



Early Pregnancy Loss

A normal pregnancy lasts about 40 weeks from the first day of the last menstrual period. The loss of a pregnancy during the first 13 weeks of pregnancy (the first **trimester**) is called **early pregnancy loss, miscarriage, or spontaneous abortion**. Early pregnancy loss is common. It happens in about 10% of known pregnancies. Most are the result of a random event that is not likely to happen again. Most women who have had an early pregnancy loss go on to have successful pregnancies in the future.

This pamphlet explains

- *possible causes of early pregnancy loss*
- *signs and symptoms*
- *treatment*
- *coping with loss*
- *getting pregnant again*

Causes

Some women worry that they have done something to cause their pregnancy loss. Working, exercising, having sex, or having used birth control pills before getting pregnant does not cause early pregnancy loss. Morning sickness—the nausea and vomiting that is common in early pregnancy—does not cause early pregnancy loss. Some women who have had an early pregnancy loss believe that it was caused by a recent fall, blow, or even a fright. In most cases, this is not true.

Smoking, alcohol, and caffeine also have been studied as causes of early pregnancy loss. Some research suggests that smoking increases the risk, while other research suggests that it does not. Alcohol use in the first trimester may slightly increase the risk of early pregnancy loss, but the research is not clear. In any case, it is best to avoid smoking and drinking alcohol during pregnancy. Consuming 200 mg or less of caffeine a day (the amount in two cups of coffee) does not appear to increase the risk of early pregnancy loss.

Warning Signs of Early Pregnancy Loss

- Spotting or bleeding without pain
- Heavy or persistent bleeding with abdominal pain or cramping
- A gush of fluid from your vagina but no pain or bleeding

About one half of early pregnancy losses are caused by a random event in which the **embryo** receives an abnormal number of **chromosomes**. Chromosomes are the structures inside **cells** that carry **genes**. Most cells have 23 pairs of chromosomes for a total of 46 chromosomes. **Sperm** and **egg** cells each have 23 chromosomes. During **fertilization**, when the egg and sperm join, the two sets of chromosomes come together.

If an egg or sperm has an abnormal number of chromosomes, the embryo also will have an abnormal number. Development will not occur normally, sometimes resulting in loss of the pregnancy. The likelihood of this occurring increases as a woman gets older. Early pregnancy loss occurs in more than one third of pregnancies in women older than 40 years.

Signs and Symptoms

Bleeding and cramping are the most common symptoms of miscarriage (see box). A small amount of bleeding and cramping in early pregnancy is relatively common. Bleeding often stops on its own, and the pregnancy continues normally. Bleeding and cramping also can be signs of other pregnancy problems, such as **ectopic pregnancy**. If you have any of these signs or symptoms, contact your obstetrician–gynecologist (ob-gyn) or other member of your health care team.

Diagnosis

If you have signs and symptoms of early pregnancy loss, you most likely will have a physical exam. Your obstetrician will ask you questions about when the bleeding started, how much you are bleeding, and whether you have pain or cramping. An **ultrasound exam** may be done to check whether the embryo is still growing in the **uterus**. Ultrasound also can be used to detect the presence of a heartbeat. You may have a test to measure the level of **human chorionic gonadotropin (hCG)** in your blood. This is a substance, made by the developing placenta, that pregnancy tests detect. A low or decreasing level of hCG can mean loss of the pregnancy. Several ultrasound exams and hCG tests may be necessary to confirm that pregnancy loss has occurred.

Management

There is no treatment or intervention that can prevent early pregnancy loss. In the past, bed rest, vitamins, and other medications have been used to try to prevent pregnancy loss. None have been shown to stop early pregnancy loss.

When a pregnancy is lost, some of the pregnancy tissue may remain in the uterus. This tissue needs to be removed. There are several ways this can be done. If the situation is not an emergency, you can help choose the type of treatment. The available options have similar risks, which include infection and heavy bleeding. The risk of serious complications, regardless of the type of treatment, is very small.

Nonsurgical Treatment

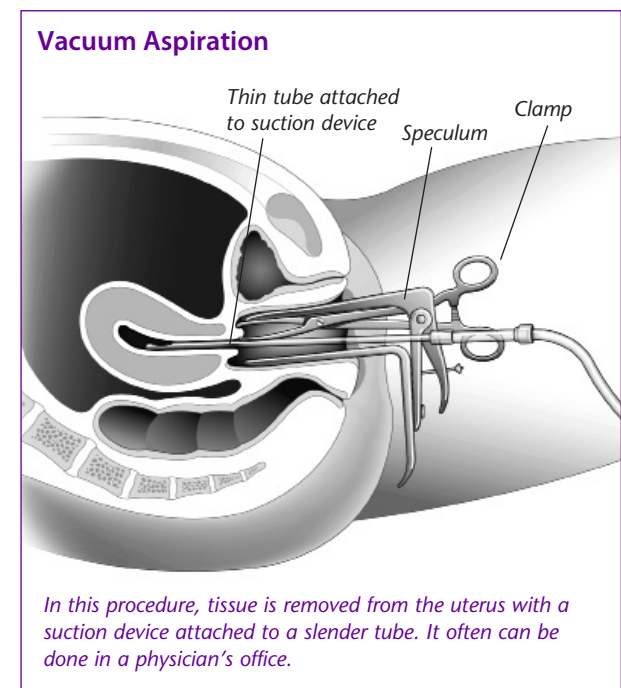
If you do not show any signs of an infection, one option is to wait and let the tissue pass naturally. This usually takes up to 2 weeks, but it may take longer in some cases. Another option is to take medication that helps expel the tissue.

With both of these options, you will have bleeding. The bleeding usually is heavier than a menstrual period and lasts for a longer time. Cramping pain, diarrhea, and nausea also can occur. Your ob-gyn may prescribe pain medication.

You may pass tissue in addition to bleeding. With an early pregnancy loss, the pregnancy tissue resembles a blood clot. It does not look like a baby. An ultrasound exam or blood tests for hCG usually are done afterward to confirm that all of the tissue has been expelled. If it has not, you may need to have surgical treatment.

Surgical Treatment

Surgery is recommended if you have signs of an infection, heavy bleeding, or other medical conditions. One surgical option is called **vacuum aspiration**. In this procedure, a thin tube attached to a suction device is inserted into the uterus to remove the tissue. The procedure may be performed in your doctor's office. **Local anesthesia** is used. You also may be given medication to help you relax. Another option is called



dilation and curettage (D&C). In a D&C, the *cervix* is dilated (opened), and an instrument is used to remove the pregnancy tissue. A D&C usually is done in an operating room or surgical center. **General anesthesia** or **regional anesthesia** may be used.

Recovery

You may be advised not to put anything into your vagina (such as using tampons or having sexual intercourse) for 1–2 weeks after an early pregnancy loss. This is to help prevent infection. Call your ob-gyn right away if you have any of the following symptoms:

- Heavy bleeding (soaking more than two maxi pads per hour for more than 2 hours in a row)
- Fever
- Chills
- Severe pain

If your blood type is Rh negative, you likely will receive a shot of **Rh immunoglobulin** after an early pregnancy loss. The **Rh factor** is a protein that can be present on the surface of red blood cells. Most people have the Rh factor—they are Rh positive. Others do not have the Rh factor—they are Rh negative. Problems can arise in a future pregnancy if you are Rh negative and the *fetus* is Rh positive. These problems can be prevented by giving Rh immunoglobulin after a pregnancy loss.

Coping With Loss

The loss of a pregnancy—no matter how early—can cause feelings of sadness and grief. After a miscarriage, you need to heal both physically and emotionally. For many people, emotional healing takes a good deal longer than physical healing.

Grief can involve a wide range of feelings. You may feel sad and depressed one day, and angry the next. You may find yourself searching for a reason your pregnancy ended. You may wrongly blame yourself. You may have headaches, lose your appetite, feel tired, or have trouble concentrating or sleeping.

Your feelings of grief may differ from those of your partner. Your partner also may grieve but may not express feelings in the same way you do. This may create tension between the two of you when you need each other the most. Partners also may feel that they need to be strong for both of you and not show their grief.

If you or your partner is having trouble handling the feelings that go along with this loss, talk to your ob-gyn or other member of your health care team. You also may find it helpful to talk with a counselor. Support groups—either online or in person—can be helpful. SHARE: Pregnancy and Infant Loss Support, Inc. (www.nationalshare.org) lists local support groups and offers online resources to help with grief and healing.

Getting Pregnant After Early Pregnancy Loss

You can **ovulate** and become pregnant as soon as 2 weeks after an early pregnancy loss. If you do not wish to become pregnant again right away, be sure to use a birth control method. You can use any contraceptive method, including having an **intrauterine device** inserted, immediately after an early pregnancy loss. If you do wish to become pregnant, there is no medical reason to wait to begin trying again. You may want to wait until after you have had a menstrual period so that calculating the due date of your next pregnancy is easier.

You may be concerned about your ability to have another baby after an early pregnancy loss. Pregnancy loss in the first trimester usually is a one-time event. Most women go on to have successful pregnancies. Repeated pregnancy losses are rare. Testing and evaluation can be done to try to find a cause if you have several pregnancy losses. Even if no cause is found, most couples will go on to have successful pregnancies.

Finally...

Pregnancy loss in the first trimester is very common. Most losses occur by chance to healthy couples and are not likely to recur. Most women who have an early pregnancy loss go on to have healthy pregnancies.

Glossary

Cells: The smallest units of a structure in the body; the building blocks for all parts of the body.

Cervix: The lower, narrow end of the uterus at the top of the vagina.

Chromosomes: Structures that are located inside each cell in the body and contain the genes that determine a person's physical makeup.

Dilation and Curettage (D&C): A procedure in which the cervix is opened and tissue is gently scraped or suctioned from the inside of the uterus.

Early Pregnancy Loss: Loss of a pregnancy that occurs in the first 13 weeks of pregnancy; also called a miscarriage.

Ectopic Pregnancy: A pregnancy in which the fertilized egg begins to grow in a place other than inside the uterus, usually in one of the fallopian tubes.

Egg: The female reproductive cell produced in and released from the ovaries; also called the ovum.

Embryo: The developing organism from the time it implants in the uterus up to 8 completed weeks of pregnancy.

Fertilization: Joining of the egg and sperm.

Fetus: The developing organism in the uterus from the ninth week of pregnancy until the end of pregnancy.

General Anesthesia: The use of drugs that produce a sleep-like state to prevent pain during surgery.

Genes: Segments of DNA that contain instructions for the development of a person's physical traits and control of processes in the body. It is the basic unit of heredity and can be passed down from parent to offspring.

Human Chorionic Gonadotropin (hCG): A hormone produced during pregnancy; its detection is the basis for most pregnancy tests.

Intrauterine Device: A small device that is inserted and left inside the uterus to prevent pregnancy.

Local Anesthesia: The use of drugs that prevent pain in a part of the body.

Miscarriage: Loss of a pregnancy that occurs in the first 13 weeks of pregnancy.

Ovulate: To release an egg from one of the ovaries.

Regional Anesthesia: The use of drugs to block sensation in a region of the body.

Rh Factor: A protein that can be present on the surface of red blood cells.

Rh Immunoglobulin: A substance given to prevent an Rh-negative person's antibody response to Rh-positive blood cells.

Sperm: A cell produced in the male testes that can fertilize a female egg.

Spontaneous Abortion: The medical term for early pregnancy loss.

Trimester: Any of the three 3-month periods into which pregnancy is divided.

Ultrasound Exam: A test in which sound waves are used to examine internal structures. During pregnancy, it can be used to examine the fetus.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

Vacuum Aspiration: A procedure in which tissue is removed from the uterus with a suction device attached to a slender tube called a cannula.

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