

LATE MISCARRIAGE

Late miscarriage refers to a pregnancy loss between 13 and 20 weeks gestation (second trimester of pregnancy). Late miscarriage is much less common, occurring in 1 to 2 in 100 women.

WHAT TO EXPECT

Late miscarriage, or miscarriage in the second trimester, can be a difficult and distressing experience. It can be a shock because the risk of miscarriage has lowered considerably by this time, and you've probably relaxed more and told family and friends you are pregnant (if you haven't already). Sadly, like most early miscarriages, we often don't know why late ones occur, but we know it is unlikely that you have done something to cause it.



COMMON SIGNS OF MISCARRIAGE

Like early miscarriage, if you experience a spontaneous or natural late miscarriage, the most common signs include spotting, bleeding and strong labour-like cramping. It may also include your waters breaking.

Sometimes there are no signs or symptoms of miscarriage. For example, a type of miscarriage, called a 'missed miscarriage', is common, and you may not even realise it has happened until you go for a routine antenatal appointment. In this case, your doctor or specialist will likely order an ultrasound to confirm the miscarriage.



If you are experiencing any of the following symptoms, please go to emergency or call 000 immediately

- You are soaking 1 to 2 pads in an hour
- You are passing large blood clots (golf ball size)
- You have severe abdominal pain
- You have a fever or chills
- You are feeling dizzy or fainting
- You have signs of infection e.g. a fever or a vaginal discharge that is smelly



GOING TO THE HOSPITAL

PACK A SELF-CARE BAG

An overnight bag is handy, although unlikely to be needed. It's a good idea to bring:

- Your Medicare card
- Sanitary pads
- Toiletries
- Shoes that are easy to put on
- Dressing gown/something warm
- Your phone and charger
- A water bottle
- Book/magazine/iPad/tablet
- Something comfortable to wear

LABOUR AND BIRTH

Most people aren't aware that when a late miscarriage occurs, a woman goes into labour and gives birth. Just like birthing a full-term baby, you will experience painful contractions; however, they will likely be less intense and the labour period will be shorter. Your cervix will need to dilate to around 4-5cm (rather than 10cm which is typical at full-term dilation), and there is usually little to no 'pushing' time when birthing.

For second-trimester miscarriage (after 15 weeks) the first dose of mifepristone is usually given followed by a second dose of misoprostol 48 hours later. Both of these medications are given to you to help relax and open your cervix. This is done as an in-patient in hospital. Misoprostol is usually administered buccally (between your gums and the inner lining of the mouth) or vaginally.

If you are considered low-risk, you may be able to take the first dose of medication in the hospital and go home to labour, taking the subsequent dose there. Some people would prefer to labour at home than in the hospital. If you do labour at home, it is important to go back to your doctor or specialist to ensure all the pregnancy tissue has passed.

Whether you labour at home or in the hospital will depend on your circumstances, your doctor's advice, and how far along you are in your pregnancy. Late miscarriage often needs to be managed in hospital to reduce any risk associated with labour and birth. If all is well, you will likely be discharged 4 to 8 hours after delivery.

WHAT WARD WILL I LABOUR IN?

Unfortunately, you will likely have to birth your baby in a birth suite or labour ward, where there may be other full-term babies being born. Understandably this will be a painful experience to endure.

SEEING OR HOLDING YOUR BABY

Depending on your circumstances, and how far along you are, your care team may ask if you want to see, touch, or hold your baby. You may not know how you feel about seeing or touching your baby or be concerned about how your baby may look. Feeling worried or anxious is perfectly normal. Some parents will feel strongly about seeing or holding their baby; others may decide not to for emotional, cultural, or religious reasons. It's up to you and what you feel is best for you at this time. There's no right or wrong decision in this situation.

The midwives and doctors caring for you can support and talk to you if you are unsure and need some help. For example, sometimes it's helpful for them to describe your baby to you before deciding whether you want to see or hold them. After 12 weeks, your baby (foetus) is fully formed but extremely small. The further along you are, the larger your baby will be, fitting into your hand by the time you are 16-20 weeks pregnant.

Some hospitals will have a dedicated room where you can spend some time alone with your baby before saying goodbye. The hospital may have counsellors or social workers available if you want to speak with one. If you're seeking religious guidance, the hospital may also have chaplains and other religious representatives for you to talk to about your loss. You may also choose to call your local faith leader, who may discuss your loss with you or possibly come to see you in hospital.

REMEMBERING YOUR BABY

For many people, having a way to remember or commemorate their baby can help in the grieving process. Regardless of how old your baby was, you're entitled to grieve your loss and honour your baby in any way you want. If you don't wish to do this, that is fine too – there's no right or wrong way. There are several ways you might want to remember your baby when you get home.

"I planted a tree, a wattle tree. So, whenever I see wattle, I think of this little one...that was really good for me. Because it was like, it was sort of like a memorial."

There are also many ways you might like to create memories of your baby while you're in the hospital, such as taking photographs, footprints, or handprints. If you ask them, the hospital staff may help you.



Please remember that it is highly unlikely that you have done anything to cause a miscarriage. Experiencing a miscarriage can be very difficult and there are support services available if you are seeking help. See the next page about where to find support.



RECOVERY AT HOME

WHAT WILL I NEED?

It's good to have the following at home:

- Pads (not tampons) – you may want to purchase a few packs as you may be changing your pad regularly.
- Pain relief medication such as paracetamol or ibuprofen.
- Time to rest
- Someone to support you if possible – now can be emotionally and physically demanding for you. Having someone with you to help you with practical things such as cooking, going to the supermarket, or chemist can be helpful.

DURING RECOVERY

Your doctor will advise you on how to take care of yourself after your miscarriage. Generally, you'll be guided to:

- Avoid sex for 2 weeks until the bleeding stops.
- Avoid swimming or taking a bath until the bleeding stops.
- Use sanitary pads instead of tampons.

MEDICATION

With late losses lactation can occur which can be very distressing. You may be offered medication to help suppress this. Your doctor may prescribe medication to help with any pain. In most cases, over-the-counter pain medications such as paracetamol ('Panadol') or Ibuprofen ('Nurofen' or 'Rafen') will be enough to help manage the pain.

WHEN TO SEE YOUR DOCTOR

If you are still experiencing bleeding and pain after 2 weeks, go back and see your doctor or specialist. You should have a general follow-up appointment with your doctor or specialist 4-6 weeks after your miscarriage to check how you are going.

WHERE CAN I FIND MORE INFORMATION?

Visit our website by scanning the QR code below or visit miscarriageaustralia.com.au

You can also find more information from your GP or the website of the hospital or clinic you will be attending



WHERE CAN I FIND SUPPORT?

Visit our website by scanning the QR code below or visit miscarriageaustralia.com.au/finding-miscarriage-support/

You can also find more information from your GP or the website of the hospital or clinic you will be attending

