

# What is a Miscarriage?

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*by Jade Pizarro, MD*

Miscarriage is when a pregnancy ends before a woman has been pregnant for 20 weeks. (A normal pregnancy lasts about 40 weeks.) The uterus, also called the “womb,” is the part of a woman’s body where a baby grows. A “fetus” is what a baby is called while it is growing inside you. Miscarriage occurs in an estimated 30% of all early (1st Trimester) pregnancies.

Different problems can cause a miscarriage. It can happen, most commonly, when the fetus has genetic problems. Also, the mother can have certain medical problems that will predispose you to a miscarriage like poorly controlled diabetes, thyroid problems, infections or problems with the shape of her uterus. But you can reduce your chances of having one by avoiding cigarettes, alcohol, caffeine, and any injury to your belly. Having a fever or some kinds of infections puts you at risk for miscarriage, so you should also talk to your doctor about how to avoid getting sick. Also, some medicines or other treatments can be harmful to a fetus. Before you take any medicine (herbal, over-the-counter, or prescription) or have a medical treatment or X-ray, ask your doctor or nurse whether it could hurt your fetus. Some of the tests women have to check on the fetus during pregnancy can — in rare cases — cause miscarriages. If your doctor suggests testing your fetus, ask whether the test could cause a miscarriage.

The most common symptoms are bleeding from the vagina and belly pain or cramping. See your doctor or nurse right away if you are pregnant and have these symptoms. If you are not sure if you are pregnant, take a urine pregnancy test to be sure.

You should also see your doctor or nurse if you are pregnant and you have a fever (101°F [38.3°C] or higher), anything solid comes out of your vagina or thick fluid that smells bad comes out of your vagina.

If you cannot get in touch with your doctor or nurse; or if you have heavy bleeding (soaking a sanitary pad in 1 to 2 hours) go to the emergency room. These symptoms do not always mean that you are having a miscarriage. Your doctor can help figure out if anything is wrong.

Your doctor might be able to tell if you have had a miscarriage just by asking you questions and doing a pelvic exam. He or she might also look at your uterus using an ultrasound. That way, the doctor can look at the fetus and check whether it has a heartbeat. If your fetus has a heartbeat, you have not had a miscarriage (you had a threat of miscarriage). Your doctor can tell you if you are likely to have one.

You might also need a blood test and if you have a negative blood type (such as “O negative”), you might need a special injection to help prevent problems in future pregnancies. If you don’t know your blood type, ask your doctor or nurse to check it.

You cannot stop a miscarriage that has already started. If you have had a miscarriage,

the fetus and the extra fluid in your uterus need to leave your body. Your doctor might want you just to wait and let it exit through your vagina by itself. If this is not an option, your doctor might treat you with medicine to help your uterus get rid of what was inside it or surgery to remove the contents of your uterus left over from pregnancy.

After you have had a miscarriage, you should not have sex or put anything in your vagina for 2 weeks. You can start using birth control again right after having a miscarriage.

It is normal to feel sad or anxious after you have a miscarriage. But some women become truly depressed. If you think you might be depressed, mention it to your doctor. There are treatments and coping strategies that can help.

Most women who have a miscarriage go on to have healthy pregnancies. Still, women who have had a miscarriage are more likely than those who have not to have other miscarriages. Your doctor might suggest that you wait 2 or 3 months before trying to become pregnant again. If you have 2 or more miscarriages, your doctor might want to run some tests to try to figure out the reason.

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