

Supporting you following late miscarriage (14 to 23+6 weeks)

Information for patients, relatives and carers

Obstetrics & Gynaecology

① For more information, please use the contact details
at the back of the booklet:

York Hospital

Wigginton Road, York, YO31 8HE

Or Scarborough Hospital

Woodlands Drive, Scarborough YO12 6QL

Bereavement Midwives:

yhs-tr.bereavement.midwives@nhs.net

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Supporting you during late miscarriage

Late miscarriage can bring intense grief and emotional shock. We are deeply sorry for your loss and understand that the days and weeks ahead may feel especially difficult. During this time, you may also be faced with important decisions when it can be hard to think clearly or concentrate.

There is no correct or incorrect way to cope with what has happened. Give yourself time and remember that you do not need to make every decision straight away. Try to focus on one step at a time.

This leaflet explains the care and support available to you immediately after your loss, including information about the birth of your baby.

What happens next?

This may depend on whether your labour has started, or if you need to be induced. It might be possible for you to go home to prepare for the delivery of your baby and consider the choices available, providing that it is safe for you to do so.

It is safer for you to be induced and to go through labour to deliver your baby, however there are other options available.

As an alternative to induction and labour, you may be able to choose surgical management. This is an operation to remove the pregnancy tissue. It may be done under general anaesthetic, so you are asleep, or under local anaesthetic, when you stay awake. Unfortunately, we cannot facilitate surgical management at York or Scarborough hospital so you may be referred to another hospital for this treatment.

Surgical management carries a higher risk of damage to your cervix, uterus, and to the surrounding organs in your abdomen. Despite the higher risks, some people feel surgery is the right decision for them. Following surgical management post-mortem examination is not possible. You also will not be able to see or hold your baby, so you will need to consider whether that is important to you when making your decision.

Please enquire with your health care providers if this is something you wish to explore further. Whenever possible we will adhere to your wishes for your delivery.

What will happen if I need to be induced?

The method of induction usually depends on discussion with your consultant, but one of the most used treatments are described below:

Mifepristone is an oral tablet that aims to soften the cervix and can make induction of labour easier and reduce the time you are in labour. If this is appropriate for you, you will be given one tablet to take before you go home and return when you are in labour or after 48 hours for further induction.

If your labour has not started after 48 hours, further medication can be offered orally or vaginally, to continue the induction process.

As part of the induction process you may need a “drip”, via a cannula that would be positioned in your arm or hand to continue the induction process further. The drip will contain a hormone called Oxytocin that starts and maintains contractions.

The doctor will explain which of these options would be most suitable for you.

Whilst you are in hospital you may eat and drink unless the nurse or doctor asks you not to.

You will need to bring into hospital with you:

- An overnight bag and toiletries
- Nightwear and comfortable clothes
- Underwear
- Slippers and dressing gown (optional)
- Sanitary towels

You may like to bring things for your baby, such as clothes, blankets, teddies or anything that you feel is important to have with you.

Whilst at home we recommend that you take your time to re-read all the information given to you and you may want to start filling out the plan of care booklet with your wishes for delivery and immediate care of your baby.

There are a range of online support options available which you may wish to access. Details of these can be found at the back of this booklet. These can help guide you through your bereavement journey.

If you go into labour at home you will need to return to the hospital, please contact the midwives on labour ward to arrange this, the relevant telephone numbers are at the back of this booklet.

You may return to hospital before the date arranged if you no longer wish to remain at home.

Where will I deliver my baby?

There are three places that are available for you to deliver your baby:

- York Bereavement room – The Butterfly Suite - located just off labour ward.
- Labour ward in York
- Scarborough Bereavement room – The Snowdrop Suite - in Scarborough located on the labour ward.

Parents are requested to call labour ward at 09.00 hours on the date booked to ensure that this is still available. The numbers to call are at the end of this leaflet. If this is unavailable further options for care will be discussed with you or admission may need to be delayed.

Will I be given pain relief?

Everyone's experience of pain is very different. Some have period-like cramps to begin with, and these may progress gradually or quite quickly to strong labour pains – contractions in your abdomen and/or pain in your back.

Throughout the induction process and during labour pain relief is always available. In early labour you may like to consider coping options such as warm baths or non-prescription pain relief.

Stronger methods of pain relief are available whenever you need them. We will answer any questions you may have about this.

Pain relief options in hospital include:

- Entonox (Gas and Air)
- Pethidine injection
- PCAS – Patient Controlled Analgesia System: A morphine pump which enables you to control your own pain relief.

What happens when I am ready to give birth?

A room will be allocated on your admission, and you will usually stay there for your delivery. The midwife, nurse or doctor caring for you will explain everything that is happening and involve you in all aspects of your care.

During your labour, you may feel pressure in your bottom and the urge to empty your bowels, or push. Your Midwife may need to examine you to see if your baby's birth is imminent. When they are sure you are ready you will then be encouraged to push to give birth to your baby. Once your baby has been born you will need to deliver your placenta. You may need an injection to help with this.

If this does not happen, you may require help from a doctor to remove your placenta. Your Midwife or Doctor will explain this process to you.

Once your baby is born, you will be supported to make a plan of care, this may include things such as, seeing your baby, holding your baby, and memory making – your midwife will discuss this with you in more detail. There is no right or wrong thing to do – it depends how you feel.

What happens after I have delivered my baby?

You are welcome to stay as long as you need. A doctor will come to see you and check you are well enough to go home. Throughout your time in hospital, you can have family members to support you through this difficult time.

Following the birth, you may notice changes in your baby's body. This is a natural process. To help support you during this time, we can provide a cuddle cot for your baby to rest in when they are not being held.

A cuddle cot is specially designed to keep your baby at a slightly cooler temperature. This helps to slow physical changes and allows you to spend as much time with your baby as you wish, in your own time and in your own way. We will support you throughout and answer any questions you may have.

Will I have to make any decisions about my baby?

There are lots of things to think about and decisions to make after the loss of your baby, the bereavement team can support you with these decisions if you want them to. There is no immediate rush to make decisions, and you may want to go home and discuss this as a family in your own time.

How will my body react after the delivery of my baby?

You can expect a moderate amount of vaginal bleeding, which reduces slowly over the first week but may continue for up to six weeks.

Your uterus should gradually return to its non-pregnant size. This can take up to 10 days. During this time, you may experience some mild period type stomach pains or after pains. Pain relieving tablets such as Paracetamol can be taken at home. You may also need iron tablets which can be given before you are discharged.

Very occasionally you can start to produce breast milk following your baby's delivery. The hospital or your GP can give you medication to try and prevent this.

If you have any other problems or complications your doctor will explain these to you as needed and answer all your questions. Please do not hesitate to ask your GP if you are worried about anything.

Registration

Babies born at this stage of pregnancy do not need to be legally registered as a birth. If your situation is different the nurse or midwife or doctor will discuss with you what is required.

The person looking after you can provide a certificate of life for you to take home. You can also apply for a formal baby loss certificate for any babies born before 24 weeks. This is not a legal certificate. Apply online here: <https://www.gov.uk/request-baby-loss-certificate>.

Funerals and burial or cremation

A member of staff from Bereavement Services can visit you in hospital after the birth of your baby or telephone you once you are discharged. They will be able to discuss the options available to you regarding funeral arrangements for your baby and, if you wish, assist you with the organisation.

If you choose not to have the involvement of Bereavement Services, then you can make your own arrangements.

You might decide that you want to bury your baby yourself, perhaps at home. There are guidelines about how and where this can be done, please ask someone who is looking after you about this.

Naming, Blessing or Baptism

Your nurse or midwife will contact the hospital chaplain if you would like them to, or you may ask your own Faith leader to come to the hospital. They can name, bless or baptise your baby with or without you present and provide a certificate for you.

A book of remembrance is available in the hospital chapel in which your baby's name can be entered if you would like this.

If you have any questions regarding funeral arrangements, you can contact Bereavement Services, the relevant contact numbers are all at the end of this leaflet.

Postmortem

The doctor or midwife will discuss the reasons that a postmortem examination may be useful with you and your partner or person supporting you. It may find out why your baby died or help you to make decisions about future pregnancies. Sometimes no cause for the miscarriage can be found. A postmortem may be the only guaranteed way of knowing the sex of your baby as it can be difficult to tell at this stage of their development.

There will be plenty of time for you to find out about this procedure and think about it. The medical or midwifery staff can give you a leaflet which explains the procedure. All postmortems take place in Leeds Hospital.

If you decide to consent to a postmortem, you will be asked to sign a consent form which will go through all of the options available. Postmortem results may be available at your follow-up appointment at around twelve weeks, but sometimes the report can take longer.

Other tests

There are alternative tests we can offer to try and identify the cause of your miscarriage.

- **Blood tests:** You will be offered the opportunity to have some blood tests to gather more information.
- **Vaginal swabs:** These may be helpful if infection is suspected as a possible cause for the miscarriage.
- **Placental swab:** A swab taken from the placenta after delivery can be obtained to screen for infection.
- **Cord and placental sample:** A sample of your baby's umbilical cord and placenta can be taken for genetic testing. There is a chance that this test may not be successful.
- **Placental pathology.** The placenta can be sent to Leeds for Histology by a paediatric pathologist. The results of this can give us further important information about events that may have contributed to your miscarriage.

Can I take my baby home?

There is no legal reason why parents cannot take their baby home to make their own arrangements for the funeral unless the death is to be investigated by a coroner.

For your protection and to avoid misunderstanding there is some important paperwork which will be given to you to complete. If you would like to do this, please have a look at the 'Taking Your Baby Home' leaflet or ask a member of staff.

If you have consented to a postmortem, you can still take your baby home following this procedure. Some families also opt to have their baby at home the night before the funeral. Please discuss this with the bereavement officer who can guide you through this procedure

Do I have any further appointments?

You will be sent an appointment to see your consultant around twelve weeks following your miscarriage. This will be an opportunity for you to discuss any results from the tests you may have had. You may have your own questions about your care or future pregnancies.

Who will contact me after discharge?

One of the midwives from our dedicated bereavement team will contact you via telephone to discuss next steps. You will also receive a letter following your discharge home with further support information and contact details for voluntary groups.

If you would like to see them or discuss anything with them at any point, please contact them via email at: yhs-tr.bereavement.midwives@nhs.net - and leave a message. They will contact you on their next working day.

The bereavement team will also send you a questionnaire to allow you to give feedback on any aspect of your care. If you would like a response to this, please include your details in the questionnaire otherwise it is anonymous.

If you have not met the bereavement officer during your stay, they will contact you after a few days. Alternatively, you may wish to contact them.

Once discharged home the bereavement officers can keep you informed about your baby and funeral arrangements.

Remembrance Services

A remembrance service is held every year in both York and Scarborough for any family who has lost a baby at any stage of pregnancy. If you would like more information, please ask us for details.

Can I get any emotional support?

Reactions to grief are very important. You and your partner may experience different emotions/feelings at the same time.

Contact details for the Miscarriage Association and other voluntary organizations are in the back of this booklet.

You may prefer to discuss support with your GP.

If there is anything you think we may be able to help you with, please ask – we are here to help and support you.

Useful telephone numbers

Patient Advice and Liaison
Service (PALS) 01904 726262

York Hospital Contacts

Women's unit 01904 726001
Bereavement Services 01904 725445
Labour Ward 01904 726004
Midwife Support
Email: yhs-tr.bereavement.midwives@nhs.net

Chaplaincy 01904 725579
(Office hours/ voicemail)

Scarborough Hospital Contacts

Switch board 01723 368111
Labour Ward 01723 342918
Bereavement Services 01723 385178
Midwife Support
Email: yhs-tr.bereavement.midwives@nhs.net
Chaplaincy 01723 342500

National Support Organisations

Miscarriage Association

A national organisation set up by parents who have been through the pain of miscarriage.

www.miscarriageassociation.org.uk

Helpline: 0303 0036464

With thanks to the miscarriage association from where we have used their resources to support the creation of our own.

Twins Trust (Previously known as TAMBA)

Bereavement Support Group

For parents who have lost one or both twins or more from multiple birth.

www.twinstrust.org Helpline: 01252 332 344

Stillbirth and Neonatal Death (SANDS)

National helpline open Monday to Friday 10am to 4pm.

Telephone: 08081 643 332

www.sands.org.uk

British Association for Counselling and Psychotherapy (BACP)

Help and advice finding an accredited counsellor in your area. Telephone: 01455 883300

Improving access to psychological therapies (IAPT)
www.northyorkshireiapt.co.uk

Cruse Bereavement Care

This organisation supports anyone bereaved by death to understand their grief and cope with their loss.

www.cruse.org.uk

Helpline: 08088081677

Child Bereavement UK

The charity provides support and information to all affected by the death of a baby or child.

www.childbereavement.org

Helpline: 0800 0288840

Ellies Gift

The UK's first baby loss support app.

<https://www.ellies.gift/>

View this leaflet online, please scan the QR code below:



Space for your notes and questions

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

Bereavement Midwives:

yhs-tr.bereavement.midwives@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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