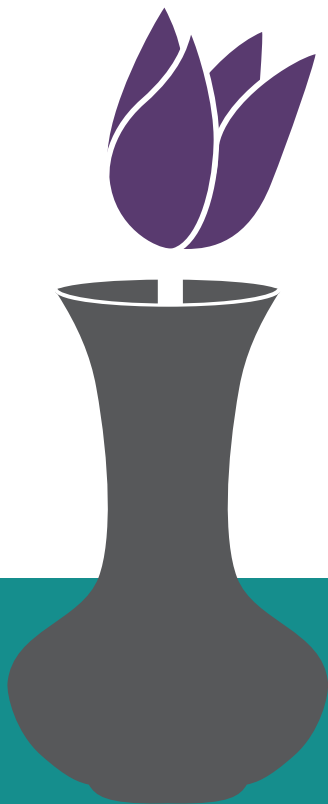


Early Pregnancy Loss



**Early
Pregnancy
Loss
Association**

Types of Early Pregnancy Loss

Miscarriage: Sometimes called a spontaneous abortion, a miscarriage is the natural death of an embryo or fetus (baby) before he/she is able to survive outside the mother. Usually a pregnancy loss before 20 weeks gestation is considered a miscarriage; after 20 weeks gestation, a pregnancy loss is considered a stillbirth.

Missed Miscarriage: A missed miscarriage, also called a missed abortion, is an early pregnancy loss in which the baby has died but has not been expelled from the uterus. When a missed miscarriage occurs, three options are available: to induce labor to expel the baby, have a D&C procedure, or to wait until the body recognizes the miscarriage and goes into labor on its own.

Ectopic Pregnancy: An ectopic pregnancy is a pregnancy in which the fertilized egg has implanted outside the uterus, usually in the fallopian tube. Unfortunately, this implantation is not compatible with continuing the pregnancy. Symptoms include pain, cramping and vaginal bleeding. Ectopic pregnancies require surgical intervention. Sometimes, the fallopian tube is damaged by the pregnancy.

Molar Pregnancy: A molar pregnancy is the implantation of an unfertilized egg. The unfertilized egg has some genetic material but not all, and while the cells often reproduce, the cells do not differentiate. The mass, or mole (sometimes called a “hydatiform mole”), is a not and will not be a baby. However, a molar pregnancy mimics symptoms of pregnancy and can produce very high levels of HCG (human chorionic gonadotropin) which is the hormone produced by the placenta after implantation. Mothers often feel all the symptoms of pregnancy, have a positive pregnancy test, and a uterus larger than the expected gestation.

Chemical Pregnancy: A chemical pregnancy occurs when a fertilized egg never fully implants in the uterus, often due to a chromosomal abnormality. A very sensitive pregnancy test may result positive up to 6 days prior to the mother’s cycle being due, but often the mother experiences her period about a week late.

Early Miscarriage: An early miscarriage is a loss that occurs in the first trimester, before the 13th week of pregnancy.

Late Miscarriage: A late miscarriage is a loss that occurs in the second trimester, between the 13th and 20th weeks of pregnancy. Second trimester loss before 20 weeks is considered a miscarriage.

Recurrent Miscarriage: Recurrent miscarriage is classified by a woman who experiences three or more consecutive miscarriages.

Medical Care for a Miscarriage

D&C: Short for “dilatation and curettage,” a D&C is a procedure in which the cervix is chemically or mechanically dilated and a tool or vacuum is used to remove the remaining tissues following a miscarriage or missed miscarriage. This is usually done under anesthetics or sedatives. Mothers can experience vaginal bleeding, cramping, and mild to moderate pain after a D&C.

Natural Miscarriage: A natural miscarriage is an option chosen by the provider or the mother to allow the body to expel the embryo or fetus naturally. This can take from two to six weeks. Mothers can experience heavy bleeding, cramping, mild to moderate pain, and incomplete passage of all the tissues of the miscarriage (including retained placenta). Often, women experience a natural miscarriage before fetal demise is depicted via ultrasound technology.

Medical Care for Ectopic Pregnancy

Most ectopic pregnancies require surgical intervention. After surgery, mothers will require rest, mild pain medications, and emotional support. Vaginal bleeding is to be expected. This can last from 2 to 6 weeks. An increase in vaginal bleeding should be reported to the provider.

If an ectopic pregnancy has caused the rupture of a fallopian tube, a mother can experience severe abdominal pain, vaginal bleeding, and shock. Treatment of this condition may require additional days at the hospital.

Medical Care Following Pregnancy Loss - Your Physical Needs

Vaginal bleeding: As with any delivery, vaginal bleeding is to be expected following a miscarriage. This can last anywhere from 2 to 8 weeks. An increase in vaginal bleeding can be a cause for concern and should be reported to the provider.

Pain: Mild to moderate pain can be expected. Cramping is common as the uterus contracts to return to its original size. Tylenol or ibuprofen is often strong enough to make mothers comfortable following a miscarriage. Other supportive measures like ice, a heating pad, or warm baths (without soap or bubble bath) can be helpful.

Postpartum infection: Infection following a pregnancy is a very serious complication, and can be fatal. It is important to not use any tampons or douches, and to abstain from sexual intercourse until vaginal bleeding has stopped. Any change in vaginal discharge, especially foul smelling discharge, should be reported immediately.

Postpartum depression: Hormonal changes after a pregnancy can cause sadness, crying, and depression. Coupled with the grief of an early pregnancy loss, this hormonal drop can shift typical “baby blues” into a serious postpartum psychosis. This can be treated and should be reported to your provider or to the Emergency department for assistance.

All information in this packet is for educational purposes only. Information given is not intended to diagnose, prescribe, treat, mitigate, or cure any symptoms or disease. Please consult your doctor with any questions or concerns regarding your health.

Information in this packet has been compiled by Kathleen Petersen, RN and the Early Pregnancy Loss Association with the assistance of various medical professionals.

Early Pregnancy Loss Facts

Fact: Early pregnancy loss is **common**. Statistics regarding the frequency of early pregnancy loss vary, but it is thought that at least 10% of all clinically recognized pregnancies end in loss.

Fact: Pregnancy loss is most likely to occur in the **first trimester**. Approximately 80% of miscarriages occur in the first trimester of pregnancy.

Fact: Fetal chromosomal abnormalities account for approximately **half** of all first trimester miscarriages.

Fact: Most women will experience a healthy pregnancy after a miscarriage. Recurrent miscarriage (3 or more) is **rare** and only affects 1%-2% of women. Even women who have experienced recurrent miscarriages are likely to have a successful pregnancy.

Information and statistics sources:

The American College of Obstetricians and Gynecologists

The American Family Physician

Early Pregnancy Loss Myths

Unfortunately there is no shortage of myths, misinformation, and old wives tales surrounding miscarriage. Nearly half of all miscarriages are caused by a chromosomal abnormality, for most of the rest there is no known cause. Here are some common **MYTHS**.

Myth: Stress can cause a miscarriage.

Myth: Wearing a seatbelt can cause a miscarriage.

Myth: Working can cause a miscarriage.

Myth: Wearing high heels or tight pants can cause a miscarriage.

Myth: Sex can cause a miscarriage.

Myth: Morning sickness can cause miscarriage.

Myth: Exercise can cause a miscarriage.

Myth: Not wanting to be pregnant can cause miscarriage.

While it is common to worry about previous activity prior to a miscarriage it is likely your behavior did not cause the miscarriage. Please speak with your doctor concerning any lifestyle or health concerns related to miscarriage.

Natural Miscarriage

In the case of a missed miscarriage your doctor might give you the option to wait until a natural miscarriage occurs. In this case your body will expel the contents of the uterus, including the body of the baby (if developed). This is often accompanied by heavy bleeding, cramping, and mild to moderate pain. Talk with your doctor about what you might expect to experience.

While this might not always be possible, if you have time to prepare before a natural miscarriage there are a number of items that could help as you go through the process at home. If you do not have time or energy to gather these items use what you can find at home or ask a friend or family member to pick some things up for you.

Suggested Items:

- Disposable Underpads (or bath towels)
- Latex or rubber gloves
- Thick sanitary napkins (do not use tampons)
- Ice pack and/or hot pad to manage pain
- A small box or container for the body (when applicable)
- Favorite comfort items (examples: favorite foods, tea, blanket, pillow, stuffed animal)

Other pain and comfort management suggestions:

- Have a partner or caretaker provide massage and apply pressure on your back
- Change positions
- Eat easily digestible foods
- Take time to rest

Dilation and Curettage

Ask your doctor about any necessary preparations you should take before the procedure. Following the procedure you might want to consider the following:

Suggested Items:

- Thick sanitary napkins (do not use tampons)
- A pillow or stuffed animal to hold while leaving the hospital.
- Favorite comfort items (examples: favorite foods, tea, blanket, pillow, stuffed animals)

Other considerations

- Eat easily digestible foods
- Take time to rest



You are not alone...

Early Pregnancy Loss Association Resource Guide

During this incredibly difficult time, finding good support is paramount. Here are a few recommendations of places and people that can help.

People in your community:

First, don't be afraid to seek support from your friends and family. You may discover that many women around you have also experienced miscarriage and would be willing to talk to you about their own experience and help you get through this difficult time in your life.

A local counselor or faith leader may also be able to provide some comfort.

Other Resources:

- American Pregnancy Association
<http://americanpregnancy.org/pregnancy-complications/miscarriage/>
- The American College of Obstetricians and Gynecologists
<https://www.acog.org/Patients/FAQs/Early-Pregnancy-Loss>
- The Miscarriage Association
<https://www.miscarriageassociation.org.uk/>

When you're ready:

- *PALS: Pregnancy After Loss Support*
<https://pregnancyafterlosssupport.com/>

