

Early Pregnancy Loss

Your treatment options and what to expect

This handout explains what early pregnancy loss is, possible causes, and your choices for treatment. Please ask your healthcare provider any questions you may have.

This handout provides information to help you and your healthcare provider decide how to manage it. Before receiving treatment for your early pregnancy loss, you need to know your choices and their benefits and risks.

What is early pregnancy loss?

Early pregnancy loss, commonly known as *miscarriage*, is the loss of a pregnancy before the embryo or fetus can live on its own outside the uterus. It is also called *spontaneous abortion*.

Early pregnancy loss is common. Between 15% and 20% (15 to 20 out of 100) of all confirmed pregnancies end in an early loss.

How is early pregnancy loss diagnosed?

A person experiencing early pregnancy loss often has cramps and bleeding. However, some people have no symptoms. As the symptoms go on, tissue from the pregnancy may come out of the vagina. The tissue is usually firm and lighter in color than a blood clot. If you think you have passed the pregnancy, you may save it for us to examine. This is not required, but if you want to bring it in, please put it in a closed container.

If you are having symptoms of early pregnancy loss, your healthcare provider will do a pelvic exam to see if your cervix is dilated or if you are passing the pregnancy. They may also do an ultrasound to look at your uterus. This will help show if the pregnancy can continue. Sometimes, a series of blood hormone tests are done several days apart.

What causes early pregnancy loss?

We do not know exactly what causes most early pregnancy losses. Some of the possible causes are:

- The fertilized egg did not divide normally, causing the incorrect number of chromosomes needed for fetal development.
- Some chronic illnesses, such as poorly controlled diabetes or thyroid disease.

- Severe trauma and infections.
- Abnormal conditions in the uterus, such as having large fibroids.

People who have had 2 or more early pregnancy losses in a row are at higher risk of experiencing another pregnancy loss.

Early pregnancy loss is almost never caused by something you have done. Having sex, mild trauma such as falling, and most medicines do not cause pregnancy loss.

You can talk with your healthcare provider about doing tests to find out what may have caused your pregnancy loss.

How is early pregnancy loss treated?

There are 3 ways to manage early pregnancy loss:

- You can “watch and wait” under supervision of your healthcare provider until the pregnancy passes on its own.
- You can take medicine to help the pregnancy pass.
- You can have a simple and safe procedure to remove the pregnancy. This is called a *uterine aspiration*.

The treatment that is best for you will depend on how long your early pregnancy loss has been going on, how much you are bleeding, and what approach you prefer. Your healthcare provider will talk with you about your choices and explain the risks and benefits of each one. You may receive more written information depending on the treatment you choose.

Expectant Management (Watch and Wait)

At least half the time, early pregnancy loss in progress will be completed within 1 week. With this approach, your risk of needing an emergency procedure is higher than if you take a medication or have a procedure when the early pregnancy loss begins.

The benefit of expectant management is that it can eliminate the need for a medication or a procedure.

The risks of expectant management are:

- Bleeding may occur at any time.
- Bleeding may last a long time or become heavy.
- Heavy bleeding may make you *anemic* (low iron levels).
- Tissue remaining in your uterus may become infected.

These risks increase your chances of needing an unplanned medical procedure, blood transfusion, or to stay in the hospital.

Medication Management

A medication called *misoprostol*, or a combination of medications (*mifepristone* plus *misoprostol*), is very effective in completing early pregnancy loss that has already begun. These medications cause the uterus to contract and expel the pregnancy. They also decrease bleeding.

If you decide to use medication, we will give you more detailed instructions. Here is some basic information:

- You may be given mifepristone in clinic.
- You will be given misoprostol tablets to place in your vagina or inside your mouth (between your cheek and gum). Misoprostol usually causes cramps shortly after it is placed. The cramps can last for several hours.
- Bleeding may increase as the pregnancy passes. Heavy bleeding should not last more than 2 hours. Misoprostol can also cause nausea, vomiting, diarrhea, and a mild fever or chills. If you received medicine to help with nausea, take it before you use the misoprostol. All of these symptoms usually go away within 24 hours. We may tell you to repeat the misoprostol treatment if the pregnancy has not passed.
- If the pregnancy does not pass with the medications, you may need a uterine aspiration.
- Serious complications are rare.

Uterine Aspiration

During *uterine aspiration*, a thin, flexible plastic tube is placed into your uterus to remove the pregnancy tissue carefully and gently. The tube is attached to a gentle suction device and then moved back and forth inside your uterus for a few minutes to remove the pregnancy tissue. You may feel cramping during and after the procedure.

You may receive oral pain medication before this procedure. Also, a local anesthetic may be injected into your *cervix* (opening of the uterus) to numb it. Sometimes it is necessary to open the cervix first by stretching it.

The advantage of uterine aspiration is that it removes the pregnancy immediately. If you choose uterine aspiration, we will give you information that describes the procedure in more detail and explains the possible complications.

Risks

There are risks with all medical procedures, including all of the options for managing early pregnancy loss. If you choose expectant

management or medication, the risk of a hospital stay or unplanned emergency uterine aspiration is higher. Risks from uterine aspiration are similar, but they also include the rare possibility of damage to the uterus.

What to Expect During Early Pregnancy Loss

Bleeding

Bleeding may be very heavy, and you may pass large *blood clots* (clumps of blood). Bleeding and cramping can last for several hours. Blood clots may be the size of a lemon. This is normal.

The embryo or fetus itself is very small. You may not even notice it as the tissue passes. Sometimes, if the pregnancy has developed 8 weeks or more, you may recognize the fetus. The bleeding usually begins to ease after the pregnancy tissue has passed.

Cramps

Cramps are a normal part of the process, and some people have stronger cramps than others. Cramping may be very severe. It will ease after the pregnancy tissue has passed.

These things can provide comfort for cramps:

- Putting a hot water bottle or heating pad on your abdomen
- Standing in a warm shower

If your cramps are strong, we recommend you take:

- Up to 800 mg of ibuprofen (Advil, Motrin) every 8 hours or 1,000 mg of acetaminophen (Tylenol) every 6 hours. You may alternate between taking both medications if needed.

OR

- Other pain medicine from the clinic, if you received any.

Do **not** take aspirin – it will increase bleeding. If you have any questions about your pain medicine, please call your clinic. See the last page of this handout for clinic phone numbers.

Do **not** drive or do other things that require concentration if you are having significant pain or are taking pain medication that includes a narcotic.

Fever and Chills

Fever and chills can be a sign of infection. However, some people who do *not* have an infection may still get a mild fever and chills after taking misoprostol. Acetaminophen (Tylenol) or ibuprofen (Advil or Motrin) should help lower your temperature. Call your healthcare provider if you have a fever of 100.4°F (38°C) or higher.

Questions?

Your questions are important. Keep these instructions so you can refer to them as needed.

Call your doctor or healthcare provider if you have any questions or concerns.

- UWMC Maternal and Infant Care Clinic:** 206.598.4070
1959 N.E. Pacific St. Seattle, WA 98195
- UWMC Women's Health Care Center:** 206.598.5500
4245 Roosevelt Way N.E. Seattle, WA 98195
- UWPC Northgate Family Medicine:** 206.528.8000
314 NE Thornton Pl Seattle, WA 98125
- Harborview Family Medicine Clinic at the Pat Steele Building:**
206.744.8274, option 2
401 Broadway, Suite 2018 Seattle, WA 98104
- Women's Clinic at Harborview:**
206.744.3367
325 Ninth Ave.
Ground Floor, West Clinic Seattle, WA 98104

Your Emotions

There is a range of emotions people feel after the loss of a pregnancy. Some people feel sad, guilty, depressed, or relieved. These emotions are normal and usually ease over time. If you would like to talk to someone, please contact the clinic and ask to speak to a nurse or ask for resources.

After Early Pregnancy Loss

Daily Activities

You may go back to your usual activities such as school, work, or exercise as soon as you feel up to it. If your activities are causing you to have heavier bleeding or cramping, you should reduce those activities for a few days.

Sexual Activity

You may return to sexual intercourse when you feel ready. You may ovulate as early as 7 days after your early pregnancy loss, so please discuss birth control with your provider if you do not want to become pregnant.

Tampons or pads?

When you use pads, you may be able to tell more easily how much you are bleeding. You may switch to tampons when you wish.

Getting Pregnant Again

Talk with your healthcare provider about how long to wait before trying to get pregnant again. Usually, there is no need to wait before trying again. If you have had 2 or more early pregnancy losses in a row, talk with your healthcare provider about having tests for conditions that may cause early pregnancy loss.

When to Call the Clinic

Call the clinic if you:

- Are bleeding and soaking through 2 maxi-pads an hour, for 2 or more hours in a row.
- Have severe cramps not relieved by medicine, especially more than 24 hours after your early pregnancy loss.
- Have a fever higher than 100.4° F (38°C).
- Have nausea, vomiting, or diarrhea for more than 24 hours after your early pregnancy loss.
- Feel overwhelming sadness or depression.