CONDITION

Miscarriage

Miscarriage is the unexpected loss of a pregnancy during its early stages.

WHAT IT IS
Loss of a pregnancy before the local viability threshold

BODY SYSTEM
Reproductive system

MAIN SYMPTOMS
Vaginal bleeding, pelvic cramps, fluid or tissue passage

WHAT CAUSES IT
Usually random chromosome problems; sometimes other health factors

HOW IT IS DIAGNOSED
Ultrasound, pregnancy hormone blood tests, and pelvic examination

MAIN TREATMENT
Waiting, medicines, or a procedure to empty the uterus

CAN IT BE CURED?
No - pregnancy loss cannot be reversed

IS IT AN EMERGENCY?
Sometimes - heavy bleeding, fainting, severe pain, or fever

LONG-TERM OUTLOOK
Physical recovery is usual; future healthy pregnancy remains likely

Overview

A miscarriage is the loss of a pregnancy before the stage when a baby could usually survive outside the uterus. Definitions differ between countries. In the United States, miscarriage generally means a loss before 20 weeks of pregnancy. In the United Kingdom, it means a loss before 24 completed weeks.

Most miscarriages happen during the first 13 weeks. A later miscarriage happens after this point but before the local pregnancy-loss threshold.

Miscarriage can be physically painful and emotionally difficult. Some people feel grief, anger, guilt, numbness, or relief. Partners may also grieve, sometimes in different ways. There is no correct emotional response or timetable for recovery.

A miscarriage is usually caused by a problem that developed by chance. It is rarely the result of

something you did or did not do.

Symptoms

Vaginal bleeding is the most familiar symptom. It may range from light spotting to heavier bleeding with clots. Bleeding during pregnancy does not always mean that a miscarriage is happening, but it should be discussed with a healthcare professional.

Other possible symptoms include:

A "missed miscarriage" means that the pregnancy has stopped developing but tissue remains in the uterus. It may cause no bleeding or pain.

Pain or bleeding can also have other causes. One important possibility is an ectopic pregnancy, in which a pregnancy develops outside the uterus, usually in a fallopian tube. An ectopic pregnancy can cause one-sided pain, shoulder-tip pain, dizziness, or fainting and requires urgent assessment.

- Cramping or pain in the lower abdomen or lower back
- Fluid, clots, or pregnancy tissue passing from the vagina
- Pregnancy symptoms, such as nausea or breast tenderness, becoming less noticeable
- No symptoms, with the loss found during a routine ultrasound

Causes and risk factors

Many early miscarriages happen because the embryo has an abnormal number of chromosomes. Chromosomes carry genetic information. These changes usually occur by chance as an egg or sperm develops or during early cell division. They generally do not mean that either parent has a genetic condition.

Other possible causes or contributing factors include:

The chance of miscarriage increases with the pregnant person's age, mainly because chromosome problems become more common in eggs over time. Previous miscarriages may also increase the chance of another loss, although many people later have a healthy pregnancy.

Smoking, heavy alcohol use, and recreational drug use are linked with pregnancy complications, including miscarriage. This does not mean they explain any individual loss.

Normal activities such as working, exercising, having sex, lifting ordinary objects, flying, or

feeling stressed do not usually cause miscarriage. Morning sickness stopping for a day or two also does not confirm a loss.

Sometimes no specific cause is found, even after testing.

- Changes in the shape of the uterus or growths such as fibroids
- Certain hormonal or immune conditions
- Poorly controlled long-term conditions, such as diabetes or thyroid disease
- Some infections
- Problems with the cervix in later pregnancy
- A chromosome rearrangement carried by one parent, which is uncommon

Diagnosis

An ultrasound is the main test used to assess the pregnancy. An early scan is often performed through the vagina because it gives a clearer image than a scan over the abdomen. A transvaginal ultrasound does not cause miscarriage.

The scan looks for signs such as the pregnancy sac, embryo, and heartbeat. Very early in pregnancy, it may be too soon to reach a definite conclusion. Dates based on the last menstrual period can also be inaccurate. A repeat scan after an appropriate interval may be needed to avoid diagnosing a miscarriage too early.

Blood tests can measure human chorionic gonadotropin, or hCG, the hormone produced during pregnancy. More than one test may be used to see how the level changes. An hCG result cannot always confirm the diagnosis by itself.

Assessment may also include:

A complete miscarriage means all pregnancy tissue has passed. An incomplete miscarriage means some tissue remains. Your care team may recommend follow-up testing if the scan findings are uncertain or the pregnancy location has not been confirmed.

- A pelvic examination to look for bleeding or whether the cervix is open
- A blood count to check for significant blood loss
- Blood-group and Rh testing
- Tests to help rule out an ectopic pregnancy or infection

Treatment and management

A confirmed miscarriage cannot be reversed. If you are medically stable, there are usually three ways to manage an early miscarriage. The best option may depend on your symptoms, scan results, medical history, available services, and preferences.

Expectant management means waiting for the tissue to pass naturally. Cramping and bleeding can be heavier than a usual period. Follow-up is needed to check that the miscarriage is complete.

Medical management uses medicines to help the uterus empty. Misoprostol is commonly used, sometimes after another medicine called mifepristone. These medicines cause cramping and bleeding. Your care team should explain what to expect, how pain and nausea can be managed, and when to seek help.

Surgical management removes tissue from the uterus, usually with gentle suction. It may be called vacuum aspiration or dilation and curettage, often shortened to D&C. Surgery may be recommended for heavy bleeding, infection, unsuccessful waiting or medication, or because it is the option you prefer.

All three approaches are generally effective, but each has different benefits and possible harms. Waiting avoids medicines and surgery but can be unpredictable. Medicines provide more control over timing but may not remove all tissue. Surgery is usually the quickest option but involves a procedure and a small risk of complications.

Pain relief and emotional support are important parts of care. If you have Rh-negative blood, your care team will decide whether you need anti-D immunoglobulin based on the pregnancy stage, treatment, and local guidance.

If there are signs of infection or major blood loss, urgent hospital treatment may include antibiotics like amoxicillin or doxycycline , fluids, blood products, or a procedure to empty the uterus.

Complications

Most people recover physically without lasting problems. Possible complications include:

Emotional effects can last longer than physical symptoms. Miscarriage may contribute to anxiety, depression, sleep problems, or symptoms of trauma. Anniversaries, due dates, and later pregnancies can bring back difficult feelings.

Seek support if grief is making daily life hard, is not easing, or includes thoughts of self-harm. Support may come from primary care, pregnancy-loss services, counselling, community

groups, or trusted people in your life.

- Pregnancy tissue remaining in the uterus
- Heavy bleeding and, rarely, severe blood loss
- Infection of the uterus
- Side effects or complications related to medicines or surgery
- Scar tissue inside the uterus, which is an uncommon surgical complication

Prevention

Most miscarriages cannot be prevented because they result from random chromosome changes during early development.

General pregnancy care may reduce some avoidable risks, but it cannot guarantee that a miscarriage will not happen. This includes not smoking, avoiding alcohol and recreational drugs, attending prenatal appointments, and discussing medicines or long-term health conditions with a healthcare professional.

Do not stop prescribed medication without medical advice. Suddenly stopping treatment for conditions such as epilepsy, diabetes, or a mental health condition may create additional risks.

Treating a known health problem before or during pregnancy may improve pregnancy health. People with repeated miscarriages may be offered tests for specific causes, but testing does not always find one.

Living with it and what to expect

Bleeding and cramping usually ease after the uterus has emptied, although lighter bleeding may continue for a while. A pregnancy test can remain positive until hCG levels fall. Follow the testing or appointment plan provided by your care service.

Periods often return within several weeks. Ovulation can happen before the first period, so pregnancy is possible again quickly. Contraception can usually be started promptly if you do not want another pregnancy yet.

There is often no medical need to delay trying again after an uncomplicated early miscarriage once symptoms have settled and you feel physically and emotionally ready. Advice may differ after an ectopic or molar pregnancy, infection, later loss, repeated losses, or certain treatments.

One miscarriage does not usually mean that future pregnancies will end in the same way. Most people who have had a miscarriage later have a successful pregnancy. However, no individual outcome can be promised.

A later pregnancy may bring extra worry, especially around the stage when the previous loss happened. Some services offer early scans or added emotional support. It is reasonable to tell your care team what kind of information and reassurance would help you.

Physical recovery and grief do not always follow the same timeline. You may wish to return to daily activities quickly, or you may need more time. Partners can also need support.

When to get medical help

Contact a healthcare professional promptly for any bleeding during pregnancy. Light bleeding is common and is not always an emergency, but it should be assessed, particularly if you also have pain.

Seek urgent same-day care if you have:

Get emergency help for:

These symptoms can indicate major blood loss, infection, or an ectopic pregnancy. Do not drive yourself if you feel faint or seriously unwell.

Routine follow-up is still important when symptoms are mild. It can confirm that the miscarriage is complete and provide a chance to discuss physical recovery, contraception, future pregnancy, or emotional support.

- Increasing bleeding or pain
- Persistent vomiting or difficulty drinking
- Fever, chills, or foul-smelling vaginal discharge
- Bleeding or pain after miscarriage treatment that is not improving
- A pregnancy test that remains positive when your care service expected it to be negative
- Bleeding that rapidly soaks through pads or makes you feel weak
- Severe or worsening abdominal pain
- One-sided pain or pain at the tip of the shoulder
- Fainting, severe dizziness, confusion, or trouble breathing
- Collapse or signs of shock, such as cold, clammy skin

Common questions

Did I cause my miscarriage?

Almost certainly not. Most early miscarriages happen because of a random chromosome problem. Everyday activities, minor disagreements, ordinary stress, sex, exercise, and working are not usual causes.

Does bleeding always mean I am miscarrying?

No. Spotting and bleeding can happen in pregnancies that continue. Bleeding can also be caused by changes to the cervix, infection, or an ectopic pregnancy. An examination, ultrasound, or blood tests may be needed to find the cause.

How long does a miscarriage last?

The heaviest bleeding and cramping may last for hours or days, while lighter bleeding can continue longer. Timing differs depending on the pregnancy stage and whether management involves waiting, medicine, or surgery. Seek advice if symptoms are worsening rather than settling.

How soon can I get pregnant again?

Ovulation may return before your next period. After an uncomplicated early miscarriage, many people can try again when bleeding has stopped and they feel ready. Your care team may advise waiting in some specific situations.

Will I have another miscarriage?

A previous miscarriage can increase the chance slightly, but most people later have a healthy pregnancy. Age, the number of previous losses, and any underlying condition affect individual risk. Repeated miscarriages may lead to further assessment.

When are tests offered after miscarriage?

Testing is not always useful after one early miscarriage because the cause is usually a one-time chromosome problem. After repeated losses, or after a later miscarriage, testing may include blood tests, imaging of the uterus, and sometimes genetic testing. Definitions and referral criteria differ between health systems.

Sources

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