

# Miscarriage and Options of Treatment

An information guide



# Miscarriage and Options of Treatment

## Miscarriage

Losing a baby is a very personal experience which affects people in different ways.

A miscarriage in the first 3 months of pregnancy is called an early miscarriage. Sadly miscarriages in early pregnancy are very common, many occur before a woman has missed her first period or before pregnancy has been confirmed.

## Signs and symptoms

The most common symptoms of miscarriage are vaginal bleeding which can range from light brown spotting to heavy bleeding and abdominal pain.

Sometimes women have no symptoms at all and the miscarriage is picked up on a routine ultrasound scan.

## What causes a miscarriage?

In the majority of cases it is not possible to give a reason for an early miscarriage. Most commonly it is thought to be a problem with the baby's chromosomes (genetic structures within the body cells inherited from the parents).

Other causes for miscarriage include problems in the blood vessels that supply the placenta, infection, or long-term health problems of the mother.

The risk of miscarriage is increased by:

- Age – at age 30 the risk is 1 in 5, over 40 the risk is 1 in 2.
- Medical problems such as poorly controlled diabetes.
- Smoking.
- Obesity.
- Heavy alcohol intake.

## **Are there any tests to find out the cause?**

In the first 3 months, one in five women will have a miscarriage for no known reason.

Tests are not usually carried out unless a woman has had three or more miscarriages in a row (this is called recurrent miscarriage). This is because most women will go on to have a successful pregnancy following one or two miscarriages, and will not require any treatment.

If you have suffered recurrent miscarriage and request to have investigations, discuss with your GP who can refer you to the recurrent miscarriage clinic.

## **Treatment Options**

If your ultrasound scan confirms miscarriage, the doctors and nursing staff can advise you of options of treatment (listed below) depending on scan findings, what is best for you, and any medical conditions you may have that are a contra-indication to the treatment.

### **Expectant Management (letting nature take its course)**

Expectant management of miscarriage, also known as conservative or natural management (letting nature take its own course) is **offered to women with a pregnancy below 9 weeks gestation and who have no contra-indications.**

Miscarriage may take place naturally with the pregnancy tissue passing by itself.

## **What are the risks?**

**Infection** - 1 in a 100 women. Signs can include:

- Raised temperature and flu-like symptoms.
- Vaginal discharge that looks or smells offensive.
- Abdominal pain that gets worse rather than better.
- Bleeding that gets heavier rather than lighter.

**Haemorrhage (extremely heavy bleeding)** – 2 in a 100 women

## **What are the benefits?**

The main benefit is avoiding hospital admission or treatment. You may want your miscarriage to be as natural as possible and to be fully aware of what is happening.

## **What happens?**

This can vary a lot depending on the size of the pregnancy and the findings of the ultrasound scan. It can take anything from days to weeks before the miscarriage begins.

Once it does, you are likely to have strong period like cramps and lower back ache and bleeding. You can take paracetamol and codeine. If you do not have appropriate pain killers at home, a prescription will be given for you to home.

Be prepared for when the bleeding starts or becomes heavier. To reduce the risk of infection, use sanitary towels rather than tampons.

**If bleeding hasn't started after 14 days we advise that you contact GAU for advice.**

Bleeding may go on for 2 to 4 weeks; or the small pregnancy sac in the womb may be reabsorbed without much bleeding at all.

It is difficult to predict how heavy the bleeding might be, but most probably it will be heavier than a normal period. You may pass blood clots, these can be as big as the palm of your hand.

Bleeding heavily at home can be frightening please contact **GAU** for advice.

### **If bleeding is severe, in an emergency call 999**

Be prepared to see the pregnancy sac, which might look different from what you expected. You may see an intact fetus that looks like a very tiny baby. If you do, the hospital can offer cremation or advice for private funeral. Please contact Gynaecology Assessment Unit (GAU) for information.

After three weeks you will need to perform a urine pregnancy test at home. If the pregnancy test is still positive we advise you to contact GAU as there may be some remains of the pregnancy. Following clinical assessment, options of treatment will be discussed with you.

### **Medical Management**

If there aren't any contra-indications and depending on gestation, medical management can be offered either in hospital or at home.

A drug called Misoprostol is given to help the cervix to open and pass the pregnancy. This medical treatment avoids the risks of an anaesthetic and is successful in 85 out of 100 women.

## **What is Misoprostol?**

Misoprostol is a medication that is used to help the uterus (womb) contract. This enables the products of pregnancy to be expelled from the womb. As with all medication there can be side effects.

### **Side effects can include:**

- Nausea.
- Vomiting.
- Diarrhoea.
- Abdominal pain.
- Indigestion.
- Flatulence.
- Rashes.
- Dizziness.

### **What are the benefits?**

- Avoids an operation under General Anaesthetic (GA).
- Medical management is seen by some women as being more natural than having surgery, but more suitable than letting nature take its course.
- Medical management is effective in around 80 to 90 percent of cases.

### **What are the risks?**

- Risk of haemorrhage, approximately 2 in a 100 women.
- Risk of infection, approximately 1 to 4 in a 100 women.
- Sometimes the miscarriage isn't complete and tissue remains in the womb. You may require further treatment.

## What happens during the procedure?

Prior to the treatment, you will be asked to sign a consent form. Your blood pressure, pulse and temperature will be checked to form a baseline, blood samples taken to check you are not anaemic and confirm your blood group.

- If ultra-sound scan findings show a pregnancy sac **below 9 weeks in size**, you will be offered treatment as an out-patient.
- If ultra-sound scan findings show a pregnancy sac **above 9 weeks size**, you will be offered treatment as an inpatient, date and time of admission will be booked.

## Out-patient treatment

Four small tablets inserted inside your vagina. This can be done by either you or a nurse. These tablets may be given orally if you are experiencing vaginal bleeding.

The medication may make you feel sick, to help prevent this you will be given an anti-sickness medication at the same time.

Following the medication you will be observed for 30 minutes then providing you are well you may be discharged home with advice. You must have somebody with you or within easy contact at all times.

Most women experience period-like cramps, these can be extremely painful as the uterus is tightly squeezing, much like it does in labour. You can take paracetamol and codeine. Do not take aspirin, diclofenac or ibuprofen as these may make your treatment less effective. If you do not have appropriate pain killers, a prescription will be provided.

You are also likely to bleed more heavily than a normal period, and pass clots which can be as big as the palm of your hand. You may need to use extra-absorbent pads, possibly even more than one. Please make sure that you only use sanitary towels and **do not** use tampons as they increase the risk of infection.

**If no bleeding has occurred after 48 hours you will need to contact the Gynaecology Assessment Unit (GAU) and attend for a further dose of Misoprostol. If one week later no bleeding has occurred, you must contact GAU, an appointment will be made for you for scan and review.**

You may see the pregnancy sac, which might look different from what you expected, or an intact fetus that looks like a tiny baby. If you do, please contact GAU and speak to our nurses for advice on funeral arrangements.

Bleeding may last for up to 3 to 4 weeks after the start of treatment.

### **In-patient treatment**

Once you have been admitted to the ward, four small tablets need to be inserted inside your vagina. This can be done by either you or a nurse. These tablets may be given orally if you are experiencing vaginal bleeding.

The medication may make you feel sick, to help prevent this, you will be given an anti-sickness medication at the same time.

Following the medication you will be observed and monitored by the nursing staff.

Most women have period-like cramps that can be painful. This is because the uterus is tightly squeezing, much like it does in labour. You will be given pain relief to keep pain under control.

You are likely to bleed more than with a normal period. Bleeding can be heavy and you may pass large clots.

You may see the pregnancy sac, which might look different from what you expected.

You may, especially after 10 weeks see an intact fetus that looks like a tiny baby. If you do, nursing staff will discuss funeral options with you.

## How long will it take?

This is different in every woman. Bleeding and cramping can start within an hour, however it can take much longer. Up to 4 further doses of Misoprostol will be given at three hourly intervals.

## What if I don't pass the pregnancy?

If after the five doses of Misoprostol you have not passed the pregnancy, providing you are not bleeding heavily, you will be given the following advice:

- **Below 12 weeks gestation** - Discharge home with advice and what to expect and an appointment for a repeat scan and review in GAU in one week, **OR** option of surgical management.
- **Above 12 weeks gestation** - Remain in hospital for observation, process to be repeated after 24 hours.

Following medical management as either outpatient or inpatient, after three weeks, you will need to perform a urine pregnancy test at home.

If the pregnancy test is still positive we advise you to contact GAU as there may be some remains of the pregnancy that require further medication or treatment.

Following clinical assessment, options of treatment will be discussed with you.

## Manual Vacuum Aspiration (MVA)

MVA is a procedure to remove pregnancy tissue from the womb using a hand held suction device. It is carried out in an outpatient clinic under local anaesthetic (you are awake).

**It can be used as a treatment for miscarriage up to 9 weeks gestation or for retained products of conception (where some pregnancy tissue remains in the womb after miscarriage).**

Procedure is successful in 95 out of 100 women (same as surgical management). If this is your chosen / recommended option further information is available in our specific MVA leaflet.

## **Surgical Management**

This is an operation to remove pregnancy tissue from the uterus (womb) under a General Anaesthetic (GA) and **can be offered as an option of treatment up to 12 weeks gestation.**

Surgery will be planned to take place within a few days of your confirmed miscarriage, however, you may be advised to have surgery immediately if:

- You are bleeding heavily and continuously.
- There are signs of infection.
- Medical treatment has been unsuccessful.

## **What does the surgical procedure involve?**

The procedure involves dilating (making wider) the neck of the womb (cervix) and inserting a narrow tube to remove the remains of the pregnancy.

A sample will be sent to the laboratory for examination to confirm pregnancy tissue. If pregnancy tissue is not present you will be recalled for a further pregnancy test and /or ultrasound scan.

More extensive testing would only be performed at specific request or if a molar pregnancy is suspected (a molar pregnancy is an abnormal pregnancy from the time of conception due to an imbalance in the hormones supplied by the mother and father to the baby).

## Risks include:

- **Haemorrhage** - rare less than 1 in 200 women.
- **Perforation** - rare less than 1 in 200 women (pregnant or recently pregnant uterus is vascular (contains lots of blood vessels) and is generally softer than when it is non-pregnant).
- **Infection** – 2 to 3 in a 100 women (retained pregnancy tissue or blood clots are often difficult to differentiate after a miscarriage, localised pelvic infection can occur as a result).
- **Failed procedure** – up to 5 in a 100 women (occasionally pregnancy tissue is incompletely removed or adherent (stuck) to the uterus which can cause persistent bleeding and infection. The need for repeat surgical evacuation in this circumstance may be required).

## What to expect before surgery

Before admission, depending on planned time of surgery you will be instructed when to remain nil by mouth (nothing to eat or drink).

On admission to the ward, the anaesthetist will speak with you to explain the anaesthetic and confirm you are fit for General Anaesthetic. Blood tests will be taken to check you are not anaemic and confirm your blood group

The surgeon who is performing the procedure will speak with you to answer any questions you may have. It is a good idea to write down any questions ahead of this, as it is easy to forget on the day. Written consent will be taken / confirmed.

You will be asked to change into a gown, remove all jewellery and nail varnish. Basic observations (blood pressure, pulse, temperature) will be taken to form a baseline

Before theatre you may be given a tablet or pessary to soften your cervix prior to dilatation.

## **What to expect after surgery**

This is a day-case procedure and we would expect you to recover well and be discharged home the same day.

## **Bleeding**

Following the procedure it is normal to have some vaginal bleeding, this can last up to two - three weeks.

Bleeding during the first couple of days can be likened to a heavy period, and should lighten to brown in colour.

We recommend you use sanitary towels rather than tampons to reduce the risk of infection.

## **Discomfort**

It is common to have some abdominal discomfort; most women can manage with over the counter pain relief such as Paracetamol or Ibuprofen. If you have severe abdominal pain it is important you seek medical advice.

## **Recovery from General Anaesthetic**

Most modern anaesthetics have short lasting side effects. Your judgement may be impaired during the first 24 hours after a General Anaesthetic. You should have adult supervision during this time, do not drive or make any important decisions.

**Some women may require a combination of the above treatment options. If you have any questions about options of treatment, please do not hesitate to ask the doctors or nursing staff for advice.**

## **When to Seek Medical Advice Following Treatment:**

Following discharge from hospital you must contact GAU if:

- You have prolonged heavy vaginal bleeding with large clots. i.e. your sanitary towels are soaked and you are changing it 2 to 3 times an hour.
- You have severe abdominal pain. You have a fever or raised temperature.
- You are feeling dizzy or light headed.
- You have an offensive smelling discharge.
- You have any symptoms you are concerned about.

**You should call 999 or go to the accident and emergency department if you feel very unwell, collapse or have severe heavy bleeding.**

## **Next Menstrual Period**

If you have regular periods your next menstrual period will usually be in 4 to 6 weeks' time. Ovulation takes place before this, therefore contraception should be considered if you do not want to become pregnant.

## **Future Pregnancies**

You can try for a baby when you and your partner feel physically and emotionally ready.

Sexual intercourse should only resume once your symptoms settle, you feel well and pain and bleeding have significantly reduced. However, emotionally you may wish to wait for longer before trying again.

For dating reasons, there is an advantage in waiting until your next period, however, if you conceive before your next normal period, there is no increased risk of miscarriage.

To reduce risk of miscarriage we recommend that you:

- Take folic acid tablets (400 micrograms per day) whilst you are trying to conceive, and continue to take them until the 12th week of the pregnancy to reduce the risk of spina-bifida, an abnormality of the baby's spine.
- Eat a balanced diet and be a healthy weight.
- Stop smoking.
- Not drink alcohol.
- Not use street drugs.
- Seek medical advice if you have signs of a urine or vaginal infection.

## **Emotional Recovery**

A miscarriage affects every woman differently and can be a very traumatic experience and can be devastating for her partner too. It's a very personal and individual experience, some women can come to terms with it within weeks, for others it takes a longer time.

Feelings of loss, disappointment, guilt, anger and sometimes relief will pass with time and good support.

## **Advice and Support**

There is support available to help you, your partner and your family deal with your loss.

You will be offered a telephone appointment at our pregnancy loss clinic, and bereavement support from our early pregnancy specialist nurses.

### **Contact numbers / web sites:**

- Gynaecology Assessment Unit The Royal Oldham Hospital - **0161 627 8855**
- Early Pregnancy Specialist Nurses, GAU, The Royal Oldham Hospital – **07855162205**
- Gynaecology Assessment Unit North Manchester General Hospital - **0161 720 2010**
- Your own GP, they often have access to local counselling services.
- The Miscarriage Association ([miscarriageassociation.org.uk](http://miscarriageassociation.org.uk)). Information and support can be offered to both partners. A telephone helpline (**01924 200799**) is available Monday to Friday 9am – 4pm.
- Hospital Spiritual & Emotional Team - **0161 778 5259**.
- [www.mariposatrust.org](http://www.mariposatrust.org)
- NHS Choices [www.nhs.uk](http://www.nhs.uk)

**If English is not your first language and you need help, please contact the Interpretation and Translation Service**

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

اگر انگریزی آپ کی پہلی زبان نہیں ہے اور آپ کو مدد کی ضرورت ہے تو ، براہ کرم ترجمانی اور ترجمہ خدمت سے رابطہ کریں

Dacă engleza nu este prima ta limbă și ai nevoie de ajutor, te rugăm să contactezi Serviciul de interpretare și traducere

ইংরাজী যদি আপনার প্রথম ভাষা না হয় এবং আপনার সাহায্যের প্রয়োজন হয় তবে অনুগ্রহ করে দোভাষী এবং অনুবাদ পরিষেবাটিতে যোগাযোগ করুন

إذا لم تكن الإنجليزية هي لغتك الأولى وتحتاج إلى مساعدة ، فيرجى الاتصال بخدمة الترجمة الشفوية والتحريرية

☎ : 0161 627 8770

@ : interpretation@pat.nhs.uk

To improve our care environment for Patients, Visitors and Staff, **Northern Care Alliance NHS Group** is Smoke Free including buildings, grounds & car parks.

For advice on stopping smoking contact the Specialist Stop Smoking Service on 01706 517 522

**For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897**

**For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service**

The Northern Care Alliance NHS Group (NCA) is one of the largest NHS organisations in the country, employing 17,000 staff and providing a range of hospital and community healthcare services to around 1 million people across Salford, Oldham, Bury, Rochdale and surrounding areas. Our Care Organisations are responsible for providing our services, delivering safe, high quality and reliable care to the local communities they serve.

The NCA brings together Salford Royal NHS Foundation Trust and the hospitals and community services of The Royal Oldham Hospital, Fairfield General Hospital in Bury, and Rochdale Infirmary (currently part of The Pennine Acute Hospitals NHS Trust).

 [www.facebook.com/NorthernCareAllianceNHSGroup](http://www.facebook.com/NorthernCareAllianceNHSGroup)

 [www.linkedin.com/company/northern-care-alliance-nhs-group](http://www.linkedin.com/company/northern-care-alliance-nhs-group)

 Northern Care Alliance NHS Group (NCA) @NCAlliance\_NHS

**Date of publication: January 2016**

**Date of review: August 2021**

**Date of next review: August 2023**

**Ref: PI(WC)975**

© The Northern Care Alliance NHS Group

[www.pat.nhs.uk](http://www.pat.nhs.uk)

[www.northerncarealliance.nhs.uk](http://www.northerncarealliance.nhs.uk)

