

MISCARRIAGE



the women's
the royal women's hospital
victoria australia

This information is about what happens when it is certain that you have had, or are going to have a miscarriage. If you are experiencing pain and bleeding in early pregnancy but a miscarriage has not been diagnosed read the *Pain and bleeding in early pregnancy fact sheet*.

About miscarriage

Miscarriage happens when a pregnancy stops growing. Eventually, the pregnancy tissue will pass out of the body. Some women will feel crampy, period-like pain and in most cases there will be vaginal bleeding.

Miscarriage is very common in the first few weeks of pregnancy. Studies show that up to one in five women, who know they are pregnant, will have a miscarriage before 20 weeks. Most of these happen in the first 12 weeks.

The actual rate of miscarriage is even higher because some women have very early miscarriages without ever realising that they were pregnant.

If a woman miscarries it is unlikely that she will miscarry again, and very unusual for her to miscarry a third time. When women do miscarry three or more times, tests can be done to look for a cause. Testing is not offered to women who miscarry once or twice because it is very unlikely that anything would be found.

What causes a miscarriage?

Usually no treatable cause is found for a miscarriage. Research tells us that about half of all miscarriages happen because the chromosomes in the embryo are abnormal and the pregnancy doesn't develop properly from

the start. In this case, miscarriage is nature's way of dealing with an abnormal embryo. Nothing can be done to prevent miscarriage from occurring if a pregnancy is developing abnormally.

Miscarriages are more common in older women than younger women, largely because chromosomal abnormalities are more common with increasing age.

Miscarriages are also more common in women who smoke and in women who drink more than three alcoholic drinks per week in the first 12 weeks of pregnancy. Research suggests that miscarriage is also more common in women who drink more than 500mg of caffeine per day; this is about three to five cups of coffee.

Some medical conditions in the mother, such as uncontrolled diabetes, fibroids or thyroid problems, can lead to miscarriage. Rare medical conditions which affect blood clotting can also cause miscarriage. Women who have three or more miscarriages in a row should be checked for these conditions.

What can you do to prevent miscarriage?

Look after your general health; don't smoke, modify caffeine intake, avoid alcohol and where possible avoid contact with others who have a serious infectious illness. Usually the

next pregnancy will be normal, but if you have three miscarriages in a row further tests are recommended.

How miscarriage is diagnosed?

Women seek medical care at different stages of a miscarriage; sometimes the miscarriage has already happened and sometimes it has only just begun. A combination of symptoms (such as pain and bleeding), examination findings, ultrasound and blood tests will confirm whether you have had, or you are having, a miscarriage (see the fact sheet Pain and bleeding in early pregnancy). A miscarriage is usually diagnosed as complete, incomplete or missed:

- a miscarriage is complete when all the pregnancy tissue has passed
- a miscarriage is incomplete when some of the pregnancy tissue has passed, but some is still inside the uterus
- a missed miscarriage is when the pregnancy has stopped growing but the tissue has not passed and there is still a 'sac' in the uterus.

Who should I contact for help?

Royal Women's Hospital options

For assessment, tests and treatment of possible miscarriage:

Early Pregnancy Assessment Service EPAS)

Telephone (03) 8345 3643

Monday to Friday from 8.00 am to 3.00pm.

You may have to leave details on the answering machine but someone will call you back.

Attend Monday to Friday between 9.00am and 11.00am.

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

Telephone (03) 8345 3050 (office hours)

Pastoral Care and Spirituality Services

Telephone (03) 8345 3021 (office hours)

After hours call the hospital switchboard

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

If you are undecided about being pregnant:
Pregnancy Advisory Service (PAS)

Telephone (03) 8345 3061 or ask one of our staff to refer you.

PAS can offer you counselling and support. They can also talk through your options with you and make sure you are referred to appropriate services, whatever you decide.

General contact options

Your GP

Community health service

Nearest emergency department

Nearest early pregnancy assessment service

Nurse on Call – 1300 60 60 24

Other fact sheets about miscarriage:

Treatments for miscarriage

After a miscarriage

Pain and bleeding in early pregnancy

References

RCOG (2006) Greentop Guideline number 25: The Management of Early Pregnancy Loss, AEPU (2004) Organisational, Clinical and Supportive Guidelines

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