

Choices of management for 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 with a hospital admission

This is when tablets are used to help induce the miscarriage during a short stay in hospital. You can expect an 80-90% success rate with this option.

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 2b: Medical Management without a hospital admission

Tablets are again used to induce the miscarriage but you will be discharged home following this. We would expect the miscarriage to happen within 24 - 48 hours but can sometimes take longer.

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 may require an emergency attendance to EGU.

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.

Advantages

- You will be asleep during the procedure.
- 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.
- 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.

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.

A histological examination is offered to all women who miscarry if pregnancy remains can be identified. This examination aims to look at the pregnancy remains under the microscope to see if a specific cause of miscarriage can be found. It is rare that a cause is identified. This examination is easier to facilitate if you have surgical management or successful medical management in hospital, however, if you wish to await natural events, we can provide a container for you to bring your pregnancy into the hospital.

Saint Mary's Hospital contact numbers:

Emergency Gynaecology Unit (EGU)

(0161) 291 2561 (24 hours)

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

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

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

Early Pregnancy Loss Specialist Nurse

Maxine: (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)

Useful addresses

The Miscarriage Association

Tel: (01924) 200 799

www.miscarriageassociation.org.uk