



Pregnancy Loss

In the First 13 weeks of Pregnancy



Obstetrics & Gynaecology Department

Signs of an early pregnancy loss

Miscarriage in early pregnancy is common. About one in five women (20 percent) who know they are pregnant will have a miscarriage before 20 weeks gestation. Of these, about 80 percent will occur in the first 12 weeks of pregnancy.

Most miscarriages are a one-time event and there is a good chance of having a successful pregnancy in the future.

Symptoms of miscarriage

- bleeding
- cramp-like pain
- continued bleeding and pain may end with a miscarriage

Causes of miscarriage

- An abnormal embryo
- Infection
- Hormone imbalance
- weak cervix
- Implantation failure
- 70% no cause is found.



Treatment options

Expectant management /wait

50 % percent of miscarriages expel naturally.

If bleeding doesn't start or the miscarriage hasn't completed, you will be offered medical or surgical management.

Medical management with medicine (misoprostol) when you are less than 12 weeks pregnant. Misoprostol tablets placed into the vagina help to open the cervix (neck of the womb) and pass the pregnancy.

This usually takes a few hours to start, and you might experience some pain, bleeding, or clotting (like a heavy period). You may continue to bleed for up to three weeks. Pain relief medication may help with any discomfort.

You may need more than one dose of the medication.

About 80 to 90 percent of miscarriages treated this way are successful.

If the treatment doesn't work, you may be offered cleaning procedure that is needed in 2- 3 % of cases.

Surgical management with a dilatation and curettage (D&C) – this method is successful in 95 to 100 percent of cases, but it does have some small surgical risks. You may be advised to have surgery immediately if you are bleeding heavily and continuously.

The products of conception are sent for examination in laboratory if they are available.



Will I have to stay in hospital?

If your doctor has recommended that you have a D&C procedure you may need to stay for a short time in the Day Surgery Unit or overnight in a hospital ward.



What happens to the pregnancy remains after a miscarriage?

Many parents are afraid to ask what will happen to the remains of their pregnancy. The pregnancy tissue may look like blood clots and small fragments of tissue. Consent for an examination of this tissue may be requested. These will be examined by the Pathology Department.

The results of the examination will be informed in your next appointment.

After discharge

- IF You are feverish, shivering or sweating
- You have stinging or burning when you pass urine
- Your vaginal loss is heavy and offensive
- You experience abdominal pain or cramping that is not relieved by regular pain relief medication

Call Hospital – 17753570 / 17753646 / 17753248

Psychological impact

It is normal to experience feelings of sadness, denial, guilt, and anger as you face the loss, and the healing process of grief begins. Regardless of how long you were pregnant, your loss and grief may be very real. You may find yourself overwhelmed by confused feelings. Society has not always acknowledged the close bond that can form between parents and their expected baby. Sometimes a long-awaited pregnancy may produce a strong bond from the earliest stages of conception.

Follow up visit

You should visit your doctor within two weeks of your pregnancy loss. The results from tests or investigations you have had will be sent to your doctor.

Sexual intercourse

Whenever bleeding stops, it's okay to resume sexual activity.

When to try for another pregnancy

There is no correct or appropriate period to wait before becoming pregnant again.

It is often recommended that you wait for your next period to ensure that your menstrual cycle has resumed after your pregnancy loss.

Most people find they are ready to welcome a new pregnancy when they are emotionally ready.

You should discuss with your doctor about the timing for next pregnancy.



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