

Patient information

Management of miscarriage: your options

What this leaflet is about

Approximately 20% of all pregnancies miscarry and in most cases the womb empties itself naturally. In some cases, though the ultrasound scan may suggest the baby has not developed or the pregnancy sac has not grown, and natural miscarriage has not occurred.

This leaflet describes the different ways these kinds of miscarriage can be managed. It also explains some of the medical language you might hear or read.

Understanding the medical language

Missed miscarriage (also called 'delayed' or 'silent' miscarriage)

This term is used when a pregnancy is not developing appropriately and natural miscarriage has not occurred. This term is also used if the pregnancy sac in the womb is empty with no evidence of a baby. You may still have the symptoms of pregnancy. You may or may not have other symptoms like bleeding or pain.

Incomplete miscarriage

This is where some but not all of the pregnancy tissue is miscarried. You may still have pain and bleeding which can be heavy.

Methods of management

In all situations described above, a full miscarriage will happen naturally in time and some women choose this option. But the process can be speeded up or 'managed' by medical treatment (drugs) or surgery (an operation).

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Whatever choice you make, we will help you in what is a difficult time. You need to remember that there are no right or wrong choices and you must decide what feels right for you and you can change your mind if you so wish. Our medical staff will help you reach a decision.

It may help to know that research comparing natural, medical and surgical management found that:

- The risks of infection or other harm are very small with all three options
- Your chances of having a healthy pregnancy next time are equally good whichever method you choose
- Women cope better when given clear information, good support and a choice of management methods.

Natural management (also called 'expectant' or 'conservative' management): letting nature take its course

Some women prefer to wait and let the miscarriage happen naturally and most women will need no further treatment. Doctors often recommend this, especially in the first eight or nine weeks of pregnancy and national guidance states that natural management should be the first method to consider.

What happens?

This can vary a lot depending on the size of the pregnancy and the findings of the ultrasound scan. It can take anything from days to weeks before the miscarriage begins. Once it does, you are likely to have strong period-like cramps and bleeding. The bleeding may go on for 2 - 3 weeks; or the small pregnancy sac in the womb may be reabsorbed without much bleeding at all. It can be very difficult to predict exactly what will happen and when.

Does it hurt?

Most women have period-like cramps that can be very painful, especially when the pregnancy tissue is being pushed out. This is because the uterus is tightly squeezing to push its contents out, much like it does in labour.

You are also likely to bleed heavily and pass clots. These can be as big as the palm of your hand. You may see the pregnancy sac, which might look different from what you expected. You may, especially after 10 weeks, see an intact fetus that looks like a tiny baby.

How do you know the miscarriage is complete?

If bleeding occurs during natural management of your miscarriage, you need to carry out a urine pregnancy test three weeks after the bleeding has stopped. If the test has remained positive you will need to contact F14 Gynaecology Ward.

If there is no bleeding in 14 days, then you would need to contact F14 Gynaecology Ward and a repeat scan would be organised for you.

What are the risks?

Infection

This affects about 1 woman in every 100 and symptoms include:

- A raised temperature and flu-like symptoms
- Vaginal discharge that looks or smells bad
- Abdominal pain that gets worse rather than better
- Bleeding that gets heavier rather than lighter

Treatment is with antibiotics and some women may need an operation to remove any remaining pregnancy tissue. You should only use pads rather than tampons for the bleeding and not to have sex until it has stopped.

Haemorrhage (extremely heavy bleeding)

About 2 in 100 women have bleeding bad enough to need a blood transfusion. Some of them need emergency surgery to stop the bleeding. If you are bleeding very heavily, or feel otherwise unwell or unable to cope, it may be best to contact F14 Gynaecology Ward or the nearest Emergency Department.

Retained tissue

Sometimes a natural miscarriage does not complete itself properly, even after a few

weeks, and some pregnancy tissue remains in the womb. You may need some drugs or occasionally an operation to remove this.

In rare cases, pregnancy tissue gets stuck in the cervix (entrance to the womb) and needs to be removed during a vaginal examination.

What are the benefits?

The main benefit is avoiding hospital treatment. You may want your miscarriage to be as natural as possible and to be fully aware of what is happening. If you choose natural management, it may help to know that you can change your mind at any stage and ask to have medical or surgical management.

What are the disadvantages?

- You may find it difficult not knowing when or where the miscarriage might happen. This can take anything from days to weeks. You may worry about starting to bleed heavily in public when you are least prepared, although wearing sanitary pads as a precaution can help.
- You may be anxious about how you will cope with pain and bleeding, especially if you are not within easy reach of a hospital
- You may be frightened about seeing the remains of your baby
- You may find it upsetting or inconvenient to have follow-up scans or blood tests to check on progress, although some women find this reassuring
- You might be too upset to wait for the miscarriage to happen naturally once you know your baby has died.

Be prepared

If you decide to manage the miscarriage naturally, being prepared with sanitary pads, pain-killers and emergency contact numbers can help you cope with what happens. You may want to make sure you have people on hand to support you.

Medical management

This means treatment with pills and/or vaginal tablets (pessaries) to start or speed up the process of a missed or incomplete miscarriage.

Further information is provided in the following leaflet: ***Medical Management of Missed Miscarriage and Incomplete Miscarriage***

What are the risks?

Infection affects about 1 - 4 women in every 100. Haemorrhage affects about 2 in 100, the same as for natural miscarriage. Retained tissue can occur.

What are the benefits?

The main benefit is avoiding an operation and the anaesthetic that goes with it.

Some women see medical management as more natural than having an operation but more controllable than waiting for nature to take its course.

As with natural management, you may prefer to be fully aware of what is happening, to see the pregnancy tissue and maybe the fetus.

What are the disadvantages?

The disadvantages are very similar to those which occur with the natural management of miscarriage.

What can I do with the pregnancy tissue I have passed?

When the miscarriage occurs naturally or with medical management, you will have bleeding and pass pregnancy tissue. Some women may want to look at it, others may not. If you decide to look you might see a sac and depending on the gestation, sometimes an identifiable fetus. There is no right or wrong way to dispose of any pregnancy tissue you pass. Some women feel comfortable passing everything on the toilet and flushing afterwards, others do not and would like alternative options, which could include burying your pregnancy tissue at home in the garden or in a pot with flowers. You might like to arrange your own private funeral or cremation. Alternatively, you can choose the hospital arrangements of a woodland burial, that occurs once a month. If you would like further information, please contact F14 ward

or EPAU where staff can discuss your options with you in the first instance. The bereavement office is also able to support you with this and they are contactable on 01284 713410 and would be very happy to discuss and support your decision in what can be a very distressing and difficult time.

Surgical management of miscarriage

This is an operation to remove the pregnancy tissue and is carried out under a general anaesthetic which puts you to sleep. This used to be called ERPC or ERPoC which stands for Evacuation of Retained Products of Conception. You might hear it called a D&C which means dilatation and curettage but that is a slightly different procedure usually carried out for women with period problems.

Further information is provided in the following leaflet: ***Surgical Management of Miscarriage***

What are the risks?

About 2 - 3 women in every 100 get an infection.

Rarely, less than 1 in 200 cases, the operation can perforate (make a hole) the womb and this may cause damage to other organs (bladder, bowel, blood vessels)

Haemorrhage (extremely heavy bleeding) and scarring (adhesions) on the lining of the womb are also rare, less than 1 in 200.

Very occasionally some pregnancy tissue remains in the uterus and a second operation is needed to remove it.

Very rarely the general anaesthetic can cause a severe allergic reaction (about 1 in 10 000 cases) or even death (fewer than 1 in 100 000 cases).

Very rarely (less than 1 in 30 000 cases) it can result in a hysterectomy; this would only be if there is uncontrollable bleeding or severe damage to the womb.

What are the benefits?

With surgical management you are given a date to come in for the procedure and can plan around that.

Currently at the West Suffolk Hospital it is not always possible to book your surgical procedure on elective operating lists (planned lists) so your operation will be added to the emergency theatre list. The department always tries to carry out your procedure at the beginning of the morning but if there are more urgent cases the time for your procedure can be delayed and on occasion may be cancelled until the following morning.

With a general anaesthetic you will not be aware of what's going on.

It may be a relief when the miscarriage is 'over and done with' and you can move on.

What are the disadvantages?

Some women are frightened of anaesthetics, surgery and staying in hospital. Some prefer to let nature take its course and to remain aware of the miscarriage process.

The anaesthetic might make you feel groggy or unwell for a few days.

What happens with any pregnancy tissue removed during surgery?

Prior to going to theatre, the ward staff will discuss the options available to you for what can happen with any pregnancy tissue that is removed. This is an individual choice and for some women, not wishing to know anything is fine, whereas others will want to know more. The hospital can arrange for this to be done sensitively with a woodland burial, which occurs once a month. However, should you wish to make your own arrangements you can do so. For example, you might want to consider taking your pregnancy tissue home and burying it in the garden or in a pot with flowers. Or you might prefer to organise a cremation and our team in the Bereavement Office could help support you with this. Whatever your thoughts, should you need any help or assistance once you have left the ward, then the Bereavement Office who are available on 01284 713410 would be happy to discuss and support you, in what can be a very distressing and difficult decision.

Useful contact numbers

Early Pregnancy Assessment Unit (EPAU) 01284 713143, Monday to Friday 9.00am to 4.00pm.

F14 Gynaecology Ward 01284 713235 and 01284 713236

Useful reading

Leaflets from the Miscarriage Association: Management of miscarriage: your options.

Patient information from the National Institute of Health and Clinical Care (NICE): Ectopic pregnancy and miscarriage: diagnosis and initial management; published December 2012

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<https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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