

Miscarriage and Treatments

Choices of Treatment for Miscarriage

Choices of treatment for miscarriage

We are sorry that you have had a miscarriage. A miscarriage is a pregnancy that has failed to progress and can be a very distressing experience. Unfortunately, miscarriage is common, and may occur in 1 of 5 pregnancies. It may be difficult to take in all the information when you have been given bad news, so we have prepared this leaflet for you to take away. Only some of this information may apply to you and the nursing staff can direct you to the important areas. We hope it is of help.

There are different types of miscarriage and you often have a choice of treatment. Sometimes we cannot tell you exactly what has happened at the time of your appointment and may need to take blood tests or repeat your scan after an interval.

What do I do now?

There are different ways to manage your miscarriage:

- Expectant - waiting for nature to take its course
- Medical - take tablets to bring on the miscarriage process
- Surgical - to have a small operation to empty the womb
- This may be performed with either general or local anaesthetic

Expectant management

Please see also leaflet 'Miscarriage - Types of Miscarriage'.

What does expectant management mean?

Expectant management allows the body to miscarry the pregnancy in a natural way without interference.

What are the advantages of expectant management?

There is no need for an operation or a general anaesthetic and studies have shown that letting nature take its course is safe and carries no greater risk of bleeding or infection than surgery.

Expectant management gives you the option to return to your own home and family and more time to adjust to your loss.

What are the disadvantages of expectant management?

It is difficult to say when the miscarriage will happen. For some women the miscarriage will occur within a few days, however for others the process can take a lot longer, sometimes even weeks.

You will experience bleeding (which can be heavy) and pain (which can be strong). Sometimes this may mean coming into hospital. For 2 in 10 women, the pregnancy does not all come away and there may be the need for medication or an operation.

What will happen to any pregnancy tissue?

Many women miscarry into the toilet and prefer not to look at the tissue they have lost. Tissue passed at the time of an early pregnancy loss is often similar to blood clots. If you have passed any pregnancy tissue and you wish to bring it in to the hospital, please telephone the Early Pregnancy staff. Miscarriage is always treated in a sensitive way at the Royal Devon and Exeter Hospital and all pregnancy tissue will be sensitively stored and buried together each month. The hospital Chaplain performs a non-denominational service for all our loved and lost babies.

Do I need the Anti-D injection?

(See under 'Complete miscarriage' in the leaflet 'Miscarriage -Types of Miscarriage')

Most women who have naturally miscarried do **NOT** need the injection. If you are Rh -ve (early pregnancy staff will have checked this at your appointment) and have had very heavy bleeding please phone the early pregnancy unit in day time hours for advice.

How do I know if my miscarriage is over?

We suggest you perform a home pregnancy test 2 weeks after your bleeding has finished. Phone us in the early pregnancy unit if it is still positive, or if you are uncertain or worried.

Medical management

What does medical management mean?

Medical management allows the body to miscarry the pregnancy in a natural way but the process is speeded up by taking tablets either by mouth or inserted into the vagina. The tablets make the uterus (womb) contract and expel the pregnancy tissue. It is performed in hospital and you can often go home the same day. In some circumstances the medical treatment can be given to you to take at home.

What are the advantages of medical management?

You are able to choose when to have the miscarriage started off and there is usually no need for an operation or a general anaesthetic. This avoids the unpredictability of when a miscarriage may start naturally. If you have had a delayed miscarriage, we may offer you a drug 48 hours before to sensitize your womb to the miscarriage inducing medication.

What are the disadvantages of medical management?

You will experience bleeding (which can be heavy) and pain (which can be considerable). You may experience side effects from the tablets which occasionally include sickness, diarrhoea and shivering.

For 1 in 10 women, the pregnancy does not all come away and there may be the need for further medication or an operation. This can also happen with a natural miscarriage, or with expectant management.

What happens now?

There is a chance (1 in 10 women) that you could start to bleed and miscarry before your planned admission to hospital, especially if you've been given the tablet of mifepristone in the clinic. If this happens, don't panic. If you're worried, ring the ward on the number below. If you think you have already had the miscarriage, please bring any tissue you pass in a sealed pot to the ward.

When do I come in to hospital?

Please arrive on Wynard Ward at 09.00 on the planned morning of admission.

What do I bring with me?

We suggest you bring in some essentials (sanitary towels, spare underwear, toiletry bag with toothbrush and paste, nightdress or pyjamas, slippers and dressing gown) just in case you need to stay in overnight. Please leave any non-essential valuables at home.

What preparation do I need to do?

You may like to have a bath or shower at home on the night before/morning of admission. No other preparation is needed and you may have breakfast as normal.

What happens when I arrive on the ward?

You will be seen by a nurse on the ward. They will need to know details of your medical history including any medications you take (please bring these with you). You will also need to sign a consent form before we can start if you have not already signed one.

What does the process involve?

You are given some tablets called Misoprostol - these are given either into the vagina or taken by mouth. The medication makes the uterus (womb) contract and miscarry the pregnancy tissue over the following few hours. This is usually associated with some period-like pain and bleeding.

Will it hurt?

You will experience period like cramps, which can be strong, but you can have pain killers to help with this. They will already have been prescribed by the doctor, so you just have to ask for some.

Are there any other side effects of the tablets?

Most people tolerate the tablets very well, but you may experience sickness and diarrhoea and shivering or flushing. Occasionally you may feel dizzy or suffer with a rash.

How long does it take?

The pain and bleeding usually starts within a few hours of having the tablets. They may last for a few hours, but it is variable.

How do I know it's happened?

The nurses on the ward need to check any bleeding you have, so please use a bedpan. Please be aware you may see some pregnancy tissue. Once the pains and bleeding settle down,

it is likely that the miscarriage has happened. If we are not sure, we may need to arrange another ultrasound scan.

What if it doesn't work?

For about one in ten women the tablets don't work straight away. If you don't have any pain or bleeding or if the pregnancy doesn't come away, you will be given the option:

- of having the tablets again the next day
- going home and waiting a few days
- or an operation to empty the uterus (womb).

When can I go home?

Once we have checked that the process is complete, most women are fine to go home later the same day as long as you have an adult to pick you up and stay with you overnight. However, some women need to stay overnight, so bring an overnight bag just in case.

How long does the bleeding last?

The bleeding can go on for up to three weeks after the miscarriage. It should be getting lighter – like the tail end of a period. You should not use tampons for the bleeding, just pads. It is normal to experience some tummy cramps and even some small clots after the miscarriage, but if the bleeding becomes very heavy or the pain very severe or if you have an unpleasant smelling discharge, you should see your family doctor as you may need antibiotics.

When can I get back to normal activities?

Having a bath / shower after the miscarriage is safe, although we recommend avoiding swimming until after the bleeding has stopped.

You should avoid intercourse for at least a week after the bleeding has stopped. You should be fine physically to go back to work a few days after the miscarriage, but many women feel very sad after a miscarriage and need a little extra time off to recover. In this case, you'd need to see your family doctor to arrange a sick note.

Why have I been asked to do a pregnancy test at home when the bleeding stops?

A negative pregnancy test confirms that the miscarriage has completed. If the test is still positive three to four weeks following the miscarriage, please contact the early pregnancy unit for advice.

When do I get my period again?

Your periods should return within 4-6 weeks, but this does vary.

Do I need the Anti-D injection?

(See under 'Complete miscarriage' in the leaflet 'Miscarriage -Types of Miscarriage')

Most women with the Rh -ve blood group who have had a medically treated miscarriage **DO NOT** need the injection.

Medical management of miscarriage at home

In some circumstances it is safe for you to have the medical treatment at home. A small proportion of women will experience considerable pain and bleeding and need to come into hospital for stronger painkillers or if they need an operation. For this reason we will only suggest medical treatment at home if you live close to the hospital and if you have somebody at home who would be able to bring you in if you needed treatment.

How do I take the treatment?

If you have had a delayed miscarriage we may give you a medication called Mifepristone whilst you are in the early pregnancy unit. For legal reasons this has to be taken on the Hospital premises. We will also give you a packet containing four tablets called Misoprostol. These need to be placed high up in the vagina 48 hours later. We would suggest using some cream or KY jelly on a tampon to stick to the tablets and help you to insert them correctly. Otherwise try to place them as far up inside your vagina as possible. If the scan suggests you have had an

incomplete miscarriage then the Mifepristone tablets are not required and the treatment with Misoprostol can begin as soon as you go home.

What happens after I have inserted the tablets?

You will need to lie quietly for approximately an hour to allow the tablets to dissolve inside. You can then walk about as normal but don't take the tablets out. It is sensible to have emptied your bladder before taking them and allow yourself some time for privacy. Most women will develop some crampy period like pains and tightenings within a few hours but this can sometimes take much longer and for a few women the treatment is not successful and needs to be repeated.

How do I know if the treatment has worked?

Most women will experience low crampy pelvic pain, or tightenings accompanied by bleeding with the loss of clots and possible some jelly like tissue. There will be period like bleeding following this which usually lessens over the next few hours. Some bleeding will then continue for the next few days and up to 2-3 weeks. Please check a home pregnancy test after 2 weeks and ring the early pregnancy unit if it is still positive. If there has been no bleeding after 48 hours after the medication please ring the early pregnancy unit so we can arrange to see you. We will repeat your scan and if there is still tissue within your womb arrange a second course of treatment or an operation.

How do I know if I need to come into hospital?

If your pain is not controlled by simple painkillers such as paracetamol and ibuprofen, if your bleeding is substantially heavier than a heavy period or if you feel faint or worried you may need to be admitted to hospital. Usually this will just mean observation and stronger pain relief but sometimes an operation may be needed so do not eat or drink anything from this point until you are admitted. If you think you may need hospital treatment in these circumstances please ring the nursing staff on Wynard ward if after hours or the Early Pregnancy Unit staff during the day and they will advise you.

Do I need the Anti-D injection?

(See under 'Complete miscarriage' in the leaflet 'Miscarriage -Types of Miscarriage')

Most women with the Rh –ve blood group who have had a medically treated miscarriage **DO NOT** need the injection. This needs to be given within 72 hours of your miscarriage and we will have to order it for you. Please ring the early pregnancy unit in day time hours or Wynard ward on the weekend and we will arrange a time for you to come in for your injection. If you do not know your blood group or if it has not been checked we will take a blood test for you.

Surgical management under general anaesthetic

What does surgical management mean?

Surgical management involves coming into hospital on a prearranged morning, having a general anaesthetic (being put to sleep) and having a small operation to empty the womb.

What are the advantages of surgical management?

The treatment is carried out on a pre-set date so you know when it's happening. There is usually less pain and bleeding than expectant management. Normally you would go home later the same day.

What are the disadvantages of surgery?

Any operation carries small risks. An operation to empty the womb can sometimes cause infection needing antibiotics, bleeding and more rarely, damage to or perforation of the womb (causing a hole) with the instruments used. If this occurred, it may be necessary to look in the tummy with a telescope and if there was internal bleeding, or damage, perform further surgery to fix it. This is unusual. Occasionally, the pregnancy is not all removed leading to on-going bleeding and there may be the need for a repeat operation. Very rarely, a delayed complication called Ashermans syndrome may occur. This

means that the womb may become filled with scar tissue, causing cyclical pain and fertility problems. It is not clear why this rare syndrome occurs but it may be related to repeated surgical treatments, infection or very heavy bleeding.

Do I have to decide now?

There is no rush to make your decision. You may go home to think about it and if you would like to discuss it further, please contact the number below.

I've made my decision, what do I do now?

We would like to know your decision so we can make appropriate arrangements for you. Please call the Early Pregnancy Unit on the number below. If you are put through to an answer machine, please leave a message and one of the specialist nurses will return your call as soon as possible. Please do not call the ward unless it's an emergency.

When do I come in to hospital?

Please arrive on Wynard Ward in the Centre for Women's Health at 7:15 on the planned morning of admission.

What do I bring with me?

We suggest you bring in some essentials (sanitary towels, spare underwear, toiletry bag with toothbrush and paste, nightdress or pyjamas, slippers and dressing gown) just in case you need to stay in overnight. Please leave any non-essential valuables at home.

What preparation do I need to do?

Please make sure you have nothing to eat after midnight on the night before you come in. You may have a small glass of plain water on the morning of admission, but please don't drink juice, tea or coffee with milk or your operation may be postponed. You may also like to have a bath or shower at home on the night before/ morning of admission.

On arrival to the ward we will give you 2 tablets of Misoprostol to place under your tongue and allow to dissolve. This helps to make the cervix

(neck of the womb) easier to dilate (stretch) during the operation. Some people get crampy period-like pain following the tablets and occasionally sickness and diarrhoea.

What happens when I arrive on the ward?

You will be seen first by a nurse on the ward and later by a doctor to check all the details you've already given us are correct.

What happens to me during the operation?

You are given a light general anaesthetic (put to sleep) and the cervix (opening of womb) is gently dilated (stretched). Then the pregnancy is removed using a small suction device.

What happens to the pregnancy tissue?

As a routine, the samples we remove at the operation are sent to the laboratory for tests. Once the tests are complete, the pregnancy tissue will be taken for burial. The hospital chaplain regularly gives a non-denominational blessing for loved and lost babies in the chapel on behalf of all those who have suffered a miscarriage. You are welcome to attend this service. We may store some tissue in a laboratory slide as part of your medical record, or for future tests.

Will it hurt?

You will be asleep during the operation and not feel anything, but when you wake up you may experience some 'period-like' cramps. We will give you painkillers for this.

When can I go home?

Most women are fine to go home later the same day as long as you have an adult to pick you up and stay with you overnight. Please be aware that you cannot drive for 24 hours. However, some women need to stay overnight, so bring an overnight bag just in case.

How long does the bleeding last?

The bleeding can go on for one to two weeks after the operation. It should be getting lighter - like the tail end of a period. You should not use tampons for the bleeding, just pads. It is normal to experience some tummy cramps and even some small clots after the operation, but if the bleeding becomes very heavy or the pain very severe or if you have an unpleasant smelling discharge, you should see your family doctor as you may need antibiotics.

When can I get back to normal activities?

Having a bath/shower after the operation is safe, although we recommend avoiding swimming until after the bleeding has stopped. You should avoid intercourse for at least a week after the bleeding has stopped. You should be fine physically to go back to work a few days after your operation, but many women feel very sad after a miscarriage and need a little extra time off to recover. In this case, you'd need to see your family doctor to arrange a sick note.

When do I get my period again?

Your periods should return within 4-6 weeks, but this does vary.

Please note we will do everything we can to ensure your operation is done on the morning of admission, but occasionally there may be a delay due to unforeseen emergencies within the hospital beyond our control. Please accept our sincere apologies if this happens.

Does my GP or Community Midwife know I what has happened to me?

The nurses in the Early Pregnancy Unit will notify your GP and Community Midwife.

Who do I talk to if the Early Pregnancy Unit is closed or it is an emergency?

You should always talk to a nurse in the Early Pregnancy Unit about your decision, however if there is an urgent matter, you can phone Wynard Ward (Gynaecology ward) on the number below and a nurse will be happy to talk to you.

What if I change my mind?

If, when you go home, you change your mind, we need to know this and are happy to talk to you further, please call the Early Pregnancy Unit on the number below. Please do not call the ward unless it's an emergency.

Do I need the Anti-D injection?

(See under 'Complete miscarriage' in the leaflet 'Miscarriage -Types of Miscarriage')

Most women with the Rh -ve blood group who have had a surgically treated miscarriage **DO** need the injection. We will give this to you before you go home or if it needs ordering will arrange a time for you to return to have it.

Surgical management under local anaesthetic

What does local anaesthetic surgical management involve?

Local anaesthetic is used to numb the cervix, which can then be gently dilated (stretched), to enable a plastic tube to be passed into the womb. This is connected to a plastic syringe so that the pregnancy tissue can be removed. Another name for this procedure is Manual Vacuum Aspiration (MVA).

What are the advantages of Local anaesthetic treatment?

Like surgical management discussed above the procedure will be pre-arranged, removing the uncertainty as to when a miscarriage may occur. Unlike having a general anaesthetic, you can eat and drink normally beforehand. You will normally be able to leave the hospital shortly after having the procedure. Patients do not usually experience drowsiness or nausea following a local anaesthetic procedure. Being able to stay awake and therefore feel in control of the situation is important for some patients.

What are the disadvantages of local anaesthetic treatment?

The local anaesthetic injection is very effective, although it can sting initially. Using local

anaesthetic it is possible to numb the cervix, but it is not as effective inside the womb. Some women do not feel any pain, whereas for others it can be very uncomfortable. Very occasionally it is too painful to complete the procedure. As with surgical treatment it is possible to cause bleeding, infection or damage to the womb and sometimes tissue is left inside meaning that the procedure has to be repeated.

When and where will the procedure take place?

We will give you a time and a date for the procedure. It will usually be early afternoon in the Clinic 2 area of The Centre for Women's Health.

What preparation do I need?

Please make sure that you eat and drink as normal. We will ask you to take some simple pain relief tablets a few hours before the procedure. This will depend upon whether or not you have any allergies, but would normally involve 1gram of Paracetamol and 600mgs of Ibuprofen, 2 hours before the procedure.

Do I need to bring somebody with me?

We would recommend that you bring a friend or relative with you.

What happens when I arrive?

You will be seen first by one of the nurses and then by a doctor who will make sure that the details you have already given us are correct. If we have not already been through the consent form with you, we will do so now.

What happens during the procedure?

The procedure will be undertaken by a doctor and they will be assisted by one or two nurses. They will introduce themselves to you and answer any further questions before starting. We will give you a moment to undress and get comfortable on the examination couch.

Usually an ultrasound is performed to confirm the presence of pregnancy tissue and to check the position of the womb. Next a speculum

is used to find the cervix, (like having a smear test). A local anaesthetic injection is then used to numb the cervix. An instrument is used to hold the cervix and the canal of the cervix is then gently opened, (this is like having a coil fitted). When the canal has been opened sufficiently a plastic tube is passed through the cervix and into the womb. This is connected to a plastic syringe and gentle suction used to remove the pregnancy tissue. The tube and syringe are gently moved around the inside of the womb so that all of the tissue is removed. This usually takes about 5 minutes. The tissue removed in the syringe is checked to ensure that it contains pregnancy tissue. The ultrasound machine is often used to double check that the womb is empty.

When can I go home?

Most patients are able to leave the hospital after about an hour.

When can I resume normal activities?

Having a bath / shower after the procedure is safe, although we recommend avoiding swimming until after the bleeding has stopped. You should avoid intercourse for at least a week after the bleeding has stopped. You should be fine physically to go back to work after a few days, but many women feel very sad after a miscarriage and need a little extra time off to recover. In this case, you'd need to see your family doctor to arrange a sick note.

When will I get my period again?

You should expect a period within 4-6 weeks.

Does my GP or Community midwife know what has happened?

The nurses in the Early Pregnancy Unit will notify your GP and Community Midwife.

What if I have further questions or change my mind?

If, when you go home, you change your mind, or would like to ask anything else please call the Early Pregnancy Unit on the number below. If we can't talk to you immediately a specialist nurse will call you back as soon as possible. Please do not call the ward unless it's an emergency.

What happens to the pregnancy tissue?

The tissue removed at the time of the procedure is checked by the doctor to ensure that pregnancy tissue is present. As a routine, the samples are sent to the laboratory for confirmation. Once the tests are complete, the pregnancy tissue will be taken for burial. The hospital chaplain regularly gives a non-denominational blessing for loved and lost babies in the chapel on behalf of all those who have suffered a miscarriage. You are welcome to attend this service. We may store some tissue in a laboratory slide as part of your medical record, or for future tests.

Do I need the Anti-D injection? (See under complete miscarriage above)

Most women with the Rh -ve blood group who have had a surgically treated miscarriage DO need the injection. This is the case for procedures under general and local anaesthetic. We will give this to you before you go home or if it needs ordering will arrange a time for you to return to have it.

Useful numbers

Early Pregnancy Unit 01392 406503
Wynard ward 01392 406512
RD&E Switchboard 01392 411611

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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