Miscarriage
(Spontaneous Miscarriage)

A miscarriage is when you loose your baby before the twentieth week of pregnancy. Miscarriages happen in 15-20% of pregnancies. Most miscarriages happen in the first 13 weeks of the pregnancy. In medical terms, this is called a spontaneous miscarriage or early pregnancy loss. No further treatment is needed when the miscarriage is complete and all products of conception have been passed out of the body. You can begin trying for another pregnancy as soon as your caregiver says it is OK.

CAUSES

- Most causes are not known.
- Genetic problems like abnormal, not enough or too many chromosomes.
- Infection of the cervix or uterus.
- An abnormal shaped uterus, fibroid tumors or congenital abnormalities.
- Hormone problems.
- Medical problems.
- Incompetent cervix, the tissue in the cervix is not strong enough to hold the pregnancy.
- Smoking, too much alcohol use and illegal drugs.
- Trauma.

SYMPTOMS

- Bleeding or spotting from the vagina.
- Cramping of the lower abdomen.
- Passing of fluid from the vagina with or without cramps or pain.
- Passing fetal tissue.

TREATMENT

- Sometimes no further treatment is necessary if you pass all the tissue in the uterus.
- If partial parts of the fetus or placenta remain in the body (*incomplete miscarriage*), tissue left behind may become infected. Usually a D and C (*Dilatation and Curettage*) suction or scrapping of the uterus is necessary to remove the remaining tissue in uterus. The procedure is only done when your caregiver knows that there is no chance for the pregnancy to continue. This is determined by a physical exam, a negative pregnancy test, blood tests and perhaps an ultrasound revealing a dead fetus or no fetus developing because a problem occurred at conception (when the sperm and egg unite).
- Medications may be necessary, antibiotics if there is an infection or medications to contract the uterus if there is a lot of bleeding.
- If you have Rh negative blood and your partner is Rh positive, you will need a Rho-gam shot (an immune globulin vaccine). This will protect your baby from having Rh blood problems in future pregnancies.

HOME CARE INSTRUCTIONS

- Your caregiver may order bed rest (up to the bathroom only). He or she may allow you to continue light activity. You may need to make arrangements for the care of children and for any other responsibilities.
- Keep track of the number of pads you use each day and how soaked (*saturated*) they are. Record this information.
- **Do not** use tampons. **Do not** douche or have sexual intercourse until approved by your caregiver.
- Only take over-the-counter or prescription medicines for pain, discomfort or fever as directed by your caregiver.
- **Do not** take aspirin because it can cause bleeding.
- It is very important to keep all follow-up appointments for re-evaluations and continuing management.
- Tell your caregiver if you are experiencing domestic violence.
- Women who have an Rh negative blood type (i.e., A, B, AB, or O negative) need to receive a drug called Rh(D) immune globulin (RhoGam®). This medicine helps protect future fetuses against problems that can occur if an Rh negative mother is carrying a baby who is Rh positive.

- If you and/or your partner are having problems with guilt or grieving, talk to your caregiver or seek counseling to help you cope with the pregnancy loss. Allow enough time to grieve before trying to get pregnant again.

SEEK IMMEDIATE MEDICAL CARE IF:

- You have severe cramps or pain in your stomach, back, or belly (*abdomen*).
- You run an unexplained temperature 100º F (37.9º C) or higher (record these).
- You pass large clots or tissue. Save any tissue for your caregiver to inspect.
- Your bleeding increases.
- You become light-headed, weak or have fainting episodes.
- You develop chills.

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