

Miscarriage



A miscarriage is the early loss of a pregnancy. Sometimes health care providers call a miscarriage a spontaneous abortion or SAB. Miscarriage can happen any time between your last period and 20 weeks of pregnancy. After 20 weeks, a pregnancy loss is called a stillbirth. Most miscarriages happen in the first trimester (first 13 weeks of pregnancy).

How common is miscarriage?

Miscarriage is more common than most women think. Miscarriage occurs in 10% to 15% of pregnancies that have been diagnosed. Some miscarriages happen before a woman even knows that she is pregnant.

What causes miscarriage?

Sometimes there are clear reasons, and other times there are no clear reasons. About half of all miscarriages are caused by problems with the genetic makeup of the fetus. Miscarriage is more common in older women and women who have had a miscarriage before. Chronic medical conditions like uncontrolled diabetes and thyroid disease increase the chance a woman will have a miscarriage. Smoking and alcohol use also increase the chance of miscarriage.

What are the signs and symptoms of miscarriage?

The most common signs of miscarriage are vaginal spotting or bleeding, cramping, abdominal pain, or lower backache. These symptoms don't always mean a woman will have a miscarriage. Sometimes a miscarriage can occur without any symptoms at all.

How is a miscarriage diagnosed?

Usually a miscarriage is diagnosed by an ultrasound. The ultrasound will show that your baby does not have a heart beat when a heart beat should be seen. Blood tests to check your levels of the pregnancy hormone HCG may also be done if your health care provider thinks you are having a miscarriage.

What is the treatment for a miscarriage?

There are several treatment options after miscarriage. The best option for you depends on how far along you were in the pregnancy, your current medical condition, your preferences, and your health care provider's advice.

Some of the different treatments may include:

- **Observation/expectant management**

Some women may choose to allow the miscarriage to happen naturally. Usually, the miscarriage will pass within 2 weeks. It is important to tell your health care provider if you have signs of infection (fever, chills, feeling sick) or heavy bleeding (soaking more than 1 maxi-pad in an hour). Sometimes you are unable to pass all of the pregnancy on your own and will need surgery.

- **Medication**

Women may choose or be advised to take medication to help the body pass the miscarriage. The medication is either taken by mouth or put in the vagina and usually works within 24 to 48 hours. You may have heavy bleeding and cramping when you pass the pregnancy. Sometimes you are unable to pass all of the pregnancy with medication and will need surgery.

- **Surgery**

Sometimes surgery is the treatment for a miscarriage. This may be because a patient prefers it, her health care provider recommends it, or one of the other methods of treatment did not work. The usual surgery is a D&C (dilatation and curettage). A small suction device is placed in the uterus (womb), and the pregnancy is removed. When this surgery is done, there is a very small chance that the lining of your uterus can be damaged, and you might have trouble getting pregnant again.

- **Induction of labor**

If the pregnancy was greater than 16 weeks, your health care provider may admit you to the hospital to induce labor. This is often a long process that may involve the use of several different medicines.

What will happen after I have a miscarriage?

- **How long will I have bleeding?**

Women may have bleeding like a heavy period for about 1 week after a miscarriage. Don't put tampons into your vagina or have sex until at least 2 weeks after the miscarriage and only when the bleeding has completely stopped.

- **How do I know if the miscarriage was complete?**

Sometimes women will have a follow-up ultrasound to make sure the miscarriage passed completely. Other times, an ultrasound is not needed. Sometimes the level of pregnancy hormone HCG in your blood will be monitored until your levels are back to normal. If you bleed through more than 1 maxi-pad in an hour, you should contact your health care provider.

- **What if my blood type is negative?**

Women who have an Rh-negative blood type will need a shot of RhoGAM after a miscarriage. Usually the shot is given when the miscarriage is diagnosed.

- **What feelings will I have?**

Women can have different feelings about miscarriage. Having a miscarriage is like losing a baby for many women. Grief is very normal. Other women feel less sad and may even be relieved if they were not planning to be pregnant. There is no right or wrong way to feel. Ask your health care provider about pregnancy loss support groups and tell your provider if you are feeling depressed.

- **When can I start birth control?**

Most types of birth control can be started immediately after a miscarriage. Ask your health care provider about specific methods.

- **When can I try to get pregnant again?**

Most women who had regular periods before miscarriage will return to their normal cycles within 6 weeks after miscarriage. Most women can try to get pregnant again when their periods return and they feel ready emotionally. Talk to your health care provider about your pregnancy plans.

- **What is my risk of having another miscarriage?**

This depends on many factors including how far along you were, how many miscarriages you have had, and your age. Your health care provider can give you more information about your specific chance of having another miscarriage.

For More Information

March of Dimes

http://www.marchofdimes.com/baby/loss_miscarriage.html

National Share Pregnancy & Infant Loss Support, Inc.

<http://www.nationalshare.org>

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