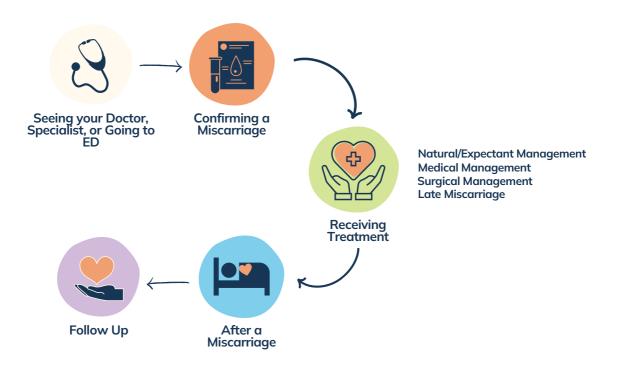


RECEIVING CARE

FOR MISCARRIAGE

Your doctor may have just told you that you have lost your baby. We are very sorry for your loss. This news can be hard to hear, and it can be hard to take in all the information your doctor provides. This booklet has been designed to help describe what may happen as you receive care for your miscarriage.

The treatment you undergo will depend on the type of miscarriage you experienced and the services available at the time of your miscarriage. Whether you found out that you've miscarried after having symptoms or whether it was during a routine antenatal check-up, the pathway below may show what happens next. As a public patient, you are likely to see several different healthcare providers throughout your care, in comparison to private patients who will generally see the same private obstetrician.





SEEING YOUR DOCTOR OR GOING TO ED

The pathway to care will depend on whether you have had your pregnancy confirmed and whether you have made a choice about who will manage your pregnancy.

SEEING YOUR DOCTOR

Whether you are a public or private patient, if you are experiencing symptoms of a miscarriage the first person to see is your doctor or specialist.

Depending on your situation and the services available you may be referred to an Early Pregnancy Assessment Service or the local hospital's Emergency Department. Your doctor may suggest you see your specialist (if you have one). "Someone was actually miscarrying at exactly the same time as me, one of my friends. So, we were able to help each other and just, you know, talk to each other which always helps."

GOING TO HOSPITAL EMERGENCY

Sometimes it is not possible to see your doctor or specialist. Depending on your symptoms you may prefer to go straight to the local hospital's Emergency Department. Once you arrive at the ED a triage nurse will assess you. Your pain and blood loss level will help determine how quickly you need to be seen by a doctor. The nurse may also order some initial blood tests and, if available, an ultrasound before the doctor sees you.

> Emergency departments are busy places with long wait times. A triage nurse will evaluate your condition and the urgency of your symptoms. Your pain and blood loss level will help determine how quickly you need to be seen by a doctor.

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

WHAT TESTS WILL I NEED UNDERGO?



To help work out if you are having a miscarriage, you may need blood tests, a pelvic ultrasound or both. These results will assist your doctor or specialist to determine the next step.

BLOOD TESTS

Usually, the blood test will measure your human chorionic gonadotrophin (hCG) hormone levels. hCG is produced by the developing placenta and can be detected in your blood and urine during pregnancy.

ULTRASOUND

An ultrasound will be done to check if the pregnancy is in the womb. Once confirmed, the sonographer looks to see if your baby has started to form and checks if there is a heartbeat.

RECEIVING TREATMENT FOR MISCARRIAGE



If tests confirm you are having a miscarriage there are three options for treatment: Natural/Expectant Management, Medical Management, or Surgical Management. You can learn more about the different types of treatment by clicking on the links below. It's very important to take care of yourself both physically and emotionally after a miscarriage.

NATURAL/EXPECTANT MANAGEMENT

Natural or expectant management is when you wait for your body to miscarry naturally without the use of medicines or physical treatment. The first signs you will notice are spotting and cramping, which will progress to heavy bleeding and more painful cramping or contractions. Depending on how far along you are in your pregnancy, you may pass large clots of tissue.

Learn more on our natural/expectant management page of our website by scanning this QR code, or go to

miscarriageaustralia.com.au and search for Natural/Expectant Management



MEDICAL MANAGEMENT

Medical management means taking medication known as misoprostol to help the removal of the pregnancy tissue from the body. For instance, if you don't want to wait for the miscarriage to occur naturally or want the miscarriage completed as soon as possible, you have the option of medical management to speed up the process.

Learn more on our medical management page of our website by scanning this QR code, or go to

miscarriageaustralia.com.au and search for Medical Management



SURGICAL MANAGEMENT

Surgical management involves a minor surgical procedure known as suction dilatation and curettage. You may also hear it referred to as a D&C for short. It involves opening the cervix (under anaesthetic) and removing tissue from the lining of the uterus and is used to treat several conditions, including miscarriage.

Learn more on our surgical management page of our website by scanning this QR code, or go to

miscarriageaustralia.com.au and search for Surgical Management





"I remember like it was just the worst time, it was terrible. Like we were just, I was grief stricken. Like I really, really struggled with that, like a lot. And I remember, yeah just crying every single day, and [partner] just didn't know what to do with me "

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.

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) a first dose of mifepristone is usually given followed by a second dose of misoprostol 48 hours later. This is done as an in-patient in hospital. Misoprostol is usually administered bucally (between your gums and inner lining of the mouth) or vaginally.

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.

Learn more on our late miscarriage page of our website by scanning this QR code, or go to

miscarriageaustralia.com.au and search for Late Miscarriage





AFTER A MISCARRIAGE

The weeks following a miscarriage are difficult and distressing for many people. Here we talk about your physical recovery, coping with grief and loss and how best to care for yourself.

Your doctor will advise you on how to take care of yourself after your procedure. Generally, they'll tell you:

- You will experience some light bleeding/spotting and mild cramping for the first 7-14 days. Your period should return within 4-6 weeks.
- 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.

If you are still experiencing bleeding and pain after 2 weeks, it's essential you go back and see your doctor or specialist.

MEDICATION

Your doctor may prescribe medication to help with any pain. In most cases, over-thecounter pain medications such as paracetamol ('Panadol') or Ibuprofen ("Nurofen" or "Rafen") will be enough to help manage the pain.

IF YOU ARE EXPERIENCING

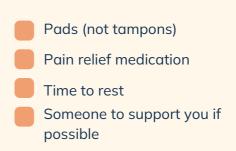
ANY OF THE FOLLOWING SYMPTOMS, PLEASE GO TO EMERGENCY OR CALL 000 IMMEDIATELY

- 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

PHYSICAL RECOVERY

Once you are no longer pregnant, your body will gradually return to a non-pregnant state. Each person's physical recovery after miscarriage will be different. It will depend on how far along with your pregnancy, the treatment you had, and your underlying general physical and mental health. It is essential you take care of yourself physically after a miscarriage and give your body the time it needs to recover and heal.

WHAT SHOULD I HAVE AT HOME?





FOLLOW UP

The weeks following a miscarriage are difficult and distressing for many people. Here we talk about your physical recovery, coping with grief and loss and how best to care for yourself.

WHEN TO SEE YOUR DOCTOR

Around 4-6 weeks after your miscarriage, see your doctor or specialist for a follow-up appointment. During this appointment, they will make sure you are recovering physically from your miscarriage and discuss any concerns you may have about future pregnancies.

MENTAL HEALTH SUPPORT AND COUNSELLING

Your one-on-one with your doctor can be the opportunity to discuss how you are coping emotionally. If you feel that you are having difficulty managing the intensity of your feelings or need some support, talking to a mental health professional may help. Pregnancy support counselling is available through referral from your GP for anyone who is pregnant or has been pregnant in the last 12 months (for each pregnancy). You are entitled to up to 3 x 30-minute sessions either with an eligible doctor, psychologist, social worker, or mental health nurse through Medicare.

If you require ongoing mental health support, your doctor may assess your eligibility for a mental health care plan. This plan entitles you to up to 20 Medicare subsidised counselling sessions per annum.

 \heartsuit

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.

WHERE CAN I FIND MORE INFORMATION?

Visit our website by scanning the QR code below or visit <u>miscarriageaustralia.com.au</u>

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 <u>miscarriageaustralia.com.au/finding-</u> <u>miscarriage-support/</u>

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



Miscarriage Australia strives to provide current and evidence-based information to everyone. In developing the website, we engaged an expert advisory committee to review the information to ensure our resources are evidence based and reflect current best-practice. The information provided in this factsheet is designed to support, not replace, the relationship that exists between a patient/user and their existing health care professional(s). Last edited: 13th December 2022 | Scheduled review date: October 2024