



Miscarriage

A miscarriage is the loss of a pregnancy during the first 20 weeks. Miscarriages are surprisingly common and occur in about 15% of known pregnancies. Most miscarriages are the result of your body ending a pregnancy that would not have been able to survive till when the baby is born. Most women who have had a miscarriage go on to have successful pregnancies in the future.

- **Causes:** The loss of a pregnancy can be very hard to accept. You may wonder why it happened or blame yourself. A miscarriage is no one's fault, and you can't prevent it.
 - Working, stress, exercising, having sex or having used birth control pills before getting pregnant does not cause miscarriage. Some women who have had a miscarriage believe that it was caused by a recent fall or hitting their stomach. In most cases, this is not true.
 - The majority of miscarriages are caused by a random event in which the embryo has an abnormal number of chromosomes. An embryo with an abnormal number of chromosomes often cannot grow or survive.
- **Signs and Symptoms:**
 - Bleeding and passing clots.
 - Cramping of the lower abdomen or a low backache.
 - Keep in mind that both of these can be normal in pregnancy and you should always notify your physician so that you can be closely monitored or further evaluation can be done.
- **Treatment:**
 - If you are diagnosed with a miscarriage and have not passed all of the pregnancy tissue this is called an incomplete miscarriage. There are several options to remove this tissue. Your doctor will go over the options and help you with this decision.
 - If your blood type is RH negative (O-, A-, B- or AB-) you may receive a shot of Rh immunoglobulin. During pregnancy it is possible for the mother's blood to come into contact with the fetal blood cells. If a woman is Rh negative, and the fetus is Rh positive, the contact can cause the mother to make antibodies and this could cause problems in later pregnancies.
- **Follow up:**
 - Call if you having any of the following:
 - Heavy bleeding, Fever/chills, or Severe pain
 - After a miscarriage, you may be advised not to put anything into your vagina (tampons or having sexual intercourse), usually for 2 weeks
 - You should see your physician in a few weeks for a follow up visit.
 - Coping with the loss of the pregnancy can cause feeling of sadness and grief. If you or your partner are having trouble handling the feelings that go along with this loss, call your physician or seek out a counselor.
 - Getting pregnant after a miscarriage: It may take time for your menstrual cycle to return to normal, typically 4-6 weeks. This period may be heavier than normal. Ovulation can occur within 2 weeks of your miscarriage so it is possible to become pregnant within the month. It is best to wait at least one normal period before attempting to become pregnant. Use a form of birth control during this time.
- **Links for further education/information:**
 - www.olsoncenter.com
 - www.miscarriageassociation.org.uk



Treatment Option for Early Pregnancy Loss or Miscarriage

You have several options to treat your early pregnancy loss or miscarriage. All of these options are safe and complications are rare, but some options are more likely than others to require more than one treatment. The treatment options differ in length of time it takes to completely pass the pregnancy. Sometimes your provider will recommend or discourage treatments based on your medical or pregnancy history. However, most of the time, you may choose which option you most prefer.

Waiting (“Expectant Management”)

Often, you may wait for the pregnancy to pass on its own. Eventually, your uterus will begin to contract and will pass the pregnancy tissue. This can take several weeks or longer and is successful roughly 50% of the time. Heavy bleeding and painful cramping is normal with this process. Your provider will give you guidelines to watch your bleeding during this process. Risks include very heavy bleeding or incomplete passage of the pregnancy that can require surgery and infection.

Pills (treatment with medication “Misoprostol/Cytotec”)

You may use a medicine called Misoprostol or Cytotec that will cause your cervix to soften and open and your uterus to contract and pass the pregnancy. This is successful about 85% of the time within 1 week of taking it. Heavy bleeding and painful cramping is normal. If the pregnancy doesn't pass, additional doses of the medication or a surgical procedure may be needed. Risks include very heavy bleeding or incomplete passage of the pregnancy that can require surgery and possible infection. Neither of these risks are common.

Surgical procedure (uterine aspiration, either in the operating room or in the office)

You may have a surgical procedure to remove the pregnancy from your uterus. Your cervix (entrance to the uterus) is slowly stretched (dilated) open to allow a small plastic tube to enter. Suction is applied to the tube as it is moved inside the uterus for 2-3 mins. You will feel cramping during and after this procedure. The doctor will check to make sure that the pregnancy tissue appears completely removed. This procedure can be done in the office or in the operating room. Your provider may recommend one location over the other because of your medical history, but most of the time you may choose.

Risks include infection (up to 3 out of 100 women), incomplete aspiration/retained pregnancy tissue (up to 3 out of the 100), serious bleeding (1 out of 1000), injury to the uterus or cervix (1 out of 500) or injury to a nearby organ (very rare)

- **Uterine aspiration in the office**

You will be awake for the procedure. You will be given pills to assist you with pain or nervous feelings. A support person can join you in the office for the procedure. This visit usually takes about an hour.

- **Uterine aspiration in the operating room**

You can choose to be completely asleep for the procedure. A support person will wait for you in the OR waiting room for the procedure. You will spend several hours at the hospital.