**Research Recap**

**Miscarriage: Basics, Statistics, and Causes**

**General Information**

* Approximately 10% to 20% of all known pregnancies result in miscarriage. Most (80%) are in 1st three months of pregnancy.
* The overall rate of miscarriage is likely considerably higher when considering the miscarriages that take place before implantation.

**Diagnosis of Miscarriage**

* An ultrasound to check for fetal heartbeat or the presence of a yolk sac.
* A blood test to measure human chorionic gonadotropin (hCG), a hormone produced by the placenta. A low hCG level can confirm a miscarriage.
* A pelvic exam to check to see if the cervix has opened.

**Risk Factors**

A risk factor is a trait or behavior that increases a person’s chance of developing a disease or condition. Many factors affect the risk of experiencing a miscarriage; however, the risk for miscarriage generally declines each week of gestation.

* **Age**: For women in their 20s, the risk for miscarriage is 12-15%, rising to about 25% by age 40. The majority of age-related miscarriages result from a chromosomal abnormality.
* **Previous miscarriage**: There is a 25% chance of subsequent miscarriage in cases wherein there has been a previous miscarriage.
* **Health conditions**: Unmanaged diabetes, infections, and or issues with the uterus or cervix increase the likelihood of miscarriage

**Treatment for Miscarriage**

With a complete miscarriage, the uterus expels all fetal tissue; no further treatment is typically needed. If fetal tissue remains, removal by medication or surgery is in order.

**Nonsurgical treatment**

* Waiting to pass fetal tissue or taking a medication that helps the uterus pass the fetus. These options are usually only available before 10 weeks of pregnancy.

**Surgical treatment**

* A dilation and curettage (D&C) or dilation and evacuation (D&E) may be performed if the uterus hasn’t passed the fetus or if there is heavy bleeding heavily. Surgery is likely the only option beyond 10-weeks’ gestation. The cervix is dilated, and the remaining tissue is gently scraped or suctioned out of the uterus. These surgeries are performed in a hospital under anesthesia.

**Causes of Miscarriage**

* Chromosomal abnormalities
* Infection
* Exposure to TORCH diseases
* Hormonal imbalances
* Age
* Uterine abnormalities
* Incompetent cervix
* Severe malnutrition
* Thyroid disease
* Lifestyle factors such as smoking, drinking alcohol or using recreational drugs
* Immune system disorders
* Severe kidney disease
* Congenital heart disease
* Diabetes that isn’t managed
* Radiation
* Certain medications

**Is it Possible to Prevent Miscarriage?**

Usually, it is not possible to prevent a miscarriage. However, there are some things women can do to reduce the odds.

* Attend all prenatal care appointments
* Maintain a healthy weight
* Avoid risk factors like drinking alcohol and smoking cigarettes
* Taking a prenatal vitamin
* Get regular exercise and eat a healthy diet

**Symptoms after a Miscarriage**

* Spotting and mild discomfort are common symptoms after a miscarriage

More serious signs that could be indicative of an infection include:

* Heavy Bleeding or worsening bleeding
* Fever
* Chills
* Intense Pain

**How Soon Following Miscarriage is Pregnancy Possible?**

* Experts recommend taking time to heal both physically and emotionally after a miscarriage. Counseling may help come to terms with the loss. There are also support groups available. Avoiding feelings of self-blame may be necessary. The time needed before becoming pregnant again varies from one individual to the next.
* When there have been three consecutive miscarriages, tests should be performed to try to determine the underlying cause. Avoiding pregnancy is recommended before receiving the results.

**References:**

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