

Consensus Statement:

Miscarriage



New Zealand
College of Midwives
Te Kāraeti o ngā Kaiwhakawhānau ki Aotearoa



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Tauāki | Statement

The New Zealand College of Midwives | Te Kāreti o Ngā Kaiwhakawhānau ki Aotearoa (the College) acknowledges the important role that midwives play in recognising the impact of miscarriage, in supporting women, gender diverse people and their whānau, and in shaping experiences of loss.

Te Reo | Language

College statements utilise words from Te Reo Māori to acknowledge and respect the indigenous language of Aotearoa New Zealand.

Honouring Te Tiriti o Waitangi

Midwifery practice in Aotearoa is guided by the cultural competencies of Tūranga Kaupapa (Ngā Māia Trust, 2024). Tūranga Kaupapa honours a Tiriti-based partnership and is foundational in providing care to whānau Māori. Midwives work in ways that uphold the mana of all whānau, recognising the role of cultural identity, values and belief systems in shaping health experiences (New Zealand College of Midwives, 2025).

McLean et al. (2024) note that the cultural needs of wāhine Māori are often overlooked in a medicalised context. They emphasise the importance of tikanga Māori principles and cultural safety for the care of wāhine Māori experiencing whakatahe (miscarriage) and note that miscarriages requiring in-patient medical intervention are more complex than those occurring in the community. Hospital environments may be spaces where tikanga Māori, whakawhanaungatanga, whānau involvement, manaakitanga and cultural safety are not adequately considered (Espiner et al., 2021). Indigenous relational concepts focused on engagement and forming connections are described as critical to building relationships, connections and trust between midwives and whānau (Komene et al., 2024).

For Māori, the word 'pēpi' is used irrespective of gestational age, and this refers to an infant before and after birth (McLean et al., 2024). Midwives are encouraged to reflect on their own

practice and to engage in ongoing education that strengthens cultural safety, particularly when discussing pregnancy loss (New Zealand College of Midwives, 2025).

Whakamārama | Background

Most miscarriages (more than 95%) occur in the first 14 weeks of pregnancy. Miscarriage is estimated to affect approximately 1 in every 4 pregnant women in Aotearoa New Zealand. The Births, Deaths, Marriages, and Relationships Registration Act 2021 defines a miscarriage as, “the issue from its birth mother, before the 21st week of pregnancy, of a dead foetus weighing less than 400g”.

The midwifery scope of practice incorporates all aspects of pregnancy-related sexual and reproductive health care, including care during and after miscarriage. The International Confederation of Midwives states that pregnancy loss and intrauterine fetal death require management, and midwives play a key role in the provision of safe care (ICM, 2025)

The emotional impact of miscarriage and early pregnancy loss is strongly influenced by experiences interacting with healthcare providers, with positive experiences reducing grief and negative interactions aggravating trauma (Lee et al., 2025). Women’s access to support during miscarriage may influence how they manage grief and loss (Kenny, 2009). Women experiencing miscarriages have reported dissatisfaction mainly related to a lack of emotional support such as acknowledgement of loss, addressing guilt and lack of follow-up care (Wong et al., 2025). There will be diversity and complexity in terms of how women and whānau approach their personal experiences of miscarriage. Midwifery care can provide tailored support to meet personal needs and wishes.

Women’s experiences of accessing maternal mental health services in Aotearoa New Zealand have been found to be variable and influenced by cultural, psychosocial and system factors (Taynton et al., 2024). Midwifery continuity of care is optimal when providing miscarriage care. Midwives provide a holistic approach to address emotional, psychological, and physical needs for women and whānau who have experienced a miscarriage (Nash et al., 2018).

Midwives can support the clinical and emotional needs of women who experience lactation following a late miscarriage, as the potential for lactation to occur is often not well understood or recognised.

Midwives may also be emotionally affected by repeated exposure to early pregnancy loss (Nash et al., 2018). Midwifery peer to peer debriefing for experiences of vicarious trauma, which includes caring for women following miscarriage or difficult births, is recommended (Buchanan & Dover, 2024).

Ngā Aratohu | Guidance for Practice

- LMC midwives are funded to provide miscarriage care to those registered in their care (Ministry of Health, 2021). This includes initial triage and discussion, referral for blood tests and/or ultrasound, miscarriage care in the community if required, and referral to primary, secondary, or emergency services where clinically indicated.
- Midwives offer follow-up debriefing, post-miscarriage assessment (including ensuring miscarriage is complete), physical recovery advice, family planning advice, and referrals to further support services where needed.
- Lactation may occur from 16 weeks’ gestation (Sereshti et al., 2016). Sensitive and compassionate clinical bereavement care includes support to manage lactation after pregnancy loss, and to avoid pathology such as mastitis or engorgement. Breastmilk leakage may also cause distress.
- Gradually reducing any milk supply by wearing a firm bra, removing a small amount of milk from the breast as necessary, using cool packs and taking anti-inflammatory medication is recommended (ABA, 2023).

- Midwives should be aware that women who have had miscarriages may have experienced high levels of post-traumatic stress, anxiety, and depression (Farren et al., 2020), and that an enduring grief response should be considered in subsequent pregnancy care (Yang et al., 2022). There may also be an increased risk of suicide (Quenby et al. (2021)). More reassurance and support may be needed in subsequent pregnancies.
- Midwives play an important role in ensuring women and whānau are aware of their employment and financial entitlements following miscarriage or stillbirth. Access to leave provisions can provide essential time for physical recovery, grieving, and whānau support.
- The whetūrangitia information resource is available for whānau in situations of miscarriage, stillbirth, fetal abnormality, or death of an infant or child (<https://wheturangitia.services.govt.nz>).

Bereavement leave

- Employees who experience a miscarriage or stillbirth are entitled to a minimum of three days' paid bereavement leave, provided they meet employment eligibility criteria
- Bereavement leave does not need to be taken immediately or on consecutive days - it can be used at a time that best supports the whānau.
- Eligibility also extends to partners, former partners who would have been a parent, intended primary carers, and their partners.
- Midwives can direct whānau to further details at Employment New Zealand: <https://www.employment.govt.nz>.

Paid parental leave

Parental leave provisions also apply for miscarriages. If eligible for primary carer leave or parental leave payments, the mother who experiences a miscarriage is entitled to 26 weeks of parental leave and payments, dependent on meeting certain criteria (Employment NZ, 2025c). Midwives can direct whānau to further details at Employment New Zealand: <https://www.employment.govt.nz>

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Whakamana | Ratification

This statement was ratified at the College's SGM on 31 March 2026.

Arotake | Review - August 2030

The purpose of the College guidance statements is to provide midwives, women, whānau and the maternity services with the profession's position on any given situation and provide guidance for practice. This guidance is designed to educate and support best practices and is regularly reviewed and updated in line with evidence-based practice.

Please note: Statements may be updated within the review period. We recommend midwives refer to the College website for the most up-to-date versions. <https://www.midwife.org.nz/midwives/professional-practice/guidance-for-practice/>

Tūtohu | Suggested Citation

New Zealand College of Midwives | Te Kāreti o ngā Kaiwhakawhānau ki Aotearoa. (2025). *Consensus statement: Miscarriage*. <https://www.midwife.org.nz/midwives/professionalpractice/guidance-for-practice/>