



Insufficient evidence to support bedrest for preventing miscarriage

Clinical question

How effective is bedrest for risk of miscarriage?

Bottom line

There is insufficient evidence bedrest in hospital or at home prevents miscarriage in women with confirmed foetal viability and vaginal bleeding in the first half of pregnancy. In 1 trial there was a higher risk of miscarriage in those women in the bedrest group than in those in a human chorionic gonadotrophin therapy group with no bedrest.

Caveat

The small number of participants in the studies reviewed is a major factor contributing to the inconclusive findings. There is currently no evidence to provide reassurance about recommending bedrest for preventing miscarriage since none of the studies assessed potential side effects of bedrest (thromboembolic events, maternal stress, depression and costs).

Context

Miscarriage happens in 10–15% of pregnancies depending on maternal age and parity. It is associated with chromosomal defects in about half or two-thirds of cases. Many interventions have been used to prevent miscarriage but bedrest is probably the most commonly prescribed in cases of threatened miscarriage and for those with a history of previous miscarriage.

Cochrane Systematic Review

Aleman A et al. Bed rest during pregnancy for preventing miscarriage. Cochrane Reviews, 2010, Issue 10. Article No. CD003576. DOI: 10.1002/14651858.CD003576.pub2.

This review contains 2 studies involving 84 participants.

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