weeks after your miscarriage to make sure there are no problems and ensure your uterus has returned to normal size. You can also ask any questions about your miscarriage at this time, including the results of any pathology tests.

## The effect of miscarriage on future pregnancies

Most of the problems that cause miscarriage happen by chance and are not likely to happen again. One miscarriage does not significantly increase the risk of the same thing happening with your next pregnancy, as long as no specific cause has been found. However, women who have had three consecutive miscarriages are at risk of miscarrying again. If you fall into this category, you can attend the Recurrent Miscarriage Clinic at The Royal Women's Hospital for further investigations, counselling and management of future pregnancies.

## Trying for another pregnancy

There is no right time to try for another pregnancy. Some couples decide they need time to adjust to their loss, while others want to try again right away. It is usually suggested you wait until after your next period before trying again. As it is possible to become pregnant again straight away, it is important to use contraception until you are ready to try again.

## If you are Rh (Rhesus) negative

If you have an Rh negative blood group, you will require an injection of anti-D or Rho gam following a miscarriage. This will prevent problems with the Rh factor in future pregnancies. Your doctor will discuss this with you further.

## Preparing for another pregnancy

Although the common reasons for miscarriage cannot be prevented, you can improve your chances for long term fertility and a successful pregnancy by:

- Stopping smoking
- Taking regular exercise and having a balanced diet
- Reducing stress
- Maintaining your weight within recommended limits.

## Take folic acid

It is recommended that all women planning a pregnancy take folic acid as it helps promote the normal development of a baby's nervous system. You will need to take 0.5 mg per day for one month prior to pregnancy and up to 12 weeks gestation.

## Where to get help

- Royal Women's Hospital Tel. (03) 8345 2000
- Recurrent Miscarriage Clinic, Royal Women's Hospital Tel. (03) 8345 2000
- Stillbirth and Neonatal Death Support (SANDS), Tel. (03) 9899 0218
- Bonnie Babes Foundation, for grief counselling Tel. (03) 9803 1800 and 1300 266 643

## Things to remember

- Miscarriage means loss of a pregnancy before 20 weeks gestation.
- About one in four pregnancies end in miscarriage.
- The next pregnancy usually proceeds to full term.

**This page has been produced in consultation with, and approved by:**

Royal Women's Hospital

Content on this website is provided for education and information purposes only. Information about a therapy, service, product or treatment does not imply endorsement and is not intended to replace advice from your doctor or other registered health professional. Content has been prepared for Victorian residents and wider Australian audiences, and was accurate at the time of publication. Readers should note that, over time, currency and completeness of the information may change. All users are urged to always seek advice from a registered health care professional for diagnosis and answers to their medical questions.

For the latest updates and more information, visit [www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)

**Copyright** © 1999/2012 State of Victoria. Reproduced from the Better Health Channel ([www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)) at no cost with permission of the Victorian Minister for Health. Unauthorised reproduction and other uses comprised in the copyright are prohibited without permission.