



Women and
Children's Health

North Bristol 
NHS Trust

Miscarriage

Exceptional healthcare, personally delivered

We are sorry that you have had a miscarriage

We are very aware that this is a distressing time, and want to ensure you are well supported during this time.

Everybody deals with miscarriage differently, and there is no 'right way' to be.

Our aim is continuity of care, however this is not always possible, and when you are in hospital you will be looked after by a team of Doctors and Nurses.

Understanding the terms used for miscarriage

Complete miscarriage

This is when the scan shows that your womb is empty after a miscarriage. No further treatment is needed.

Incomplete miscarriage

This is when your scan shows that there is some tissue remaining in the womb.

Missed miscarriage

This is when your scan shows that the baby is not developing, or has not developed and there is no heartbeat.

Some women will have already miscarried when we see them. A scan or a negative pregnancy test will confirm this. If a miscarriage has not already happened, there are a number of ways to treat you.

Expectant Management of Miscarriage (waiting for a natural miscarriage to happen)

Have I made the right decision?

In many cases, women feel they have had enough information, and are sure they have made the right decision.

However, this is such an emotional time that you may wish to change your mind about the treatment option you have chosen. If you have any concerns at all, do not hesitate to call us (our contact number is at the end of the leaflet).

What happens next?

For a miscarriage to occur, anything that is inside the womb has to come away. This will mean that you will bleed. The amount of bleeding and or pain will vary from person to person.

How soon will a miscarriage happen?

50% of people miscarry within a week of their diagnosis, but the time it takes does vary from woman to woman.

What sort of bleeding should I expect?

Talking about what will happen and experiencing a miscarriage are very different things.

The amount of bleeding you have will usually depend on how many weeks pregnant you are and what was recently seen on your scan.

In very early pregnancy you may find the bleeding is similar to a period. For many women, however the bleeding will be much heavier than this. Do be aware that it is normal in order for the miscarriage to happen to pass some clots. Blood clots can vary in size from person to person.

There can be a lot of small clots and heavy bleeding. However, many women pass clots varying in size from the size of a 50p piece, a golf ball, or even a few clots the size of a tennis ball.

Will I see the pregnancy?

In early pregnancy it is possible to miscarry a small sac with the pregnancy inside, but for most women, it is difficult to know what has exactly 'come away'.

Once the pregnancy increases in size

The further on in pregnancy you are, the larger the sac will be and the more formed the pregnancy. In addition, the heavier the bleeding associated with miscarriage can be. For some women seeing the pregnancy can be traumatic. For others, this is an important part of processing what is happening.

Will I have pain?

The majority of women will have tummy pain – similar to strong period cramp. In some cases, women describe 'contraction like' pain. We always advise that you have painkillers at home in case you need them. Initially using paracetamol, and then adding ibuprofen / Neurofen, and / or codeine if you need stronger pain relief. Once again women will vary in what painkillers they will need or are used to taking.

What do I do if the bleeding is very heavy or the pain is very bad?

Very few women come into hospital. However, there is a 24 hour contact number for the ward at the back of this booklet.

- If you are bleeding more heavily than we have explained, or having un-manageable pain (but are feeling well), contact the ward for advice.

- If you begin to feel unwell, ensure you ring someone to be with you and call the ward on the 24 hour telephone number.
- If you feel very unwell or faint at home, or if bleeding becomes excessive you need to call an ambulance.

Please be aware this is just a guide. The reasons for a detailed explanation about what to expect are:

- So that you are aware of what will happen.
- To help you in your decision making.
- To help you work out what is normal and when you should be concerned or seek advice / help.

A negative pregnancy test is needed after a miscarriage has happened to make sure everything is back to normal - Please see section on follow up on page 6.

Medical Management of Miscarriage

Medical management of miscarriage has been reported to be successful in 85% of women. Varying studies report differing success. Drug treatment is most successful in women with early pregnancy who have had bleeding and pain within the last 24 hours.

The drug used is called Misoprostol, and is usually well tolerated.

Usually one dose of misoprostol is used, with the hope that a miscarriage is induced within the next 48-72 hours (further doses of misoprostol can be used).

What will happen today?

- We will fully explain the treatment to you, and you will need to sign a consent form to agree to go ahead.
- You will need blood tests to check your blood group, and your haemoglobin (to make sure you are not anaemic.)
- You may need a swab taken, and may need antibiotics before commencing treatment.
- It is advisable to have someone to take you home from hospital in case you did not feel well.
- You should arrange for a responsible adult to stay with you overnight.

How is the treatment given?

Tablets are placed on the tip of a tampon inserter and then the tampon is put in as you would for a period. You may do this yourself if you are used to using tampons.

What happens next?

You can then go home, and the tampon will need to be removed after 3-4 hours.

For a miscarriage to occur, anything that is inside the womb has to come out. This will mean that you will bleed, more heavily than a period.

It is also common to have strong period like cramps, often described as contraction like pain, and most women will need painkillers. We will send you home with codeine tablets. Ibuprofen can also be used if needed. The amount of bleeding and or pain will vary from person to person and is very similar to the information above about expectant management of a miscarriage. However, bleeding does tend to be on the heavier side, and can start quickly after the medication (sometimes with little warning).

It is true to say that more women who have medical management need to see us due to increased pain or heavy bleeding. That said most women do not need to come into hospital.

What side effects are there to the medication?

The main side effects are:

- Nausea and vomiting - usually resolve within 6 hours of the medication. Anti sickness medication may be used if needed.
- Headaches are not uncommon, and basic paracetamol should help to relieve this.
- Diarrhoea - may occur after taking the medication, but will often resolve within 24 hours.
- Fever and chills - 'chills' are common, and usually transient. Fever, less common, and often does not indicate infection. If they continue above 24 hours please seek medical advice.
- Skin rash - may occur after taking the medication, and will usually resolve within a few hours. Contact the clinic or ward with any concerns.

What do I do if the bleeding is very heavy or the pain is very bad?

There is a 24 hour contact number for the ward at the back of this booklet.

- If you are bleeding more heavily than we have explained, or having un-manageable pain (but are feeling well), contact the ward for advice.
- If you begin to be worried, firstly, ensure you ring someone to be with you, then contact the ward for advice.
- If you do not feel well, have fainted at home and you are bleeding extremely heavily it is sensible to contact an ambulance to come into hospital.

After medical or expectant management of miscarriage

We encourage you to call and update us with any effects of the medication 72 hrs after treatment.

If it seems as if a miscarriage has occurred, lighter bleeding (like a period - which lessens over time can continue on and off for up to 3 weeks).

If minimal bleeding or no bleeding has occurred, we will discuss with you what to do next and make a plan of action by phone.

Do I need to come back and see you after expectant management or medical management of my miscarriage?

Most women do not need to return to hospital for follow up, and we know it can be difficult returning to a busy clinic:

- You repeat a pregnancy test after 3 weeks to ensure it is back to negative
- Your bleeding and pain should also be settled by this time
- If your test remains positive or you still have symptoms of pain and / or bleeding, we will need to see you and scan you to make sure the lining of the womb is back to normal
- If you feel that you need more formal follow up please do discuss this with us, and we will arrange to see you face to face.

If you choose to have a follow up appointment and then do not attend we will contact you by telephone.

Surgical Management of Miscarriage

This is the medical term given to removing a pregnancy or tissue (under local or general anaesthetic) relating to the pregnancy from the womb. Every effort is made to perform the surgery carefully and as soon as possible.

What are the benefits of the operation?

- You do not need to go through the natural process of miscarrying the pregnancy.
- You will have certainty about when the operation can happen rather than waiting to see when a natural miscarriage will occur.
- It helps some women to have closure / end point to a pregnancy that has sadly failed.

How quickly we can book you for surgery does vary. When we are unable to book you as soon as we would wish or you had hoped, please feel free to contact the gynaecology Coordinators to see if your date can be brought forward.

Telephone 0117 414 6791

How is it done?

The operation can be carried out under local or general anaesthetic. Careful examination helps to assess the size and position of the womb. The cervix (entrance to the womb) is then gradually opened. The pregnancy or pregnancy tissue is then removed.

What is the benefit of having the procedure done under a local anaesthetic?

Numerous studies have shown that performing the procedure under local anaesthetic is safe and well tolerated by some women suffering from a miscarriage

- You avoid the risks of a general anaesthetic.
- You recover from the procedure more quickly.
- You will be able to return home very quickly after your operation.

How is the procedure done under local anaesthetic?

You will arrive in the Cotswold Clinic two hours before the procedure and you will be asked to insert a vaginal tablet called misoprostol. This helps to soften the neck of the womb and to open more easily.

You will rest in the clinic area whilst the tablets are given time to work, or go for a cup of coffee within the hospital grounds.

We recommend that you bring someone with you who will be able to accompany you home afterwards.

- You will also be advised to take tablets for pain relief one hour prior to the start of the procedure. This will be paracetamol or Ibuprofen. (please bring these in with you to enable taking them at the appropriate time)
- You should wear comfortable clothes as you will need to remove all clothing below the waist.
- You will lie on a couch and your legs will be supported using special leg supporters. When you are ready, the doctor carrying out the procedure will perform an internal examination and then insert a speculum (similar to having a smear test)

- The doctor will use injection of local anaesthetic in the neck of the womb at the start of the procedure. As you will be awake, you will be aware of sensations like touch, pressure and temperature. Some women experience period-like cramps.
- The neck of the womb will be gently opened and the contents of the womb removed using a hand held suction device.
- The procedure only takes about 5-10 minutes.
- A nurse will be at your side throughout the procedure. If at anytime the procedure is too uncomfortable you can ask the doctor to stop.

When the procedure is complete you will be observed in the adjacent recovery area for a short time before being allowed home. Every day there is the possibility that this treatment can be offered on Cotswold ward, but it depends whether there is a bed available. Our intention for the future is to be able to offer this treatment every day.

What happens when the procedure is done under general anaesthetic?

You are usually in hospital as a daycase and stay about half a day.

You will arrive having not had anything to eat for 6 hours; you can however drink water until your arrival in hospital.

You will have the same initial process of having some medication vaginally to soften the neck of the womb, 1-2 hours pre operation.

Before your surgery, you will then be seen by the doctor and the anaesthetist.

You will be transferred to the theatre where a small plastic tube will be placed in the back of your hand to administer the drugs to put you to sleep.

You will wake up in the recovery area and when you are properly awake you will return to the ward.

You may feel drowsy from the anaesthetic but this will wear off.

What will I need to bring into hospital with me?

- An overnight bag is a good idea (although unlikely to be needed).
- Books/magazines to occupy time.
- Sanitary towels.
- Wash things.
- Dressing gown and slippers.
- Comfortable clothing for going home.

Make sure you have basic painkillers at home, eg. Ibuprofen and Paracetamol.

How soon can I go home after a general anaesthetic?

After the operation we would keep you for a few hours to make sure that you feel well. You would need to:

- Have something to eat and drink (without feeling sick).
- Be up and about without feeling light headed / faint.
- Pass urine without any problems.
- Have stable blood pressure / pulse / temperature / breathing and oxygen levels.
- Have minimal bleeding after the operation.
- Have a lift home and somebody with you overnight.

After surgical management of miscarriage IT IS ESSENTIAL that your pregnancy test comes back to normal. We will give you a pregnancy test and a letter about the pregnancy test to go home with.

We advise that you do this 3 weeks after your surgery.

If you are still bleeding or having pain, or if the test is positive it is important to contact us as we will need to review you in hospital to ensure that the lining of the womb is back to normal.

What are the risks of surgical management of miscarriage?

- Risk of General Anaesthetic (and reaction to drugs used) are rare
- Heavy bleeding is uncommon and very occasionally may warrant the need for a blood transfusion
- Infection 3 in 100 (the symptoms of this are temperature and a nasty smell to any bleeding or discharge. This would require review with your GP and antibiotics
- Perforation (a small hole made in the womb) 5 in 1000. This sometimes requires further surgery, which would mostly be keyhole surgery to assess any damage to the womb (Laparoscopy). Occasionally but rarely a laparotomy is needed where a bigger cut is made in the tummy.
- Need for repeat procedure due to failure of the original operation up to 5 in 1000.

After a perforation, will I have a problem in the future?

Usually the womb heals well without any long term problems. There are documented cases where future fertility can be impaired but this is not common.

Will I bleed or have pain after the surgical management of miscarriage?

It is normal to have some bleeding like middle to tail end of a normal period. We would not expect you to bleed heavily. Some period like cramps are normal. Paracetamol and Ibuprofen tablets will usually relieve any pain.

Frequently Asked Questions

How long will I bleed after the miscarriage?

It is normal to bleed for anything up to 7 to 10 days. It is not usual to bleed or have pain for longer than 3 weeks after a miscarriage. If you still have symptoms after 3 weeks, you should be reviewed. If the bleeding becomes heavier or smells offensive, you should consult your GP. It is advisable to use sanitary towels and not tampons during this time to avoid infection.

Can we be told the sex of our lost baby?

In early pregnancy it is not possible to tell you.

What happens to the pregnancy, or pregnancy tissue after a miscarriage has happened?

If a miscarriage occurs in hospital, one of our chaplains oversees the cremation of any pregnancy to ensure that this is dealt with in a dignified manner. Cremation occurs every few months, and although overseen by the chaplain, there is no religious element to the cremation.

We wish to be sensitive in all information and conversation relating to miscarriage - but we also want to ensure that you know all the ways you can deal with the pregnancy.

Women / couples are able to choose to take the pregnancy (or any pregnancy tissue) back home. Individual cremation or burial can then be arranged yourself or with the help of the hospital chaplain who will assist with any practical arrangements.

Cremation via the the hospital is also available for women who miscarry at home. Please do call us if we can provide any further information or support.

When will my periods come back?

If you had a regular cycle, you can expect your periods to return in 4 to 5 weeks. It is then safe to use tampons if you wish.

Why did I miscarry?

Many miscarriages happen without an obvious cause, often related to chromosome / genetic problems. Sadly, approximately 1 in 4 pregnancies are lost in this way.

Will it happen again?

If you have had one miscarriage, you have an 85 out of 100 chance of a successful pregnancy next time. Even if you have had 3 miscarriages, you still have a 6 out of 10 chance of a subsequent normal pregnancy.

How soon can I resume my normal life?

Some people find the experience so difficult that it takes some time to get back to normal whilst other people deal with a miscarriage quickly. Men also vary a great deal in their reactions. If you work, you may choose to take some time off, and we will happily provide a sick note. You may go through many emotions such as anger, sadness, depression, feelings of guilt, tiredness and asking "Why me?" All of these emotions are normal and a part of the grieving process. Do be aware that some women do not experience all of the emotions above, as miscarriage is a personal experience.

When can we start having sex again?

It will take a couple of weeks for your body to settle down, wait till bleeding has stopped.

Is there anything we can do to remember our baby?

A Book of Remembrance is kept in the Hospital Chapel and there is an annual memorial service usually held in May. If you would like a page in this book please ask to speak to one of the Chaplains or contact them after you have gone home on 0117 414 3705.

If and when you feel ready to decide to plan another pregnancy you may wish to refer to the information below.

How soon can we try again?

Your body will return to normal quickly, and this means you could conceive quickly. Trying again is a personal decision, and waiting for one normal period is commonly suggested. However, there is no evidence to say you should wait a specific amount of time.

Diet

A well balanced, healthy diet is important both before and during pregnancy.

Folic acid

This is a naturally occurring substance in many foods. It has been shown that women with an adequate intake of folic acid have a reduced chance of having a baby with Spina Bifida. Folic acid rich foods include breakfast cereals and leafy green vegetables. Folic acid tablets are available from the chemist and should be taken prior to conception until 12 weeks of pregnancy.

Smoking

Smoking is a health hazard to both mother and baby. If you smoke you may also find it more difficult to conceive. Women who smoke have more complications in pregnancy, and it is good advice to give up smoking if possible and at the very least start cutting down. Your GP can provide advice and support with this.

Medication

Medicines should only be taken in pregnancy after discussion with your doctor.

Pregnancy loss

Information and Support Services for patients and their families

Grief and sadness are additional burdens for individuals, families and other carers. Support may help you to manage more easily.

The list of support agencies at the end of this leaflet is not exhaustive and inclusion does not imply endorsement.

If the organisation you are seeking is not listed here it is worth looking in the front of the Yellow Pages where there is a list of useful national helpline phone numbers.

It is also worth remembering that many GPs have counselling services attached to their practices.

Further help and advice

The Early Pregnancy Clinic

Southmead Hospital

0900 – 1500 Mon – Fri

Telephone: **0117 414 6778**

Cotswold Ward – 24 hour telephone number

Telephone: **0117 414 6785**

The Miscarriage Association

C/o Clayton Hospital

Northgate

Wakefield

West Yorkshire

WF1 3JS

Telephone: 01924 200 795 (24-hour answerphone)

E-mail: info@miscarriageassociation.org.uk

Website: www.miscarriageassociation.org.uk

[accessed May 2017]

North Bristol NHS Trust Chaplaincy

Telephone: **0117 414 3700**

The Ectopic Pregnancy Trust

PO Box 485

Potters Bar

EN6 9FE

Telephone: **02077332653**

www.ectopic.org/trust

[accessed May 2017]

Bristol Cruse – Bereavement Care

Telephone: **0117 926 4045**

Free, confidential help to bereaved people in Bristol and Weston super-Mare.

British Association for Counselling & Psychotherapy (BACP)

A list of accredited counsellors in your area can be obtained by sending a SAE to:

BACP House, 15, St John's Business Park,
Lutterworth LE17 4HB.

www.bacp.co.uk

The Bridge Foundation

Telephone: **01179 424 510**

Network Counselling

Telephone: **01179 507 271**

Staffed by counsellors who are Christians, but clients do not need to be. No one is turned away for financial reasons.

Relate

Telephone: **0117 926 4045**

Relationship counselling for individuals and couples.

£30 per session.

Advice and Complaints Team

(formerly PALS and Complaints)

Telephone: **0117 414 4571**

References

National Institute for Clinical Excellence (NICE). (2012) *Ectopic pregnancy and miscarriage: Diagnosis and initial management in early pregnancy of ectopic pregnancy and miscarriage (CG154)*.

NHS. England.

Trinder et al (2006) Management of miscarriage; Expectant, medical or surgical? Results of Random Control Trial Miscarriage treatment (MIST) trial. *BMJ* 332-1235

Royal College of Obstetricians and Gynaecologists (2006) and (2013) *The Management of Early Pregnancy Loss. Guideline No. 25*. London.

For further information on misoprostol see: <http://www.medicines.org.uk/emc/medicine/9352/SPC/Cytotec+200mcg+Tablets/>

**PATIENT
APPROVED** 

How to contact us:



Early Pregnancy Clinic
Cotswold Centre
Southmead Hospital Bristol
BS10 5NB



EPC
0117 414 6778
8.30 am - 2.30 pm Mon - Thurs
8.30 am - 12 noon Friday



Cotswold Ward
24 hours
0117 414 6785



www.nbt.nhs.uk/epac

If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.

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