

Early
pregnancy -
when
things
go
wrong

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Early pregnancy

The first three months of pregnancy are known as the first trimester.

During the first trimester, a baby grows from a microscopic collection of cells shortly after conception, to a developing embryo by six weeks and finally becomes a fetus at the end of the twelfth week.

Along the way, there are enormous changes taking place in your body. This is the most likely time for a miscarriage to occur.

During the first trimester about one in five confirmed pregnancies end in miscarriage.

Mild symptoms do not always eventuate into a miscarriage and many women who feared for their pregnancy will go on to have a healthy baby.

In the same way, the majority of women who experience miscarriage will have a successful pregnancy in the future.

'About one in five pregnancies end in miscarriage.'

It's important to remember that health workers cannot stop an early miscarriage, but they can provide you with the care and support you may need.

We hope this booklet helps you and your partner through this uncertain and emotional time.

About miscarriage

The term miscarriage refers to the loss of a baby during the first 20 weeks of pregnancy.

The majority of miscarriages occur in the early stages of pregnancy, mostly during the first trimester.

A baby that dies after 20 weeks gestation (or who weighs more than 400 grams) is classified as a stillborn.

There are varying types of miscarriages and understanding these will help you to know what is happening to your body. See page 9 for more information.

'The majority of miscarriages occur in the early stages of pregnancy.'

Can miscarriage be prevented?

Guilt and self blame are very common reactions to miscarriage.

Many women ask themselves the question – could I have stopped this from happening?

The answer is no. The loss of a pregnancy is rarely related to anything you have done.

Stress, working and normal day to day activities have no proven link to miscarriage.

Miscarriage is simply the body's natural way of rejecting a pregnancy that is not viable.

Health workers cannot stop an early miscarriage from happening, but they can assess whether you are in danger of a more serious health problem such as complications from an ectopic pregnancy.

Midwives, obstetricians, doctors and other health workers will also be able to support you through this emotional time and reassure you about what to expect during miscarriage.

'The loss of a pregnancy is rarely related to anything you have done.'

I think I'm having a miscarriage - what should I do?

The warning signs of miscarriage may include one or all of the following:

- > severe pain in the lower abdomen*
- > cramping*
- > vaginal bleeding*

If you think you are having a miscarriage you should:

- > call [healthdirect Australia](https://www.healthdirect.gov.au) on 1800 022 222
A 24-hour government health information and advice line*
- > visit your local doctor*

Accessing care

There are a number of health services available in NSW for women who are experiencing difficulties in the early stages of pregnancy.

If you suspect you are experiencing a miscarriage, contact *healthdirect Australia* on 1800 022 222 any time day or night and they will assess your symptoms and direct you to the best service, if required.

When seeking treatment, your caregiver will inform you of your treatment options and assist you to make the best decision for you.

Depending on your symptoms you may be offered:

- a general assessment and investigation
- an ultrasound or blood testing if required
- referral to appropriate follow-up care
- ongoing emotional support.

What happens in hospital?

Hospital Emergency Departments are for those needing urgent medical attention.

If you are experiencing problems in early pregnancy you need to remember that these symptoms can occasionally lead to further complications for your own health.

Emergency Departments are well equipped to deal with urgent and significant complications such as ectopic pregnancy.

What is Triage?

If you need to attend a hospital Emergency Department, you will see the triage nurse on arrival.

Triage is a system of prioritising patients so those with the most life-threatening conditions begin their treatment first.

Most people who come to an Emergency Department are experiencing a significant degree of pain or discomfort.

If the nurse suspects that you may be experiencing an ectopic pregnancy it's likely that you will be seen more quickly than if you are experiencing mild lower abdominal cramping and vaginal bleeding.

Your doctors and nurses will understand that any threat to your pregnancy is hugely upsetting and they will offer you a range of services once your assessment begins.

In the meantime, you should keep staff updated of any changes in your condition and please let a nurse know immediately if you need to go to the toilet.

Types of miscarriage

Threatened

A threatened miscarriage is when your body is showing signs that you might miscarry.

You may experience a little vaginal bleeding or lower abdominal pain over a varying amount of time, sometimes days or weeks.

During a threatened miscarriage your cervix usually remains closed.

The threat may develop, eventually leading to miscarriage, or it may subside and you will continue to have a healthy pregnancy and baby.

There is rarely anything a doctor, midwife or you can do to protect the pregnancy.

In the past, bed rest was recommended, but there is no scientific proof that this helps at this stage.

Inevitable

Inevitable miscarriages can come after a threatened miscarriage or without warning.

There is usually a lot more vaginal bleeding and strong lower stomach cramps.

During the miscarriage your cervix opens and the developing fetus will come away in the bleeding.

Complete

A complete miscarriage is when all the pregnancy tissue leaves your uterus.

Vaginal bleeding may continue for several days after the miscarriage and cramping pain similar to labour or strong period pain is common as the uterus empties.

If you have miscarried at home or somewhere else with no health workers present you should have a check up with a doctor to establish if the miscarriage is complete.

Incomplete Ê

When a miscarriage is incomplete, some pregnancy tissue will remain in the uterus.

Vaginal bleeding and lower abdominal cramping may continue as the uterus continues trying to empty itself.

Your doctor or midwife will need to assess whether or not a short procedure called a dilatation of the cervix and curettage of the uterus (often known as a D&C) is necessary to remove any remaining pregnancy tissue. This is an important medical procedure done in an operating theatre.

Missed Ê

When a miscarriage is missed, the baby has died but stayed in the uterus.

There may be brownish discharge and some of the early pregnancy symptoms, such as nausea and tiredness, may fade.

Other common miscarriage symptoms such as cramping and vaginal bleeding do not occur. You might be unaware that anything has happened to the baby and be shocked by the loss when you have your next or first scan, as there will be no heartbeat. You should see your doctor to discuss treatment options.

Recurrent

A small number of women are affected by recurrent miscarriages (ie three or more in a row).

This is a rare problem and one that will require specialist monitoring during future pregnancies.

If this is your third or more consecutive miscarriage, it's best to discuss this with your doctor who may be able to investigate the causes.

Other types of pregnancies that result in a miscarriage include:

Ectopic

An ectopic pregnancy is when the embryo implants inside a fallopian tube or other areas outside the uterus.

A fetus does not usually survive an ectopic pregnancy.

Symptoms you may experience with an ectopic pregnancy include severe pain in your lower abdomen, vaginal bleeding, feeling faint, vomiting or pain in the tip of one shoulder.

If you experience these symptoms, it's important to seek urgent medical attention.

Anembryonic pregnancy

This is when the sac develops but there is no baby inside.

This condition is usually discovered during a scan. In most cases, an embryo was conceived but did not develop and was reabsorbed into the uterus at a very early stage.

You should see your doctor to discuss treatment options.

It's not your fault

If your pregnancy ends early and unexpectedly, you may experience a wide range of emotions.

Feelings of intense grief, loneliness, disbelief and anger are common reactions to the loss of your baby.

Many women and their partners also feel guilt but it's important to remember that the loss of a pregnancy is rarely related to your actions.

Stress, working and daily activities have no proven link to miscarriage.

Similarly, not connecting enough with the idea of the baby, feeling apprehensive about the pregnancy or doing too many household chores are also not proven or real causes of miscarriage.

In many cases, an early miscarriage relates to a genetic imbalance or another developmental problem with the developing baby. For many,

however, the specific cause of a miscarriage will never be known.

It's important that you have the support and understanding you need to get through this difficult time. Your doctor or hospital can link you to counsellors and other support agencies experienced in helping women and men deal with the loss of a baby.

'According to midwives the most commonly asked question following a miscarriage is, "Why did this happen?" The most common answer is, "It's not your fault".'

Supporting each other

Women and their partners often have quite different responses to miscarriage.

For some women, the emotional connection with the baby is instant as they have frequent physical reminders of their baby as the body adjusts to the early stages of pregnancy. For a partner, such an instant physical and emotional connection is less common.

Many partners are upset to have lost the baby but are more concerned about witnessing their partner's pain and sadness.

Some women may become lost in their grief, teary and need to talk about what they have been through. Partners may find it hard to comprehend the changes in their partner after a miscarriage and at the emotional effects their partner is experiencing.

During this time it is important for partners to offer as much support as possible by being patient and showing understanding.

Partners may also feel torn between dealing with their own feelings and wanting to support their partner through her loss and grief.

"In order for me to feel better, I needed to talk about it. In order for him to feel better, he needed to not hear it."

Social workers and psychologists report that even partners who did not have a deep attachment to their unborn child and who do not seem deeply saddened over the loss experience a range of intense feelings following a miscarriage.

It's normal to be very sad over the loss of your baby. However, if it appears that either you or your partner is suffering from depression it is important to seek extra support from a counsellor.

"I lost interest in everything, I didn't want to get out of bed. Talking to a counsellor really helped me to understand my feelings and get through"

Feelings of anxiety, deep sadness and distress which last longer than two weeks are commonly called depression. Experiences of depression after a miscarriage vary, but usually include several of the following:

- constant crying
- difficulty sleeping
- feeling hopeless or worthless
- not eating or overeating
- unable to cope with normal tasks
- withdrawal from social contact
- no interest or pleasure in usual activities
- thinking about suicide or harming yourself
- poor memory or difficulty concentrating

If you are concerned about yourself or your partner speak with your caregiver. They will be able to link you with an experienced social worker or counsellor to support you through this sad time.

Moving forward

You and your partner may experience mixed feelings when thinking about future pregnancies.

It's important to talk about your feelings with your partner. Some people need time to work through their grief before feeling emotionally ready to 'try again'. For others the question might be, can I try again?

Remember that 95 per cent of women who experience one miscarriage will go on to have a healthy baby. Up to 75 per cent of women who have had three or more miscarriages will eventually have a normal pregnancy and baby.

While these statistics can be reassuring, the thought of another pregnancy can still be daunting, even terrifying for some women.

There are no hard and fast rules about when is the right time to consider another pregnancy, but it is helpful for all women to visit their GP before trying to conceive. Your GP can provide you with a general check-up and help you to make any lifestyle or diet changes that may benefit future pregnancies.

'95 per cent of women who experience one miscarriage will go on to have a healthy baby.'

