

Overview

What is early pregnancy loss (miscarriage)?

The loss of a pregnancy before 13 completed weeks is called early pregnancy loss. It also may be called a [miscarriage](#) or spontaneous abortion.

How common is early pregnancy loss?

Early pregnancy loss is common. It happens in about 10 of 100 known pregnancies.

Causes

What causes early pregnancy loss?

About half of early miscarriages happen when the [embryo](#) does not develop properly. This often is due to an abnormal number of [chromosomes](#). Chromosomes are in each [cell](#) of the body and carry the blueprints ([genes](#)) for how people develop and function.

During [fertilization](#), when the [egg](#) and [sperm](#) join, two sets of chromosomes come together. If an egg or sperm has more or fewer chromosomes than normal, the embryo also will have an abnormal number. This can lead to miscarriage.

Are there certain activities that cause early pregnancy loss?

In almost every case, miscarriage is not a woman's fault. This is important to understand. Miscarriage usually is a random event. Working, exercising, stress, arguments, having sex, or having used birth control pills before getting pregnant do not cause miscarriage. Few medications can cause miscarriage. Morning sickness—the nausea and vomiting that is common in early pregnancy—also does not cause miscarriage.

Some women who have had a miscarriage believe that it was caused by a recent fall, blow, fright, or stress. In most cases, this is not true. It may simply be that these things happened to occur around the same time and are fresh in the memory.

How does age affect the risk of early pregnancy loss?

The chance of early pregnancy loss increases as a woman gets older. For women over age 40, about 1 in 3 pregnancies end in miscarriage. Most end because of a chromosome abnormality.

There also is some evidence that chromosome abnormalities in the embryo increase as men get older. But it is not clear at what age this begins for men.

Symptoms and Diagnosis

What are the signs and symptoms of early pregnancy loss?

Bleeding is the most common sign of miscarriage. Call your [obstetrician–gynecologist \(ob-gyn\)](#) if you have signs or symptoms of miscarriage, including

- vaginal spotting or bleeding with or without pain
- a gush of fluid from your [vagina](#), even if you do not have pain or bleeding
- passage of tissue from the vagina

A small amount of bleeding early in pregnancy is common and does not necessarily mean that you will have a miscarriage. If your bleeding is heavy or happens with a pain like menstrual cramps, contact your ob-gyn right away.

How is early pregnancy loss diagnosed?

If you have bleeding or cramping, your ob-gyn may do an [ultrasound exam](#). This exam can check whether the pregnancy is growing normally. If your pregnancy is far enough along, the ultrasound exam may detect cardiac activity. If cardiac activity is not found, it may be too early to detect it. But in some cases, not finding cardiac activity means the embryo has stopped developing.

You also may have a blood test to measure [human chorionic gonadotropin \(hCG\)](#), which is the substance that is detected in pregnancy tests. A low or decreasing level of hCG can mean loss of the pregnancy. Several ultrasound exams and hCG tests may be needed to confirm that a pregnancy has been lost.

Your ob-gyn also may do a [pelvic exam](#) to see if your [cervix](#) has begun to dilate (open). [Dilation](#) of the cervix means that a miscarriage may be more likely.

Treatment

Is treatment needed for early pregnancy loss?

After a miscarriage, some of the pregnancy tissue may be left in the [uterus](#). This is called an incomplete miscarriage. There are options to remove this tissue. The choice depends on many factors, including how large the pregnancy has grown.

If your blood type is Rh negative, you may get a shot of [Rh immunoglobulin \(RhIg\)](#) after an early pregnancy loss. This can prevent problems with the [Rh factor](#) in a future pregnancy.

What nonsurgical options are available to treat early pregnancy loss?

If you do not show any signs of an infection, your ob-gyn may recommend waiting and letting the tissue pass naturally. This usually takes up to 2 weeks, but it may take longer in some cases. Another option is to take medication that helps expel the tissue.

What can I expect if I have nonsurgical treatment?

With both nonsurgical options, you will have bleeding, some of which may be heavy. Cramping pain, diarrhea, and nausea also can happen. You may pass tissue as well.

With an early miscarriage, the tissue may look like a blood clot mixed with grey-white material. Or it may look like a clear, fluid-filled sac.

An ultrasound exam or blood test for hCG may be done after the miscarriage to confirm that all the tissue has passed. If there is tissue remaining, your ob-gyn may suggest a surgical procedure to remove it.

What surgical options are available to treat early pregnancy loss?

Surgery is recommended if you have signs of an infection, heavy bleeding, or other medical conditions.

- **Vacuum aspiration** removes the contents of the uterus with a suction device. This device is inserted through the cervix and into the uterus. This procedure often can be done in your ob-gyn's office.
- **Dilation and curettage (D&C)** may be recommended if the pregnancy is large or you are bleeding heavily. D&C usually is done in the hospital. The cervix is dilated, and an instrument is used to remove the remaining tissue from the uterus.

The risks of these procedures include bleeding, infection, and injury to internal organs. Before any procedure, your ob-gyn should explain how it is done as well as the risks and benefits.

Recovery and Trying Again

What can I expect during recovery from early pregnancy loss?

To help prevent infection, you should not put anything in your vagina for 1 to 2 weeks. This includes not using tampons, not having **sexual intercourse**, and not having sex with **penetration** (using fingers or sex toys). You should see your ob-gyn for a follow-up visit a few weeks after your miscarriage. Call your ob-gyn right away if you have

- heavy bleeding (soaking through more than two maxi pads per hour for more than 2 hours in a row)
- fever
- chills

- severe pain

Is there anything that can help me and my partner cope with early pregnancy loss?

Losing a pregnancy can cause sadness and grief. For many women, emotional healing takes longer than physical healing. And your feelings of grief may differ from those of your partner. If either of you is having trouble handling the feelings that go along with a pregnancy loss, talk with your ob-gyn or a counselor.

You also can reach out to support groups. [Share: Pregnancy and Infant Loss Support](#) is one group that provides support for those who have experienced miscarriage.

Is it possible to have another baby after an early pregnancy loss?

Pregnancy loss in the first trimester usually is a one-time event. Most women who have an early pregnancy loss go on to have successful pregnancies. [Repeated miscarriages](#) are rare.

When two or more miscarriages happen, testing can be done to try to find a cause. Even if no cause is found, most women go on to have successful pregnancies even after repeated miscarriages.

How soon can I get pregnant again after pregnancy loss?

You can get pregnant again as soon as 2 weeks after an early miscarriage. If you do not wish to get pregnant again right away, use birth control.

If you want to get pregnant again, talk with your ob-gyn about the best timing for trying again. Take time to recover emotionally and physically before trying to get pregnant again. You also may want to wait until you have had a [menstrual period](#) so that calculating the due date of your next pregnancy is easier.

Glossary

Cell: The smallest unit of a structure in the body. Cells are the building blocks for all parts of the body.

Cervix: The lower, narrow end of the uterus at the top of the vagina.

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

Dilation: Widening the opening of the cervix.

Dilation and Curettage (D&C): A procedure that opens the cervix so tissue in the uterus can be removed using an instrument called a curette.

Egg: The female reproductive cell made in and released from the ovaries. Also called the ovum.

Embryo: The stage of development that starts at fertilization (joining of an egg and sperm) and lasts up to 8 weeks.

Fertilization: A multistep process that joins the egg and the sperm.

Genes: Segments of DNA that contain instructions for the development of a person's physical traits and control of the processes in the body. The gene is the basic unit of heredity and can be passed from parent to child.

Human Chorionic Gonadotropin (hCG): A hormone made during pregnancy. Checking for this hormone is the basis for most pregnancy tests.

Menstrual Period: The monthly shedding of blood and tissue from the uterus.

Miscarriage: Loss of a pregnancy that is in the uterus.

Obstetrician–Gynecologist (Ob-Gyn): A doctor with special training and education in women's health.

Pelvic Exam: A physical examination of a woman's pelvic organs.

Penetration: The act of inserting a penis, finger, or other object into the vagina or anus, or inserting a sex organ into the mouth.

Rh Factor: A protein that can be found on the surface of red blood cells.

Rh Immunoglobulin (Rhlg): A substance given to prevent an Rh-negative person's antibody response to Rh-positive blood cells.

Sexual Intercourse: The act of the penis of the male entering the vagina of the female. Also called "having sex" or "making love."

Sperm: A cell made in the male testicles that can fertilize a female egg.

Ultrasound Exam: A test in which sound waves are used to examine inner parts of the body. During pregnancy, ultrasound can be used to check the fetus.

Uterus: A muscular organ in the female pelvis. During pregnancy, this organ holds and nourishes the fetus. Also called the womb.

Vacuum Aspiration: Removal of the contents of the uterus using a suction device.

Vagina: A tube-like structure surrounded by muscles. The vagina leads from the uterus to the outside of the body.

If you have further questions, contact your ob-gyn.

Don't have an ob-gyn? [Learn how to find a doctor near you.](#)

FAQ090

Last updated: January 2022

Last reviewed: May 2023

Copyright 2024 by the American College of Obstetricians and Gynecologists. All rights reserved. Read [copyright and permissions information.](#)

This information is designed as an educational aid for the public. It offers current information and opinions related to women's health. It is not intended as a statement of the standard of care. It does not explain all of the proper treatments or methods of care. It is not a substitute for the advice of a physician. Read [ACOG's complete disclaimer.](#)

[About ACOG](#)

[Disclaimer](#)

[Contact Us](#)

[How to Find an Ob-Gyn](#)



Copyright 2024 American College of Obstetricians and Gynecologists

[Privacy Statement](#)

|

[Terms and Conditions of Use](#)