

MANAGING A MISCARRIAGE

Experiencing a miscarriage is very distressing and will have a great impact on both you, your partner and your family. We understand the grief you are experiencing and we would like to support you and your family in the best way we can. The majority of miscarriages can not be explained and there are no evident reasons why they occur so it is important that you don't blame yourself and think that your miscarriage is a result of "that glass of wine you had" or the "heavy shopping that you carried".

Our initial priority is to ensure that the care you receive is the best option for you and that you understand and have a choice in how we manage your miscarriage. We will ensure that you are supported throughout your treatment. Sadly, there are times when you do not expel all the products of conception, in this situation it is important that you consider the three treatment options available to you.

Expectant Management:

This is basically a matter of waiting and allowing nature to take its course. You may prefer this option as it avoids admission to hospital or having an anaesthetic. The major drawback to this option is that we can not be certain how long it may take. You may have to have one or more ultrasound scans to ensure that the miscarriage is clearing. You will be prescribed analgesia just in case you experience pain. You will be given the contact number for the Emergency Room where you can ring if you have any doubts or questions during this time. We will give you a follow-up appointment to be seen after 10 days to make sure that everything is going how it should. You may experience bleeding like a heavy period, with period type pain while the miscarriage is resolving, this is nothing to worry about

If at any stage during the above expectant management you wish to change your mind about your treatment option all you need to do is speak to one of the staff about this.

Medical management:

Tablets called mifepristone and misoprostol are available which usually result in emptying the uterus in 95% of cases and therefore avoiding the need for surgical evacuation of the miscarriage (D&C) under general anaesthetic. These tablets are safe although you may experience mild side effects e.g. nausea diarrhoea and occasionally vomiting. Before taking these tablets you will be asked questions to make sure that there are no medical reasons why you should not take this medication e.g. if you have heart disease, high blood pressure or asthmatic.

This treatment is in two stages:

- ❖ The first tablet is given in the emergency room. You and if you wish your partner or companion will be asked to stay close to the department for an hour to ensure you experience no side effects. There is a slight chance that you will pass the pregnancy after these tablets. You will be given painkillers to take at home should this occur and a contact number to ring should you need advice at any stage.

- ❖ We will arrange for you to be admitted to the hospital within the next 36 – 48 hours during the day time to take two other tablets 4 hours apart, an overnight stay should not be required. The tablets should promote the uterus to expel the pregnancy, if this has not occurred within 4 hours another tablet will be given.

It is common to experience bleeding like a heavy period, with period type pain, this is nothing to worry about and the amount of bleeding and pain will be carefully monitored. You will be asked to attend in 10 days to check that the pain and bleeding have settled. If you have experienced NO loss we perform another ultrasound scan and discuss whether you will need any further management.

Surgical treatment:

This involves your admission to hospital as a day-case as this procedure is performed under a general anaesthetic. In some cases it may be necessary to administer a pessary placed into the vagina, 1-hour prior to the operation to gently open the neck of the womb, this will decrease the risk of damage to the neck of the womb or the womb itself. During the operation your womb is emptied using a suction instrument. After a procedure of this kind you may experience some period type pain, which can be controlled by painkillers. This will be given by the nursing staff at your request. You may also experience some period like bleeding which is quite normal and may last for up to 7 to 10 days. You will require few days to recover afterwards at home. Very rarely the instrument used to remove the miscarriage may perforate the uterus and cause damage to other organs in the pelvis such as bowel. If this occurs you may need further surgery and a longer stay in hospital.

We understand that this is a difficult time for you, your partner and your family and the grief you are experiencing is natural. It will take some time for you all to come to terms with what has happened so please do not feel you need to make any decisions immediately.

Take this information with you to read and contact the hospital when you have made your decision. You will not damage your health by taking time to make your decision but it should ensure you are comfortable and confident with the treatment option you choose.

The Miscarriage Association
c/o Clayton Hospital
Northgate
Wakefield

West Yorkshire WF1 3JS

Helpline: 01924 200799 (Mon-Fri, 9am - 4pm)

Fax: 01924 298834

Email: info@miscarriageassociation.org.uk

The Ectopic Pregnancy Trust

Helpline: 01895 238025

Website: www.ectopic.org.uk

There is a Pregnancy Loss Support Group held at Liverpool Women's Hospital. For Further details please contact either:

Emergency Room: 0151 702 4140

Patient Advice and Liaison Services: 0151 702 4353

(PALS)

Family support Unit 0151 708 9988 ask switchboard to connect