

The ending of a wanted pregnancy can be extremely upsetting for you and your family. We acknowledge that emotional healing takes time and encourage you to talk through your feelings with your GP and broader support network. There is no right or wrong way to respond to a pregnancy or its loss. Give yourself the space and time to work through your grief and loss in whatever way you need to. In addition to discussing with your GP, you may like to access the resources below for further information or support.

The loss you are experiencing is more than *just a miscarriage*. It is the hope and dreams that came with the pregnancy. These ideas for what your future family would look like started when you were a child and you have carried them with you until now. This is often why an early pregnancy loss can be so upsetting. It is not just the loss of a baby, it is the loss of how you had started to imagine the future.

## **ABOUT EARLY PREGNANCY LOSS**

A miscarriage is the unintended ending of a pregnancy and usually occurs when a pregnancy stops growing. Unfortunately, miscarriage in early pregnancy is very common. Approximately 1 in 3 women with a known pregnancy will experience a miscarriage prior to 20 weeks. Of these pregnancy losses, 80% will occur in the first 12 weeks of pregnancy. 1 in 5 pregnancies will end in miscarriage.

Often an early pregnancy loss will begin with vaginal bleeding and period-like pain or cramping, the pregnancy tissue may then pass out of the body. Symptoms of an early pregnancy loss differ for each woman from mild to severe, whilst some women may experience no symptoms at all.

To confirm a miscarriage, your midwife or doctor will consider your symptoms, blood tests or ultrasound results.

## **TYPES OF EARLY PREGNANCY LOSS**

- *Complete miscarriage*; when all of the pregnancy tissue has passed.
- *Incomplete miscarriage*; when some of the pregnancy tissue has passed but some remains in the uterus.
- *Missed miscarriage*; when the pregnancy stops growing but the body does not show any symptoms or pass the pregnancy tissue.
- *Blighted ovum/anembryonic pregnancy*; when a fertilised egg implants into the uterus, a placenta and gestational sac start to grow but an embryo (baby) does not develop.
- *Ectopic pregnancy*; occurs when a fertilised egg implants and grows outside of the main cavity of the uterus, mainly in the fallopian tubes. An ectopic pregnancy cannot develop into a viable pregnancy.
- *Pregnancy of unknown location*; is when a positive pregnancy test is confirmed, but a pregnancy (either in the uterus or ectopic) cannot be visualised on ultrasound.

## **WHY DOES AN EARLY PREGNANCY LOSS OCCUR?**

There is nothing that you can do to cause, or prevent, a miscarriage. For most pregnancy losses, there is no cause from you or your partner. Stress, shock, nervousness, diet or activity cannot cause an early pregnancy loss.

There are many possible reasons why an early pregnancy loss may occur, such as; an abnormal embryo, infection, hormone imbalance, problems associated with the embryo implanting into the wall of the uterus, placental formation problems and an inability for the cervix to stay closed. But for most, we will never find an answer and this uncertainty adds to the complex emotions around an early pregnancy loss.

## **TREATMENT OPTIONS**

Expectant Management means waiting for the loss of the pregnancy, this occurs in 50% of miscarriages. It may take some time before bleeding begins. If bleeding does not begin or the miscarriage has not completely passed, your GP may discuss medical or surgical management. Medical Management is when medication is used to assist the process of passing the pregnancy tissue. The medication (called misoprostol) causes cramping and bleeding, you will be given medications to help you manage these symptoms. Medical management may be a suitable option for you if you are not experiencing heavy bleeding, do not have severe pain and are less than 9 weeks pregnant (or have a pregnancy that did not grow past 9 weeks).

If the pregnancy tissue does not pass using medication, your GP may refer you for surgical management.

Surgical Management is done in an operating theatre under general anaesthesia. The minor procedure is called a 'D&C' (dilatation and curettage), no incisions are made as the surgery occurs through the vagina. The cervix is opened and the doctor removes the pregnancy tissue so that the uterus is empty, this process is usually relatively quick; you may only need to be in hospital for a few hours afterwards to recover, but cannot drive for 24 hours.

## **WHAT TO EXPECT AFTER AN EARLY PREGNANCY LOSS**

There is no right or wrong way to feel after an early pregnancy loss. It is normal to experience bleeding and mild pain which can be managed with over the counter analgesia (paracetamol and ibuprofen). Bleeding should be similar to a period and may last for up to two weeks. It is recommended to use sanitary pads, rather than tampons, so that you are able to monitor your bleeding.

However, if you are experiencing severe pain, heavy bleeding (soaking through a sanitary pad in 1 hour for more than 2 hours), fevers, blood clots larger than a fist or foul smelling vaginal discharge - you should present to an emergency department or Women's Assessment Service for urgent care.

## **WHEN SHOULD I TRY FOR ANOTHER PREGNANCY?**

Some families may feel that they are ready to try again for another pregnancy straight away whilst others may need some more time. We recommend waiting until the return of your next menstrual cycle before trying again.

There may be circumstances where it is recommended to wait longer before trying for a subsequent pregnancy, such as after an ectopic or molar pregnancy. Your doctor can guide you through the path to conceiving again.

## **PERIODS AFTER EARLY PREGNANCY LOSS**

Most women will have their period 4–6 weeks after an early pregnancy loss, this differs for each woman. Your first period may be heavier and may last longer than normal. It is not uncommon for periods to be irregular for a few months afterwards.

## **RESUMING SEXUAL INTERCOURSE AFTER EARLY PREGNANCY LOSS**

Avoid vaginal intercourse until your bleeding has stopped to reduce the risks of developing an infection. It is very normal to not feel ready to resume sexual intercourse after an early pregnancy loss. Take your time and wait until you feel emotionally and physically ready.

## **CONTRACEPTION**

It is possible to become pregnant again immediately after experiencing an early pregnancy loss. If you do not wish to become pregnant again, you should discuss with your doctor what contraception method may work best for you.

## **SUPPORT SERVICES**

*S.A.N.D.S.*

1300 072 637

[www.sands.org.au](http://www.sands.org.au)

*Pregnancy Loss Australia*

1800 824 240

*Pink Elephants Support Network*

<https://www.pinkelephants.org.au/>

*Miscarriage Australia*

<https://www.miscarriageaustralia.com.au/>

*Red Nose Grief and Loss*

<https://rednosegriefandloss.org.au/>

## **EMERGENCY CONTACT NUMBERS**

*Women's and Children's Hospital*

Women's Assessment Service

(08) 8161 7530

Virtual Women's Assessment Service

(8am-4pm, 7 days a week)

access [here](#)

*Flinders Medical Centre*

Women's Assessment Unit

(7am-8pm, 7 days a week)

(08) 8204 5511

*Noarlunga Hospital*

Emergency Department

(08) 8384 9288

*Lyell McEwin Hospital*

Women's Assessment Unit & Early Pregnancy Unit

(7am-9pm, 7 days a week)

(08) 8282 1301