

Miscarriage Risks and Treatments

Miscarriage is the loss of a pregnancy before 20 weeks. Most often this occurs before the 12th week. The American College of Obstetrics and Gynecology reports that about 15 – 20 percent of all pregnancies may end in miscarriage.

The number is most likely much higher. It often happens before the woman knows that she is pregnant. A woman may notice one or more of the warning signs listed below.

- Spotting or bleeding from the vagina
- Pain or cramping in the lower back or abdomen
- Fluid or tissue passing from the vagina

Spotting and bleeding early on is fairly common. It does not always mean you will miscarry. Most of the women who have this symptom go on to have a normal pregnancy.

Risk Factors for Miscarriage

There are many reasons why miscarriage occurs. The most common is that the fetus does not develop as it should. This is most often a problem with the baby's genes or chromosomes. Development may not occur normally as the embryo divides and grows. It is not typically a problem inherited from the parents.

There are things that increase the risk of miscarriage:

- Age – women older than 35 are at a higher risk than younger women. The father's age may also play a role. This has not been studied as much. The higher risk is most likely chromosomal as the eggs and sperm age.
- Previous miscarriage – a woman who has had two or more miscarriages is at a higher risk of having one again. After one loss, the risk of miscarriage is the same as a woman who has never had a miscarriage.
- Chronic conditions – women with diabetes, cardiac or thyroid disease are at an increased risk.
- Uterine or cervical problems – some uterine problems or a weak, short cervix increase the risk for miscarriage.
- Smoking, abusing prescription drugs, drinking alcohol and using illegal drugs – these behaviors increase the risk.
- Caffeine – excessive levels may increase the risk of miscarriage, therefore your doctor might ask you to limit your intake.

If your pregnancy is developing as it should, your daily activities will not cause a loss.

Miscarriage does NOT result from:

- Working
- Exercising
- Having sex
- Lifting heavy objects
- Nausea and vomiting in early pregnancy (morning sickness)
- A minor fall or injury

Treatment Options for Miscarriage

There are many treatment options for a miscarriage. You and your doctor will decide which one is best for you based on your situation and wishes.

- Natural progression – if an ultrasound or blood test confirm a miscarriage before the woman has any symptoms, she might choose to let it progress. This can take a few weeks, with multiple blood tests, to complete.
- Medication – certain medicines cause the body to expel the pregnancy tissue. The miscarriage happens in the next day or two and will likely happen at home.
- Dilation and Curettage (D & C) – a D & C can be performed at any point during the miscarriage. Problems are rare but include damage to the tissue of the cervix or damage to the uterine wall.

If your blood type is Rh negative, you should check with your doctor to see if you need a blood product called Rhogam. This medicine will prevent you from forming antibodies that could affect future pregnancies. It must be taken after each birth or miscarriage.

Getting Pregnant Again

It is possible to become pregnant during the next menstrual cycle. If you want to get pregnant again, make sure that you and your partner are ready emotionally. Give yourself time to grieve your loss. This was a real pregnancy that will always be part of you. Even though the pregnancy was in an early stage, the grief that you feel is real. Meeting with a counselor or your physician might be helpful during this time. Most health professionals recommend waiting until you have had at least one normal menstrual period before trying to become pregnant after a miscarriage.