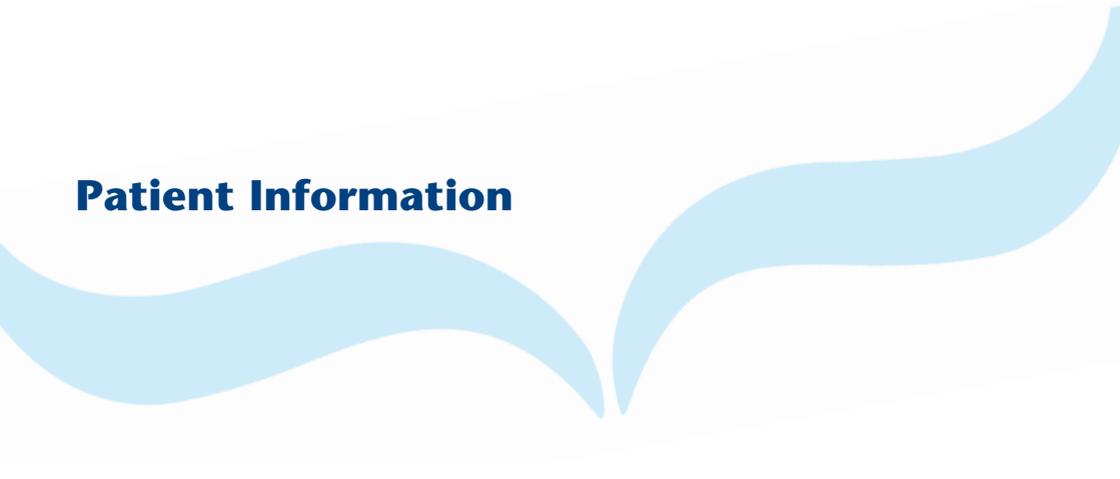


NHS Forth Valley
Women and Children Services

Management of Miscarriage

Patient Information

A large, decorative graphic at the bottom of the page consisting of two overlapping, wavy blue shapes that resemble a stylized wave or a ribbon. The top shape is a lighter shade of blue and curves upwards on the right side. The bottom shape is a darker shade of blue and curves downwards on the left side, meeting the top shape in the center.

Miscarriage is common, occurring in up to 1 in 5 pregnancies, and there is often no particular cause found. It can be a very emotional and distressing experience especially if you were unaware of anything going wrong with the pregnancy. It can be difficult to think clearly and make decisions about your care but it is important that you are aware of the options and that you make the right choices for you.

The nurse should already have explained the options open to you and the purpose of this leaflet is to give you some further details about Surgical, Medical and Natural management of your miscarriage to help in the decision making process. Alternatively you may already be sure of the decision you have made but wish some further information.

Types of miscarriage

In some cases the miscarriage has already taken place by the time you have your scan and the diagnosis is made (complete miscarriage). Generally no further treatment is required in this case. In other cases the process has started but it is not complete. When the fetus dies at an early stage in pregnancy it may take some time before you are aware of any changes and you may still have some of the symptoms of pregnancy. This is known as a silent or delayed miscarriage. If you have already had vaginal bleeding or have passed some tissue this may be referred to as an incomplete miscarriage.

Options

As long as you are feeling well there are 3 options for care and management of incomplete or silent miscarriage. These are natural management (allowing nature to take its course), medical management (using drugs) and surgical management (sometimes referred to as a D&C, or evacuation).

Which option should I choose?

There is no right or wrong choice and we will be guided by your wishes after fully discussing the options.

Surgical Management of Miscarriage

We may advise you on surgical evacuation if:

- If you are bleeding heavily
- If there is a large amount of tissue in your womb
- If natural or medical management are unsuccessful

What does this involve?

The cervix is gently opened and the pregnancy tissue removed by use of a suction device. You will usually be given vaginal pessaries before the operation to soften the cervix and make the operation easier and safer.

It is common for some tissue removed at the time of surgery to be sent for analysis in the laboratory. The results can confirm that the pregnancy was inside the womb and not an ectopic pregnancy (when the pregnancy is growing outside the womb). It also tests for any abnormal changes in the placenta (molar pregnancy).

Is this procedure safe?

The operation is safe, but there is a small risk of complications. These complications do not happen very often. They can include heavy bleeding (haemorrhage) and infection. Less commonly, a perforation of the uterus (womb), or tear of the cervix (neck of the womb) may need repair (1%).

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

Is the procedure always successful?

Usually, but occasionally women undergoing this procedure will require another anaesthetic and a repeat operation.

How long will it take?

The whole procedure takes 10-15 minutes but you will be in hospital for 6-8 hours.

When can I have it done?

You will be admitted to hospital on a weekday, which is suitable to you and us. We will try to arrange this within 10 days of making the diagnosis.

Pre op assessment

Prior to attending for your operation you will be given an appointment to attend the pre op assessment clinic held in Area 1 within the Outpatients department of the main hospital building. During this visit you will be asked about your medical history, any medication you are taking, especially for asthma and any allergies you may have. You will have your blood pressure checked, and bloods taken for full blood count and blood group.

What will happen on admission?

On the day of admission please report to Day Surgery Unit. Following admission four tablets will be inserted vaginally and an antibiotic suppository rectally. These procedures should not be uncomfortable. The vaginal tablets are not licensed for this procedure but are used in most units in UK with very good effect. If you have any concerns about taking an unlicensed preparation please speak to the nurse or doctor on the ward. After this time we prefer that you stay in or on your bed until you go to theatre.

What will happen after theatre?

You will probably be aware of some cramp-like period pains. Please ask if you need a painkiller for them. You will also have some bleeding which should not be heavier than a normal period.

If you need to go to the toilet you will need to ask for help, as you have had a general anaesthetic. Most women need to stay with us for about 3 hours. Providing that you are feeling well and the bleeding is not heavy you will be able to go home. You will be given an antibiotic tablet prior to discharge. If your blood group is Rhesus Negative, you will also be offered an injection of anti-D.

Medical Management of Miscarriage

What happens on admission?

Four tablets are administered vaginally, plus one rectal suppository-this procedure should not be uncomfortable. The vaginal tablets are not licensed for this procedure but are used in most units in UK with very good effect. If you have any concerns about taking an unlicensed preparation please speak to the nurse or doctor on the ward.

After this time we prefer that you stay in or on your bed for at least one hour. It is acceptable for someone to stay with you if you wish.

You will probably be aware of some cramp-like period pains-please do not hesitate to ask a member of staff if you need painkillers. You will also have some bleeding which may be heavier than a normal period, and you may pass some fleshy tissue.

If you need to go to toilet, you will be asked to use a bed pan. Most women need to stay with us in the ward for about six hours, but occasionally an overnight stay might be required. It is advisable to bring in nightclothes and toiletries.

Will I need to have an internal examination?

Yes. It is sometimes necessary for this to be performed to ensure that the procedure has been successful.

Is the procedure ever unsuccessful?

Yes - one in twenty women undergoing a medical evacuation will require an anaesthetic and surgery (sometimes known as surgical management of miscarriage or evacuation), either because of bleeding or because the procedure has been unsuccessful.

Sometimes we will ask you to return for a repeat scan to confirm that the procedure is complete. We also advise you to check a repeat pregnancy test at home after 3 weeks as confirmation.

Can I change my mind?

Yes, you can opt for either of the other options prior to commencing medical treatment.

Can someone stay with me when I am admitted?

Yes, as you will be nursed in a single room.

Following Surgical or Medical Management

When can I go home?

Providing that you are well and the bleeding is not too heavy, you will be able to go home.

Most people go home the same day, although occasionally it is necessary to stay in hospital overnight.

You will be given an antibiotic tablet prior to discharge.

Can I drive home after either procedure?

We advise that someone from your family or friends come to pick you up after the procedure, and that you are not alone overnight.

Problems?

If you experience very heavy bleeding or develop a temperature after you are discharged from hospital or if your pregnancy test remains positive 3 weeks after the procedure, please contact Ward 6.

Bleeding after the procedures

The length of time that bleeding continues is variable. Normally it stops within two or three weeks. If bleeding persist after this time, becomes offensive smelling or very heavy with clots, please contact your GP for advice as this could be a sign of infection. It is not advisable to use tampons during this time. We recommend that you use sanitary towels.

When can I resume sexual intercourse?

We would advise that you do not have sexual intercourse until the bleeding stops.

Would these procedures have any effect on my future fertility?

No. These procedures should not have any effect on your fertility.

When can I try again?

The most important thing is to give yourself time to recover emotionally and physically. It is advisable that you wait until you have had at least one normal period after miscarriage. This helps to accurately date your pregnancy. Remember to start your folic acid tablets as soon as you stop using contraception.

What if I don't want to get pregnant?

Before you leave the ward, please make sure that we have arranged for you to start the contraceptive method of your choice. If you need help or information about contraception please ask.

Natural Management of Miscarriage

The third option is to allow nature to take its course while making sure that you remain safe and well.

Is this suitable for me?

If you have any serious medical conditions or are taking regular medication, or if you might find it difficult to get to hospital quickly, please ask staff for advice.

What does this involve?

You will have a blood test and your blood pressure and temperature checked. If all is well you will be allowed to go home with an appointment for follow up with us. If you have an incomplete miscarriage it is quite likely that you will miscarry completely in the next 7 days. If you have a silent miscarriage this process can take quite a lot longer.

What can I expect when I miscarry?

When you miscarry you will probably have some pain and bleeding, and you may pass some fleshy tissue. We will give you a 24 hour phone number, which you can phone for advice at any time. If your bleeding is not heavy (like a normal period) we will probably suggest staying at home unless you are sore or worried.

If the bleeding becomes heavier we would recommend coming in to hospital for assessment. If you do pass anything, which you think is more than a blood clot, we would ask you to bring it in to confirm that the miscarriage is complete. You may be given a vaginal examination if you are admitted to

hospital. This is most likely if the bleeding is heavy. It is unusual for your bleeding to become very heavy but if this does happen surgical management (evacuation of the uterus) would normally be recommended. If the bleeding settles on its own you will probably be allowed to go home again.

What do I need to do?

If you are staying at home you may take some simple painkillers such as paracetamol if you need them. You do not need to stay in bed unless you wish to do so. You should let us know if you are very sore, have heavy bleeding or feel unwell and feverish at any time.

How long will it take?

It can take several weeks before the miscarriage occurs but when it does it usually only lasts for a few hours. It may happen at any time and you will usually have some cramps and bleeding but you may have very little warning that it is about to begin. Occasionally miscarriage will occur after a gap of a few weeks with very few symptoms at all.

We usually suggest that we phone you after a week to see how you are then arrange an appointment at EPAS after a further week unless you are unwell or you feel that you need to be seen sooner. Sometimes this visit is not needed but this would be discussed with you. A scan will not necessarily be required. Further appointments and phone calls will be arranged as necessary.

Can I change my mind?

Yes, you can opt for either of the other options at any stage. The procedure will be discussed with you before arrangements are made and we will try to give you a date for admission within 7-10 days. Staff may suggest a repeat scan to ensure that evacuation is still necessary.

Contact details/further information

Early Pregnancy Assessment Service
Forth Valley Royal Hospital
01324 567119
Monday-Friday 08.30-16.30

Or

Ward 6, Forth Valley Royal Hospital - 24 hours
01324 566390

Or

Maternity Triage, Forth Valley Royal Hospital
01324 567098 (over 14 weeks)

Support Agencies

The Miscarriage Association

For support and information on pregnancy loss, please contact us on:
National Helpline: 01924 200799 (Monday to Friday, 9am to 4pm)
Website: www.miscarriageassociation.org.uk
Email: Info@miscarriageassociation.org.uk

If you can't go let us know!

Every month around 2,000 people across Forth Valley fail to turn up for hospital appointments. This costs the NHS millions of pounds each year and increases waiting times. So if you are unable to attend or no longer require your hospital appointment please let us know so we can offer it to someone else.

We are happy to consider requests for this publication in other languages or formats such as large print. Please call **01324 590886 (24hrs), fax **01324 590867** or email **disability.department@nhs.net****

For all the latest health news visit www.nhsforthvalley.com
follow us on [twitter](https://twitter.com/NHSForthValley)  [@NHSForthValley](https://twitter.com/NHSForthValley)
or like us on [facebook](https://www.facebook.com/nhsforthvalley)  at www.facebook.com/nhsforthvalley

SMOKING IS NOT PERMITTED ON NHS FORTH VALLEY PREMISES

This includes corridors, doorways, car parks and any of our grounds. If you do smoke on NHS premises you may be liable to prosecution and a fine.



**INVESTORS
IN PEOPLE** | Silver

NHS Forth Valley
Administration Offices
Westburn Avenue, Falkirk FK1 5SU
www.nhsforthvalley.com

Re-order Ref: PIL/1176/WCCS

Review Date: 2020

