

Just the Facts...

Basic Facts About Miscarriages

This fact sheet, based on excerpts from the American College of Obstetrics and Gynecology's Patient Education Pamphlet, is provided for your information. It is not medical advice and should not be relied upon as a substitute for visiting your doctor or other healthcare provider.

Introduction

A normal pregnancy is about 40 weeks. The loss of a pregnancy before 20 weeks is called early pregnancy loss. Often, the loss is called a "miscarriage," the term used for a pregnancy that ends on its own within the first 20 weeks of gestation. The medical term for it is "spontaneous abortion" when the pregnancy loss is not deliberately induced.

The rate of miscarriage can vary, depending on several factors, such as the age of the women in the population and how well miscarriages are counted. For most purposes, counts come from medical records. However, counting can still be difficult because some women do not reveal that they've had a miscarriage, and many occur before a woman has seen her doctor for the first time to confirm the pregnancy. Estimates vary between about 12 to 31% or more of all pregnancies, depending on how early the woman realizes she is pregnant, and these other factors. Most miscarriages occur in the first trimester (first 3 months of pregnancy). Research shows that about half of all miscarriages are due to an error in the genetic make-up of the pregnancy. Nature's response to this problem is spontaneous miscarriage.

Miscarriages can occur for many reasons, not all of which can be identified. Almost always, a miscarriage is not due to anything the patient or her partner did or did not do. When studies were done, most factors that cause a miscarriage were found to be genetic, in the embryo. In individual patients,

the cause of a miscarriage is not usually found. Investigations into the cause of a miscarriage are not usually carried out unless someone has three or more miscarriages in a row. This is because most women who miscarry will not miscarry again. Even two miscarriages are more likely to be due to chance than to some underlying cause, although this is certainly an upsetting event. While a miscarriage can result from external factors, (e.g., exposure to certain chemicals, diseases, or physical blows), they are rarely the cause. Almost all miscarriages result from genetic or other problems in the developing fetus, and the next most likely is biological problems, such as disease in the mother.

Genetic factors

During the first trimester, more than half of all miscarriages are caused by problems with the fetus' development (such as genetic or chromosomal).

Factors of the Woman's Health

Infections may affect the uterus and fetus and, as a result, end the pregnancy. Problems with the woman's hormones also can cause very early miscarriage. If the woman has a chronic disease, such as diabetes that is not controlled, she may have a higher risk for miscarriage. Body structure or immune problems in the mother can include a weak cervix or unwanted antibodies. See your health care provider to discuss your future family plans.

Lifestyle Factors

Pregnant women who smoke have a higher risk of miscarriage than women who don't smoke; women smokers are also more likely to have vaginal bleeding during pregnancy. Heavy alcohol use and illegal drug use also increase the risk of miscarriage. This is especially true in early pregnancy.

Occupational/Environmental Factors

There are a number of studies in groups of people and in animal studies that relate high levels of exposure to some occupational and environmental substances to a possible increased rate of miscarriages within those groups who are exposed. These are often unusual situations, such as particular occupational exposures or living in towns where the pollution is well recognized (e.g., an uncontrolled smelter in town). Typical environmental concentration levels in most communities are much lower; and environmental regulations set “allowable” exposures levels to be much lower than “borderline” in order to protect even the most sensitive individuals.

What Doesn't Cause Miscarriage

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

Symptoms of Miscarriage

The most common symptom is vaginal bleeding, which can range from light spotting to heavier than a period. Often there is cramping, with period-type pains. Some women find that the usual symptoms of pregnancy, such as breast tenderness, feeling sick and having to pass urine more frequently than usual, may stop unexpectedly. Don't hesitate to contact your doctor if you have any of these symptoms.

After a Miscarriage

Often when miscarriage occurs early in pregnancy, tissue is left in the uterus. If there is concern about heavy bleeding or infection, this tissue will be removed. The tissue that remains may be removed by dilation and curettage (D&C). It is always a good idea to contact your health care provider to make sure you get the support you need. (After three consecutive miscarriages it is advisable to undergo some tests to rule out a specific cause.)

Coping With the Loss

For many women, emotional healing takes a good deal longer than physical healing. The feelings of loss can be intense. Grief can involve a wide range of feelings. Your feelings of grief may differ from those of your partner. You are the one who has felt the physical changes of pregnancy. Your partner also may grieve, but he may not express his feelings in the same way you do. If either of you is having trouble handling the feelings that go along with this loss, talk to your doctor.

Finally ...

Miscarriage is a very common event and many women experience two miscarriages, purely by chance. Don't blame yourself for the pregnancy loss. In most cases it is not likely that it could have been prevented. Understandably, having more than one miscarriage can lead to anxieties that a normal pregnancy will never occur. But even after two miscarriages, it is unlikely that there is any underlying problem, and there should be every chance of a successful pregnancy in the future. Most women who miscarry can have a healthy pregnancy later.

For more information

American College of Obstetrics and Gynecology (ACOG):

http://www.medem.com/search/article_display.cfm?path=\\TANQUERAY\M_ContentItem&mstr=/M_ContentItem/ZZZZIS5Y47D.html&soc=JAMA/Archives&srch_typ=NAV_SERCH

Medline Plus-National Institute of Health:

<http://www.nlm.nih.gov/medlineplus/ency/article/001488.htm>

WebMD:

<http://www.webmd.com/infertility-and-reproduction/guide/pregnancy-miscarriage>