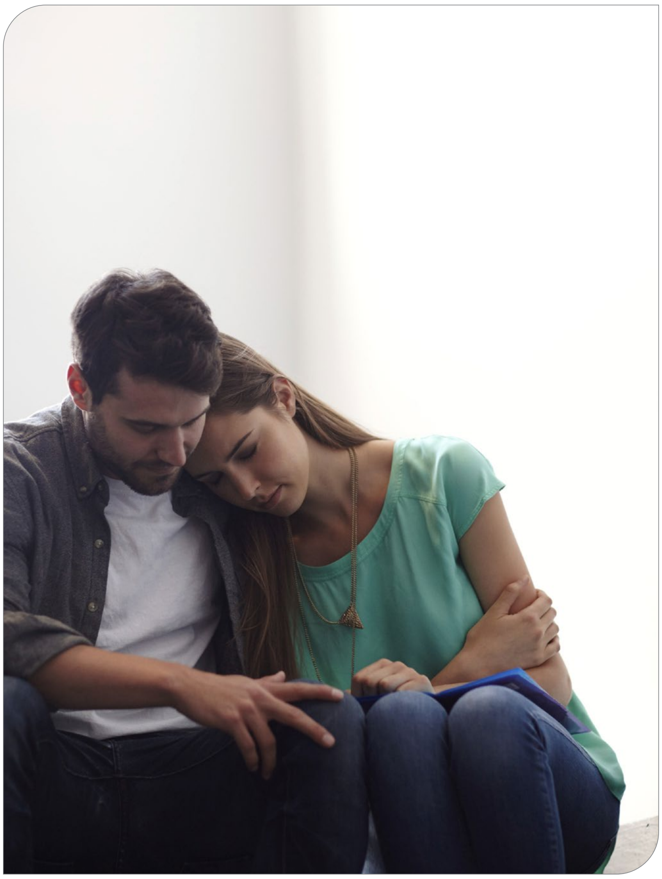
Miscarriage

An early pregnancy loss or miscarriage happens when a pregnancy ends before the 20th week of pregnancy. Miscarriage usually refers to the loss of a pregnancy that was developing inside the uterus (womb). Sometimes pregnancy loss also means a pregnancy which grows outside the uterus, such as an ectopic pregnancy. This pamphlet provides information about miscarriage, which is loss before 20 weeks. When a pregnancy loss happens after 20 weeks, it is called a stillbirth.

Miscarriage is common (it is estimated to happen in about 1 in 4 pregnancies, but in women over 40 over half of pregnancies will end with a miscarriage). Unfortunately, miscarriage can happen more than once for a particular person. Even though miscarriage is common, it can still be a very difficult experience for women and their families.

Symptoms of miscarriage

The symptoms of a miscarriage may include vaginal bleeding and pain, usually in the pelvis, lower abdomen or back. Sometimes a miscarriage is not associated with any symptoms at all.



Types of miscarriage

Complete miscarriage

A complete miscarriage is when all of the pregnancy tissue has passed from your uterus. If you have a complete miscarriage, you will have vaginal bleeding and usually pain (including pain that may feel like a period cramp or a labour cramp), which will usually lessen or stop after the pregnancy tissue has passed.

Incomplete miscarriage

An incomplete miscarriage is when some, but not all of the pregnancy tissue has passed from your uterus. You may continue to have bleeding or spotting or pain, suggesting that there may be some pregnancy tissue left in the uterus.

Missed (silent) miscarriage

A missed miscarriage is when the embryo or fetus has died, but the pregnancy tissue has not passed and is still in your uterus. If you have a missed miscarriage, you may not have any symptoms, and bleeding and pain are unlikely. You may find that your pregnancy symptoms go away or lessen. You may not know or be able to confirm that you have miscarried until you have had an ultrasound or a negative pregnancy test.

Threatened miscarriage

This term is used when vaginal bleeding or pain occur but there are signs that the pregnancy is continuing (for example, rising pregnancy hormone levels and/or an ultrasound with a fetus with a heart beat (> 6 weeks gestation). A threatened miscarriage does not always end in a pregnancy loss and you may go on to have a healthy pregnancy.

Why did I have a miscarriage?

It is very unlikely that you will have done anything to cause a miscarriage or did not do something that might have prevented one. Most of the time there is no immediate explanation why a miscarriage has occurred. Approximately half of miscarriages are associated with random chromosomal abnormalities, and the other half are caused by structural abnormalities in the developing embryo. Your health care team may be able to provide advice for your particular situation, anything that makes you at higher risk for having miscarriage, and understand your chances of a future healthy pregnancy.

There may be some changes to your lifestyle you would like to discuss with your health care team -for example stopping smoking or working towards a healthy weight.

What should I do if I think I'm having a miscarriage?

If you have bleeding, cramping, or pain in pregnancy, contact your doctor/s or midwife as soon as possible. They can talk with you about your symptoms, advise when to come in, and explain what to expect next.

In a normally developing pregnancy, an ultrasound scan can detect a baby's heartbeat from about six weeks. An ultrasound scan can usually confirm if your pregnancy is ongoing, or if you have had a miscarriage, although sometimes this can only be confirmed by doing two scans 10-14 days apart. When a pregnancy stops developing, the ultrasound can detect that no heartbeat is present or that the pregnancy has stopped growing as expected. If there is no heartbeat at 6 weeks, a further scan will be arranged a week later which may confirm an ongoing pregnancy.

Unfortunately, there is nothing that can be done to save the pregnancy if you have a missed, complete or incomplete miscarriage. If you are having a threatened miscarriage your health care team may offer more support and if it is a recurrent miscarriage and you have bleeding, your health care team may be able to offer a medication called progesterone to improve your chances of an ongoing pregnancy.

How is a miscarriage managed?

Once a miscarriage is confirmed, your healthcare team will talk with you about the different ways it can be managed. The right option for you will depend on the type of miscarriage, your medical history (including whether you've previously had pregnancy losses), and your own preferences. Your care team will explain the benefits and risks of each option so you can make an informed decision about what feels best for you.

A miscarriage is a natural process and for many women it can be safely managed at home with appropriate advice and support and without additional medical treatment. However, sometimes complications such as heavy bleeding, severe pain, or rarely an infection inside the uterus, may occur. Some women prefer to have medical or surgical treatment instead and all these choices are valid.

It is important to remember that every woman's experience of miscarriage is personal and may not go according to plan. Depending on the type of miscarriage, how far along your pregnancy you are, where you live and what health care services are available in your area and your own preferences, your options may include:

Expectant management

Expectant management involves waiting for the miscarriage to occur naturally, without the use of medications or surgery. Expectant management may be an option if you have had an incomplete or missed miscarriage. If you choose expectant management you can expect to have vaginal bleeding, pain or cramping and to pass pregnancy tissue. You may need emergency care if the bleeding is heavy, or if you have pain that is difficult to control, and you may still need medication or surgery.

Medical management

Medical management involves taking medications to help with the natural miscarriage process.

You may be prescribed these medications (to take at home) in a face-to-face appointment with your doctor/s or nurse, or by telemedicine. If you choose medical management you can expect to have vaginal bleeding, pain or cramping and to pass pregnancy tissue. Sometimes you may need to take a second dose of medication. Medical management may be an option if you have had an incomplete or missed miscarriage. You may need emergency care if you the bleeding is heavy, or if you have pain that is difficult to control, and you may need more medication or surgery.

Surgical management

Surgical management involves an operation known as a suction aspiration (or curettage) to remove the pregnancy tissues. The operation is done under a general anaesthetic, and you can usually go home on the same day. After the operation, you may have some light bleeding and pain or cramping after the procedure. Before leaving the hospital, your healthcare team will talk with you about what you can expect, and how to take care of yourself after your procedure.

Surgical management may be an option if you have had an incomplete or missed miscarriage or if you prefer this option.

What happens with the pregnancy tissue after management of a miscarriage?

If you have a miscarriage, you can ask your healthcare team about having the pregnancy tissue from an early or surgically managed miscarriage returned to you and your family. Pregnancy tissue can usually be returned even if your health care team recommends that you have some tests or investigations on that tissue.

Routine testing of pregnancy tissue is not usually offered for every miscarriage. It may be offered to you if you have recurrent miscarriage, have had a late miscarriage, or if you have a history or family history of certain medical conditions. You can ask your doctor/s if the test may be valuable to you, and your doctor/s will discuss the potential benefits or unknowns of testing.

When to get medical advice?

No matter which option you choose, it is important to notify your doctor/s or the hospital if you:

- Have pain that is not improving or worsening.
- Have bleeding that is ongoing or increasing.
- Become unwell (e.g. have a fever or chills or feel dizzy or faint).
- Feel that your miscarriage is happening differently to the way it was discussed with your healthcare team.
- If you notice changes that make you think the pregnancy may no longer be developing (e.g. a sudden loss of pregnancy symptoms), even if you have not had bleeding.

If you are ever unsure about your symptoms, it is safest to seek medical advice. Your doctor/s or midwife are there to support you, answer your questions, and help keep you well during this time.

Support for you after a miscarriage

Every pregnancy loss is different, and there is no right way to feel about it. Women and their support people can feel sad, confused, frightened, alone, overwhelmed, or even relieved. For some people, the loss of a pregnancy is a significant life event which takes time to recover from, whereas others may respond differently; both reactions are normal.

Following the loss of the pregnancy you may have many questions. It may help to write your questions down, as conversations about miscarriage can sometimes feel overwhelming or difficult to remember in the moment.

If you feel like you or your family are not coping with your miscarriage, it is important to let your healthcare team know, as they may be able to arrange some additional support or direct you to some helpful resources during this time.

Additional resources

- **Tommy's National Centre for Maternity Improvement UK**
  Tommy's Miscarriage Support Tool
  miscarriagetool.tommys.org
- **Pink Elephants Support Network**
  www.pinkelephants.org.au
- **Red Nose Foundation**
  rednose.org.au
- **Miscarriage Australia**
  Navigating miscarriage together
  miscarriageaustralia.com.au
- **Sands New Zealand**
  Pregnancy, Baby and Infant Loss Support, New Zealand
  www.sands.org.nz
- **Whetūrangitia – online service supporting bereaved parents and whānau in Aotearoa New Zealand**
  Information for bereaved family and whānau experiencing the death of a baby or child | Whetūrangitia
  wheturangitia.services.govt.nz

Recurrent miscarriage

This means losing two or more pregnancies, either in a row or at different times. Your healthcare team may speak to you about your options for tests and treatments to understand why this has happened and whether any changes can be made in your care to prevent it from happening again. Depending on your circumstances, some of these tests may help to explain if there is a reason for the losses. Your doctor/s will speak with you about your medical history, and preferences, to help you decide which tests and treatments might be valuable for you.

Recovery after miscarriage

After a pregnancy loss, your body may take some time to recover. Usually, vaginal bleeding slows and then stops. Menstrual periods usually begin again within 2-8 weeks and may not happen at the time of the month that you usually expect them. Fertility comes back too, so another pregnancy is possible unless you avoid sexual intercourse or take contraception.

It may take some time for your body to return to your normal rhythm after your miscarriage. Depending on the type of miscarriage, and how you chose to manage your miscarriage, this may take weeks.

Some women who lose a pregnancy also experience medical complications, such as anaemia/low iron or infections. If this happens, your healthcare team will talk with you about treatment and what to expect in your recovery or whether any long-term management is recommended.

Recovery is not just physical. Many women also need time to heal emotionally after a miscarriage. Everyone's experience is different, and support is available if you need it.

The next pregnancy after miscarriage

It is important to acknowledge that the next pregnancy after a pregnancy loss may be challenging for your and your support people. Despite the pain of pregnancy loss, many women do go on to try for another pregnancy while others decide not to. Both choices are valid.

If you are thinking about another pregnancy, the right time to try again is different for everyone. Your doctor/s can talk to you about when it may be safe for you physically, and when you may feel ready emotionally. You may also want to discuss any lifestyle changes that could support a future pregnancy, such as nutrition, exercise, or other wellbeing factors.

With the support of your healthcare team, you can make the decision that feels right for you and your family — whether that means trying again, waiting, or choosing not to.

Language

RANZCOG currently uses the term 'woman' in its documents to include all individuals needing obstetric and gynaecological healthcare, regardless of their gender identity. The College is firmly committed to inclusion of all individuals needing obstetrics and gynaecology care, as well as all its members providing care, regardless of their gender identity.

Notes

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

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For more information on RANZCOG guidelines, patient resources, and clinical resources, scan the QR code.

ranzcog.edu.au/resource-hub