Early Pregnancy Assessment Clinic (EPAC)

Management of an Early Miscarriage (surgical, medical, and natural)

Introduction

If you have been given this leaflet, you have probably had a scan that has shown you have had a miscarriage. You may have experienced some warning, for example bleeding or discharge from your vagina and/or pain, or you may have stopped feeling pregnant. Sometimes there is no sign at all that things may be wrong, and the news can be shocking.

This will be a devastating time, and you, your partner and your family may feel a range of emotions.

With some miscarriages the uterus (womb) empties itself completely. In other cases the scan shows that the baby has died or not developed, but has not yet been physically miscarried.

This leaflet may help you to understand some of the medical terms that we use, and describes the different ways the miscarriage can be managed.

Unfortunately, not everyone uses the same terminology when describing a miscarriage, making it sometimes difficult to understand what is meant.

Medical Terminology

Missed miscarriage (also called *delayed miscarriage*, *silent miscarriage* or *early fetal demise*)

This is where the baby has died or failed to develop but your body has not yet physically miscarried the pregnancy. This is very common. There may have been little or no sign that anything was wrong and sometimes it is noticed at a routine scan. You may still feel pregnant and a pregnancy test would normally still be positive.

Anembryonic pregnancy (also called *blighted ovum*)

This term is often used when the scan shows a pregnancy sac with nothing inside. It may also sometimes be referred to as a missed miscarriage.

This may be because the embryo did not divide and develop as it should, and although the sac has developed, the baby has not. Alternatively, it may be that the baby stopped developing at such an early stage that it has been absorbed into the surrounding tissue. You may still feel pregnant, as with a missed miscarriage.

Incomplete miscarriage

Sometimes when a miscarriage occurs, not all the pregnancy tissue in the uterus comes away. Although the pregnancy is over, symptoms of pain and heavy bleeding may continue.

Complete miscarriage

This is when the pregnancy has completely come away from the uterus. A scan, blood tests or repeat pregnancy test will usually confirm this, and there is no need for any further treatment. You may have further bleeding afterwards, but this should not be heavy or very painful.

Management choices

Once a miscarriage has been diagnosed, the midwife or doctor will discuss the results and treatment options with you.

The choices are:

- **Natural** (expectant or conservative)
- **Medical**
- **Surgical**

In all situations, the pregnancy will fully miscarry in time, but the choice very much depends on information from the scan, your current symptoms and your own personal preference. There is usually no rush to make a decision and it is sometimes helpful to talk it over with your partner or family. It can be difficult because you would almost certainly prefer not to consider these options at all.

It may help to know that a large miscarriage treatment trial (MIST) in 2006 compared surgical, medical and natural methods, and came to 3 very important conclusions:

- The risks of infection or other harm are very small with all 3 methods
- Your chances of having a healthy pregnancy in the future are just as good whichever method you choose
- Women interviewed for the study generally coped better when they were given clear information, good support and were able to choose which option they felt they could best cope with

Natural management (also called *expectant* or *conservative*): Letting nature take its course

This really means waiting to see if the miscarriage completes itself naturally at home. Some women prefer this, and you will be advised if this method is a suitable option for you.

Studies have concluded that 70% of women will complete their miscarriage within 14 days, and over 80% within 46 days.

What happens?

The process of a natural miscarriage will vary depending on the size of the pregnancy and the scan findings. It may take days or several weeks before the miscarriage begins, but we keep in contact with you for continuing support and advice. Once it does, you are likely to experience pelvic cramps and heavy vaginal bleeding.

The bleeding can be heavy with clots. If you require painkillers, you may take Paracetamol and Ibuprofen. Please check that you are not allergic to these and follow the instructions on the packet. It is advisable to use sanitary pads and not tampons to reduce the risk of infection.

It is best to take time off work or other commitments during this time and make sure there is someone you can easily call for support.

Risks

The risk of infection with natural management is low, 1 in 100. Signs of infection are a raised temperature with flu like symptoms, a vaginal discharge that is offensive and/or pelvic pain that is getting worse not better. Treatment is with antibiotics. In some cases, you may require surgical management (SMM).

There is a small risk of haemorrhage (extremely heavy bleeding). A study reported that 2 in 100 women had bleeding severe enough to require a blood transfusion, and some women will need surgery to stop the bleeding.

Some women experience severe pain and compare it to contraction like pains, which may cause you to feel faint or unwell. If it does not subside, or is not controlled by normal painkillers, we would advise you to contact us on the 24 hr number given (number below).

In rare cases the miscarriage may become stuck in the cervix (neck of the womb), which will require removing during a vaginal examination.

If the miscarriage remains in the uterus after several weeks, you may be advised to have SMM or a course of antibiotics.

If at any time you feel you would rather not continue this option, this can be discussed and alternatives can be offered.

Benefits

The main benefit is avoiding hospital admission, medications, an operation and general anaesthetic.

Some women feel strongly that they wish their miscarriage to be as natural as possible. They prefer to be fully aware of the process and may wish to see the pregnancy tissue, or perhaps the fetus. Some say this helps them to say goodbye, though you may want guidance on what to do with the fetus.

Disadvantages

Some women find it difficult not knowing when and where the miscarriage might start. Sometimes it can take several weeks before the uterus empties fully. You may worry about starting to bleed heavily when you are least prepared, and perhaps in public. Carrying or wearing sanitary pads can help.

For some, waiting for the miscarriage to happen can become intolerable after a time and they may request SMM. Others may need SMM and/or antibiotics because of heavy bleeding or infection.

Follow up

We need to check if the miscarriage has completed. This is usually done by performing a pregnancy test at home in 3 weeks. If the test is negative, this will confirm that the miscarriage is complete and no further action is required. If it's positive or you still have bleeding and/or pain, you will need to contact us for advice, as you may need a further scan.

After the miscarriage:

In hospital

When a baby dies in pregnancy before 24 weeks, there is no legal requirement to have a burial or cremation. Even so, at Dorset County Hospital we have a policy of sensitive disposal of the pregnancy remains.

If you want to find out about the arrangements, please ask us in the clinic, or the nurse or doctor caring for you.

If you miscarry in hospital, you may wish to make your own arrangements, whether you use a funeral director, or choose to bury the remains at home. There are some things to think about, and you may find it helpful to talk to the hospital chaplain or the Miscarriage Association for further information.

At home

If you miscarry at home or somewhere else, you are most likely to pass the remains of the pregnancy into the toilet (this could happen in hospital). You may decide to simply flush the toilet (many women do this automatically), or perhaps to remove the sac or fetus for a closer look. This is a very natural thing to do.

Whether or not you see a recognisable baby, however tiny, you may wonder what to do with it. Flushing it away may seem right or it may not. You may decide to bury the remains at home in the garden, or you may wish to see if they can be buried in a local cemetery. You may wish to place the remains in a container and take it to the GP or bring in to the hospital. It is important to be aware that it is usually not possible to do any tests on the fetus or tissue.

The Miscarriage Association can help you decide what to do.

Medical management of miscarriage

This is treatment with vaginal tablets to speed up the process of a confirmed miscarriage. This can be done at home, when it is the best time for you. The treatment involves being seen initially by a midwife or doctor and assessed as to whether this method is suitable for you.

We will need to check if you are anaemic by taking a simple blood test before to you go home.

The procedure will be explained to you and you will be asked to sign a consent form before beginning the treatment. You will then be prescribed some tablets called Misoprostol.

Misoprostol is a hormone which helps the uterus in passing the pregnancy. Although it is currently unlicensed for this purpose in the UK, The Royal College of Obstetricians and Gynaecologists and The Association of Early Pregnancy Units both recommend its use and it is seen to be a safe and effective choice for managing miscarriage.

An antibiotic, Azithromycin, will also be prescribed for you to take before beginning the treatment. This is to minimise the risk of infection.

Research has shown that in choosing medical management, more than 80% of women will eventually have a complete miscarriage.

What happens next?

You will be given 800 micrograms of Misoprostol in the form of 4 tablets. These are to be inserted high into your vagina digitally (with a finger).

It is best to rest, for example on a bed or sofa, for an hour after insertion. Do not worry if the tablets appear to come out after this, the hormone would have already been released.

We advise you to have someone with you for support on the day of treatment as it can be painful and the bleeding may be very heavy with clots.

We will provide you with painkillers which we advise you to take regularly, as directed.

You will need to buy sanitary pads, not tampons, to use at home for heavy flow.

What to expect at home

It is impossible to say when you will start bleeding, how much it will be, or how much pain you will have, as this varies from woman to woman.

Some women start bleeding straight away, while others may not bleed for 2 to 3 days or longer. Most, however, will start to bleed within 24 hours.

At some stage, we do expect you to experience an episode of bleeding. This would normally be heavier than a period and you may pass some blood clots. There may be one episode that continues for a few hours, or repeated episodes for a few days. This is normal.

You may experience cramping type abdominal pain, similar or stronger than period pain. We recommend you take the prescribed painkillers as directed.

If you have had no bleeding or very little bleeding after 2-3 days, you can choose to try a further dose of Misoprostol. We will discuss this with you and give you the tablets from the clinic as before.

Are there any risks?

The risk of infection after medical management is low, at around 1 in 100. Signs of infection are a raised temperature and flu like symptoms, a vaginal discharge that looks or smells offensive and/or pelvic pain that gets worse rather than better. Treatment is usually with antibiotics. However, in some cases it may be advisable to have surgical management (SMM).

There is a small risk of haemorrhage. A recent study reported that 1 in 100 women had bleeding severe enough to need a blood transfusion.

If the amount of bleeding makes you feel unwell, dizzy, faint, frightened, or if you need to change your sanitary pad more than every hour for more than a few hours, then please contact the 24 hour number given at the end of this leaflet.

Similarly, if you are unable to cope with the pain by taking the tablets as mentioned, please also phone for advice.

A midwife or doctor will be able to advise whether the bleeding or pain is normal, or if you need to come into hospital. In the unlikely event of having problems getting through, please get someone to take you to the nearest minor injuries unit or Emergency Department.

It is very important that you have support during this time and that you can rely on a family member or close friend to be at hand if you need any help.

Benefits

The main benefits are avoiding hospital admission, an operation and general anaesthetic. Some women prefer to be fully aware of the process of miscarriage and may want to see the pregnancy tissue and perhaps the fetus. Some feel this helps them to say goodbye, though they may want guidance on what to do with the remains of their baby.

Some women see this way of management as a more natural process than having an operation, but more manageable than waiting for nature to take its course. It may be helpful to know that if the treatment doesn't work, you may still be able to opt for SMM.

Disadvantages

Some women may have mild diarrhoea and nausea as a side effect of the Misoprostol.

Some women feel anxious about how they might cope with the pain and bleeding, especially being at home. They may also be worried about seeing the fetus and find the process frightening. Good information about what to expect can help.

For some women the treatment may not work or they may bleed very heavily and require SMM.

Follow up

Bleeding can continue for up to 2 - 3 weeks, after which we will ask you to repeat a pregnancy test. If this is negative and the bleeding has settled, this means that the miscarriage has completed and no further action is required.

If the test is still positive or if there is still bleeding and/or pain, we may need to arrange a rescan or to take a blood sample.

Surgical Management of Miscarriage (SMM, sometimes also referred to as *ERPC*)

This is a small procedure performed vaginally under general anaesthetic and you will be admitted to hospital as a day case.

SMM takes about 10 minutes. The cervix (neck of the womb) is dilated and a narrow suction tube is gently inserted into the uterus to remove the miscarriage. A sample of the tissue is sent to the pathology department to check that it is normal pregnancy tissue. It will not be tested for anything else.

The timing of your operation will be discussed with you and can be arranged with consideration of any personal commitments you may have. It is best that you arrange for someone to collect you afterwards and stay the night with you. Instructions will be given to you regarding diet and fluids before admission. Whenever possible you will have a private room, but this is not always possible.

In a few cases it is necessary for the doctor or nurse to insert a small tablet to soften the cervix prior to the surgery. You may experience some bleeding or period like pain after this.

Are there any risks?

The doctor will ask you to sign a consent form. It is worth noting that all operations carry a degree of risk. Infection, perforation of the uterus, or damage to the cervix are all very unusual with SMM. Also, very rarely, SMM may not completely remove all of the miscarriage. Sometimes in these cases treatment with antibiotics is sufficient or the operation needs to be repeated again.

Afterwards

After the operation it is necessary for you to stay in hospital for 3-4 hours. This is so the nursing staff are happy that you have recovered well. You will be offered a drink and something light to eat. Occasionally you may need to stay in overnight. It is best to pack a small bag with nightwear and washbag, in case this happens.

If your blood group is rhesus negative, you will be advised to have an Anti D injection before you go home.

Once you are home it is normal to experience light vaginal bleeding and have some period like pains for up to a couple of weeks after the surgery. It is best to use sanitary pads rather than tampons to reduce the risk of infection. If the bleeding becomes severe, prolonged, offensive smelling, or you have increasing abdominal pain, it is advisable to seek medical advice as soon as possible.

It is advisable to abstain from sexual intercourse until the bleeding has settled. It is possible to get pregnant before your next period, and you may want to use contraception if you do not feel ready for this.

Your next period could be heavier than normal with clots, this is quite normal following a miscarriage.

Benefits

Many women feel that in having SMM, the physical aspect of the miscarriage is 'over and done with' and it is easier to move on.

With surgical management it is easier to plan around it, and takes away the actual process of miscarrying.

Disadvantages

Some women are anxious about having an anaesthetic, surgery or hospital stay. They may be worried that something might go wrong during the operation. Some prefer to let nature take its course and be aware of the whole process. Sometimes woman ask if there could be a mistake in the diagnosis of miscarriage, and decline surgery if there is a chance that the baby is still alive. Please discuss this with the midwife, doctor or sonographer if you have these feelings. Another scan is possible so you can continue with the surgery.

Follow up

There is no hospital follow up after SMM, however we advise you to see your GP 6 weeks after the surgery to see how you are feeling, both physically and emotionally.

In Conclusion

There are several choices of managing a miscarriage. All have advantages and disadvantages, but risks of infection or other harm are low.

Along with discussing the options with the midwife or doctor, we hope that this leaflet provides the information to help you make decisions at what is a difficult and distressing time.

Acknowledgements

Much of this information has been sourced from The Miscarriage Association and The Association of Early Pregnancy Units. It has been adapted to be relevant to women in our area of Dorset. The large study looking at options of management for miscarriage is the MIST trial 2006.

NICE guidelines- Ectopic pregnancy and miscarriage: Diagnosis and initial management in early pregnancy of ectopic pregnancy and miscarriage (Sept 2014).

Contacts

- Forget-Me-Not, Dorset Baby Loss Support Group
  07795 318318

- The Miscarriage Association
  01924 200799
  www.miscarriageassociation.org.uk

- Hospital Chaplain, Dorset County Hospital
  01305 255198

- Early Pregnancy Clinic, Dorset County Hospital
  01305 255760 (24 hour contact number)

Your GP may also be able to offer support. Your physical recovery may not take very long. However, emotionally it may take some time and it is possible that feelings of loss will always be with you.

About this leaflet:

Authors:	Julie Back, Early Pregnancy Midwife and Amanda Chutter, Early Pregnancy Midwife Co-ordinator
Written:	October 2015, February 2018
Approved:	April 2018
Review date:	April 2021
Edition:	v2

If you have feedback regarding the accuracy of the information contained in this leaflet, or if you would like a list of references used to develop this leaflet, please email pals@dchft.nhs.uk

INTEGRITY | RESPECT | TEAMWORK | EXCELLENCE

Williams Avenue, Dorchester, Dorset DT1 2JY
www.dchft.nhs.uk