



Miscarriage

What is it?

A miscarriage is a pregnancy loss that occurs within the first 20 weeks. This is usually confirmed with either blood tests or an ultrasound. Around one in five pregnancies miscarry and usually during the first 12 weeks. They are often unexpected. Having a miscarriage is not your fault. Miscarriage is the body's natural way to reject a pregnancy that was not viable.

What will my GP do now?

Your GP will provide treatment based on the type of miscarriage you have had and how many weeks pregnant you are.

Inevitable miscarriage

Your GP may suggest you wait and let nature take its course. If you choose this option, you can often return home to wait for the miscarriage to complete. Your GP will want to see you again in a week to confirm the miscarriage has completed. Your GP may refer you to the Early Pregnancy Assessment Service. They may provide medication to complete the miscarriage. For more information, see [Medical Termination of Pregnancy](#).

Complete miscarriage

Your GP will confirm all pregnancy tissue has been discharged. Your GP may talk to you about what supports you can access and check your general health.

Incomplete or missed miscarriage

Your GP will refer you to the Early Pregnancy Assessment Service who will discuss with you the options for managing your pregnancy loss, such as:

- Waiting for your miscarriage to complete naturally
- Taking medication to complete the miscarriage
- Having a surgical procedure called a dilatation and curettage (D&C) to empty the uterus of the pregnancy.

What will my GP do in the future?

Your GP will want to see you around six weeks after your miscarriage. Your GP will check your uterus has returned to its normal size. They will also discuss how you are feeling and any other issues or problems.

Your GP may also:

- Offer a referral for counselling to help you cope with your loss
- Discuss future pregnancy planning if you want to try to conceive again
- Discuss contraception options if you choose not to try to conceive again at this time

If you have had three or more miscarriages in a row with the same partner, your GP may refer you to a specialist. You might need to have some tests as well.

Types of miscarriage

Inevitable

The pregnancy tissue is currently leaving the uterus

Complete

All the pregnancy tissue has left the uterus

Incomplete

Some pregnancy tissue is still in the uterus

Missed

The baby has died but all the pregnancy tissue is still in the uterus

When should I call an ambulance?



If your miscarriage has not completed and you have heavy bleeding or if you are in your second trimester, call 000 or go to your nearest Emergency Department

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What can I do?

It is normal to feel mixed emotions and need time to be upset about your loss. Remember this is not your fault and you could not have prevented it. If you are finding it hard to come to terms with the loss, talking to a counsellor can help.

It is important to make sure all the pregnancy tissue has been discharged from the uterus. You may be asked by your GP or pregnancy care provider to check the contents of your pad or the toilet for pregnancy tissue for this.

Pregnancy, birth and baby provides details of what you might see depending on how many weeks pregnant you were when the miscarriage occurred. In South Western Sydney, there is no requirement to collect any of the pregnancy tissue or fetus to provide to your GP or hospital.

For women at eight weeks or more gestation, there is the possibility that you may see the baby. This can be distressing for some women. The [coping with pregnancy loss](#) factsheet provides information on what you may wish to do with the baby as well as how to access support.



What questions could I ask my doctor?

- Where can I access support?*
- Will I need to go to hospital?*
- When can I have sex again?*
- How do I manage any pain?*
- How long should the bleeding last?*
- When can I start trying to conceive again?*



What supports are available?

There is a lot of support available for you and your partner, including:

Red Nose grief and loss line: Phone [1300 308 307](tel:1300308307)

Pregnancy, Birth and Baby support line: Phone [1800 882 436](tel:1800882436)

The **Early Pregnancy Assessment Service** offers support for women who are less than 20 weeks pregnant and are experiencing lower abdominal pain and/or bleeding.

Bankstown Hospital: Phone [9722 8333](tel:97228333)

Liverpool Hospital: Phone [8738 5632](tel:87385632)

Campbelltown Hospital: Phone [4364 4963](tel:43644963)

Where can I learn more?

- **NSW Health** - Early pregnancy - when things go wrong: health.nsw.gov.au
- **Pregnancy, Birth and Baby** - Miscarriage: pregnancybirthbaby.org.au
- **The Pink Elephants Support Network** - Miscarriage support: miscarriagesupport.org.au
- **Pregnancy Loss Australia** - Support and guidance for miscarriage: pregnancylossaustralia.org.au
- **Agency for Clinical Innovation** - Bleeding in early pregnancy: aci.health.nsw.gov.au

This information is to be viewed by someone who has received a diagnosis from their doctor. It is not designed to be used to diagnose a condition or as a substitute for ongoing medical care

Health Resource Directory factsheets are endorsed by South Western Sydney PHN's Community Advisory Committee and local GPs

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