

Early Pregnancy Loss

Confirm the pregnancy has ended. Check for ectopic. Choose expectant, medicine, or surgery. Give anti-D if Rh-negative. Watch for heavy bleeding or infection. Support emotionally and plan follow-up.

THE ONE-LINE TRUTH

A pregnancy that stops growing and ends before 20 weeks, most often because of a chromosome error the embryo could not survive.

The chain — how it unfolds

1. The embryo stops growing. — why: A chromosome error (or rarely, a clotting disorder, infection, anatomic problem, or hormone failure) makes the embryo unable to build cells and organs correctly, so development halts—usually between 5 and 10 weeks.
2. hCG and progesterone levels drop. — why: The dying embryo stops sending signals, so the ovary's corpus luteum stops making progesterone. Without progesterone, the uterine lining cannot stay thick and nourished.
3. The uterus senses the loss and begins cramping. — why: Falling hormones release the brake on uterine muscle. The muscle contracts rhythmically to squeeze out the dead tissue, just as it will during labor at full term—this is the body's cleanup program.
4. Vaginal bleeding begins. — why: As the lining detaches and blood vessels tear, blood flows out through the vagina. Bleeding may be light spotting, heavy flow with clots, or anywhere in between, depending on how much tissue is passing and how fast.
5. Tissue and clots pass out. — why: Cramping pushes the pregnancy sac, placenta pieces, and blood clots through the softened, slightly open cervix and out as vaginal discharge.
6. Sometimes there are no symptoms at all. — why: In a missed miscarriage, the embryo dies but the body does not yet start contractions—so bleeding and cramping have not begun. An ultrasound shows an empty sac or absent heartbeat even though the patient feels fine.
7. If tissue stays inside, bleeding continues and infection risk climbs. — why: An incomplete miscarriage leaves the cervix open and the uterus unable to clamp down fully. Open blood vessels keep bleeding, and bacteria from the vagina can travel up into the uterus, causing fever, foul discharge, and pelvic pain (septic abortion).

8. The uterus clamps down and bleeding stops once tissue is fully out. — why: After the uterus is empty, muscle fibers squeeze tightly around blood vessels, sealing them off like tying a knot in a garden hose. hCG falls to zero over days to weeks, and the lining begins to heal and rebuild for the next cycle.

Spot it — what you see, and why

- Vaginal bleeding: When the pregnancy tissue starts to pull away from the wall of the uterus (womb), tiny blood vessels break open and bleed—just like peeling a sticker off skin can leave a raw spot that oozes.
- Cramping or pain low in the belly: The uterus muscle squeezes (contracts) to push out the pregnancy tissue that is separating, similar to how your stomach cramps when it tries to push out something it doesn't want.
- Passing clots or tissue from the vagina: When the pregnancy stops growing, the body recognizes it and starts to shed the gestational sac and lining, just like how a tree drops a leaf that has died.
- Pregnancy symptoms suddenly stop (breast tenderness goes away, nausea disappears): The placenta (the organ that feeds the baby) stops making pregnancy hormones once the embryo stops growing, so the body no longer gets the chemical signals that were causing those symptoms.
- Ultrasound shows an empty gestational sac or a sac that is too small for the dates: The embryo either never formed or stopped growing very early, leaving behind only the fluid-filled sac—like a deflated balloon with nothing inside.
- Beta-hCG hormone level stops rising normally or starts to drop: A healthy early pregnancy doubles its hCG (pregnancy hormone made by the placenta) every 48-72 hours. When the pregnancy fails, the placenta stops working and hormone production slows down or falls, like a battery losing its charge.

Red flags — act now

- Soaking through more than one thick pad per hour for two hours in a row—this can mean dangerous bleeding.
- Severe belly pain on one side, or pain in the shoulder tip—this can mean the pregnancy is in the fallopian tube (ectopic) and the tube may be tearing.
- Feeling very dizzy, weak, or like you might faint—this can mean you have lost too much blood and your body is going into shock.
- Fever (temperature over 100.4°F or 38°C) or foul-smelling vaginal discharge—this can mean an infection in the uterus that needs antibiotics right away.

- Severe, constant pain that does not ease up—this can mean tissue is stuck in the cervix (opening of the womb) or there is another serious problem.

Treat it — in this order

1. Expectant management (waiting 1–4 weeks for the body to complete the miscarriage naturally) → The uterus contracts and pushes out the pregnancy tissue on its own through cramping and bleeding. About 50–80% of early losses complete this way without medicine or surgery within two weeks. This avoids medication side effects and surgical risks.
2. Misoprostol 800 mcg placed in the vagina (can repeat once after 24 hours if tissue does not pass) → Misoprostol makes the uterus contract more strongly, speeding up tissue expulsion from weeks down to hours or 1–2 days. Success rate is about 80–90% for incomplete or missed miscarriage. Cramping and bleeding increase temporarily as the medicine works.
3. Suction dilation and curettage (D&C) under anesthesia → Surgically removes all pregnancy tissue from the uterus in one procedure, stopping bleeding immediately and lowering infection risk by clearing out dead material. Fastest option (complete in 10–15 minutes). Allows tissue to be sent to pathology if needed.
4. Anti-D immunoglobulin (RhoGAM) 300 mcg intramuscular injection if mother is Rh-negative → Blocks the mother's immune system from building antibodies against Rh-positive red blood cells. Must be given within 72 hours of bleeding. Protects future Rh-positive babies from destroying red blood cells (hemolytic) disease (destruction of their red blood cells).
5. Broad-spectrum intravenous antibiotics (such as clindamycin plus gentamicin) if septic miscarriage suspected → Kills bacteria growing inside the infected uterus, stops sepsis from spreading into the bloodstream, and stabilizes the patient. Must be paired with urgent D&C to remove the infected tissue—antibiotics alone cannot clear the source.

Your top priorities at the bedside

1. Check vital signs including blood pressure, heart rate, temperature, and orthostatic blood pressure (lying and standing) every 15 to 30 minutes if bleeding is moderate or heavy. — why: Dropping blood pressure, rising heart rate, or dizziness when standing up (orthostatic low blood pressure (hypotension)) are early signs of hypovolemia (low blood volume from bleeding) before shock develops, so catching these changes triggers fluid resuscitation and possible transfusion.
2. Start a large-bore intravenous line (18-gauge or bigger) and hang isotonic crystalloid fluids such as normal saline or lactated Ringer solution if the patient is bleeding heavily or showing any signs of shock. — why: A large IV allows rapid infusion of fluids or blood products to replace intravascular volume and maintain blood flow (perfusion) (blood flow) to the brain, heart, and kidneys when bleeding (hemorrhage) causes hypovolemic shock.

3. Count and weigh all pads and any passed tissue or clots to measure exact blood loss. —
why: One fully soaked thick pad holds about 50 milliliters of blood; measuring loss objectively helps identify bleeding (hemorrhage) early, guides fluid replacement volumes, and tells the provider whether expectant management is safe or evacuation is needed.