



Government of **Western Australia**
North Metropolitan Health Service
Women and Newborn Health Service

Pregnancy Loss

In the First 13 Weeks of Pregnancy



CONTENTS

Signs of an early pregnancy loss	2
Reasons why an early pregnancy loss occurs	2
Will I have to stay in hospital?	3
What happens to the pregnancy remains after a miscarriage?	4
How may I be feeling?	4
My partner feels left out, what can we do?	6
Physical recovery	
Sexual intercourse	7
When to start another pregnancy	7
Rituals and ceremonies	7
Support services available at KEMH	8
Grief support services	9
Other support services	10
Further information available	10
Medical terms that may be used	11

This booklet provides information to women who experience the early loss of a pregnancy, before 13 weeks gestation. It discusses the physical and emotional issues that you and your family may experience. It also provides information about the support services available at King Edward Memorial Hospital (KEMH).

At this time, you may feel isolated and misunderstood. As well as grieving for the loss of your baby, you may also be grieving for the loss of your parenting dreams.

Refer to the back of this pamphlet for terms you may hear used.

Signs of an early pregnancy loss

Miscarriage in early pregnancy is common. About one in five women (20 percent) who know they are pregnant will have a miscarriage before 20 weeks gestation. Of these, about 80 percent will occur in the first 12 weeks of pregnancy. The actual rate of miscarriage is much higher than this, as many women have miscarriages before they even know they are pregnant. One study found there was a total miscarriage rate of 31 percent when hormone levels were tracked every day to detect very early pregnancy. Most miscarriages are a 'one-off' event and there is a good chance of having a successful pregnancy in the future.

An early pregnancy loss usually starts with some bleeding and there may be cramp-like pain. In some cases the bleeding and pain stops and the pregnancy will continue. However, continued bleeding and pain may end with a miscarriage.

Depending upon the specific circumstances of your miscarriage, you may or may not need medical treatment.

Reasons why an early pregnancy loss occurs

There are many possible reasons for early pregnancy loss, such as:

- an abnormal embryo
- infection
- hormone imbalance
- problems with implantation of the embryo into the uterus wall
- problems with the placenta and how it is formed
- an inability of the cervix to stay closed.

Often no cause can be found for early pregnancy loss and no specific explanation can be offered. Many parents feel helpless and frustrated when a cause for their loss cannot be found. It is very rare for an early pregnancy loss to occur because of something you have, or have not done. You should discuss possible causes with your doctor but do not be surprised if no cause is found.

Treatment options

Your health carer will explain your treatment and pain relief options and will provide support to you and your partner.

Expectant management - this means waiting for the natural loss of the pregnancy - this occurs in about 50 percent of miscarriages. It can take some time before bleeding starts and it may continue for three or four weeks. If bleeding doesn't start or the miscarriage hasn't completed, you will be offered medical or surgical management. Very occasionally emergency admission for heavy bleeding or severe pain is necessary.

Medical management with medicine (misoprostol) when you are less than 12 weeks pregnant. Misoprostol tablets placed into the vagina help to open the cervix (neck of the womb) and pass the pregnancy. This usually takes a few hours to start and you might experience some pain, bleeding or clotting (like a heavy period). You may continue to bleed for up to three weeks. Pain relief medication may help with any discomfort. You may need more than one dose of the medication and follow-up in the Early Pregnancy Assessment Clinic (EPAS). Approximately 80 to 90 percent of miscarriages treated this way are successful. If the treatment doesn't work, you may be offered surgical management.

Surgical management with a dilatation and curettage (D&C) – this method is successful in 95 to 100 percent of cases, but it does have some small surgical risks. You may be advised to have surgery immediately if you are bleeding heavily and continuously.

Will I have to stay in hospital?

If your doctor has recommended that you have a D&C procedure you may need to stay for a short time in the Day Surgery Unit or overnight in a hospital ward. A D&C involves a general anaesthetic to enable the removal of any remaining traces of pregnancy from your uterus.

What happens to the pregnancy remains after a miscarriage?

Many parents are afraid to ask what will happen to the remains of their pregnancy. The pregnancy tissue may look like blood clots and small fragments of tissue. Consent for an examination of this tissue may be requested. These will be examined by Perinatal Pathology at KEMH. The results of the examination will be sent to your doctor at KEMH and your GP. You may be referred to the Pastoral Care Service to help make suitable arrangements for the remains of the pregnancy. Normally this means the tissue is cremated and interred in the hospital's memorial garden.

How may I be feeling?

There is no right or wrong way to respond to a pregnancy or its loss. People deal with their loss and grief in different ways. You may experience feelings of sadness, denial, guilt and anger as you face the loss and the healing process of grief begins.

Regardless of how long you were pregnant your loss may be very real. You may find yourself overwhelmed by confused feelings. Society has not always acknowledged the close bond that can form between parents and their expected baby. Sometimes a long-awaited pregnancy may produce a strong bond from the earliest stages of conception. For other people, there are complex social or medical circumstances that can create mixed feelings about the pregnancy and later feelings of both grief and relief when it is lost. For some people attachment to the pregnancy has not yet occurred, then suddenly the process of miscarriage begins and unexpected feelings of loss are experienced.

It is important for you to make your own choices about what you need at this time and to communicate with your health carers about how they can best help you.

You may require extra support to cope with your loss if you have had:

- previous losses, including other deaths within your family
- a personal history of depression, anxiety or other psychological issues
- limited support from your partner, family and friends
- social isolation or financial stress
- lack of parental support and nurturing currently or from childhood, which can create further vulnerability.

Please ask for extra support if it has not already been offered.

Grief is a normal healing process. It takes as long as it takes. Your journey through grief may be helped by the 'tasks of grief' as described by therapist and author William Worden. They are:

1. Accept the reality of your loss:

- Talk about what has happened.
- Talk about the hopes and dreams you had for your baby.
- Create or attend ceremonies and rituals.
- Allow others to be supportive.

2. Experience the pain of grief:

- Trust your emotions - share them with those close to you.
- Allow strong feelings - they will pass.
- Ask your partner how they feel and what they want.
- Write your feelings and thoughts in a journal.
- Join a support group.

3. Adjust to an environment without the pregnancy:

- Acknowledge the sense of emptiness, while also having confidence that you will gradually recreate your life into a satisfying and meaningful one.
- Decide what to do with any items you may have purchased or been given for the baby.

4. Integrate the experience of the pregnancy into your life:

- Put a few minutes aside occasionally to spend time, in your mind, with the life that has been lost.
- If you have other children, talk to them as they get older about this pregnancy that was lost.
- Remember that grief is love.

Loss at any time can raise deep issues for any of us. You may wonder “how can I understand or make sense of what seems so unjust?” KEMH’s Pastoral Care Service offers a number of resources upon request, including rites for mourning a pregnancy loss and rites for healing. A chaplain or pastoral care representative is available at all times and your health carer can contact the chaplain or your own religious representative for you.

My partner feels left out, what can we do?

Your partner may feel powerless and helpless while grieving the loss of your pregnancy. It is important that you both share your grief and talk to each other about your feelings and needs. Understand and respect that each person will grieve differently. Your partner should be included in discussions with your health carers and counsellors. Give your partner the opportunity to express their own feelings.

Just being there and listening to each other can be of great help. You don’t need to try to ‘make things better’. Be aware that men and women often experience and express their grief differently. Sharing your thoughts and feelings can help you both understand how each of you is experiencing the loss. Also, let your partner and others know what you need at this time.

Physical recovery

Medical care is important after a pregnancy loss to ensure that you recover and your body returns to normal. You should visit your GP within two weeks of your pregnancy loss. The results from tests or investigations you have had will be sent to your GP. If you feel the need for emotional support, ask your GP for a referral to a suitable counsellor or contact Red Nose/SANDS.

Sexual intercourse

Your health carer may suggest a length of time before your body will be physically ready to have sex again. However, when you will be emotionally ready is an individual decision. Understand that men and women often feel differently. Discuss your feelings with your partner so that the timing is right for both of you. Concern and love for each other may be expressed in other ways until you feel you are ready for sexual activity.

When to try for another pregnancy

Apart from medical and physical considerations, there is no correct or appropriate period of time to wait before becoming pregnant again. It is often recommended that you wait for your next period to ensure that your menstrual cycle has resumed after your pregnancy loss.

Most people find they are ready to welcome a new pregnancy when they have come to terms with their loss. Your doctor or medical staff may suggest how long to wait before attempting to become pregnant again. You should discuss your individual needs with them.

Rituals and ceremonies

Some parents may wish to organise a small ceremony to honour the life that has been lost. They can also use this ritual to speak with others about the significance of their pregnancy and its loss.

The KEMH Pastoral Care Service offers you such an opportunity in a Ritual of Remembrance, which is a service of healing that is held monthly in the KEMH Chapel.

This ceremony is not designed to give you answers or present a singular attitude to questions of belief or faith, instead it aims to support you in your journey of grief.

The ceremony is held in the presence of other people who have experienced a similar loss. It is an opportunity to place your experience into the context of a ritual, where words, music and symbolism enable you to reflect, remember and acknowledge the loss of your baby.

Notification of the date of the ceremony will be provided.

Support services available at KEMH

Any of the services listed below can also be contacted by phoning the hospital on (08) 6458 2222 and asking for the service you require.

Perinatal Loss Service (PLS)

This service has been established to provide care for families who have experienced perinatal death and pregnancy loss at KEMH. This includes clinical care and counselling support. The PLS provides a state-wide consultancy service to support health-care professionals who provide clinical care to women experiencing perinatal and pregnancy loss. To contact the service phone **(08) 6458 2222** and ask to be put through to the Perinatal Loss Service mobile phone.

Pastoral Care Services

A representative from Pastoral Care Services can offer support to parents and their family and can give advice about your options including spiritual care or counselling. They are available at all times by phoning **(08) 6458 1036** or through the KEMH switchboard **(08) 6458 2222** and asking for pager 3125.

Social Work Department

Social workers provide support and short-term counselling to those experiencing a pregnancy loss. They also provide information on grieving, community supports and practical assistance. Phone **(08) 6458 2777** (weekdays).

Genetic Services of WA

This service provides information, counselling and support for individuals, couples and families following the diagnosis of a genetic condition in a family member or when an abnormality is found in an unborn baby. A genetic counsellor/geneticist is available to discuss the possible causes of recurring miscarriages where one partner carries a chromosomal rearrangement. Phone **(08) 6458 1525**.

Psychological Medicine Department

This department includes clinical psychologists, psychiatrists, medical officers and mental health nurses. They provide counselling and psychiatric services for mental health issues that may complicate the experience of a pregnancy loss. Ask your health carers to arrange a referral or contact the department yourself. Phone **(08) 6458 1521** (weekdays).

Perinatal Pathology Department

When possible, Perinatal Pathology staff are responsible for the creation of mementos (photos, hand and foot prints) of your baby and, if applicable, post mortem examination and/or cremation.

They can be contacted to arrange the collection of any mementos or request to have a report sent to your doctor by phoning **(08) 6458 2730** or through the KEMH switchboard on **(08) 6458 2222** by asking for pager 3106.

Post-Mortem Coordinator

A post-mortem coordinator is available to discuss with you any aspects of the post-mortem examination. Contact can be made by phoning **(08) 6458 2730** or through the KEMH switchboard on **(08) 6458 2222** by asking for pager 3106.

Women and Newborn Health Library

A women's health information service is located in the main corridor of KEMH (ground floor). It has books, videos and other useful information about pregnancy loss. Visit the library or phone **(08) 6458 1100** or rural freecall - **1800 651 100**.

Grief Support Services

Red Nose and SANDS are the primary grief support services in the community for parents who have experienced the loss of a pregnancy, baby or child.

They provide:

- Telephone support and information
- Home visits by a trained volunteer who has experienced the loss of a pregnancy or baby
- Psychologist counsellor services
- Support groups for parents to share their experiences
- A resource library and grief support newsletter
- Booklets such as - "Miscarriage: Saying goodbye before you've said hello"
- Men's grief group
- Specific support groups for sibling grief

Contact details

Red Nose (formerly SIDS and Kids)

33 Sixth Avenue, KENSINGTON WA 6151

Phone: (08) 9474 3544 Fax: (08) 9474 3636

24 hour Bereavement Support Line: 1300 308 307

Country callers: 1800 199 466

E-mail: perth@rednose.com.au

www.rednose.com.au

SANDS WA

Phone: 1300 072 637 (1300 0 SANDS)

www.sidswa.org.au

Other support services

Pregnancy Loss Australia

Phone: 1300 720 942 (business hours)

WA Coordinator: wa@pregnancylossaustralia.org.au

Further information

The following resources and more are available at the Women and Newborn Health Library at KEMH.

Pregnancy Loss (pamphlet).

Access – Australia's National Infertility Network NSW 1996.

A silent sorrow: pregnancy loss: guidance and support for you and your family (book) – 2nd Ed. Kohn, Ingrid, Moffitt, Perry-Lynn. New York: Routledge, 2000.

When a baby dies: the experience of late miscarriage, stillbirth and neonatal death (book) – rev. Ed. Kohner, Nancy, Henley, Alix. London: Routledge, 2001

Miscarriage: what every woman needs to know (book) – Rev. Ed. Moulder, Christine. London: Orion, 2001.

Pregnancy after loss (book). Warland, Jane, Warland, Michael. Adelaide, SA: Jane and Michael Warland, 1996.

Surviving Miscarriage – you are not alone.

McLaughlin, Stacy, London. Universe Inc, 2005

Information about fetal anomaly

When your unborn baby has a problem: how to manage the weeks ahead. (book).

Support after Fetal Diagnosis of Abnormality (SAFDA). NSW Genetics Education Program, Sydney 2000.

A time to decide, a time to heal (book) – 4th Ed.

Minnick, Molly A., Delp, Kathleen J., Ciotti, Mary C. et al.– St Johns, MI: Pineapple Press, 1994.

Diagnosis of abnormality in an unborn baby – the impact, options and afterwards. (book). (SAFDA), 2002

Information about termination

Unplanned Pregnancy...Considering Abortion (pamphlet). FPWA 2002.

Medical terms that may be used

Explanations for medical words you may hear from your health-carers when talking about loss are given below. However, we encourage you to use words that you are comfortable with.

Anaesthetic	Medication used to make you unconscious (asleep) and unable to feel the operation or be aware of what is happening. It is given to you intravenously (needle in your vein).
Anomaly	Not as you would expect e.g. a fetal anomaly is when the unborn baby is found to have an abnormality or deformity.
Cervix	Neck of the uterus (womb) that can be felt through the vagina. The cervical opening is usually less than 1cm wide in women who have never been pregnant. To enable the pregnancy tissue to leave the uterus, the cervix must dilate (enlarge).
Dilatation and Curettage (D & C)	The cervical opening is gently dilated (enlarged) to enable removal of the pregnancy tissue using a tool called a Curette. This operation is performed whilst you are under anaesthetic.

Embryo	Describes your baby from conception to eight weeks gestation.
Fetus	Describes your baby from nine weeks gestation to birth.
Gestation	During pregnancy, the length of time from your last menstrual period. The normal gestation of pregnancy is 37 to 41 weeks.
Threatened miscarriage	Vaginal bleeding that occurs over several days or weeks. It is difficult to predict at this time if the pregnancy may end or continue.
Spontaneous miscarriage	The unplanned complete loss from the uterus of the embryo or fetus before 20 weeks of pregnancy. This does not mean the pregnancy was unwanted.
Incomplete miscarriage	Some pregnancy tissue is lost from the uterus and the rest remains in the uterus.
Missed miscarriage	The embryo or fetus has died and all the pregnancy tissue remains in the uterus (womb).
Induced miscarriage	A planned, voluntary termination of a pregnancy. Sometimes an induced miscarriage is necessary due to medical conditions of the woman or the baby. This does not imply the pregnancy is unwanted. This may be a medical miscarriage or surgical miscarriage.
Labour and birth	The process of expulsion of the fetus (baby) from the uterus.
Products of conception	Includes embryo or fetus, placenta and membranes of the pregnancy.
Uterus (Womb)	It is the organ that contains and nurtures the development of the baby.



This document can be made available
in alternative formats on request for
a person with a disability.

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