

Miscarriage

About 1 in 4 pregnancies end in miscarriage. Always tell your doctor if you have vaginal bleeding when you are pregnant. Call an ambulance if the bleeding is severe or if you have severe abdominal pain.

What is a miscarriage?

Miscarriage is the loss of a pregnancy at any stage up to the 24th week. A loss after this time is called a stillbirth. Most miscarriages occur before 13 weeks of pregnancy, but some occur later.

Note: the medical term for miscarriage is abortion. This is unfortunate as in common 'lay' language, the word abortion is used to mean a planned termination (end) of pregnancy.

How common is miscarriage?

About 1 in 7 **confirmed** pregnancies end in miscarriage. But, the rate of miscarriage is much higher than this. As many as 1 in 4 pregnancies end in miscarriage. This is because in many cases a very early pregnancy ends before you miss a period, and before you are aware that you are pregnant.

The vast majority of women who miscarry go on to have a successful pregnancy next time. Recurrent miscarriages, that is three or more miscarriages in a row, occur in about 1 in 100 women.

What causes miscarriage?

It is thought that most early miscarriages are caused by a 'one-off' chromosome fault. This is usually an isolated genetic mistake, and rarely occurs again.

There are other less common causes of miscarriage. These include: hormonal imbalance, abnormalities of the uterus (womb), weakness of the cervix and certain infections like listeria and rubella. Alcohol abuse, cigarette smoking, illicit drug use, and obesity may also increase the risk of miscarriage. If you are overweight, you may be able to reduce your chances of having a miscarriage if you lose weight before you try to get pregnant.

A recent study showed that a lot of caffeine during pregnancy can increase the risk of miscarriage. The risk is mainly in women who have more than 200mg caffeine per day. As a rough guide:

- One mug of instant coffee has about 100mg caffeine.
- One mug of brewed coffee has about 140mg caffeine.
- One mug of tea has about 75mg caffeine.
- One 50g plain chocolate bar has about 50mg caffeine. Milk chocolate has about half the caffeine as plain chocolate.
- One can of cola, or half a can of an 'energy' drink, has up to 40mg caffeine.

Investigations into the cause of a miscarriage are not usually carried out unless you have 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.

Some wrong ideas about the cause of miscarriage

After a miscarriage it is common to feel guilty and to blame the miscarriage on something

you have done or failed to do. This is almost always not the case. In particular, miscarriage is not caused by lifting, straining, working, constipation, straining at the toilet, stress, worry, sex, eating spicy foods, or normal exercise. There are many such myths about the cause of miscarriage.

What is a 'threatened miscarriage'?

It is common to have some light vaginal bleeding sometime in the first 12 weeks of pregnancy. This does not always mean that you are going to miscarry. Often the bleeding settles and the the growing baby is healthy. This is called a 'threatened' miscarriage. You do not usually have pain with a threatened miscarriage. If the pregnancy continues, there is no harm done to the baby.

In some cases, a threatened miscarriage progresses to a miscarriage.

What are the symptoms of miscarriage?

The usual symptoms of miscarriage are vaginal bleeding and lower abdominal cramps. You then pass some 'tissue' from the vagina. In many cases, the bleeding then gradually settles. The time it takes for the bleeding to settle varies. It is usually a few days, but can last two weeks or more. For most women, the bleeding is heavy with clots, but not severe - it is more like a heavy period. However, the bleeding can be severe in some cases.

In some cases of miscarriage, there are no symptoms. The baby dies, but remains in the uterus. You may have no pain or bleeding. This may not be found until you have a routine ultrasound scan. This may be referred to by doctors as a 'missed miscarriage'.

The typical pain with a miscarriage is crampy lower abdominal pain. If you have severe, sharp, or one-sided abdominal pain, this may suggest ectopic pregnancy (a pregnancy that develops outside the uterus). A ruptured ectopic pregnancy is a potentially life-threatening situation that needs emergency surgery. You should call an ambulance or go to your nearest Accident and Emergency department if you are worried that you may have an ectopic pregnancy.

Do I need to go to hospital?

You should always report any bleeding in pregnancy to your doctor. It is important to get the correct diagnosis as miscarriage is not the only cause of vaginal bleeding. If you bleed heavily or have severe abdominal pain, call an ambulance immediately.

Most women with bleeding in early pregnancy are seen by a doctor who specialises in pregnancy. This is often in an Early Pregnancy Assessment Unit in your local hospital. It is usual to have an ultrasound scan. This helps to determine whether the bleeding is due to:

- A 'threatened' miscarriage (the baby will be seen to be alive).
- A miscarriage.
- Some other cause of bleeding (such as an ectopic pregnancy).

Do I need any treatment?

Once the cause of bleeding is known, and a miscarriage is confirmed, your doctor will advise on options.

For many years it was common to do a small operation to 'clear the uterus' following a miscarriage or partial (incomplete) miscarriage. The logic was that this would make sure all pregnancy tissue was gone, and may prevent infection or prolonged bleeding. However, there is little evidence that an operation is needed in most cases.

Many women now opt to 'let nature take its course'. In most cases the pregnancy tissue is passed out naturally and the bleeding will stop within a few days. An operation to 'clear the uterus' can still be an option if the bleeding does not stop within a few days, or if bleeding is severe, or if there are any signs of possible infection.

In some cases you may be offered what doctors call 'medical' treatment for your miscarriage. That is, you may be offered medication to take either by mouth or to insert into the vagina. The medication helps to 'clear the uterus' and can have the same effect as an operation. You do not usually need to be admitted to hospital for this. You may continue to bleed for up to three weeks when medical treatment is used. However, the bleeding should not be too heavy. Many women prefer this treatment because it usually means that they do not need to be admitted to hospital and do not need an operation.

Feelings

Many women and their partners find that miscarriage is distressing. Feelings of shock, grief, depression, guilt, loss, and anger are common.

It is best not to 'bottle up' feelings but to discuss them as fully as possible with husbands or partners, friends, with a doctor or midwife, or with someone who can listen and understand. As time goes on, the sense of loss usually becomes less. However, the time this takes varies greatly. Pangs of grief sometimes recur 'out of the blue'. The time when the baby was due to be born may be particularly sad.

Further help

The Miscarriage Association

c/o Clayton Hospital, Northgate, Wakefield, West Yorkshire, WF1 3JS
Tel (Helpline): 01924 200799 Web: www.miscarriageassociation.org.uk

A national charity which supplies support and information on pregnancy loss. It co-ordinates a network of volunteer telephone contacts and support groups.

Scottish Care and Information on Miscarriage (SCIM)

285 High Street, Glasgow, G4 0QS
Tel: 0141 552 5070 Web: www.miscarriagesupport.org.uk

A charity managed by people in Scotland who have themselves had a miscarriage.

References

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- [Satpathy HK, Fleming A, Frey D, et al](#); Maternal obesity and pregnancy. *Postgrad Med.* 2008 Sep 15;120(3):E01-9. [abstract]

Comprehensive patient resources are available at www.patient.co.uk

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