

Information about miscarriage

St John's Hospital

Why has this happened?

Most people feel upset and anxious when they are told that their pregnancy is no longer progressing. Sadly approximately 1 in 4 pregnancies end in miscarriage.

The majority of miscarriages occur because there has been a problem from the time of conception, which means that the baby does not develop properly.

You will not have done anything which has caused your miscarriage, nor could have done anything to stop the miscarriage happening. It is therefore important that you understand that this is not your fault.

What happens now?

If your pregnancy has not already miscarried and is less than 9 weeks size on scan, national guidelines recommend that you wait up to 14 days to see if a miscarriage occurs naturally.

Which option is best for me?

If the pregnancy on scan is less than nine weeks, we usually recommend natural management, outpatient medical management or surgical management with local anaesthetic (awake). If the pregnancy is greater than nine weeks, we usually recommend inpatient medical management or surgery with general anaesthetic (asleep). We can discuss this further with you.

1. Natural management

Your body will start to miscarry this pregnancy naturally without any intervention. We do not know when this will happen, and therefore it can be difficult to plan your life.

It is difficult to describe what this experience will be like for you as each miscarriage is different. Your bleeding and pain will gradually increase, you may pass large clots along with the pregnancy sac. Some people have very heavy bleeding and other people have much less bleeding. It is advisable to have a supply of painkillers, e.g. Paracetamol and Ibuprofen at home as you will most likely need to use them.

Once the pregnancy has passed you will continue to bleed but this should gradually become less over the next 2-3 weeks.

You are advised to use sanitary pads rather than tampons whilst you are bleeding to reduce the risk of infection.

If you think that the bleeding and pain are excessive and you are beginning to feel faint or dizzy, please contact the Early Pregnancy Unit (EPU) for advice or Ward 12 when the centre is closed.

Please phone the Early Pregnancy Unit once you think you have miscarried so that we can make sure you are well before you are discharged from our care.

We will advise that you take a pregnancy test 3 weeks after miscarrying (if positive please phone EPU).

2. Medical management

Medical management is where medication called Misoprostol is given to start the process of miscarriage when a natural miscarriage has not occurred.

Medical management as an outpatient is only suitable for up to nine-week size pregnancies. This is also suitable for twin pregnancies provided they are small.

Over nine weeks we advise inpatient treatment (staying overnight in hospital).

Although Misoprostol is not licensed to be used for this procedure it has been used for many years and has been shown to be safe and effective.

The treatment involves putting 4 tablets (Misoprostol) under the tongue to dissolve. This causes the neck of womb (cervix) to soften and the womb to contract. You will be able to take these tablets at home. You will be given 2 extra tablets to take 4 hours later if you do not have established bleeding.

Usually within 1-4 hours you will start bleeding and have period type cramps. For some women this pain may be mild but for others it may be moderate or strong. The bleeding is often heavy with large clots. We will give an anti-sickness tablet, and a strong painkiller called Dihydrocodiene. Please have available to take at home Paracetamol, Ibuprofen, and optionally anti diarrhoea medication.

You must have an adult with you at home during the process as occasionally very heavy bleeding requires emergency admission to hospital.

Treatment is successful approximately 90% of the time. A second course of this treatment is available when needed.

Please take a pregnancy test 3 weeks after your medically managed miscarriage to confirm it is negative (if positive please phone EPU).

3. Surgical management

Surgical management involves a doctor using gentle suction through the vagina to empty the womb. This can be performed with local anaesthetic (awake) in the Ambulatory Care Suite at St John's Hospital or with a general anaesthetic (asleep) in the Day Surgery Unit of either the Royal Infirmary of Edinburgh or St John's Hospital.

If you decide to have this procedure with a general anaesthetic, you will need to come to the Early Pregnancy Unit for a pre-op assessment and blood tests. If you are well following the operation, you will be allowed home later that day. You must have a responsible adult who can take you home and stay with you overnight.

If you decide to have this procedure with local anaesthetic, we suggest you allow 2 hours for your appointment (although the procedure itself takes 10-15 minutes). We wouldn't recommend you drive following the procedure so you may wish to bring someone along for support and to drive you home.

After either procedure you should expect some bleeding and period-type cramps. You should use sanitary towels rather than tampons.

There is a small risk of the surgical instrument puncturing your womb or scarring of the lining of the womb, this could affect your periods and delay future conception. There is a small risk of very heavy bleeding.

After the procedure, if the bleeding is very heavy or you cannot control the pain, please call for advice. If you notice an offensive smelling or coloured discharge, you should contact your GP.

Risks of miscarriage management

- Failure of treatment/procedure
- Haemorrhage
- Infection
- Retained tissue
- Scarring of the womb
- Puncturing the womb (surgery only).

Advice following a miscarriage

How will I feel physically?

As the hormone levels fall slowly, the symptoms of pregnancy may continue for some time. You may continue to bleed for up to 3 weeks, but this should not be heavier than a period. You are advised to use sanitary pads rather than tampons at this time. Your next period will be about 4-6 weeks after the miscarriage, although for those with an irregular cycle it can take longer. If you have any concerns, please ask your GP for advice.

How will I feel emotionally?

We all react differently in situations therefore it is difficult to say how you are going to feel. It is, however, likely that you will feel emotionally upset. This may last for some time. It may be that you may feel upset when you see pregnant women, babies or at the news of a friend's pregnancy.

These feelings may be unpredictable and catch you and anyone with you by surprise.

This is perfectly normal and as long as you feel in control, this is part of the grieving process.

Your partner and other members of your family/friends are often expected to be strong and supportive, although they will also be grieving. Unfortunately people may forget to ask them how they are feeling, and this can be hard to deal with. It usually helps if you are able to share your feelings with those you are close to.

Returning to work and facing colleagues, makes many people feel anxious, as it can be awkward trying to work out what to say about what has happened to you. In general, people will take the lead from you so if you can speak about what has happened to one or two people, others will follow. You may be surprised to hear of other people's experience of miscarriage, and you could find that this support can help.

A physical "Book of Remembrance" is available. Anyone who has lost a baby in early pregnancy can make an entry – ask a EPU nurse if you would like to. There is also an online facility to record this lost pregnancy – Scot.Gov Baby Loss Memorial book:

www.gov.scot/news/baby-loss-memorial-book-1/



SiMBA offer memory boxes which are available from a nurse or their website.

If your baby was seen on scan, it may be possible to give you a copy of this if you request this within 4 weeks. Please ask a nurse.

What about the future?

It is best that you wait until you have had one normal period after your miscarriage before you try for your next pregnancy. Your next period should occur about 4-6 weeks after the miscarriage, if you had a regular cycle previously. *Please ensure that you have a negative home pregnancy test prior to having unprotected intercourse.

Physically your recovery should be quite quick, but your emotional recovery may take longer. Only you can decide when the time is right for you to try again. Ideally you should be taking a Folic Acid supplement for 3 months prior to becoming pregnant.

If you decide to take a short break before trying to get pregnant you may want to consider using contraception. You can obtain information about this from your GP, Family Planning Clinic or from the hospital medical or nursing staff.

Useful contacts

Early Pregnancy Unit

01506 524015 (Mon-Fri 09:00–17:00)

Ward 12: Nursing Staff

01506 524112 (24hrs 7 days a week)

Edinburgh Miscarriage Association Group

Nicky 0131 447 5038/Lindsay 07929 727 189

www.miscarriageassociation.org.uk



Simba Charity

www.simbacharity.org.uk

