

Miscarriage

Miscarriage and your options

We are sorry that you have had a miscarriage. Sometimes it is difficult to understand and remember everything the doctors and nurses talked about at the time, so we have produced this information booklet for you to read in your own time. Hopefully it will answer some of your questions.

This leaflet will provide you with important information about your miscarriage and the possible management options we will discuss with you. Please do ask the clinic staff for any other information you feel you need, or for help with any of the information in the leaflet.

You may have required or need more than one scan to confirm the diagnosis of your miscarriage. The information in this leaflet assumes that this diagnosis has been made.

Why Me?

Unfortunately miscarriage is very common and around one in five pregnancies end this way. The most common known cause of a miscarriage at this early stage is a chance genetic abnormality, where the fertilised egg fails to grow properly. In this hospital (as in most others) we do not carry out any further tests to look for other causes unless a woman has been unfortunate to have three in a row. This is because most women will go on to have normal pregnancies subsequently.

Could I have prevented it?

No. You have not done anything to cause this miscarriage. Women are often advised to rest when a miscarriage is suspected, but this will not prevent a miscarriage and the normal activities of daily living should not interfere with an on-going pregnancy.

Types of miscarriage

There are several ways that medical professionals may describe a miscarriage.

Complete

This is where you have passed all the products of the pregnancy and no further treatment is required.

Incomplete

This is where you have passed some of the products of the pregnancy but there is still some pregnancy tissue left behind.

Missed miscarriage

This is a type of pregnancy loss when the pregnancy itself stops developing but NO bleeding occurs at the time. We therefore may only pick it up at a later date, such as at the time of a 12 weeks scan.

Blighted ovum

now more commonly called missed miscarriage; this term is sometimes used when the ultra sound scan shows a pregnancy sac with nothing inside. You may still feel pregnant.

What happens now?

There are three ways of managing a miscarriage; conservatively (naturally); medically (with tablets); or surgically (SMM surgical management of miscarriage), an operation that removes the products of the pregnancy from the inside of the womb using a suction device whilst you are asleep.

It maybe reassuring to know that a large research study comparing conservative, surgical and medical methods came up with these conclusions.

- The risk of infection or harm is minimal with all three methods.
- Your chances of having a healthy pregnancy in the future are just as good whichever method you choose.

What does conservative management of my miscarriage involve?

This means, waiting for your miscarriage to happen naturally. When a miscarriage happens, the sac and the lining of the uterus (womb) will be shed. It is difficult to predict when this will begin and it may take one or two weeks from your first scan. Once it does start, it will begin with a light bleed, becoming heavier and more painful then slowing down to a light bleed again. We recommend that you use towels rather than tampons during the bleeding. This is to minimise any risk of infection.

The bleeding may be like a very heavy period, probably with clots, sometimes quite large ones. You may see the pregnancy sac, which can be greyish in colour. If you are miscarrying after 10 weeks you may see an intact fetus. You are likely to experience abdominal cramps this pain can be like very strong period cramps. Especially as the pregnancy tissue is being passed the pain is usually controlled with over the counter pain killers the doctor /nurse will discuss pain relief with you.

A follow up appointment will be made for two weeks for a consultation and repeat scans to ensure that the miscarriage is complete.

If however your pregnancy test is negative then you will not need to come in for a repeat scan as we can assume that you have completely passed the pregnancy.

If at your follow up scan you still have not had a complete miscarriage, you can decide if you want to continue with conservative management or change and have an operation or medication.

Occasionally the miscarriage remains incomplete and surgery is required.

What does medical management of my miscarriage involve?

This treatment involves inserting vaginal pesseries to help speed up the process of a missed miscarriage. These pesseries cause your uterus to contract and help you expel the pregnancy tissue.

If you choose this option, we will give you four vaginal pesseries which you need to place inside your vagina. It is easiest to do this by inserting them using your fingers. You will be given four tablets that all need to be inserted at the same time (one after the other) at home at a time convenient with you. Although we would suggest doing this in the morning so that ideally you are not actively miscarrying in the middle of the night. If you are not comfortable doing this you can get one of the nurses to insert them for you.

If you have had an incomplete miscarriage, you will be given a different dose of the tablets mentioned above.

When the miscarriage happens, the sac and the lining of the uterus

(womb) will be shed; it is difficult to predict when this will begin. But it usually starts within four hours of inserting the tablets. The bleeding starts off lightly and will gradually get heavier the bleeding may be like a very heavy period, probably with clots, sometimes quite large ones. You may see the pregnancy sac, which can be greyish in colour. You are likely to experience very strong period cramps which can be severe, at times as you pass the pregnancy sac. This may last for a few hours but is usually well controlled with pain relief. You may find it helpful and reassuring to have someone with you while you are in this active phase of your miscarriage. The cramping and bleeding then gradually eases. The bleeding can continue for up to a week but will be much lighter, and easily manageable.

We will give you some pain relief to help ease this. (These tablets contain codeine which can make you light headed and dizzy. They also contain paracetamol and it is important that you do not take any extra paracetamol while you are taking these tablets). We would also suggest that you obtain some ibuprofen from the chemist. The nurse will discuss with you how and when to take this medication and explain to you how they are likely to affect you. We advise that you use sanitary towels and not tampons during this period to avoid the risk of infection.

You are very welcome to phone EPU or Level 11 ward at anytime if you have concerns or questions about what is happening to you.

We would not routinely scan you following this treatment but would ask that you do a pregnancy test in three weeks to ensure it is negative. A negative pregnancy test confirms that you have had a complete miscarriage. If your pregnancy test is still positive then you should contact the clinic and we will organise to scan you.

What does surgical management of my miscarriage involve?

The method of surgically managing a miscarriage is called a SMM. We use a gentle suction device to remove the remaining pregnancy tissue from the inside of the womb. It is normally performed under a general anaesthetic (you will be asleep) this operation can be arranged as a day case at either Lewes Victoria Hospital, The Royal

Sussex County Hospital or Princess Royal Hospital and will depend on availability. The surgery takes between 5-10 minutes. You will usually be able to go home 3-4 hours after your procedure.

In some cases we may suggest you have the operation done as an emergency and in these cases or if complications arise during or after surgery you should be prepared to stay the night. The operation involves a general anaesthetic and the surgery involves the use of a suction device to remove the products of pregnancy from the womb. A very rare complication that may occur during the operation is that we go through the wall of the womb with the instruments we use known as perforation of the womb. The risk is low, occurring in 1 in 1000 cases. If this occurs we would need to look inside your abdomen with a telescope. It is unlikely that you would need anything more than close watching for a few days after surgery.

Because there is also a risk of infection following an SMM (one in ten cases) any lower stomach pains, offensive discharge or fever should be investigated by your GP and antibiotics prescribed if necessary.

What can I expect after the procedure?

You may experience episodes of pain or nausea after a general anaesthetic. This is common, and the nursing staff can give you medication to help.

Before you go home you need to have had something to eat, mobility checked and passed urine. You will need to be collected from hospital by a responsible adult in a car or taxi, as you can not drive for 24 hours after an anaesthetic, or make any important decisions. You also need to have an adult with you for the following 24 hours.

The anaesthetic is short-lasting. You should not have or suffer from any side effects for more than a day after the procedure. You may experience some mild period type cramps and bleeding. The bleeding is usually light and should settle within two weeks. However if bleeding is heavy or persists for more than three weeks then you should visit your GP as this may indicate that some tissue remains. If this bleeding does not settle with a course of oral antibiotics, it is sometimes necessary to have a second SMM (two in 1000 cases). To reduce the risk of infection you should use sanitary towels rather than tampons.

There are various ways of managing your miscarriage. All have their advantages and disadvantages. However your chances of having a successful pregnancy in the future are equally as good whichever approach you choose.

The nursing staff and doctors are here to help you with your decision. You can also change your mind at anytime. Just contact the early pregnancy unit and discuss your concerns with the nurse.

Q: When will my normal periods start again?

Usually within two-six weeks following a miscarriage but this can vary and it can take a few months for your periods to return to normal. If your periods have not resumed after 3 months (and you are not pregnant) you should consult your GP.

We advise that you wait until your bleeding has completely stopped before you resume sexual intercourse. This is to reduce any risk of infection. Ovulation can occur any time after a miscarriage and before your next period, so if you have unprotected sex during this time you can become pregnant. There are no hard and fast rules as to when you can start to try for another baby but we usually recommend that you wait for one normal period before becoming pregnant again.

Is it normal to feel depressed some time after the miscarriage?

Everyone reacts differently following a miscarriage. Most women go through a grieving process not only for the loss of the baby but for the future hopes and plans that they had for the baby. Some women find that they can get through it quite quickly with little emotional support. Others find that the feeling of grief and bereavement last much longer and may require professional support. Both reactions are quite normal.

Talking with your partner about what has happened and how you feel can be very helpful and supportive.

Your family doctor can also be contacted for help and advice.

The Miscarriage Association can also offer support and advice.

Contact numbers

Royal Sussex County Hospital

(Main) **01273 696955** (EPAC) **Ext. 664402**, Monday to Friday 8-4
(Day unit) **Ext. 7242** (Level 11) **Ext. 4013**

Princess Royal Hospital

(Main) **01444 441881** (EPAC) **Ext. 8370 / Ext. 5686**
(Horsted Keynes) **Ext. 5685**

The Miscarriage Association

17 Wentworth Terrace, Wafefield WF1 3QZ **Telephone 01924 200799**
e-mail:info@miscarriageassociation.org.uk
www.miscarriageassociation.org.uk

This is an organisation through which you may find information and support that you need to help you if you have been affected by miscarriage.

Alternatives pregnancy choices and loss support

www.alternatives-brighton.org

To book an appointment call: **01273 207010.**

- BSUH NHS TRUST(2011) GP001 Early Pregnancy Unit Clinical Guidelines.
- Patient UK Information leaflets **www.patient.co.uk**
Women's Health Category
- Royal College of Obstetricians and Gynaecologists
www.rcog.co.uk
- National institute for Health and Clinical Excellence:
Clinical Guidelines: Nice Pathways **www.nice.org.uk**

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Disclaimer

The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

Ref number: 376.3

Publication Date: July 2017 Review Date: July 2019

