Large print and other languages

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Patient information

Miscarriage

We are sorry that you have had a miscarriage. This leaflet provides information about miscarriage in the first trimester (the first three months of pregnancy) for patients at Whipps Cross Hospital. If you have any questions to ask or you require further information, please ask the nursing or medical staff who will help you.

What is a miscarriage?

A miscarriage is the loss of pregnancy before the baby is able to live outside the mother's womb, which is usually before 24 weeks. Unfortunately, miscarriage is the most common complication of early pregnancy and usually happens in the first trimester. You may have had vaginal bleeding, abdominal pain or no symptoms at all.

Why does a miscarriage occur?

In many cases we cannot provide a definite answer. The most common reason is there may have been something wrong with the baby's chromosomes (genetic material), causing the pregnancy not to develop properly. As many as 20% of pregnancies will end as a miscarriage. The risk of miscarriage also increases with age, uncontrolled diabetes and lifestyle such as being overweight, smoking or drinking heavily.

Could I have prevented a miscarriage?
The most common cause of most miscarriages is an isolated problem with the chromosomes of the pregnancy. There is nothing that could have done to prevent your miscarriage.

What test will I need if I miscarry?
In women who have heavy bleeding in early pregnancy, we would check your blood count. This may show how much blood you have lost. We may check your blood group to see whether you are Rhesus negative (a type of blood group). An Anti-D injection is only required for Rhesus negative women who miscarry after 12 weeks or need treatment, or for women who experience very heavy bleeding. This injection is given to prevent a process called sensitisation, which is an immune response which can affect a future pregnancy.

Management options
We will discuss 3 different options with you. The first is to wait for things to happen naturally, the second option is tablets and the third option is a small surgical procedure which can be done with you asleep (under general anaesthetic) or with you awake (under local anaesthetic). All options have the equal chances of a successful future pregnancy.

1. Expectant Management (Natural Miscarriage)
Not all miscarriages need surgery to remove what is left of the pregnancy. In most women, the womb will do this naturally if left to do so. Assuming you are not bleeding very heavily, and you are not in lot of pain, you will be allowed to go home. If you have not had your miscarriage after 2 weeks, you will be offered a repeat scan and if the miscarriage has not started or has not completed, you will be offered the options of medical, surgical or further expectant management.

What should I expect?
You may have heavy bleeding with clots and period-like or stronger pains. The bleeding will usually subside between 10-14 days.

Please scan the QR code below if you would like to feedback to Whipps Cross EGU on your recent experience.

recommend further investigations if a woman has had two or more consecutive miscarriages if this happens we would ask your GP to organise an appointment at the Recurrent Miscarriage clinic.

Do I need a follow-up appointment?

You do not need routine follow up, but you may wish to see your GP to check that everything has settled down.

The emotional reaction to miscarriage

Losing a pregnancy at any stage is a very personal experience and can be distressing. This may well be a very emotional time for you and your partner and family. Some days will be better than others and these feelings should ease in time.

Do I need to take time off work?

This is very much an individual decision and depends on how you feel both emotionally and physically. It may be worth taking 1-2 weeks off to give yourself time to adjust.

Further Support

We provide a pregnancy loss support service here at Whipps Cross Hospital. If you would like to talk to our specialist nurse for support with your loss, please call EGU to book an appointment on: 020 8535 6499.

The Miscarriage Association have useful further information and support. Tel 01924 200799 (Mon-Fri 9am to 4pm)
www.miscarriageassociation.org.uk

You can also find further information on NHS choices .www.nhs.uk/conditions/miscarriage and the RCOG website https://www.rcog.org.uk/for-the-public/browse-all-patientinformation-leaflets/early-miscarriage-patient-information-leaflet/

https://www.rcog.org.uk/for-the-public/browse-all-patientinformation-leaflets/bleeding-andor-pain-in-early-pregnancy-patientinformation-leaflet/

What should I do?

Take pain relief tablets such as paracetamol or ibuprofen. You should avoid using tampons and sexual intercourse until the bleeding stops, to reduce the chance of infection.

If you have severe pain that is not relieved by pain killers or if your bleeding is very heavy, for example needing to change your sanitary pad more than every half hour, please attend your local Emergency Department.

2. Medical Management of miscarriage

The second option is to take tablets which will encourage the pregnancy tissue to come out. This is successful in around 80-90% and avoids an anaesthetic. This involves 2 types of tablets. The first tablet, which is taken by mouth, is called **Mifepristone.** This counters the pregnancy hormones and helps to initiate the miscarriage process. You will then be advised to take second medication called **Misoprostol** 2 days later. This can be taken by mouth or inserted into the vagina. This works to help the womb contract and the neck of the womb (cervix) to open. You should expect some bleeding with clots within a few hours of taking the medication.

We will contact you after 24 hours to check on your symptoms. If your bleeding has not started after 72 hours, please call the Emergency Gynaecology Unit (EGU). If things have gone as expected, we will advise you to perform a urine pregnancy test in 3 weeks. Should this be positive, or should you experience ongoing bleeding, we advise that you call EGU, and we will arrange another scan for you. If this treatment has not worked, you may be offered further tablets or surgery.

3. Surgery for miscarriage

Surgical Management of Miscarriage (SMM) can be done under general anaesthetic or local anaesthetic, which is called MVA (Manual Vacuum aspiration). This involves a small operation to empty the womb. In most cases the procedure takes about 10-15 minutes to be completed. This procedure is successful in 95% of women. The surgery is safe but has a small risk of complications such as heavy bleeding, infection, damage or scarring to the womb and need for repeat operation.

Before the procedure you will have some blood tests. We will also go through some paperwork with you which includes a consent form. The surgery will usually be booked within a few days of your miscarriage. If you are bleeding heavily or there are signs of infection, we may advise surgery immediately.

Manual Vacuum Aspiration

This procedure is the same as SMM as described above, however it is performed under local anaesthetic. The advantages of this option are avoiding a general anaesthetic and a quicker recovery.

Surgical Management of Miscarriage under General Anaesthetic

The advantage of this method is that as you will be asleep, you will not be aware of what is going on.

What happens after the surgery?

You will need to recover on the ward for a few hours after surgery. We will monitor your bleeding and pain levels and if they are satisfactory, we can plan for your discharge. Then once you have been able to tolerate food and drink and have managed to pass urine you will be able to go home. You will need to have somebody to collect you and stay with you for 24 hours for safety reasons following an anaesthetic.
You may get some bleeding or discharge over the next 2 weeks but it should get less each day.

When to seek help

Please contact EGU for advice or attend the Emergency Department if you have any of the symptoms below. These symptoms may indicate that there is an infection or some pregnancy tissue remaining in the womb.

- Raised temperature (fever) or flu-like symptoms
- Smelly vaginal discharge
- Heavy, prolonged bleeding
- Severe abdominal pain

When will my period come?

You may have vaginal bleeding for several weeks after your miscarriage. This should lessen and may become brown in colour. Your next period might be delayed by two to three weeks. It is not unusual for the first period to be a little heavier than normal. It is possible to fall pregnant even before you have had a period so you may want to use contraception during this time.

How long should I wait before trying for another baby?

There are no hard and fast rules about this. You can have sex as soon as you feel ready, as long as you are not bleeding heavily and not in too much pain. If you would like to try for another baby, we would advise you to wait until you have had at least one normal period. Folic acid supplementation (400 micrograms) is recommended before conception and in early pregnancy up to 12 weeks to reduce the risk of the baby having a neural tube defect (a condition where the baby's spinal cord, part of its nervous system, does not form properly).

Will a miscarriage happen again?

No one can guarantee that you will not experience a miscarriage again, however the majority of women go on to have a successful pregnancy next time.

Do I need other investigations?

If the pregnancy tissue was sent to the laboratory for testing, we will only contact you if the results show any abnormalities. We would