

Management of your miscarriage

What is this leaflet about?

We would like to offer our sincere condolences for your pregnancy loss. This leaflet contains information about how we manage your miscarriage here at the Liverpool Women's. We understand that this can be an extremely distressing time and we are here to support you.

Every miscarriage is different and how we manage it is based on your thoughts and wishes. Although this leaflet is about the management of miscarriage there are also leaflets available on the support available for you and your family at this difficult time.

If after reading this leaflet you have questions or queries please contact us at the Gynaecology Emergency Department (GED) 0151 207 4438.

What are the options available to me?

There are three broad options for management of miscarriage and in most cases there is no one "right" answer. It may be that you, or someone you know, have experienced this before and you may already know what you want to do. However if not we hope this leaflet will help you understand your options.

The 3 options are:

- Conservative management
- Medical management
- Surgical management

In all 3 options it is reassuring to know that:

- The risk of infection or harm are very small with all 3 methods
- Your chance of a healthy pregnancy next time are the same with all 3 methods
- Women cope better when given clear information, good support and a choice of management options

Natural management (also known as conservative or expectant management)

What happens?

In this option we allow time for your body to complete the miscarriage itself. This can take days or weeks and the amount of bleeding or pain that you experience is difficult to predict. The further on in pregnancy you are may mean that you have heavier bleeding or stronger cramps but this is not always the case.

You will be provided with painkillers to help with the period cramps that can be associated with miscarriage. A follow up scan in the Early Pregnancy Assessment Unit (EPAU) will be booked for you for two weeks after your miscarriage is diagnosed. This way we can advise you whether your miscarriage is complete. If the miscarriage has not completed we can advise you on your next options.

There is a chance you will experience heavy bleeding you should contact the Gynaecology Emergency Department (GED) on 0151 207 4438 if you are worried about the bleeding. The general advice is to contact us if your bleeding is so heavy that you need to change pads every half hour or if you are feeling unwell, such as feeling dizzy or faint.

We are here for you throughout your natural management should you wish to contact us sooner for advice or if you wish to discuss alternative management.

What are the risks?

- Infection can occur in about 1 in 100 women. Signs to look out for are
- Raised temperature or flu-like illness
- Vaginal loss that changes colour to be darker or smells bad
- Pain that gets worse rather than better
- Bleeding that gets heavier rather than lighter

If you develop any of these symptoms please contact us at the Gynaecology Emergency Department. We will need to assess you and you may need antibiotics.

- About 1 - 2 in 100 women will have heavy bleeding bad enough to require blood transfusion. Some of these women need to undergo emergency surgery to stop the bleeding and complete the miscarriage. This is why we ask you to contact us should the bleeding become heavy or you feel unwell.
- Sometimes during a natural miscarriage, pregnancy tissue does not completely pass even within two to three weeks. This is why we see you for a follow up scan so we can advise on further management options for you.

What are the benefits?

The main benefit is that you are in control of your miscarriage and can avoid intervention. Some women feel that this helps them deal with the miscarriage better however this is not how everybody feels. Natural management can be successful in up to 9 out of 10 women therefore avoiding any medical intervention.

What are the disadvantages?

There is an element of waiting for things to happen and some women find this difficult. Some women do not want to be at home during their miscarriage because they don't want to worry about getting into hospital if they have heavy bleeding or if they have other children at home who they do not want to be around while miscarrying.

Although over 9 out of 10 women who chose natural management miscarry within 3 weeks it may not happen on its own. This could mean you require medical or surgical management despite waiting for nature to take its course.

Medical management

This can be done in one of two ways,

- With us as an inpatient for a day
- At home

Both are safe options and will depend upon your choice. There are certain circumstances when we would advise you to have your management with us. You may already have been made aware of this but if not this will explained when you get the chance to speak to a medical professional face to face before arranging your management of choice.

Currently medical management at the Liverpool Women's is made of up two parts. Initially you will receive a medicine called mifepristone that prepares the womb for the miscarriage.

If you choose to manage your miscarriage at home you will be given the second part of the medical management to take home with you along with pain killers. We ask you to take this medication 48 hours after your first medication. This medication is called misoprostol and it causes the pregnancy tissue to pass. We ask you to contact us at the GED after 24 hours if you have not had any bleeding. This is so we can review you to see if you need a further dose. If after this second dose there is no bleeding or minimal bleeding after 7 days we will ask you to contact the GED to arrange review.

If you decide to stay with us in the hospital you will receive the medication, misoprostol and if there is no bleeding after 4 hours a second dose will be offered to you. If after a further 4 hours there is still no bleeding a doctor will review you and discuss a 3rd dose.

If there is no bleeding after the 3rd dose the doctor will discuss with you the next steps. This would either be going home and awaiting events or surgical management. We encourage giving your body time to allow the miscarriage to happen as usually heavy bleeding will occur in the following few weeks however we appreciate for some women this is not an option they wish to pursue.

If you do go home to await events and have heavy bleeding we will ask you to perform a pregnancy test in 3 weeks' time and alert the GED if this is positive. If you have no bleeding at 7 days or you have continuing bleeding or the bleeding is getting heavier please contact the Gynaecology Emergency Department (GED) for further advice.

You can sometimes pass your pregnancy tissue before the second part of the medical management. If this happens please contact the GED and tell the nurse that you have had bleeding and think you have passed the pregnancy. They may ask you further questions about what you have passed and may invite you in for a review. They may also ask you to bring the pregnancy tissue with you if you still have it. Some women instinctively flush the toilet after passing the pregnancy tissue but some women prefer to remove the remains for a closer look. We will provide you with an appropriate receptacle at the start of your miscarriage management to bring the remains into us if this is what you wish.

What are the risks?

- Infection is common affecting about 1 in 10 women
- Bleeding that lasts up to 2 weeks is common but heavy bleeding is uncommon, about 1 in 1000 women

Medical management is successful in 80-90% of women however if it is not successful you may require a further dose of the medicines or be offered surgical management.

What are the benefits?

The main benefit is avoiding a surgical procedure and the associated general anaesthetic.

Some women prefer this option as they feel more in control by choosing when the miscarriage will happen. As with natural management some women find acknowledging the passing of the pregnancy helps with the grieving process of a miscarriage.

What are the disadvantages?

There are side effects to the medication most commonly tummy cramps and diarrhoea. Sometimes these pains and the associated bleeding can be quite distressing.

If you chose to manage your miscarriage at home some women worry about having to get back to the hospital if they have heavy bleeding.

Some women have concerns about seeing the baby, particularly if they are more than 10 weeks when the miscarriage occurs.

Bleeding can last for up to 3 weeks. Sometimes this is due to small amounts of pregnancy tissue remaining and in some cases, it may be necessary to consider surgical management.

Surgical Management

This involves a day case operation that is performed under general anaesthetic (i.e. you are asleep). You may have heard it referred to as a D&C which means dilatation and curettage. Although this is technically a procedure done for heavy periods some people use this term to explain surgical management of miscarriage also. The term evacuation of retained products of conception (ERPC) may also be used.

What happens?

The cervix (the neck of the womb) is gently dilated (stretched) and a narrow suction tube is inserted into the uterus to remove the pregnancy tissue. The operation only last about 5-10 minutes however you could expect to be in the theatre department for over an hour due to the time taken for the anaesthesia and recover afterwards. The pregnancy tissue is sent to the pathology for examination to ensure it is normal pregnancy tissue. This examination will not provide an answer for why your pregnancy miscarried. For more information on this please see the section below on how my pregnancy is cared for after I have passed and our [Histology patient information leaflet](#).

After the procedure you should be able to go home the same day. You may have some period pains afterwards. You may bleed for up to 2-3 weeks which may stop and start but should gradually tail off. If it ever gets heavier than a period or you are concerned please contact the GED.

At the Liverpool Women's we perform surgical management on Monday afternoons and Fridays mornings. You will be asked to attend the Gynaecology Unit on the second floor where you will be shown to a private room. You can have a relative or friend with you for support while you await your procedure. You will be seen by the anaesthetist and surgeon who will be caring for you before you go to theatre.

What are the risks?

- In 1 in 20 women some of the pregnancy tissue can remain in the womb after the procedure. This may require a second operation or a dose of the medical management to complete the miscarriage
- About 1 in 30 women can develop an infection
- Bleeding that lasts for up to 2 weeks is common but heavy bleeding is uncommon, less than 1 in 500. It is rare that a woman would require a blood transfusion
- Scarring to the inside of the womb can occur rarely, less than 1 in 100 women. The clinical significance of this scarring is unknown
- Injury to the cervix or rarely – in less than 1 in 200 women the womb can be perforated (a hole made). If this happens there can be injury to the bowel, bladder or blood vessels inside your tummy. If there is a concern that this has happened the surgeon may perform a laparoscopy (key hole surgery) to look inside the tummy and if necessary they may need to perform a laparotomy (cut on the tummy) to repair any injury. This is extremely rare. In most cases if there is a small perforation it will heal itself with some antibiotics to prevent infection and should not affect future pregnancies
- Very rarely the general anaesthetic can cause a severe allergic reaction, about 1 in 10,000 or even death, 1 in 100,000

What are the benefits?

Some women prefer this method of management as they know when the miscarriage will happen and they can plan around it. Some women also prefer that the miscarriage happens while they are asleep.

What are the disadvantages?

Some women are frightened of going to theatre or staying in hospital. The anaesthetic may make you feel groggy afterward for a day or so.

What happens after your miscarriage?

How is my pregnancy cared for once I have passed it?

All pregnancy losses are transferred to the care of the honeysuckle bereavement team.

If an embryo/ tiny baby is identified visually by staff caring for you it will not be necessary for any examination to take place. With your signed consent The Honeysuckle Team will then arrange for a communal cremation to take place at a local crematorium. If you wish to discuss making your own arrangements please contact The Honeysuckle Team.

If you miscarry at home or outside of the hospital setting you are most likely to pass your pregnancy loss into the toilet.

You may want to retrieve your pregnancy loss to have a closer look or flush the toilet (many people do this automatically). There is no right or wrong answer. It is important you do what you feel is best for you.

If an embryo/ tiny baby is not identified by staff caring for you histopathological testing will be requested by medical staff. For more information please see enclosed patient information leaflet [Histology patient information leaflet](#).

What does miscarriage mean for future pregnancies?

Because miscarriage is sadly a common occurrence in early pregnancy, 1 in 4 early pregnancies is believed to miscarry, it is unlikely that there is any significant medical cause for your miscarriage that would increase your chances of it happening in your next pregnancy. It is highly likely that your next pregnancy will not end in miscarriage. We do however; investigate women who have had 3 miscarriages in a row through our recurrent miscarriage clinic. If this is something you have experienced please ask about referral to this service.

There are no rules about when you can start trying for a baby again and every couple has different feelings about this. It is best to wait for your next period as it helps us to date the next pregnancy but there would be no harm if you got pregnant before then.

In order to ensure we can offer early pregnancy scans in our EPAU to women who have bleeding or pain in early pregnancy as soon as possible we cannot provide a reassurance scan for women who have suffered a miscarriage unless they have suffered two miscarriages in the last two pregnancies. We do offer a private service for early pregnancy reassurance scans when you are over 6 weeks that can be booked via the imaging department. Please contact them at 0151 702 4483

This leaflet has been produced from the Miscarriage Association 'Management of miscarriage: your options' leaflet 2016

Useful resources

Gynaecology Emergency Department

GED telephone: 0151 207 4438

Honeysuckle Team

Telephone number: 0151 702 4151 (Monday to Friday, 8am to 4pm)

Website: www.liverpoolwomens.nhs.uk/patients/honeysuckle-bereavement-service/

Email: honeysuckle@lwh.nhs.uk

Miscarriage Association

Telephone: 01924200799

Website: www.miscarraigeassociation.or.uk

Email: info@miscarraigeassociation

This leaflet can be made available in difference formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

Liverpool Women's NHS Foundation Trust
Crown Street
Liverpool
L8 7SS

Tel: 0151 708 9988

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