The American College of Obstetricians and Gynecologists

FREQUENTLY ASKED QUESTIONS
FAQ090
PREGNANCY

Early Pregnancy Loss: Miscarriage and Molar Pregnancy

What causes miscarriage?

Miscarriage can be caused by a number of things before, during, or after the process of fertilization—in which the male sperm and the female egg join. Most factors that cause a miscarriage are genetic. Sometimes a miscarriage is caused by a health problem. Often, there is no specific cause for a miscarriage.

How common is miscarriage?

Miscarriages occur in about 15–20% of pregnancies. Most occur in the first 13 weeks of pregnancy. Some miscarriages occur before a woman misses a menstrual period or is even aware that she is pregnant.

Do genetic factors play a role in miscarriage?

More than one half of miscarriages in the first 13 weeks of pregnancy are caused by problems with the ***chromosomes*** of the ***fetus***. Chromosomes are structures inside each of the body's cells. Each chromosome carries many ***genes***, which determine the traits of a person.

Miscarriages can result from an abnormal number or structure of chromosomes. Most chromosome problems are not inherited (passed on from the parents). They happen by chance and are not likely to occur again in a later pregnancy. In most cases, there is nothing wrong with the woman's or man's health. The chance of these problems increases with the age of the woman.

Can medical conditions contribute to miscarriage?

Infections may affect the uterus and fetus and, as a result, end the pregnancy. Problems with the woman's hormones also can cause very early miscarriage. If the woman has a chronic disease, such as diabetes that is not controlled, she may have a higher risk of miscarriage.

Problems with a woman's uterus or cervix (opening of the uterus) also can lead to miscarriage. Problems include an abnormally shaped uterus or an incompetent cervix. An incompetent cervix begins to widen and open too early, usually at 14–26 weeks of pregnancy, without any pain or other signs of labor.

What lifestyle factors contribute to miscarriage?

Pregnant women who smoke are more likely to have vaginal bleeding during pregnancy. Their risk of miscarriage is higher than that of women who do not smoke. Heavy alcohol use and illegal drug use also increase the risk of miscarriage. This is especially true in early pregnancy.

What are some symptoms of miscarriage?

Bleeding is the most common sign of miscarriage. Most women who have vaginal spotting or bleeding during the early months of pregnancy have healthy babies. Some of these women, though, will have a miscarriage. Bleeding during early pregnancy is called threatened miscarriage.

Sometimes mild cramping of the lower abdomen or a low backache may occur along with bleeding. Bleeding may persist, become heavy, or occur along with a pain like menstrual cramps.

What treatment is needed after a miscarriage?

Often when miscarriage occurs early in pregnancy, tissue is left in the uterus. If there is concern about heavy bleeding or infection, this tissue will be removed. The tissue may be removed by ***dilation and curettage (D&C)*** (see the FAQ Dilation and Curettage).

What should I expect during recovery from a miscarriage?

If you are beyond 13 weeks of pregnancy, you may still look pregnant and your breasts may leak milk. Light exercise is good, but increase your activity slowly. It is safe to have sex after the bleeding stops. You can ***ovulate*** and become pregnant as soon as 2 weeks after an early miscarriage

What is a molar pregnancy?

In a ***molar pregnancy***, the fertilized egg does not grow as it should. A genetic error causes abnormal cells to grow and form a mass of tissue.

What are the types of molar pregnancy?

There are two types of molar pregnancy—complete and partial. The mass in a complete molar pregnancy is made up of all abnormal cells that would have become the placenta in a normal pregnancy. There is no fetus. In a partial molar pregnancy, the mass contains the abnormal cells found in a complete molar pregnancy and, often, an abnormal fetus that has severe and fatal defects.

What are the symptoms of molar pregnancy?

The most common symptom is vaginal bleeding during the first trimester. Other signs of molar pregnancy, such as a uterus that is too large for the stage of the pregnancy or cysts (fluid-filled sacs or pouches) on the ovaries, can be found by your health care provider. If your health care provider suspects a molar pregnancy, he or she may order a blood test that measures the level of a hormone called human chorionic gonadotropin (hCG). This hormone is produced by the placenta during pregnancy or molar pregnancy.

How is molar pregnancy diagnosed?

Ultrasound may be used to find out whether you have a molar pregnancy. If a molar pregnancy is found, a series of tests will be done to check for other medical problems that sometimes occur along with a molar pregnancy. These problems might include preeclampsia (a condition of pregnancy in which there is high blood pressure and swelling) and hyperthyroidism (overactive thyroid gland).

How is molar pregnancy treated?

To treat a molar pregnancy, the pregnancy is removed. The cervix is dilated, either under ***general anesthesia*** or ***local anesthesia***, and the tissue is removed by D&C. Routine tests for hCG continue for about 6 months to 1 year. These tests can determine whether you need further treatment.

Glossary

Chromosomes: Structures that are located inside each cell in the body and contain the genes that determine a person's physical makeup.

Dilation and Curettage (D&C): A procedure in which the cervix is opened and tissue is gently scraped or suctioned from the inside of the uterus.

Fetus: The developing offspring in the uterus from the ninth week of pregnancy until the end of pregnancy.

Gene: A DNA "blueprint" that codes for specific traits, such as hair and eye color.

General Anesthesia: The use of drugs that produce a sleep-like state to prevent pain during surgery.

Local Anesthesia: The use of drugs that prevent pain in a part of the body.

Miscarriage: The spontaneous loss of a pregnancy before the fetus can survive outside the uterus.

Molar Pregnancy: Growth of abnormal placental tissue in the uterus.

Ovulate: To release an egg from one of the ovaries.

Ultrasound: A test in which sound waves are used to examine internal structures. During pregnancy, it can be used to examine the fetus.

If you have further questions, contact your obstetrician–gynecologist.