

Pregnancy loss

Introduction

Over the last 50 years, Australia has achieved a steady reduction in the rate of maternal and infant deaths. This has been possible because of improvements in overall health and advances in socio-economic wellbeing.¹ However some women will still experience the loss of a pregnancy due to miscarriage, ectopic pregnancy, stillbirth or even death of a newborn baby.

A loss of any pregnancy or baby will create a variety of feelings for the mother, father and other members of the family. There is no right or wrong way to feel.

The sudden and unexpected loss of a baby can result in both parents feeling emotional turmoil. Other common outcomes include:

- relationship and marital difficulties
- behavioural changes in other children
- impact on other members of the family.

Parents who have experienced a pregnancy loss or death of a baby need support and care during this time. This includes the opportunity to talk to someone. Most hospitals provide access to counselling or pastoral care services. Other parents prefer to access doctor/midwife, maternal and child health nurse or support organisations listed at the end of this section.

The following describes four unexpected events that may occur for a normal pregnancy in a healthy woman.

Miscarriage

Miscarriage or the loss of a baby before 20 weeks' gestation is known to occur in 10-20 per cent or one in five of all pregnancies.² Most miscarriages occur in the first trimester, and sometimes women are not even aware that they are pregnant until they experience heavier than normal bleeding.

One sign of possible miscarriage is vaginal bleeding during the first three months, which may be associated with abdominal pain. If you have any bleeding you are advised to contact your doctor/midwife immediately. You may need to be admitted to hospital where staff will perform blood tests and ultrasound, to ensure an accurate diagnosis and appropriate treatment.

If you do miscarry, it is important that you attend for follow up with clinical staff or your local doctor. One miscarriage does not necessarily mean you will have another, especially where no specific cause has been found.

A number of maternity hospitals in Victoria provide specialist clinics for women who have experienced three or more consecutive miscarriages. These clinics provide specialist monitoring and pregnancy care to monitor the progress of your pregnancy.

Ectopic pregnancy

An ectopic pregnancy occurs when the embryo implants in an abnormal site, such as the fallopian tube, rather than the uterine cavity. This can pose a risk to the mother.

Symptoms of ectopic pregnancy include low abdominal pain and vaginal bleeding. If you have any bleeding you are advised to contact your doctor/midwife immediately. You may need to be admitted to hospital where staff will perform urine and blood tests to ensure an accurate diagnosis. An ultrasound may also be performed. Treatment may involve either medications or surgery.³

Stillbirth and Neonatal death

Any baby born after 20 weeks' gestation is registered. In the event the gestation of the baby is uncertain, and weighs more than 400 grams, the baby has a registered birth.

A stillbirth is the death of a baby (at least 20 weeks' gestation) in the uterus before it is born. This occurs in less than one per cent of pregnancies. A neonatal death refers to a baby who is born alive, and dies within 28 days of birth. Studies have found a significant proportion of women who have had a stillbirth suffer serious psychological problems for years after a stillbirth. Over recent years hospitals and society generally have come to recognise the importance of a time of grieving and adequate mourning.

More information

To review perinatal death information for Victoria, see the Consultative Council on Obstetric and Paediatric Mortality and Morbidity (2008) Annual Report for the Year 2006, incorporating the 45th Survey of Perinatal Deaths in Victoria.

References

¹ Consultative Council on Obstetric and Paediatric Mortality and Morbidity (2008) Annual Report for the Year 2006, incorporating the 45th Survey of Perinatal Deaths in Victoria.

² Royal College of Obstetricians and Gynaecologists (RCOG). (2006) Clinical Green Top Guidelines: The management of early pregnancy loss (25).

³ Royal College of Obstetricians and Gynaecologists (RCOG). (2004) Clinical Green Top Guidelines: The management of tubal pregnancies (21).