

# Miscarriage

*Patient Information Series – What you should know, what you should ask.*

This leaflet is to help you understand what miscarriage is, why it occurs, what the symptoms are, and the recurrence risk for the next pregnancy.

## **What is miscarriage?**

Miscarriage is the spontaneous loss of a pregnancy before it would be able to survive independently (before the 23rd week of gestation or a weight of 500 grams). Recurrent miscarriage is the loss of 2 or more consecutive pregnancies. Miscarriage affects 25% of women who have been pregnant by the age of 39 years and 20% of pregnancies overall.

## **What causes miscarriage?**

Most miscarriages happen during the first trimester. Most pregnant women with spotting or bleeding in early pregnancies have successful pregnancies. Chromosomal abnormalities of the fetus (most common), maternal age at conception is a significant contributory factor.

- Excessive alcohol intake, smoking, illicit drug use
- Problems of the uterus or cervix
- Certain medical conditions like uncontrolled diabetes, infections, etc.

It is important to remember miscarriage is not your fault, and you should not blame yourself. Exercise, working, emotional stress, taking oral contraceptive pills in the past – these do not cause miscarriage.

## **What symptoms will I have?**

You may experience abdominal pain, vaginal bleeding, or passage of unidentifiable pregnancy tissues from the vagina. You may notice pregnancy symptoms have diminished. Sometimes you may not have any symptoms, and when you go for a scan, miscarriage can be diagnosed.

## **What tests should be done?**

Your ultrasound will show either an empty gestational sac or a sac with an embryo without a heartbeat. Sometimes you may need more than one scan to confirm the diagnosis of miscarriage. You may need certain blood tests, such as Beta hCG (pregnancy hormone) in your blood.

## **What treatment should I have?**

Seek help from your healthcare provider. Once the diagnosis is made, treatment options will be discussed with you. This can be expectant, medical, or surgical. Expectant management has approximately a 70% success rate. Pregnancy can also be terminated by giving tablets (misoprostol) vaginally, which has a success rate of 84%. Surgical management — emptying the uterus under general anesthesia or local anesthesia, which has a success rate of 97%.

## **Will it happen again?**

There is a slight risk of recurrence. Around 1% of women will have recurrent miscarriages. Consult your doctor immediately when your pregnancy test is positive.

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## What other questions should I ask?

- When is my next follow-up appointment?
- What are my chances of having a healthy pregnancy in the future?
- How long should I wait before trying to become pregnant again?
- Will I need to follow any special precautions if I become pregnant again?

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