

Miscarriage



What is miscarriage?

A miscarriage is defined as the spontaneous loss of pregnancy before 20 weeks gestation and is a common occurrence affecting one in five pregnancies. Most spontaneous miscarriages occur in the first 12 weeks of pregnancy. Occurring so early that you may not know you were pregnant and thus going unreported.

Miscarriages happen when a pregnancy stops growing. Eventually, the pregnancy tissue passes out of the body in the form of vaginal bleeding, causing period-like pain and cramping.

The different types of miscarriage are:

Threatened miscarriage: during this, your body shows signs that you may miscarry. You may experience light bleeding, little or no pain, and the cervix will remain closed.

Inevitable miscarriage: can occur after a threatened miscarriage or happen without warning. You will experience substantial blood loss, the cervix is open, and you will feel intense abdominal cramping.

Incomplete miscarriage: occurs when some pregnancy tissue and the fetus may still remain in the uterus. You may experience vaginal bleeding and cramping while the uterus works to empty itself.

Missed miscarriage: when the pregnancy has ended but without any symptoms. In this instance, you will notice that you are no longer experiencing pregnancy symptoms. Eventually, the remains will pass out with bleeding.

Septic miscarriage: occurs when there is an infection of the uterus.

Recurrent miscarriage: is defined as experiencing three or more miscarriages.

IMPORTANT

If you miscarry at home or somewhere where no health workers are present, please visit your doctor for a check-up to ensure the miscarriage is complete.

Causes of a miscarriage

Whilst a treatable cause of a miscarriage is unknown, they occur due to abnormal chromosomes within the fetus, which lead to it not developing correctly. An alternate cause of a miscarriage can also be when the embryo does not embed as it should into the womb. Thus, as a natural reaction, the uterus expels the non-viable pregnancy.

Common risk factors

A few factors that increase the risk of miscarriages include:

- Age. If you are over 30 years old. The risk increases significantly past age 35, and after age 40, this risk increases to one in every two pregnancies.
- Recurrent/previous miscarriages.
- Medication.
- Alcohol or smoking.
- Drugs. Including recreational drugs.
- Previous surgery of the uterus.
- Uterus abnormalities.
- A previous pregnancy.
- If you suffer from a connective tissue disorder.
- Infections such as measles.

Signs and symptoms of a miscarriage

The signs and symptoms will vary depending on the type of miscarriage. But some of the most common symptoms include:

- Significant vaginal bleeding.
- Abdominal cramping and pain may range from period-like pain to intense labour-like pain.
- Discharge of pregnancy tissue and blood clots.

IMPORTANT

If you experience significant persistent vaginal bleeding, seek medical attention immediately.

Diagnosis and treatment

In most cases of a suspected miscarriage, your doctor will

- Take down your medical history,
- Identify the potential risk factors, and
- Perform a medical examination.

During a medical check-up, your doctor will perform an abdominal and pelvic examination to determine the source of the bleeding. If required, your doctor will request further tests such as blood and urine tests and an ultrasound.

Next Steps

More information
Contact our advice team on
02 4225 1999

Diagnosis and treatment
Contact us to book an appointment
with Dr Kothari
02 4225 1999

Treatment options

While nothing can be done to stop a miscarriage, the treatment available focuses on avoiding heavy bleeding, infections and providing you with physical and emotional support.

The following treatment options are available based on the type of miscarriage.

- **Complete miscarriage:** none required. Any pain and bleeding will end after all tissue has passed out of your system. But it is advised that you see your doctor and have an ultrasound to make sure the uterus is empty.
- **Missed or incomplete miscarriage:** surgical or medical treatment to remove any remaining pregnancy tissue. At this point, Dr Kothari will give you the opportunity to decide which form of treatment you wish to undergo.
- **Incomplete miscarriage:** requires prompt surgical treatment to remove remaining pregnancy tissue to avoid any chances of infection. The surgery involves gently scraping the uterus to remove the tissue. This procedure is known as Dilatation and Curettage (D&C).

Recovery after a miscarriage

After a miscarriage, it is vital to

- Rest for several days.
- Avoid using tampons and having sexual intercourse for two weeks.

While there is no right time to try for another pregnancy, depending on your doctor's advice, you may begin trying for a baby any time after your menstrual cycle resumes.

Getting support

After a miscarriage, you will feel a range of emotions, such as

- Emptiness
- Anger
- Disbelief
- Sadness
- Isolation
- Guilt

It is important to remember that all of these reactions are valid and normal for you and your partner, even if the pregnancy was unplanned. You must acknowledge these emotions and take things one day at a time.

At times like this, family and close friends can be a great source of support to reach out and talk to. Alternatively, you may wish to seek professional help. In this case, you may find the following resources helpful.

- Speak with Dr Kothari.
- [Miscarriage Australia.](#)
- [Recurrent Miscarriage Clinic.](#) - The Royal Women's Hospital
Tel. (03) 8345 2000
- [Miscarriage, Stillbirth and Neonatal Death Support \(SANDS\)](#) - Tel. (03) 9899 0218

Wollongong Day Surgery
Suite 5, Level 3, 354-358 Crown Street
Wollongong, NSW 2500

PH. 02 4225 1999
wollongongobgy.com.au
admin@wollongongObCy.com.au