



Saint Mary's Managed Clinical Service
Division of Gynaecology

PATIENT INFORMATION LEAFLET

EXPECTANT MANAGEMENT OF MISCARRIAGE

WELCOME TO GYNAECOLOGY SERVICES AT SAINT MARY'S AT WYTHENSHAW AND NORTH MANCHESTER HOSPITALS

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

As you have opted to have expectant or conservative management of 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 or doctor about your care and treatment.

WHAT IS EXPECTANT MANAGEMENT

Expectant management (sometimes known as conservative management) means that we expect your miscarriage to happen naturally without any intervention. This could start any time over the next few weeks, usually at home in your own surroundings. You do not need to attend hospital for any treatments and should not need any follow up appointment.

WHY HAVE I BEEN OFFERED TREATMENT?

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

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

WHAT ARE THE RISKS?

- Approximately 1-3 in 100 (1-3%) of women will develop an infection. Signs of infection are a raised temperature, a vaginal discharge that smells offensive and/or abdominal pain that gets worse despite using regular paracetamol. Treatment is with antibiotics although if you are very unwell you may be advised to have surgery to remove the remaining pregnancy tissue.
- Sometimes pregnancy tissue does not come away naturally as expected. This is called retained pregnancy tissue. In these cases, you may need to have some intervention. This

could be in the form of medical management, Manual Vacuum Aspiration (MVA) or Surgical management.

- In rare cases, pregnancy tissue may become stuck in the cervix and will need to be removed during a vaginal examination: this can be painful but we will aim to ensure this is as least distressing as possible.

WHAT ARE THE ADVANTAGES OF EXPECTANT MANAGEMENT?

- You do not have to stay in hospital. You can be in the comfort of your own home or surroundings with the support of family or friends.
- The aim is to avoid medical or surgical interventions and the possible associated risks and side effects of medications and a general anaesthetic.
- 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. Some women feel this helps them to say goodbye and can help with the emotional healing process.

WHAT ARE THE DISADVANTAGES OF EXPECTANT MANAGEMENT?

- It can take a few weeks before the uterus (womb) empties itself and you may find it difficult not knowing when (or where) the miscarriage might start.
- You may feel anxious about coping with pain and bleeding and not knowing when the miscarriage is complete.
- You may bleed heavily, pass clots and sometimes the pregnancy sac which may or may not contain a visible fetus (baby). Some people can find this distressing, please contact us if you are concerned.
- Medical or surgical management may be required if the miscarriage doesn't occur after 4 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 delayed or missed miscarriage – where the pregnancy tissue remains in the uterus even though it is no longer developing.
- You are experiencing an incomplete miscarriage, where there are some pregnancy tissues that haven't come away naturally but you don't want any medical or surgical intervention.
- Pain levels are considered to be acceptable and there are no signs of infection.
- Your general health is good and your condition is stable.

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 4 weeks. Bleeding

is likely to be much heavier than a normal period and you may experience intense cramping pain. Very occasionally emergency admission for heavy bleeding or severe pain is necessary.

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 intense when the miscarriage is imminent.

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

- Paracetamol 500mg-1g every 4-6hours. Maximum of 4g (8 tablets) per day.
- Codeine 30mg-60mg every 4-6hours. No more than 240mg (8tablets) per day
- Co-codamol is both codeine & paracetamol together so please be aware if choosing this option, you should not take any other medicines containing Paracetamol. Co-codamol comes in a range of doses, some are available over the counter, and some are only available via prescription. Regardless of the dose you must not exceed 8 tablets per day.

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**

When bleeding starts it may initially be spotting or very light. It is difficult to predict when bleeding will increase or how heavy it will be as each patient is different, however it is very common to experience bleeding which is heavier than your normal period and to pass blood clots which can vary in size. It is advisable to use sanitary towels rather than tampons as this reduces the risk of infection. Please ensure you have a supply at home for when bleeding starts.

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

You may pass the pregnancy sac/fetus at home which may be visible, or it may be encased in a blood clot. The pregnancy remains can be brought into hospital for sensitive hospital cremation if you wish and included in the monthly baby loss service. Please ask staff for details.

Once you have miscarried (passed clots of blood or pregnancy tissue) the bleeding will ease, and it will become much lighter. It is not unusual to bleed for up 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. Any cramping pain will also reduce/cease.

- **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**

Signs of infection are a raised temperature, a vaginal discharge that smells offensive and/or abdominal pain that gets worse despite using regular paracetamol.

You should contact The Emergency Gynaecology Unit (EGU) at Wythenshawe, Gynae assessment Unit (GAU) at North Manchester 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 workplaces allow you to self-certify for up to 7 days, but please let staff know if you require longer than this as we may be able to provide a fit note.

WHAT IF 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 contact EGU/GAU who will be able to make suitable arrangements for you.

WHAT FOLLOW UP WILL I NEED?

You will be asked to take a urine pregnancy test after 3 weeks. If the test is negative this confirms your miscarriage is complete and your hormones have returned to normal levels, and you do not require any further follow up.

If the test is positive, we ask that you call EGU/GAU where we will arrange a blood test or scan to check if your miscarriage is complete.

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) and may be a little more uncomfortable. Again, this is nothing to be concerned about, unless the bleeding is very heavy in which case contact your GP or EGU/GAU directly.

DO I NEED TO INFORM ANYONE OF MY MISCARRIAGE?

If you are a Manchester resident and have booked your antenatal care with Saint Mary's Hospital, at Oxford Road, Wythenshawe sites, or at North Manchester Hospital, staff will cancel any further appointments and scans on your behalf. Unfortunately, if you are not a Manchester resident, we do not hold the details of your community midwife and therefore are unable to cancel any appointment that you may have within the community, but we will cancel any appointments based at the Saint Mary's Hospital sites. In addition, we are unable to cancel care booked at another hospital. However, your GP will receive notification.

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

The UK government now offers Baby loss certificates for pregnancies that are less than 24 weeks gestation. These are free to request and are available to order at <https://www.gov.uk/request-baby-loss-certificate>

We also offer memory boxes and certificates in memory/recognition of your pregnancy. Please ask if you have not already been offered these during your visit.

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 GP or family planning centre will be able to discuss the options with you.

RECURRENT MISCARRIAGE

If this is your third consecutive miscarriage, (or second consecutive loss for ladies over the age of 35) we can arrange a referral to our recurrent miscarriage service where you will be offered further blood tests and a scan to assess if there are any medical conditions which may have contributed to your pregnancy losses.

Please note that if you change your mind at any time regarding your choice and you would prefer to have one of our medical or surgical treatments, please call us and we can discuss and arrange this for you.

CONTACT DETAILS

Emergency gynaecology Unit (EGU)

(0161) 291 2561 (24 hours)



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

The department offers a telephone triage service. You must call and speak with a specially trained nurse before attending to plan your care.

There are no emergency gynaecology services at Saint Marys Hospital, Oxford Road

Gynaecology Assessment Unit (GAU/G2)

(0161) 720 2010 GAU Reception / (0161) 604 5130 GAU Nurses

Monday to Friday – 07:30 -20:30



Saturday & Sunday – 08:30 – 16:30

GAU is located at North Manchester Hospital (Ward G2, via Entrance 1 / main entrance).

To be seen in GAU a referral from your GP, Midwife, A&E or other health care professional is required. GAU is not a self-referral unit.



<https://mft.nhs.uk/saint-marys/services/gynaecology/emergency-gynaecology>



Counselling Service (confidential) (0161 276 4319 – to request a counselling referral*

Email: lindsay.mukherjee@mft.nhs.uk



Early Pregnancy Loss Specialist Nurse

Ashleigh - 07814065869

(Monday – Friday, variable hours – answerphone available)

Email: earlypregnancyloss.nurse@mft.nhs.uk



Recurrent Miscarriage Clinic

Sam & Maxine (0161) 276 6571

(Monday – Friday, variable hours – answerphone available)

We would welcome your feedback about your experience at EGU/GAU. Please access the Friends and Family Test at the following link: <https://mft.nhs.uk/the-trust/fft>

If you would like to give any feedback regarding your experiences at EGU please email gynaevoices@mft.nhs.uk or please join one of or sessions which are held by Saint Marys medical and nursing staff on TEAMS, which aim to review the way we provide care to our patients. Please email for upcoming dates and session links.