

## ABOUT MISCARRIAGE

**What is Miscarriage?** A miscarriage is the loss of an unborn fetus. The following information about miscarriage assumes that a woman has already verified that she is pregnant.

**Symptoms of Miscarriage:** Some miscarriages are completely silent. However, one or more of the following events suggests (yet does NOT prove) that a woman may miscarry, or has already miscarried:

- Bleeding greater than a typical menstrual period
- Cramping pain in the pelvis, lower back or lower abdomen
- A gush of warm liquid from the vagina
- The passage of true tissue (not just blood clots) or of small, recognizable baby from the vagina (birth canal)
- Inability to demonstrate beating of the baby's heart on a sonogram after six or more weeks of life

**Confirmation or Diagnosis of Miscarriage:** Miscarriage may be confirmed in one or more of these ways:

- Pelvic exam showing the cervix has dilated (opened up)
- Examination of any tissue that has passed from the vagina
- Ultrasound of the pelvic organs
- Falling pregnancy hormone levels, according to lab tests.

**Causes of Miscarriage:** It is rare for a doctor to be able to discover the cause of miscarriage. It can only be known with certainty in very few clients, including:

- A baby with abnormalities that prevented it from surviving
- Certain infections or immune-system abnormalities
- Abnormalities of shape or function of the female organs, scarring or injury of past surgical procedure

**In this uncertain time,** there are some comforting things you should know about miscarriage:

- 31% of all pregnancies end naturally during the first twelve weeks of pregnancy.
- There is probably nothing a woman did or did not do, that would cause her baby to be miscarried.
- Most women who miscarry can have a healthy baby later.
- Negative thoughts about a pregnancy do not cause miscarriage.

**Future Pregnancies:** These factors may tend toward repeat miscarriage:

- A prior miscarriage
- A new pregnancy less than three months after a prior birth, miscarriage, or abortion.
- Pregnancy in a woman over thirty-five years old.
- Certain chronic conditions like diabetes (ask your doctor).
- Using tobacco, alcohol, illegal substances, or even a few specific prescription medications (ask your doctor).

**Here are some things** which some women blame for their miscarriages but which in fact PROBABLY DO NOT cause it:

- Emotional stress
- Birth control pills taken accidentally in early pregnancy.
- Reasonable amounts of exercise.
- Typical work environments and activities.
- Frequent or vigorous sexual intercourse.

**Treatment of miscarriage:** Because continued blood loss could harm a woman, a woman should go immediately to her doctor or to the emergency room of a nearby hospital when miscarriage is a possibility. A miscarriage is typically managed in the following way:

- Miscarriage will either be confirmed or ruled out by one or more of the tests above.
- If the miscarriage has been complete, a woman may be treated with medication and followed closely outside the hospital by a doctor.
- If the miscarriage has not been complete and there is any remaining tissue in the uterus, a woman may need a D&C. This is a minor surgery that removes the remaining tissue in order to control further blood loss. A general anesthetic or other effective pain relief is given prior to the D&C.
- If the mother's blood type is Rh negative she will be given an injection of Rhogam that prevents Rh problem in future pregnancy.

**Feeling Concerning a Miscarriage:** When a miscarriage occurs, friends and family may not understand the concerns or feeling in the same way that the mother of the baby does. We at ThriVe<sup>®</sup> genuinely grieve with a client over the loss of your pregnancy, even if we have only known that client for a short time. We can offer emotional support to the mother and those close to her if given the opportunity.

## ABOUT ECTOPIC (TUBAL) PREGNANCY

An ectopic pregnancy is one that is growing in the wrong place in your body. While normally the fetus grows inside the uterus or womb, an ectopic pregnancy can be in the fallopian tube (where the egg and sperm meet), ovary, cervix, or the abdominal cavity (belly). Since ectopic pregnancies in the fallopian tube are much more common than in other locations, this sheet focuses on tubal pregnancy.

**Symptoms:** With a tubal pregnancy you do not necessarily experience bleeding from the vagina. But you MAY have a tubal pregnancy if you are pregnant AND have one or more of the following:

- Severe pain centered on one side of the abdomen or pelvis.
- Lightheadedness, dizziness, or blackouts.
- Abnormally low blood pressure.
- As in the case of miscarriage, the passage of tissue (not just blood clots) from your vagina.
- Bleeding may or may not be present.

**Medical Tests:** The doctor may perform several tests to help confirm an ectopic pregnancy, since many of the symptoms can be confusing. You may have blood tests to determine red and white cell counts, and another pregnancy test. You may also have a pelvic exam. Tubal pregnancy may be proved by an ultrasound showing a fetus outside the uterus, or showing no fetus in the womb despite a large amount of pregnancy hormones in your blood. Direct observation of the fallopian tube during surgery may be necessary to make the diagnosis.

**Causes:** In most cases, the cause of the tubal pregnancy is not known and there is nothing you could have done to prevent it. However, a woman is more likely to have a tubal pregnancy if she:

- Has had a previous ectopic pregnancy
- Has had an infection of the fallopian tubes or certain sexually transmitted infections (STIs) such as Gonorrhea or Chlamydia
- Has had pelvic infection from an intrauterine device (IUD)
- Gets pregnant while an IUD is inside her uterus
- Has had a surgical abortion in the past

You may be surprised to learn that these factors probably **DO NOT** cause a tubal pregnancy:

- Emotional stress
- Birth control pills taken accidentally in early pregnancy
- Work environments and duties

**If You Suspect You May Have A Tubal Pregnancy:** You should get medical treatment immediately from an obstetrician-gynecologist (doctor specializing in female problems and pregnancy). If you do not already have that type of doctor, go to an emergency room of a nearby hospital. Tubal pregnancy is a medical emergency! Failure to get help may allow rapid bleeding into your abdomen from a ruptured internal organ, causing an occasional patient to die from shock (dangerously low blood pressure). Take with you the paperwork we provide and any insurance information.

**Treatment:** Typically a tubal pregnancy is either proved or ruled out by the tests mentioned before. A fetus cannot survive outside the uterus, and cannot be put back inside it. To protect the woman's life, the fetus, and perhaps the tube, are taken out. With some early tubal pregnancies, medicine can be given to reabsorb the fetus into the woman's body without resorting to surgery.

**Your Feelings:** In the event that you are diagnosed with a tubal pregnancy, we at Thrive<sup>®</sup> genuinely grieve with you over the loss, even if you have known you only a short time. We can offer emotional support to you and those close to you, if you give us the opportunity.