

## Early Pregnancy Loss/Miscarriage

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Spontaneous pregnancy loss that occurs before 20 weeks of gestation is called miscarriage. As difficult as an early pregnancy loss can be, it is important to know that it is actually a very common event. Some studies that followed women's hormone levels every day in order to detect very early pregnancy found overall early pregnancy loss rates as high as 40%. Since many of these losses occur before a woman misses a period, many women have had an early loss without ever realizing that they were pregnant.

When a desired pregnancy ends in miscarriage, many women agonize over what they may have done to cause the pregnancy to fail. While this sense of guilt is understandable, it is unwarranted. Over 50% of miscarriages occur because of problems with the chromosomes of the fetus. Often this is nature's way of ending a pregnancy in which the fetus would not have developed normally and likely would not survive. Some genetic experts call this the "all or none" aspect of fetal development: since the finely coordinated process of genes coming together is not perfect, this phenomenon helps to insure the health and long-term survival of our species.

Most of these chromosomal problems occur by chance and have nothing to do with the mother or father's health. However, chromosomal abnormalities occur more frequently with age, and the miscarriage rate for women over 40 is double that of younger women. Sometimes a chromosome problem leads to what we call a "blighted ovum" or a "missed abortion." This occurs in 1/3 of miscarriages occurring before 8 weeks, and it means there is a pregnancy sac but no embryo inside. The egg was fertilized and the cells began to divide, but an embryo did not develop. For some women, knowing that the fetus never developed makes it easier to cope with loss of the pregnancy.

Miscarriages occur more frequently in women with certain medical conditions, especially if the illness is untreated or poorly controlled. These conditions include diabetes, congenital heart disease, thyroid disease, lupus, and severe kidney disease. If a woman has any of these conditions, she would be closely monitored by her doctor to help decrease the chance of pregnancy loss.

Certain lifestyle factors increase the risk of miscarriage, and these include heavy alcohol use, cigarette smoking, especially more than 10 cigarettes per day, and use of drugs such as cocaine and methamphetamine. Eliminating these factors can significantly increase the chances of a successful and healthy pregnancy.

What doesn't cause miscarriage? There is no evidence that exercise, stress, prolonged standing, or sexual intercourse lead to pregnancy loss. Conceiving while taking birth control pills does not lead to miscarriage nor does it cause birth defects. Mild viral illnesses such as colds and flu do not cause miscarriage. A fall or blow to the abdomen also will not cause early pregnancy loss. For a trauma to cause miscarriage, it would have to be a massive crushing injury to the pelvis, as can happen in a severe car accident.

Bleeding is the most common symptom of pregnancy loss. However, it is important to realize that most women who bleed early in pregnancy will go on to have normal, healthy babies. Bleeding that

is associated with cramping pain is a bit more worrisome, but also can resolve without leading to miscarriage. If the bleeding becomes heavy and tissue is passed vaginally, then a miscarriage is much more likely to have occurred.

For many women, pregnancy loss is diagnosed by ultrasound at the first prenatal visit, before any symptoms have occurred. This is psychologically even more difficult, since the diagnosis is completely unexpected.

If you have symptoms of a possible miscarriage or an abnormal ultrasound at your first prenatal visit, your doctor will do blood tests to check your blood type and levels of a pregnancy hormone called “beta-hcg.” The results of these tests can help to confirm the diagnosis, and often time is required to be certain of the outcome. Some patients are asked to rest and avoid strenuous activity until the symptoms pass, but bed rest has never been proven to prevent miscarriage.

Once it has been determined that a miscarriage is inevitable or already occurring, several options are available depending on the stage of the miscarriage and the condition of the mother. These three options are observation, medical treatment, and surgical treatment.

For many women, observation, or waiting for the miscarriage to complete on its own, is a preferred option. If the patient has stable vital signs and no signs of infection, the pregnancy will pass spontaneously, usually within 2 weeks of diagnosis, but sometimes as long as 4 weeks later. Once the contents have passed, and most women can tell that this has occurred, an ultrasound is done to ensure that the miscarriage is complete.

Another option that allows a woman to have a private experience is to use a medication that is placed directly in the vagina. This leads to passage of tissue usually within 24 hours, and is a great way to avoid waiting for the miscarriage to occur, which many women find psychologically and emotionally difficult. Recent studies show that this is a successful treatment option in 85% of patients with an early pregnancy loss, whether or not bleeding has started. Ultrasound is also used in this situation to verify that the miscarriage is complete.

Some women prefer to pursue D&C (dilation and curettage), which is a surgical procedure that empties the uterus. It requires anesthesia and is often performed in an operating room setting. But for women who do not want to wait it out, and are unwilling to use medication, this is also a very reasonable option. It is also used for women who have particularly heavy bleeding or in the setting of an infection.

Pregnancy loss can be very emotionally difficult, and involves much more than the physical loss. For many women, a miscarriage can result in feelings of loss, grief, and guilt. The fluctuations in hormones that occur at the end of a pregnancy can make this process even more difficult. A woman should let her doctor know if she is feeling profound sadness or despondency following pregnancy loss. Referral for grief counseling or other treatment may be beneficial.

Since most miscarriages are due to chromosomal problems in the embryo, they are not likely to recur. In fact, the risk of an early pregnancy loss does not increase significantly until after 3 consecutive losses. At this point, your physician may offer additional testing to diagnose other factors.

Emotional healing can take longer than physical healing after a miscarriage. After the bleeding from the pregnancy ends, there is a variable period of time, usually 2-6 weeks, before a normal period occurs. After this point, it is safe to try and conceive again. Emotionally, some women need to take a longer amount of time before they are ready to try again. It is possible to conceive immediately after a miscarriage, so if pregnancy is not desired, birth control should be used after the miscarriage is complete.