



YouMatter

24 Hour Hotline  
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## Miscarriage Patient Instruction Sheet

### What is a miscarriage?

A miscarriage, also called a spontaneous abortion, is the spontaneous ending of a pregnancy. About one-third to one-half of all pregnancies end in miscarriage before a woman misses a menstrual period or even knows she is pregnant. About 10-20% of women who know they are pregnant will miscarry.

A miscarriage is most likely to occur within the first three months of pregnancy, before 20 weeks' gestation. Only one percent of miscarriages occur after 20 weeks' gestation. These are termed late miscarriages.

### What are the symptoms of a miscarriage?

Symptoms of a miscarriage include:

- Bleeding that progresses from light to heavy
- Cramps
- Abdominal pain
- Low back ache that may range from mild to severe.

If you are experiencing the symptoms listed above, contact your health care provider right away. He or she will tell you to come in to the office or go to the emergency room.

### What causes miscarriage?

About half of all miscarriages that occur in the first trimester are caused by chromosomal abnormalities — which might be hereditary or spontaneous — in the father's sperm or the mother's egg. Chromosomes are tiny structures inside the cells of the body that carry many genes, the basic units of heredity.

Genes determine all of a person's physical attributes, such as sex, hair and eye color, and blood type. Most chromosomal problems occur by chance and are not related to the mother's or father's health.

Miscarriages are also caused by a variety of unknown and known factors, such as:

- Infection
- Exposure to environmental and workplace hazards such as high levels of radiation or toxic agents
- Hormonal irregularities
- Improper implantation of fertilized egg in the uterine lining
- Maternal age
- Uterine abnormalities
- Incompetent cervix (The cervix begins to widen and open too early, in the middle of pregnancy, without signs of pain or labor.)
- Lifestyle factors such as smoking, drinking alcohol, or using illegal drugs
- Disorders of the immune system including lupus, an autoimmune disease
- Severe kidney disease
- Congenital heart disease
- Diabetes that is not controlled
- Thyroid disease
- Radiation
- Certain medicines, such as the acne drug Accutane
- Severe malnutrition
- Group B beta strep

Sometimes, treatment of a mother's illness can improve the chances for a successful pregnancy.

## What are the risk factors for a miscarriage?

A risk factor is a trait or behavior that increases a person's chance of developing a disease or predisposes a person to a certain condition. Risk factors for miscarriage include:

- Maternal age — Studies show that the risk of miscarriage is 12 percent to 15 percent for women in their 20s and rises to about 25 percent for women at age 40. The increased incidence of chromosomal abnormalities contributes to the age-related risk of miscarriage.
- Certain health conditions in the mother as listed above in the section, "What causes miscarriage?"

## How is a miscarriage diagnosed and treated?

Your health care provider will perform a pelvic exam and an ultrasound test to confirm the miscarriage. If the miscarriage is complete and the uterus is clear, then no further treatment is usually required. Occasionally, the uterus is not completely emptied, so a dilation and curettage (D&C) or dilation and extraction (D&E) procedure is performed. During these procedures, the cervix is dilated and any remaining fetal or placental tissue is gently scraped or suctioned out of the uterus. You will usually resume your menstrual period in about 4-6 weeks.

If a miscarriage was not confirmed, but you had symptoms of a miscarriage, bed rest is often prescribed for several days, and you might be admitted to the hospital overnight for observation. When the bleeding stops, usually you will be able to continue with your normal activities. If the cervix is dilated, you might be diagnosed with an incompetent cervix, and a procedure to close the cervix (called cerclage) might be performed.

Blood tests, genetic tests, or medicine might be necessary if a woman has more than two miscarriages in a row (called repeated miscarriage). Some diagnostic procedures used to evaluate the cause of repeated miscarriage include:

- Endometrial biopsy
- Hysterosalpingogram (an X-ray of the uterus and fallopian tubes)
- Hysteroscopy (a test during which the doctor views the inside of the uterus with a thin, telescope-like device)
- Laparoscopy (a procedure during which the doctor views the pelvic organs with a lighted device)

## What are some of the symptoms after a miscarriage?

Spotting and mild discomfort are common symptoms after a miscarriage. If you have heavy bleeding, fever, chills, or pain, contact your health care provider immediately as these may be signs of an infection.

## Can I get pregnant after I've had a miscarriage?

Yes. Most women (87 percent) who have miscarriages have subsequent normal pregnancies and births. Having a miscarriage does not necessarily mean you have a fertility problem. About one percent of women might have repeated miscarriages (three or more). Remember that usually a miscarriage cannot be prevented and often occurs because the pregnancy is not normal. Some researchers believe this is related to an autoimmune response.

Discuss the timing of your next pregnancy with your health care provider.

Some health care providers recommend waiting a certain amount of time (from one menstrual cycle to three months) before trying to conceive again. To prevent another miscarriage, your health care provider might recommend treatment with progesterone, a hormone needed for implantation in the uterus. If the mother has an illness, treating the condition can improve the chances for a successful pregnancy.

Taking time to heal both physically and emotionally after a miscarriage is important. Above all, don't blame yourself for the miscarriage. Counseling is available to help you cope with your loss. A pregnancy loss support group might also be a valuable resource to you and your partner. Ask your health care provider for more information about counseling and support groups.

If you've had two miscarriages in a row, you should stop trying to conceive, and ask your health care provider to perform diagnostic tests to determine the cause of the miscarriages.