

MISCARRIAGE PRECAUTIONS

What is Miscarriage? In medical words, miscarriage is called spontaneous abortion. It is the loss of an unborn baby less than halfway (20 weeks) through a full-term pregnancy.

Symptoms of Miscarriage: Some miscarriages are completely silent. But one or more of the following events suggests (yet does NOT prove) that you may miscarry (“threatened spontaneous abortion”), or have already miscarried:

- Bleeding greater than your typical menstrual period
- Cramping pain in your pelvis, lower back, or lower abdomen
- A gush of warm liquid from your vagina
- The passage of true tissue (not just blood clots) or of a small recognizable baby from your 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: Miscarriage may be confirmed in one or more of these ways:

- Pelvic exam showing your cervix has dilated (opened up)
- Examination of any solids (rather than blood or clots) that have passed from your vagina.
- Sonogram (scan) of your pelvic organs
- Decreasing pregnancy hormone levels, according to lab tests

Causes: It is rare for a doctor to be able to discover the cause. It can be known with certainty in those with:

- A baby with abnormalities that prevented it from surviving.
- Certain infections or immune system abnormalities
- Abnormalities of shape or function of the female organs

Future Pregnancies: When considering getting pregnant again, realize that 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 miscarriage, but which in fact PROBABLY DO NOT cause it:

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

Treatment:

- Miscarriage will either be confirmed or ruled out by one or more of the tests listed above.
- If all the tissue of the pregnancy has been passed, you may be treated with medication and followed closely outside the hospital by a physician.
- If tissue remains in your uterus, you may need a D & C, a minor surgery that removes it to control further blood loss. You will be “put to sleep” (general anesthetic) or will get other effective pain relief for the D & C.
- If your blood type is Rh negative, you will be given an injection of Rhogam, which prevents Rh problems in future pregnancy.

If You Suspect You Are Experiencing a Miscarriage: Because continued blood loss could harm you, go immediately to your obstetrician-gynecologist (OB/GYN). If you do not already have that type of doctor, go to the emergency room of a nearby hospital. Take the paperwork we provide and any insurance information.

If you have any questions or concerns, or if you would like some emotional support related to this, please call us at (209) 353-3247.

ECTOPIC PRECAUTIONS

An ectopic pregnancy is one that is growing in the wrong place. While normally the baby 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: 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 from the vagina 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 a sonogram showing a baby outside the womb or showing no baby 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 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.

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

Treatment: Typically, tubal pregnancy is either proved or ruled out by the aforementioned tests. An unborn baby cannot survive outside the womb and cannot be put back inside it. To protect the woman's life, the baby, afterbirth and perhaps the tube are taken out. With some early tubal pregnancies medicine can be given to reabsorb the baby and afterbirth into the woman's body without resorting to surgery.

If You Suspect You May Have a Tubal Pregnancy:

You should get medical treatment immediately from an obstetrician-gynecologist (OB/GYN). If you do not already have that type of doctor, go to the emergency room of a nearby hospital. Take the paperwork we provide and any insurance information with you. **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).

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