

# Miscarriage

When your pregnancy ends in miscarriage it can be very sad and distressing. The following information will tell you about the symptoms and treatment for the different types of miscarriage. We hope that it will help you understand, if you do have a miscarriage, that it is unlikely that you did anything to cause it. Most women who have a miscarriage go on to have a normal healthy pregnancy in the future.

## What is a miscarriage?

Spontaneous abortion or miscarriage is the term used for a pregnancy that ends on its own, within the first 20 weeks of gestation. There are many different types of miscarriage, different treatments for each, and different statistics for having each one.

- **Threatened miscarriage:** Vaginal bleeding during early pregnancy. This may be accompanied by cramping or lower backache. The cervix remains closed, and no tissue is passed. The pregnancy is still viable.
- **Inevitable miscarriage:** Vaginal bleeding along with opening of the cervix. Bleeding is usually more severe and cramping is present.
- **Incomplete miscarriage:** Expulsion of some but not all of the products of conception. With an incomplete miscarriage, the bleeding is heavier and cramping is present. Tissue is being passed. Ultrasound may show some material in the uterus, but no viable pregnancy.
- **Complete miscarriage:** Expulsion of all the products of conception before the 20<sup>th</sup> week of pregnancy. Bleeding usually subsides quickly, as well as any cramping or pain. Ultrasound would show an empty uterus.
- **Missed miscarriage:** This is when embryonic death has occurred but there is no bleeding, cramping, or expulsion of tissue. Signs of this would be a sudden loss of pregnancy symptoms and no fetal heartbeat on ultrasound.
- **Recurrent miscarriage:** Defined as 3 or more consecutive first trimester miscarriages.
- **Blighted ovum:** A fertilized egg implants into the uterine wall, but fetal development never begins.
- **Ectopic pregnancy:** A fertilized egg implants somewhere other than the uterus, most commonly in the fallopian tube. Treatment is needed immediately to stop development of the implanted egg. If not treated promptly, this could end in serious maternal complications.

## How often does it occur?

About 20% of recognized pregnancies end in miscarriage. If you include estimations of chemical pregnancies or unrecognized pregnancies that are lost, the miscarriage rate can be as high as 50-75%. Many women miscarry before they even know they are pregnant. A late menstrual period may be the only symptom.

For women in childbearing years, the chances of having a miscarriage can range from 10-25%, and in most healthy women the average is about 15-20%. As maternal age increases, so does the chance of having a miscarriage.

- Women <35 yrs old have a 15% chance of miscarriage
- Women 35-45 have a 20-35% chance of miscarriage
- Women >45 yrs old can have a 50% chance of miscarriage
- A woman who has had a previous miscarriage has a 25% chance of having another (only slightly more elevated than a woman who has never had a miscarriage)

### **What are the symptoms of miscarriage?**

If you experience any or all of these symptoms, it is important to call your doctor or go to the hospital as soon as possible:

- Pain and/or cramping in your pelvic area. This may occur on only one side, both sides, or in the middle
- Mild to severe back pain
- True contractions happening every 5-20 minutes
- Brown or bright red bleeding or spotting with or without cramps (20-30% of all pregnancies can experience some bleeding in early pregnancy, with about 50% of those resulting in normal pregnancies).
- Tissue and clot-like material passing from the vagina
- Sudden disappearance of early pregnancy symptoms

### **Why did I have a miscarriage?**

The reason for miscarriage is varied and most often the cause can not be identified. During the first trimester, the most common cause of miscarriage is chromosomal abnormality. Often the fetus does not develop at all or develops abnormally. In such cases, miscarriage is the body's way of ending a pregnancy that is not developing normally. Other causes for miscarriage include:

- Hormonal problems, infections or health problems in the mother
- Lifestyle (i.e. smoking, drug use, malnutrition, exposure to toxic substances in the environment, or excessive caffeine)
- Abnormal implantation of the egg
- Maternal age
- Maternal trauma

Factors that are not proven to cause miscarriage are sex, working outside the home (unless in a harmful environment), or moderate exercise.

### **How is miscarriage treated?**

If you have a threatened miscarriage, there is a chance that your pregnancy will continue. Your doctor will probably recommend that you rest in bed for a couple of days. Special precautions such as stopping exercise, staying off your feet as much as possible, and avoiding sex may be necessary for several weeks.

If you have an incomplete or missed miscarriage, a dilatation & curettage (D&C) or suction procedure may be used to remove the tissue remaining in the uterus.

If you have an ectopic pregnancy, you may be given a medication to stop the development of the embryo. In some cases, surgery to remove the affected tube can be necessary.

### **What can I do to prevent a miscarriage?**

Since the cause for most miscarriages is due to chromosomal abnormalities, there is not much that can be done to prevent them. One important step is to be as healthy as possible before conception. Below are some other things you can do to decrease your risk of having a miscarriage:

- Eat healthy
- Exercise regularly
- Manage stress
- Maintain a healthy weight
- Take a daily prenatal vitamin with folic acid
- Do not smoke or be around smoke
- Control any chronic illnesses like high blood pressure or diabetes
- Do not drink alcohol
- Limit or eliminate caffeine
- Check with your doctor before taking any over the counter medications
- Avoid environmental hazards such as radiation, infectious disease, and X-rays