

# Miscarriage can happen to anyone

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## **Miscarriage can happen to anyone**

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## **Help me I am miscarrying!**

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**By Dr Brighton Chireka**

It is a worrying time for those involved when a miscarriage happens. A lot of questions are asked and sadly at times women are wrongly blamed for it. Surprisingly miscarriages are much more common than most people realise. It is estimated that among women who know they are pregnant one in six of these pregnancies will end in miscarriage. It may be a surprise to most of us that many more miscarriages occur before a woman is even aware she has become pregnant. Losing three or more pregnancies in a row (recurrent miscarriages) is uncommon and only affects around 1 in 100 women. A miscarriage can be an emotionally and physically draining experience. One may feel guilt, shocked and angry and at times hopeless. It is the aim of this article to raise awareness about miscarriage and empower all women about it. It is my hope that after reading this article women will feel empowered and also men will be enlightened so that they can be able to support their partners through this emotionally draining time. It may be pleasing to know that most couples who experience this will go on to have a successful pregnancy next time.

A word of caution to everyone, please do not use the word **abortion** when referring to a miscarriage. This is upsetting to those involved. The word abortion is used to mean a procedure to end pregnancy and in miscarriage this is happening spontaneously without being caused by anyone.

**Miscarriage** is the loss of a pregnancy at any time up to 24th week. A loss after this time is called a stillbirth. Majority of miscarriages occur before 13 weeks of pregnancy - about 80%.

### **What causes bleeding in early pregnancy?**

Many women may have a small bleed at the time of their missed period. This is sometimes called "implantation bleed" as it happens when the fertilised egg attaches itself to the wall of the womb. This is harmless bleeding so there is no need to worry about it and it stops on its own. The most common cause of bleeding in pregnancy is miscarriage.

A less common cause of bleeding in pregnancy is ectopic pregnancy. Ectopic pregnancy is a pregnancy that occurs outside the womb. It's not very common and occurs in about 1 in 100 pregnancies. Ectopic pregnancies are potentially serious as there's a risk you could experience internal bleeding.

### **Symptoms of ectopic pregnancy may include:**

- persistent and severe abdominal pain, usually on one side
- vaginal bleeding or spotting, commonly after the pain has started
- pain in your shoulder tip
- Diarrhoea and vomiting
- feeling very faint and light-headed, and possibly fainting

Symptoms of an ectopic pregnancy usually appear between weeks 5 and 14 of the pregnancy.

Ectopic pregnancy is a medical emergency condition which needs urgent need attention. One can bleed to death if not attend to properly and promptly.

## Symptoms of miscarriage

The most common sign of miscarriage is vaginal bleeding. This can vary from light spotting or brownish discharge to heavy bleeding and bright red blood. The bleeding may come and go over several days.

Other symptoms of a miscarriage include:

- cramping and pain in the lower abdomen
- a discharge of fluid from the vagina
- a discharge of tissue from the vagina
- no longer experiencing the symptoms of pregnancy, such as feeling sick and breast tenderness

## What causes miscarriage?

There are many reasons why a miscarriage may happen but in most cases the cause may not be identified.

First trimester ( first three months of pregnancy ) miscarriages

### Chromosomal problems

Most miscarriages in the first three months are cause by defects in the chromosomes of the baby. Chromosomes are blocks of DNA and a baby may have less or more of these resulting in miscarriages. It's estimated up to two-thirds of early miscarriages are associated with chromosome problems.

### Placental problems

The placenta is the organ linking the mother's blood supply to her baby's. If there's a problem with the development of the placenta, it can also lead to a miscarriage

## What can increase the chances of miscarriage?

An early miscarriage may happen by chance. But there are several things known to increase one's risk of miscarriage.

## **The age of the mother plays a role in miscarriage:**

*in women under 30, 1 in 10 pregnancies will end in miscarriage*

*in women aged 35-39, up to 2 in 10 pregnancies will end in miscarriage*

*in women over 45, more than half of all pregnancies will end in miscarriage*

### **Other risk factors include:**

- obesity
- smoking during pregnancy
- Abuse of drugs in pregnancy
- drinking more than 200mg of caffeine a day. How can you keep a count of the amount of caffeine that you are taking ? Here is the answer. One mug of tea contains around 75mg of caffeine, and one mug of instant coffee contains around 100mg of caffeine. Remember that caffeine is also found in some fizzy drinks, energy drinks and chocolate bars
- drinking more than two units of alcohol a week – one unit is half a pint of bitter or ordinary strength lager, or a 25ml measure of spirits, and a small 125ml glass of wine is 1.5 units. The best is stop drinking alcohol if you are trying to conceive and also when you get pregnant.

## **Second trimester (between weeks 14 and 26) miscarriages**

**Long-term health conditions can increase the risk of having a miscarriage . These conditions are :**

- Poorly controlled diabetes
- Severe high blood pressure
- Lupus
- Kidney disease
- An overactive or underactive thyroid
- Coeliac disease

**Infections may also increase the risk of miscarriage. These infections include:**

- Rubella (German measles)
- Cytomegalovirus
- Bacterial Vaginosis
- HIV
- Chlamydia
- Gonorrhoea
- Syphilis

- Malaria

**Food poisoning** cause by eating contaminated food , can also increase the risk of miscarriage.

Examples of food poisoning :

**Listeriosis**-most commonly found in unpasteurised dairy products, such as blue cheese.

**Toxoplasmosis** – which can be caught by eating raw or undercooked infected meat, particularly lamb, pork or venison

**Salmonella** – most often caused by eating raw or partly cooked eggs

**Medicines** may increase the risk of miscarriage. These include :

misoprostol – used for conditions such as rheumatoid arthritis

retinoids – used for eczema and acne

methotrexate – used for conditions such as rheumatoid arthritis

non-steroidal anti-inflammatory drugs (NSAIDs) – such as ibuprofen; these are used for pain and inflammation

Please do not take any medication in pregnancy without first talking to your doctor.

### **Womb structure problems**

Problems and abnormalities with your womb structure can also lead to miscarriages. Possible problems include:

non-cancerous growths in the womb called fibroids-

an abnormally shaped womb

### **Cervical incompetence**

In some cases, the muscles of the cervix (neck of the womb) are weaker than usual. This is known as a weakened cervix or cervical incompetence.

A weakened cervix may be caused by a previous injury to this area, usually after a surgical procedure. The muscle weakness can cause the cervix to open too early during pregnancy, leading to a miscarriage.

### **Polycystic ovary syndrome(PCOS)**

This is a condition where the ovaries are larger than normal. It's caused by hormonal changes in the ovaries.

PCOS is known to be a leading cause of infertility as it can lower the production of eggs. There's some evidence to suggest it may also be linked to an increased risk of miscarriages in fertile women.

However, the exact role polycystic ovary syndrome plays in miscarriages is unclear. No treatment has been proven to make a difference and the majority of women with PCOS have successful pregnancies with no increased risk of miscarriage.

## **Misconceptions about miscarriage**

Please take note that the following does not increase one's risk of miscarriage.

- a mother's emotional state during pregnancy, such as being stressed or depressed having a shock or fright during pregnancy
- Exercise during pregnancy, but discuss with your GP or midwife what type and amount of exercise is suitable for you during pregnancy
- lifting or straining during pregnancy
- working during pregnancy – or work that involves sitting or standing for long periods
- having sex during pregnancy
- travelling by air
- eating spicy food

### **Will you ever be able to get a child ?**

Many women who have a miscarriage worry about whether they will get another if they get pregnant. There is not need to worry much as most miscarriages are a one off event. About 1 in 100 women experience recurrent miscarriages (three or more in a row) and more than 60% of these women go on to have a successful pregnancy.

### **How can one prevent a miscarriage ?**

Sadly in many cases , the cause of the miscarriage is not known so cannot prevent it. Having said that , there are ways that can lower the risk of miscarriage and these include:

- Not smoking in pregnancy
- Not drinking alcohol or using recreational drugs in pregnancy
- eating a healthy balanced diet with at least five portions of fruit and vegetables a day
- making attempts to avoid certain infections in pregnancy such as rubella.
- Avoiding certain medications or foods in pregnancy which could make you ill or harm your baby
- being a healthy weight before getting pregnant

### **Weight**

Obesity increases risk of miscarriage. The best way to protect your health and your baby's

wellbeing is to lose weight before you become pregnant. By reaching a healthy weight, one cuts risk of all the problems associated with obesity in pregnancy.

As yet, there's no evidence to suggest losing weight during pregnancy lowers the risk of miscarriage, but eating healthily and activities such as walking and swimming are good for all pregnant women.

### **Treating an identified causes**

Sometimes the cause of a miscarriage can be identified. In these cases, it may be possible to have treatment to prevent this causing any more miscarriages. Some treatable causes of miscarriage are outlined below.

#### **Antiphospholipid syndrome**

Antiphospholipid syndrome (APS), also known as Hughes syndrome, is a condition that causes blood clots. It can be treated with medication. Research has shown that a combination of aspirin and heparin (a medicine used to prevent blood clots) can improve pregnancy outcomes in women with the condition.

#### **Weakened cervix**

A weakened cervix, also known as cervical incompetence, can be treated with an operation to put a small stitch of strong thread around your cervix to keep it closed. This is usually carried out after the first 12 weeks of your pregnancy, and is removed around week 37.

## **What happens if you have a miscarriage**

If there's no pregnancy tissue left in your womb, no treatment is required.

However, if there's still some pregnancy tissue in your womb, your options are:

**expectant management** – wait 7 to 14 days after miscarriage for the tissue to pass naturally out of your womb

**medical management** – take medication that causes the tissue to pass out of your womb

**surgical management** – have the tissue surgically removed

The risk of complications is very small for all these options. It's important to discuss these options with the doctor in charge of your care.

## **After a miscarriage**

A miscarriage can be very upsetting, and you and your partner may need counselling or support.

You may also have questions about trying for another baby and what happens to the miscarried foetus.

### **Emotional impact of miscarriage**

Sometimes the emotional impact is felt immediately after the miscarriage, whereas in other cases it can take several weeks. Many people affected by a miscarriage go through a bereavement period.

It's common to feel tired, lose your appetite and have difficulty sleeping after a miscarriage. You may also feel a sense of guilt, shock, sadness and anger – sometimes at a partner, or at friends or family members who have had successful pregnancies.

Different people grieve in different ways. Some people find it comforting to talk about their feelings, while others find the subject too painful to discuss.

Some women come to terms with their grief after a few weeks of having a miscarriage and start planning for their next pregnancy. For other women, the thought of planning another pregnancy is too traumatic, at least in the short term.

The father of the baby may also be affected by the loss. Men sometimes find it harder to express their feelings, particularly if they feel their main role is to support the mother and not the other way round. It may help to make sure you openly discuss how both of you are feeling.

Miscarriage can also cause feelings of anxiety or depression and can lead to relationship problems.

### **Getting support**

If you're worried that you or your partner are having problems coping with grief, you may need further treatment and counselling. There are support groups that can provide or arrange counselling for people who have been affected by miscarriage or see your doctor for help.

### **When can you have sex or try for another baby?**

You should avoid having sex until all of your miscarriage symptoms have gone. Your periods should return within four to six weeks of your miscarriage, although it may take several months to settle into a regular cycle.

If you don't want to get pregnant, you should use contraception immediately. If you do want to get pregnant again, you may want to discuss it with your doctor or the family planning clinic. Make sure you are feeling physically and emotionally well before trying for another pregnancy.

## Finding why you ?

It's natural to want to know why a miscarriage happened, but unfortunately this is not usually possible. Most miscarriages are thought to be caused by a one-off problem with the development of the foetus. Go on with your life and try for another baby. It's better said than done but try to be positive about it . Seek help and support to overcome your loss.

I hope you find this article useful. As usual I welcome your comments, suggestions or experiences that you may want to share. Also if you find the article useful why don't you share so that many people are able to benefit from it.

This article was compiled by Dr Brighton Chireka, who is a GP and a Health Commissioner in South Kent Coast in the United Kingdom. Dr Chireka would like to thank [www.nhs.uk](http://www.nhs.uk) for the material used to compile this article. You can contact him at: [info@docbeecee.co.uk](mailto:info@docbeecee.co.uk) and can read more of his work on his blog at [DR CHIREKA'S BLOG](#)

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