If you are reading this booklet, it is likely that you or someone you care about has been diagnosed with an early pregnancy that is not progressing normally and will not result in the birth of a baby. This is known as miscarriage.

Miscarriage is a distressing event and it is normal for a woman, her partner and her family/friends to find it difficult to cope at this time. Feelings of sadness, anger and frustration are common, especially if this is not the first miscarriage. Guilt is also common but has no place in miscarriage care. As discussed below, miscarriage usually happens because of a chance mistake of nature. It mostly cannot be prevented and it cannot be caused by anything a woman or her partner have done.

Our Early Pregnancy Assessment Clinic (EPAC) staff will provide support to you during this time but some women/couples may feel they need more assistance. Let us know if you do and we will refer you to our social work department.

KEEPING IN CONTACT WITH EPAC STAFF DURING MISCARRIAGE MANAGEMENT

Most women have no significant problems during their miscarriage care (see page 3 regarding managing bleeding and pain at home). However, if you do feel seriously unwell at any time, you should go to the emergency department (ED).

If you feel mildly unwell, see your GP.

If you need information or non-urgent assistance from our staff, contact EPAC.

Phone: 8890 9193 (open 365 days a year)
Monday – Sunday
8:00am – 4:30pm

You will be asked to leave a message and your phone number.
Staff will return your call within 24 hours.

We also need some phone numbers for you so we can contact you with results and other information. To make sure we can get through to you quickly, it’s a good idea for us to have 3 phone numbers - 2 for you and 1 for someone else who can find you if you are not answering your phone(s).
WHY MISCARRIAGE HAPPENS

- About **50%** of all conceptions end in miscarriage. Many of these occur very early, soon after pregnancy starts, before a woman even misses a period and knows she is pregnant.
- Of pregnancies which progress beyond the missed period, about **15%** will end in miscarriage
  - The chance of miscarriage increases with age, being approximately **10%** under 30yo, **20%** at 33yo, **30%** at 38yo, **50%** at 42yo
  - The chance of miscarriage also increases with number of previous miscarriages. However, even after 3 miscarriages in a row, more than 50% of women under 35 years of age will have a successful pregnancy next time (it’s a bit lower over 35 years).
  - Smoking and being overweight also slightly increase the chance of miscarriage (though most pregnancies in smokers and overweight women are successful) so try to be in the best possible health when planning a pregnancy.
- Of the miscarriages that occur, it is thought that nearly all (up to 90%) happen because something is wrong with the pregnancy, a mistake of nature. Such mistakes are very common and generally happen purely by chance. It is quite unusual to miscarry a normal pregnancy.
- It is very important to realize that there is almost never anything a woman (or her partner) can do to either cause or prevent a miscarriage. Having sex, going running, working hard, having a few alcoholic drinks – these do not cause miscarriage. And resting does not prevent miscarriage.

HOW MISCARRIAGE IS MANAGED

- There is often a time period of many weeks (and sometimes a couple of months) between when a pregnancy fails and when the body begins to pass the pregnancy tissue naturally
- It is necessary for this pregnancy tissue to pass or be removed so that the miscarriage process is complete and the uterus can return to normal (and you can get pregnant again if you want to)
- There are **3 options** for management of pregnancy tissue remaining within the uterus and **most women are able to choose** which they prefer although occasionally the EPAC team may recommend a particular management. The 3 options are:
  - **Medical** management: taking tablets to miscarry at home, with the miscarriage usually happening within 24 hours of taking the tablets
  - **Surgical** management - having an operation (‘a curette’ or ‘D&C’) in hospital to clean out the pregnancy tissue
  - **Expectant (‘wait and see’)** management: doing nothing and waiting to miscarry at home with the miscarriage happening at an unpredictable time in the future
    - About 50% of women will miscarry within 2 weeks but some women (20 – 30%) will still not have miscarried even after 6 weeks
    - Some women choose expectant management for 2 weeks and then change to medical or surgical management if the pregnancy has not yet passed
- The following table summarises these options and their follow up:
## MISCARRIAGE MANAGEMENT OPTIONS

<table>
<thead>
<tr>
<th></th>
<th><strong>SURGERY (D&amp;C)</strong></th>
<th><strong>MEDICATION (MISOPROSTOL)</strong></th>
<th><strong>EXPECTANT (WAIT AND SEE)</strong></th>
</tr>
</thead>
</table>
| **SUCCESSFUL COMPLETION OF MISCARRIAGE PROCESS** | • 95 - 98% successful miscarriage completion with one operation  
• 2 - 5% will need a second operation | • 90% successful miscarriage completion without the need for an operation  
• 10% will need an operation | • 50% successful completion without the need for an operation over the next 2 weeks  
• 70 - 80% successful by 6 weeks  
• Some pregnancies will not have passed even after 6 weeks |
| **PREDICTABILITY OF MISCARRIAGE PROCESS** | The day of surgery is predictable but the time is less predictable | Miscarriage usually occurs within 6 - 24 hours after commencing tablets but can occur several days later | Time of miscarriage is entirely unpredictable.  
On the other hand the small risk of surgical complications and the nuisance side effects of misoprostol can be avoided. |
| **BLEEDING** | Generally heavier than a period for 24 hours with all treatments. Usually slightly heavier with medication and expectant management because the pregnancy tissue passes “naturally” rather than being surgically removed. | Bleeding through up to **2 large pads in an hour for 2 hours is normal** with medication and expectant management as the pregnancy passes.  
If such heavy bleeding goes on longer than 2 hours or if the loss is more than 2 large pads an hour, you should **go to the Emergency Department (ED)**  
Only 5% of women will need to go to ED.  
Duration of all bleeding:  
1 - 3 weeks (3 days shorter with surgery) | 0 - 1% chance of blood transfusion  
1% chance of blood transfusion  
2% chance of blood transfusion |
| **PAIN** | • Worst pain is usually 3 /10 (you are asleep during the operation)  
• Moderate to severe pain for up to 1 hour  
• Mild cramps or discomfort can last up to 2 days | • Worst pain is usually 5 – 6 /10  
• Moderate to severe pain usually only lasts a few hours  
• Mild cramps or discomfort can last a day or two  
• 95% of women can manage the pain with the medications supplied |
| **INFECTION** | • Uncommon with all treatments and the same rate with all treatments  
• While about 10% of women receive antibiotics for ‘possible’ infection it is likely that only one third of these (3% overall) truly have an infection |
## MISCARRIAGE MANAGEMENT OPTIONS

### MISCARRIAGE CARE AND YOUR USUAL ACTIVITY

<table>
<thead>
<tr>
<th>SURGERY</th>
<th>MEDICATION (MISOPROSTOL)</th>
<th>EXPECTANT (WAIT AND SEE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting back to normal activities: After approximately 2 days with <strong>all treatments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time off work: A few days off work with <strong>all treatments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You can go to work the day after miscarriage at home or surgical treatment if you feel well enough although many women prefer to have this day off</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### FUTURE PREGNANCY

<table>
<thead>
<tr>
<th>SURGERY</th>
<th>MEDICATION (MISOPROSTOL)</th>
<th>EXPECTANT (WAIT AND SEE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting pregnant again: Most women who want to get pregnant again will be able to do so</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The chance of getting pregnant is the same after <strong>all treatments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having another miscarriage: Most women will have a successful pregnancy next time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The chance of success is the same after <strong>all treatments</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SURGICAL COMPLICATIONS

<table>
<thead>
<tr>
<th>SURGERY</th>
<th>MEDICATION (MISOPROSTOL)</th>
<th>EXPECTANT (WAIT AND SEE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>About 2% of curettage operations will result in surgical complications, mostly minor and needing no treatment. Occasionally can be more serious and need further treatment.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SIDE EFFECTS FROM THE MISOPROSTOL MEDICATION

<table>
<thead>
<tr>
<th>SURGERY</th>
<th>MEDICATION (MISOPROSTOL)</th>
<th>EXPECTANT (WAIT AND SEE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A smaller dose of misoprostol is given 2-3 hours before <strong>surgery</strong> to open the cervix and make the operation safer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Most women will have one or more of the following side effects for a few hours after taking the medication. In almost all cases these will have completely settled by the next day.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- <strong>Diarrhoea</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- <strong>Shivering</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- <strong>Headache</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- <strong>Nausea and Vomiting</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- <strong>Common in pregnancy but can be increased by misoprostol</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- An anti-nausea medication, metoclopramide, is included in the miscarriage medication pack to assist with this</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### ANTI-D INJECTION FOR RH NEGATIVE WOMEN

<table>
<thead>
<tr>
<th>SURGERY</th>
<th>MEDICATION (MISOPROSTOL)</th>
<th>EXPECTANT (WAIT AND SEE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rh negative women will be offered Rh D Immunoglobulin (Anti D) which prevents Rh negative women forming antibodies that may cause problems in a future pregnancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Such an injection has been given to millions of women during and after pregnancy, including miscarriage, since the 1960s</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- It is very safe. However, because it is made from (treated) blood, you have to sign a consent for it</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Its effect against the development of antibodies lasts for about 6 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Given while you are in hospital.</td>
<td>Given on the day you receive misoprostol.</td>
<td>Contact EPAC when you start having moderate bleeding and arrange to have the injection</td>
</tr>
</tbody>
</table>
## Usual Follow Up After Your Miscarriage Management

<table>
<thead>
<tr>
<th><strong>SURGERY</strong></th>
<th><strong>MEDICATION (MISOPROSTOL)</strong></th>
<th><strong>EXPECTANT (WAIT AND SEE)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TELEPHONE FOLLOW UP</strong></td>
<td>No phone call is necessary unless you are having problems</td>
<td>You phone EPAC and leave a message once you think you have passed the pregnancy.</td>
</tr>
<tr>
<td><strong>ULTRASOUND FOLLOW UP</strong></td>
<td>No ultrasound is required</td>
<td><strong>2 weeks</strong> (1 – 3 weeks) after medication you have an ultrasound. This is to confirm that the pregnancy tissue has passed and the uterus is nearly back to normal – this is the usual outcome. Usually, you then do a home urine pregnancy test a few weeks later (see below). Occasionally the medication is not successful and most or all of the pregnancy tissue remains in the uterus. The EPAC team will discuss with you what needs to happen next.</td>
</tr>
<tr>
<td><strong>OTHER FOLLOW UP</strong></td>
<td><strong>1 – 2 weeks after surgery:</strong> See EPAC midwife to discuss how you are feeling and to check the pathology results of the tissue collected at the time of surgery</td>
<td><strong>4-5 weeks</strong> after medication (2 - 3 weeks after ultrasound) Do a <strong>home urine pregnancy test</strong> to make sure it is now <strong>negative</strong> and then phone EPAC with the result. If the pregnancy test is positive or you are still spotting at this time, you need to visit EPAC staff.</td>
</tr>
</tbody>
</table>
## COMING FOR URGENT ED REVIEW and COLLECTING THE PREGNANCY TISSUE

<table>
<thead>
<tr>
<th><strong>SURGERY</strong></th>
<th><strong>MEDICATION (MISOPROSTOL)</strong></th>
<th><strong>EXPECTANT (WAIT AND SEE)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COMING FOR URGENT REVIEW TO THE EMERGENCY DEPARTMENT (ED)</strong></td>
<td><strong>Heavy Bleeding</strong></td>
<td><strong>Expectant (Wait and See)</strong></td>
</tr>
</tbody>
</table>

- Bleeding through up to 2 large menstrual pads per hour x 2 hours is normal loss with Medical or Expectant Management.
- The heaviest loss occurs just before and after passing the pregnancy tissue.
- It generally lasts up to 1 – 2 hours and then settles into lesser bleeding.
- 95% of women with medical and expectant management will have bleeding that they will be able to manage at home.
- You should come for urgent review to the emergency department (ED) if you:
  - Are bleeding through 2 large menstrual pads an hour for more than 2 hours.
  - Are bleeding through more than 2 large menstrual pads an hour.
  - Feel very faint or dizzy with lesser amounts of bleeding.

<table>
<thead>
<tr>
<th><strong>Pain</strong></th>
<th>95% of women will be able to manage the pain with the painkillers we supply but some will need to come to the hospital for stronger medication.</th>
</tr>
</thead>
</table>

| **Possible Infection** | Shivering or fever in the first 24 hours after taking misoprostol is normal but fever or shivering after this time may suggest an infection. |

- Other symptoms of infection may include a bad smell with the vaginal loss or abdominal pain many days after the miscarriage tissue passed.
- You should come to ED or ring EPAC if you have any of these symptoms.

| **Other** | If you feel seriously unwell in any other way you should come to ED.

If you feel mildly unwell, you should ring EPAC. |

| **COLLECTING AND TESTING THE PREGNANCY TISSUE** | **Why We Test the Tissue** |

- Rarely, in about 2% of cases, miscarriage tissue may contain minor ‘cancer-like’ changes. Usually these changes go away by themselves and don’t need any treatment. In a few cases, however, treatment is needed.
- It is because of these rare changes that we like to test the pregnancy tissue. |

| **How Pregnancy Tissue is Collected** | **Surgery:** |

- We collect it when you are in the operating theatre. |

| **Medical and Expectant Management:** |

- We give you a container and some gloves to collect the tissue.
- For most accurate testing, you must bring any collected tissue to EPAC within 12 hours (keep the tissue refrigerated until then).
- Do not worry if you are unable to collect any pregnancy tissue – we can also detect the rare ‘cancer-like’ changes if the bHCG (pregnancy hormone) does not fall to a normal level when tested a few weeks after the miscarriage. |

| **Testing of the Pregnancy for Genetic Errors** |

- Westmead Hospital does not perform genetic testing on pregnancy tissue. It is an expensive test and we believe that the result generally makes little difference in planning your future care.
- Rather than testing the pregnancy tissue, our policy is to undertake tests (including genetic tests) on the woman and her partner if several miscarriages have occurred in a row (see REMIC Page 12). |
**IF YOU CHOOSE MEDICAL MANAGEMENT – WHAT HAPPENS NEXT**

**You Are Given:**

- **Tablets Supplied by Westmead Hospital Pharmacy**
  - Misoprostol tablets (usually 9 tablets)
  - Painkillers to reduce pain and another medication to reduce nausea and vomiting
  - The total cost is less than $10 for them all (including for women without a Medicare Card)
- **Container:** You are given gloves and a container to collect the pregnancy tissue if you can so that we can send it for testing to ensure it is not undergoing minor ‘cancer-like’ changes (such changes rare and usually go away by themselves – see earlier)
- **An Anti D injection** if you are Rh negative blood group

**When to take the misoprostol tablets:**

- **When the Gestational Sac is still present**
  - 3 tablets initially
  - 3 more tablets after 3 hours (unless large pregnancy tissue has already passed)
  - 3 more tablets after another 3 hours (ditto)
- **When the Gestational Sac is gone but a moderate amount of pregnancy tissue remains**
  - Only about 2% of women have this situation (known as ‘incomplete’ miscarriage)
  - 3 tablets only is generally all that is needed

**How to take the tablets:**

- **There are two ways** to take the tablets and the choice is yours. Taking them **under the tongue** is associated with more diarrhoea and shivering on the first day compared to placing them **high in the vagina**. However many women find under the tongue is more convenient.

- **Under the tongue**
  - Hold the tablets under the tongue for 20 minutes or until they dissolve. This seems to work better than swallowing the tablets but if you do swallow them, that’s not a problem; they will work very well anyway.
  - Do not eat or drink during this 20 minutes
  - Some women find that the tablets have a bitter chalky taste but this will pass as soon as you eat, drink or rinse your mouth after the 20 minutes is up

- **High in the vagina**
  - Insert the tablets as high up inside the vagina as you can, then lie down for 20 minutes
  - You should not have a bath or have sex on the day you insert the tablets but you can have a shower (do not wash out the vagina)

**Follow Up:**

The follow up ultrasound is usually arranged on the day you receive the misoprostol

**Further Information:**

For further information, see the table
IF YOU CHOOSE SURGICAL MANAGEMENT – WHAT HAPPENS NEXT

- The doctor will discuss the operation with you and complete the paperwork for your admission to hospital
  - **Timing**
    - Unless you are bleeding heavily or have another reason for urgent admission, the procedure will be booked to occur sometime **in the next few days**
    - Once you are admitted to hospital, you need to understand that **no guarantee is given regarding the time** that the operation will take place. We try very hard to perform it soon after you are admitted but sometimes it can be delayed for several hours because of serious surgical emergencies involving other patients
  - **The Operation**
    - The pregnancy tissue is removed from the uterus by a doctor in the operating theatre
      - You are generally asleep for this (under general anaesthetic)
    - You are asleep for about 15 minutes although you are in theatre for longer than this
  - **Complications at surgery** are uncommon, occurring in only **2%** of cases. They include
    - A small hole being put in the uterus (perforation) or cervix (laceration, tear)
    - Small scars forming inside the uterus (adhesions)
    - These complications are **usually not serious** and heal by themselves **but on rare occasions** further surgery is needed to fix them
  - If you require **Anti D** (Rh Negative women) this will be given to you while you are in hospital

Surgical management of miscarriage - image adapted with permission from [www.moondragon.org/obgyn](http://www.moondragon.org/obgyn)
Medication to Prepare Your Cervix Before Surgery:

- Most women will be given some medication (misoprostol, 2 tablets, the same medication as given for Medical Management but a smaller dose) to take a few hours before the surgery
  - These tablets soften and open the cervix to make it easier to pass the suction instrument (see diagram). This makes the operation safer for you.
  - The tablets may cause diarrhoea, nausea, shivering or headache for a short while (see earlier)
  - They may also start the miscarriage process - you may start to bleed or have cramps. Occasionally, you may actually pass part of the pregnancy, especially if your operation is delayed. While uncomfortable, this process makes the surgery safer for you.
  - You will be in the hospital by the time any of these medication effects happen. Let the staff know if you need assistance.

- Taking the tablets
  - Place them under your tongue (they work a bit faster this way than by swallowing them, but if you happen to swallow them, don't worry, they will work well that way too)
  - Take the tablets just as you are leaving home to come to the hospital. That way they will be working well 2 – 3 hours later at the time of your surgery
  - The tablets have a ‘chalky’ taste; most women do not mind it but you can rinse/wash your mouth with water after 20 minutes if you like (but do not eat or drink shortly before surgery)

- Occasionally the EPAC team may not feel this medication is necessary for you

Follow Up After Your Surgery

- See earlier
- You will come back to EPAC 1-2 weeks after the curettage to discuss how you are feeling and to check the pathology results from the tissue collected at the time of operation
- You should contact EPAC between 8am – 7pm daily (365 days a year) if you have minor concerns or come to the emergency department (ED) any time if you have serious problems

Further Information:
See earlier in the document
IF YOU CHOOSE EXPECTANT MANAGEMENT – WHAT HAPPENS NEXT

You are given
- A container for the pregnancy tissue and gloves for collecting it (see Medical Management)
- Painkillers and anti-nausea medication (we supply these - see Medical Management)
  - With good painkillers there is a 95% chance you will be able to manage the pain yourself
  - Without them, there is a 50% chance you won't be able to manage the pain - you might end up spending many hours in the emergency department you could easily have avoided
- Advice about having an Anti D injection if you are Rh negative blood group:
  - With Expectant Management, the Anti D injection is given once you start bleeding moderately heavily
  - You should ring EPAC as soon as that happens to arrange to come in and receive the injection within 3 days.

Further Information:
- See the table
- You can continue with expectant management for up to 6 weeks. After that time we strongly encourage you to consider medication or surgery.
- Of course, you can also choose medication or surgery at any time.

bHCG (pregnancy hormone) tests during Expectant Management:
- The pregnancy hormone, bHCG, is produced by the placenta, not the baby
- The bHCG often keeps slowly rising in unsuccessful pregnancies because the placenta can continue to develop even though there is no live baby present – this can give false hope
- Once an ultrasound has shown a pregnancy, there is usually no benefit in doing further bHCG tests except 5 weeks after the pregnancy has been passed in order to confirm the level is back to normal
# PAINKILLERS AND ANTI-NAUSEA MEDICATION

The hospital pharmacy supplies these medications to women having medical or expectant management.

## First line painkillers
- **Ibuprofen 200mg** (a period pain tablet)
  - Swallow 2 tablets (on empty stomach or with food) and repeat in 4 – 6 hours as necessary
  - Maximum 8 tablets in 24 hours
  - Do not use if you have an allergy to aspirin or similar medication or if you are on warfarin
  - If you have any health problems discuss with staff whether this medication is suitable for you
  - Serious side effects are rare at this dosage. A few women will have tummy upset or headache/dizziness.

- **Paracetamol 500mg**
  - Swallow 2 tablets (ideally on empty stomach); repeat in 4 – 6 hours if needed
  - Best to take in between ibuprofen doses but can be taken at the same time
  - Maximum 8 tablets in 24 hours (note: any other medication containing paracetamol e.g. Panadeine, must be counted in this limit)
  - Do not use if you have an allergy to paracetamol or severe liver problems
  - There are no confirmed side effects at this dosage

## Second line painkiller
- **Oxycodone 5mg**
  - Swallow 1 tablet (on empty stomach or with food) and repeat in 2 - 3 hours as necessary
  - Maximum 8 tablets in 24 hours. The medication can be quite constipating so take only the tablets you need to control the pain.
  - Best to take in between doses of ibuprofen and paracetamol but can be taken at the same time
  - Do not use if you have had a problem with morphine or codeine
  - If you have serious health problems or if you are on other medication, discuss with a doctor whether oxycodone is suitable for you
  - For at least 6 hours after oxycodone you must not drive, operate machinery (including household appliances), drink alcohol or take other sedatives
  - Side effects are dizziness, feeling sleepy, nausea/vomiting and constipation

## Medication for nausea/vomiting
- **Metoclopramide 10mg**
  - Swallow 1 tablet (on empty stomach or with food) and repeat in 8 hours as necessary
  - Maximum 3 tablets in 24 hours
  - Do not use if you have had a problem with this or similar medication before
  - If you have severe kidney problems or poorly controlled epilepsy you should discuss with a doctor whether metoclopramide is suitable for you
  - For at least 6 hours after metoclopramide you must not drive, operate machinery (including household appliances), drink alcohol or take other sedatives (except oxycodone)
PREPARING FOR YOUR NEXT PREGNANCY

<table>
<thead>
<tr>
<th>PREPARING FOR THE NEXT PREGNANCY</th>
<th>Trying for pregnancy again:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>It is not entirely certain when the best time to try for another pregnancy is but waiting for one normal period seems reasonable.</td>
</tr>
<tr>
<td></td>
<td>There doesn’t seem to be any benefit in waiting longer than that although the final decision is yours and your partner’s.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chance of a miscarriage next time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>After a miscarriage there is a small increase in the chance of miscarriage next time.</td>
</tr>
<tr>
<td>However, most women will have a successful pregnancy.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rubella Immunity</th>
</tr>
</thead>
<tbody>
<tr>
<td>You should make sure you are immune to the rubella virus (German measles) before you try to get pregnant again.</td>
</tr>
<tr>
<td>• The test for your immunity level will often have already been done by your GP or EPAC so ask our staff about the result</td>
</tr>
<tr>
<td>• If you are not immune, you should receive the vaccine. After the vaccine you should avoid pregnancy for one month but after that it is safe to try for a pregnancy.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Folic Acid</th>
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</thead>
<tbody>
<tr>
<td>If you are planning to get pregnant again reasonably soon, it is best to remain on your folic acid tablets.</td>
</tr>
<tr>
<td>A dose of 500 micrograms (0.5 milligrams) a day is usually adequate to reduce a number of major abnormalities in the baby.</td>
</tr>
<tr>
<td>The medication needs to be in your system for one month (ideally 3 months) before getting pregnant if it is to be most effective.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTRACEPTION</th>
<th>Some women do not want to get pregnant again soon (or at all).</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>You should discuss contraception with your GP or the EPAC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RECURRENT (REPEATED) MISCARRIAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Some couples have the bad luck of experiencing several miscarriages, including several in a row. Most of these are simply by chance and can happen to anyone</td>
</tr>
<tr>
<td>o Nearly all ‘2 in a row’ miscarriages are chance events with no underlying cause</td>
</tr>
<tr>
<td>o About half of ‘3 in a row’ miscarriages are chance events with no underlying cause</td>
</tr>
<tr>
<td>• Occasionally, however, there is an underlying cause for repeated miscarriage</td>
</tr>
<tr>
<td>• The Westmead Recurrent Miscarriage Clinic (REMIC) sees couples for review and investigation where</td>
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<tr>
<td>o The woman is under 42yo</td>
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<tr>
<td>o The couple has 2 miscarriages in a row in the same relationship (and no living children)</td>
</tr>
<tr>
<td>o The couple has 3 miscarriages in a row in the same relationship (with living children)</td>
</tr>
<tr>
<td>• Talk to EPAC staff if you would like a referral to REMIC</td>
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<tr>
<td>• It can take a few months to get an appointment at REMIC and some women who have conceived easily and had only two miscarriages in a row prefer to keep trying for a successful pregnancy while waiting for that appointment while others prefer to put pregnancy on hold until they have been seen. That decision is up to each couple.</td>
</tr>
</tbody>
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