**Patient information  
Spontaneous abortion (miscarriage)**

Spontaneous abortion (miscarriage) is defined as a pregnancy that ends before the foetus is able to survive. This occurs in 10-20% of all confirmed pregnancies. Miscarriage can occur as late as the 22nd week of pregnancy, but in 97% of cases, it occurs during the first 12 weeks.

**What are the causes?**The most common cause of miscarriage is a genetic abnormality that prevents the pregnancy from developing normally. This is usually a spontaneous genetic abnormality, which is not inherited from the parents. Miscarriage can thereby be viewed in many cases as nature’s own way of preventing a foetus that cannot survive, from developing further.

Other reasons may be: high age, smoking, alcohol and drug abuse, abnormalities of the womb, chronic infection of the womb lining, presence of a contraceptive coil, blood diseases (thrombophilia), morbid obesity, diabetes, hormonal causes or low metabolism.

**How is a diagnosis made?**

A gynaecological examination will establish whether the cervix (the lower part of the womb) has opened, and if foetal or placental tissue has passed through it, or is lying in the vagina. By using ultrasound from the 6th week of pregnancy, one can usually see whether the pregnancy is intact or not, and if the foetus is alive.

**Treatment**

There is nothing you yourself can do to stop a miscarriage once it has started.

Miscarriage is divided into three categories:

* **Incomplete miscarriage**  - The miscarriage has not started or has just begun, and most of the tissue is still in the womb.
* **Complete miscarriage** - most of the tissue has been expelled. It is now like a normal menstrual flow and needs no treatment.

In cases of **incomplete miscarriage** we offer the following treatment in tablet form:

**Duration of pregnancy less than 9 weeks**   
You will receive Mifepriston (Mifegyn®) when you visit the outpatient clinic. The rest of the treatment is done at home. Misoprostol (Cytotec ®) 800 micrograms (4 tablets) are inserted into the vagina 24 hours after Mifegyn®. These tablets make the womb contract so that the products of the pregnancy are expelled. You may have strong period-like pains. You can use paracetamol and diclofenac for pain relief. It is best to carry on with normal activities as best you can, and you can also eat and drink normally.

You must have another adult at home with you.

If the products of the pregnancy are not expelled within two weeks, you must contact our department for a check-up.

**Duration of pregnancy more than 9 weeks**The same treatment as described above, but you will be admitted to the Gynaecological Ward 4AC. This is because heavier bleeding and stronger pain are expected, depending on how far along the pregnancy is.

**You should be aware of the following things in connection with a miscarriage:**

* Pain similar to period pain is normal.
* Use sanitary pads, not tampons, as these increase the risk of infection
* It is normal to experience bleeding for the first 2-3 weeks.
* Contact the Gynaecological Ward:
* if you have such heavy bleeding that you feel dizzy and unwell.
* if you have increasing pain or a temperature over 38° C.
* A brown or dark reddish discharge over several weeks is also normal. Your periods will usually resume 4-6 weeks after the miscarriage; the first period is often heavier and longer than normal.
* Intercourse and bathing should be avoided as long as there is bleeding, due to risk of infection.
* If you are starting on contraceptive pills, you can commence the same day as the miscarriage.
* If you need support after your miscarriage you can contact your GP, our department, your gynaecologist or a midwife. You can also any time contact a consultant at the free health service Amathea (amathea.no), tel. nos.: 906 59 060.

Most women who have experienced miscarriage will have a normal pregnancy afterwards. Studies have shown that there is no increased risk of a new miscarriage in women who become pregnant within 3 months of a miscarriage.

**Important tel. nos.:**

Kvinneklinikken **51 51 87 77**

Kvinneklinikken SUS, June 2022  
[www.sus.no/kvinneklinkken](http://www.sus.no/kvinneklinkken)