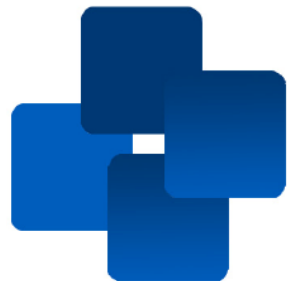


Patient Information

Early Miscarriage

Women's Services



Introduction

This leaflet is for women and their families in East and North Hertfordshire who are experiencing an early miscarriage. We hope this leaflet will be 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 explain what has happened. These terms include:

Complete miscarriage

This is diagnosed when a scan earlier in the pregnancy showed a 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.

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.

Missed or delayed miscarriage

This is 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 to 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 is an incomplete or a missed miscarriage managed?

You may be offered the following options:

1. **Expectant management** - letting nature take its course
2. **Medical management** - using medication to bring on a miscarriage
3. **Surgical management** - under local or general anaesthesia

Expectant management (letting nature take its course)

Expectant management is successful in 50 out of 100 women.

Bleeding - During your miscarriage the bleeding will 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 uterine cramping and pain in your lower abdomen and/or low backache, which can get worse when the miscarriage is about to happen. This will subside once the miscarriage has occurred.

It's best to be prepared with a supply of regular painkillers which you can purchase from any pharmacy. The following painkillers 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 the pain remains uncontrolled then do not hesitate to contact us.

Following your miscarriage - Within 48 hours, a member of the team will be in contact to assess your symptoms. If the miscarriage has occurred we will then ask you to perform a urine pregnancy test at home in 21 days (3 weeks). If the pregnancy test is still positive you may be asked to attend the Woodlands Unit for reassessment or an ultrasound scan will be requested to confirm if the miscarriage is complete.

If the expectant management is not successful 2 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.

Medical management of miscarriage

Outpatient medical treatment is successful in 85 out of 100 women.

It 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 (depending on the size of the pregnancy) or if you have an incomplete miscarriage.

You will usually only need to be at the 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 including the risk of heavy bleeding during the miscarriage process and the need for an emergency admission to hospital. You will be asked to sign a consent form.
- take some blood tests to check your iron levels and blood group.
- give you appropriate medication:
 - mifepristone to take straight away (missed miscarriage only)
 - antibiotics to take straight away

- misoprostol to take home
- anti-sickness to take home
- a painkiller suppository to take home

We will also give you a pack with some practical aids for home, such as a pad for your bed, and gloves.

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

Under some circumstances, 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 size of the pregnancy. The doctor or nurse will explain this to you.

A health professional will call you 72 hours later to give you support and assess if the miscarriage process is complete.

We will ask you to perform a urine pregnancy test at home in 21 days (3 weeks) and ask you contact us with that result. This enables us 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 discuss further management with you.

Please also see our leaflet 'Medical Management of Miscarriage' for more information.

Surgical management of miscarriage (having an operation)

Surgical treatment is successful in 95 out of 100 women.

Surgery is usually arranged as a planned operation within a week at the Lister Hospital. The operation is usually carried out with either:

1. Local anaesthetic (MVA - Manual Vacuum Aspiration)
2. General anaesthetic (ERPC - Evacuation of Retained Products of Conception)

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 that include:

- 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

You may be advised to have surgery immediately if:

- you are bleeding heavily and continuously
- there is an infection
- expectant or medical management have been unsuccessful (surgery will be booked within 72hrs)

Note: The risk of infection is the same if you choose either medical or surgical treatment.

See our leaflet 'Surgical Management of Miscarriage' for more information.

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

During an emergency situation, if you feel unwell, dizzy, have fainting episodes and unable to cope with pain, you can access your nearest Emergency Department or give us a call on the telephone numbers provided on the back cover of this leaflet. Please note the phone is not manned after 8pm at night and any messages will only be picked up at 8.30am the next day.

Blood tests

The health professional will arrange for some blood tests to gain your baseline results to monitor for anaemia and infection, and to check your blood group.

If you are Rhesus Negative you may require an injection of anti-D.

What happens to any pregnancy tissue or the fetus?

Any pregnancy tissue, or the fetus, collected at home or during the operation is sent for histological examination 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.

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, 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. Your health professional can supply you with a sick certificate for your workplace.

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 or pain

You may continue to have some backache and tummy cramps. It's safe to take paracetamol, ibuprofen and codeine phosphate as previously mentioned (see page 3).

Sexual intercourse

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

Your next period

Your next period will be in 2-8 weeks after your miscarriage. It may be heavier than normal.

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 they will refer you for routine antenatal care.

What if I have any questions?

If you have any questions or concerns, please speak to a member of the nursing team.

Please use this space to write down any questions you wish to ask:

Further reading

There are three other leaflets available you may wish to read:

- Medical Management of Miscarriage
- Surgical Management of Miscarriage
- Surgical Management of Miscarriage - Manual Vacuum Aspiration (MVA)

Please ask a member of the nursing team for a copy, alternatively you can find these on our Trust website:

www.enherts-tr.nhs.uk/resources/

Other sources of information

- **The Miscarriage Association** - www.miscarriageassociation.org.uk
Telephone: 01924 200799 (Monday to Friday, 9am - 4pm)
- **Tommys** (Pregnancy charity) - www.tommys.org

Useful contact telephone numbers

Woodlands Unit (Early Pregnancy Unit) ☎ 01438 286190

◇ Monday to Friday, 8.30am - 7pm

◇ Saturday, Sunday and Bank Holidays, 9am - 4pm

Ward 5AN - Gynaecology

☎ 01438 285052

Further 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 useful:

Bereavement Midwife

☎ 07770 280868

Bereavement Office

☎ 01438 284208

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