

MISCARRIAGE



CANBERRA
FERTILITY CENTRE

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A miscarriage is defined as the loss of a pregnancy before 20 weeks gestation. It is also referred to as spontaneous abortion or pregnancy loss. A clinical pregnancy shows a gestational sac detectable by ultrasound 6-7 weeks into the pregnancy. Most miscarriages occur within the first trimester, defined as the first 12 weeks of pregnancy. The incidence of miscarriage becomes greater with the age of the mother (over 35 years) or the father. Miscarriages occur in up to 44% of all Assisted Reproductive Technology (ART) pregnancies and light bleeding (or spotting) occurs in up to 55% of all ART pregnancies. The chance of miscarriage would appear to be approximately double for women 40-44 years versus women 30-34 year of age¹. This is defined as recurrent miscarriage.

A woman who has had a miscarriage following a full term pregnancy has an improved chance of a subsequent healthy pregnancy.

EMOTIONAL ASPECTS

Experiencing miscarriage can create feelings of shock, disbelief, guilt, anger, sadness, loneliness and depression. There is a period of grief experienced by the couple and repeated miscarriages can intensify these feelings. Grieving is a very personal experience and each partner may experience it differently. The support of the Canberra Fertility Centre counsellor may be useful or couples may seek help from a formal support group whose members have had a similar experience.

WHAT IF YOU SUSPECT YOU ARE HAVING A MISCARRIAGE?

If you experience heavy bleeding and/or bleeding associated with increased abdominal pain please contact your specialist gynaecologist or the Nurse Coordinator at the Canberra Fertility Centre. In an emergency, attend Accident & Emergency Department at a Public Hospital. If you are a negative blood group you may need an injection called “anti-D”.

TYPES OF MISCARRIAGE

- Complete abortion;
- Incomplete abortion—a D&C is usually required;
- Inevitable abortion—blood tests indicate a drop in hormones and the pregnancy will not be ongoing;
- Other non-progressing pregnancies include ectopic pregnancy, blighted ovum and molar pregnancy.

¹ Assisted reproduction technology in Australia and New Zealand 2003.



CAUSES OF MISCARRIAGE

These are many and varied but your doctor will have done routine tests to exclude most of these:

Genetic

- A “karyotype” on the foetal tissue is sometimes taken at the time of D&C and often a chromosomal abnormality is traced back to one of the parents. Genetic counselling is encouraged before further pregnancy attempts.

Uterine Abnormalities

- Septate Uterus—a central ridge or “septum” of tissue protrudes into the uterus causing an inadequate blood supply which cannot support normal foetal growth, causing miscarriage. 3% of females have this congenital abnormality and only half will have reproductive difficulty; and
- Uterine Fibroids (non cancerous tumours) can interfere with the implantation or growth of a fetus.

Cervical Abnormalities

- Cervical Incompetence—where the cervix at the lower end of the uterus is too weak to support a pregnancy without surgical intervention. 16% of mid-trimester miscarriages (16-20 weeks) are caused by this condition. “Cerclage” or a cervical stitch is sometimes considered.

Hormonal Abnormalities

- Thyroid—Hypo or Hyperthyroidism or thyroid antibodies are detectable by a blood test and can be treated by medication;
- Luteal Phase Defect—or low progesterone can be detected by blood test and endometrial biopsy. Vaginal progesterone pessaries or Crinone vaginal gel may be used to treat this defect;

- Prolactin (a pituitary hormone)—an increase is detected by blood test and can be corrected by medication; and
- Corpus Luteum of Pregnancy Defect—If inadequate progesterone production by the corpus luteum is suspected/identified hormone support may be advised.

Maternal Infection

- Such as chlamydia requires both partners to be treated with antibiotics and retested before attempting a further pregnancy.

Maternal Illness

- Congenital heart disease, severe kidney disease or diabetes can cause miscarriage.

Immune System

- This is a complex area and is under intense investigation by researchers. Immunoglobins or antibodies such as lupus anticoagulants, anticardiolipins and antiphospholipids can affect foetal development, often resulting in miscarriage. Alteration in immunologic response of the mother against the pregnancy, causing rejection of the father’s foreign material on the fetus, can also result in miscarriage. Any woman with these disorders is seen as high risk and needs careful treatment and monitoring before and throughout the pregnancy.

Environment and Lifestyle

- Smoking, drinking and illicit drug use can increase the risk of miscarriage.