



# Miscarriage

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Queensway Carleton  
Hospital

# Miscarriage

A normal pregnancy is 40 weeks. The loss of a pregnancy before 20 weeks is called a miscarriage.

Miscarriages are the most common early pregnancy complication. About 1 of every 5 known pregnancies end in miscarriage.

Most miscarriages (80%) occur in the first 13 weeks, or first trimester of a pregnancy.

## Symptoms of Miscarriage

Bleeding is the most common sign of a miscarriage. The amount of bleeding can vary from light spotting to heavier than a period. The colour may be brown or bright red. Other symptoms of miscarriage include:

- Lower abdominal pain or cramping (often described as period like pain)
- Backache
- Passage of tissue and/or clot like material from the vagina

Call your doctor if you have bleeding or any other of these symptoms during a pregnancy. If you think you have passed fetal tissue, put it in a clean container and take it to your doctor for inspection.

You should call your doctor if you develop any of the following signs after a miscarriage. They may indicate an infection or complication:

- Heavy bleeding (changing more than 2 pads per hour)
- Dizziness
- Fever or chills
- Severe pain

## Additional Instructions

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## Recovery

Bleeding usually lasts 3 to 7 days. The bleeding and pain should gradually become less. Over-the-counter pain medication such as acetaminophen (Tylenol®) may help with the pain.

After a miscarriage, your next period may arrive early, on time, or late. It usually arrives within 4 to 6 weeks. The bleeding with your next period may be light, normal or heavy.

It is safe to resume sexual activity after the bleeding stops. It is possible for you to become pregnant as soon as 2 weeks after a miscarriage. If you do not wish to become pregnant, use a method of birth control.

To help prevent infection, do not insert anything into your vagina until the bleeding has stopped. For example, do not douche, insert any creams or use tampons.

Emotional healing may take longer than the physical healing. Miscarriage is a heart-wrenching loss. Your emotions may range from anger to despair. If either you or your partner is having trouble handling the often difficult feelings that go along with this loss, talk to your doctor or nurse. The hospital has a specialized team of workers trained in supporting individuals and families through early pregnancy loss.

## How is Miscarriage Diagnosed?

If you have signs or symptoms of miscarriage, your doctor may do a pelvic exam (similar to a pap test) to see if your cervix has dilated. If it has, then miscarriage is certain.

If you are past 8 weeks of pregnancy, your doctor may use ultrasound (in which sound waves are used to examine the fetus) to determine if you have had a miscarriage or there is another reason for your bleeding.

Your doctor may also order blood tests to check your blood type, amount of blood loss and/or the levels of pregnancy hormones in your blood.

## Causes of Miscarriage

The cause of miscarriage is usually not known. It is important to realize that miscarriage is not due to anything you or your partner did or did not do. The most common cause of miscarriage is a chromosomal abnormality - meaning that something is not correct with the fetus's chromosomes. Chromosome abnormalities are usually not inherited (passed on from the parents). They happen by chance and are not likely to occur again in a later pregnancy.

Miscarriage is often the body's way of dealing with a pregnancy that was, for some reason, not developing normally and would not have been able to survive.

In most cases, a miscarriage does not mean that a woman can not have more children. Many women (70-90%) go on to have a successful next pregnancy.

Other, less common causes of miscarriage include:

- Womb or cervix abnormalities
- Hormonal problems
- Infections
- Uncontrolled chronic health conditions such as diabetes, hypertension or thyroid disease
- Smoking, alcohol or illegal drugs
- Exposure to radiation or toxic substances

The rate of miscarriage increases in women over the age of 30, but the fact remains that many women have successful pregnancies throughout their 30's, and into their early 40's.

Most aspects of daily life do not increase the risk of miscarriage. For instance, there is no proof that working, exercising, lifting heavy objects, having sex, stress, or having used birth control pills before getting pregnant increases a woman's risk.

## Treatment

Although there is no treatment to reverse a miscarriage, there are several treatment options for preventing complications. The main goal of these treatments is to prevent large blood loss and infection. Depending on your condition, you may be able to choose from three options:

**Expectant management:** Watchful waiting and close medical observation as the miscarriage progresses naturally. This process usually takes 3-7 days but may take as long as 2 weeks.

**Medical management:** Medication can be prescribed to speed up the miscarriage process and cause your body to expel the pregnancy tissue. This medication is usually given vaginally.

**Surgical treatment:** A procedure called dilation and curettage (D&C) can be done to remove any pregnancy tissue remaining in the uterus. During this procedure, the doctor dilates the cervix and removes the tissue out of the uterus.

If your blood is Rh negative, your doctor will take steps to protect you by ordering an injection of a blood product called Rh immunoglobulin (Rhogam). This product prevents you from developing antibodies that could affect a future Rh-positive baby.