

Patient Information Leaflet

Early Miscarriage



Introduction

This leaflet is for women in East and North Herts who are experiencing an early miscarriage. We hope that this leaflet is helpful to you during this difficult time.

What is an Early Miscarriage

An Early Miscarriage is the loss of a pregnancy during the first 12 weeks. You may hear the doctors and nurses talk about your miscarriage using different terms to describe what has happened.

These include:

Δ Complete Miscarriage

This occurs following a scan earlier in this pregnancy which showed a growing pregnancy within the womb but a further scan has shown that this pregnancy is no longer there and the womb is returning back to normal.

You will have experienced vaginal bleeding and often lower abdominal pain and these symptoms should now be settling. No intervention is usually required for a complete miscarriage

Δ Incomplete Miscarriage

This is similar to a Complete Miscarriage but, instead of your recent scan showing that the womb is back to normal it shows that there is still some pregnancy tissue remaining.

This is often seen as part of the natural process of miscarriage and you may be experiencing heavy vaginal bleeding and sometimes abdominal pain at this time. Often an incomplete miscarriage will become a complete miscarriage without any intervention.

Δ Missed or Delayed Miscarriage

This occurs when a scan has shown your pregnancy within the womb but sadly we can see that the baby has died or sometimes that the embryo has not developed.

You may have experienced some vaginal bleeding or lower abdominal pain and were referred into the Early Pregnancy Unit for a scan or you may have had no bleeding or pain and may have attended for your routine Nuchal Scan.

How can I manage an Incomplete of a Missed Miscarriage?

You may be offered the following options:

1. Expectant Management (letting nature take its course)
2. Medical Management
3. Surgical Management

1. Expectant Management (letting nature take its course)

Expectant management is successful in 50 out of 100 women.

Bleeding:

During your miscarriage the bleeding may be heavier than a normal period and you may pass blood clots, pregnancy tissue or even a recognisable fetus, which can be upsetting.

We understand that bleeding heavily at home can be frightening so please do not hesitate to contact us if you are unsure what to do. Once you have miscarried the pregnancy from within the womb the bleeding will ease and it will become much less heavy. It is usual for the bleeding to continue for up to three weeks.

Pain

You can expect to have low back ache and cramping pain which can get worse when the miscarriage is about to happen. This will subside once the miscarriage has occurred. It is best to be prepared with a supply of regular pain killers. The following pain killers are safe to take if you are not known to be allergic to them: Paracetamol (1g four times per day), Ibuprofen 400mg three times per day), Codeine phosphate 30-60mg four times per day) If however the pain remains uncontrolled then do not hesitate to contact us.

Following your miscarriage

We ask you to perform a urine pregnancy test at home in 14 days and you will be contacted by telephone by a member of our team to assess how you are and how the miscarriage is progressing as well as to ask you the result of the urine pregnancy test. If the pregnancy test is still positive you may be asked to attend the Woodlands Clinic for reassessment.

If the expectant management is not successful two weeks after the miscarriage was diagnosed we will give you the option of medical or surgical management. If however you wish to continue with expectant management we are happy to support you provided there are no signs of infection.

2. Medical treatment for miscarriage

Medical treatment is successful in 85 out of 100 women and aims to avoid a general anaesthetic and having to stay in hospital away from your loved ones. It is suitable if you are less than 10 weeks pregnant or if you have an incomplete miscarriage. **Please also see leaflet called 'Medical Management of Miscarriage' which you may find helpful.**

You will often only need to be in hospital for a few hours. During this time we will:

- explain the procedure in detail and provide you with practical support to help you cope with a miscarriage at home.
- go through all the risks of the procedure when you sign a consent form and this includes the risk of heavy bleeding during the miscarriage process and the need for an emergency admission to hospital.
- take some blood tests
- give you your medication
 - mifepristone to take straight away (missed miscarriage only)
 - antibiotics to take straight away
 - misoprostol to take home
 - anti sickness to take home
 - pain killers to take home
- give you a pack with some practical aids for home such as pads, disposable knickers and absorbent and plastic bed/chair covers.

You can then go home to the comfort of your own surroundings for the miscarriage process to take place.

Occasionally we offer this management to you but recommend that you stay in hospital for the process so that we can monitor you more closely. The reason for this is related to your medical history and the doctor or nurse will explain this to you.

We will call you 72 hours later for support and assessment and if the miscarriage process is complete we will ask you to perform a urine pregnancy test at home in 14 days and we will call you again to make sure that you are physically and emotionally well and to ensure your pregnancy test is negative.

If we feel that the miscarriage is not complete we will arrange for a rescan for you and if the miscarriage is incomplete we will offer you either repeat medical management or surgical management.

3. Having an operation (surgical management of miscarriage)

Surgical treatment is successful in 95 out of 100 women.

The operation is usually carried out under general anaesthetic. Surgery is usually arranged as a planned operation, within a week in the Treatment Centre at Lister Hospital.

You may be advised to have surgery immediately if:

- you are bleeding heavily and continuously
- there is an infection
- expectant or medical management are unsuccessful.

During the operation the cervix is gently opened and the pregnancy tissue removed by use of a suction device. You may be given tablets to swallow or vaginal pessaries before the operation to soften the cervix and to make the operation easier and safer.

The operation is safe, but there is a small risk of complications which includes:

- bleeding (haemorrhage),
- Infection,
- a repeat operation if not all the pregnancy tissue is removed,
- less commonly, perforation (tear) of the womb that may need repair.

Note: The risk of infection is the same if you choose medical or surgical treatment. See information leaflets on Surgical Management of Miscarriage for more information.

Please also see leaflet called ‘Surgical Management of Miscarriage’ which you may find helpful.

Blood Tests

For all management options the doctor or nurse will explain this process in detail and take some blood tests to gain your baseline results to monitor for anaemia and infection and also to check your blood group.

If you are Rhesus Negative you will require an injection of Anti D.

What happens to any pregnancy tissue or the fetus?

Any pregnancy tissue or the fetus removed during the operation, is sent to the histopathology laboratory with your consent to exclude uncommon diagnoses such as molar pregnancy. No other investigations are usually carried out into the cause of the miscarriage at this time unless specifically discussed with you.

You will also be asked what you would like to happen to the pregnancy tissue after any investigations have been performed. Please see our leaflet 'Following your Miscarriage: A practical guide for pregnancy loss up to 24 weeks ' If you have any specific cultural or religious needs or any questions regarding this please do not hesitate to ask a member of our nursing or medical team on 01438 286190 or contact our Bereavement Office on 01438 284208

When should I phone for help?

You will be given a 24-hour telephone number to use if you:

- are worried about the amount of bleeding or if it continues for more than 2 weeks
- are worried about the amount of pain you are in and the pain-relieving drugs are not helping
- have a smelly vaginal discharge
- get shivers or flu-like symptoms
- are feeling faint
- have pain in your shoulders.

Emotional aspects of miscarriage

Losing a pregnancy is a deeply personal experience that affects everyone differently. It can affect you, your partner and others in the family.

Many women grieve, but come to terms with their loss. Other women feel overwhelmed and find it difficult to cope. Some women feel fine initially and only later do they experience difficulties. Many men feel similar distress.

Many women experience a profound sense of loss and disappointment. They describe a feeling of numbness and emptiness. Many women grieve as they would do for a close friend or relative. They experience feelings of shock and sadness and anger and can find it difficult to accept their loss. Other women experience a sense of relief. These emotions are common and will pass with time and good support.

You should be given all the time you need to grieve. Talking about how you feel with your healthcare professional can help. If you feel you need further assistance in coming to terms with your miscarriage, we can offer you support.

What happens next?

Bleeding:

You may continue to bleed for up to 3 weeks following the procedure. However this should gradually subside. You are advised to use sanitary towels rather than tampons to avoid infection until the bleeding has stopped.

Discomfort/Pain:

You may continue to have some back ache and tummy cramps. It is safe to take Paracetamol, ibuprofen and codeine phosphate as previously mentioned.

Sexual intercourse:

You are advised to avoid sexual intercourse until the bleeding stops.

Your next period:

Your next period will be in 4-6 weeks' time.

Contraception:

Ovulation can occur before your next period and if you do not wish to become pregnant you must use contraception before you resume sexual activity.

Return to work:

You should be able to go back to work after a week.

Trying for another baby:

The best time to try again is when you and your partner feel ready.

There is no evidence to say that having a miscarriage increases the risk of you having a miscarriage in the future. Therefore if you become pregnant again you should see your GP and he/she will refer you for routine Antenatal care.

Contact telephone numbers:

Woodlands Clinic (Early Pregnancy Unit)

01438 286190

(Mon - Fri 8am-8pm; Sat & Sun 9am–5pm)

Further help and information:

If you feel that you, or your partner, need more help coming to terms with losing your baby, here are some contact numbers, which may be of use:

Bereavement Midwife

07770 280868

The Miscarriage Association:

01924 200799 (Mon-Fri 9am-4pm)

www.miscarriageassociation.org.uk

www.enherts-tr.nhs.uk

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