

MISCARRIAGE – spontaneous (Spontaneous Abortion)

This refers to a pregnancy that fails to grow, either because no embryo is formed (blighted ovum) or there is no cardiac activity (no heart beat). Loss of a pregnancy prior to the 23rd completed week is generally considered a miscarriage.

How common is it?

It happens in about 20% of pregnancies, and frequently occurs so early that the woman is unaware that she is pregnant.

Causes

During the first trimester (first 12 weeks of pregnancy):

- Genetic (chromosome such as Down’s syndrome) or structural abnormalities of the fetus.
- Uterine abnormalities that prevent the fertilized egg from growing normally.
- Smoking.
- Severe stress (nutritional; psychological).
- Use of substances that can harm the fetus (cocaine, smoking, anti-cancer drugs).
- Infections, especially viral infections (rubella or influenza).
- Trauma or severe medical conditions (diabetes mellitus, hypertension, autoimmune disease).

Symptoms and signs

Some women may not have any symptoms at all and only found out during the early routine ultrasound of the pregnancy. Women with miscarriage may have the following presentation:

- Lower abdominal pain, due to uterine cramps.
- Vaginal bleeding, from slight to heavy.
- Passing out products of the pregnancy through the vagina.
- Feeling weak, faint, slowed heart rate or low blood pressure may be present due to excessive bleeding or the presence of the product of pregnancy at the cervix.

Possible Complications

- Uterine infection – with fever, chills, abnormal vaginal discharge and body ache.
- Generalized bleeding from other body parts.
- “Incomplete” miscarriage, in which some placenta or fetal tissue remains in the uterus.

Diagnosis

This is made by clinical history and confirmed by ultrasound examination of the pregnancy.

Investigations

Ultrasound scan of the uterus is necessary to look for the viable pregnancy. Laboratory blood studies may be needed for:

- Blood group and Rhesus status.
- Pregnancy hormone level measurement – this is performed if the diagnosis is uncertain and more than one measurement is usually done to evaluate whether the pregnancy is progressing normally.

Treatment

- If a fetal heart beat can be seen, this means that there is a 95 % chance that the pregnancy will proceed normally.

- For a threatened miscarriage (vaginal bleeding, without any pain), follow your doctor advice. Rest at home is often enough to stabilize the pregnancy. Bleeding is occasionally severe, requiring hospitalization and blood transfusion as indicated. Avoid sexual intercourse until the outcome is known.
- Following a miscarriage, expect a small amount of vaginal bleeding or spotting for 8 to 10 days. Use sanitary napkins—not tampons—to absorb blood or drainage.
- Wait through 2 or 3 normal menstrual cycles before attempting to become pregnant.
- Surgery (suction and evacuation) may be needed to remove any remaining tissue or a dead fetus.
- After a miscarriage, antibiotics may be prescribed to fight infection.
- If the woman is Rhesus negative and her husband is Rhesus positive, an injection consisting of an anti-D (immune globulin) is usually given.
- After a miscarriage, reduce activity and rest often during the next 48 to 72 hours.
- After a miscarriage, there is no special dietary restriction. Eat a normal and balanced diet.
- Feelings of loss and grief are common. Feelings of guilt may also be present. If these persist, seek professional psychological help.
- Avoid sexual intercourse until bleeding has stopped. Please discuss contraception with your doctor prior to resuming intercourse.

Prevention

- Obtain regular medical checkups during pregnancy.
- Ensure that any medical illness that is currently present should be under good control or in remission.
- Eat a normal, well balanced diet.
- Don't drink alcohol, smoke cigarettes or use recreational drugs prior to and during pregnancy.
- Don't use any medications, including non-prescription drugs, without proper medical advice.

See your doctor immediately if there is:

- Bleeding and cramps which worsen during a threatened miscarriage or you pass tissue.
- You develop signs of infection, including fever, headache, muscle aches, dizziness or a general ill feeling during a threatened miscarriage or following a miscarriage.
- Increasing nausea and vomiting, short of breath or feel faint.
- Bleeding (other than vaginal) or unexplained bruising.
- Prolonged (more than 2 weeks) or very heavy vaginal bleeding (presence of clots or need to change pads frequently) following a miscarriage.
- Persistent and abnormal vaginal discharge.

Disclaimer

This is for informational purposes only and is not intended to be a substitute for professional medical advice, diagnosis, or treatment. It is important for readers to seek proper medical advice when necessary.

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