

PATIENT INFORMATION LEAFLET ON TREATMENT OPTIONS OF EARLY MISCARRIAGE

We are sorry that you have had a miscarriage, and we know you will be distressed. We want to help you manage your miscarriage in a way that is best for you. The specialist nurse or doctor will be able to listen to how you feel and help you make a decision about your care.

WHAT IS A FIRST TRIMESTER MISCARRIAGE?

This is when the developing baby stops growing inside the uterus (womb) up to thirteen weeks of pregnancy. The common types of miscarriage are:

- **Missed, delayed or silent** - usually the baby stops developing at about 6-8 weeks but is discovered at the routine scan or after the presence of a small amount of bleeding.
- **Anembryonic (Blighted ovum)** - the egg is fertilized but stops growing very early in the pregnancy so only a pregnancy sac is seen at the scan.
- **Incomplete** - some pregnancy remains are still left in the womb after developing bleeding and cramping period pains.

WHY HAS THIS HAPPENED?

Unfortunately a miscarriage is very common. It happens in more than 1 in 5 pregnancies and often the cause is not known. The most common reason for miscarriage however, is that the baby was not developing normally.

COULD I HAVE PREVENTED IT?

You have not done anything to have caused this miscarriage and it is not your fault. Unfortunately there are no treatments that could have saved the pregnancy. Usually doctors will not know exactly why it happened and this can be hard to accept.

WHAT HAPPENS NOW?

After you have a scan, the nurse or doctor will discuss with you the next step of your management and help you to make a decision on the available options. These are either natural (letting nature take its course), medical (taking tablets) or an operation (surgical).

Natural Management

This option allows nature to take its course and avoids medical or surgical intervention. This is where the pregnancy remains may be expelled naturally from the womb. This is usually accompanied by period-like pain and heavy vaginal bleeding with occasional clots and tissue. We would expect your bleeding to have settled in 1-2 weeks and you can take simple pain relief to control your pain. If the bleeding does not settle, you will need to return for a further assessment, usually by repeating a scan. This is to check if the miscarriage has been completed.

A miscarriage usually completes in about two weeks, but it can take several weeks. If this is the case the Early Pregnancy Assessment Unit (EPAU) nurse or doctor will arrange for you to have regular follow-up appointments.

There are possible complications with this option:

- Developing an infection in the womb (the risk is very low – about 1 in 100 cases). If you experience flu-like symptoms, shoulder tip pain, fever, lower abdominal pains or a foul-smelling discharge you should contact the EPAU team during opening hours, or Nidderdale Ward if outside opening hours. Treatment is with antibiotics.
- There is a small risk of very heavy bleeding (2 in 100 cases)
- The miscarriage may not complete (1 in 6 cases)

Natural management is most successful in women who have had an incomplete miscarriage. If this is not successful you will be guided through the other options by the EPAU specialist nurse.

Medical Management

This is performed using tablets called **Misoprostol**. This will allow for your cervix (neck of womb) to open so that the pregnancy remains can pass through.

Depending on your personal circumstances and preferences you will be offered the treatment as an in-patient or to manage at home. Four tablets of **Misoprostol** are placed into the vagina by the doctor and you will be asked to lie flat for 15 minutes. Alternatively you can self-administer the tablets using a tampon with guidance from the EPAU nurse. If you are going home, you will be asked to stay on the unit for up to 1 hour after which the EPAU nurse will check that you are in a satisfactory condition to leave the hospital.

The **Misoprostol** causes period type cramps and vaginal bleeding. It is difficult to say how soon the pain and bleeding will start and finish as this is different for each person. However when it does start it should not last more than a few hours. You will be given pain relief to take home with you. You should use the toilet in the same way as if you were having a period.

Once you have passed the pregnancy remains your pain and bleeding will begin to settle.

You may bleed for up to 3 weeks, however this will gradually become less. During this time we advise you to use sanitary towels rather than tampons.

Other side effects may include nausea and/or diarrhoea. Some women also get a short period of feeling hot and shivery, although this is less common.

The possible complications or disadvantages with this management are the same as for natural management. If you get ongoing abdominal pain, fever or a foul-smelling discharge this may indicate an infection and you should contact EPAU or, if out of hours, Nidderdale Ward for advice.

This management is successful in up to 90% of cases. However, if the miscarriage is not complete, the EPAU nurse/doctor will discuss the options available with you.

Surgical Management

This option involves an operation to remove anything that is left in the womb following a miscarriage. It is performed either under a general or local anaesthetic. Please ask for the leaflets of both these options to provide further information to help you make a decision.

DO I NEED ANTI-D?

If your blood group is Rhesus negative, anti-D is not routinely required for miscarriage under 12 weeks unless you have had surgery or a very heavy bleed. If this is the case an anti-D injection is given to prevent antibodies developing.

WHAT HAPPENS TO THE PREGNANCY REMAINS?

We will ask for your written permission to undertake further examination of the pregnancy remains to ensure that there are no abnormalities. The permission also includes what option you wish to arrange for disposal of the pregnancy remains. If you pass the pregnancy remains at home and are uncertain what to do please ring the EPAU nurse for advice. If you have had 3 consecutive miscarriages a follow up appointment after 8 weeks will be arranged. You will be offered further tests to try and establish a reason for your miscarriage.

WHAT DOES THIS MEAN FOR MY FUTURE PREGNANCIES?

There is an 80 to 85% chance that you will go on to have a healthy pregnancy next time, so your risk of miscarriage is not increased. We would advise waiting until your next normal period, and until you both feel ready before trying for another pregnancy.

IS THERE ANYTHING I CAN DO TO STOP THIS FROM HAPPENING AGAIN?

No treatment is available to prevent miscarriage. Certain factors can increase the risk of miscarriage, for example, being over 40 years of age, underlying health conditions such as diabetes, and heavy alcohol consumption. Sexual intercourse during pregnancy will not cause a miscarriage. Looking after your general health and well-being, including reducing stress can increase your chances of having a healthy pregnancy.

WHAT HAPPENS WHEN I GO HOME?

After you are discharged we will send a letter to your GP with a summary of your care. You will expect to bleed for 3-4 weeks. Please use paracetamol, plenty of sanitary towels available and protect your bedding. It is advised that you use sanitary towels rather than tampons to reduce the risk of infection. You should seek help if the pain is uncontrollable, soaking sanitary towels every hour or feel unwell or faint.

If you decide to have sexual intercourse before your next menstrual period it is advisable to use barrier contraception. Your next menstrual period is likely to occur in 4-6 weeks' time and so you can be fertile in the weeks before this. Usually you can resume work after a week, but if you feel you need longer then you should make an appointment with your GP.

Experiencing a miscarriage affects everyone differently both emotionally and psychologically. It can have a big impact on your partner and close friends and family. With good support however, all the feelings that you are going through will gradually pass. You should give yourself time to grieve, and talk to a health care professional if you need further help in coming to terms with your loss.

Telephone Numbers EPAU 01423 555373. Nidderdale Ward 01423 553647/553648

Useful Websites www.miscarriageassociation.org.uk

If you require this information in an alternative language or format (such as Braille, audiotape or large print), please speak to a member of the Early Pregnancy Assessment Unit team