



York Teaching Hospital
NHS Foundation Trust

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,
Tel: 01904 726489
Wigginton Road, York, YO31 8HE

Scarborough Women's Unit
Scarborough Hospital
Tel: 01723 385358
Woodlands Drive, Scarborough, YO12 6QL

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 1pm every day: 01904 726489

Gynaecology Assessment unit (York only):
(GAU) 8.15am to 7.30pm every day 01904 726275

Ward G1, York: 7:30pm to 8am 01904 726001

Scarborough Women's Health Unit: 01723 385358

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Introduction

We would like to give you some information about 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 in hospital.

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.

Management options for women after diagnosis of miscarriage

National guidelines (NICE 2012) recommend expectant management as the first line of management for miscarriage.

Expectant management

Expectant management means that your miscarriage is allowed to continue naturally, without medical or surgical intervention. You do not need to stay in hospital for this. If you decide to take expectant management you will be given 'open access' to the unit that has seen you today. This means you can ring at any time, day or night, if you are worried about yourself at all or if you want to ask any questions. You will find the numbers at the end 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. 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 sometimes 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.

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. If you usually take non-steroid anti-inflammatory pain relief, such as Ibuprofen or Nurofen, you may take these if you wish within the guidelines on the packet. If your pain is not controlled with these then please contact us.

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 women 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 women are found not to have passed any of the pregnancy tissue.

If you have any of the following symptoms you must contact us immediately for advice and we may ask you to come to the ward so that we can assess you:

- Very heavy bleeding
- Passing large blood clots
- Feeling faint or dizzy
- Severe abdominal pain
- Offensive smelling vaginal discharge
- High temperature, over 37.5 °C
- Feeling generally unwell

Follow up after expectant management

We will ask you to do a pregnancy test in three weeks' time 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 not had any bleeding at all then please contact us:

York Hospital

Tel: 01904 726489

Scarborough Hospital

Tel: 01723 385358

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.

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

Sometimes you may see remains of the pregnancy during the miscarriage. You do not need to bring this into the hospital with you. However, sensitive disposal of the remains can be arranged if you wish, by the hospital. Please see page 26 for further details.

Medical Management

This option requires one type of medicine only, called a prostaglandin. The most commonly used prostaglandin is misoprostol, given as an oral tablet. This helps the womb to contract and empty itself. You will be given the medication 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 ladies.

As with all medicines there are potential side effects and circumstances where these drugs cannot be prescribed.

Side effects of misoprostol:

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

If in doubt, always talk to the doctor.

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 on the unit in case you have any concerns during treatment. There may be some ladies who, due to personal circumstances may prefer to have this medication as an inpatient. This is possible and requires a day admission to hospital. 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 sometimes 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 by the third day and wish to try a repeat dose of the medication please contact the unit that has seen you.

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 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 women are found not to have passed any of the pregnancy tissue.

If you have any of the following symptoms you must contact us immediately for advice and we may ask you to come to the ward so that we can assess you:

- Very heavy bleeding
- Passing large blood clots
- Feeling faint or dizzy
- Severe abdominal pain
- Offensive smelling vaginal discharge
- High temperature, over 37.5 °C
- Feeling generally unwell

Follow-up after Medical Management

We will ask you to do a pregnancy test in three weeks' time 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:

York Hospital

Tel: 01904 726489

Scarborough Hospital

Tel: 01723 385358

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.

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

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Surgical Management of Miscarriage

This is the name given to the operation to clean out your womb and remove any remaining pregnancy tissue after a miscarriage. 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 women 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 foetal heartbeat is present in pregnancies up to 12 weeks gestation.

What are the benefits?

It avoids the need for a general anaesthetic. You do not need to starve prior to the procedure. 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.

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 your GP.

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 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 remaining 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 women 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.

You will probably have some bleeding and discharge, which may last for up to three weeks, it should become lighter over time like the end of a period. During this time it is better to use sanitary towels rather than tampons.

If any of the following occur you need to seek medical advice from your GP as you may require antibiotic treatment:

- Heavy vaginal bleeding (soaking a maxi pad every 20 -30 minutes for over one hour)
- The pain becomes severe and is not relieved by home painkillers
- You develop an unpleasant smelling vaginal discharge

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 for one week after the bleeding has stopped. Physically you should be able to return to work after a few days. Some women need more time to recover from the emotional impact of miscarriage, in this instance you would need to see your GP to arrange a sick note.

Surgical management of miscarriage under general anaesthetic

What to expect?

You will have been told at your pre-operative assessment what time to arrive and which ward will be expecting you.

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 neck of the womb (cervix) may then need to be opened a little wider so the remains of the pregnancy can be removed. This usually takes around 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 is always a small risk.

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

Occasionally a small hole may be made in the womb which may damage your bladder, bowel or blood vessels (less than one 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. (About 5 in 100).

Occasionally the womb may not be emptied completely (five 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.

There is a risk of infection (one 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 do get in touch with your own doctor. He or she will contact us if we need to see you again.

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

If your bleeding becomes heavy or you have any further pain, do get in touch with your own doctor. He or she will contact us if we need to see you again.

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 women prefer to have any of the remaining pieces of the pregnancy removed as soon as possible. Once this is done it may help the menstrual pattern to get back to normal. It also reduces the risk of 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 to cover any discomfort over the next 24 hours.

You will probably have some bleeding and discharge, which may last for up to three weeks, but should tail off similar to the end of a period. During this time it is better to use sanitary towels rather than tampons. It is probably wiser 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. Your next period can often be different from normal, being heavier or lighter, earlier or later.

If any of the following occur you need to seek medical advice from your GP as you may require antibiotic treatment:

- Heavy vaginal bleeding (soaking a maxi pad every 20 -30 minutes for over 1 hour)
- The pain becomes severe and is not relieved by home painkillers
- You develop an unpleasant smelling vaginal discharge

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 for one week after the bleeding has stopped. Physically you should be able to return to work after a few days. Some women need more time to recover from the emotional impact of miscarriage, in this instance you would need to see your GP to arrange a sick note.

What happens to the pregnancy tissue?

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).

For information: During examination a portion of the tissue is used to create a small 'tissue block' (foetal tissue is avoided during sampling). The tissue block is then used to create a microscope slide. The tissue block and slide will be stored in the pathology archive according to national guidance from the Royal College of Pathologists and the Human Tissue Authority. This is the only tissue that is retained; any other remaining tissue is stored and is then disposed of in accordance with your wishes as identified below. If foetal tissue is seen in the microscope slide ALL tissue will be reunited and disposed in accordance with your wishes as identified below.

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:

When will I get my period again?

Your periods should return within four to six weeks, but this can vary.

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 women 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, the nursing staff on EPAU can give you a small certificate of life and/or a small memory box which you can keep to acknowledge 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 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, please ask what is available in your locality.

For further information please contact us:
York Hospital, EPAU
Tel: 01904 726489.
Scarborough Hospital, EPAU
Tel: 01723 385358

Alternatively, you may prefer to contact your own GP. It is helpful if they are aware of the purpose of your consultation so that they have the relevant information from the hospital and your GP is then able to make sufficient time for you.

If you have been given a hospital appointment please keep it.

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

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:

Amanda Reynolds, Senior Sister, Women's Health Unit,
The York Hospital, Wigginton Road, York, YO31 8HE,
telephone 01904 726477 or email
amanda.reynolds@york.nhs.uk.

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
pals@york.nhs.uk.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

Please telephone or email if you require this information in a different language or format, for example Braille, large print or audio.

如果你要求本資 不同的 或 式提供 , 電
或發電

Jeżeli niniejsze informacje potrzebne są w innym języku lub formacie, należy zadzwonić lub wysłać wiadomość e-mail

Bu bilgileri değişik bir lisanda ya da formatta istiyorsanız lütfen telefon ediniz ya da e-posta gönderiniz

Telephone: 01904 725566

Email: access@york.nhs.uk

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