Miscarriage

Emergency Department factsheets

What is a miscarriage?

A miscarriage is the loss of a pregnancy before 20 weeks of gestation. Unfortunately, miscarriages are quite common, with up to 1 in 5 pregnancies ending before 12 weeks. The majority of women who have a miscarriage have vaginal bleeding and cramping lower abdominal pains. Some women don't have any symptoms at all and the miscarriage is diagnosed by ultrasound scan.

The majority of miscarriages do not have a preventable cause, and are due to non-recurring chromosomal abnormalities in the embryo. Therefore, no testing of the embryo or of either parent is required unless three consecutive first trimester miscarriages have occurred. The risk of having a repeat miscarriage after one miscarriage is not increased (e.g. 1 in 5 risk), and most women who have a miscarriage will have a subsequent normal pregnancy.

Pregnancy tissue means the baby or foetus along with the developing placenta.

How is the miscarriage 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.

A miscarriage is usually diagnosed as complete, incomplete or missed:

- A miscarriage is complete when 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 is still in the uterus.

How is a miscarriage treated?

If you have been diagnosed with a *complete* miscarriage, the pregnancy tissue has already passed and you do not require any further treatment. Your bleeding should settle over 2 weeks. You should have a follow up appointment with your GP to check both your emotional and physical health during this time. A pregnancy test should also be performed 4 weeks after your miscarriage to make sure your body has returned to normal.

If you have been diagnosed with an incomplete or missed miscarriage, there are a few options to help your body to pass the pregnancy tissue - expectant, medical or surgical management.

Expectant management – No treatment

This allows time for your body to recognise the miscarriage and let nature take its course. If it is an incomplete miscarriage it will often happen within a few days, but for a missed miscarriage it might take as long as three to four weeks. While you are waiting you may have some spotting or bleeding, much like a period. When the pregnancy tissue passes, you are likely to notice heavier bleeding with crampy, period-like pains. You can use sanitary pads and take pain relieving tablets, such as paracetamol (with or without codeine) and ibuprofen.

If you choose expectant management, we recommend you see your GP within 7-10 days of your emergency department visit. He/she will arrange an ultrasound scan weekly to see if there is still pregnancy tissue present. Your GP will also check your pregnancy test is negative 4 weeks after your miscarriage to exclude any other early pregnancy complication.

If the miscarriage does not occur despite waiting four weeks, you can be referred to an Early Pregnancy Assessment Unit (EPAU) to discuss further management with medications or surgery.

Expectant management is successful in 81 percent of women. The success rate is better in women with an incomplete miscarriage, and lower in women with missed miscarriage and 'blighted ovum'

Medical management – Treatment with medication

A medication called Misoprostol is given either orally or vaginally to hasten the passing of the pregnancy tissue. For an incomplete miscarriage, the medicine will usually encourage the pregnancy tissue to pass within a few hours. At most it will happen within a day or two. For a missed miscarriage, it may happen quickly, but it can take up to two weeks; occasionally longer.

The Misoprostol can be either be swallowed, dissolved under the tongue, or put in the vagina. Usually women experience increased pain within hours, and may experience some fever, chills, nausea, vomiting and diarrhoea. The side effects may be less if the Misoprostol is put in the vagina. Your doctor will provide you with some pain tablets and some anti-nausea tablets which you should take if required.

If you choose medical management, you will be referred to an EPAU. Your medication will be given by a doctor at your first appointment. You will be seen 24 hours later to check how you are managing, and given another dose of medication if there has been minimal effect from the first dose. You will then be seen one week later after an ultrasound scan, to see if all of the pregnancy tissue has passed. If pregnancy tissue still remains, you will be offered surgical management.

In women who choose this treatment, 71 percent successfully pass the pregnancy tissue within 3 days, and 84 percent have passed the pregnancy tissue within 8 days.

Surgical management – "Suction Curettage" or "Dilatation and Curettage"

This is a minor surgical operation done in an operating theatre under general anaesthetic. A small device is passed through the vagina and into the womb to gently remove the remaining pregnancy tissue. The actual procedure takes five to ten minutes, but you will usually need to be in the hospital for around four hours. Most of this time will be spent waiting and recovering. Delays can be quite common because of urgent cases taking priority. You may need medication prior to surgery to soften the cervix, and this may cause some nausea, vomiting, diarrhoea, fever and chills.

If you choose to have surgery it may be possible to perform this on the day of your first EPAU appointment. Therefore, if you are intending to choose this management, please have nothing to eat or drink (including chewing gum) from 4.00am the day of your appointment. Sometimes, your procedure may need to be scheduled for a different day, depending on what other emergency surgeries are pending for that day. If surgical management is chosen, you will not experience heavy bleeding or passing of the tissue but it comes with a small risk of both an anaesthetic or surgical complication. These will be discussed with you in clinic.

Making a decision?

All methods of management described above are safe and are associated with a very low rate of serious complications. Whilst the risk of infection is the same for all methods, the risk of heavy bleeding and need for emergency surgery is higher with expectant and medical management compared to surgical management. Surgical management is the quickest, followed by medical management, then expectant management.

Trying to decide what the best decision for you is can often be overwhelming. It is important to be aware that there is no rush for you to make an immediate decision today. If you want to go home and think about your options that is fine and when you have decided your GP can refer you back to an EPAU. If you think you have already made your decision for either medical or surgical management than we will organise a

referral for to an EPAU.

Home care

Rest - This allows you time to recover physically and emotionally.

Use sanitary pads, not tampons, while you are bleeding.

How will I feel about the miscarriage?

Women can be unprepared for the depth of grief and loss they feel when experiencing an early pregnancy loss or miscarriage. Ask your health care professional (or your health care professional can provide you with information) for information regarding resources that may assist you in integrating the loss of your pregnancy into your life.

Trying for another pregnancy

There is no right time to try to get pregnant again, although it is advised that you wait until after your next period. Some couples need time to adjust to their loss, while others want to try again right away. If you do not wish to conceive again in the near future you should seek advice about contraception.

Prevention

There is no special treatment to prevent further miscarriage, although there is some general advice.

- Stay healthy. Don't drink alcohol, smoke or use drugs.
- Take folic acid. This helps with the formation of the baby's nervous system. Take 0.5 mg per day for one month prior to pregnancy if possible and for the first 12 weeks of pregnancy.
- Maintain a healthy diet and weight by exercising regularly.

Women who have had three miscarriages in a row are at risk of miscarrying again. If you fall into this group, you can be referred by your local doctor to see a specialist for further tests, counselling and management of future pregnancies.

Seeking help

For women who have chosen expectant or medical management, or who are awaiting surgical management, it is important to go to your closest emergency department if:

- The pain is not controlled by paracetamol and/or codeine (e.g. panadol, panadeine)
- You are bleeding heavily (more than1 pad per hour)
- You feel faint or have fainted
- You have fevers (Temperature more than 37.8C)

In a medical emergency go to the nearest hospital emergency department or call an ambulance (dial 000).

For other medical problems see your local Doctor or health-care professional.

13 HEALTH (13 43 25 84) provides health information, referral and teletriage services to the public in all parts of Queensland and is available 24 hours a day, 7 days a week, 365 days a year for the cost of a local call*.

*Calls from mobile phones may be charged at a higher rate. Please check with your telephone service provider

Want to know more?

Contact Stillbirth and Neonatal Death Support (SANDS)

Phone 1800 228 655

www.sandsqld.com

Contact Pregnancy Counselling link

Phone 1800777690

www.pcl.org.au