Threatened Miscarriage

Bleeding during the first 20 weeks of pregnancy is common. This is sometimes called a threatened miscarriage. This is a pregnancy that is threatening to end before the twentieth week of pregnancy. Often this bleeding stops with bed rest or decreased activities as suggested by your caregiver and the pregnancy continues without any more problems. You may be asked to not have sexual intercourse, have orgasms or use tampons until further notice. Sometimes a threatened miscarriage can progress to a complete or incomplete miscarriage. This may or may not require further treatment. Some miscarriages occur before a woman misses a menstrual period and knows she is pregnant.

Miscarriages occur in 15 to 20% of all pregnancies and usually occur during the first 13 weeks of the pregnancy. The exact cause of a miscarriage is usually never known. A miscarriage is natures way of ending a pregnancy that is abnormal or would not make it to term. There are some things that may put you at risk to have a miscarriage, such as:

- Hormone problems.
- Infection of the uterus or cervix.
- Chronic illness, diabetes for example, especially if it is not controlled.
- Abnormal shaped uterus.
- Fibroids in the uterus.
- Incompetent cervix (the cervix is too weak to hold the baby).
- Smoking.
- Drinking too much alcohol. It's best not to drink any alcohol when you are pregnant.
- Taking illegal drugs.

TREATMENT

When a miscarriage becomes complete and all products of conception (all the tissue in the uterus) have been passed, often no treatment is needed. If you think you passed tissue, save it in a container and take it to your doctor for evaluation. If the miscarriage is incomplete (parts of the fetus or placenta remain in the uterus), further treatment may be needed. The most common reason for further treatment is continued bleeding (*hemorrhage*) because pregnancy tissue did not pass out of the uterus. This often occurs if a miscarriage is incomplete. Tissue left behind may also become infected. Treatment usually is dilatation and curettage (the removal of the remaining products of pregnancy. This can be done by a simple sucking procedure (suction curettage) or a simple scraping of the inside of the uterus. This may be done in the hospital or in the caregiver's office. This is only done when your caregiver knows that there is no chance for the pregnancy to proceed to term. This is determined by physical examination, negative pregnancy test, falling pregnancy hormone count and/or, an ultrasound revealing a dead fetus.

Miscarriages are often a very **emotional time** for prospective mothers and fathers. This is **not you or your partners fault**. It **did not** occur because of an inadequacy in you or your partner. Nearly all miscarriages occur because the pregnancy has started off wrongly. At least half of these pregnancies have a chromosomal abnormality. It is almost always not inherited. Others may have developmental problems with the fetus or placenta. This does not always show up even when the products miscarried are studied under the microscope. **The miscarriage is nearly always not your fault and it is not likely that you could have prevented it from happening.** If you are having emotional and grieving problems, talk to your health care provider and even seek counseling, if necessary, before getting pregnant again. You can begin trying for another pregnancy as soon as your caregiver says it is OK.

HOME CARE INSTRUCTIONS

- Your caregiver may order bed rest depending on how much bleeding and cramping you are having. You may be limited to only getting up to go to the bathroom. You may be allowed to continue light activity. You may need to make arrangements for the care of your other children and for any other responsibilities.

- Keep track of the number of pads you use each day, how often you have to change pads and how *saturated* (soaked) they are. Record this information.
- **DO NOT USE TAMPONS. Do not douche, have sexual intercourse or orgasms until approved by your caregiver.**
- You may receive a follow up appointment for re-evaluation of your pregnancy and a repeat blood test. Re-evaluation often occurs after 2 days and again in 4 to 6 weeks. It is very important that you follow-up in the recommended time period.
- If you are Rh negative and the father is Rh positive or you do not know the fathers' blood type, you may receive a shot (Rh immune globulin) to help prevent abnormal antibodies that can develop and affect the baby in any future pregnancies.

SEEK IMMEDIATE MEDICAL ATTENTION IF:

- You have severe cramps in your stomach, back, or abdomen.
- You have a sudden onset of severe pain in the lower part of your abdomen.
- You develop chills.
- You run an unexplained temperature of 101° F (38.3° C) or higher.
- You pass large clots or tissue. Save any tissue for your caregiver to inspect.
- Your bleeding increases or you become light-headed, weak, or have fainting episodes.
- You have a gush of fluid from your vagina.
- You pass out. This could mean you have a tubal (*ectopic*) pregnancy.

Document Released: 12/18/2006 Document Re-Released: 09/26/2009
ExitCare® Patient Information ©2011 ExitCare, LLC.