



Saint Mary's Managed Clinical Service
Division of Gynaecology

PATIENT INFORMATION LEAFLET

MANAGEMENT OF YOUR MISCARRIAGE

We would like to offer our sincere condolences for your pregnancy loss.

This leaflet contains information about how we can manage your miscarriage. We understand that this can be an extremely distressing time and want to reassure you that we are here to support you. Every miscarriage is different and how we manage it is based on your individual circumstances and wishes.

Deciding what happens next may be the last thing you want to do however it is important you talk with your doctor or nurse about your options. It is your choice on how you would like to manage your pregnancy loss and you can take as much time as you need to make your decision. Each of the available care pathways have their own advantages and disadvantages and the choice you make is up to you as an individual. There are however instances where one or more management option may not be safe or advisable for but based on your individual circumstances but you will be advised and guided in this case to make a safe decision.

The term 'pregnancy remains' is used throughout this leaflet for consistency in reference to cases of pregnancy loss up to 16 weeks gestation.

What are the options available to me?

There are three broad options for management of miscarriage and in most cases, there is no one "right" answer.

The 3 options are

- Conservative management
- Medical management
- Surgical management

OPTION 1: CONSERVATIVE MANAGEMENT

Approximately of patients will begin to bleed and pass the pregnancy within 2 weeks. There is a risk that you may not pass the pregnancy within the expected timeframe in which case you may require further medical or surgical management.

This approach allows the pregnancy to pass naturally, without medical treatment or surgery. The timing can vary from person to person, and it may take some time for the process to begin.

It is generally safe to wait, although it can take two weeks or longer for things to start. About 50% of people will begin bleeding and pass the pregnancy within two weeks.

It is generally safe to wait, although it can take two weeks or longer for things to start. About 50% of people will begin bleeding and pass the pregnancy within two weeks.

However, there is a possibility that the process may not happen within this timeframe. If that occurs, you may need additional treatment, either with medication or a minor surgical procedure.

ADVANTAGES

- No intervention is required.
- This is a natural process.
- No anaesthesia is required.
- Minimal risk of infection. (1-3 in 100)
- No planned hospital admission is required.

DISADVANTAGES

- The 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. If it doesn't happen naturally within 2 weeks, your doctor or nurse will talk to you about other options available
- A scan is often required 2-3 weeks later to confirm that the process is complete and that you have fully passed the pregnancy. i Has

OPTION 2: MEDICAL MANAGEMENT

OPTION 2a: MEDICAL MANAGEMENT WITHOUT A HOSPITAL ADMISSION

This will be offered as the first 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.

. Most people will experience the miscarriage within 24–48 hours, although for some it can take a little longer. With this option, about 80–90% of people find it works as expected.

This option is usually offered as the first choice for medical management if you are less than 10 weeks pregnant.

You will be given tablets to take at home, along with clear instructions on when to take them to start the miscarriage process.

In most cases, the miscarriage will happen within 24–48 hours, although it can sometimes take longer. This method is effective in around 80–90% of cases.

ADVANTAGES

- No anaesthesia is required.
- There is a minimal infection risk (1-3 in 100)
- It helps to allow pregnancy tissue to pass naturally
- Home comforts are available.

DISADVANTAGES

- You may experience intense pain and bleeding at home although this is usually manageable with over-the-counter pain killers, however, you may require an emergency attendance to Emergency department
- You may experience sickness and diarrhoea.

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.

Evidence tells us that 80-90% people find that this method works as expected.

You will be given medication called misoprostol, usually as vaginal pessaries, although tablets to swallow may be taken if you prefer. The medication helps to gently open the neck of the womb (cervix) so that the remaining pregnancy tissue can pass naturally. It will take a few hours and there will be some pain with bleeding or clotting (like a heavy period), you may also experience some sickness and diarrhoea but will be offered pain relief and anti-sickness medication. If your pregnancy has not naturally passed within 4 hours of having the pessaries, the nurse will administer a further dose of Misoprostol. The time this takes can vary from person to person; however, you should plan to stay in hospital for around 6–8 hours. In rare cases, you may need to remain overnight

ADVANTAGES

- No anaesthesia is required.
- There is a minimal risk of infection (1-3 in 100)
- Helps to allow the pregnancy tissue to naturally

Helps the body move through the natural miscarriage process more quicklyDISADVANTAGES

- Requires brief admission to hospital, usually for one day.
- You experience intense pain and bleeding on second stage (though pain should be helped by pain relieving medicines).
- If the treatment does not achieve its intended outcome on your admission day, you will be provided with an appointment to return to the Emergency Gynaecology Department for a scan in 14 days time.

OPTION 3: SURGICAL MANAGEMENT

This is where you undergo a short surgical procedure to remove the pregnancy tissue through the neck of the womb.. This option does have slightly higher risks such as; injury to your womb, bladder or bowel as well as a higher risk of infection.

With this method 95% of people find that it works as expected.

OPTION 3a: SURGICAL MANAGEMENT UNDER GENERAL ANAESTHESIA

We are only able to offer this method if you are less than 12 weeks pregnant because of the increased risks associated with surgical management of miscarriage over 12 weeks gestation.

ADVANTAGES

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

DISADVANTAGES

- Requires admission to hospital (usually for the day).
- Risk of general anaesthesia.
- Risk of injury to your womb/bowel/bladder (where a hole is unintentionally made into the wall of the womb, bowel or bladder).
- Risk of infection
- Risk of retained pregnancy remains (where some of the pregnancy remains are left behind, resulting in ongoing bleeding), which would require further treatment.
- 16–18 people in 100 will have scar tissue in their womb afterwards which could lead to Asherman's syndrome in the future

OPTION 3b: SURGICAL MANAGEMENT UNDER LOCAL ANAESTHESIA

This is where you will undergo a minor surgical procedure, where a small handheld devise is used to gently remove the pregnancy tissue from the womb. This procedure will be performed under local anaesthesia (you will be awake throughout the procedure). This can only be offered if you are less than 10 weeks pregnant.

ADVANTAGES

- It is a quick and straightforward procedure, usually only needing a short visit into hospital
- It is associated with less blood loss than other procedures.
- Many people find this approach manageable and say they would feel comfortable recommending it to someone in a similar situation.95% people find this method works as expected

DISADVANTAGES

- Risk of injury to the womb/bowel/bladder (where a hole is unintentionally made into the wall of the uterus (womb) bowel or bladder).
- The Risk of infection (1-3 people in 100)
- Risk of retained pregnancy remains (where some of the pregnancy remains are 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 in the future.

- Small risk you may require hospital admission, and 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 at 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 fill a large sanitary towel quicker than every 1 hour. Once your pregnancy has passed, your symptoms of pain and bleeding will usually settle within xxxx

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/>

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.

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

Early Pregnancy Loss Specialist Nurse



earlypregnancyloss.nurse@mft.nhs.uk

(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/>

Losing a baby is a deeply personal experience that affects people differently. It can be very distressing and you may need a great deal of support afterwards.

You can find further information and support from the Miscarriage Association at:

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-](http://www.womens-health-concern.org.uk)

[concern.org.uk](http://www.womens-health-concern.org.uk)

NHS Choices

www.nhs.uk

Tommy's

<https://www.tommys.org/baby-loss-support/miscarriage-information-and-support/your-options-anddecisions/decision-aid>

Saint Mary's Hospital Website www.mft.nhs.uk/saint-marys