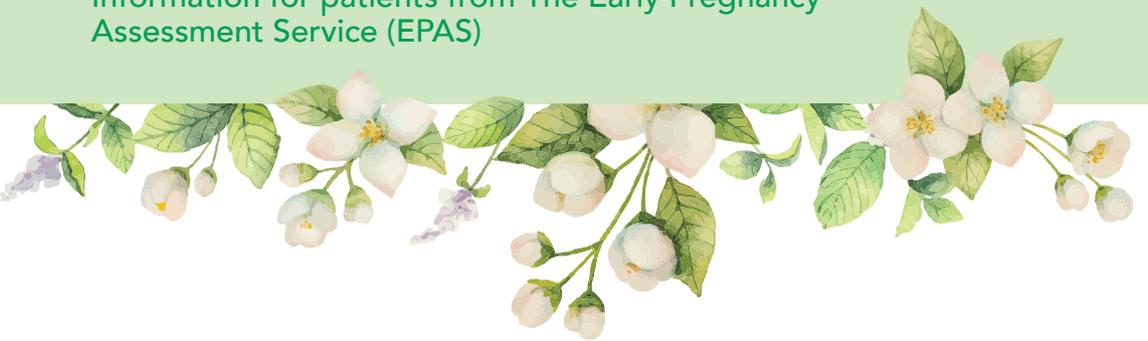




Following Confirmation of an Early Pregnancy Loss

Information for patients from The Early Pregnancy
Assessment Service (EPAS)



We are sorry you are leaving hospital with confirmation of a miscarriage. Everybody reacts differently to the loss of their pregnancy. You may be surprised at your feelings and may need time to grieve. Some women are left feeling sad, depressed, guilty, angry or isolated. Others feel philosophical and recover quickly from their miscarriage. There is no right or wrong way to feel.

There is information about support at the end of this leaflet.

What happens now?

Complete miscarriage

A complete miscarriage means that your womb is completely empty. There is no need for medical intervention in this case. Your bleeding should not be heavy but may continue for up to three weeks. You should contact your hospital if it does not settle, or you begin to bleed heavily. Your midwife will give you appropriate follow up advice and advise you to watch for signs of infection. You should contact your GP if you have a high temperature, feel unwell or notice offensive smelling discharge from your vagina.

We will provide you with a home pregnancy test to take in 2-3 weeks from your miscarriage and you should contact your hospital's early pregnancy department on the numbers provided below if the test is positive.

Management of confirmed miscarriages

After a miscarriage, there are different treatments available, these include:

- Expectant Management (Natural Management)
- Medical Management
- Surgical Management

We will discuss these in more detail below to help you decide.



Expectant Management (Natural Miscarriage)

By leaving things to nature your pregnancy will eventually miscarry. It is impossible to describe exactly what this experience will be like for you, as each miscarriage is different. Most women will miscarry within two weeks; however, sometimes it takes longer. You may have heavy bleeding and period like cramps, which can be severe, especially at the time you are about to pass your baby. Painkillers such as paracetamol and ibuprofen may help at this time.

The bleeding and pain should settle down approximately two hours after passing the baby.

This may or may not be recognisable to you as a baby. You may continue to bleed for about 2-4 weeks. We may advise a follow up scan if there is any uncertainty that the miscarriage has not been complete.

Sometimes, there may be some very heavy bleeding whilst miscarrying. If this is the case, contact your hospital and we will arrange for you to have an assessment. You may need a surgical procedure carried out under a general anaesthetic (which means you are asleep) to remove the remaining pregnancy tissue or clots. If you have a vaginal discharge that looks or smells bad or if you have a high temperature, then you should contact your hospital or GP. This can be a sign of an infection and needs to be treated.

While you are still bleeding it is best to use sanitary pads instead of tampons to reduce the risk of infection and you should avoid sex. It is fine to have a bath or shower but best not to go swimming in the first week.



If the bleeding and pain resolve, it indicates the miscarriage is complete. We would advise you to take a home pregnancy test after three weeks. If the pregnancy test remains positive, then please contact your Early Pregnancy Assessment Service (EPAS) at your local hospital:

- Princess Royal Maternity ☎ 0141 211 5317
- Queen Elizabeth University Hospital ☎ 0141 201 2331
- Royal Alexandra Hospital ☎ 0141 314 6953
- Inverclyde Royal Hospital ☎ 01475 504619
- Vale of Leven Hospital ☎ 01389 817232

The possible complications of expectant management (natural management) include:

- Risk of infection in the womb: 1 in 100 (1%)
- The miscarriage may not be complete:
1 in 5 (20%)
- Risk of significant bleeding: 2 in 100 (2%)

Medical Management of miscarriage

This is where we use medication to help pass the baby.

Under 13 weeks' gestation

There are two different methods, and we will discuss these with you to help decide which is more suitable for you.

There are two tablets which you place under your tongue to allow them to dissolve for 15 minutes, if they are not dissolved by this time, you can swallow them with a small sip of water

The other option is two tablets inserted into the vagina; these will dissolve but we will ask you to lie down for about 30 minutes after these are in place.



You may experience some nausea, vomiting, diarrhoea, weakness, dizziness, abdominal cramps and vaginal bleeding.

The amount of pain and bleeding will vary from person to person, painkillers such as paracetamol and ibuprofen can help with the pain.

Your midwife or doctor will discuss these options with you, and you will have the opportunity to ask any questions before making your decision. They will also discuss the disposal of your pregnancy tissue with you.

Medical treatment is not always successful. However, if a miscarriage does not occur, we may have to consider expectant management, repeating the medical management or arrange for a surgical management of your miscarriage. We may also advise a follow up ultrasound if there is any uncertainty that the miscarriage has been complete.

Possible complications are:

- Risk of infection: 3 in 100 (3%)
- The miscarriage may not be complete, but this is rare. 80-90% are successful.
- Risk of significant bleeding but as you will be in the hospital the medical staff will manage this.



Surgical Management of miscarriage

This is the clinical term for a surgical procedure to remove any pregnancy tissue that is still in your womb after an incomplete miscarriage.

You will have the surgical procedure carried out in an operating theatre under general anaesthetic. The opening of your cervix is gently opened and an instrument passed into your womb which removes any remaining pregnancy tissue. After the surgery, the staff will monitor your blood pressure and bleeding for a few hours and if all is well you will be able to go home after having something to eat and drink.

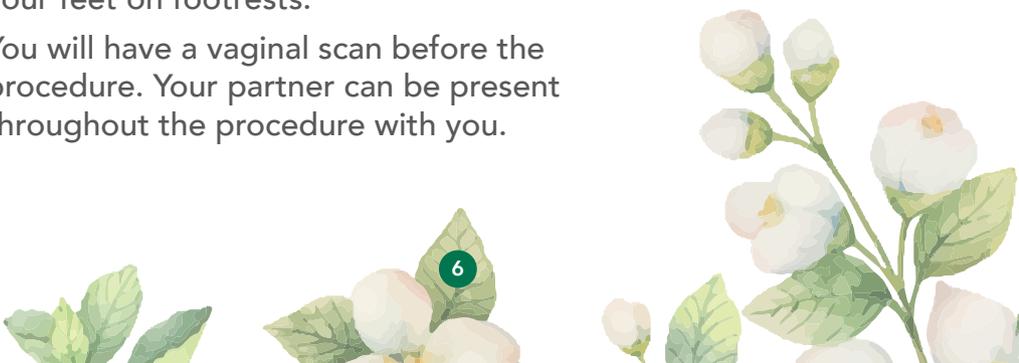
Risks and complications:

- Bleeding lasting up to 2 weeks is common, however, if this continues for more than the 2 weeks or is very heavy. Please contact your GP or NHS 24 on 📞 111.
- Bleeding needing a blood transfusion is 0-3 in 1000 (0.3%)
- Infection risk is 40 in 1000 (4%)
- Retained products of conception (some pregnancy tissue remains in the uterus) is 40 in 1000 (4%)
- Adhesions (scar tissue) is 190 in 1000 (19%)

Manual Vacuum Aspiration (MVA)

MVA is a surgical approach where the pregnancy tissue is removed from the womb under a local anaesthetic (numbing of the neck of the womb (cervix), and you will be awake during the procedure. We will give you tablets including painkillers to take before the procedure. We will ask you to lie on a couch with your feet on footrests.

You will have a vaginal scan before the procedure. Your partner can be present throughout the procedure with you.



We will insert a speculum, similar to what is used during a smear test, into the vagina. We will give you a local anaesthetic into the cervix which can be painful. The cervix is then opened, and we will insert a narrow suction tube into your womb to remove the remaining pregnancy tissue. The procedure takes about 5-10 minutes during which you may experience some cramping which can become severe towards the end. However, some women experience minimal discomfort.

At the end of the procedure, you will have another vaginal scan. You will be able to go home on the same day as long as you are well after the procedure.

There is minimal disruption to your everyday activity although we suggest having a rest day and taking regular painkillers to ease the pain.

The success rate is high at 96-98%.

What are the advantages of MVA?

- You do not need to have a general anaesthetic.
- You can eat and drink normally; there is no need to fast before the procedure
- Quicker recovery following the procedure
- Early return to everyday activities

The complications are similar to that of the procedure being carried out under general anaesthetic.



Which option is best for me?

Sometimes the choice may be obvious, for example, if you are unwell and bleeding heavily, then you may need surgical management. Occasionally we may recommend one option over another when research has showed an improved outcome depending on your diagnosis. Usually, it is your personal choice. As long as you are well, we can manage your miscarriage safely using one of these methods. If you make a decision and then change your mind - please contact your hospital and we can change the arrangements.

After your miscarriage

The following information outlines possible options. Your midwife or nurse will discuss all the options with you and your partner to help you decide what is best for you.

The staff will give you a leaflet called 'Options for burial and cremation'.

We realise this is a difficult time and you may not be sure what option you want to choose.

If you don't feel ready to make a decision, we can keep your pregnancy loss in our care for a little longer. However, if you do not get in touch within six weeks we will proceed with a hospital shared cremation. This happens at Glasgow crematorium.

Please note that parents cannot attend and there are no ashes available for collection. Ashes are scattered in the garden of reflection at the back of chapel 4. There is a book of remembrance. Unfortunately you cannot leave personal items but you can leave fresh flowers. If you have any questions relating to this please contact the hospital and not the crematorium.



Testing that may be carried out after your miscarriage

We can arrange for some of the pregnancy tissue to be sent for testing in the laboratory.

The results can confirm that the pregnancy was inside the womb and not an ectopic pregnancy (when the pregnancy is growing outside the womb). It also tests for any abnormal changes in the placenta (molar pregnancy). Sometimes, there may be no remaining pregnancy tissue for cremation after the testing.

If you do not wish to have these tests, please let your nurse or midwife know.

If you have had three or more miscarriages in the first trimester of pregnancy, we can request a chromosome analysis test. This test takes place in the Queen Elizabeth University Hospital. Following this test, we will make arrangements for the shared cremation of any remaining pregnancy tissue at Glasgow Crematorium. We will need your written permission for the shared cremation. Please be assured that this will be carried out with dignity and respect.

Advice following a miscarriage

Why did I miscarry?

We rarely know why women miscarry. A large number of miscarriages happen because of developmental problems; the majority of which do not happen again.



There is no evidence that exercise or sexual intercourse in early pregnancy causes miscarriage. We do know that it is extremely unlikely you did anything that caused your miscarriage, and it is important that neither you nor your partner feel at fault. Occasionally, there is an identifiable underlying reason for miscarriage, and we can arrange appropriate investigations. Infections or hormonal imbalances are sometimes thought to cause miscarriages.

However, this usually only becomes apparent after more than three miscarriages. Most hospitals do not investigate until the mother has had three miscarriages which have been diagnosed by ultrasound scan or confirmed by microscopic examination of the pregnancy tissue.

Am I at higher risk of miscarrying again?

Most miscarriages are chance events (there is no obvious cause) and are unlikely to occur in another pregnancy. You will still have the same 15-20 % risk of miscarriage as anyone else. Your risk of miscarriage only significantly increases after three or more consecutive miscarriages.

When can I try again?

There is no medical reason why you cannot try again straight away. We advise that you wait until your next normal period so that you can 'date' your next pregnancy. Please remember to take folic acid before you try again.

Emotionally, you may not feel ready to try again for several months. It can be very difficult to cope with the loss of one pregnancy and the anticipation of a new one at the same time.



You should be aware that it is possible to become pregnant before your next period arrives. Please consider using contraception until you feel ready to cope with another pregnancy. If your period hasn't arrived after 6 weeks, we recommend that you take a pregnancy test.

When will my periods return?

Your period should return 4-6 weeks after your miscarriage (providing you had a regular cycle before your miscarriage). It may be heavier than usual.

Remembering your baby

There are different ways that the hospital can help you to do things to remember your baby:

- You can have a copy of your scan picture
- Write a certificate for entry into the book of remembrance
- Memory boxes are available from hospital staff
- Visit the garden of reflection at Glasgow Crematorium
- Plant a flower or a tree in memory of your baby
- Write a letter or poem to your baby
- Formal death certificates are not available for losses before 24 weeks but in Scotland you can apply for a record of your loss in a special Memorial Book and receive a certificate. Please ask the staff for the leaflet



What support is available following my miscarriage?

Please contact your hospital if you would like further information regarding support groups and charities.

Miscarriage Association

🌐 www.miscarriageassociation.org.uk

☎ 0141 552 5070

Child Bereavement UK

🌐 www.childbereavementuk.org

☎ 0800 02 888 40

Baby Loss Retreat

🌐 www.babylossretreat.org.uk

☎ 07555 467 805

SANDS

🌐 www.sands.org.uk

☎ 0808 164 3332

Tommys

🌐 www.tommys.org

☎ 020 7398 3400

Simba

🌐 www.simbacharity.org.uk/support/

✉ glasgowsimbacharity@gmail.com

Antenatal Results and Choices

🌐 www.arc-uk.org

☎ 020 7713 7486

Muslim Bereavement Support Service

🌐 www.mbss.org.uk

☎ 07519 820 789

Date Created: April 2024

Review Date: April 2027

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