



The American College of
Obstetricians and Gynecologists

FAQ

FREQUENTLY ASKED QUESTIONS

FAQ090

PREGNANCY

Early Pregnancy Loss

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What is early pregnancy loss?

The loss of a pregnancy before 20 weeks is called early pregnancy loss or **miscarriage**.

How common are miscarriages?

Miscarriages are surprisingly common. They occur in about 15% of known pregnancies.

What causes miscarriages?

Most miscarriages are caused by a random event in which the **embryo** receives an abnormal number of **chromosomes**. **Sperm** and **egg** cells each have 23 chromosomes. During **fertilization**, when the egg and sperm join, the two sets of chromosomes come together. An embryo with an abnormal number of chromosomes often cannot grow or survive.

What factors increase the risk of an embryo having an abnormal number of chromosomes?

The likelihood that an embryo will have an abnormal number of chromosomes increases as a woman gets older. After age 40 years, about one third of pregnancies end in miscarriage, most as a result of this type of chromosome abnormality.

What are the signs and symptoms of miscarriage?

Bleeding and passing clots are the most common symptoms of miscarriage. Mild cramping of the lower abdomen or a low backache also may occur.

If I have bleeding in early pregnancy, does it mean I am having a miscarriage?

A small amount of bleeding in early pregnancy is relatively common. Bleeding often stops on its own without treatment. However, if you have spotting or vaginal bleeding early in pregnancy, you should contact your health care provider. If your bleeding is heavy or occurs along with a pain like menstrual cramps, you should contact your health care provider right away.

What tests may be done if I have significant bleeding or cramping?

If you have significant bleeding or cramping, your health care provider may do an **ultrasound exam**. This exam can check whether the pregnancy is growing normally. If your pregnancy is advanced enough, the ultrasound exam can detect whether there is a heartbeat. Your health care provider also may do a **pelvic exam** to see if your **cervix** has begun to open (dilate).

If I have had a miscarriage, do I need medical treatment?

After a miscarriage, all of the pregnancy tissue may not be expelled. There are three options for removing this tissue:

1. If you do not have any signs of an infection, your health care provider may recommend waiting and letting the tissue pass naturally. This usually takes up to 2 weeks, but it may take longer in some cases.
2. You can take medication that helps expel the tissue. You will have bleeding, some of which can be heavy. Cramping pain, diarrhea, and nausea also can occur. You may pass tissue in addition to bleeding.
3. You can have a surgical procedure called vacuum aspiration. This procedure involves inserting an instrument or suction device into the **uterus** to remove the tissue. It often can be performed in your health care provider's office. Risks of this procedure include bleeding, infection, and injury to internal organs.

The option that is used depends on many factors, including how far along in the pregnancy you were.

What precautions do I need to take after having a miscarriage?

After a miscarriage, you may be advised not to put anything into your vagina (such as using tampons or having sexual intercourse), usually for 2 weeks. This is to help prevent infection.

When should I have a follow-up visit with my health care provider after I have a miscarriage?

You should see your health care provider a few weeks after your miscarriage for a follow-up visit. Call your health care provider right away if you have any of the following symptoms:

- Heavy bleeding
- Fever
- Chills
- Severe pain

What if my blood type is Rh negative and I have a miscarriage?

If your blood type is Rh negative, you may receive a shot of **Rh immunoglobulin** after a miscarriage. 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. During a miscarriage, it is possible for the mother's blood to come into contact with fetal blood cells. If a woman is Rh negative and the fetus is Rh positive, this contact causes her to make **antibodies** against the Rh factor. These antibodies react against the Rh factor as if it were a harmful substance and can cause serious problems in a later pregnancy with an Rh-positive baby. Rh immunoglobulin prevents these antibodies from forming.

What can I expect to feel emotionally after a miscarriage?

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 parents, 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.

Will my partner have the same feelings as me?

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 you both and not show their grief.

How soon can I become pregnant after having a miscarriage?

You can **ovulate** and become pregnant as soon as 2 weeks after an early miscarriage. If you do not wish to become pregnant again right away, be sure to use birth control. If you do wish to become pregnant, you do not have 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.

Glossary

Antibodies: Proteins in the blood produced in reaction to foreign substances, such as bacteria and viruses that cause infection.

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.

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.

Miscarriage: Loss of a pregnancy that occurs before 20 weeks of pregnancy.

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

Pelvic Exam: A physical examination of a woman's reproductive organs.

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.

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.

If you have further questions, contact your obstetrician–gynecologist.

FAQ090: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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