

Expectant management of miscarriage

Welcome to the Gynaecology Services at Saint Mary's Hospital

We understand this may be a very distressing time for you and we are sorry for your loss.

You have opted for expectant management following your miscarriage. This leaflet aims to give you some general information about what this method will involve, and help to answer some of the questions you may have. It is intended only as a guide and there will be an opportunity for you to talk to your nurse and doctor about your care and treatment.

What is expectant management?

Expectant management means that we expect your miscarriage to happen naturally without any intervention. You will be monitored by the hospital over the next few weeks and attend a follow up appointment instead of having immediate treatment.

It may also be known as 'conservative' or 'wait and see' management/treatment.

Why have I been offered this treatment?

There are several reasons why this treatment may be appropriate for you:

- You have been diagnosed with a missed miscarriage.
- You have been diagnosed with an incomplete miscarriage.
- Your general health is good and your condition is stable.
- You do not wish any medical or surgical intervention at this time.

What are the risks?

- Risk of infection. Approximately 1 in 100 (1%) of women will develop an infection. Signs of infection are a raised temperature and flu-like symptoms, a vaginal discharge that looks or smells offensive and/or abdominal pain that gets worse rather than better. Treatment is with antibiotics. In some cases, you may be advised to have an operation to remove any remaining pregnancy tissue. This is known as an Evacuation of Retained Products of Conception (ERPC). You may be given a course of antibiotics routinely to prevent infection.
- Risk of haemorrhage (extremely heavy bleeding). Research suggests that 2 in 100 women (2%) had bleeding severe enough to need a blood transfusion and some women will need an emergency ERPC.
- In rare cases, pregnancy tissue may become stuck in the cervix and will need to be removed during a vaginal examination: this may be painful and distressing. If there is still pregnancy tissue remaining in the womb after several weeks, you may be advised to have an ERPC.

What are the advantages of expectant management?

- You do not have to stay in hospital.
- Avoid medications or surgery with a general anaesthetic and the possible associated risks and side effects of both.
- It is seen as a more 'natural' process – which some women may prefer. You may wish to be fully aware of the process of miscarriage and may want to see the pregnancy tissue and perhaps the fetus. Some women feel this helps them to say goodbye, though they may want guidance on what to do with the remains of their baby (please speak to a member of the team if you have any questions).

Please note that if you reach a point where you no longer want to wait, you can request medical or surgical management.

What are the disadvantages of expectant management?

- It can take a few weeks before the uterus (womb) empties itself.
- You may find it difficult not knowing when (or where) the miscarriage might start.
- You might be anxious about coping with pain and bleeding and not knowing when the miscarriage is complete.
- You may be concerned about the possibility of seeing the pregnancy tissue, in particular the fetus.
- Further visits to the hospital are required which may include blood tests or scans.
- Medical or surgical management may be required if the miscarriage doesn't occur after 3 weeks, or you experience persistent heavy bleeding and/or pain.

Is the treatment suitable for everyone?

Expectant management is not an option for all women. It is usually possible when:

- You have experienced a missed miscarriage – where the pregnancy tissue remains in the uterus even though it is no longer developing.
- You are experiencing an incomplete miscarriage, and don't want any medical or surgical intervention.
- Your general health is good and your condition is stable.
- Pain levels are considered to be acceptable.

How successful is it?

Expectant management is successful in approximately 50 out of 100 women (50%). It can take time before bleeding starts and it is normal for the bleeding to continue for up to three weeks. Bleeding may be heavier than normal and you may experience cramping pain. Very occasionally emergency admission for heavy bleeding or severe pain is necessary.

If bleeding does not start or the miscarriage has not completed, you will be offered the option of taking tablets or having an operation.

What can I expect to happen?

• Pain

Having a miscarriage can be quite painful, with cramping type pains and lower backache occurring at any time, but especially when the miscarriage is imminent.

It is advisable to be prepared with a suitable type of pain relief which you are able to tolerate. The following types of painkillers are all useful:

- Paracetamol
- Ibuprofen
- Codeine based painkillers

Please ensure you read the label/instructions carefully before taking them and do not exceed the maximum daily dose.

If these types of pain relief are insufficient, please do not hesitate to contact us.

- **Bleeding**

Be prepared for when the bleeding starts, or becomes heavier. It is advisable to use sanitary towels rather than tampons, as this reduces the risk of any infection.

It is difficult to predict how heavy the bleeding might be, but it is most likely it will be heavier than a normal period, and you may pass blood clots, tissue or even a recognisable fetus, which can be alarming.

We understand that bleeding heavily at home can be frightening - please do not hesitate to contact us if you are unsure what to do.

Once you have actually miscarried (passed clots of blood or tissue) the bleeding will ease and it will become much lighter. Any cramping pain will also cease.

It is not unusual to bleed for 10 to 14 days after a miscarriage, but this bleeding should be noticeably lighter, and more period-like. It is advisable to avoid intercourse whilst you are bleeding, again to reduce the risk of infection.

- **Hygiene**

Avoid hot baths whilst you are bleeding heavily, as you may feel faint. Otherwise it is safe for you to have a warm bath or shower.

- **Signs of infection**

Increased bleeding or pain, or developing an offensive smelling vaginal discharge may be symptoms of an infection.

You should contact The Emergency Gynaecology Unit (EGU) or your GP immediately if you develop any of these symptoms as you may require antibiotic treatment.

- **Work**

Going back to work during or following a miscarriage is an individual decision. It also depends on how heavy your bleeding is, and how you feel generally. Having a miscarriage can be a very distressing event in a woman's life.

Many women feel that at least a few days off work may be necessary.

Most work places allow you to self-certify for up to 7 days, but please let staff know if this is a problem and you require a sick note.

What if the miscarriage does not happen?

If there has not been any bleeding, and you do not think the miscarriage has happened, you may decide that you would prefer to consider managing the miscarriage by medical or surgical intervention, depending on your individual circumstances. Please telephone staff in EGU who will be able to make suitable arrangements for you.

What follow-up will I need?

You will be given a date and time for a follow-up scan before you leave the hospital. If required, your pregnancy hormone levels may also be monitored to assist diagnosis. This scan will hopefully confirm a complete miscarriage.

When can I expect a menstrual period?

Every woman is different regarding how soon after a miscarriage to expect a period, however sometime in the next 4-6 weeks is considered usual.

Often this first period may be different than normal (heavier or lighter). Again this is nothing to be concerned about, unless the bleeding is very heavy in which case, contact your GP or EGU directly.

Do I need to inform anyone of my miscarriage?

If you are a central Manchester resident and have booked your antenatal care at Saint Mary's Hospital, staff will have canceled any further appointments and scans on your behalf. Unfortunately, if you are not a Central Manchester resident, we do not hold the details of your community midwife and therefore we are unable to cancel any appointment that you may have within your community, but we will cancel any appointments based on site at Saint Mary's Hospital. We are also unable to cancel care booked at another hospital. However, we will send a letter to your GP.

Emotions

Reaction to a pregnancy loss is very variable and in addition to the grief you may feel, your body will be undergoing lots of hormonal changes. It is completely normal to feel a variety of emotions during this time, and it may take time for you to get back on your feet again. You may experience days when you feel completely 'back to normal', but you may also have days when you feel sadness or a sense of loss.

We are all different and we all react and recover in different ways - there is no right or wrong way. It is important however to give yourself time to recover on a physical, psychological and emotional level.

It is important to remember that a miscarriage is a very common occurrence, and in most cases the cause of the miscarriage is unknown.

If you wish to talk to someone about your feelings and are unable to do so with a partner, close friend or family member, Saint Mary's Hospital has a confidential counselling service which you can access at any time. See contact numbers overleaf.

Certificates

As there is no official national recognition at this time of pregnancy's lost less than 24 weeks' gestation, Saint Mary's offers certificates of remembrance. If you would like to know more please ask your nurse.

When can I start trying for another baby?

It is perfectly safe to start trying for another pregnancy once you and your partner feel ready to (providing you feel well and have stopped bleeding). For dating purposes, there may be some advantage in waiting until your next normal period.

However, if you do conceive before your next normal period there is no increased risk of miscarriage.

Any preconception care you have been following should continue, such as:

- Taking folic acid
- Reducing your alcohol and caffeine intake
- Stopping smoking

If you are unsure whether you wish to try for a future pregnancy, it is advisable to consider your contraceptive needs during this time.

Your nurse can discuss this with you.

If this is your third consecutive miscarriage, staff will discuss with you and your partner if you wish to be referred to one of the consultant gynaecologists, who sees couples in this situation for investigation and support.

Saint Mary's Hospital contact numbers:

Should you require any additional information or help please contact:

Emergency Gynaecology Unit (EGU)

(0161) 276 6204

(7 Days 8.00 am – 9.30 pm)

Gynaecology Ward 62

(0161) 276 6518 or (0161) 276 6410 (24 hours)

Counselling Service (confidential)

(0161) 276 4319

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

Early Pregnancy Loss Specialist Nurse

Maxine: (0161) 276 6571

(Monday – Thursday variable hours – answerphone available)

Useful addresses

The Miscarriage Association

01924 200 799

www.miscarriageassociation.org.uk

www.earlypregnancy.org.uk

Women's Health Concern

01628 478 473

www.womens-health-concern.org.uk

NHS Choice

www.nhs.uk

Saint Mary's Hospital Website

www.mft.nhs.uk/saint-marys/