

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

# **Your options following the diagnosis of miscarriage**

We are sorry that your scan has shown that your pregnancy has ended. A diagnosis of a delayed miscarriage has been made. Sadly, about one in four women lose their baby in early pregnancy. You may have had very few symptoms, such as bleeding or pain, or none, but this is not unusual in this type of miscarriage. The pregnancy may have stopped developing several weeks before diagnosis. Research shows around 6 in 10 women diagnosed with a delayed miscarriage will miscarry over a 4-week period.

Loss of a pregnancy can be a sad and distressing experience. 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 you wish to ask more 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 four ways of managing a pregnancy that is not continuing:

- Natural management of miscarriage
- Medical management of miscarriage
- Surgical management of miscarriage under general anaesthetic
- Surgical management of miscarriage under local anaesthesia

If you wish to know more about any of the options mentioned in this leaflet, ask one of the nursing staff or contact us on 024 7696 7000.

### **Natural management of miscarriage**

A natural miscarriage is the process of miscarrying without any medical intervention. 1 in 2 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 2-3 days. After this, most women will experience moderate bleeding for 3-4 days, followed by lighter bleeding which can continue intermittently for 2-3 weeks.

The length of time taken for a miscarriage to be complete is difficult to predict, but in most cases a pregnancy will miscarry completely within 3 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 instead of tampons. Tampons can increase the risk of infection.

## Patient Information

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

### **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.

### **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 fetus.

You can use the toilet as you would during a heavy period, or if you prefer you can bring the pregnancy tissue into the EGU. If you chose to do this, please use a clean, dry container - we can provide a collection device and pot for you if required. Please ask a staff member.

We can send the pregnancy tissue to the pathology lab for histopathological examination. For this to happen, you will need to sign a consent form. Unfortunately, this examination only looks to confirm that there is pregnancy tissue and rule out a type of pregnancy called a molar pregnancy. It will not look at causes for the miscarriage.

In most cases, the pregnancy tissue then goes for a communal burial arranged through the hospital. This happens monthly. If you wish to make private arrangements, we can request that the pregnancy tissue is returned to you after the examination. Please speak to the nursing staff for more information on 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.

## Patient Information

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 like severe period-type cramps. This is often worse when the bleeding is at its heaviest, as this is when the pregnancy tissue is passed.

You may feel more comfortable and 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 bottle 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 dose 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 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 3-4 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.

### **Medical management of miscarriage**

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

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

You will be given vaginal tablets called misoprostol. These help relax the neck of the womb, known as the cervix, and speed up the process. You will have bleeding, and in most cases the pregnancy is lost in the bleeding as happens with a natural miscarriage.

This treatment is done at home in most cases. If your pregnancy is over 10 weeks gestation, you will be given the option of having the treatment in the hospital or at home. If you are having the treatment in hospital, an admission date will be arranged.

The initial heavy bleed will last 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 10 days. Light bleeding can last for up to 3 weeks.

In most cases, the above treatment is all that is required. In a small group of patients, an operation may be needed if the bleeding is excessive.

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

The medical management process happens in 2 stages:

- The 1<sup>st</sup> stage of the treatment takes around an hour and can be planned for straight after your scan, or at a time more suitable for you.

Most patients will take the treatment at home, but some ladies will have it administered in the hospital, depending on the scan findings and medical history.

- The 2<sup>nd</sup> stage of the treatment is to repeat a pregnancy test 3-4 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.

## Patient Information

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

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

Each type of treatment for a miscarriage has some risk or side effect. 17 in 20 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, a simple surgical procedure may be needed. The risk of developing an infection is around 2%.

If you develop a fever or offensive smelling discharge, contact your GP or the EGU.

### **Treatment at home**

You will need to attend the hospital to have an initial consultation and to collect your medication. You will be seen by one of our clinical nurse specialists, nurse practitioner or doctors.

- You will be discharged with painkillers and misoprostol tablets for you to take as soon as it is convenient for you.
- On the day of your treatment, we advise you to stay at home and arrange for someone to be with you. We advise you to start the treatment in the morning at a time that suits you.
- You should start 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 after insertion of the tablets. This gives time for them to be absorbed - after this time, you can move around as normal.
- You then need to wait for bleeding and menstrual type pains to happen. 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 best what is tolerable for you. If you have taken the pain relief we provided and your pain is still not controlled, call the EGU for advice.
- The amount of bleeding varies between women, but it is likely you will experience heavy bleeding with clots. We advise you to use sanitary towels and not tampons, as they can increase the risk of infection.

## Patient Information

- 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.
- If you have any worries or questions during your treatment, contact the EGU and speak to one of our nurses.

## Treatment in hospital

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

- You will have 4 tablets inserted into your vagina by either a nurse or a doctor. After this, you may have some period type pains and some vaginal bleeding. If you require pain relief, 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 as usual while you are on the ward unless you are advised otherwise.
- You can bring someone with you on the ward who can stay throughout the day.

## 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 into the EGU. If you chose to do this, use a clean, dry container - we can provide this for you.

We can send the pregnancy tissue to the pathology lab for histopathological examination. For this to happen you will need to sign a consent form. Unfortunately, this examination only looks to confirm that there is pregnancy tissue and rule out a type of pregnancy called a molar pregnancy. It will not look at causes for the miscarriage.

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In most cases, the pregnancy tissue then goes for a communal burial arranged through the hospital. This happens monthly. If you wish to make private arrangements, we can request that the pregnancy tissue is returned to you after the examination. Please speak to the nursing staff for more information on this.

### **After the treatment**

- You may bleed for up to 3 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.
- If your periods are regular and usually occur once a month, you can usually expect your next period within 6 weeks. You may find it is heavier than usual. Your periods will eventually return to their usual pattern, but it may take a few cycles for this to happen.

### **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 manual vacuum aspiration (MVA).

### **Surgical management of miscarriage under general anaesthetic**

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

Your cervix is dilated and using a suction device we remove the pregnancy tissue. This method is carried out under a general anaesthetic - you will be asleep. This is done vaginally, and you will have no cut or stitches.

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 they will keep you informed of progress. On occasions, there may be a long wait and possibly an overnight stay.



## Patient Information

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

- A member of nursing staff will advise you on 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 when you are admitted. If this consultation highlights any concerns about your suitability for surgery, other methods of managing your care will be discussed with you.
- As the surgery is usually carried out under a general anaesthetic you will need to follow fasting instructions on the day of your surgery. You will be informed of these on the day before your surgery when you will be asked to attend ward 23 for pre-op blood tests.
- 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.

### **On the day of admission**

Please bathe or shower before admission. You will need to bring an overnight bag with you, and make sure that you remove any make-up, nail polish from fingernails and toenails, remove any jewellery and body piercings.

You are allowed to leave on a wedding band – this can be taped before the surgery.

### **What to bring:**

Slippers, a 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.

You will be able to continue to drink water or clear fluids up to 1 hour before your surgery. The nursing staff will advise you of when you are required to stop drinking.

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

Please see the previous advice given under [Natural Miscarriage](#).

### **Discharge information**

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

#### **Do not use public transport.**

After having a general anaesthetic, it is strongly advisable to follow the below 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.

### **Specific post-operative advice**

Bleeding is very variable and for some people this may last for up to 2 weeks. For some people, bleeding may not start until a few days after your operation.

Avoid using tampons to reduce the risk of infection.

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.

## Patient Information

### Risks of this procedure

The table lists the possible complications which may occur because of surgical management of miscarriage, and their risk. These will be discussed with you before you are asked to give your informed consent to the procedure.

<b>Complication</b>	<b>Risk</b>
Anaesthetic complications	1 in 1000
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 in 100
Haemorrhage requiring blood transfusion	3 in 1000
Scar tissue formation in the uterus	16-18 in 100
Infection in the uterus or other pelvic organs	40 in 1000
Failure to completely remove tissue	40 in 1000
Need for repeat procedure	3-18 in 1000
Urinary tract infection	1-5 in 100
Hysterectomy may rarely be required if there is uncontrollable haemorrhage	Less than 1 in 100

Where possible, the chances of risks given are based on University Hospitals Coventry and Warwickshire (UHCW) data. This is not available from nationally published data.

The list is not exhaustive but includes the commonly known complications.

If you decide to have a surgical management miscarriage, you will be given a date to attend the EGU to have the procedure completed. The procedure usually takes about 20 to 30 minutes, and you will be able to go home 2 to 4 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 handheld syringe. This is an alternative to surgical management of miscarriage under general anaesthesia.

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

You will have a speculum examination, like one used for a cervical smear test. The doctor will 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.

You will be given pain relief and a local anaesthetic before the procedure, but you may still experience mild-moderate discomfort during the MVA. If you experience any significant pain, please let the doctor / nurse know and more pain relief will be available.

### **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.

### **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 before the procedure and have a significantly shorter length of stay in hospital.

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

MVA has a high safety profile. The risks are like 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 happens, 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 and time to come in for the procedure. You will be asked to attend the day before the procedure to have a blood test. You will be given medication to take at home before returning for the procedure. These will be pain killers and tablets to soften the cervix (Misoprostol).

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

Misoprostol is used to soften the cervix. This needs to be taken under your tongue (sub lingually) 1 hour before your procedure time. You will also need to take the painkillers given to you 1 hour before 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 hour. You will already have been given painkiller medication to take home.

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

Please see the previous advice given under Natural Miscarriage.

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

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

### **Further advice**

If you decide to have surgical 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 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 women, 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.

In general, your chances of having a successful pregnancy in the future are just as good whichever method of management you choose.

If you feel that you want more time to think about your options, 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, contact the Emergency Gynaecology Unit (EGU) / Early Pregnancy Assessment Unit (EPAU) on 024 7696 7000.

## Patient Information

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

The Trust operates a smoke free policy.

### Did we get it right?

We would like you to tell us what you think about our services. This helps us make further improvements and recognise members of staff who provide a good service.

Have your say. Scan the QR code or visit:

[www.uhcw.nhs.uk/feedback](http://www.uhcw.nhs.uk/feedback)



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