Miscarriage

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Miscarriage is the natural death of a fetus/baby before it is born or before it is able to survive independently, outside the womb. After 20 weeks of gestation a miscarriage is known as a stillbirth. When a woman keeps on having miscarriages she might have infertility problems. (See page 64)

Symptoms
The most common symptom of a miscarriage are vaginal bleeding with or without pain. Other symptoms such as: sadness, anxiety and guilt often occur afterwards. During a miscarriage tissue and bloody material may pass through the vagina to the outside. Pain and abdominal cramping can also be experienced. It is extremely important to seek medical attention when you experience vaginal bleeding during pregnancy, seeing that some medication can prevent a miscarriage to happen fully.

Risk factors
There are certain circumstances and diseases that can increase a person's chance of having a miscarriage. These include:

- Being an older parent (especially older than 35 years)
- Having had a previous miscarriage
- Exposure to cigarette smoke
- Obesity (See page 91-92)
- Diabetes
- Thyroid problems
- Drug & alcohol use
- Exposure to chemicals
- Eating disorders (See page 93-94)
- Chemotherapy and Radiation treatment for cancer
- Autoimmune diseases

Causes
There are various ways through which a miscarriage can happen. An abnormal placenta, genetic abnormalities (chromosomal), developmental abnormalities of the baby, uterine malformations, growths in the uterus and cervical problems are some reasons why a miscarriage might happen. A thorough history and examination by a doctor can will give a better idea of the exact cause of your miscarriages.

Diagnosis
Various blood tests, ultrasounds and a cervical examination can be done to predict whether a woman might have a miscarriage.

Prevention
The risk of having a miscarriage can be reduced by avoiding the risk factors (mentioned above), such as avoiding drugs & alcohol, infectious diseases and radiation exposure during pregnancy.

Treatment
Other than prevention measures and the avoidance of risk factors and causes, there are no treatment for miscarriages in itself. A woman can however receive various medications, such as pain medication, and emotional support to make the miscarriage more bearable. In some instances the placenta and tissue should be manually removed by a doctor, to prevent retention and sepsis. Emotional support and counseling for women who have had a miscarriage can be found at 'Lifeline National Counseling Line' – 0861 322 322 (National helpline, 24 hour service).

A miscarriage can have an effect on the whole family. A miscarriage can result in anxiety, depression and stress for those involved. It is normal for a woman to go through a grieving process after a miscarriage.

It is advised to have at least one menstrual period after a miscarriage before trying to fall pregnant again. If someone has had a miscarriage, it does not mean that you will not be able to have a normal baby somewhere in the future. If you would like to fall pregnant again, the best way forward would be to see a doctor to decide on the cause of your miscarriages and possible treatment thereof. The management of a future pregnancy should also be decided on.