

Obstetric and Gynaecological Ultrasound in Mulgrave (formerly Diagnostic Women's Ultrasound), has provided specialist pregnancy and gynaecological ultrasound services to Melbourne's South East and the Dandenong region since 1989.

Dr Simon Meagher is an obstetrician/gynaecologist who has specialised in ultrasound and prenatal diagnosis. He is the Director of Monash Ultrasound for Women, consultant staff specialist at the Mercy Hospital for Women and lecturer at both Melbourne and Monash Universities. He is well known for his clinical and procedural skills and academic achievements, having over 40 publications in local and international journals.

O & G Ultrasound provides a complete range of pregnancy and gynaecological ultrasounds and related procedures including prenatal genetic testing for Down Syndrome. Dr Meagher (obstetrician/gynaecologist/ultrasonologist), Associates and sonographers specialised in obstetric ultrasound, work with state of the art, high resolution ultrasound machines. Together with an experienced team of nurses and support staff, our aim is to provide you with the highest quality ultrasound service available.



Dr Simon Meagher

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What is Miscarriage?

Miscarriage refers to the unexpected loss of a pregnancy from the time of conception up to 5 months of pregnancy. After this time the term stillbirth is used.

How do I know if a Miscarriage is happening?

Miscarriage usually starts with bleeding from the vagina, crampy abdominal pain or both. The pain and bleeding increase, the cervix (neck of the womb) opens and the placenta, fluid and embryo are passed through the vagina. In most cases this happens in early pregnancy and you will not recognize the embryo or placenta as both are very small. The most you will note is blood loss possibly with 'stringy material' which is the placenta. The blood loss is usually equivalent to a heavy period.

Not all patients however with pain and bleeding in early pregnancy progress to miscarriage and pregnancy loss. In fact, bleeding or spotting along with, crampy lower abdominal pains are quite common symptoms in early pregnancy and most settle with time. In only a few cases do the symptoms worsen and lead to miscarriage.

What Causes Miscarriage?

Up to 15% of pregnancies are lost as a result of miscarriage. Some pregnancies are lost before you miss your period and therefore go unnoticed, but most are lost at 5-12 weeks of pregnancy. Most miscarriages occur as a result of a chromosomal or genetic problems in the developing embryo. In a sense they are nature's way of dealing with a pregnancy where the baby is likely to be born with serious physical or mental handicap. The earlier the miscarriage occurs the more likely there is a serious genetic or chromosomal problem. For example at 5-6 weeks of pregnancy approximately 60-70% of miscarriages are due to chromosomal or genetic abnormalities such as Down Syndrome.

The Grief of Miscarriage

Pregnancy loss is a sad and upsetting time for both you and your partner. Most patients before they present with signs of miscarriage have begun to think ahead in pregnancy and about the end result of a healthy baby. The news of miscarriage therefore comes as a great shock. Experiencing grief and sadness is however a normal and important response in these circumstances and helps in the long run with the emotional healing process which follows with time.

What Happens Next?

Most patients require a curettage following miscarriage. This is a procedure which involves a brief hospital admission, a light anaesthetic, dilatation of the cervix (opening of the neck of the womb) and removal of the remaining tissue from within the uterine cavity. Dilatation and curettage, or "D&C" brings an end to the pain and bleeding and reduces the risk of pelvic infection particularly with late miscarriages. Many patients find this procedure helpful in that it helps to recover more speedily with the grief of the situation and enables them to start thinking more positively and possibly about the next pregnancy.

In some patients, particularly those who miscarry in early pregnancy, when only a tiny amount of remaining tissue is present in the uterus, a D&C is not necessary. The small volume of remaining tissue is either reabsorbed back into the body or passed through the vagina.

When will I be able to get pregnant again?

It is generally advised that you should wait for at least the return of a normal period. This allows regeneration of the lining of the uterus and creates a more favorable environment for implantation of the next pregnancy.

Will this happen to me again?

For most patients there is no significant increased risk of miscarriage in the next pregnancy. Your miscarriage risk with the next pregnancy is therefore similar to the background risk i.e. as though you are on a fresh starting block. Investigations for miscarriage are generally arranged only if you have had the misfortune of having 3 or more consecutive miscarriages.

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