



Miscarriage

Miscarriage (spontaneous abortion) is the most common complication of pregnancy. It occurs in about 12-18% of clinically recognized pregnancies. However, very early pregnancy loss (near the time of a missed period) usually goes undetected and may occur in another 50% of patients attempting pregnancy. In 40-60% of patients, the cause of the first trimester miscarriage is a chromosomal abnormality. Other causes include uterine abnormalities, hormonal disorders including PCOS (polycystic ovary syndrome), inherited and acquired thrombophilias and immunology issues occurring at the junction of the placenta and uterus.

Infertility patients and patients over age 40 have higher rates of early pregnancy loss approaching 30-50%. PCOS patients with insulin resistance or obesity may also have a 50% miscarriage rate.

Treatment of a miscarriage includes waiting for the pregnancy to pass spontaneously or a dilation and curettage (D&C) in a surgical center. The D&C is a minor procedure that removes all pregnancy tissue from the uterus. Patients who elect not to have a scheduled D&C will occasionally require an emergency D&C if all the tissue does not pass spontaneously. The decision for expectant management or to schedule a D&C should be discussed with your physician.

Since miscarriages are common, sporadic and not recurrent, additional testing is not recommended after a single pregnancy loss. Recurrent early pregnancy loss is usually defined as three or more consecutive pregnancy losses and occurs in about 1% of reproductive age women. Patients with recurrent pregnancy loss may require additional evaluation by the physician as to possible causes of the pregnancy losses.