

Patient Information Leaflet

Expectant Management of Miscarriage

Produced By: Early Pregnancy Assessment Unit

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Miscarriage in early pregnancy is very common, with as many as one in four confirmed pregnancies ending this way.

Depending on the circumstances, including how clinically well you are at the time of being seen in the Early Pregnancy Assessment Unit (EPAU), you will have been given four choices to help you with managing your miscarriage.

- Expectant management.
- Surgical evacuation of retained products of conception (general/local anaesthetic)
- Medical management of miscarriage.
- Manual vacuum evacuation of retained products of conception.

This leaflet aims to help you understand more about **Expectant management of miscarriage**.

Expectant management of miscarriage means letting nature take its course, with no intervention to affect the miscarriage (such as drug therapy or surgery).

Advantages of expectant miscarriage

- There is no need to be in hospital.
- You may feel more 'in control' of the process, because you are at home.

Disadvantages of expectant miscarriage

- You cannot predict when the miscarriage will occur, or be complete.
- You may experience pain, and certainly heavy bleeding.

What to expect

Bleeding

Be prepared for when the bleeding starts or becomes heavier. It is advisable to use sanitary towels rather than tampons, as this reduces the risk of any infection.

It is difficult to predict how heavy the bleeding will be, but it will be heavier than a normal period and you will pass some blood clots or tissue. Some people can find this alarming but this is normal at this stage.

If you are concerned that the bleeding is excessive (requiring you to change a sanitary pad more than twice an hour) please contact either the EPAU (552175) or A&E department (534640) for advice.

Once you have actually miscarried (passed clots or tissue) the bleeding will become much lighter and the pain will ease.

It is usual for the bleeding to continue for 10-14 days after a miscarriage, but this bleeding will gradually become noticeably lighter, and more period-like.

It is advisable to avoid sexual intercourse whilst you are bleeding, again to reduce the risk of infection.

Discomfort/Pain

Having a miscarriage can be quite painful, with cramping pains and lower backache occurring at any time, but especially when the miscarriage is imminent.

It is advisable to be prepared with a suitable type of pain relief which you are able to tolerate.

The following types of painkillers are all useful:

- Paracetamol
- Ibuprofen
- Codeine based painkillers.

Hygiene

We recommend that you avoid hot baths whilst you are bleeding heavily as you may feel faint and there is also a risk of infection. It is safe for you to have a shower.

Signs of Infection

Increased bleeding or pain, or developing an offensive smelling vaginal discharge may be symptoms of an infection.

You should see a GP immediately if you develop any of these symptoms as you may require antibiotic treatment. If your GP is concerned, you will be referred back to the Gynaecology team for further management.

Work

Going back to work during or following a miscarriage is a very individual decision.

It also depends on how heavy your bleeding is, and how you feel generally - having a miscarriage can be an extremely distressing event in a woman's life.

You should use a self certificate form for the first week off work, thereafter your GP should be able to provide you with a sick certificate.

What if the miscarriage does not happen?

If there has not been any bleeding, and you do not think the miscarriage has happened, you may decide that you would prefer to consider managing the miscarriage by medical or surgical intervention, depending on your individual circumstances.

Please telephone EPAU who will make an appointment for you to come in and discuss the options with you.

Follow –up

It is not necessary for us to see you again in EPAU after your miscarriage.

In most cases it is not necessary to scan you to ensure the miscarriage is complete.

You may wish to see your own GP two or three weeks after the miscarriage, to ensure all is well.

When can I expect a period?

Every woman is different regarding how soon after the miscarriage they have their next period, however sometime in the next four to six weeks is considered usual. Often this period may be different than usual (heavier or lighter), again this is nothing to be concerned about, unless the bleeding is very heavy. If this is the case please consult your GP.

If you do not have a period within six weeks of your miscarriage, it may be advisable to contact your GP.

Emotionally

Having a miscarriage may have left you and your partner feeling upset and devastated. Over the next few days, weeks and sometimes months you may experience emotional ups and downs, good days and bad days.

Some people adjust quickly, while others take a long time. You may feel anger, sadness, frustration, despair or bitterness. Try not to feel bad and guilty, it is quite normal to feel like this when you are grieving. Your partner may also be feeling similar emotions but may not share them for fear of upsetting you. Please share this leaflet with him as it may help him cope too.

Future pregnancy

There is no fixed time you should wait to conceive another baby, whenever you and your partner feel ready, this time can vary. Some couples may feel they want to try for a baby again soon, others prefer to wait.

It is a good idea to wait until after you have had at least one period. This gives you time to grieve before embarking on another pregnancy and also allows your body time to recover too.

The chances are that your next pregnancy will be successful. The fact that you have had one miscarriage doesn't mean that you are more likely to have another. Miscarriage is a very common occurrence, and in most cases the cause of the miscarriage is unknown.

Any preconception care you have been following should continue, such as

- Reducing your alcohol and caffeine intake
- Stopping smoking
- Taking folic acid.

If you are unsure whether you wish to try for another pregnancy, it is advisable to consider your contraceptive needs during this time.

Some supporting Organisations

The Miscarriage Association. www.miscarriageassociation.org.uk

Association of Early Pregnancy Units. www.earlypregnancy.org.uk

Contact Numbers

Early Pregnancy Assessment Unit. 01983 552175.

Accident and Emergency (Beacon Healthcare) 01983 534640.

You can get further information on all sorts of health issues through NHS interactive available through Sky TV or online at: <http://www.nhsdirect.nhs.uk/>

For Health advice and out of hours GP service please call the NHS 111 service on: 111

We Value Your Views On Our Service

If you wish to comment on the care which you, your relative or friend has received, we will be pleased to hear from you. Please speak to the person in charge of the ward, clinic or service in the first instance or ask them to contact the Quality Team. If you wish to contact them directly, telephone on 534850.

Alternatively you may prefer to write to:

Chief Executive
Isle Of Wight NHS Trust
St Mary's Hospital
Newport
Isle of Wight
PO30 5TG

You can also share any concerns you have about our services with the Care Quality Commission (CQC) on 03000 61 61 61 or at enquires@cqc.org.uk

All NHS sites are no smoking areas.

If you would like help and advice to stop smoking please call: Freephone 0800 169 0 169 to talk to the NHS Smoking Helpline.

Ref: **OG/EMMis/1**

