



Northumbria Healthcare
NHS Foundation Trust

Early miscarriage

Issued by Obstetrics and Gynaecology



This leaflet is here to help you through one of the most difficult times in your life.

What is early pregnancy loss?

Early miscarriage is when a woman loses her pregnancy in the first three months. You may have experienced some vaginal bleeding and pain which has given you concern, or sometimes you will have no symptoms and still feel well.

The risk of having a miscarriage in the first three months is around one in five (20%). Most miscarriages occur as a 'one-off' event and there is a good chance of having a successful pregnancy in the future.

Your feelings after a miscarriage

There is no right or wrong way to feel after miscarriage. While some women recover quickly, others take a long time. Some cope well at the time but find the pain of their loss hits them later.

You have experienced a pregnancy loss, so you will probably feel sad and need time to grieve. With time the pain will lessen, although the memory of your loss may stay with you always.

Everyone's feelings are different, but you may have feelings of loss, shock, numbness, sadness, guilt, failure, isolation, loneliness or depression.

You may find yourself okay one moment and in tears the next; these are all natural feelings and are part of the grieving process.

It may help to talk about your feelings with your partner, your family and friends. Your partner, apart from grieving for the baby, may feel upset about your pain and distress. You may be able to help each other come to terms with what has happened. Some partners focus on being strong but can also end up feeling lonely and isolated.

Where can I get some help and support?

We can offer you advice and support from the:

- Nurses and doctors working within the emergency gynaecology clinic
- Obstetrics and Gynaecology Health Psychology Service
- Bereavement service
- Chaplaincy
- The Teardrop Support Group provides information and support, and offers a befriending service.

Your GP can also give you advice and support during this difficult time.

Why does early miscarriage occur?

Much is still unknown about why early miscarriages occur. The most common cause is a chromosomal problem. Chromosomes are tiny thread-like structures found in all the cells of the body. In order to grow and develop normally a baby needs a precise number of chromosomes. If there are too few or too many chromosomes, the pregnancy may end in a miscarriage.

Other risk factors may include things like maternal age and lifestyle factors, smoking and drinking. Health problems such as poorly controlled diabetes can also increase the risk of miscarriage.

There is no scientific evidence to show that stress causes a miscarriage.

Unfortunately there is no treatment to prevent a miscarriage.

Are there different types of miscarriage?

There are two types of miscarriage:

Complete miscarriage - if you have had a complete miscarriage then we will not need to do any further treatment. We can help you with any emotional support you need.

Incomplete miscarriage - if the miscarriage is not complete then we can discuss a range of options. This does not need to happen straight away, you will be given time and the opportunity to ask any questions once you feel ready.

If you are bleeding heavily and continuously we may need to intervene immediately. This will be discussed with you by a doctor / nurse.

You will be able to go home if you are well and talk the options over with your partner in the comfort of your own home, once you are ready.

Please feel assured advice is available any time, you will be given direct access to our services.

What are my options?

There are three options for the treatment of early pregnancy loss and the treatment will be based on what is best for you.

Letting nature take its course

(this is known as expectant or conservative management)

This method is successful for about 50% of women, it is effective for women who have a very early pregnancy or an incomplete miscarriage. The miscarriage is allowed to happen naturally but is accompanied by bleeding and cramps which may last up to 3 weeks.

During this time you will probably experience some bleeding that will be heavier than a period and you may pass clots. You may also experience crampy pain, the amount of pain and bleeding varies from woman to woman:

- it may depend on the size of the pregnancy, please use pads not tampons
- take simple painkillers such as paracetamol or ibuprofen
- it is best to avoid sexual intercourse during this time to avoid the risk of infection
- bleeding and any pain should gradually become less but you may bleed for up to two weeks
- if the bleeding is rather heavy, or you are passing large clots, or the pain is not relieved with simple painkillers or if you have a fever or unpleasant discharge you will need to contact us on the numbers given
- it is important that you keep your follow up appointment

Very occasionally you may need an emergency admission to hospital due to heavy bleeding or severe pain.

If this is not successful you will be offered the option of medical or surgical treatment.

Taking tablets (this is known as medical treatment)

This involves taking tablets and pessaries to “encourage” your body to miscarry therefore speeding up the process.

Medical management of miscarriage can be offered to you as an inpatient, or dependent on your gestation as an outpatient procedure. Your nurse/doctor will explain the procedure to you.

- A nurse will check your blood pressure, pulse and temperature
- Four tablets called Misoprostol will be inserted into your vagina
- You may need to lie on your bed for one hour after this then you are able to get up and walk about as you please

- You will be given further tablets by mouth (up to four doses every three hours depending on the size of the pregnancy)

This usually takes a few hours and you will have some bleeding and pain during the process. You can have pain-relieving medication to help relieve the symptoms. You may need more than one dose of medication to complete the process. The length of your hospital stay can vary. Some woman may prefer to go straight home, others can stay in hospital for up to eight hours depending on the individual. You will normally go home the same day if your bleeding is controlled. You may bleed for up to two weeks following the procedure.

Known possible risks and side effects

- Sometimes the pregnancy does not miscarry. You would then be offered either conservative management with a scan in ten days or a small operation called an evacuation of uterus in order to remove the pregnancy
- We may also have to perform this operation should you bleed very heavily during the miscarriage
- If you wish any pregnancy tissue passed at home to be examined in our laboratory you will be given an appropriate container in which to return the tissue to the ward

Having an operation – evacuation of the uterus (this is known as surgical management)

The operation can be performed in theatre under general or local anaesthetic to remove the remains of the pregnancy. The neck of the womb is carefully eased open and any tissue removed with an electric or manual suction device. Manual vacuum aspiration is a safe and effective outpatient alternative for surgical management of miscarriage. Manual vacuum aspiration can reduce patient waiting time for surgery and avoids general anaesthesia related complications and increases patient choice.

Surgery is usually arranged as a planned procedure and normally within a few days. You may be advised to have surgery immediately if you are bleeding heavily and continuously and if you are at risk of infection.

You will be given a date and time to attend the ward. The nurse will also advise you as to when you should stop eating and drinking before your operation. You are welcome to bring someone with you. When you arrive on the ward there are a number of checks to be made:

- Your personal details will be taken
- You will be shown your bed
- A nurse will then take your temperature, pulse and blood pressure and complete a theatre checklist
- You will be given a hospital gown to change into
- You will need to remove any undergarments before going to theatre

With your permission a nurse will insert two small tablets into your vagina two to three hours before surgery. These tablets soften your cervix (neck of the womb) to make the procedure easier to perform therefore minimising the risk of damage to the neck of the womb. The drugs in the tablets are absorbed through the lining of your vagina and into your blood.

Are there any risks?

The operation is safe but there are small risks involved, as with any operation. The surgeon will discuss the risks, benefits and alternative options with you.

When you are feeling ready to discuss your options we will explain more about the types available. The risk of infection is the same if you choose medical or surgical management.

What happens next?

Making sense of what has happened can take time. You and your partner may need extra support; the nurse/doctor looking after you can provide you with information or where to find it. Your General Practitioner can also help you access these services.

The best time to try again is when you and your partner feel physically and emotionally ready. Your next period will be in four to six weeks time. Ovulation occurs before this, so you are fertile in the first month after a miscarriage. If you do not want to become pregnant again straight away, you should use contraception which is available from your GP or sexual health services.

You can return to work once you feel physically and emotionally ready.

For advice please contact

Wansbeck General Hospital

Gynaecology outpatients 01670 564 140

North Tyneside General Hospital

Gynaecology outpatients 0191 293 4374

Ward 6 0191 293 2568

Hexham General Hospital

Women's health unit 01434 655 353

The Northumbria

Emergency gynaecology clinic 0191 607 2908

Ward 15 0191 607 2015

Sources of information and support

Obstetrics and Gynaecology Health Psychology Service

Wansbeck General Hospital 01670 564095

Bereavement Service

Wansbeck General Hospital 01670 529399

North Tyneside General Hospital 0191 2932744

Hexham General Hospital 01434 655307

The Northumbria 0191 6072272

Chaplaincy Service

Wansbeck General Hospital 01670 529690

North Tyneside General Hospital 0191 2934268

Hexham General Hospital 01434 655075

The Northumbria 0191 6072270

Sexual Health Service

North Tyneside 0191 2970441

Northumberland 01670 515151

Teardrop Support Group 24 hour helpline 07531 206784

Useful websites

Miscarriage Association: www.miscarriageassociation.org.uk

Tommy's: www.tommys.org

Royal College of Obstetricians and Gynaecologists:
www.rcog.org.uk

Alternative Formats

If you would like a copy of this information in large print, another language, audio tape or other format please call the Contact Centre on **03 44 811 8118**

Other sources of information

NHS 111

NHS Choices

www.nhs.uk/pages/homepage.aspx

NICE (National Institute for Health and Clinical Excellence)

www.nice.org.uk

Patient Advice and Liaison Service (PALS)

Freephone: **0800 032 0202**

Text: 07815 500015

Email: northoftynepals@nhct.nhs.uk

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General Enquiries **03 44 811 8111**

www.northumbria.nhs.uk

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