



AFTER A MISCARRIAGE

Whether your miscarriage was natural or assisted with medication or treated with a curette the following information is important.

What happens after a miscarriage?

- It is usual to have pain and bleeding similar to a period, which will usually stop within two weeks. You can take ordinary painkillers with paracetamol or codeine for the pain. Your next period will usually come in around four to six weeks after a miscarriage.
- See a doctor or attend a hospital emergency department if you have strong pain and bleeding (stronger than period pain), abnormal discharge, (especially if it is smelly), or fever. These symptoms may mean that you have an infection or that tissue has been left behind.
- Try and avoid vaginal sex until the bleeding stops and you feel comfortable.
- You can use sanitary pads until the bleeding stops (do not use tampons).
- Wait for at least one normal period before trying to get pregnant as some research suggests a higher chance of miscarriage if you get pregnant straight away.
- Use any type of contraception if you don't want to get pregnant again (please discuss with your doctor).
- See a GP (local doctor) in four to six weeks for a check-up.

Checking your blood group

It is important to have your blood group checked. Women with a negative blood type usually need an Anti D injection. Your health carer will discuss this with you.

What happens to the tissue from your pregnancy?

A pregnancy loss in the first 20 weeks does not need to be registered as a birth or a death with the Victorian Registry of Births, Deaths and Marriages.

You are also not legally required to have a funeral, burial or cremation. Sometimes families would like to have a ceremony to mark the loss of a pregnancy and would like to bury or cremate the fetal tissue. Often however, there is no recognisable embryonic tissue.

If it is important to you that fetal tissue is preserved during a curette, you must make it very clear to the doctor or midwife before the procedure and you need to understand that it will not always be possible.

Tissue that is passed at the hospital or collected at a curette will usually be examined by pathology in the first place and then respectfully cremated, unless you have requested other arrangements.

If there is tissue and you do choose to have a funeral, burial or cremation there are a number of options available to you. They are:

- The hospital collects the pregnancy tissue, and arranges for it to be respectfully cremated. The ashes are scattered on a garden at a cemetery. This is a free service.
- You may like to take the pregnancy tissue home with you to bury, and you may have your own funeral.
- You may choose to employ a private funeral director and have a private funeral, burial or cremation.

If you feel that you need bereavement support the Early Pregnancy Assessment Service (EPAS) staff can help you to get it.

At the Women's, there is a Sacred Space, a room where you may choose to spend some quiet time. If you have given your baby a name the bereavement support staff at the hospital can assist you in adding the baby's name to the memorial book which is kept in the Sacred Space. You are also welcome to attend the memorial service which is held at the hospital each year. This service brings staff and families together to acknowledge the significance of pregnancy loss and babies who die.

The EPAS staff can provide you with additional information to help you make your decision.

What does miscarriage mean for future pregnancies?

One of the most common concerns following a miscarriage is that it might happen again.

However, if you have had one miscarriage the next pregnancy will usually be normal.

After a miscarriage, you may have mixed feelings about becoming pregnant again. Some couples decide that they want to try for a pregnancy straight away, while others need time to adjust to their loss. Apart from the advice to wait for one period, there is no 'right' thing to do. If you feel anxious about a possible loss in future pregnancies, you may find it helpful to talk to someone about this. Your doctor, community support group (see below for details) and counsellors can provide information and assistance.

If you do try for another pregnancy make sure that you avoid any of the lifestyle factors that are known to increase the risks of miscarriage like smoking, alcohol and excess caffeine.

It is recommended that all women take folic acid while trying to conceive, and continue until three months of pregnancy.

In your next pregnancy you are encouraged to see your GP and have an ultrasound at about seven weeks. If ultrasound is done too early in pregnancy the findings are often uncertain and cause unnecessary worry.

Our **Recurrent Miscarriage Clinic** offers tests and assessment for women who have had three or more consecutive miscarriages; an appointment can be made for women for whom this occurs.

Feelings and reactions

There is no 'right' way to feel following a miscarriage. You may experience a range of physical or emotional reactions, or you may feel very little at all. Some degree of grief is very common, even if the pregnancy wasn't planned. Partners may react quite differently, just as people can respond differently to a continuing pregnancy. Try to take it a day at a time and to acknowledge your feelings and reactions as they arise. Most people find it helpful to talk about their feelings; this may be with your partner, other family members or close friends. Sometimes it's difficult to talk to family and friends, especially if you have chosen not to share the news of the pregnancy. You may prefer to talk with a doctor, nurse or other health professional.

Some women and their partners may continue to experience feelings of loss long after a miscarriage occurs. In particular it is common to feel upset around the date of the expected birth, or the anniversary of the miscarriage. Family or close friends can be a great source of support at these times. Alternatively, you may choose to seek professional support.

Please speak with the EPAS staff, your GP or contact the services listed below.

Where can I find more support?

The following organisations offer support and information. Most are managed and run by parents who have had similar experiences to you. These community-based organisations offer information and some will also give you a telephone contact. Some organisations run information seminars for parents on issues such as the causes of pregnancy loss, future pregnancy and coping with grief.

SANDS (Vic)

Miscarriage, Stillbirth and Newborn Death Support
T: (03) 9899 0218

Centre for Grief and Bereavement

Bereavement Counselling and Support Service
T: 1800 642 066 or (03) 9265 2111

The Compassionate Friends

T: 1800 641 091 or (03) 9888 4944

Who should I contact for help?

General contact options

- Your GP • Community health service
- Nearest emergency department
- Nearest early pregnancy assessment service
- Nurse on Call – 1300 60 60 24

Royal Women's Hospital options

For assessment, tests and treatment of possible miscarriage

Early Pregnancy Assessment Service (EPAS)

T: (03) 8345 3643

Monday to Friday from 8.00am to 3.00pm.
You may have to leave details on the answering machine but someone will call you back.

Attend between 9.00am and 11.00am Monday to Friday.

Bring any information and test results for this pregnancy when you attend.

Women's Emergency Centre (24 hours)

Attend any time if in need of urgent care.

If you need an ultrasound, it will usually need to be booked in the next available EPAS clinic.

For emotional support or someone to talk to about how you are feeling

Women's Social Support Services

T: (03) 8345 3050 (office hours)

Pastoral Care and Spirituality Services

T: (03) 8345 3016 (office hours)

After hours call the hospital switchboard

T: (03) 8345 2000 and ask to speak to someone from Social Support Services or Pastoral Care

Related fact sheets on the Women's website

- Miscarriage
- Treatments for miscarriage
- Pain and bleeding in early pregnancy