

Pregnancy Loss

Stillbirth and miscarriage

Tragically, an unborn baby can die while still inside their mother's uterus (womb). When this happens in the early stages of pregnancy it is called a miscarriage. When it happens later in pregnancy it is called a stillbirth. A miscarriage occurs when the pregnancy has not progressed beyond 20 weeks. After 20 weeks, it will be classified as a stillbirth.

This pamphlet is for women who have experienced the loss of a pregnancy, by stillbirth or miscarriage, as well as for those who care for them.

It aims to explain

- Diagnosis of miscarriage or stillbirth: How to be sure that the baby is no longer alive
- Finding the cause of miscarriage or stillbirth: Some reasons why this tragedy happens and some tests which might be done
- Safe ways to end the pregnancy: Waiting for nature to take its course, taking medicines or having surgery for miscarriage or stillbirth
- Physical and emotional recovery: How you may recover after losing a pregnancy
- What you might do if you have another pregnancy after a pregnancy which ended in miscarriage or stillbirth

Following the loss of a pregnancy, it is normal to have many questions. Even if you cannot think of many questions when you first learn that your baby has died, questions may come up at any stage in the future. No question is too unimportant or silly to ask. Writing questions down can help you remember them, especially because talking about miscarriage and stillbirth can be distressing.

Your doctor is a good source of information and support. Hospitals with childbirth and women's health departments can often help. This pamphlet also has links to further information and support groups.

Diagnosis of miscarriage or stillbirth

The terms stillbirth and miscarriage are very old, and date back to times long before we had ultrasound (scans) to determine what was happening inside the womb, or even the ability to listen for the baby's heartbeat.



Miscarriage

The term miscarriage originally referred to the moment in time when the pregnancy was passed out of the womb and into the vagina by strong contractions of the uterus. Before ultrasounds were available, we really had no knowledge that the pregnancy was not progressing normally until the miscarriage occurred. Today, we can very commonly show that the pregnancy is not developing normally long before the miscarriage occurs.

In a normally developing pregnancy, an ultrasound can detect a baby's heartbeat from about six or seven weeks, when the baby is only 7 mm long. When a pregnancy stops developing, the scan may be able to show that this has happened and that no heartbeat is present. Sometimes, the scan can actually show that the baby has not developed at all; a pregnancy sac can be seen but no baby, and of course no baby's heartbeat, can be seen.

Finding the cause of miscarriage

Finding out whether there is a cause for your miscarriage is important. It will help your doctor to advise you about your likelihood of having a successful pregnancy next time. In a small number of cases there may be specific treatment available to help you in your next pregnancy.

Many people are surprised to learn that about 1 in 4 pregnancies end before 10 weeks in miscarriage. It is much more common than many people think. It also becomes more common with increasing age of the mother, the older the age of the mother, the greater the chance of miscarriage.

It is also important to understand that most miscarriages occur because of problems with the development of the baby. Research has shown that as many as 9 out of every 10 miscarriages have a genetic problem that affects all cells in the baby's body. An example of a genetic problem where there is an extra chromosome is Down syndrome (trisomy 21).

Chromosomal testing is not routinely performed for all miscarriages, but it may be carried out;

- for late miscarriage (closer to 20 weeks), and stillbirth, where pregnancy losses and other conditions run in the family, or
- if a woman has had three or more repeated miscarriages.

Chromosomal testing does not always work, particularly if the placental and baby cells have already died.

Further information on genetic testing can be found at:

www.genetics.edu.au/publications-and-resources/facts-sheets

Managing the miscarriage

In the days before ultrasound, most women came naturally to miscarriage. They began to bleed and develop strong contractions of the uterus. The pregnancy would then naturally pass out of the uterus and into the vagina. Today, an ultrasound will often be able to sadly confirm that the pregnancy has stopped developing, and the baby has died, well before the miscarriage process begins. Each woman then has to decide how best to manage the situation. There are two options:

1. Wait for miscarriage to occur naturally.

- Miscarriage is a natural process and can be perfectly safe, but some women have complications such as heavy bleeding, severe pain which is difficult to control, or infection which develops inside the uterus.
- There can often be a long delay period between the time the baby dies and when natural miscarriage begins. Not all women want to wait for nature and may prefer the miscarriage to be finished more predictably than happens with a completely natural process.

2. Use medical management; using medication to “bring on” the natural miscarriage process.

3. Surgical management; have a surgical procedure called a curette (D&C) to remove the pregnancy from the uterus.

Each option has advantages and disadvantages. You can discuss these options of treatment with your doctor.



Stillbirth

Stillbirth is a very old term describing the birth of a baby that had tragically died and was “still” (not moving). In times before we could listen to the baby’s heart inside the uterus, in many cases it was not understood whether the baby had died during labour, or before labour had begun. The only clue that the baby had died before labour started would be that the mother may have noticed that the baby’s movements seemed to have had stopped.

Today, with the help of ultrasound (scan), it is possible to confirm very accurately that the baby has sadly died, and sometimes even help to determine why this had happened.

In some cases of stillbirth, the reason which caused an unborn baby to die may also start labour. Bleeding behind the placenta, and severe infections inside the uterus, are examples of this. In other conditions, labour may not start naturally for quite a long time despite a stillbirth occurring. This often happens for babies who die from genetic problems, for example. In this situation, the mother has to make the same difficult decision that has to be made when miscarriage occurs:

- Do I wait for labour to begin naturally, knowing that this may take some time?
- Do I have my labour “induced” using medications?
- Do I have surgery to deliver the baby?

Labour is understandably very distressing when you know your baby has already died. Your doctor and midwives will do what they can to make labour as comfortable as possible including pain relief and individualising birth timing if labour has not already started.

A woman’s short-term and long-term recovery is usually better after vaginal birth compared with caesarean. Your doctor will discuss if there are any particular reasons why a Caesarean birth might be advised.

Finding a cause for the stillbirth

It is very important to try and find an explanation for the loss of your baby. This is not always possible, but you will be offered a number of tests to try and help find an explanation

Blood tests

Following a stillbirth, you may be offered to have a series of blood tests to check for one or more of

- Infection
- Whether the mother has a hormonal problem such as diabetes or thyroid problems which could have affected the baby’s health and life
- Whether a problem in the mother’s liver, kidney or blood clotting has caused pregnancy loss and/or whether pregnancy loss is affecting these aspects of the mother’s health

Examining the Placenta

A specialist pathologist can test the placenta. They will look at the size and shape of placenta and its nearby membranes and umbilical cord to try to work out if placental problems played a small or large part in pregnancy loss. Pathologists look for clots, inflammation, infection and other diseases. They may be able to test for some genetic conditions using tissue from placenta and/or umbilical cord.

Pregnancy Loss

Examining the baby (Autopsy)

If the baby is big enough, and you agree, the baby may have an autopsy or post-mortem examination. A specialist pathologist does an autopsy by operating carefully, taking pictures and specimens from the baby's internal organs. Autopsy is commonly recommended for babies who die after 20 weeks of pregnancy. Sometimes information can also be gained from younger babies but not usually for early miscarriages.

Further information on perinatal autopsy can be found at:

<https://thewomens.r.worldssl.net/images/uploads/fact-sheets/Post-mortem-info-for-families.pdf>

Other tests: amniocentesis, X-ray, MRI or CT tests

Depending upon your health and any suspected cause of pregnancy loss, your doctor might recommend other tests.

Physical recovery after miscarriage or stillbirth

Once the pregnancy has finished, your body changes back to the non-pregnant state over a period of weeks.

Vaginal bleeding gradually lessens. Menstrual periods begin again within 2 to 8 weeks of pregnancy loss. Fertility comes back too, so another pregnancy is possible unless you avoid sexual intercourse or take contraception.

You may notice that your breasts make milk after stillbirth. This is less common after miscarriage. Your doctor may prescribe medication to reduce breastmilk. With no baby to suckle at the breast, your body will stop making milk over a number of days.

Pregnancy weight will reduce to some degree after pregnancy loss. It is also affected by what you eat and how much activity you do and these things can be affected by grief. You can talk to your doctor if you need guidance on getting back to a healthy weight at some stage after pregnancy loss.

Some women who lose a pregnancy have also had medical complications such as anaemia, blood transfusions, high blood

pressure, or infections. Your doctors can advise on the expected recovery from these medical problems or whether any long-term management is recommended.

The next pregnancy after miscarriage or stillbirth

Despite the emotional pain of pregnancy loss, most couples go on to have another pregnancy. The good news is that in the majority of cases, the next pregnancy leads to the birth of a healthy child.

Naturally, you, your partner, doctor and everyone around you will work to avoid any causes that may have caused the previous pregnancy loss. Every pregnancy is different. Some general advice is:

- Wait for one menstrual period after a pregnancy loss then try to time the next pregnancy when you are feeling emotionally strong and ready. For some this will be 2 months, for others 2 years. Everyone is different.
- To reduce the chance of another pregnancy loss, aim to start the next pregnancy as healthy as possible:
 - cigarette smoking
 - alcohol or other substance use
 - unhealthy weight: too heavy or too light, especially if associated with other health problems
- Check on any long term health problems like depression, high blood pressure, diabetes. Medicines might need to be altered or more emphasis placed on non-medicine ways to control these conditions but please don't stop medications without professional advice.
- Have a health check-up before pregnancy. More information is available on the RANZCOG website under Patient Information.

In the next pregnancy, you may benefit from care from a doctor who understands your last pregnancy problems. Specialist counsellors, midwives, ultrasound practitioners, geneticists and other health professionals might also help in the next pregnancy. Peer support can be invaluable. Other mothers who have suffered pregnancy loss can have a real understanding of a woman's experience as she goes through another pregnancy.

Psychological and emotional aspects

The death of a baby at any stage of pregnancy can be a very sad and distressing time. When a pregnancy loss occurs parents are often already busy preparing for a new life with their baby. Suddenly and unexpectedly, their plans come to an end. Regardless of why a pregnancy loss occurs it usually comes as a shock to parents and causes a wide range of intense emotions.

Every pregnancy loss is different, and there is no right way to feel about it. Feeling sad, confused, frightened, socially isolated, overwhelmed by grief or even a sense of relief are all common and normal. For some parents, the loss of a pregnancy is a shocking life event from which it takes a long time to recover, whereas for others, it may not take as long. Both instances are normal.

Many women who have experienced a pregnancy loss feel guilty and may blame themselves. In most cases, there is nothing that the mother did to cause this event and nothing that could have been done to prevent the loss. Because there is still a lot that is unknown about pregnancy losses, most parents do not ever find out the cause, and this can be difficult to accept. Many parents are surprised to learn that about one in four confirmed pregnancies end in pregnancy loss. While this statistic may provide little consolation, it does sometimes help couples understand that they are not alone in this experience.



Will I be able to see my baby?

Many parents who have experienced pregnancy loss are offered the chance to see and hold their baby. A number of factors will affect the likelihood of there being a recognisable baby. These include:

The duration of pregnancy

With a late miscarriage, you are likely to be able to see your baby and perhaps even hold him or her. A baby that miscarries at 16 weeks will be approximately 17–19cm in length, while a baby at 12 weeks is approximately 9–11cm long. In the early weeks of pregnancy, the baby is quite tiny, but often identifiable. Stillbirth or newborn babies are usually able to be seen and held.

Delivery method

When a curette (D&C or suction curettage) has been performed, the baby will not be recognisable.

When the baby died

If the baby died some weeks before the miscarriage / birth (in early pregnancy loss), the remaining tissue may have already started to deteriorate and the baby is unable to be identified.

If there is no recognisable baby, your midwife or doctor is likely to advise you against seeing your baby's remains. Parents who are

provided with the option to see their baby may struggle to decide what they want to do. Talking to your midwife or doctor about your baby's appearance will help you to make an informed decision.

For those who are able to, seeing (and sometimes holding) their baby can become a treasured memory. For parents who choose not to see their baby, hospital staff may offer to take a photo to view later.

There is no right or wrong decision – this choice is entirely up to you.

Emotional recovery after pregnancy loss

Emotional recovery is individual. It may be helped by making memories, cherishing and nurturing connections. SANDS Australia gives insightful advice with the aim of ensuring that no bereaved parent ever feels alone on this journey.

Further information can be found at www.sands.org.au.



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