

Pregnancy loss in the first 12 weeks of pregnancy

This sheet provides information to women who experience the early loss of pregnancy, before 13 weeks gestation.

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

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. 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, 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
- A 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 is found and it is important for you to realise that it is rarely caused by you or your partner.

Treatment options

Expectant management

This means waiting for the loss of the pregnancy – this occurs in about 50 percent of miscarriages. It can take some time before bleeding starts and 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. Occasionally you will need to stay in hospital if the bleeding is heavy or you have severe pain.

Medical management

With medicine (Misoprostol) when you are less than 12 weeks pregnant. You will be given two Misoprostol tablets to place under your tongue. This will be repeated every three hours until you reach a total of four doses.

The tablets will cause your uterus to contract and help pass the pregnancy. This usually takes a few hours to start and you may experience some pain, bleeding or clotting (like a heavy period). You will need a hospital admission overnight for the administration of Misoprostol.

Usually 80 to 90 percent of miscarriages treated this way are successful and if this 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 does have some small surgical risks. You will need a short hospital admission as it involves a general anaesthetic to enable the removal of any remaining traces of pregnancy in the uterus.

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. 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.

My partner feels left out, what can be done?

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 may grieve differently. Just being there and listening to each other can be of great help.

Physical recovery

You will need to see your GP in two weeks' time. It is important after a pregnancy loss to have medical care to ensure that you recover and your body returns to normal. It is advisable to have a break from sexual intercourse for at least two weeks. When you feel emotionally ready you can resume intercourse.

When to try for another pregnancy

It is 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.

Support services

If you require any further assistance with grief or loss, our **Social Work Department** can help. Please ask your nurse before you leave and we can organise them to come and speak with you.

S.A.N.D.S. This is a mutual support group that helps at the time of or after any loss of a baby.

1300 072 637

www.sands.org.au

Pregnancy Loss Australia deal with grieving families who suffer the loss of a baby at any time during their pregnancy. Please phone 1800 824 240.

Contact numbers

Flinders Medical Centre
Emergency Department
08 8204 6065

Noarlunga Hospital
Emergency Department
08 8384 9288

For more information

Emergency Department
Flinders Medical Centre
Flinders Drive
Bedford Park SA 5042

Telephone: 08 8204 5042
www.sahealth.sa.gov.au

Emergency Department
Noarlunga Hospital
Alexander Kelly Drive
Noarlunga Centre SA 5168

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If you require this information in an alternative language or format please contact SA Health on the details provided and they will make every effort to assist you.



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