

MISCARRIAGE

What is a miscarriage? It is the spontaneous loss of a pregnancy that occurs during the first 20 weeks of pregnancy, most commonly before 12 weeks. After 20 weeks the loss of the pregnancy is called a stillbirth. About 1 in 7 recognised pregnancies will miscarry and about 1 in 3 women will experience a miscarriage during their reproductive life. A miscarriage may occur so early in a pregnancy that a woman may have been unaware that she was pregnant. These miscarriages are often unreported. Sometimes a doctor or nurse may refer to a miscarriage as a "spontaneous abortion". "Abortion" is the common medical term given to all pregnancies that end before 20 weeks (both miscarriages and terminations). Miscarriage can be a difficult and traumatic experience for some women. For others, it may happen so early that the pregnancy was undetected.

Why does miscarriage occur? It is generally unknown what causes miscarriages. Basically, miscarriage occurs because the foetus did not develop properly, probably because of a chromosomal or other genetic abnormality. The pregnancy is not normal and miscarriage is nature's way of taking care of the problem.

What are the risk factors for miscarriage? The vast majority of miscarriages occur early. It is important to note that a woman's actions do not cause miscarriage. It is simply a bad-luck chance event and there is nothing she can do to prevent it. However, miscarriage risk increases if the woman has certain risk factors that include:

- **Age** - Increasing maternal age is associated with chance of miscarriage – 1 in 10 for women aged 20, 1 in 7 for women aged 30, 1 in 3 for women aged 40 and 1 in 2 for women aged 45.
- **Alcohol, drugs and cigarettes** – Alcohol of >2 drinks per day doubles risk of miscarriage. Smoking reduces supply of oxygen to the placenta (life-line of foetus) increasing risk of miscarriage, ectopic pregnancy, oxygen-starved baby, under-developed baby and premature delivery.
- **Some medications** – speak with your doctor about certain risky medications
- **Obesity** – women who are obese (BMI > 30) are twice as likely to miscarry.
- **Underlying medical conditions** – eg. Uncontrolled diabetes, kidney or thyroid problem, tendency toward blood clotting, connective tissue disorders (eg. lupus).
- **Previous pregnancy** – the risk of miscarriage increases with the number of previous pregnancies.
- **Abnormalities of uterus / cervix**
- **Foetal chromosome abnormalities**

What are the signs of a miscarriage? Signs and symptoms of miscarriage may vary considerably and may include vaginal bleeding, abdominal cramps and pain, loss of pregnancy symptoms, and the passage of tissue. Any vaginal bleeding during pregnancy is called a threatened miscarriage. However 25% of women who go on to have a normal baby have experienced some vaginal bleeding during the pregnancy. With miscarriage, significant vaginal bleeding may be severe enough to require a blood transfusion. Pain may be as severe as giving birth. Contact your doctor immediately if you have any of the following symptoms:

- vaginal bleeding and cramps shortly after a late period
- gradual bleeding causing pain or pressure in the lower abdomen
- sudden, severe pain in the lower abdomen or pain on opening your bowels
- severe pain that does not feel like period pain
- dark bleeding which starts after the pain
- faintness, nausea, dizziness and vomiting

Types of miscarriage

- **Threatened miscarriage** – is a pregnancy complicated by vaginal bleeding with little or no pain. This often continues to be a normal pregnancy.
- **Incomplete miscarriage** – a failed pregnancy where the uterus may still contain pregnancy tissue. You may need a D&C (dilatation & curettage) or vacuum aspiration to remove the remaining tissue. This can be done at any GCA clinic or at a hospital.
- **Complete miscarriage** – is a failed pregnancy where the uterus has expelled all the pregnancy tissue without the need for any other medical or surgical treatment.
- **Missed miscarriage** – is a failed pregnancy but with no symptoms (no bleeding or pain). This may go undetected for some time or until pregnancy symptoms have gone away or the uterus fails to enlarge.
- **Blighted ovum** – no foetus development but the pregnancy sac is present.
- **Ectopic pregnancy** – pregnancy is growing on the Fallopian tube instead of the uterus. This is a serious medical condition and may require prompt medical attention to prevent life-threatening bleeding if rupture of the tube occurs. 1 in 200 pregnancies are ectopic.
- **Septic miscarriage** – is a failed pregnancy complicated by an infection in the uterus.
- **Recurrent miscarriage** – 3 or more failed pregnancies in a row.

Canberra: 1st Floor, Morisset House, 7 Morisset St, Queanbeyan 2620. T: (02) 6299 5559 F: (02) 6299 5554

Gosford: Suite 4, 16-18 Hills St, Gosford 2250. T: (02) 4324 5176 F: (02) 4322 9124

Hurstville: Suite 20, 4th Floor, 33 MacMahon St, Hurstville 2220. T: (02) 9585 9599 F: (02) 9585 9716

Newcastle: Suite 9, 24 Brown Rd, Broadmeadow 2292. T: (02) 4962 4999 F: (02) 49624988

Wollongong: Level 3, Cnr Keira and Market St's, 166 Keira St, Wollongong 2500. T: (02) 4227 4100 F: (02) 42274122

Investigating miscarriage - Ultrasound is the most important tool for diagnosing miscarriage. A vaginal ultrasound is valuable in assessing very early pregnancy because the vaginal probe is much closer to the uterus and the pregnancy may be seen more clearly. Other tests include pregnancy and progesterone blood hormone levels. Pregnancy hormone levels should double every 48 hours in a normally progressing pregnancy. If the levels are rising slowly or falling, a failed pregnancy is likely (or ectopic).

How is miscarriage treated? – Often miscarriages may occur naturally without the need for medical treatment. At other times, a dilatation & curettage (D&C or “curette”) may be required to remove the pregnancy tissue, otherwise bleeding and pain may continue and infection may develop. Sometimes oral medication (misoprostol) may be an alternative to a surgical procedure for some women with a very early failed pregnancy. Antibiotics may be required if infection is present. Some women may require iron supplements, or more rarely, a blood transfusion if bleeding was significant.

What happens after a miscarriage? You may experience light bleeding for up to 2 weeks (on & off). If the bleeding is heavy or persistent, you are passing clots, you have persistent abdominal pain, you have a foul-smelling vaginal discharge, you have a temperature >38 degrees, you are not feeling better, then you should contact your doctor, GCA clinic or hospital immediately.

What should I do if I think I am having a miscarriage?

- Ring your doctor, GCA clinic or hospital and describe your symptoms. If you are alone and things are happening fast, then dial 000 for an ambulance. Never drive yourself to hospital.
- Have a partner, relative or friend with you, if possible.
- Soak up blood with pads or towels. Keep a record of the number of pads you use each hour and how soaked they were.
- You may require a D&C so don't eat or drink anything. Your stomach needs to be empty if you have an anaesthetic.
- Save any tissue you pass. It may be very helpful in excluding ectopic pregnancy as the cause of the bleeding.
- Remember that a doctor or nurse or anyone in a hospital cannot prevent miscarriage.

What is my chance of having another miscarriage? –

Since most miscarriages happen by chance, one miscarriage only slightly lowers your chance of having a successful pregnancy the next time. However, 2% of women will have 2 miscarriages in a row and <1% of women will have 3 (recurrent miscarriage). This may

happen out of chance but there may be some underlying reasons.

There may be repeated chromosomal abnormalities from one parent or the other. Blood clots may block the placenta. The shape of the uterus or cervix may not allow the foetus to develop properly or cause it to deliver early. Tests and treatments may be available for many of these problems. This may be emotionally traumatic and frustrating. Expert doctors (gynaecologists and geneticists), counselling and hospital clinics are available to deal with recurrent miscarriage.

How will I feel after a miscarriage? – Women who have had a miscarriage can experience a wide range of emotion – it may cause profound grief and depression that may be brief or long lasting. It is natural to feel loss, sadness, anger and even guilt, despite the fact that the end result is out of your hands. Expert counselling is available. Speak with your doctor or local hospital.

When can I get pregnant again? – You may conceive again even before the next period. The next period is expected in 4-6 weeks after a miscarriage. Some people may want to try again immediately, while others prefer to wait. There may be a slightly higher chance of miscarriage again if conception occurs before the first period, but remember that the next pregnancy is likely to proceed normally even if you have had previous miscarriages. All women planning pregnancy should be taking folic acid (best started at least 1 month prior to conception and continued for first 3 months of pregnancy), be immune to rubella and stop consumption of alcohol, cigarettes and other recreational drugs. It is also important to have a pap smear every 2 years, preferably done when you are not pregnant.

Canberra: 1st Floor, Morisset House, 7 Morisset St, Queanbeyan 2620. T: (02) 6299 5559 F: (02) 6299 5554

Gosford: Suite 4, 16-18 Hills St, Gosford 2250. T: (02) 4324 5176 F: (02) 4322 9124

Hurstville: Suite 20, 4th Floor, 33 MacMahon St, Hurstville 2220. T: (02) 9585 9599 F: (02) 9585 9716

Newcastle: Suite 9, 24 Brown Rd, Broadmeadow 2292. T: (02) 4962 4999 F: (02) 49624988

Wollongong: Level 3, Cnr Keira and Market St's, 166 Keira St, Wollongong 2500. T: (02) 4227 4100 F: (02) 42274122