

Options following a Miscarriage

Information for patients, relatives and carers

Women's Health Unit

① For more information, please contact:

York Early Pregnancy Assessment Unit (EPAU)

The York Hospital,

Wigginton Road, York, YO31 8HE

Telephone: 01904 726489

Scarborough Women's Unit

Scarborough Hospital

Woodlands Drive, Scarborough, YO12 6QL

Telephone: 01723 385134

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Contact telephone numbers for Women's Health Unit

During your treatment up to the point of discharge you have open access to the unit. If you have questions or are concerned about your symptoms please contact us directly.

York Early Pregnancy Assessment unit (EPAU)
8am to 14:30pm (Monday- Sunday):
01904 726489

York Emergency Gynaecology unit (GAU)
8:15am to 19:30pm (Monday- Sunday):
01904 726275

Scarborough Women's Unit
8am to 16:30pm (Monday- Friday):
01723 385134

Out of hours, phone calls will be diverted to the surgical assessment unit in both hospitals.

Introduction

We are sorry for your recent loss. This leaflet has been designed to support you by explaining the options available to you following your miscarriage.

There are different medical terms for the type of miscarriage, which may determine how your miscarriage is managed.

Complete miscarriage – this means that all the pregnancy tissue in the womb has come away. Because the body has completed the process naturally, you will probably be allowed to go home immediately, without the need for treatment or an operation. However, the bleeding may continue for up to three weeks.

Incomplete miscarriage – sometimes when a miscarriage occurs, not all of the pregnancy tissue in the womb has come away, and the symptoms of pain and bleeding continue.

Missed miscarriage – sometimes a pregnancy comes to an end with little or no sign that anything is wrong. The baby has, sadly, died but the pregnancy has not yet come away.

Throughout this leaflet the term management refers to the treatment you will be offered.

If you have any of the following symptoms throughout your treatment you must attend A&E or contact us immediately for advice:

- Very heavy bleeding (soaking 1-2 sanitary pads in an hour)
- Passing large blood clots
- Feeling faint or dizzy
- Severe abdominal pain
- Offensive smelling vaginal discharge
- High temperature, over 37.5 °C
- Feeling generally unwell

Management options for women after diagnosis of miscarriage

Expectant management

Expectant management means that your miscarriage is able to continue naturally, without medical or surgical intervention. You do not need to stay in hospital for this. If you decide to have expectant management, you will be given 'open access' to the unit that has seen you. This means you can ring at any time, day or night, if you are worried about your symptoms or if you want to ask any questions. You will find the numbers at the beginning of this leaflet. You will be given follow-up information before you leave the department.

What will happen to me in this process?

You will continue/start to have vaginal bleeding. The bleeding may be heavier than a period. Sometimes you may pass some large clots or pregnancy tissue. Bleeding may last for two to three weeks but should not be continuously heavy for that length of time. Abdominal pain may accompany this, it can be crampy in nature and sometimes extremely painful. Occasionally the bleeding may be very heavy, or your pain may become unmanageable. If this happens you need to contact us and we may ask you to come into hospital to be assessed.

Can I take anything for the pain at home?

Providing you are not allergic to paracetamol you can take two 500mg paracetamol tablets up to four times a day, no more than eight tablets in 24 hours. We can also give you codeine tablets to take home if you wish. Again, you can take two 30mg codeine tablets up to four times a day, no more than eight tablets in 24 hours. If the pain is severe, you can take the paracetamol and codeine at the same time.

What are the benefits of expectant management?

With expectant management there is a natural progression of miscarriage. This means that you will continue to bleed and may have pain. For the majority of people these symptoms will settle, the womb having emptied itself naturally.

Therefore, with expectant management you will avoid a general anaesthetic, a surgical procedure and the associated risks, and also being admitted to hospital. You will be able to complete this process at home. This may fit in better with your arrangements or personal preferences.

What are the risks of expectant management?

The risks involved with this process are excessive bleeding and/or infection of the womb. This is why you have 'open access' back to us. If you are at increased risk of bleeding, for example if you have a blood disorder, or have other concerns regarding this form of management please discuss this with the nurse or doctor.

Occasionally, expectant management may be unsuccessful; this can be affected by the amount of pregnancy tissue in the womb. On follow-up visits some people are found not to have passed any of the pregnancy tissue.

Follow up after expectant management

We will ask you to do a pregnancy test at home in three weeks and you will be given instructions on how and when to do it.

Sometimes the womb does not clear itself within three weeks. If your test is positive or you still have some bleeding, then please contact us.

Can I come back to the hospital for the test?

If you prefer to return to us for a pregnancy test, please ask the nurse or doctor and we can arrange this for you

Medical Management

Medical management involves taking tablets to start or speed up the process of a missed or incomplete miscarriage. There are two different ways to give medical management. The exact treatment you'll be offered will depend on whether you have had a missed miscarriage or incomplete miscarriage. In both cases, you will be given the medication to take in hospital and any painkillers you may need and allowed home. The whole process can take up to three weeks but can be much quicker for some people.

Missed miscarriage:

This treatment consists of two parts;
One tablet taken by mouth called Mifepristone.
Mifepristone is an anti-progestogen and prepares the womb for the effects of misoprostol. Mifepristone works by blocking the action of the hormone which makes the lining of the womb hold onto the fertilised egg. You may start to experience some abdominal cramping or discomfort and can take some paracetamol for this. A very small number of people will miscarry after this first part.

Four tablets called misoprostol taken by mouth 48hrs later. This is a type of medication called a prostaglandin which works by relaxing the cervix (neck of the womb) and making the uterus contract.

Incomplete miscarriage:

Four tablets called misoprostol taken by mouth. This is a type of medication called a prostaglandin which works by relaxing the cervix (neck of the womb) and making the uterus contract.

As with all medicines there are potential side effects and circumstances where these drugs cannot be prescribed. Your medical history will be reviewed by the doctor prescribing the medications to ensure it is safe for you to take.

Side effects of mifepristone/misoprostol:

- Nausea, vomiting, mild diarrhoea
- Mild fever
- Abdominal pain
- Headache, dizziness
- Heartburn
- Rashes

This option is done as an outpatient procedure which means you will not need to stay in the hospital. You will be given 24-hour telephone access to nursing staff in case you have any concerns during treatment.

There may be some people who, due to personal circumstances, may prefer to have this medication as an

inpatient. Please discuss this with the nurse if you feel you may require this.

What will happen to me in this process?

You will continue/start to have vaginal bleeding. The bleeding may be heavier than a period. Sometimes you may pass some large clots or pregnancy tissue. It may last for two to three weeks but should not be continuously heavy for that length of time. Abdominal pain may accompany this, it can be crampy in nature and can sometimes be extremely painful. Occasionally the bleeding may become very heavy, or your pain may become unmanageable. If this happens you need to contact us and we may ask you to come into hospital to be assessed. If you do not start with any bleeding within 48 hours, please contact the unit to discuss ongoing management.

Can I take anything for the pain at home?

Providing you are not allergic to paracetamol you can take two 500mg paracetamol tablets up to four times a day, no more than eight tablets in 24 hours. We will also give you some codeine tablets to take home, again you can take two 30mg codeine tablets up to four times a day, no more than eight tablets in 24 hours. If the pain is severe you can take the paracetamol and codeine at the same time.

What are the benefits of medical management?

With medical management you will avoid a general anaesthetic, a surgical procedure and the associated risks, and also being admitted to hospital. You will be able to complete this process at home. This may fit in better with your arrangements or personal preferences.

What are the risks of medical management?

The risks involved with this process are excessive bleeding, abdominal pain and/or infection of the womb. This is why you have 'open access' back to us. If you are at increased risk of bleeding, for example if you have a blood disorder, or have other concerns regarding this form of management please discuss this with the nurse or doctor.

Occasionally, medical management may be unsuccessful; this can be affected by the amount of pregnancy tissue in the womb. On follow-up visits some people are found not to have passed any of the pregnancy tissue.

Follow-up after Medical Management

We will ask you to do a pregnancy test in three weeks at home and you will be given instructions on how and when to do it. Sometimes the womb does not clear itself within three weeks. If your test is positive, you still have some bleeding or have had no bleeding at all then please contact us.

Can I come back to the hospital for the test?

If you prefer to return to us for a pregnancy test, please ask the nurse or doctor and we can arrange this for you

Surgical Management of Miscarriage

Surgical management involves an operation to remove the pregnancy tissue from your uterus (womb) after a miscarriage has been confirmed. It can be done under general anaesthetic or under local anaesthetic.

Surgical management of miscarriage under local anaesthetic (only available at York Hospital)

What is a Manual Vacuum Aspiration? (MVA)

MVA is a procedure to remove pregnancy tissue from inside the uterus under local anaesthetic. It is a similar procedure to surgical management under general anaesthetic and provides an alternative choice in the management of miscarriage.

It is offered to people in the following situations:
Incomplete miscarriage where some pregnancy tissue remains inside the uterus and missed miscarriage where a pregnancy has failed but the pregnancy sac is still present within the uterus or where no fetal heartbeat is present in pregnancies up to 12 weeks gestation.

What are the benefits?

Research has identified it to be equally as effective as surgical management under general anaesthetic (98%-99%) and associated with less blood loss, less pain, shorter completion time and none of the associated risks of a general anaesthetic as you are awake during the procedure. You also do not need to starve prior to the procedure.

What are the risks?

Complications related to the procedure are rare and overall rate is about two out of 100, comparable with surgical management under general anaesthetic. The risk of infection is the same as for surgical treatment under general anaesthetic, medical or conservative treatment (one in 100).

Heavy vaginal bleeding (the soaking of a maxi pad (every 20 minutes for more than one hour) is rare (less than one in 200).

A perforation (tear) of the womb that may need repair (less than one in 200).

The need for a repeat of the procedure if all the pregnancy tissue is not removed (five in 100).

There is a risk of abdominal pain which should be relieved by painkillers such as Paracetamol or Ibuprofen, if it is not then you should contact us.

What do I bring with me?

We suggest you bring spare underwear and sanitary towels. A friend or relative to support you through your appointment and accompany you home is recommended. We would not advise you drive or travel home alone after this procedure.

What happens when I arrive?

You will be asked to arrive one hour prior to the procedure and at this point given some tablets called misoprostol. These make the neck of the womb (cervix) easier to dilate. You will also be offered painkillers, such as Paracetamol, Codeine or Ibuprofen providing you have no allergies to these medications.

What to expect?

You will be asked to undress from the waist down and provided with a gown to put on. You will be positioned on a gynaecology couch, a speculum is placed in the vagina and a local anaesthetic injected into the cervix. Once this has taken effect (one to two minutes) the cervix is gently dilated to allow a narrow suction tube to be inserted into the uterus (womb) to remove the pregnancy tissue, you may feel some abdominal cramps during this part of the procedure.

This procedure takes approximately 10 minutes. If you feel you cannot continue with the procedure it can be stopped at any time.

Once the procedure is completed you will be taken to a recovery area and monitored by nursing staff. After an hour if they are satisfied with your recovery you will be allowed to go home, if additional recovery time is needed for any reason this will be explained to you.

Most people are in hospital for less than three hours in total.

If you have a Rhesus Negative blood group you will require an injection of Anti-D before you leave to prevent complications with any future pregnancies. Nursing staff will discuss this with you if this applies to you.

You will also be asked to sign a consent form (FYCON10-1 Evacuation of Retained Products of Conception). You sign to confirm that you agree to the procedure and understand the information given to you. The form will be kept in your patient notes and you will also be given a copy for your own records.

What can I expect following the procedure?

As only a local anaesthetic has been used you will be allowed home after a short recovery period. It is normal to experience some abdominal cramps and even some small clots after the procedure, simple pain killers such as paracetamol should be enough to cover any discomfort. It is likely you will have some bleeding following the procedure, which can vary in volume and may last up to three weeks. During this time, it is better to use sanitary towels rather than tampons.

When can I resume normal activities?

A bath or shower after the procedure is safe but avoid swimming until your bleeding has stopped. Avoid intercourse until after the bleeding has stopped.

Physically you should be able to return to work after a few days. Some people need more time to recover from the emotional impact of miscarriage. If you feel like you may need some time off work, we are able to provide you with a sick note.

Surgical management of miscarriage under general anaesthetic.

You will have been told at your pre-operative assessment what to do on the morning of your planned procedure.

It is important that you have no food or cloudy drinks for **six** hours before your operation. You may drink clear fluids (those you can see through) until **two** hours before the procedure. The doctor or nurse will advise you when you must stop eating or drinking.

The doctor will decide if you need to have any medication before your procedure and, if so, explain it fully to you.

A general anaesthetic allows you to be carefully examined by the surgeon whilst you are asleep and if necessary, empty your bladder with a catheter. The cervix is gently dilated to allow a narrow suction tube to be inserted into the uterus (womb) to remove the pregnancy tissue. This procedure usually takes approximately 10 minutes.

Your blood group will be checked if you have had surgical management and if required you will be given an injection of Anti-D, if this is required the doctor or nurse will discuss this with you.

What can I expect following the procedure?

Almost always recovery is so fast that you will be allowed home once you have fully recovered from the anaesthetic, either the same evening or the following morning.

What are the risks?

It is rare that this operation will cause any problems, but like any operation, there are always small risks.

Significant bleeding leading to a blood transfusion (1 in 200).

Occasionally a small hole may be made in the womb which may damage your bladder, bowel or blood vessels (less than 1 in 200) and this may require you to have a bigger operation to look inside your abdomen. If this happens you will need to stay in hospital a little longer until you have fully recovered.

The risk of significant damage to the cervix is less than one in 1000.

Occasionally the womb may not be emptied completely (5 in 100) and small pieces of the pregnancy that may

be left behind may cause more bleeding. It may then be necessary to repeat the operation or have further management.

There is a risk of infection (1 in 100). Symptoms of an infection can include raised temperature, flu-like symptoms, offensive vaginal discharge or abdominal pain. If you experience any of these please contact us on the telephone numbers provided in this leaflet for advice.

There may also be complications due to the anaesthetic used but these are rare (a further information leaflet about anaesthetics will be provided).

You will also be asked to sign a consent form (FYCON10-1 Evacuation of Retained Products of Conception). You sign to confirm that you agree to the procedure and understand the information given to you. The form will be kept in your patient notes, and you will also be given a copy for your own records.

What are the benefits?

Once a miscarriage has been confirmed some people prefer to have the pregnancy tissue removed as soon as possible. Some people prefer this method of management as they know when the miscarriage will happen and they can plan around it. Some people also prefer that the miscarriage happens while they are asleep. It also reduces the risk of prolonged bleeding and infection.

Discharge information for patients after Surgical Management under general anaesthetic

If you go home the same day as your procedure, a responsible adult must accompany you. You must not drive yourself or use public transport.

Simple pain killers such as paracetamol should be enough cover any discomfort over the first 48 hours following the procedure.

It is likely you will have some bleeding following the procedure, which can vary in volume and may last up to three weeks. During this time, it is better to use sanitary towels rather than tampons. We advise not to have sex until the discharge or bleeding has completely settled. Depending on how quickly you recover you should be able to return to your normal activities two to three days after your procedure.

What happens to the pregnancy tissue following surgical management?

Any tissue removed will be sent to the laboratory for checking, with the results ready in about 14 days. This normally does no more than confirm that a pregnancy has occurred, and the results would not usually be sent to you.

It is this hospital's policy to sensitively cremate (in an individually sealed container, alongside others) any pregnancy remains under 14 weeks' gestation.

Any ashes collected following the cremation will be scattered on the memorial garden at the Crematorium. There will be no individual ashes for parents to collect after cremation has occurred. Parents do have the option not to be involved in making the decisions (in which case the pregnancy remains will be disposed of in line with hospital policy).

These are the choices available to you:

1. The hospital will arrange a shared cremation with your consent, which is carried out at the crematorium in a sensitive and respectful manner.
2. If you wish individual cremation/burial, you may of course make your own arrangements.

Discharge information for patients after Surgical Management under general anaesthetic

If you go home the same day as your procedure, a responsible adult must accompany you. You must not drive yourself or use public transport.

Simple pain killers such as paracetamol should be enough cover any discomfort over the first 48 hours following the procedure.

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These are the choices available to you:

1. The hospital will arrange a shared cremation with your consent, which is carried out at the crematorium in a sensitive and respectful manner.
2. If you wish individual cremation/burial, you may of course make your own arrangements.
3. You are also legally allowed to take your pregnancy remains home to bury yourself. There are certain legal requirements that must be adhered to if you wish to do this, which are as follows:
 - The burial must not cause any danger to others.
 - It must not interfere with any rights other people may have on the land.
 - There must be no danger to water supplies or watercourses.
 - There must be no chance of bodily fluids leaking onto adjoining land.
 - The remains must be buried to a depth of at least 18 inches (45cm)

- Permission must be obtained from the landowner if you do not own the land.
- Careful thought needs to be given when considering burial in a garden, taking into account what would happen if you choose to move.
- You will be offered the opportunity to discuss the hospital's policy on sensitive disposal of pregnancy tissue and your options and asked to consent to your preference.

Frequently asked questions

If I notice any pregnancy remains do I need to bring them into hospital?

Sometimes you may notice pregnancy tissue during the miscarriage. You do not need to bring this into the hospital with you. However, sensitive disposal can be arranged if you wish, by the hospital. Please see page 14 or ask staff for further details.

When will I get my period again?

Your periods should return within four to six weeks, but this can vary. It may be different from normal, being heavier or lighter, earlier or later.

When can I try to get pregnant again?

We would advise you to wait until your next normal period and when you feel ready.

Contraception

Some people may wish to delay another pregnancy either in the short term or for longer. If you require any contraception advice you may wish to see your GP or the family planning clinic.

Emotions following miscarriage

We would like to say that we are sorry for your loss and acknowledge that it is normal for you to grieve the loss of your baby.

For some people, following a miscarriage, it is helpful and comforting to remember your baby's brief life in some way. If you wish, you can now apply for a baby loss certificate by visiting the government website <https://www.gov.uk/request-baby-loss-certificate>

Also, if you wish, the nursing staff on the early pregnancy unit can give you a small memory box which you can keep acknowledging the life of your baby.

York and Scarborough hospital chapels have a baby book of Remembrance in which an entry can be added on your behalf by the Bereavement services team. They can be contacted on 01904 725392 or 01523 385178. Both hospitals have a tree of remembrance, and you are welcome to write your own message and place it on the tree.

There are special services of thanksgiving and remembrance for patients and relatives who have lost a baby which take place at both hospitals. Bereavement services will be able to advise on when these services take place.

Everyone is different but for some people the emotional aspects of miscarriage can be intensely painful, and, if you (or your partner) are experiencing difficulties, there is support and counselling available.

A separate leaflet on some of the commonly asked questions around miscarriage is available from The Miscarriage Association, if you would like this and it has not been offered to you by the doctor or nurses, please ask.

Or you can contact them yourself for more information on (01924) 200799; www.miscarriageassociation.org.uk

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Or you can contact them yourself for more information on (01924) 200799; www.miscarriageassociation.org.uk

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact: contact Helen Hope (Women's Unit Manager) or Vicki Beattie (Women's Unit Deputy Manager)- Women's Health Unit, The York Hospital, Wigginton Road, York, YO31 8HE, telephone 01904 726489 or email helen.hope6@nhs.net/victoria.beattie3@nhs.net.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email yhs-tr.patientexperienceteam@nhs.net.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

If you would like this information in a different format, including braille or easy read, or translated into a different language, please speak to a member of staff in the ward or department providing your care.

Patient Information Leaflets can be accessed via the Trust's Patient Information Leaflet website:

www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/

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