

Patient information

Expectant management of miscarriage

Loss of pregnancy can be a sad and distressing experience and we would like to express our sympathy to you during this most difficult time. Over the next few days you are likely to have many questions and concerns relating to this process and this leaflet has been designed to answer some of these questions in relation to expectant management of miscarriage pathway to have chosen to take.

If you have any other questions or would prefer to talk with a member of the Early Pregnancy team please don't hesitate to contact us on 01284 713143 and we will try our best to help you.

What is expectant management of miscarriage?

Expectant management, which can be described as 'expectant' or a 'natural miscarriage', is when you wait for your body to complete the miscarriage naturally. Some women prefer this method as it prevents the use of either surgical or medical intervention. NICE guidance recommends for confirmed miscarriage that expectant management is good for the first line management strategy. However, women's choice must always be explored in allowing them to make the best choice.

What are the benefits?

- Some women see expectant management as the best natural method of miscarrying, one that allows nature to take its course.
- Some women feel they have more control over the process, without the need for intervention such as medication or surgery.

What are the disadvantages?

- It can be very difficult to predict when the miscarriage will start or how long it will take to complete.
- You will experience some pain and heavy bleeding, but it is impossible to predict

how severe this will be.

- Some women find the experience of waiting for the miscarriage to happen can be a frightening time. Should you feel like this and wish to talk through your options again please don't hesitate to contact the Early Pregnancy Assessment Unit.
- You may feel anxious about passing and seeing pregnancy tissue.
- Some women may still require further intervention such as either medical or surgical management if the expectant management doesn't complete within a period of time.

What happens during the miscarriage?

Pain and bleeding

Most women will experience some heavy vaginal bleeding which potentially could last a few hours. During this time, you will pass some clots and have some abdominal cramping, this is likely to be heavier and more painful than a period. After a couple of hours this will generally start to settle, but could come and go for a while, eventually feeling like a normal period. After a few days the bleeding should settle to being like the end of a period, however this is variable from woman to woman.

Please refrain from using tampons as these can increase the risk of infection.

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.

Preparations

Every woman will experience miscarriage differently, but please make sure you are prepared for it once it starts:

- Have someone close to you available to support you when your miscarriage starts
- Keep both the Early Pregnancy Assessment Unit and Ward F14's contact details to hand in case you need help or advice during the miscarriage
- Ensure you have a good supply of paracetamol and ibuprofen available for pain relief
- Ensure you have a good supply of large sanitary towels

What are the risks?

Infection (this could affect about 1 in every 100 women)

Signs include:

- Raised temperature and flu like symptoms
- Offensive smelling vaginal discharge
- Abdominal pain that gets worse even when taking pain relief
- Vaginal bleeding that is persistent and gets heavier rather than lighter

To prevent:

- Use pads and not tampons until the bleeding has stopped
- Avoid intercourse until the bleeding has stopped

Treatment:

- Antibiotics
- May need to have surgical management to remove any remaining tissue

Haemorrhage (heavy vaginal bleeding) (affects about 2 in every 100 women)

- Prolonged heavy bleeding that lasts longer than 4 hours when you are soaking a sanitary towel every 30 - 60 minutes or passing clots the size of your palm
- Feeling lightheaded or dizzy
- Fainting / collapse

Treatment

- Call the Early Pregnancy Assessment Unit for advice, or ward F14 if out of clinic hours, or attend the nearest Emergency Department
- May require a blood transfusion
- May need surgical treatment

Retained tissue (up to 20 in 100 women)

Sometimes not all the pregnancy tissue passes naturally and some will remain in the uterus.

Treatment could require:

- Repeat blood tests to see how high your hormone level is
- Repeat scan to confirm the presence of retained tissue
- You may require medication to help the uterus expel this last piece of pregnancy tissue

Repeat pregnancy test

You will be asked to do a repeat pregnancy test three weeks after diagnosis of miscarriage, please contact the unit if this comes back positive.

Contact us

Early Pregnancy assessment Unit, Monday to Friday 8.30am to 4.30pm on 01284 713143

Out of hours please contact F14, the gynaecology ward and a member of the nursing team can give you advise 01284 713235.

Thank you for reading this leaflet, should you wish to provide us with feedback on any part of your experience please email EPAUserfeedback@wsh.nhs.uk.

Please note this email is NO REPLY and is not checked regularly. Should you have a medical emergency please seek alternative medical advice or attend A&E if required.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (formerly DisabledGo)

<https://www.accessable.co.uk>



© West Suffolk NHS Foundation Trust