

## Miscarriage Warnings from Dr Susie Chung's Office

According to the March of Dimes, as many as 50% of all pregnancies end in miscarriage—many of which occur before a woman even knows she is pregnant or misses a period. Most of these are caused by fetal chromosomal abnormalities. Other explanations for first trimester loss would be maternal viral/bacterial infections, hematologic/rheumatologic/endocrine diseases, or substance abuse (alcohol, drugs, and tobacco).

Although a number of women who end up having full term pregnancies and healthy babies may experience bleeding during the first or second trimester, spotting that develops into heavier bleeding coupled with cramping are often signs of impending miscarriage.

If you bleed shortly after vaginal manipulation (i.e. pelvic exam, intercourse, insertion of vaginal medication), this is due to local trauma caused to the vaginal tissue. The vagina is much more vascular and sensitive in pregnancy, and therefore will be more prone to bleeding. This bleeding is superficial and is NOT related to the actual pregnancy. If this happens, please call during NORMAL business hours so that if you would like reassurance with an exam, we can evaluate you at the office.

If no physical activity or local trauma precedes vaginal bleeding and cramping, there is a chance that you could be miscarrying. If you are less than 7 weeks and are bleeding and/or cramping, blood work can be ordered to assure that your pregnancy is going in the right direction. We can reassure you of your baby's viability during regular office hours with ultrasound or Dopplers for a gestation less than 24 weeks. A Threatened Miscarriage means the pregnancy is viable; there is a heartbeat, you are bleeding but your cervix is closed. If you have a threatened miscarriage, all one can do is wait and see. We cannot intervene with medication or delivery of the pregnancy before 24 weeks gestation. Please do not call 911 or go to the ER or Labor & Delivery unless you are saturating a maxi pad per hour for 2-3 hours and/or are feeling light headed or dizzy.

An Inevitable Miscarriage means the pregnancy is not viable; there may or may not be a heart beat and you are bleeding heavily (with clots), cramping, and your cervix is dilating. This is generally best managed naturally at home with Tylenol and/or Ibuprofen and a local heating pad. The course of a miscarriage can take 24-48 hours. When miscarriage occurs naturally, no follow-up is necessary and you can try to conceive again with your next cycle. If your bleeding remains steady and heavy beyond 48 hours, a surgical intervention will most likely be recommended.

If a Missed Miscarriage (miscarriage with NO symptoms of bleeding or cramping) is diagnosed by first trimester ultrasound at your first OB visit, management options will include conservative management (passing miscarriage on your own), medical management (cytotec or misoprostol), surgical management (dilation and curettage aka "D&C").