Early Pregnancy Loss

A guide for navigating care

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This journey can be tough—mentally and physically. Taking time to care for yourself and seek support when you need it can make a real difference.

Foreword

Whether you've experienced a pregnancy loss or are facing uncertainty, you're not alone. This guide was created with care to support you during this time.

Pregnancy loss can bring a wide range of emotions, questions, and decisions. Every experience is unique, and not every part of this guide may feel right for you—but we hope some parts offer comfort and support as you navigate your care with your healthcare team.

Things may feel overwhelming, unfamiliar, or heavy right now. We hope this guide offers moments of clarity, connection, and reassurance as you move through this in your own way, at your own pace.

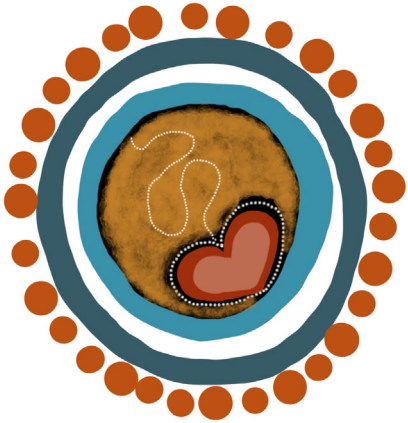
Who this guide is for

This guide supports individuals affected by **pregnancy loss within the first 20 weeks**, including:

- All types of miscarriage
- Ectopic pregnancy
- Molar pregnancy
- Caesarean scar pregnancy
- Anembryonic pregnancy
- Termination of pregnancy

Acknowledgement of Country

We acknowledge the Traditional Custodians of the lands on which this guide may be read—the Aboriginal and Torres Strait Islander peoples—whose rich cultures and traditions have long honoured the sacred journey of life, loss, and renewal.



We pay our respects to Elders past and present and recognise their deep and enduring connection to the lands, waters, and skies of Australia.

In creating this guide, we also honour the diversity of families who walk this path. Australia is shaped by many cultures, religions, and traditions. We recognise the unique ways families from all backgrounds honour their loved ones and navigate the experience of pregnancy and baby loss—and the journeys that follow.

Artist Acknowledgement

We gratefully acknowledge **Valerie Ah Chee**, a Nyoongar Bindjareb and Palyku woman, midwife, and member of the Stillbirth CRE, for sharing her artwork and cultural insight as part of this resource.

This illustration shows a baby in the shape of two hearts within the womb—representing the heart of the baby and the heart of the mother. It reflects their deep connection during pregnancy, a sacred time when two heartbeats are carried together, until the baby is born or returns to the Dreaming.

Used with permission. Valerie has contributed to this project with care and intention.

Acknowledgement of lived experience

We extend our deepest gratitude to the parents and families who have generously shared their experiences of pregnancy loss.

Your stories have shaped this guide with clarity, compassion, and hope—offering comfort and connection to others walking a similar path.

We honour your courage, your grief, and your care for others. Your voices are at the heart of this work.

About this guide

This guide is for parents navigating pregnancy loss before 20 weeks gestation. It was developed collaboratively by parents with lived experience, healthcare professionals, researchers, and support organisations.

It brings together information from Australia's first national guideline for miscarriage, recurrent miscarriage, and ectopic pregnancy, published by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) in 2025. It also draws on state and territory guidelines, as well as best practice recommendations from *Chapter 3: Perinatal Loss Care* of the *Care Around Stillbirth and Neonatal Death Clinical Practice Guideline* (CASaND Guideline, 2024), developed by the Centre of Research Excellence in Stillbirth (Stillbirth CRE) and the Perinatal Society of Australia and New Zealand (PSANZ).

This guide presents this guideline information in a clear and compassionate way—so you can feel more supported, informed, and empowered to make decisions that are right for you and your family during this time.

This guide was developed by the NHMRC Centre of Research Excellence in Stillbirth (Stillbirth CRE), based at Mater Research in Brisbane, Australia in partnership with Pink Elephants Support Network.

We kindly acknowledge support by Mater Foundation and the Nine Telethon.

Stillbirth CENTRE OF RESEARCH EXCELLENCE

mater research

the pink elephants support network

For more information, visit

carearoundloss.stillbirthcre.org.au

Making this guide work for you

This guide is here to offer clear, compassionate information about what you may be going through, what might happen next, and the care options available to you. It's not to replace medical advice, but it may help you feel more prepared when talking with your healthcare team.

You can read this guide in whatever way feels right—now or later, all at once, or just the parts you need. Some sections explain what can happen during a miscarriage. While there are no photos, the information may bring up strong emotions. It's okay to pause, skip, or come back when you're ready.

You might find it helpful to share parts of this guide with your partner, family, or a friend. It could help them understand what you're going through and how best to support you.

Throughout the guide, you'll find quotes from other parents. We hope their words help you feel less alone.

If things feel heavy, take your time. This guide is here to support you in whatever way feels right for you.

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Asking for what I needed really helped me during my care.

What you'll find inside

A starting point

Information, support and guidance

You may have just received hard news or be in the middle of an uncertain time.

You might have seen a doctor, had an ultrasound, or found this guide while looking for answers.

Wherever you are in your journey—your experience matters. This guide is here to support you.

You might feel sadness, shock, anger, relief, guilt, or numbness—or nothing at all. There's no right or wrong way to feel.

In this section, you'll find:

- A note about the words we use.
- A note about ending a pregnancy.
- Information for partners and support people.
- Guidance for family and loved ones.

> "I'd had other losses—at 12 weeks and 16 weeks—so when I said, 'It's alright, it was only six weeks,' the specialist stopped me and said, 'It's still a loss.' That really stayed with me.
>
> That moment helped me realise that every loss matters, and it's okay to grieve, no matter when it happens.

A note about the words we use

Words are important—especially during hard times.

People use different words to talk about pregnancy loss. We've worked closely with parents to use kind and respectful language in this guide. We mostly say **pregnancy loss,** and sometimes **early pregnancy loss, miscarriage,** or **pregnancy loss before 20 weeks.** When we use the word **early**, we mean the timing—not how important your loss is.

We use **baby** because that's how many people think about their pregnancy. But not everyone uses the same words. Some people say **embryo**, **pregnancy,** or just **loss**. You might use different words at different times— and that's okay. What matters is what feels right to you.

We say **woman** for the person who is pregnant, but we know not everyone uses this word. Use the words that feel right for you and let your care team know. We also say **parent** to include mothers, fathers, and partners. Not everyone who goes through pregnancy loss sees themselves as a parent—and that's okay too.

When we say **healthcare professional, care provider,** or **care team,** we mean people who provide medical or emotional care like midwives, doctors, nurses, social workers, and counsellors.

We also recognise the important role of **family, friends, peer groups,** and **communities** who support parents during and after loss.

A note about ending a pregnancy

This guide provides information on care and support around pregnancy loss, including loss that happens as part of a decision to end a pregnancy. One form of this is termination for medical reasons (TFMR), which often follows unexpected and heartbreaking news, such as serious health risks to the baby or the mother. It's a path no one expects to take.

We also acknowledge that pregnancy may be ended for other reasons. These decisions are deeply personal and can be incredibly difficult.

The medical steps leading up to the loss—such as tests, diagnosis, and making the decision—are not covered in this guide. We hope you've received kind, respectful care and clear information to support you through that process.

This guide offers a brief overview of termination of pregnancy and general support after pregnancy loss. While it doesn't include everything you may need, we hope it helps you feel informed, supported, and less alone at this stage.

Support if English is not your first language

Pregnancy loss is emotional and can feel even harder if English isn't your first language. But your voice matters, and support is available.

You have the right to a free professional interpreter at any public health appointment. This can help you feel more informed and involved in your care.

You can also bring a trusted family member or support person to your appointments if that feels right for you.

Finding support that respects your culture or beliefs can take time.

You can ask your healthcare team about:

- Multicultural health workers or liaison officers.
- Community groups that support people from your culture or religion.
- Support groups or services in your language.
- Mental health services that understand your culture.

Some helpful services include:

Embrace Multicultural Mental Health — Provides mental health support for people from multicultural backgrounds.

embracementalhealth.org.au

Local services and contacts:

If you're not sure where to start, your doctor, midwife, or hospital social worker can help guide you to the right support.

To fathers and partners

This is your journey too.

Pregnancy loss can affect both of you, but you may not feel the same way. As a partner, you might feel protective, heartbroken, helpless, or unsure. Maybe you've tried to stay strong, but inside, you're hurting too. Even though you didn't go through the physical loss, you've still lost something important—your hopes, dreams, and the future you imagined.

You might feel sad, angry, flat, or numb. Some days you may want to talk. Other days, you might just want to keep going. All of this is a normal part of grief.

Many partners grieve quietly or can feel left out. You might be holding in your feelings to protect your partner—but your emotions matter too. As you read this, take a moment to check in with yourself. However you're feeling, it's okay.

Talking about grief can be hard. But sharing with someone you trust—a friend, family member, or support service—can help you work through things in your own way.

You and your partner may grieve differently. One of you might want to talk, while the other needs space. That's normal. Being honest about what you each need can help you support each other.

Grief takes time. There's no right or wrong way to go through it. Take what feels helpful from this guide and go at your own pace.

You might also find help through:

- **Gidget Foundation**
  gidgetfoundation.org.au
  – Support for non-birthing partners.
- **MensLine Australia**
  mensline.org.au
  – Free, 24/7 support for men.
- **PANDA**
  panda.org.au
  – Free counselling for all partners.
- **Pink Elephants**
  pinkelephants.org.au
  – Peer support and resources.
- **Red Nose**
  rednose.org.au
  – 24/7 support for anyone affected by pregnancy or baby loss.

> My partner was grieving too. It meant so much when someone took the time to ask what support they might need. It reminded us that we were both going through this, and both deserved care.

> The midwife who was there when we lost her, hugged me, and all the staff acknowledged my wife and her grief. She was so relieved to be able to stay with me that night—she'd been worried she'd have to go home. Their kindness made a painful moment feel a little less lonely.

Space to reflect (for partners)

This space is for you.

You might not feel ready to talk or know how to say what you're feeling. That's okay. Grief doesn't follow a straight path, and there's no right or wrong way to go through it.

This page can be a place to:

- Write down thoughts or feelings as they come up.
- Write a question you'd like to ask a healthcare professional.
- Write something you might want to share with your partner, now or later.
- Describe what's hard right now.

You don't have to show this to anyone. You can use this space if it helps you make sense of things or express what's hard to say out loud.

Grief is different for everyone. Use this space in whatever way feels right—or not at all.

This is your journey too. And this space is yours.

Supporting someone after pregnancy loss

For family, friends, and loved ones

Even small things—like listening, being there, or helping with everyday tasks—can mean a lot. Saying, "I'm here if you need me" can be comforting.

If you only learned about the pregnancy after the loss, it's normal to feel unsure. You might feel shocked, sad, or even guilty. That's okay. Just showing you care, even if you don't know what to say, can help.

You might be grieving too.

It's normal to feel sad, confused, or helpless. Talking when you're ready can help your family feel closer and more supported.

Everyone grieves in their own way. Some cry, some stay quiet, and some focus on practical things. Give each other space to feel and heal in your own way.

Try not to say things like "at least..." or look for something positive. For example, "At least it happened early", or "At least you can get pregnant." These comments, even if well-meaning, can feel dismissive or painful to someone who is grieving.

Often, the most helpful thing you can do is simply be there and listen.

If you're looking for ways to support someone—or need support yourself—you can visit the **Pink Elephants Support Network** or **Red Nose** for free resources designed for family and friends.

Supporting other children

Children often notice when something big has happened. They might see changes in your mood or routine, even if they don't understand why. Talking with them in a calm and simple way can help them feel safe and supported.

You could say:

- "The baby wasn't growing properly and died."
- "We're feeling sad because we were hoping the baby would be okay."

Use words that match their age and understanding. Try to be honest without overwhelming them with too much detail.

Supporting other children (continued...)

Things that can help:

- Let them know it's not their fault.
- Try not to always hide your emotions. Letting children see that feelings come and go helps create a sense of safety around their own emotions. If you're feeling upset or teary in front of your child, you could say "It's nothing you've done—I'm feeling sad because I miss the baby." Tell them you're okay to talk or just be with them.
- Keep routines as normal as possible—it helps children feel secure.
- Encourage drawing, play, or asking questions to express feelings.

Every child reacts differently. Some ask lots of questions. Others might go quiet or act out. All these reactions are normal.

You don't need to have all the answers. Just being there, showing love, and listening is what matters most.

Need extra support?

Your GP or a child-focused counsellor can help you talk things through.

If you're not sure how to talk to your children, there are resources that can help:

- **Red Nose**
  rednose.org.au
  – Tips for talking to children about grief.
- **Pink Elephants**
  pinkelephants.org.au
  – Support for parents and families.
- **Kids Helpline**
  1800 55 1800
  – Support for young people 5–25 years old, including grief and loss.

Sharing your loss with others

Telling other people—whether it's family, friends, and colleagues—can be difficult. You might not feel ready or know what to say. That's completely okay. There's no right time or right way to share your experience.

Some people start by talking to someone they trust. Others prefer to write down what they want to say first. You don't have to do it alone—a friend, counsellor, or support service can help you find the words and feel supported.

You get to choose who you tell, when, and how. What matters most is doing what feels right for you.

> I felt really alone and unsure where to turn. At first, I relied only on my own network, but later I found support groups and resources that helped me feel less isolated. I wish I'd known about them earlier.

Space to reflect

Throughout this guide, you'll find quiet spaces to pause and take a breath.

You can use these pages in any way that feels right:

- Write, draw, or make a list.
- Sit with your thoughts or questions.
- Notice how you're feeling—without needing to explain or fix anything.

There's no pressure to fill the page or answer every prompt. You can come back to it anytime.

This space might help you understand what's happening, remember your hopes, or simply hold your thoughts for a while.

However you choose to use it, this space is yours.

Caring for yourself in early pregnancy

When and where to get help

When to get help

If you're feeling unwell or something doesn't feel right, it's always okay to get checked by a healthcare professional.

Some symptoms—like cramping, spotting, or nausea—can be part of a normal pregnancy. But they can also be signs of a problem. If you're unsure, trust your instincts and speak to a doctor, midwife, or nurse.

Sadly, most pregnancy losses in early pregnancy can't be prevented, even with fast medical care. But getting checked can help keep you safe, give you peace of mind, and guide you through what's happening.

If your symptoms come on overnight, are mild overall, and you feel well, it's usually safe to wait until the next day to speak to a doctor or midwife.

PLEASE NOTE:

Get help straight away if you have:

- Heavy bleeding
- Pain and strong cramping
- Fever
- Feeling very unwell

Call 000 or go to the nearest hospital.

Your GP, midwife, or local hospital can help. Some hospitals have an Early Pregnancy Assessment Unit (EPAU) that supports people in the first trimester (up to 14 weeks). If EPAU isn't available or you're further along, care is still available through maternity services, after-hours GPs, emergency departments, or health advice phone lines.

Support is available at every stage—no matter how far along you were, or where you live.

If you are worried or need support, you can:

- Call your **GP, midwife,** or **local hospital**—for advice or referral
- **Local hospital** or **emergency department** (especially after hours)—for urgent concerns
- Contact a **24/7 pregnancy support line:**

  Pregnancy, Birth and Baby – 1800 882 436
  Free, 24/7 support and information

  HealthDirect – 1800 022 222
  Speak to a nurse any time, day or night

Some symptoms to be aware of include:

- **Bleeding:** Light bleeding can be normal early in pregnancy and doesn't always mean there's a problem. But sometimes it can be a sign of something more serious. If you have any bleeding, even if it doesn't hurt, speak to a healthcare professional.
- **Cramping or back pain:** You might feel a dull ache in your lower back or cramps in your lower tummy. This can be normal in early pregnancy or miscarriage. Pain that's sharp, on one side of your lower tummy, or pain in your shoulder tip (especially if you feel unwell or dizzy) could be a sign of an ectopic pregnancy. **This needs emergency care**—don't wait to get help. If the pain doesn't improve with a heat pack or pain medicine, or you're unsure what's causing it, talk to your doctor or midwife.
- **Signs of Infection:** If you experience fever, chills, or vaginal discharge that is unusual and has a strong offensive smell, see your doctor as these could be signs of infection.
- **A feeling of pressure in the vagina:** This may feel like heaviness, fullness, or pressure low in your pelvis. It is common in pregnancy, but in rare cases, it can be a sign that the cervix is opening, pregnancy tissue is passing, or that a miscarriage is starting or has already happened.
- **Changes in vaginal discharge or fluid:** You may notice more discharge, watery fluid, mucus, or a pink or brown colour. These changes could mean leaking fluid, changes in the cervix, or pregnancy loss.

- **Painful urination or blood in urine:** If it burns when you pee, or you see blood, speak to a doctor. It could be a urinary tract infection or something else that needs care.
- **Severe nausea or vomiting:** Feeling sick is common in pregnancy. But if it's so bad that you can't eat or drink, it could be a condition called hyperemesis, or another complication. Talk to a healthcare professional.
- **Sudden dizziness, fainting, or feeling very unwell:** These can be signs of serious internal bleeding, especially with ectopic pregnancy. **Get emergency help right away.**
- **A sudden drop in pregnancy symptoms:** Some people notice their pregnancy symptoms reduce or feel different during a miscarriage. But symptoms can also change in healthy pregnancies. If you're worried about any changes, talk to your care provider.
- **Heavy bleeding during miscarriage:** Once a miscarriage begins, some people experience a sudden increase in bleeding. This can include passing large clots or pregnancy tissue, soaking through one pad every hour for two hours, and strong cramping. This amount of bleeding can be shocking or distressing—even if it is medically expected. If you're unsure whether the amount of bleeding is safe, or you feel faint, dizzy, or in significant pain, seek urgent medical care.

If you're unsure or worried

Trust yourself. Even mild symptoms can be important. If something doesn't feel right, talk to your care provider.

Your care provider will check your symptoms and decide on next steps. They may offer reassurance and explain what to watch for, based on your pregnancy and medical history. Always follow their advice and reach out if anything changes.

Where to get help and support

This table can help you decide where to go for care, based on your situation.

If you're not sure how serious your symptoms are, check the earlier list in this guide—or ask a healthcare professional. It's always okay to get checked.

Depending on where you go, you may see a GP, midwife, nurse, obstetrician, or emergency doctor. They're all part of your care team and here to support you.

Situation	Where to go	What they can help with
Pregnancy under 12 weeks—symptoms are mild	GP or Early Pregnancy Assessment Unit (EPAU)	Check symptoms, arrange a scan or blood test, talk through options
Pregnancy under 12 weeks—severe symptoms (heavy bleeding or strong pain)	Emergency Department (ED) or Early Pregnancy Assessment Unit (EPAU)	Make sure you're safe, manage bleeding or pain, rule out ectopic pregnancy
Pregnancy between 12 and 14 weeks—mild symptoms	GP or Early Pregnancy Assessment Unit (EPAU)	Review symptoms, order tests or scans, talk about ongoing care options
Pregnancy between 12 and 14 weeks—severe symptoms	ED or Early Pregnancy Assessment Unit (EPAU)	Urgent assessment, manage pain or bleeding, discuss treatment options and arrange follow-up care
Pregnancy between 14 and 20 weeks—mild symptoms	GP or phone your pregnancy care provider.	Monitor your health and baby, offer support, talk through ongoing care options
Pregnancy between 14 and 20 weeks—severe symptoms	ED or Early Pregnancy Assessment Unit (EPAU)	Urgent medical care, manage miscarriage or labour, support your emotional and physical needs

You might also need support if:

Situation	Where to go	What they can help with
You've had a scan or test and don't understand the result	GP, obstetrician or midwife	Help explain the result, talk about what it means, guide your next steps
You're feeling overwhelmed or struggling emotionally	GP, counsellor, midwife, PANDA, perinatal mental health service	Talk through your feelings, provide support and mental health care
You want to speak to someone who's been through this	Peer support organisations (e.g. Pink Elephants, Red Nose)	Connection, shared experiences, and emotional support
You don't know where to start or what you need	GP, HealthDirect, peer support organisation	Help working out what's happening and where to go next

Need help deciding?

Check the symptoms list on page 19 or contact your GP or midwife, or HealthDirect on 1800 022 222. They can help you work out how urgent your care needs are. In the case of an emergency or life-threatening symptoms, please call Emergency Services on 000.

What to ask your care provider

It's normal to have questions. You don't have to remember everything—some people write their questions down or bring someone with them for support.

Here are some questions you might ask:

- What symptoms should I watch for now?
- How can I best look after myself and my pregnancy?"
- What tests or check-ups might be needed?
- What happens next if I lose the pregnancy?
- Are there any treatments or options for care?
- What should I do if I have strong pain or heavy bleeding?
- How can I support my emotional wellbeing?
- What support is available for me and my family?
- How might this affect future pregnancies, and what should I know?

These are just some examples. Everyone's experience is different, and your questions might be too. Whatever you're wondering, you deserve clear answers and support.

My notes—*things I want to remember:*

Questions for my healthcare team—*what I want to ask:*

Next Steps—*what's planned after this visit:*

Getting support and dealing with uncertainty

Taking in information

It's normal to feel overwhelmed or emotional. You might feel foggy, and you may not remember everything.

- Ask your care provider to write down key points or give you something to read later.
- Bring a partner, friend, or support person to help ask questions and remember what was said.

If you're told to "wait and see"

Ask your care provider:

- How long should I wait before checking back?
- What should I expect during this time?
- What should I do if my symptoms change or get worse?

Knowing these things can help you feel more prepared.

Being gentle with yourself through uncertainty

Uncertainty can feel overwhelming. It's okay not to have all the answers. What matters most is being kind to yourself, especially when things feel unclear or out of your control.

Here are some gentle reminders that might help:

- Accept that some things are unknown.
- Let go of the need to plan for every outcome.
- Focus on what you can do or decide.
- Take breaks and give yourself moments of calm.
- Speak kindly to yourself if you feel uneasy.
- Go one step at a time.
- Talk to someone you trust about how you are feeling.

Coping with the waiting

The challenge of uncertainty

Waiting can be hard—whether it's for test results, symptoms to change, or a miscarriage to happen. Often, there's nothing you can do to change the outcome, and that can feel scary and frustrating.

Your emotions are valid

This kind of uncertainty can bring up many feelings. You might feel sad, worried, angry, or stuck. It can affect your sleep, focus, or mood. These feelings are normal—and you're not alone.

One step at a time

Try to take things one step at a time. Having a small plan can help you feel a bit more in control.

You might want to ask your care team:

- Who should I contact and when?
- What should I watch for?
- What supports is available?

Feeling heard and understood

Speak up about how you're feeling

If you're unsure or overwhelmed, let your care team know. It's okay to say you're still processing what's happening.

Ask questions

Don't be afraid to:

- Ask questions.
- Share concerns.
- Check that you've understood your options.

Speaking up isn't always easy, but it can help you feel more supported and in control.

Do what feels right for you

Some people rest at home. Others stay busy or follow a routine. There's no right or wrong—just what feels right for you.

Whether you're with someone or on your own, remember: **your voice matters.**

Feeling overwhelmed?

Try ***One moment at a time: A guide for when the days feel long*** or ***A moment to pause: A mindfulness practice***—both found later in this guide.

Simple comforts:

When things feel heavy or overwhelming, small comforts can help you feel more grounded—even for a moment.

You might already know what works for you, or you could try some of these:

Take a warm shower, even just for a few minutes.

Eat something simple and nourishing, even if it's small.

Drink water to stay hydrated.

Rest when your body needs it.

Move gently—like a short walk, stretching, or swaying.

Step outside or open a window for fresh air.

Wrap up in a soft blanket or something warm.

Spending time in nature—even in small ways—can help you feel steadier.

Try listening to birds, feeling the sun on your skin, or watering a plant. Noticing simple things around you can bring a sense of calm or connection.

Space to reflect

You may be feeling overwhelmed, numb, anxious—or simply unsure.

This page is here for you.

You can use it in any way that feels right:

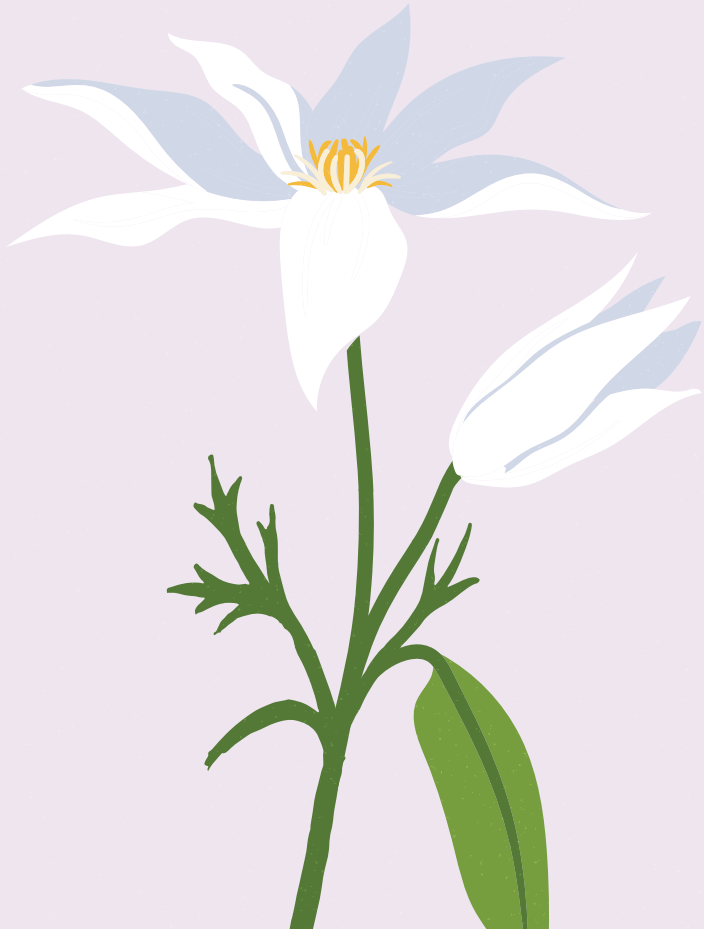
- Jot down what you're feeling or thinking.
- Write a question you want to ask later.
- Note something you want to remember or say to someone.
- Just sit quietly and breathe.

There's no right or wrong way to use this space. You don't need to fill it, and you don't need to show it to anyone.

Whatever you're facing right now, this is a place to pause and take care of your own thoughts.

Understanding types of pregnancy loss

before 20 weeks



Pregnancy loss before 20 weeks can happen in different ways. Doctors, nurses, and midwives often use medical terms to explain what's happening in your body. These words aren't meant to upset or blame you—but they can feel clinical or hard to hear during an emotional time.

In this section, we explain the different types of pregnancy loss you might hear about. You may recognise your own experience, or you might still be waiting for answers. Most people are given one clear diagnosis, but early signs like bleeding can lead to different outcomes, and it may take time to understand what's happening.

This section starts with a table showing the main types of pregnancy loss and common medical terms used to describe these. Then we explain each one in more detail—what it means, how it's confirmed, and what care might be offered. This step-by-step approach is designed to help you find the right information when you need it, without feeling overwhelmed.

You may come across terms like *miscarriage, ectopic pregnancy, molar pregnancy,* or *pregnancy of unknown location.* These describe different ways a pregnancy can develop, sometimes outside the usual pattern. When a pregnancy doesn't continue, each type of loss is unique—and so is the care and support that may be needed.

We hope this section helps you feel more informed—whether you're learning about your own experience or supporting someone close to you.

A note on the words we use

People describe pregnancy loss in different ways. Some think of what is passed as their baby. Others may call it pregnancy tissue. There's no right or wrong way to feel or speak about your experience.

In this section, we use the term ***pregnancy tissue*** to describe what may be passed during a loss. This can include the baby, the placenta, and other tissue connected to the pregnancy. What is passed can look and feel different depending on how far along the pregnancy was. We understand this kind of loss is deeply personal. We use this term gently and with respect for the many ways people experience and describe their loss. Please use the words that feel right for you.

Terms used to describe pregnancy loss	What it means
Threatened miscarriage	Bleeding in early pregnancy, but the baby may still be okay, and the cervix is closed.
Miscarriage	The pregnancy ends before 20 weeks, often in the first 12 weeks.
Incomplete miscarriage	Some pregnancy tissue has passed, but some is still in the uterus.
Complete miscarriage	All pregnancy tissue has passed from the uterus.

Terms used to describe pregnancy loss	What it means
Missed miscarriage	The baby has stopped growing and has no heartbeat, but there are no signs like pain or bleeding. Usually found on an ultrasound.
Inevitable miscarriage	Bleeding has started and the cervix is opening. A miscarriage is likely to happen soon.
Septic miscarriage	A miscarriage with an infection in the uterus. This needs urgent medical care.
Late miscarriage	A pregnancy loss between 14 and 20 weeks. Also called second trimester miscarriage.
Recurrent miscarriage	Two or more pregnancy losses before 20 weeks, even if they don't happen one after another.
Ectopic pregnancy	A pregnancy growing outside the uterus, usually in a fallopian tube. It cannot continue safely and needs medical treatment.
Caesarean scar pregnancy	A rare pregnancy where the baby starts growing in or near the scar from a past caesarean birth.
Pregnancy of unknown location (PUL)	A positive pregnancy test, but the pregnancy can't be seen yet on an ultrasound.
Anembryonic pregnancy	A pregnancy sac grows, but no baby develops inside. Also called a "blighted ovum."
Molar pregnancy	A rare condition where abnormal cells grow in the uterus instead of a baby.
Single death in a multiple pregnancy	One baby dies during a multiple pregnancy (such as a twin pregnancy), while the other continues to grow.
Termination of pregnancy	When a pregnancy is ended due to medical or other reasons.

Threatened miscarriage

A threatened miscarriage means there is vaginal bleeding in early pregnancy, but the cervix is still closed, and the pregnancy may still continue. It can be a very uncertain and emotional time.

Why it happens

Bleeding in early pregnancy is common and can happen for many reasons. It might be caused by implantation, hormone changes, or changes in the cervix.

Having experienced miscarriage before or other pregnancy complications can slightly increase your risk—but many people who experience bleeding in early pregnancy go on to have a healthy pregnancy.

Waiting and not knowing can be hard

Being told to “wait and see” can feel like nothing is being done. It’s a hard place to be—especially when you just want answers.

From a medical point of view, there is often **nothing that can change what will happen,** but that doesn’t make the waiting any easier.

If you’re unsure what’s happening, **ask your healthcare provider what to expect and when to seek help.** Knowing what to look out for can help you feel a little more prepared.

How it's confirmed

Your care provider will look at your symptoms and may do some tests to understand what is happening and how the pregnancy is progressing.

These may include:

- **Ultrasound scan**—to check whether the pregnancy is inside the uterus (not ectopic), confirm a heartbeat if visible, and estimate how far along the pregnancy is.
- **Blood tests (pregnancy hormone, hCG levels)**—these may be done if the ultrasound is too early to confirm a pregnancy inside the uterus. Measuring hCG levels over time can help show whether the pregnancy is developing. Once an ultrasound confirms a pregnancy in the uterus, hCG levels are usually not needed.
- **Pelvic examination**—to check whether the cervix is open or closed.

Sometimes, your care provider may not be able to give a clear answer straight away. You might be asked to come back for a repeat scan after a few days or weeks. This waiting can be emotionally hard, and support is available if you need it.

What care might be offered

Your care provider may:

- **Recommend another ultrasound,** especially if it's too early to see a heartbeat or check how the pregnancy is going.
- **Suggest more blood tests** to check pregnancy hormone levels (hCG), but only if it's not clear whether the pregnancy is in the uterus. If a healthy pregnancy in the uterus is confirmed, more blood tests are usually not needed.
- **Talk with you about rest and activity.** There's no strong evidence that bed rest prevent miscarriage, but

it's still important to listen to your body. If you feel tired or unwell, take it easy. You can ask your care provider what kind of activities are okay for you.

In some areas, you may be referred to an Early Pregnancy Assessment Unit (EPAU) for extra support and checks. If there isn't one nearby, your GP, midwife, or local hospital can still help and arrange any tests you need.

What to expect next

A threatened miscarriage can be scary and confusing. It's normal to feel worried while waiting for answers.

- You might still have pregnancy symptoms like nausea or breast tenderness, even if there are concerns. These symptoms are common but don't always show us what's going on.
- If bleeding stops and the ultrasound results are reassuring, the pregnancy will most likely continue.
- If symptoms change or get worse—like heavier bleeding, stronger pain, or a sudden stop in pregnancy symptoms—talk to a healthcare professional. It doesn't always mean something is wrong, but it's best to check.

Sometimes, the outcome is clear right away. Other times, more tests and waiting are needed. Waiting can be hard. It's okay to ask questions, talk to someone you trust, and take things one day at a time.

Miscarriage

A miscarriage (sometimes called a spontaneous miscarriage) is the most common type of early pregnancy. It affects about 1 in 4 known pregnancies. Most miscarriages happen in the first 12 weeks of pregnancy (the first trimester), though some can happen later, between 14 and 20 weeks. Later miscarriage is explained in the next section.

In most cases, **once a miscarriage begins, sadly there is no treatment that can stop it.** This doesn't mean your concerns aren't important—it just means that your care team may not be able to change what's happening. They are still here to support you and help you understand what to expect.

A miscarriage can start suddenly, with bleeding or cramping. But sometimes there are no signs. Very early pregnancy loss, which happens before 5–6 weeks (sometimes called a *chemical pregnancy*), may only be detected by a rise and fall in the pregnancy hormone (hCG) in your blood or urine. It's often not visible on ultrasound and may feel like a normal or slightly heavier period.

Some losses may only be found during a check-up or ultrasound. This is called a *missed miscarriage,* where the pregnancy has stopped developing, but the body hasn't recognised this yet.

You might hear terms like *incomplete miscarriage, inevitable miscarriage,* or *complete miscarriage*. These describe what's happening in the body and help guide your care. Even though the names are different, the care offered is often similar.

Miscarriage (continued...)

Why it happens

Most miscarriages happen because of differences in the baby's chromosomes. Chromosomes carry instructions for how the body grows and develops. These differences usually happen by chance and are not caused by anything you did or didn't do.

Other things that might increase the risk include:

- **Age**—egg quality changes with age, especially after age 35.
- **Health conditions**—like thyroid problems or diabetes.
- **Uterus differences**—in the shape or lining.
- **Lifestyle factors**—like smoking or having too much caffeine. More than 200 milligrams of caffeine a day (about 2–3 cups of coffee) may slightly increase the risk of miscarriage. Caffeine is also in tea, cola, energy drinks, and chocolate.

Many of these things are out of your control. Miscarriage usually happens without a clear reason. It doesn't mean something is wrong with your body, and many people go on to have healthy pregnancies afterward.

How it's confirmed

Your care team will ask about your symptoms and may do tests to understand what's happening.

These may include:

- **Ultrasound**—the main way to check the pregnancy and confirm a miscarriage.
- **Physical examination**—if you have pain or bleeding, they may check your abdomen or do a vaginal exam.
- **Blood tests**—sometimes used if it's too early to confirm the pregnancy with an ultrasound.

Sometimes the results aren't clear right away. You may need more than one ultrasound, usually over 1–2 weeks. Waiting can be hard, but these tests help your care team give you the right support.

What care might be offered

If a miscarriage is confirmed, your care team will talk with you about your options.

These may include:

- **Expectant management**—waiting for the pregnancy tissue to pass through the vagina.
- **Medical management**—taking a medication called misoprostol to help you deliver the pregnancy tissue through the vagina.
- **Surgical management**—an operation to remove the pregnancy tissue from your uterus.

Each option has its own risks and benefits. Your team will help you choose what feels right for your body and your situation. You can also talk about what will help you feel more comfortable—like where you'll be, who can support you, and what to expect.

You can read more about these options in the next section: *"Understanding your options for managing a miscarriage."*

Septic miscarriage

A septic miscarriage happens when pregnancy tissue stays in the uterus after a miscarriage and becomes infected. This is rare, but it can cause serious illness if not treated quickly.

You might notice:

- Fever or chills
- Pain in the lower belly
- Unusual or smelly vaginal discharge
- Feeling weak or unwell

If you have any of these symptoms, seek medical help right away. Fast treatment can help prevent serious problems.

Why it happens

Septic miscarriage is caused by bacteria getting into the uterus and causing an infection. This can happen:

- If some pregnancy tissue stays in the uterus after a miscarriage.
- If a miscarriage lasts a long time without medical care.
- (Rarely) after a procedure to remove pregnancy tissue.

This is not your fault. Infection after miscarriage is uncommon, but it can be serious. Knowing the signs and getting help quickly can lower the risk.

How it's confirmed

If your care provider thinks you might have a septic miscarriage, they may do:

- Blood tests to check for infection.
- An ultrasound to look for any remaining pregnancy tissue.
- A physical examination to look at symptoms like fever or pain.

These tests help confirm the infection and guide your treatment.

What care might be offered

Septic miscarriage needs quick medical care. You may need:

- **Antibiotics**—often given through a drip in hospital.
- **Close monitoring**—of vital signs, temperature, and response to treatment.
- **Medical management**—taking a medication called misoprostol to help you deliver the pregnancy tissue through the vagina.
- **Surgical management**—an operation to remove the pregnancy tissue from your uterus.

Your care team will check to make sure the infection is getting better. Most people recover well with the right care.

You can read more about surgery, hospital care, and recovery in the next section: *Understanding your care options after a pregnancy loss.*

Late miscarriage (14–20 weeks)

A late miscarriage is when a pregnancy ends between 14 and 20 weeks. It's also called a second trimester miscarriage.

Because the pregnancy is further along, the experience likely includes labour and birth. This means you experience contractions, and the birth process can take several hours or sometimes longer. You'll likely be cared for in a maternity ward in a hospital, where your care team will support you both physically and emotionally. The physical experience can be intense and exhausting, the medical team can discuss pain relief options with you and ensure you're as comfortable as possible throughout the process.

Sometimes, the baby may have died days or weeks earlier before the loss is found. This can affect how the birth is managed and what care is offered. Your care team will explain what to expect and help you make decisions that feel right for you.

Why it happens

Late miscarriage can happen for many reasons. Sometimes a cause is found, but often it isn't. It's rarely caused by anything you did.

Possible causes include:

- Infections during pregnancy.
- Cervical insufficiency (when the cervix opens too soon)—there is a chance that your baby might be born with signs of life, which will change the plans for care after birth in regard to registration of birth and death. Your care provider will guide you through this process and explain what options and requirements apply in your situation.

- Complications in the baby such chromosomal or genetic conditions, structural anomalies or developmental problems.
- Problems with the placenta (like early separation or slow growth).
- Health conditions (like high blood pressure or diabetes).

Even with testing, a clear reason isn't always found. Your care team will support you, whatever the results.

How it's confirmed

To understand what's happening, your care team may suggest:

- Ultrasound scans—to check for the baby's heartbeat, position, and how the placenta is working.
- Physical examination—to check for signs of early labour or infection.

If a miscarriage is confirmed, you may be offered further tests to look for a cause such as:

- Blood tests—to check for infections or health conditions.
- Tests on the baby or placenta—if you agree, this might help understand the cause and help guide future care.

Late miscarriage (14–20 weeks) – (continued...)

What care might be offered

Your team will talk with you about your options and provide:

- Clear information about what's happening.
- Emotional support before, during, and after the birth.
- Time and space to make decisions with your partner or family.

If you're unsure, ask questions. Your care team is there to help.

Depending on your situation, you may be offered:

- **Expectant management**— waiting for the baby and placenta to pass through the vagina.
- **Medical management**— taking a medication called misoprostol to help you deliver your baby and placenta through the vagina.
- **Surgical management**— an operation to remove the baby and placenta from your uterus. For pregnancies beyond 14 weeks, surgical management may not be possible due to the baby's size, so medical management is usually recommended.

Your care team will explain each option, offer pain relief, and provide emotional support. You can read more about these options in the section: *'Understanding your care after a pregnancy loss'.*

Recurrent miscarriage

Recurrent miscarriage means having two or more pregnancy losses before 20 weeks, even if they don't happen one after another. It affects about 1 to 4 in every 100 women.

Going through this more than once can be very hard. People often feel a mix of emotions—grief, sadness, fear, or guilt. Everyone experiences it differently. Support is available, and you'll find more information about counselling, peer support, and specialist care later in this guide.

Why it happens

There are many possible reasons for recurrent miscarriage. These may include:

- Genetic differences in the embryo.
- Differences in the shape or lining of the uterus.
- Hormone problems, like thyroid issues or low progesterone.
- Blood clotting conditions, such as antiphospholipid syndrome.
- Immune system problems.
- Being over 35 years of age can also increase the risk.

Sometimes, no clear cause is found—even after testing. This can be hard and leave people feeling frustrated or without answers. It can also raise worries about infertility or what the future holds, adding to the emotional toll of repeated loss.

Recurrent miscarriage (continued...)

How it's confirmed

If you've had two or more miscarriages, your care provider may suggest:

- Genetic testing for you and your partner.
- Blood tests to check your hormones, immune system, and blood clotting.
- Ultrasound scans to look at your uterus and nearby structures.

These tests can help find any causes and guide your care in future pregnancies.

What happens next

If a cause is found, your doctor may suggest:

- Medicine or treatment for any health conditions.
- Extra care and monitoring early in your next pregnancy.
- A referral to a specialist clinic that supports people with recurrent loss.

Even if no cause is found, having more care and support in your next pregnancy can still help. Many people go on to have a healthy pregnancy with the right care.

If you need emotional support after multiple losses, you can access support through Pink Elephants' Bereavement Support Program, which offers connection and counselling for those navigating recurrent miscarriage, as well as Red Nose and other support services.

“

After my fifth miscarriage, I realised I couldn’t go through it alone anymore. That’s when I reached out to and joined a miscarriage support group—it was the first time I felt truly supported.

Ectopic pregnancy

An ectopic pregnancy happens when a fertilised egg attaches outside the uterus—most often in a fallopian tube. In rare cases, it may grow in the cervix, ovary, caesarean scar, or abdomen.

It affects about 1 in 80 pregnancies. While ectopic pregnancies are uncommon, finding them early is important to avoid serious complications.

A pregnancy cannot grow safely outside the uterus. As it gets bigger, it can cause pain, internal bleeding, or damage to nearby organs. An ectopic pregnancy is not safe and needs treatment to protect your health.

Why it happens

Ectopic pregnancy can happen to anyone. Often, the cause is not known. Some things that may increase the risk include:

- A previous ectopic pregnancy.
- Past pelvic infections (like chlamydia or pelvic inflammatory disease).
- Surgery on the fallopian tubes or pelvis.
- Fertility treatments.
- Smoking.

Problems with the shape or function of the fallopian tubes may also play a role.

How it's confirmed

Your care provider may suspect an ectopic pregnancy if:

- You have pain or bleeding.
- Nothing is seen in the uterus during an early scan.
- You have symptoms like shoulder tip pain, dizziness, or feeling faint—these may suggest internal bleeding and need urgent care.

You may be offered:

- An ultrasound to look for the pregnancy.
- Blood tests to check pregnancy hormone levels (hCG) over time.

- A physical examination, especially if you have symptoms.

Sometimes, it takes more than one visit to confirm an ectopic pregnancy.

What care might be offered

If an ectopic pregnancy is confirmed, your care team will talk with you about the safest option. This may include:

- **Expectant management**—in some early cases of ectopic pregnancy your doctor may recommend watching and waiting. This is only an option when the pregnancy is not growing and pregnancy hormone levels (hCG) are dropping. You'll be closely monitored with regular blood tests and check-ups.
- **Medical management**—taking a medication called methotrexate to stop the pregnancy from growing. It's used when the pregnancy is small, and you meet certain safety criteria.
- **Surgical management**—an operation to remove the pregnancy tissue. This may be needed if the pregnancy is growing, if you have pain, or if there is a risk of internal bleeding.

Your care team will explain each option and help you choose what's best for your body and situation. You can read more about these treatments in the next section: *Understanding your care after a pregnancy loss.*

Sadly, an ectopic pregnancy cannot result in a live birth. As it grows, it can cause serious health risks to the mother including internal bleeding and damage to nearby organs. That's why early diagnosis and treatment are important to protect your health.

Caesarean scar pregnancy

A caesarean scar pregnancy happens when a pregnancy starts in or near the scar from a past caesarean birth. Instead of growing in the usual part of the uterus, the pregnancy grows into the scar tissue. Doctors or your medical notes may refer to this as a 'CSP'.

Caesarean scar pregnancies are rare, but they are being seen more often because:

- More people are having caesarean births.
- Scans are better at picking up these types of pregnancies earlier.
- Health professionals now know more about what signs to look for.

Why it happens

A caesarean scar pregnancy happens when the scar from a previous caesarean creates a weak spot in the uterus, where a pregnancy may begin to grow. You may be at higher risk if you:

- become pregnant less than 18 months after a caesarean birth.
- have had more than one caesarean birth.

How it's confirmed

Some people have no symptoms. When symptoms do happen, they may include:

- Light vaginal bleeding.
- Mild cramping or pain in the lower abdomen.
- Usual early pregnancy symptoms, like nausea.

A caesarean scar pregnancy is usually found during an early ultrasound scan. Sometimes, a small probe may be gently placed in the vagina for a clearer scan. This is called a transvaginal ultrasound and is often used early in pregnancy.

The best time to diagnose a caesarean scar pregnancy is between 5 and 7 weeks of pregnancy. The scan checks:

- Where the pregnancy sac is.
- How thick the muscle wall is around the scar.
- Whether a heartbeat is present.

Sometimes, diagnosis takes time. You may need to return for another scan or blood test. Waiting can be hard, but your care team is there to support you.

What care might be offered

Your care will depend on whether a heartbeat is seen.

If there is no heartbeat

The pregnancy will not continue. Treatment options may include:

- **Expectant management**—this can be referred to as *"wait and watch"*. In some cases, the body may pass the pregnancy on its own. But because caesarean scar pregnancies are in scar tissue, there is a higher risk of bleeding.

Seek help straight away if you have:

- Heavy bleeding (soaking one pad every hour for two hours and/or passing large clots).
- Severe belly or pelvic pain.
- Dizziness or fainting.
- Shoulder pain (which can be a sign of internal bleeding).

Caesarean scar pregnancy (continued...)

Your doctor may still recommend other treatment options including:

- **Medical management**—taking a medication like methotrexate to stop the pregnancy from growing.
- **Surgical management**—an operation to safely remove the pregnancy, especially if there is bleeding or if the scar is very thin.

Methotrexate is a medicine that stops pregnancy cells from growing. It helps end the pregnancy early and safely.

Your care team will talk with you about which option is the safest and best option for you and support you throughout.

If a heartbeat is seen

The pregnancy is still growing, and decisions can be more complex. Your care team may talk with you about two options:

Ending the pregnancy

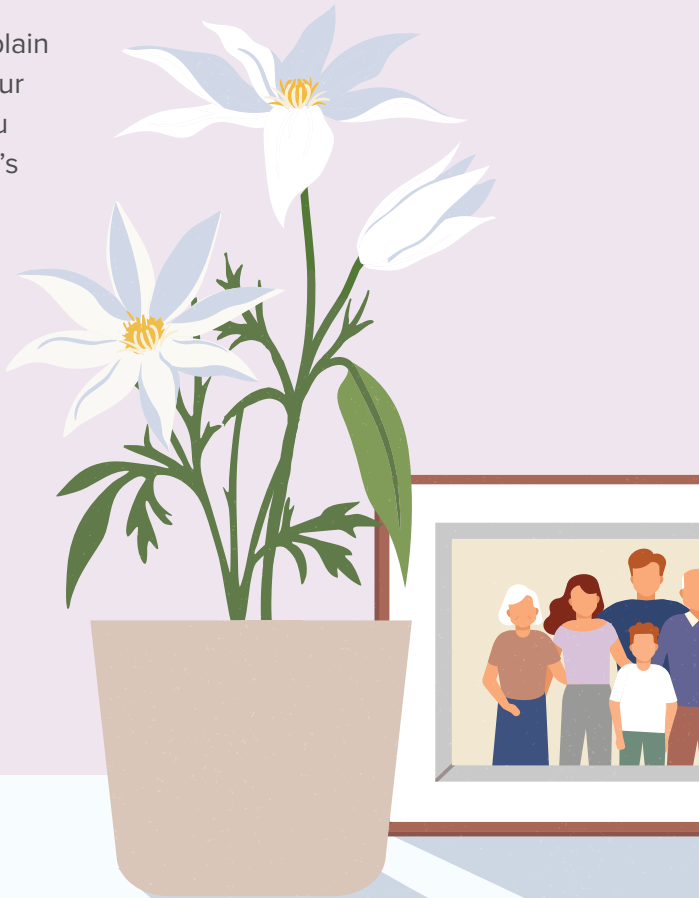
- Often recommended to reduce serious health risks.
- Early treatment can prevent complications like heavy bleeding or damage to the uterus.
- Helps protect your overall health and future ability to have children.

Continuing the pregnancy

- Some people choose to continue, with very close monitoring medical care.
- Some babies are born safely, but most are born early.

- There can be serious problems with the placenta and uterus that may put your life at risk.
- In many cases, surgery to remove the uterus (hysterectomy) is needed. This means you wouldn't be able to carry another pregnancy.

Your care team will explain all the risks, answer your questions and help you make the decision that's right for you.



A pregnancy of unknown location

A pregnancy of unknown location happens when your pregnancy test is positive, but nothing can yet be seen on an ultrasound—either inside or outside the uterus. Doctors or your medical notes may refer to this as a 'PUL'.

Why it happens

A pregnancy of unknown location can happen when:

- the pregnancy is too early to be seen on a scan.
- a miscarriage has already happened before the pregnancy could be seen.
- The pregnancy is ectopic (growing outside the uterus), but it's too early to detect.

Most pregnancies of unknown location turn out to be early miscarriages or normal pregnancies that are just too early to see. But sometimes, it may be an ectopic pregnancy, which needs urgent care.

How it's confirmed

Your care provider may recommend:

- Blood tests over several days to track pregnancy hormone levels (hCG).
- Repeat ultrasounds to see if the pregnancy becomes visible.

These tests help show whether the pregnancy is developing normally, is ectopic, or has ended in a miscarriage.

What care might be offered

You'll be closely monitored until your care team can confirm where the pregnancy is, or until your hormone levels return to normal.

- If it turns out to be a healthy pregnancy, care will continue as usual.
- If it is a miscarriage or an ectopic pregnancy, your care team will talk to you about next steps.

This process can take time and may feel stressful. More information about treatment and care options is included later in this guide.

Anembryonic pregnancy

An anembryonic pregnancy, also called a blighted ovum, is a type of early pregnancy loss. It happens when a fertilised egg attaches to the uterus, but the baby doesn't start to grow.

Even though a pregnancy sac forms, it stays empty. Your body may still make pregnancy hormones for a while, and you might feel early symptoms of pregnancy. This type of loss is often not found until a routine scan. It can be confusing—especially if there are no warning signs.

Why it happens

Anembryonic pregnancy usually happens because of chromosome problems in the fertilised egg. These problems stop the baby from developing, even though your body still supports the pregnancy for a time.

This is not caused by anything you did or didn't do. Risk factors may include being older or having had a pregnancy loss before. But in many cases, no clear cause is found.

How it's confirmed

Your care provider will usually use an ultrasound scan to check the pregnancy. This scan looks at the size and shape of the pregnancy sac and whether anything is developing inside it.

Sometimes, if the scan is done very early or the results aren't clear, you may be asked to:

- Come back for another scan in a week or two.
- Have blood tests to check your pregnancy hormone levels (hCG).

These follow-up tests help your care team be sure before making a diagnosis. Waiting for answers can be hard, but your care team is there to support you and answer any questions.

What care might be offered

If an anembryonic pregnancy is confirmed, there are a few ways it can be managed:

- **Expectant management**—waiting for the pregnancy tissue to pass through the vagina.
- **Medical management**—taking a medication called misoprostol to help you deliver the pregnancy tissue through the vagina.
- **Surgical management**—an operation to remove the pregnancy tissue from your uterus.

Your care provider will talk with you about what feels right for your body, your health, and your situation.

You can read more about these options in the next section: *Understanding Your Options for managing a miscarriage.*

Molar pregnancy

A molar pregnancy is a rare type of early pregnancy loss. It happens in about 1 in every 1000 pregnancies. Instead of growing into a healthy baby and placenta, the pregnancy cells grow in an abnormal way.

There are two types:

- Complete molar pregnancy—no baby forms. Only abnormal tissue grows in the uterus.
- Partial molar pregnancy—a baby may start to form but cannot grow normally and will not survive.

Why it happens

Molar pregnancy is caused by a chromosome problem during fertilisation. This stops the pregnancy from developing properly.

You may be at slightly higher risk if you:

- Are a teenager or over 40 years of age.
- Have had a molar pregnancy before.

In most cases, there is no known cause, and it is not anything you did or didn't do. These pregnancies happen by chance and can't be predicted or prevented.

How it's confirmed

Your care provider may suspect a molar pregnancy if:

- You have strong pregnancy symptoms, like severe nausea or vomiting.
- Your uterus feels larger than expected.
- Your pregnancy hormone (hCG) levels are higher than normal.
- An ultrasound shows an unusual pattern.

Most molar pregnancies are first seen on an ultrasound, but are only confirmed after the pregnancy tissue is tested by in a lab. This is called histology.

What care might be offered

If a molar pregnancy is confirmed, your care team will usually recommend an operation to remove the pregnancy tissue. Medicine is not usually used to treat a molar pregnancy.

You'll need follow-up care to make sure all the molar tissue is gone and that your body is recovering. This usually includes:

- Regular blood tests to check your pregnancy hormone levels (hCG) return to normal (this may take weeks or months).
- Waiting until your hCG levels return to normal and stay stable for several months before trying for another pregnancy. During this time, using reliable contraception is important to avoid a new pregnancy, so your doctor can clearly track your recovery without confusion.

This waiting time can feel hard and uncertain. But it's an important for your safety and to avoid complications. If you're finding it difficult, your care team or a support organisation, like Pink Elephants, can help.

Rare complications

In rare cases, some molar tissue keeps growing. This is called Gestational Trophoblastic Neoplasia (GTN). It is treatable, and your care team will continue to monitor you closely if this happens.

Loss of a baby in a multiple pregnancy

If you're expecting twins or more, and one of your babies dies, it can bring mixed emotions. You may feel grief and sadness for the baby you lost, while also trying to stay hopeful for the baby who is still growing.

There is no way to save the baby who has died, but your care team will focus on keeping you and the surviving baby safe. You may have more scans and check-ups. Your care plan will depend on how far along you are and whether the babies share a placenta.

In most cases, the surviving baby can keep growing and be born safely with the right medical care.

Why it happens

This is called a single fetal death in a multiple pregnancy. It can happen at any stage.

In early pregnancy (before 12 weeks), it's often called *vanishing twin syndrome*. One baby stops developing, usually because of how they implanted or formed.

In later pregnancy, causes may include:

- problems with the placenta.
- growth issues.
- twin-to-twin transfusion syndrome (in identical twins).
- other medical concerns.

This is not your fault. Often, no clear cause is found.

How it's confirmed

The loss is usually found during an ultrasound. You may not have any symptoms.

- In early pregnancy, one baby may stop developing and disappear from the scan.
- In later pregnancy, the scan may show that one baby no longer has a heartbeat.

You may need extra scans to check the health of the surviving baby.

What care might be offered

Your care will depend on how far along you are, and how you and the surviving baby are doing. Your care team may:

- Monitor your pregnancy more closely.
- Explain what to expect for the rest of your pregnancy and birth.
- Support you emotionally and practically.

What to expect

If the loss happens **before 12 weeks,** the baby who died is usually absorbed into the body. Many people don't know it has happened until an ultrasound shows it.

If the loss happens **after 12 weeks,** the baby who died will stay in the uterus until birth. When your surviving baby is born at term, the baby who died will also be delivered their body may look different when born (they may be more flattened and drier). Your care team will gently explain what to expect and offer support.

Understanding grief in a multiple pregnancy

If your baby's death occurred early in the pregnancy, you may still be processing this loss as your pregnancy with your surviving baby continues. It can be especially challenging to grieve one baby while caring for a surviving twin or triplet.

You may feel joy and grief side by side. You might also feel pressure to focus on the surviving baby during pregnancy or to move on before you feel ready. Be gentle with yourself, and allow space for both your love and your loss.

It can feel especially isolating when others don't understand or acknowledge your loss. You may need time, space and support to grieve in your own way.

Speak to your healthcare team about what support options are available locally, and what might feel right for your family as you navigate pregnancy after the loss of one of your babies.

It may be helpful to think about ways to honour your baby, while still pregnant. This might be through creating a memory box of ultrasound images and mementos from your pregnancy. See the next section on *memory making and honouring your baby.* Later chapters in this guide also offer gentle support for coping, grieving, and honouring your baby. You can also speak with your care team or contact groups like Red Nose or the Pink Elephants Support Network. You may also find the booklet, *'Guiding Conversations'* helpful during this time - carearoundloss.stillbirthcre.org.au

Registration and acknowledgement of your babies

The loss of one baby in a multiple pregnancy can be complicated because recognition of this loss varies—medically, legally, and socially. Each state and territory has different requirements and options for registration and acknowledgement.

Depending on your location and circumstances, you may have options to formally recognise your baby who has died. This might include registering a birth and death, or other forms of acknowledgement. Your healthcare provider can explain what options are available in your area and help you understand the requirements.

This is entirely a personal decision. Some parents find comfort in official recognition, while others prefer to honour their baby privately. There is no right or wrong choice. See the next section on memory-making for more information.

Termination of pregnancy

Pregnancy may be ended for many reasons. Some people face heartbreaking medical news, while others make personal decisions based on emotional, social, or other reasons.

Termination for medical reasons (TFMR)

TFMR is when a pregnancy is ended due to serious health risks to the baby or mother. This may happen after unexpected news—like finding out the baby has a life-limiting condition, or when continuing the pregnancy could be dangerous for the mother's health.

TFMR can happen at any stage of pregnancy, but often takes place after 12 weeks, when more detailed scans and tests are available. This experience is deeply personal and can bring many emotions.

A note on the scope

This guide does not cover the decision-making process around ending a pregnancy. The care that comes before loss—including investigations, diagnosis, and making the decision—is outside the scope of this resource.

This section offers a brief introduction to ending a pregnancy and what to expect during immediate care. While it does not include all the information you may need, it aims to help you feel informed, supported, and prepared for what comes next.

Why it happens

TFMR is usually considered when doctors find a condition that may:

- Greatly affect the baby's chance of survival or quality of life such as chromosomal abnormalities or genetic conditions.
- Cause serious suffering due to problems that can't be treated.
- Put the mother's life or health at serious risk due to pregnancy complications.
- Develop suddenly during pregnancy, like a severe infection.

Your care team will explain your situation and what it means. This may involve:

- **Ultrasounds**—to check the baby's development.
- **Blood tests or genetic testing**—to look for specific conditions.
- **Specialist consultations**—with maternal-fetal medicine or genetics teams.

You should be given clear, balanced information and time to ask questions. You may also be offered counselling or emotional support to help you make the decision that feels right for you and your family.

These decisions are never easy. They often involve many tests and conversations with healthcare professionals. Every situation is different.

What care might be offered

If you decide to end the pregnancy, your care team will talk with you about the next steps. These may include:

- **Medical management**—taking a medication called misoprostol to help you deliver the pregnancy tissue through the vagina.
- **Surgical management**—an operation to remove the pregnancy tissue from your uterus.

Where you receive care will depend on your needs both clinically and emotionally, this might be in your home with help from family or friends, or in the hospital setting with medical support.

For loss between 14–20 weeks gestation

The type of care depends on how far along your pregnancy is and the size of your baby. You will likely be in hospital for medical management to deliver the baby and placenta. Your care team will support you to decide on the best approach for your specific situation. There may be other procedures that are important depending on your situation and preferences. This is something that your health care team will talk through carefully with you – discussing the likelihood of your baby being born alive and explaining how this might affect your care options. This will also include information on where your care will happen, who can be with you, and how to create memories and spend time with your baby if you would like to.

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Choosing to end my baby’s life was the most difficult decision I’ve ever made. I worried people would think I didn’t love her enough, when really I took that pain on to save her from suffering.

After the loss

The emotions that follow pregnancy loss can be layered and deeply personal. You may feel sadness, love, guilt, relief, or confusion—all at once. Some people find their grief is complicated by having had to make the decision to end the pregnancy, and may question or minimise their own feelings as a result. Others feel isolated or worry about being misunderstood.

Please know that your feelings are valid regardless of the circumstances, and support is available.

Creating memories with your baby can be deeply meaningful. What's possible will depend on your baby's gestation and how your baby is born, but whether that is through photographs, keepsakes like hand or footprints, or time spent together. Your care team will support you in honouring your baby in whatever way feels right for your family.

Extra support

If you're looking for support, here are some places that you can go:

- **Your GP or specialist**—they can help you access the care and support you need.
- **Pink Elephants Support Network**—emotional support and peer connection after Termination for Medical Reasons (TFMR), visit pinkelephants.org.au
- **Red Nose**—24/7 support for anyone affected by pregnancy or baby loss, visit rednose.org.au
- **Through the Unexpected**—providing information and social and emotional resources for those navigating difficult or surprising news during pregnancy, visit throughtheunexpected.org.au
- **Counselling services**—your GP can help you set up a Mental Health Care Plan.
- **Family Planning organisations**—offering respectful, supportive guidance.
- **Pregnancy, Birth and Baby**—free, confidential advice on all pregnancy options, visit pregnancybirthbaby.org.au

Memory making around the time of loss

There may be ways to create meaningful memories at the time of loss. These small acts can help you feel connected to your baby and supported in your grief. They may also reduce regrets later, especially is the loss was unexpected or happened quickly.

Memory making during immediate care might include:

- Asking for a recording of your baby's heartbeat while they are still in your belly.
- Creating a memory box of keepsakes.
- Writing a letter to your baby.
- Choosing a name.
- Having a teddy bear or soft toy to help symbolise the pregnancy.
- Taking photos of items like an ultrasound image or a pregnancy test.
- Lighting a candle or holding a quiet moment of reflection.

These are personal choices. It's okay to say yes or no. Your care team will explain what's possible and support you either way.

If your miscarriage happened later in pregnancy

For miscarriage between 14–20 weeks, it may be possible to see or hold your baby and create keepsakes after birth—such as handprints, footprints, or a lock of hair. This depends on your situation. If your baby died some time before the miscarriage was found, their body may have changed. Your care team will gently explain what to expect and what may be possible.

If your loss was part of a multiple pregnancy

If you've lost one baby in a multiple pregnancy, you may want to honour that baby in your own way. You may choose to honour both babies in ways that feel right for your family—together or individually.

You may choose to name both babies, include them in family stories, or create keepsakes. Some parents choose to:

- Name both babies
- Create keepsakes or photos
- Pursue formal registration if available and desired
- Hold private ceremonies or acknowledgements

Others prefer to focus on the surviving baby. There is no right or wrong way to grieve.

You may also be offered the option to register the birth and death of the baby that died. This depends on your situation and local laws. If this is important to you, your care team can explain what's possible and help with the process.

If your pregnancy was further along, you may have been offered the chance to see or hold your baby or create keepsakes like photos or footprints. Some parents are also involved in decisions about their baby's remains, which may include:

- Hospital-arranged cremation or communal burial.
- Private cremation or burial.
- Taking remains home (where legally allowed).

Your care team can explain what is possible based on your situation. Even if choices were limited or things happened quickly, your grief and your connection to your baby are real.

There's no right or wrong way to acknowledge pregnancy loss. What matters is what feels right for you. If memory making isn't mentioned by your care team, it's okay to ask. Your care team is there to support your choices.

What's next

You may now understand the type of pregnancy loss you've experienced—or you might still be waiting for answers. Each situation is different, and there is no right or wrong way to feel. The next part of this guide looks at what care you might need after a pregnancy loss. This includes medical follow-up, physical recovery, and your choices for moving forward. Whether you're waiting, recovering, or looking ahead, we hope this guide helps you take things one step at a time.

Space to reflect

Reading about pregnancy loss—whether your own experience, someone else's, or while still waiting for answers—can stir up many different feelings. You might feel sadness, confusion, anger, relief, guilt, or something else entirely. You may not be sure what you're feeling, and that's okay too.

This space is for you. Use it in whatever way feels right—to write a thought, a memory, a question, or simply sit with what you're feeling. You might want to take a moment to notice what's coming up for you and see if you can name it.

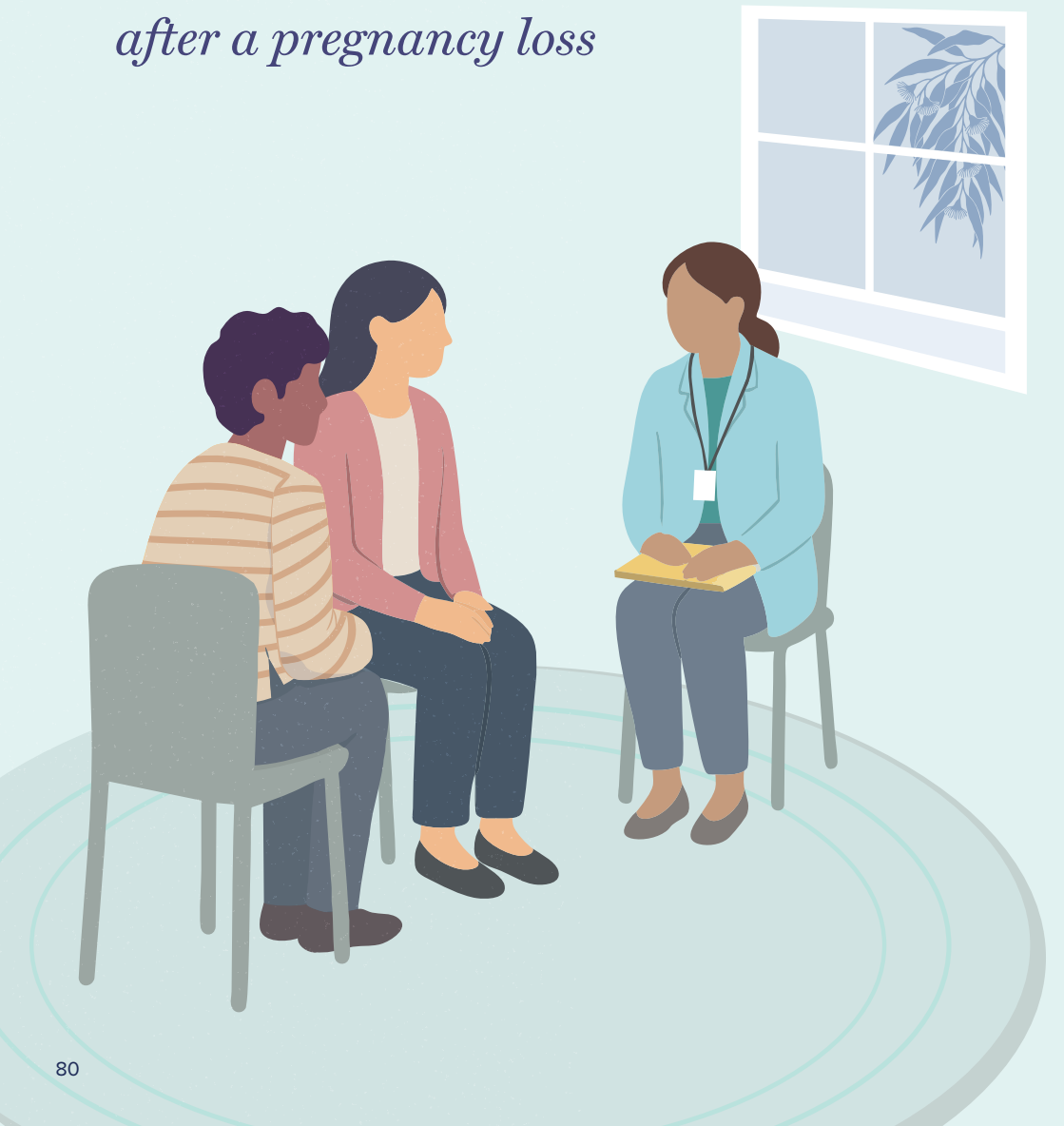
Here are some gentle questions you might want to explore:

- How am I feeling right now—in my body or in my heart?
- Is there anything I want to say or ask, even just to myself?
- What do I need most right now?

There's no pressure to write anything at all. Take your time. Come back whenever you're ready.

Understanding your care

after a pregnancy loss



Losing a pregnancy—or facing the possibility that you might—can feel very upsetting and sometimes overwhelming. Based on current clinical guidelines, there are three main ways to manage an early pregnancy loss:

- **Expectant management**—this means waiting for the pregnancy tissue to pass on its own, without using medicine or surgery.
- **Medical management**—taking a medication to help your body pass the pregnancy tissue through the vagina.
- **Surgical management**—an operation to remove the pregnancy tissue from your uterus.

All three options are safe and work well. The best choice depends on things like how far along the pregnancy is, your symptoms, your health, the type of loss, and what feels right for you.

A note about the words we use

In this section, we continue to use the term pregnancy tissue to describe what may be passed during a loss. This can include the baby, placenta, and other parts related to the pregnancy. What is passed can look and feel different depending on how far along the pregnancy was.

We understand this term might not reflect how you personally feel or talk about your experience. Please use the words that feel right for you. We use this language gently, with respect for everyone's experiences.

If the pregnancy loss happens after 14 weeks, care is usually different. Most people are cared for in a maternity ward in a hospital and go through a labour and birth process. This helps manage the physical needs of a later loss, while also providing emotional care and pain relief. You can read more about this in the earlier section: *Understanding types of pregnancy loss before 20 weeks*.

Not all hospitals can offer every type of care. This depends on the staff and services available—especially in regional or rural areas. If a certain option isn't available, your care team will explain what they can offer and what it means for you.

This section also talks about **ectopic pregnancy**, which needs different care. It's usually treated with medicine or surgery, depending on your situation.

Your care should always support both your body and emotions. We hope this section helps you feel more informed as you learn what to expect.

Expectant management

Expectant management means waiting for your body pass the pregnancy tissue on its own, without using medicine or surgery. This is sometimes called “watch and wait.” Your doctor or midwife may suggest this if it’s safe to give your body time.

This option often works well for incomplete miscarriages, where the body has already started to pass the pregnancy. About 70–80% of people won’t need more treatment.

For missed miscarriages—when the pregnancy has stopped but the body hasn’t started to pass the pregnancy tissue—it works less often. Less than 25% of people will pass the pregnancy without extra help. Your care team can help you decide if this is the right choice for you.

What to expect

You’ll have bleeding and cramping, often like a heavy period. For some people, the pain and bleeding can be stronger or last longer than expected. This can be hard to manage—especially if you're at home or by yourself.

Pregnancy tissue may pass all at once, or slowly over a few days. What you see depends on how far along the pregnancy was:

- Before 7 weeks—tissue may look like clots or thick discharge, It’s common not to see anything that looks like a baby, but that doesn’t make your loss any less real.
- Between 7–10 weeks—you may see some recognisable pregnancy tissue along with clots and thick discharge.
- After 10–12 weeks—you may see a small baby-like shape—which can be

confronting even if you were expecting it. This is a normal part of the process, and it's okay to feel overwhelmed. You may also see other tissue, such as the placenta or pregnancy sac.

Many people pass pregnancy tissue while on the toilet. This is common and not something you can plan or control. It might feel upsetting or surprising, but it's a natural part of the process. Some people flush the toilet without looking. Others choose to collect the tissue. If you want to collect the tissue, you can put a clean container or bowl in the toilet first. You might do this to show your doctor, for personal closure, or for a special burial.

If you'd like the tissue tested, ask your doctor or midwife how to collect and store it safely—especially if you're at home. If you collect the tissue, your care team can also talk to you about options for testing, cremation, or burial. You may want time or space to honour the loss in your own way.

If you choose not to collect the tissue, that's also okay. Speak with your care team about what happens next, including follow-up care to monitor your physical recovery and support your emotional wellbeing.

Expectant management means waiting. This can take a few hours, or sometimes up to 2 to 4 weeks. Everyone's experience is different. If the miscarriage doesn't finish on its own (for example, if the bleeding stops but tissue hasn't passed), or if you're unsure about what's happening, talk to your care team. You're not alone—there is support to help you through this.

When to get medical help

Contact your doctor or go to hospital if you have:

- **Heavy bleeding**—soaking one pad every hour for two hours, and/or passing large clots.
- **Severe pain**—that doesn't improve with pain medicine (including the medicine you've been given).
- **Signs of infection**—such as fever, feeling unwell, or discharge with a strong, unpleasant smell.

Things to think about

Some people choose expectant management because it feels more natural or gives them time. But it can take longer than other options, and it's less predictable. You might not know when it will start or end.

You'll likely need follow-up tests (like an ultrasound or blood test) to check that all the tissue has passed. After a pregnancy loss your next period may be later or different—this is common and usually settles.

This option works less often after 12 weeks, especially for missed miscarriage. Your doctor or midwife can guide you.

The risk of infection is low, but it's still important to watch for signs like fever, pain, or unusual discharge. While bleeding continues, avoid tampons, sex, or swimming to reduce infection risk.

If you're unsure about what to expect or what to do at home, ask your care team ahead of time. This can help you feel more prepared—especially if you have wishes around testing, burial, or how to honour your loss.

Everyone's experience is different. If this approach doesn't feel right for you, talk to your care team about other choices.

Medical management

Medical management uses medicine to help your body pass the pregnancy. This can happen at home or in hospital, depending on how far along the pregnancy is, symptoms, and your doctor's advice.

It's usually offered before 14 weeks. After that, care is more often done in hospital, as the process can be more complex.

This treatment works well for most people—80–90% of people will pass the pregnancy within one week.

What to expect

You'll be given a medicine called Misoprostol, sometimes with another medicine called Mifepristone.

Misoprostol can be taken in different ways:

- Swallowed as a tablet.
- Placed under the tongue to dissolve.
- Placed between the cheek and gum (buccally).
- Inserted into the vagina.

Your doctor or midwife will explain which method might be best for you.

If you're at home, you may get the first dose in hospital, then go home to complete the process. You'll need someone with you for support.

Mifepristone works by blocking a hormone called progesterone, which is needed to keep a pregnancy going. Without this hormone, the pregnancy can't continue.

Misoprostol causes the uterus (womb) to cramp and bleed, helping the body to pass the pregnancy tissue.

If you're in hospital, you'll be monitored more closely. This may be recommended if the pregnancy is further along or if you have certain health conditions.

You may experience:

- Bleeding and cramping (often strong), usually within a few hours.
- Blood clots or pregnancy tissue passing from the vagina—this is normal.
- Side effects like nausea, vomiting, diarrhoea, chills, dizziness, or a mild fever—these usually settle once the medicine has worked.

Your next period may be later or different—this is common and usually settles.

If you're at home and want to explore tissue testing, talk with your care team ahead of time. They can explain how to collect the tissue safely if that's important to you.

When to get medical help

Contact your doctor or go to hospital if you have:

- Heavy bleeding—soaking one pad every hour for two hours, and/or passing large clots.
- Emergency bleeding—soaking one pad every 15–30 minutes **(go to hospital straight away).**
- Severe pain—that doesn't improve with pain medicine (including the medicine you've been given).
- Feeling very unwell—dizziness, weakness, or fainting.
- Bleeding that lasts more than two weeks.
- Signs of infection—such as fever, feeling unwell, or discharge with a strong, unpleasant smell.

Things to think about

Medical management is often more predictable than waiting for the body to pass the pregnancy tissue on its own and may help avoid surgery.

It works well for most people, but sometimes the process isn't complete. You may still need surgery to remove remaining tissue.

Follow-up care (such as a scan or blood test) is important to check everything has passed, and that your body is healing. While bleeding continues, avoid tampons, sex, or swimming to reduce infection risk.

Having someone with you can help—especially if you're at home. Everyone reacts differently. Support is available if you need it—you can ask your care team about what to expect or what to do.

Surgical management

Surgery might be recommended if:

- You are bleeding heavily—soaking one pad every hour for two hours and/or passing large clots.
- There are signs of infection - such as fever, feeling unwell, or discharge with a strong, unpleasant smell.
- Pregnancy tissue isn't passing on its own.
- You choose surgery for personal, emotional, or practical reasons.

Surgery can help prevent complications and may be the safest option in some situations. Many people also choose it because it gives a clear end point and a faster recovery. It may feel more manageable emotionally.

What to expect

The most common procedure is suction to remove pregnancy tissue from the uterus. It's usually done in hospital under general anaesthetic, so you'll be asleep and won't feel anything.

A small plastic tube is passed through the cervix, and gentle suction removes the tissue. An ultrasound may be used to help guide the procedure. It usually takes less than 15 minutes, and most people go home the same day.

You might hear other names for this procedure:

- Suction curettage or suction aspiration.
- Uterine evacuation.
- Evacuation of retained products of conception (ERPC).
- Dilation and curettage (D&C)—now used less often, as suction is preferred.

Manual vacuum aspiration (MVA)

MVA is another method sometimes used in the first trimester. It is done:

- With local anaesthetic—you're awake, but the area is numb.
- Using a small suction device.
- In a clinic or day surgery—no overnight stay.

Recovery is usually quick. Some people find MVA has less pain and bleeding than surgery under general anaesthetic. Not all hospitals offer this, so ask your doctor if it's available for you.

What to expect after surgery

You may feel sore or tired for a few days. Some bleeding is normal and can last up to two weeks. It should slowly get lighter.

While bleeding continues, avoid tampons, sex, or swimming to reduce infection risk.

Your next period may be later or different — this is common and usually settles.

When to get medical help

Call your doctor or go to hospital if you have:

- Heavy bleeding—soaking one pad every hour for two hours and/or passing large clots.
- Severe pain—that doesn't improve with pain medicine (including the medicine you've been given).
- Fever or chills.
- Unusual vaginal discharge—with a strong or unpleasant smell.
- Feeling dizzy, faint, or unwell.

Things to think about

All surgery has small risks, such as:

- Infection.
- Bleeding.
- Reaction to anaesthetic.
- (Rarely) Damage to the uterus or nearby organs.

You'll usually be given antibiotics to help prevent infection.

Before you leave the hospital

Before going home, make sure you understand:

- What follow-up care you need.
- Who to call if you're worried about bleeding, pain, or fever.

It's always okay to ask questions or speak up if something doesn't feel right.

Understanding treatment options for ectopic pregnancy

An ectopic pregnancy happens when a fertilised egg grows outside the uterus—usually in a fallopian tube. It cannot grow normally and can become dangerous if not treated.

The best treatment option depends on how early it's found, your symptoms, pregnancy hormone levels (hCG levels), and overall health. Your doctor will help you choose the safest and most suitable option.

Medical management (Methotrexate)

If the ectopic pregnancy is found early, a medication called Methotrexate can be used to stop the pregnancy from growing. Your body will then absorb the tissue over time.

A gentle reminder about the words we use

In this section, we continue to use the term pregnancy tissue when describing medical treatments. This is a clinical term that refers to everything involved in the pregnancy, including what forms the baby and the structures that support it.

We understand this may not reflect how you see your experience. However you feel—whether you think of what is being passed as pregnancy tissue, your baby, or something else entirely — your response is deeply personal.

Who it's for

This may be an option if:

- You are medically stable and not bleeding heavily.
- The ectopic pregnancy is small and hasn't ruptured.
- Your blood hCG levels are low (usually under 1,500–5000 IU/L).

What to expect

You'll get one injection of Methotrexate into a muscle (sometimes through an IV). A second dose may be needed, depending on your blood test results. You'll have regular blood tests over a few days or weeks to check your hCG levels until they return to normal.

Things to think about

This option avoids surgery and may help preserve the fallopian tube. Mild side effects are common and may include:

- Nausea (about 1 in 4 people will experience this symptom).
- Tiredness (1 in 5 people).
- Mild stomach pain or cramping (1 in 3 people).
- Diarrhoea or mouth ulcers (1 in 10 people).
- Rarely, serious side effects can affect the liver or kidneys.

About 1 in 4 people may still need surgery if the medicine doesn't work. You must also avoid becoming pregnant for at least 3 months after the treatment.

Your care team will explain when to seek help—for example, if you have heavy bleeding, severe pain, or signs of rupture. If the medicine doesn't work, your doctor will talk to you about surgery.

Surgical management of ectopic pregnancy

Surgery is used to remove the ectopic pregnancy. It may be recommended for if:

- You are bleeding heavily or show signs of rupture.
- The ectopic pregnancy is large or hCG levels are high.
- Methotrexate isn't suitable or hasn't worked.

What to expect

Most surgeries are done using keyhole surgery (laparoscopy). If there is heavy bleeding or a rupture, open surgery (laparotomy) may be needed. Both are done under general anaesthetic, so you'll be asleep and won't feel anything.

The two main types of surgery:

- Salpingectomy—removes the affected fallopian tube (most common option in Australia).
- Salpingostomy—removes the pregnancy but keeps the fallopian tube (used less often due to higher risk of tissue remaining and similar fertility outcomes).

Things to think about

- Keyhole surgery is usually quick, with a 1–2 day hospital stay and faster recovery.
- It may be the safest option if there's internal bleeding.
- Like all surgery, there are small risks (e.g. infection, bleeding, or damage to nearby organs).
- If a fallopian tube is removed, many people can still get pregnant. Research shows that your chances of becoming pregnant are usually the same whether the tube is removed or kept.

What to expect after surgery

After keyhole surgery, most people recover in **2 to 4 weeks.** Here's what to expect:

- You may feel **sore or tired** for a few days.
- **Bleeding or spotting** is normal and may last up to two weeks.

- You may have **bruising or tenderness** around the incision sites (where they operated).
- Avoid **tampons, sex, swimming**, or **heavy lifting** until your doctor says it's safe.
- Your next period may be later or different—this is normal.
- You might be given **antibiotics** to help prevent infection.
- Your doctor should advise you on when to remove wound dressings before you are discharged from the hospital.

Tips for recovery:

- Rest as much as you need—ask for help with chores or errands.
- Take gentle walks to help your body heal.
- Eat well and drink plenty of water to avoid constipation.
- Keep your incision clean and dry—use mild soap and pat dry.
- Don't use lotions or powders on the incision.
- Speak to your doctor about guidance on returning to driving.
- Follow up with your doctor as advised.

When to get medical help:

- Redness, swelling, or discharge at the incision site.
- Fever or chills.
- Severe pain—that doesn't improve with pain medicine (including the medicine you've been given).
- Heavy bleeding—soaking one pad every hour for two hours and/or passing large clots.
- Dizziness, fainting, or feeling very unwell.

It's always okay to ask questions or speak up if something doesn't feel right. Your care team is there to support you—physically and emotionally.

Quick Reference: Your options at a glance

Depending on your health, preferences, and how far along the pregnancy is, your care team may talk with you about one or more of the following options:

Expectant management

- Waiting for the body to pass the pregnancy tissue on its own. Cramping and bleeding are expected, like a heavy period.
- Works best if your body has already started the process.
- May take hours/days to weeks.
- Follow-up tests (like ultrasound or blood tests) may be needed to confirm everything has passed.

Medical management

- Taking medication (usually misoprostol, sometimes with mifepristone) to help pass pregnancy tissue through the vagina.
- Can be done at home or in hospital, depending on your situation.
- Cramping and bleeding usually start within a few hours.
- Effective for most people (about 80-90%), but some may need more treatment.
- Follow-up tests (like ultrasound or blood tests) may be needed to confirm completion.

Surgical management

- A procedure to remove pregnancy tissue (e.g., suction curettage or manual vacuum aspiration).
- Usually done in hospital.
- Quick and controlled, with short recovery time.
- May be recommended if bleeding is heavy, symptoms are severe, or other options haven't worked.

For ectopic pregnancy

- **Methotrexate (medicine):**
  - Used when the pregnancy is small and there are no signs of rupture.
  - About 1 in 4 people may still need surgery.
  - Regular blood tests are needed to check progress.
  - Avoid pregnancy for at least 3 months after treatment.
- **Surgery:**
  - Needed if there is bleeding, high pregnancy hormone levels (hCG), or risk of rupture.
  - Removes the ectopic pregnancy, often through keyhole surgery.
  - Recovery times vary—your doctor will explain what to expect.

Choosing what feels right

In most situations, you will be able to choose how your pregnancy loss is managed. In others, your doctor or midwife might recommend a specific option to help keep you safe.

Things that might guide your decision include:

- How far along the pregnancy is.
- Whether you have bleeding, pain, or signs of infection.
- Your feelings and personal preferences.
- Your medical history.
- What care options are available in your area.

Even if the decision wasn't yours—because of an emergency or health reasons—it's okay to feel how you feel about the experience. Your voice matters, and your wellbeing matters too.

There is no single right choice. What's most important is what feels right for you.

Take your time. Ask questions. Your care team is there to support you however you need it.

“

It was so overwhelming not knowing where to turn. It helped later to ask for a clear care plan and to write down who to contact in different situations. I wish I’d known that earlier.

Space to reflect

This might be a good moment to pause and take a breath.

Thinking about care options—especially when choices feel limited or difficult—can bring up many feelings. You might be feeling uncertain, overwhelmed, or unsure about what's next. That's okay.

Use this space however feels right for you:

- To write down any questions or thoughts.
- To name your feelings, even if they're unclear.
- To think through what matters most right now.

Here are some gentle prompts to help:

- What do I want to ask or understand before making a decision?
- Who can I talk to about my options or feelings?
- What matters most to me as I move through this?

There's no rush. You don't need to have all the answers now.

Support is available, and you can return to this space whenever you need to.

Understanding why pregnancy loss happens

Many people who go through a pregnancy loss want to know why it happened. You might wonder if it was something you did or didn't do. But in most cases, pregnancy loss before 20 weeks is not caused by anything you did.

Often, losses in early pregnancy happen because of chromosomal differences in the baby. These changes usually occur by chance and are outside anyone's control.

In this section, we look at some of the known causes of pregnancy loss. Understanding them may help you make sense of what happened—but it's also okay if no clear reason is found. Many people don't get a definite answer, even after testing.

We also talk about what follow-up care might involve, and what to think about if planning a pregnancy in the future.

Possible causes of pregnancy loss before 20 weeks

It's often not possible to know the exact reason a pregnancy ended. This can be hard to understand or accept, especially if you're looking for answers. But it's important to know that most losses are not caused by anything you did or didn't do.

About two out of three pregnancy losses in the first trimester happen because of random changes in chromosomes. These changes affect how the baby develops and usually happen by chance—not because of anything the parents did.

Here are some causes your care team might talk to you about:

- **Chromosomal differences**

  Most early miscarriages happen when the baby has too many or too few chromosomes. These changes usually occur at fertilisation and stop the pregnancy from developing normally.

- **Hormonal imbalances**

  Hormones like progesterone help support a healthy pregnancy. If levels are too low, it may affect how the pregnancy grows.

- **Placental problems**

  If the placenta doesn't form or attach properly, it may not give the baby the support it needs, which can lead to loss.

- **Infection**

  Some infections in the uterus or body can increase the risk of miscarriage, especially if they affect the baby's development.

- **Cervical insufficiency**

  This is when the cervix opens too early in pregnancy, often without pain or warning. It can lead to second-trimester loss. Treatments may be available in future pregnancies.

Sometimes, even after testing, no clear reason is found.

> What I needed most was for someone to simply say, 'I'm sorry you've lost your baby.'
>
> Just hearing those words would have helped me feel seen and acknowledged.

Questions you might want to ask

You might want to ask your doctor, midwife, or specialist:

- What do we know so far about why the pregnancy ended?
- Are there any tests available or recommended for me or my partner?
- Could this affect future pregnancies?
- Is there anything I can do now or before trying again?
- When is it okay to start trying again?
- Where can I find support for how I'm feeling?

You don't have to ask all these questions at once. Start with what feels right. You can always come back with more questions when you're ready.

Learning about the possible causes of pregnancy loss can sometimes bring comfort or clarity. But it's important to remember—in most cases, it's not because of anything you did or didn't do.

If you want to know more, your care provider can talk with you about possible tests. These may help find a reason for the loss, especially if you've had more than one. But sometimes, no clear answer is found—and that can be hard to accept.

Whatever your situation, it's okay to take your time. You can ask questions, seek support, and make decisions in your own way. When you're ready, there are steps you can take to care for your health and think about future pregnancy.

Follow-up care and planning for future pregnancy

Your follow-up appointment

Most people are offered a follow-up appointment about 4–6 weeks after a pregnancy loss. This may be with your care team or your GP, depending on where you received care.

Even if you feel physically well, this appointment is important. It gives you and your care provider a chance to:

- Check your physical recovery.
- Talk through any test or pathology results.
- Talk about your emotional wellbeing.
- Talk about contraception (while you recover, and if you're not ready for another pregnancy).
- Begin planning for future pregnancy (if this is something you're thinking about).

If a follow-up appointment isn't offered, you can book one with your GP to check in and ask about next steps.

Here are some things you might want to ask:

- What did the results show, and what do they mean for me?
- Do I need any more tests, or a referral to a specialist?
- What should I expect in a future pregnancy?
- Will I need extra monitoring or support next time?

Understanding your results

Sometimes, tissue testing (pathology) can help explain why the pregnancy loss happened. In many cases, results show the loss was caused by random genetic changes. These are usually unpreventable, but don't mean you'll have another loss.

In other cases, no clear cause is found. While this can be frustrating, it's very common. It doesn't mean anything is wrong, and most people go on to have healthy pregnancies.

If tissue testing is possible, your care team may ask if you'd like the tissue sent to the lab. This may depend on how far along the pregnancy was, whether tissue can be collected (especially at home), and local hospital policies.

If you're managing the miscarriage at home and want to explore testing, ask your doctor or midwife about how to collect and store the tissue safely.

Planning for future pregnancy

When you feel ready to think about pregnancy again, your care team can help you prepare—physically and emotionally.

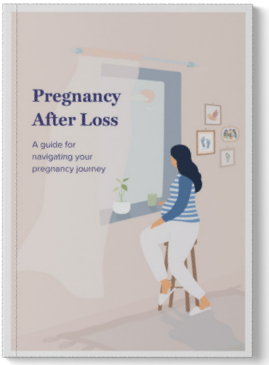
You may be offered extra support such as:

- Early scans (often between 6–8 weeks).
- More frequent check-ins during the first trimester.
- Specialist referrals if you've had multiple losses or health conditions.

Some hospitals have pregnancy after loss clinics, which offer extra emotional and medical care during your next pregnancy. These services aren't available everywhere, so ask your GP, midwife, or specialist if this kind of clinic is available in your area.

Feeling anxious about a future pregnancy is very common. Your care team understands this and can connect you with support services.

If you're thinking about trying again, you may find our companion guide helpful: *Pregnancy After Loss: A guide for navigating your pregnancy journey.*



Between appointments

Reach out to your care provider if:

- You have new or concerning symptoms.
- Your period hasn't returned to normal within 6–8 weeks.
- You're feeling overwhelmed, anxious, or low.
- You have questions about results or future plans.

There's no right or wrong time to think about pregnancy again. You may want to try soon, take a break, or decide not to try again. All choices are valid—and support is available either way.

Space to reflect

Learning why a pregnancy was lost can bring comfort—but also confusion. You might still be waiting for answers, or feel upset that there's no clear reason. It's important to remember that in most cases, it's not because of anything you did or didn't do.

You might feel many emotions at once—or none at all. Both are okay.

This space is for you. Use it in whatever way feels right:

- To notice how you're feeling.
- To write down questions for your next appointment.
- Or simply to pause and take a breath.

Here are some gentle questions to help you reflect:

- Has anything I've learned changed how I feel about what happened?
- Is there something I want to hold onto—or let go of?
- What questions do I still have, and who can I talk to?

There's no right or wrong way to reflect. Whatever you feel is valid—and you don't have to figure everything out today.

Caring for yourself

in the early days after loss

The early days after pregnancy loss can feel confusing and exhausting. Your body is healing, and your emotions might change from moment to moment. Even simple tasks can feel overwhelming.

This section offers gentle, practical guidance to help you through the first days and weeks.

What's in this section:

- Physical recovery.
- Managing lactation.
- Understanding your period and fertility.
- Intimacy and contraception.

Some topics may be hard to read. Take what feels helpful now and come back to the rest when you're ready. There's no right or wrong way to move through this time. Be kind to yourself and go at your own pace.

Caring for your physical health

Your recovery will depend on how far along the pregnancy was, the type of care you had, and whether there were any complications.

What to expect

- Bleeding for up to four weeks—starting light or like a period, then gradually easing.
- Cramping or period-like pain as your uterus returns to its usual size.
- Pregnancy symptoms (like nausea, sore breasts) easing within days or weeks.
- Tiredness while your body heals.

If you had medication or surgery:

- Surgery—you may have mild soreness around the wound.
- Methotrexate—may cause tiredness, nausea, or mouth ulcers (usually temporary).

Tips for healing

- Use pads (not tampons) until bleeding stops.
- Avoid vaginal sex until bleeding has stopped and you feel ready.
- Follow wound care instructions if you had surgery.
- Rest when you can, and move gently.
- Eat well, stay hydrated, and sleep when you're able.

Call your doctor if you have:

- Heavy bleeding—soaking one pad every hour for two hours and/or passing large clots.
- Severe pain—that doesn't improve with pain medicine (including the medicine you've been given.)
- Signs of infection—such as fever, feeling unwell, or discharge with a strong, unpleasant smell.

Managing lactation

If your loss happened in the second trimester, your body may start making breast milk. This is a natural response but can be painful and emotionally difficult. Your care team can support you.

What to expect

- Milk may come in a few days after the loss.
- Breasts may feel full, sore, or swollen.
- Symptoms usually last a few days to two weeks.
- Not everyone will experience this—it depends on your body and how far along the pregnancy was.

Options for lactation care

1. Letting milk reduce over time

Many people choose to let their milk supply settle on its own. This approach usually works within **5 to 14 days.** These steps may help ease discomfort during that time:

- Wear a firm (but not tight) bra.
- Avoid stimulation (don't pump or express unless very uncomfortable).
- Use cold packs or chilled cabbage leaves.
- Take pain relief like paracetamol or ibuprofen.

2. Medication (Cabergoline)

- Can help stop or reduce milk production.
- Usually taken as one tablet soon after the loss.
- Talk to your doctor if milk has already come in.

3. Expressing milk (optional)

- Some people choose to express for memory-making or donation.
- Talk to a lactation consultant or midwife before doing this.

Call your doctor if you notice:

- Fever or red, painful breasts.
- Lumps that don't go away.
- Discharge from the nipple.

Your period and fertility

Most people get their first period within four to six weeks after their loss. Your cycle may be heavier, lighter, more painful, or irregular at first.

What to expect

- Ovulation can happen as soon as two weeks after a loss.
- It is possible to become pregnant before your first period.

See your doctor if:

- You haven't had a period after 6–8 weeks.
- You have very heavy or painful bleeding.
- Irregular bleeding continues for more than a few months.

Intimacy and contraception

There is no right time to resume sexual activity. Most care providers suggest waiting until bleeding has stopped, and you feel ready—physically and emotionally.

What to expect

- Some people feel a strong need for closeness.
- Others feel disconnected, anxious or unsure.
- Your partner may feel differently—open communication can help.

Contraception

- Fertility can return quickly.
- Talk to your doctor about contraception options while you recover, and if you're not ready for another pregnancy.

See your doctor if you experience:

- Ongoing pain with sex.
- Unusual bleeding or discharge.

Looking ahead

Honouring your pregnancy and baby and finding ways to grieve are deeply personal. You'll find ideas and options in the later section of this guide: *"Finding your way in the weeks and months ahead."*

One moment at a time: A guide for when the days feel long

In the early days after loss, even simple things—getting out of bed, making a meal, replying to a message—can feel like too much.

When everything feels uncertain or too hard to face, it's okay to focus only on the next small step. You don't have to figure everything out right now. You don't have to feel okay all at once.

This guide offers small, gentle ways to help you through, moment by moment.

Small steps through uncertainty

A guide for when time feels overwhelming

When you're waiting—for answers, a procedure, or what comes next—time can feel unbearable. The future may seem too far away or unclear. Instead of trying to get through the whole day, focus on just one moment at a time.

If time feels too big, break it down:

- **One breath:** Inhale and exhale. That's enough.
- **One minute:** Close your eyes, stretch your hands, or place a hand on your heart.
- **Five minutes:** Make a cup of tea, step outside, or hold something comforting
- **Ten minutes:** Listen to a song, text someone, or wrap yourself in something warm.

Ask yourself: What's one small thing I can do right now?

- Take a sip of water.
- Adjust your posture or move to a different space.
- Light a candle or touch something soft.

Small steps through uncertainty (cont...)

Wellbeing Strategy

If you feel overwhelmed:

- Hold onto a warm drink or press your feet to the ground.
- Try the **5-4-3-2-1** method:

five things you can see

four things you can touch

three things you can hear

two things you can smell

one thing you can taste

Wellbeing Strategy

It's okay to move between distraction and awareness:

- Watch a show, scroll your phone, or listen to a podcast if you need a break.
- Or take a quiet moment to feel whatever you're feeling.

Be gentle with yourself:

- However, you get through is okay.
- If all you do is breathe, that is enough.
- If all you do is make it through this minute, that is enough.

As you move through these early days, remember—healing doesn't follow a schedule or a set timeline.

In time, you may find your own way forward—one step at a time—in the weeks and months ahead.

Space to reflect

You've made it to this point, moment by moment—and that matters.

After pregnancy loss, even the smallest steps can feel big. You might be feeling a mix of emotions: tiredness, sadness, numbness, relief, confusion—or nothing at all. However you're feeling is valid.

This space is here for you—to pause, to check in, or simply to rest. Whether your body is healing or your mind is full, showing up is enough.

You might gently explore:

- What is my body asking for right now—rest, movement, stillness?
- What brought me comfort today, even briefly?
- Is there something I need—or something I'm ready to let go of?
- What kindness can I offer myself today?

Write a word, a feeling, a thought—or nothing at all.

There's no pressure. You can return to this space whenever you need to.

Finding your way

in the weeks and months ahead

The weeks and months after pregnancy loss can bring many different feelings and challenges. There's no set timeline for healing, and no right way to move forward. Some days might feel easier. Other days might bring sadness, memories, or worries about the future.

This part of your journey is about finding what helps you carry both your love for your baby and hope for yourself. You may feel sadness and love, clarity and confusion, connection and grief—all at once. That's okay.

This section offers gentle guidance for the time ahead. It explores how grief can change over time, how to talk to others, where to find help, and how to care for your wellbeing in your own way.

Grieving over time

One of the hardest parts of grief can be facing the world around you. Seeing pregnant people, babies, or young children—in shops, online, or in your own family—can be painful reminders of what you've lost. These moments can surprise you and bring strong feelings.

You might feel sadness, anger, jealousy, or a deep ache. These feelings are normal.

Some people find it helpful to plan ahead for tough situations:

- Avoid certain places or events for a while.
- Take a break from social media.
- Talk to someone you trust.
- Step away from conversations that are too much.

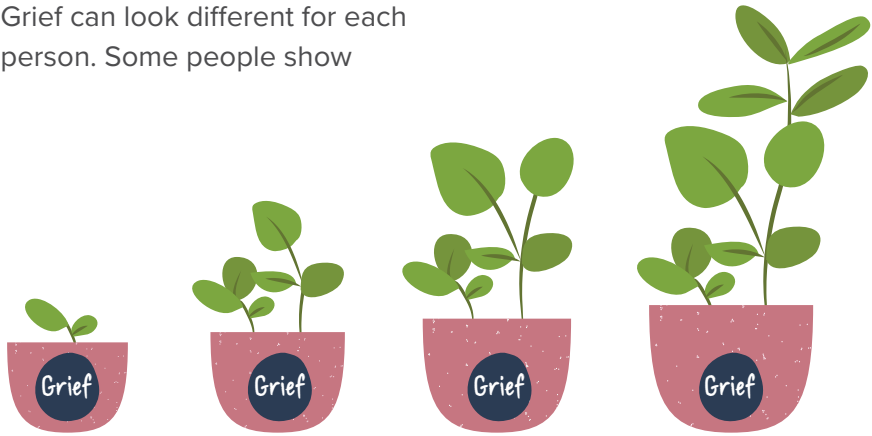
Be gentle with yourself. Everyday places may feel different for a while. Over time, many people find these moments easier to manage, even if they don't go away completely.

Grief can affect how you think and feel, how you relate to others, what you believe, and even how your body feels. Grief can come in waves, especially around due dates, anniversaries, or family gatherings. You may grieve not only your baby, but the future you imagined. Even years later, it's normal for grief to feel fresh sometimes. This doesn't mean you're not healing—it means your love is still there.

Some people may say you need to move on after a loss, but grief doesn't just go away. A different way of thinking about grief is that you learn to carry it with you. Grief educator, Lois Tonkin, described this as 'growing around grief'. Over time, many parents find that while their grief remains, life grows around it—making space for moments of hope, healing, and even joy. You don't need to forget or leave your grief behind to move forward.

Grief can look different for each person. Some people show their feelings openly. Other stay busy or focus on tasks. Both are okay—people cope in different ways.

If you've lost one baby in a multiple pregnancy and are caring for a surviving twin, grief can feel especially complicated. You might feel both joy and sadness at the same time. That's okay. Both feelings are real and valid. Support is available to help you carry both.



Based on Lois Tonkin's model of grief

Honouring your pregnancy and baby

Some parents find comfort by staying connected to their baby. This is called continuing bonds—the idea that a baby who has died can still be part of your life in special and meaningful ways. Many parents find comfort in remembering their baby in special ways.

Healing after pregnancy loss can mean finding meaningful ways to carry your baby's memory with you, while also making space for new hopes to grow. You don't have to remember everything, or feel the same way every day—what matters is moving forward in a way that feels right for you.

You might choose to:

- Lighting a candle on meaningful dates.
- Keeping a small token nearby.
- Naming your baby.
- Creating a memory space at home.
- Applying for a **Certificate of Recognition** (or similar document) to acknowledge a pregnancy loss before 20 weeks.
- Attending a remembrance event.
- Writing a letter or keeping a journal.

You can remember your baby quietly or through shared rituals. There's no right way to do this. Do what feels right for you. If you're unsure or want help, your care team can help.

Seeking support

Support can make a big difference. Some people reach out early. Others wait until later. Both are okay.

Support might include:

- Trusted family and friends.
- Your GP or a grief counsellor (Medicare rebates may apply).
- National support services like Pink Elephants Support Network or Red Nose Australia.
- Talking to others who've had similar experiences (this is called peer support).
- Books, podcasts, or online resources.
- Spiritual or cultural support.
- Creative or calming activities like journaling, music, or yoga.

There's no one way to cope. What matters is finding what helps you feel supported and understood.

If sadness feels heavy for a long time, or daily life becomes hard, it might be time to seek extra support. This isn't a sign of weakness—it's a sign of care. You're not alone.

Sharing your experience

Telling others about your loss can be hard. You might not know what to say, how much to share, or if you want to say anything at all.

There are no rules. Some people find comfort in sharing. Others prefer to keep things private.

You might choose to:

- Talk to close family or friends.
- Let your workplace know if you need time or changes.
- Write a message instead of speaking face-to-face.
- Set boundaries, like: "Thank you for checking in, but I'm not ready to talk yet."

Sometimes people say the wrong thing, even if they mean well. If something feels hurtful, it's okay to feel upset. Choose who you want around you and protect your space as you heal.

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Just being able to connect with other parents who truly understood the pain we felt made a huge difference... that meant everything.

Finding a support group or even one person who’s been through it can be incredibly healing.

Returning to work

Going back to work after pregnancy loss can be a challenge. Some people return quickly. Others need more time. Both are okay. There's no rule—do what feels right for you.

Your rights at work (Australia)

You may be able to access:

- Sick leave—for physical and emotional recovery (you may need a medical certificate from your doctor).
- Compassionate leave—under the Fair Work Act 2009, full-time and part-time employees are entitled to 2 days of paid compassionate leave. Casual employees can take 2 days of unpaid compassionate leave.
- Unpaid leave—if you've used all your paid leave, you can ask for extra unpaid time off.

You can find more information about leave entitlements at fairwork.gov.au.

Privacy is important. You only need to share what you're comfortable with.

Talking to your workplace

Letting your workplace know can be hard. You don't have to share personal details, but you may need a medical certificate from your doctor if you're taking time off.

You might choose to:

- Speak to your manager or HR officer.
- Say you're dealing with a health matter, without going into detail.
- Ask for changes like reduced hours, more flexible arrangements like working from home, or a lighter workload.

- Check if your workplace offers additional leave for pregnancy loss before 20 weeks.
- Ask about Employee Assistance Program (EAP) counselling or wellbeing support.

There's no one right way to have this conversation. Take your time and ask for help if you need it.

Looking after yourself at work

Grief can affect your focus, energy, and emotional capacity. Here are some tips:

- Plan for questions or conversations.
- Ask if you can return gradually or work from home if possible.
- Take breaks when things feel overwhelming.
- Request temporary changes to make work feel more manageable.
- Say no to events like baby showers or social gatherings if you're not ready.

Not all workplaces know how to support someone after pregnancy loss. A trusted person—like your manager or HR officer—can help explore options.

A GP or counsellor can help you to understand your needs and offer care options. If your workplace offers an Employee Assistance Program (EAP), you can use it for free support.

For more advice and support, visit:

- **Pink Elephants Support Network**—Workplace Support Program
- **Red Nose Australia**
- **Miscarriage Australia**

Thinking about future pregnancies

After pregnancy loss, thinking about becoming pregnant again can bring up many feelings—like sadness, hope, fear, or confusion. You might feel ready to try again, unsure, or not want to at all. These feelings can change over time, and that's okay.

Giving yourself space

Grieving for your baby can also mean grieving the future you imagined. Your thoughts and feelings about pregnancy may shift over time. You don't need to have answers right away. Try to notice what feels right for you now, knowing this may change later.

Not everyone wants to try again—and that's okay. Some people feel unsure for a long time. Others may want to think about it sooner.

Medical considerations

If you're considering another pregnancy, here are some general suggestions:

- **After a loss before 12 weeks:** waiting one full period is often recommended.
- **After a loss after 12 weeks:** waiting around three months may be advised.

Fertility and ovulation can return quickly—even before your first period after your loss. If you're not ready to try again, talk to your doctor about contraception. Your doctor can help guide you based on your needs.

If you've had two or more losses, especially if you're over 35 years of age, your doctor may suggest some tests before trying to become pregnant again, such as:

- Genetic testing.
- Hormone or thyroid checks.
- Blood clotting tests.
- Imaging of the uterus or cervix.
- Screening for conditions like diabetes or immune disorders.

These tests may help identify possible risks with future pregnancies, but sometimes no clear results are found. Your care team will talk to you about your options and help you plan for what's next.

> After losing a baby I desperately wanted, I just needed to be pregnant again. That longing was so strong. But with each month of trying, my anxiety grew—what if it happened again?

Supporting your health

Taking care of your body can also help with emotional healing. You might want to:

- Eat well, stay hydrated, and get enough rest.
- Move your body gently.
- Stay up to date with vaccinations (like rubella or flu).
- Go to follow-up appointments.
- Take preconception vitamins such as folic acid (if you are planning to become pregnant again).
- Follow safety advice during pregnancy from resources like the Safer Baby Bundle.

These are suggestions—not rules. Talk with your care provider about what matters most to you right now.

Together, you can make a plan that feels right.

If you are thinking about trying again, you may want to read our companion guide: *Pregnancy After Loss: A guide for navigating your pregnancy journey.* It offers information, support, and space to reflect as you prepare for the road ahead.

For more information about care and support after the loss of a baby, visit carearoundloss.stillbirthcre.org.au

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It's okay not to want to try again. That’s probably what we’ve struggled with the most—people saying, ‘Oh, you can try again.’ But my wife and I decided we won’t.

Our experience of loss really changed how we see pregnancy and birth, and we know another pregnancy would likely bring a lot of stress. As a same-sex couple, fertility support adds another layer to consider. For us, choosing a different path feels right—and we’re focusing on what brings us peace and strength moving forward.

A moment to pause: A mindfulness practice

Grief and uncertainty can feel overwhelming. This gentle exercise can help you feel grounded:

Wellbeing Strategy

A moment to pause

Take a deep breath. Right now, you are here.

Sit or lie down. Place a hand on your heart or belly. Breathe slowly—in through your nose, out through your mouth. Do this a few times.

Acknowledging your feelings

Notice what you are feeling right now, without judgment.

- If you're feeling scared, you can say: "Right now, I feel afraid."
- If you're feeling sadness, allow for that feeling: "This is a really hard moment."
- If you're feeling hope, that's okay too: "It's okay to have some hope."

Let the feelings come and go—like waves.

Grounding in the present

Use your senses to stay grounded:

- What do you hear? The hum of a fan, the chirping of birds, distant voices?
- What do you feel? The warmth of your hands, the softness of a blanket?
- What do you see? Light filtering through a window, the colours around you?

A Gentle Reminder

Say to yourself:

- "I am doing my best."
- "I don't need to have all the answers."
- "I am not alone."

A kindness to yourself

Place your hand gently over your heart, or wherever feels most comforting offer yourself kindness:

- "May I be gentle with myself."
- "May I find moments of peace."

Closing the Practice

Take one more deep breath.

As you breathe out, let yourself come back to the space around you.

If your eyes were closed, you can open them now.

Remember, you can come back to this practice anytime you need a moment of calm.

Be kind to yourself. You are not alone.

Space to reflect

No matter where you are in your journey—just starting or some time has passed—your feelings and needs are real.

This space is here to help you check in with yourself, without pressure or expectations.

You might like to ask yourself:

- What am I feeling right now?
- What do I need most?
- Who or what could support me next?

You don't need to have all the answers. You don't need to fix anything.

Just noticing what feels true for you today is enough.

Information and resources

Pregnancy loss can feel overwhelming—physically, emotionally, and mentally. But you don't have to navigate it alone.

Support can take many forms. You might want to talk to someone, read trusted information, or connect with others who've been through something similar. There's no right or wrong way—only what feels helpful for you.

Below are national services across Australia that offer free, reliable support after pregnancy loss before 20 weeks. Many people begin with their GP, but hospital staff, social workers, or community health teams can also guide you.

Note: *To keep things simple, we've listed national services here. You may also find helpful options closer to home—including through the Care Around Stillbirth and Neonatal Death website* (carearoundloss.stillbirthcre.org.au).

Pregnancy loss supports	
13YARN (First Nations)	Phone: 13 92 76 (24/7) 13yarn.org.au
Bears of Hope	Phone: 1300 11 HOPE bearsofhope.org.au
Beyond Blue	Phone: 1300 22 4636 (24/7) beyondblue.org.au
Gidget Foundation Australia	Phone: 1300 851 758 gidgetfoundation.org.au
Miscarriage Australia	miscarriageaustralia.com.au
PANDA	Phone: 1300 726 306 panda.org.au
Pink Elephant Support Network	support@pinkelephants.org.au pinkelephants.org.au
Pregnancy Loss Australia	pregnancylossaustralia.org.au
Red Nose Grief and Loss	Phone: 1300 308 307 (24/7) rednosegriefandloss.org.au
Rural Health Connect Perinatal Grief and Loss Program	Phone: 0493 571 070 ruralhealthconnect.com.au

Your support contacts

As well as national services, there may be local people and organisations you trust.

Use this space to note contacts for your care, support, or next steps—whether medical or emotional.

You can also explore local and state-based options through the *Care Around Stillbirth and Neonatal Death* website carearoundloss.stillbirthcre.org.au

Main healthcare contact (e.g. doctor, nurse, midwife)

Support person (family, friend, or someone you trust)

Next steps for your care (appointments, follow-up)

Commonly used medical terms

Blighted ovum	Also called an anembryonic pregnancy. A fertilised egg implants in the uterus but doesn't grow into an embryo.
Early Pregnancy Assessment Unit (EPAU)	A hospital clinic that cares for people with early pregnancy problems like bleeding, miscarriage, or ectopic pregnancy. Also known in some places as EPAS, EPLU, EPAC, or EPLC.
Early pregnancy loss	Also called miscarriage. The unexpected loss of a pregnancy before 20 weeks.
Embryo	The early stage of a baby's development, soon after the egg is fertilised.
Fallopian tubes	Tubes that carry eggs from the ovaries to the uterus.
Fetus	A medical term for the developing baby after body parts start forming. May also be called pregnancy tissue or products of conception.
General Practitioner (GP)	A doctor who provides general health care and can refer you to specialists.
Heavy bleeding	Soaking one pad an hour for two hours and/or passing large clots. Or if you feel your bleeding is excessive. Seek medical help right away.
hCG (human chorionic gonadotropin)	A hormone made in pregnancy. Blood or urine tests check its levels to monitor pregnancy.
Hyperemesis gravidarum	Severe vomiting in pregnancy that can cause dehydration and weight loss.
Midwife	A trained health professional who supports people during pregnancy, birth, and after.

Miscarriage	Another word for early pregnancy loss (before 20 weeks).
Missed miscarriage	The baby has died or stopped developing, but the body hasn't recognised the loss yet.
Obstetrician	A doctor who specialises in pregnancy and birth.
Ovary	Organ that stores eggs and makes hormones. There are two—one on each side of the uterus.
Ovum	An egg cell from the ovary. The plural is ova.
Placenta	An organ that grows during pregnancy to provide oxygen and nutrients to the baby through the umbilical cord.
Preeclampsia	A serious pregnancy condition involving high blood pressure. It can affect the placenta and organs.
Pregnancy tissue	Any tissue from the pregnancy, including the baby and placenta.
Previable	A baby who is not developed enough to survive outside the uterus.
Products of conception	A medical term for tissue formed from the fertilised egg, including the baby and placenta.
Recognition of Life Certificate	A certificate some hospitals offer if your baby's birth cannot be legally registered (under 20 weeks or no signs of life at birth).
Sub-chorionic hematoma (SCH)	A pocket of blood between the uterus and the membrane around the baby. A common cause of early bleeding.
Tissue testing (Pathology)	Testing pregnancy tissue to look for possible causes of the loss. It's not always offered and depends on stage and hospital policy.

Tubal pregnancy	A type of ectopic pregnancy where the baby grows in a fallopian tube.
Ultrasound	A scan that uses sound waves to create images. In pregnancy, it checks growth, heartbeat, and pregnancy health.
Unregistered birth	A birth not legally recorded, usually if under 20 weeks and the baby showed no signs of life. This does not affect the meaning or importance of the baby.
Uterus	A muscular organ where the baby grows during pregnancy.

Disclaimer: Some medical terms may sound clinical, but they don't always reflect how healthcare professionals see you, your pregnancy, or your baby. These terms are often used as shorthand to ensure clear communication within the care team and are never meant to diminish your experience or your baby's significance. If a particular term feels uncomfortable, you or your support person can ask your care team to use a different term that better supports your understanding and experience.

Notes

Final acknowledgement

We gratefully acknowledge the many people who generously shared their time, knowledge, and lived experience to help shape this resource. Your insights and care guided every part of this work.

For more information or to contact the team, go to carearoundloss.stillbirthcre.org.au

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