

## **Obstetrics and Gynaecology: Early Pregnancy Assessment Unit (EPAU)**

# **Your Options Following the Diagnosis of Miscarriage**

We are sorry that your scan has shown that your pregnancy has ended and a diagnosis of a delayed miscarriage has been made. Sadly about one in four women lose their baby in early pregnancy. It may be that you have had very few or no symptoms at all, such as bleeding or pain, but this is not unusual in this type of miscarriage. The pregnancy may have stopped developing several weeks before diagnosis. Research shows approximately 60% of women diagnosed with a delayed miscarriage will miscarry over a four week period. Loss of a pregnancy can be a sad and distressing experience, but, unfortunately it is not uncommon. The information given in this leaflet may help you decide on how you wish to manage the loss of your pregnancy at this difficult time.

We have provided answers to some of the questions you are likely to have. If, however, you wish to ask further questions please speak to one of our specialist nurses. You may make your decision today, or you can take this leaflet with you and contact us when you make a decision / would like intervention.

### **What happens next?**

There are three ways of managing a pregnancy that is not continuing.

Should you wish to know more about any of the options discussed in this leaflet then please either ask one of the nursing staff or contact us on the number provided at the end of this leaflet.



### **1. Natural management of Miscarriage**

A natural miscarriage is the process of miscarrying without any medical intervention. Approximately 50% of women prefer to wait and let the miscarriage happen naturally in their own home and let their body do what it needs to.

The amount of bleeding and pain experienced during a natural miscarriage can vary from woman to woman and from pregnancy to pregnancy.

#### **What happens next?**

Unfortunately the length of a natural miscarriage cannot be predicted, however, when it starts, most women will bleed heavily passing clots for up to 3 to 4 days. After this, most women will then experience moderate bleeding for 3 to 4 days, followed by lighter bleeding, which can continue intermittently for a few weeks. Although the length of time taken for a miscarriage to be complete is difficult to predict, in the majority of cases a pregnancy will miscarry within two to three weeks. Some women will experience very little bleeding. This can mean that there was only a small pregnancy sac, which may have been reabsorbed. During this period of bleeding, we advise that you use sanitary towels and not tampons (which can increase the risk of infection).

If the bleeding becomes excessive and you are unable to leave the toilet, or are soaking through pads every 30 minutes for over an hour, please contact the EGU or present as an emergency at the unit booking in at the Women's reception when you arrive.

#### **Are there any risks?**

The risk of infection is very low. If you develop any signs of infection including a raised temperature or offensive vaginal discharge please contact your GP or EGU if out of hours.

#### **What happens to the pregnancy tissue?**

During the miscarriage you will pass pregnancy tissue that may not be recognisable to you. In some cases you may see a small sac or foetus. You can use the toilet as you would during a heavy period or, if you prefer, you can bring the pregnancy tissue in to the EGU. If you chose to do this, please use a clean, dry container (we can provide this for you). We will then send the tissue to the pathology lab for examination. If you

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wish for it to be sent for histopathological examination you will need to sign a consent form. Unfortunately this examination only looks to confirm that it is pregnancy tissue & will not look at causes for the miscarriage. Please speak to one of the nurses for more information regarding this.

### Pain

The contractions of the womb are usually felt as strong period-like pains. If you have had a vaginal delivery in the past you may find the process easier. As people's perception of pain is often different, this can vary from person to person. Most women will experience some type of abdominal pain which can be similar to severe period type cramps. This is often worse when the bleeding is at its heaviest as this is when the pregnancy tissue is expelled. You may feel more comfortable & relaxed if you arrange for someone to stay with you at home whilst the bleeding and pain are at their worst. You may find a warm bath and hot water bottles are alternative ways of easing the pain. Keeping upright and moving around may help too.

During the miscarriage it is safe for you to take painkillers such as Co-Codamol or Paracetamol. **Do not exceed the dosage amount stated on the packet.** If at any point you feel you are unable to cope with the pain or are concerned please do not hesitate to contact us. Telephoning the unit during the miscarriage can provide reassurance, support and advice. If you have any queries or concerns, please do not hesitate to contact them. If you feel you are bleeding heavily & are unable to cope please contact the EGU for further advice. You may be advised to attend the unit as an emergency for assessment.

### Follow up

You will be asked to repeat a pregnancy test 4 weeks after your miscarriage. If the test result is positive you must contact the unit to arrange a follow up scan to check the miscarriage has been complete, if there is still remaining pregnancy tissue seen on the scan you may be offered further treatment.

### **2. Medical management of Miscarriage**

This method of treatment is where tablets will be used to induce a miscarriage if you prefer not to wait.

#### **How does the treatment work?**

You will be given vaginal tablets (Misoprostol) that help relax the cervix (neck of the womb) and speed up the process. Bleeding will occur and in most cases the pregnancy is lost in the bleeding – as happens with a natural miscarriage. This treatment can be done at home, in certain cases, or in hospital. If you decide to have the vaginal tablets in hospital an admission date will be arranged. You will usually be admitted to the ward for at least 6 hours after the vaginal tablets are inserted. You can have tablets for pain relief or an injection if these are not effective. After this time if you are medically fit you will be discharged home to await further events if the miscarriage hasn't happened during admission.

The bleeding is heavy initially for a couple of hours. You may pass some clots but soon the bleeding will settle down and continue like a period for up to 7-10 days.

In most cases the above treatment is all that is required. In a small group of patients an operation may be necessary should the bleeding become excessive.

#### **Length of time for treatment**

The medical management treatment happens in two stages:

- The first stage of the treatment takes approximately one hour and can possibly be arranged / planned for straight after your scan or at a time more suitable for you. You will have a choice as to whether you wish to have this treatment at home or in hospital, depending on your scan findings and medical history.
- The second stage of the treatment is to repeat a pregnancy test 4 weeks after your treatment. If the test result is positive you must contact the unit to arrange a follow up scan to check the treatment has been effective, if there is still remaining pregnancy tissue seen on the scan you may be offered further treatment.

#### **Is the treatment safe?**

This way of treating a miscarriage is commonly used worldwide. It has proved to have a very good safety record. Each type of treatment for a

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miscarriage has some risk or side effect. Up to 85% of women will successfully miscarry using this method, but a small number of women will have problems with heavy bleeding, incomplete miscarriage or infection, if this does happen then a simple surgical procedure may be necessary. The risk of developing an infection is approximately 2%; if you develop a fever or offensive smelling discharge then please contact your GP or the Emergency Gynae Unit (EGU).

### Treatment in hospital

If you are returning to the hospital for your treatment you should return to EGU / Ward 23, if you think you may already have miscarried please inform the nurse on arrival.

- You will have four tablets inserted into your vagina by either a nurse or a doctor. Afterwards you may have some period type pains and some vaginal bleeding. If you require pain relief please ask the nurse looking after you, she can administer simple pain relief tablets but stronger pain relief in an injection form can be given if needed.
- You will be asked to use a bedpan each time you go to the toilet so that any pregnancy loss can be monitored by the nursing staff.
- You can eat and drink normally while you are on the ward, unless advised otherwise.
- You can bring someone with you who can stay throughout the day.

### Treatment at home

If you have opted to have your treatment at home you will need to attend the hospital to collect your medication and be seen by one of our Clinical Nurse Specialists or Doctors.

- You will be discharged with pain killers and Misoprostol tablets for you to commence as soon as it is convenient for you.
- On your day of treatment we would advise you to stay at home for the day and arrange for someone to be with you. It is advisable to commence the treatment in the morning at a time that suits you.
- You should commence the treatment by administering the Misoprostol tablets as high as possible into your vagina.
- We advise you to rest on the bed for 45 minutes following insertion of the tablets to allow time for them to be absorbed, after this time you can move around as normal.

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- You then need to wait for the bleeding and menstrual type pains to occur. It is difficult to say when the pain will start and finish, or how much pain you will experience as everyone's experience of pain is different. You know what is tolerable for you, if you have taken the pain relief we provided and your pain is still not controlled you can call the EGU for advice.
- The amount of bleeding also varies but it is likely you will experience heavy bleeding with clots. We would advise you to use sanitary towels and not tampons as they can increase the risk of infection. If the bleeding becomes excessive and you are unable to leave the toilet or are soaking through pads every 30 minutes for over an hour please contact the EGU or come into us.
- During your treatment, if you have any queries or concerns, please do not hesitate to contact the EGU and speak to one of our nurses.

### **What happens to the pregnancy tissue?**

Please see previous advice given under Natural Miscarriage.

### **Following the treatment**

You may bleed for up to four weeks after the treatment and you may have period type pains. You will have been given suitable painkillers by the hospital, take them as prescribed. If these are not effective please call the unit for further advice.

You will be asked to repeat a pregnancy test 4 weeks after your treatment. If the test result is positive you must contact the unit to arrange a follow up scan to check the miscarriage has been complete. If there is still remaining pregnancy tissue seen on the scan you may be offered treatment

If your periods are regular and normally occur once a month then you will usually expect your next period within six weeks, you may find it is heavier than usual. Your periods will eventually return to their normal pattern but this may take a few cycles for this to happen.

### **3. Surgical Management of Miscarriage**

Surgical management of miscarriage can be carried out under general anaesthetic or under local anaesthetic. When the procedure is done under local anaesthetic this is called MVA (Manual Vacuum Aspiration).

#### **Surgical Management of Miscarriage under general anaesthetic**

##### **What does the operation involve?**

We dilate the cervix (neck of womb) and by using a suction device we remove the pregnancy tissue. This method is carried out under a general anaesthetic. This is done vaginally and you will have no cut or stitches.

**Please be aware that your surgery will be booked as an emergency case and that all emergency cases are prioritised according to clinical need / condition. Unfortunately the nursing staff have no control over this but will keep you informed of progress. Please be aware, on occasions, there may be a considerable wait & possibly an overnight stay.**

##### **Pre-operative information and general advice**

- A member of nursing staff will advise you about when you need to attend for your surgery, where to go and what time to arrive.
- You will be seen by a member of the medical team on admission and you need to be aware that if this consultation highlights any concerns about your suitability for surgery, alternative methods of managing your care will be discussed with you.
- As the surgery is normally carried out under a general anaesthetic you will need to follow starving instructions on the day of your surgery. You will be informed of these by a member of nursing staff.
- If you are a smoker it is advisable to cut down or refrain from smoking for two days before your admission as this will aid your post-operative recovery.

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### On the day of admission

Please bathe or shower before admission. You will need to bring with you an overnight bag, and make sure that you remove any make-up, nail polish from fingernails and toenails, remove any jewellery and body piercings. (It is permitted for you to leave on a wedding band which can be taped prior to surgery).

*What to bring:*

Slippers, dressing gown, any regular medication (including inhalers), and a book or other suitable pastime.

On the day of your surgery you will be seen by a doctor who will complete a consent form with you and explain the risks associated with the surgery (See following table).

If you have been starved for some time and are awaiting your theatre slot, you may have a drip commenced to keep you hydrated.

### Discharge Information

You will need to arrange for a responsible adult to take you home and be with you for 24 - 48 hours following your surgery.

**Do not use public transport.**

Following a general anaesthetic **it is strongly advisable to follow the following restrictions for 24 hours**, unless otherwise advised.

- Do not drive;
- Do not take any form of alcohol;
- Do not operate machinery (this includes cooker and kettle);

In the unlikely event that the surgeon or doctor considers that you are not fit to go home, overnight admission will be arranged.

If you require a sick note, please inform the nursing staff.

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### Specific post-operative advice

Bleeding is very variable and for some people this may last for up to two weeks. For some people this may not start until a few days after your operation.

Please use sanitary towels **not** tampons.

It is advisable not to have sex until the bleeding has stopped.

If you develop a fever and/or acute abdominal pain, please see your GP or contact EGU.

### Risks of this procedure

The table on the following page lists the possible complications which may occur as a result of Surgical Management of Miscarriage. These will be discussed with you before you are asked to give your informed consent to the procedure.

Where possible the risk percentages given are based on University Hospitals Coventry and Warwickshire (UHCW) data and this is not available from nationally published data. The list is not exhaustive but includes the commonly known complications (UHCW 2003).

<b>Complication</b>	<b>Risk</b>
Anaesthetic complications	0.1%
Perforation / damage of uterus (womb) requiring a laparoscopy, possible laparotomy (opening of the abdomen) and repair surgery to uterus	1-15 in 1000
Damage to internal structures if uterus is damaged/perforated	Less than 1%
Haemorrhage requiring blood transfusion	3 in 1000
Scar tissue formation in the uterus	16-18%
Infection in the uterus or other pelvic organs	40 in 1000
Failure to completely remove tissue	40 in 1000

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<b>Complication</b>	<b>Risk</b>
Need for repeat procedure	3-18 in 1000
Urinary tract infection	1 – 5%
Hysterectomy may rarely be required if there is uncontrollable haemorrhage	Less than 1%

If you decide to have a SMM you will be given a date to attend the EGU to have the procedure undertaken. The procedure usually takes about 20-30 minutes (including anesthetic time) and you will be able to go home two to four hours later if medically fit.

## **Surgical Management of Miscarriage Under Local Anaesthesia: Manual Vacuum Aspiration (MVA)**

### **What is Manual Vacuum Aspiration (MVA)?**

This is removing the contents of miscarriage from your womb with use of gentle suction from a hand held syringe. This is an alternative to surgical management of miscarriage under general anaesthesia.

### **What does MVA involve?**

You will have a speculum examination, similar to one used for a cervical smear test. The doctor would then inject local anaesthetic into the cervix which helps to numb the area. A thin plastic tube is then passed through the cervix into the womb and uterus and the contents removed using gentle suction from a syringe attached to the tube. The procedure takes 10-15 minutes during which you may feel mild discomfort. If you experience any significant pain, please let the doctor / nurse know.

### **Is this a new procedure?**

This procedure has been well established for 30 years. It has similar success rates as traditional surgical management and has a high safety record.

At UHCW we have introduced this option to provide women with a choice when experiencing pregnancy loss.

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### **How does MVA compare against traditional surgical management under general anaesthetic?**

MVA is as effective as surgical management under general anaesthetic. 97 out of 100 women will not need any further surgical treatment. You avoid complications related to general anaesthetic and are no more likely to have any surgical complications. You also don't need to fast prior to the procedure and have significantly shorter length of stay in hospital.

### **What are the risks?**

MVA has a high safety profile. The risks are similar to surgical treatment under general anaesthesia. The risks include:

- Heavy bleeding,
- Infection
- Incomplete emptying (1-2 in 100),
- Tear in the womb or perforation (1 in 1000). If a perforation occurs, we may need to check for internal injury. This would involve keyhole surgery under general anaesthesia.

### **I wish to have MVA, what happens next?**

A member of the team will give you a date & time to come in for the procedure. You will be asked to attend the day before the procedure to have a blood test & if possible to obtain consent. Medication will be given to you to take home; these will be pain killers & tablets to soften the cervix (misoprostol).

### **On the day of procedure:**

Misoprostol is a prostaglandin used to soften the cervix. This needs to be inserted sub lingually (under the tongue) 1 hour before your procedure time. You will also need to take the pain killers given to you one hour prior to the procedure. If you suffer from asthma and haven't had Ibuprofen before, an alternative pain killer will be provided. The procedure will be performed on Gynae Suites which is located on the 2nd floor next to Ward 23.

### **What happens after the procedure?**

You will be monitored until you feel well enough to go home; this is usually within 1-2 hours. If you are a rhesus negative blood group an injection of Anti-D will be given. You will already have been given painkiller medication for home.

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### **What happens to the pregnancy tissue removed?**

The tissue removed will be sent to the lab for examination with your consent. In most cases the tissue is disposed of by the hospital at a monthly burial. If you wish to make private arrangements we can request that the tissue be returned to you following examination.

### **How long would I bleed for?**

You may experience ongoing vaginal bleeding like the end of a period for a few days, it can however last up to 3 weeks. Please avoid tampons as it can increase the risk of infection. If the blood loss becomes heavier or offensive smelling, please contact us as it sometimes suggests infection and you may need a course of antibiotics.

## **Further advice**

If you decide to have intervention for your miscarriage blood tests will be taken to find out your blood group, if you are a negative blood group you will require an injection of anti-d. More information will be given if needed.

If you plan to try for another baby soon, please keep taking your folic acid (unless otherwise advised). If you are not planning to try for another baby soon you may need to consider/arrange some form of contraception which is best coordinated through your GP.

Returning to work varies from person to person and on the type of work they do as well as how you feel physically and emotionally. You may have feelings of anxiety, distress, sadness and loss. These are common after a miscarriage and for many women these feelings pass quite quickly, for some however these feelings are more prolonged and may be difficult for you to cope with. If you want to talk to someone please contact your GP to discuss counselling or contact the Miscarriage Association.

Generally your chances of having a successful pregnancy in the future are just as good whichever method you choose.

If you feel that you want more time to think about your options then you may go home and contact the EGU when you have made your decision.

If you have any more questions or need to arrange your admission please contact the EGU: **Emergency Gynaecology Unit (EGU) / Early Pregnancy Assessment Unit (EPAU) 024 7696 7000**

## Patient Information

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact the department on 024 7696 7000 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

### **Document History**

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