

# Miscarriage: your options

This leaflet will explain your options for treatment after a diagnosis of miscarriage. We understand that choosing between these options can be difficult and distressing. The nurse, midwife or doctor looking after you will discuss whether all of these treatments are suitable in your situation. This will take into account your wishes, any medical problems you may have and what is available in our hospital.

## **Expectant management (or conservative or natural miscarriage)**

This is when we allow time for the miscarriage to happen naturally. You may also miscarry naturally while you are waiting for a surgical treatment or for a repeat ultrasound scan. It is difficult to predict when miscarriage will happen and when it will be finished. Some women prefer to let nature take its course and to avoid medical treatment. During a natural miscarriage, you will have very painful cramps and may have heavy bleeding with clots. You may also pass the pregnancy sac. You should make sure that you have a supply of painkillers and very absorbent sanitary pads. It is good to have someone with you, if possible, for support.

Complications of natural miscarriage are uncommon but include retained pregnancy tissue, infection, heavy bleeding or severe pain.

If you are experiencing

- severe pain which you cannot cope with at home, or
- are experiencing heavy bleeding (filling more than two sanitary pads an hour for two or more hours) or
- are feeling dizzy or light-headed

please contact the gynaecology unit for urgent advice on 02920743857.

After your miscarriage, we advise that you do a urine pregnancy test after 3 weeks to confirm that the miscarriage is complete. Contact us if your pregnancy test remains positive.

If you are awaiting a natural miscarriage and change your mind and would like to have another form of treatment, please contact the EPAU on 02920742727.

## **Medical Management**

This involves using medication to speed up the natural miscarriage process. This is successful in 80-90% of women. If you are less than ten weeks pregnant, you may choose to have this treatment at home.

***If you are less than ten weeks pregnant:*** You will be offered 2 doses of medication which can be used vaginally or inserted into your cheek. These usually cause cramping and bleeding within a few hours of using them. You will also be given a supply of painkillers. Like a natural miscarriage, this may be very painful, and you may bleed heavily and pass clots. Sometimes you will be aware of passing pregnancy tissue which may appear different to a blood clot.

Sometimes the treatment does not work, and you may be offered further doses of medication or the option of a surgical treatment.

About 1-2:100 women bleed heavily enough to need a blood transfusion and an operation/examination to stop the bleeding.

About 1:100 women develop an infection (heavy, smelly vaginal bleeding; lower tummy pain) and need treatment with antibiotics.

These risks are similar to the risks of a natural miscarriage.

***If you are more than ten weeks pregnant:*** you will be offered medical treatment in hospital. This involves having up to 5 doses of medication, given as vaginal tablets or used in the cheek. These will bring on strong and painful cramps which some women describe as a mini-labour. You are likely to pass clots and will be aware of passing pregnancy tissue which looks different to blood clots. You may also pass a recognisable tiny baby.

You will be looked after by a dedicated nurse in a single room and will be given strong painkillers if you need them.

After medical management we ask that you do a pregnancy test after 3 weeks and to let us know if the test remains positive.

## **Surgical Management**

This involves removing the pregnancy using suction. The cervix is gently stretched open and a small tube is used to remove the remains of the pregnancy. Following the procedure, you will experience light to moderate bleeding which may last up to two weeks.

### ***Under local anaesthetic – MVA (manual vacuum aspiration)***

This is performed in the outpatient department. You will be given a date and time for your procedure. On the day of the procedure, you will be offered painkillers, a mild sedative and medication to soften the cervix to make the procedure easier. You will be examined using a speculum and local anaesthetic will be used to numb the neck of the womb. The remains of the pregnancy are removed using a flexible tube and a handheld suction device. The procedure takes about ten minutes. You will experience cramping during the procedure which is like period pain. Following the procedure, you will be offered a drink and observed for about half an hour after which you can go home.

The risks of the procedure are

- heavy bleeding (3:1000)
- infection (2:100)
- retained pregnancy tissue
- uterine perforation (<1:1000) – making a small hole in the uterus with the suction device

### ***Under general anaesthetic***

This is performed on a planned operating list or on the emergency list for the hospital. You may need to stay overnight on the ward and will meet the surgeon and anaesthetist on the day of your procedure. You will be asked not to eat or drink from 10pm the night before your surgery, and while you are waiting to go for your surgery.

You will be given medication through an intravenous cannula (drip) which will put you to sleep. You will not be aware of the procedure. The remains of the pregnancy are removed using a small tube which is inserted into the neck of the womb.

The risks of the procedure are:

- heavy bleeding
- infection
- damage to the uterus (perforation)
- damage to cervix
- retained pregnancy tissue

You will usually be able to go home about 6 hours after your operation. You will need someone to collect you from hospital and an adult will need to stay with you for 24 hours. You will need to avoid driving for 24 hours after your anaesthetic.

You can expect to have some bleeding for up to 14 days after your procedure. If this becomes heavy or smelly, please contact the Early Pregnancy Unit for advice.