



**Saint Mary's Managed Clinical Service
Division of Gynaecology**

PATIENT INFORMATION LEAFLET

CHOICES OF MANAGEMENT OF MISCARRIAGE

We are sorry that you have received bad news about your pregnancy.

The doctor/nurse may have already discussed the available options with you: You now need to consider how you would prefer to be managed. You can take as much time to decide as you need. Each of the care pathways has its own advantages and disadvantages and the choice you make is up to you as an individual. At times one option may be more appropriate for you but your doctor or nurse will highlight this. All three options have similar outcomes in terms of possible effect on future fertility and outcome of pregnancy.

The following information may help you to make your decision:

OPTION 1: CONSERVATIVE MANAGEMENT

This is where the pregnancy may be passed naturally, without medical intervention. When the process may start will vary between individuals. Taking time for the process to begin is considered safe. You can expect a 60-80% success rate at the time of the follow up scan.

ADVANTAGES

- No intervention is required.
- This is a natural process.
- No general anaesthetic is required.
- Minimal risk of infection.
- No planned hospital admission required.

DISADVANTAGES

- Possibility of heavy bleeding and severe abdominal pain (if these are excessive, you will need to return to hospital).
- May require further treatment if miscarriage does not occur naturally.
- A scan is often required 2-3 weeks later to assess if the miscarriage is complete.

OPTION 2: MEDICAL MANAGEMENT

OPTION 2a: MEDICAL MANAGEMENT WITHOUT A HOSPITAL ADMISSION

This will be offered as the primary medical management option if you are less than 10 weeks' gestation.

You will be provided with tablets to take home. You will be advised when to take these to start the miscarriage.

We would expect the miscarriage to happen within 24 - 48 hours but can sometimes take longer. You can expect an 80-90% success rate with this option.

ADVANTAGES

- No general anaesthetic required.
- Minimal infection risk.
- Helps induce the miscarriage and speeds up the natural process.
- Home comforts available.

DISADVANTAGES

- May experience intense pain and bleeding at home which is usually manageable with over the counter pain killers, however, may require an emergency attendance to Emergency Services.

OPTION 2b: MEDICAL MANAGEMENT WITH A HOSPITAL ADMISSION

This is usually offered if you are more than 10 weeks gestation or less than 10 weeks and have other medical conditions.

Tablets are used to help start the miscarriage during a short stay in hospital.

You can expect an 80-90% success rate with this option.

You will be given four small vaginal pessaries. The medication used for medical management of miscarriage is called Misoprostol. These pessaries cause the neck of the womb (cervix) to soften and open. They cause the womb (uterus) to contract and will help to induce the miscarriage. If the pregnancy has not been passed within 4 hours of having the pessaries, the nurse will administer a further dose of Misoprostol orally. The time this takes varies from one woman to another, however you should be prepared to stay in hospital for approximately 6-8 hours. On rare occasions, you may need to stay overnight.

ADVANTAGES

- No general anaesthetic required.
- Minimal risk of infection.
- Helps induce the miscarriage.
- Speeds up the natural process of miscarriage.

DISADVANTAGES

- Requires brief admission to hospital, usually for one day.
- May experience intense pain and bleeding on second stage (though pain should be helped by pain relieving medicines).
- If the treatment is unsuccessful on your admission day, you will be given an appointment to return for a scan in 14 days.

OPTION 3: SURGICAL MANAGEMENT

This is where you undergo a short surgical procedure to remove the pregnancy from you vaginally. This option carries more risks than the previous two.

You can expect a 95% success rate with this procedure.

OPTION 3a: SURGICAL MANAGEMENT UNDER GENERAL ANAESTHESIA

This can only be offered if you are less than 12 weeks pregnant.

ADVANTAGES

- You will be asleep during the procedure with an anaesthetic.
- Usually, no further visit to hospital is required after the operation.

DISADVANTAGES

- Requires admission to hospital (usually for the day).
- Risk of general anaesthetic.
- Risk of perforation to the uterus/bowel/bladder (where a hole is unintentionally made into the wall of the uterus (womb) bowel or bladder).
- Risk of infection.
- Risk of retained products of conception (where some of the tissue is left behind, resulting in ongoing bleeding), which would require further treatment.

OPTION 3b: SURGICAL MANAGEMENT UNDER LOCAL ANAESTHESIA

This can only be offered if you are less than 10 weeks pregnant.

ADVANTAGES

- It is a quick and convenient procedure, typically requiring a 2-hour hospital visit.
- It is associated with less blood loss than other procedures.
- The majority of women find it acceptable and would recommend it to a friend as a treatment for miscarriage.
- It is 95% effective in completing your miscarriage.

DISADVANTAGES

- Risk of damaging the uterus/bowel/bladder.

- Risk of infection.
- Risk of retained products of conception (where some of the tissue is left behind, resulting in ongoing bleeding), which would require further treatment. This could increase the risk of scarring within the lining of the womb, which can lead to Asherman`s syndrome.
- Small risk may require hospital admission, further treatment as an inpatient.

If you require any further information or clarification, including clarification of terminology, please do not hesitate to talk to one of the doctors or nurses, who will be happy to discuss your concerns with you.

We want to reassure you that you are not alone in this difficult time we are here to support you, useful contacts and resources are listed below including that of the Early Pregnancy Loss Specialist Nurse.

Please be aware that you can naturally miscarry your pregnancy at any time. This may involve a gradual increase in symptoms of pain and bleeding, or you could develop pain and heavy bleeding very quickly. Please do not hesitate to contact the unit if you are concerned about your symptoms, feel faint or dizzy or are filling a large sanitary towel quicker than every 1 hour. Once the pregnancy has passed your symptoms of pain and bleeding will usually settle very quickly.

CONTACT DETAILS

EMERGENCY GYNAECOLOGY UNIT (EGU)



0161 291 2561 (24 Hours)



<https://www.mft.nhs.uk/>

The EGU is located at Wythenshawe Hospital (enter via entrance 15)

The department operates a telephone triage (assessment) service you must call and speak with a specially trained nurse before attending to plan your care.

GYNAECOLOGY ASSESSMENT UNIT (GAU)



0161 720 2010 / 0161 604 5130

Monday, Tuesday, Wednesday, Thursday & Friday: 07:30 – 20:30

Saturday & Sunday - 08:30 – 16:30



<https://www.mft.nhs.uk/>

The GAU is located at North Manchester General Hospital (Ward F5 via Entrance 1, main entrance)

There are no emergency Gynaecology or early pregnancy services at Saint Mary`s Hospital, Oxford Road



Early Pregnancy Loss Specialist Nurse

(0161) 276 6571

(Monday – Thursday variable hours – answerphone available)

Counselling Service (confidential)

(0161) 276 4319

(Monday - Friday 8.30 am – 4.30 pm – answerphone available)



<https://www.mft.nhs.uk/>

USEFUL ADDRESSES

The Miscarriage Association

Tel: (01924) 200799

www.miscarriageassociation.org.uk

www.earlypregnancy.org.uk

Women's Health Concern

Tel: (01628) 478473

www.womens-health-concern.org.uk

NHS Choices

www.nhs.uk

Saint Mary's Hospital Website

www.mft.nhs.uk/saint-marys