What is a miscarriage?
A miscarriage is the loss of a pregnancy before the unborn fetus (baby) can survive outside the uterus (womb) before 20 weeks.

- About one-in-four pregnancies end 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 will have no symptoms at all.

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

- Threatened miscarriage – bleeding occurs before the 20th week of pregnancy, usually with no pain. The cervix (neck of the womb) remains closed and the pregnancy is continuing.
- Inevitable miscarriage – The cervix is open and there is more bleeding and pain. There is no hope of the pregnancy continuing, and it will abort.
- 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 pregnancy and remaining tissue has been passed. If this happens there may be a lot of bleeding or an infection may develop.
- Blighted ovum – This occurs when the embryo has not developed. There is a placenta and an empty sac which does not hold a fetus. The pregnancy is therefore non viable. A blighted ovum will usually miscarry spontaneously.

Instructions
There is no specific treatment for a threatened miscarriage. The majority of threatened miscarriages will settle down, and the pregnancy will continue without any adverse effect on the fetus. The general advice is to rest and ‘take it easy’ until the bleeding settles, and to abstain from sexual intercourse until the bleeding has ceased for a few days.

Unfortunately, once a miscarriage has occurred there is no emergency care that will save your pregnancy. 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 curette (D&C).

During a D&C the opening of the cervix 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.

What 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. Your body will go through changes in hormone levels, and this may make you feel very emotional.
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 need time to adjust to their loss, while others 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. Don’t 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.

Disclaimer: This health information is for general education purposes only. Please consult with your doctor or other health professional to make sure this information is right for you.

Notes:

Follow up with:
Date and Time-
Name-

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.

13 HEALTH (13 43 25 84) provides health information, referral and teletriage services to the public in all parts of Queensland and is available 24 hours a day, 7 days a week, 365 days a year for the cost of a local call*.

*Calls from mobile phones may be charged at a higher rate. Please check with your telephone service provider.

Want to know more?

- Ask your local doctor or health care professional
- Contact Stillbirth and Neonatal Death Support (SANDS)
  Phone (07) 3254 3422
  1800 228 655
  www.sandsqld.com
- Contact Bonnie Babes Foundation
  Phone 1300 Bonnie (1300 266 643)
  www.bbf.org.au
- Contact Pregnancy Counselling link
  Phone 1800 777 690
  www.pcl.org.au
- Visit the Better Health Channel
  www.betterhealth.vic.gov.au

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