



York Teaching Hospital
NHS Foundation Trust

Supporting you following late miscarriage (14 – 20 weeks)

Information for patients, relatives and carers

Obstetrics and Gynaecology

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

The York Hospital
Wigginton Road, York, YO31 8HE
Or
Scarborough Hospital
Woodlands Drive, Scarborough YO12 6QL

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Supporting you during late miscarriage

When late miscarriage occurs parents often feel overwhelmed by their sadness. We extend our sympathy to you, and appreciate that the days and weeks following the death of your baby can be bewildering and difficult. It is especially hard that there are important decisions that have to be made, at a time when you probably feel quite unable to think calmly or clearly about anything.

There is no right or wrong way to do things. Take your time; you do not necessarily need to make any decisions immediately. Try to take things one step at a time.

This leaflet deals with your immediate care and the birth of your baby.

What happens next?

This may depend on whether your labour has started or 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 go through labour to deliver your baby. Whenever possible we will adhere to your wishes for your delivery. We will explain all the options and procedures to you as often and as thoroughly as you wish.

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 commonly used treatments are described below:

Mifepristone is an oral tablet that aims to soften the cervix and can make induction of labour 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 oral or vaginal prostaglandins can be used; these continue the induction process which will replicate a labour and vaginal delivery.

As part of the induction process you may need a “drip” placing in your arm to continue the induction process further. This will contain a hormone called Syntocinon that initiates 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 with you for your baby, for example clothes, toys, mementos. You may also bring a camera for you and your family to take pictures of your baby.

Whilst at home 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.

If you go into labour at home you will need to return to the hospital please contact the midwives on labour ward in order to arrange this.

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

Please telephone the Labour ward using the telephone numbers at the back of this booklet.

Will I be given pain relief?

Induction and labour can sometimes be a painful process and pain relief is always available.

In early labour you may like to consider coping options such as warm baths or pain relieving tablets.

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

Pain relief options include:

- Injections of Pethidine or Morphine.
- PCAS – Patient Controlled Analgesia System:
A morphine pump which enables you to control your own pain relief.
- Entonox – Gas and air.

Injections of opioids are not recommended as they may cause drowsiness and affect your ability to understand what is happening and remember the events in the future which may add to your distress.

What happens when I'm ready to give birth?

A side room will have been allocated to you on your admission and you will usually stay there for your delivery. The nurse or doctor caring for you will explain everything that is happening and involve you in your care.

Towards the end of your labour you may feel pressure in your bottom and the urge to use the toilet or push. Your doctor 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. You may need an injection to help deliver the placenta. This will usually be delivered soon after the baby. If this does not happen you may require help from a doctor to remove your placenta. Your nurse or doctor will explain this process to you if required.

Once your baby is born we will carry out your wishes. The nurse may suggest removing your baby to another room to allow you a little time to recover. You may change your mind about anything at any time.

What happens after I have delivered my baby?

You and your partner are welcome to stay as long as you need. The doctor will also come to check your health to make sure you are well enough to go home. Throughout your stay you are welcome to have other family members to support you through this difficult time.

You will be offered opportunities to meet and hold your baby and create memories. Parents often find making memories following the death of their baby valuable and sharing these memories may be beneficial to the grieving process in the future.

The midwife/nurse will be guided by you at this time and what you may have decided prior to delivery on your plan of care. You may change your mind at any time and decline any or all mementos if you wish that are offered to you.

You need to be aware that your baby's body will alter following the birth. Keeping the environment cool and the special "cold cot", "cold plate" or "cold mattress" which your baby will be in/on when not being held significantly slows this process. This means that the baby can be with you as long as you wish.

Will I have to make any decisions about my baby?

Your nurse/midwife will be more than willing to discuss any of the following with you:

Naming, Blessing or Baptism

Your nurse will contact the hospital chaplain if you would like them to, or you may ask your own minister to come to the hospital. They can name, bless or baptise your baby with or without you present and provide a keepsake for you. A book of remembrance is available in the hospital chapel in which your baby's name can be entered.

Photographs

The nurse will offer to take photographs of your baby. If you do not wish to have them they will be kept in your medical notes in case you change your mind at a later date. These may not be available immediately, and if not, your nurse will arrange with you how and when they will be ready to collect. You can of course take your own photographs.

Mementos

We can give you a small box to hold any mementos you wish to keep such as prayer cards, small toy etc. You may choose whether or not to take this home.

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 doctor will discuss with you what is required.

However the person looking after you can provide a certificate of life as a memento to take home, this is not a legal certificate.

A Post Mortem (Autopsy)

The doctor will discuss the reasons that a post mortem examination may be useful with you and your partner. It may find out why the baby died or help you to make decisions about future pregnancies. Sometimes no cause for the miscarriage can be found. A post mortem 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 both to find out about this procedure and think about it. The medical or nursing staff can give you a leaflet which explains the procedure. All post mortems take place in Leeds Hospital.

If you decide to give consent to a Post Mortem, you will be asked to complete a 'Permission for Post Mortem' form. Post Mortem results will usually be available at your follow up appointment about twelve weeks.

Funeral, Burial/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 are perfectly entitled to make your own arrangements. However all parents need to discuss with the bereavement officer their wishes about what happens to their baby and until this has occurred no arrangements can be made.

Please note that there is no immediate rush to make decisions and that you are free to go home and discuss this as a family in your own time.

If you have any questions in regard to the options available to you at this time then you can contact Bereavement Services.

The booklet “Information to help you following the loss of your baby” also provides further information. If you have not received this please ask for a booklet.

Remembrance Services

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

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 last three to four 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 given to you to take home. Also you can occasionally need iron tablets which again can be given on your discharge home.

Very occasionally you can start to produce breast milk following your baby's delivery and either 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.

Other tests

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

- Blood tests. The mother will be offered the opportunity to have some blood tests to look for problems that may have contributed to the miscarriage.
- Vaginal swabs. We can take vaginal swabs if you so wish. These may be helpful if infection is suspected as a possible cause for the miscarriage.
- Placental swab. Again a swab taken from the placenta after delivery can be taken to screen for infection.
- Cord and placental sample. A sample of the baby's umbilical cord and placenta can be taken for genetic testing. There is a chance that this test may not be successful and we may not get a result from it. If it does work we may be able to also confirm the baby's sex.

Do I have any further appointments?

You will be sent an appointment to see your consultant for about eight to twelve weeks' time. 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 future pregnancies.

Who will contact me after discharge?

The midwife who specializes in bereavement will contact you via a letter following your discharge home. If you would like to see them or discuss anything with them at any point please contact the bereavement services who can arrange this for you. All contact details are in the back of this booklet.

The bereavement team will also send you a questionnaire to allow you to feedback on any aspect of your care. If you would like a response to this please include your details on 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 want to contact them.

Once discharged home the bereavement officers can keep you informed about your baby, funeral arrangements and follow up with the consultant.

Can I get any emotional support?

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

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

You could also download the Sands bereavement support app on: www.sands.org.uk/about-sands/sands-bereavement-support-app

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 at this difficult time.

Useful telephone numbers

Patient Advice and Liaison
Service (PALS) 01904 726262

The York Hospital Contacts

Women's unit 01904 726001

Bereavement Services 01904 725445

Labour Ward 01904 726004

Midwife Support 01904 725445
(Wednesday 12-3pm)

Chaplaincy 01904 725579
(Office hours/ voicemail)

Scarborough Hospital Contacts

Switch board 01723 368111

Labour Ward 01723 342124

Bereavement Services 01723 385178

Midwife Support 01723 385178
(Thursday 12.30-13.30)

Chaplaincy 01723 342500

British Association for Counselling and Psychotherapy (BACP)

Help and advice finding an accredited counsellor in your area.

Tel: 01455 883300

Cruse Bereavement Care

An organisation to enable anyone bereaved by death to understand their grief and cope with their loss.

www.crusebereavementcare.org.uk

Helpline: 0844 477 9400

The Child Bereavement Charity

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

www.childbereavement.org.uk

Helpline: 01494 568 900

[Websites accessed December 2019]

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, Sister, Women's Health Unit,
The York Hospital, Wigginton Road, York, YO31 8HE or
telephone 01904 726001.

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.

Please telephone or email if you require this information in a different language or format

如果你要求本資訊以不同的語言或版式提供，請致電或發電郵

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

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