NHS
Mid Cheshire Hospitals
NHS Foundation Trust

Miscarriage

Important information for patients

Coping with a Miscarriage

This booklet has been compiled to offer advice, support and information to women/couples who are coping with the loss of a baby through miscarriage. This booklet cannot offer answers to all your questions but it may answer your immediate queries. If you have questions that have not been answered or you need to ask some advice you will be given a contact number so that in the weeks that follow your miscarriage you will be able to contact the hospital and speak to a member of staff.

A miscarriage is a pregnancy which ends before the 24th week of pregnancy and is not viable.

Although a pregnancy which ends before the 24th week is not legally recognised and does not have to be registered as a death, the impact of loss on a woman/couple whose much wanted pregnancy has ended prematurely in miscarriage can be immense. The hospital staff will endeavour to treat your loss with sensitivity and support.

Early pregnancy loss before the 14th week of pregnancy can leave you feeling bewildered and vulnerable, especially if you have no tangible evidence that the pregnancy ever existed. A scan picture often makes a pregnancy seem 'real' but for most women/couples who have an early miscarriage even a scan picture is not always possible, this can make coming to terms with the miscarriage harder. Relatives and friends may suggest that losing the pregnancy early is easier to cope with but you may not feel or think this.

Causes

We know that 20-25% of all pregnancies will end in miscarriage usually in the first twelve weeks. Approximately 70% of these miscarriages occur due to problems in the development of the pregnancy from the very beginning.

It is unlikely than we will be able to give you a reason as to why your miscarriage occurred. You may look back at your lifestyle before you realised you were pregnant and think 'if only I had not done this or that, the miscarriage would not have happened'. In the majority of cases if a pregnancy is healthy it will continue and not be affected by 'normal healthy living' activities.

Diagnosis

Unless you are admitted into hospital as an emergency with excessive bleeding and/or pain, the diagnosis may be made by ultrasound scan.

If the scan shows a potential problem with the pregnancy a repeat scan may be performed in a week/fortnight.

Ultrasound is used in gynaecology to visualise the pelvic organs by using sound waves. It can examine the pelvic organs either by passing a probe over the lower abdomen (this has to be performed with a full bladder and is not painful), or a scan can be performed by passing a small probe into the vagina (this is done with an empty bladder, it may be slightly uncomfortable but it is not usually painful). A vaginal scan does not cause miscarriage.

Blood tests can also be taken to measure the level of pregnancy hormone in the blood. The results of these tests can indicate as to whether the pregnancy appears to be progressing normally.

Anti D Immunoglobulin

Blood may also be taken at some stage to check your blood group and rhesus factor. If you are rhesus negative you may be given an injection of Anti D. This injection prevents your blood from forming positive antibodies which could affect future pregnancies. If you are rhesus negative a more detailed explanation will be given to you prior to the injection.

Treatment
Depending on the scan findings various options will be discussed with you about the treatment of the miscarriage by the medical staff. The medical staff will offer you advice as to the treatment they feel is most suitable for your individual needs:

Conservative Management
This type of management means that you wish to have no medical/surgical intervention and that you wish to allow your uterus to expel the pregnancy tissue (let nature take its course). The medical staff will advise you and discuss with you as to whether they feel this is a safe option for your own individual needs. If you have conservative management and then become distressed due to pain or bleeding your management will need to be reviewed.

You may choose to start medical/surgical management at any time. You will need to phone the nurse for advice or to arrange treatment.

Once miscarriage has occurred, you will be asked to take a pregnancy test three weeks later.

Medical Management
This type of management involves taking prescribed tablets which cause the uterus to expel the pregnancy tissue. Medical Management can be given either as an inpatient or outpatient. More detailed information is available if you wish to consider this option.

Surgical Management
This may be referred to as Surgical Management of Miscarriage. This type of management involves a general anaesthetic and a minor operation to remove the pregnancy tissue. With any type of surgery there are risks, two of the main risks are perforation of the uterus which may involve more major surgery and

infection. There is also a small risk of chest infection from the anaesthetic. These will be discussed with you.

With all types of management of miscarriage there is a small risk of pregnancy tissue remaining in the uterus. It is therefore very important that if you experience any prolonged vaginal bleeding, offensive vaginal discharge, abdominal pain or fever after you have been discharged from hospital for you to contact your own doctor.

Unless you have experienced three consecutive miscarriages with the same partner no investigations will be carried out. This is because your chances of having a successful pregnancy next time are high.

Fetal Tissue

Following a miscarriage fetal tissue is usually examined to confirm that a pregnancy did occur and to rule out an abnormal pregnancy, which may require closer monitoring of your condition in a future pregnancy. Your agreement (consent) will be required for this to take place before you can leave hospital.

Recurrent Miscarriage

(The loss of three consecutive pregnancies with the same partner)

Recurrent miscarriages affect only 1-2% of fertile women. If you have suffered from recurrent miscarriage, investigations will be carried out by a gynaecologist to see if any cause can be found as to why this may be occurring. 50% of recurrent miscarriages are idiopathic (ie. no cause can be found).

After a Miscarriage

Bleeding
After a miscarriage you may experience bleeding similar to a heavy period for a couple of days, this bleeding will gradually decrease over the next couple of weeks. It is advised that you use sanitary towels instead of tampons until you have your first period after the miscarriage, as this can reduce the risk of infection.

You may experience some crampy type abdominal pains for a few days after the miscarriage, these pains may be eased by taking the recommended dose of simple painkillers, e.g. paracetamol. If you experience any severe pain, bleeding, fever of offensive vaginal discharge you should contact the Female Surgical Ward (see back page for contact details) or your GP.

Periods
If you had a regular menstrual cycle prior to the miscarriage, your next period should return within four to six weeks.

Intercourse
You may have intercourse as soon as you and your partner feel ready.

Leaving Hospital
You will be discharged from hospital following a discussion between yourself and the medical/nursing staff, as long as it is safe to do so.

Normal activities can be resumed within 36 hours. However, you may feel that you need some time off work. If so a sick note may be required from your GP.

Future Pregnancies
It is possible to become pregnant again before your next period although the medical staff will advise you to have at least one period before attempting to become pregnant again. This is

to prevent confusion over pregnancy dates and scan finding in future pregnancies.

Before you decide to try for another pregnancy you need to feel that you have come to terms with your miscarriage. It is important that you feel as emotionally and physically fit as possible.

You will be advised by medical staff to take folic acid tablets prior to conception as these can help prevent against development problems in the spinal cord of a baby.

When you do become pregnant again you and your husband/ partner will be understandably anxious about having a further miscarriage.

Once you have had a positive pregnancy test in your next Pregnancy, you should contact your midwife or GP. They will arrange your booking appointment and may discuss with you whether an early scan for reassurance will help you. Not everyone who experiences a miscarriage will need/be offered an early scan. If you are referred for a scan this will be in the Early Pregnancy Assessment Unit (EPAU) and a time and date will be arranged according to your previous history.

Coping with the Miscarriage

Grief is a very individual emotion and varies from person to person. It is important that you acknowledge your own feelings because women/couples can feel varying degrees of grief.

There are organisations and groups who can offer support and guidance to you and your family. Their contact details can be found on pages 8 and 9.

Remembrance

There is a remembrance book in the Leighton Hospital Chapel. If you wish to place any details in the book, please speak to a member of staff.

Support Groups

The Miscarriage Association
Helpline: 01924 200799 (Monday to Friday 9.00am - 4.00pm)
Website: www.miscarriageassociation.org.uk
Offers telephone support and contacts of local groups

National Childbirth Trust
Helpline: 0300 330 0700 (Everyday 8am to midnight, including Bank Holidays)
Website: www.nct.org.uk
For advice and information on pregnancy and childbirth
Local support groups for parents who have lost a baby

National Infertility Network UK
Information Line: 01424 732 361
Support Line: 0121 323 5025
Website: www.fertilitynetworkuk.org
Support and information for anyone who has experienced fertility problems

SANDS (Stillbirth & Neonatal Death Society)
Helpline: 0808 164 3332
Website: www.sands.org.uk
Support anyone affected by the death of a baby and to improve the bereavement care received by parents and families

ARC (Antenatal Results and Choices)
Helpline: 0845 077 2290 or 0207 713 7486 via mobile
Website: www.arc-uk.org
Support and information for parents throughout ante-natal testing.

If you would like to read more about Miscarriage

"Miscarriage"
by Ann Oakley, Ann McPherson and Helen Roberts
Published by Fontane

"Talking about Miscarriage"
by Sarah Murphy
Published by Sheldon Press London

Questions? Make a note here

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This information is available in audio, Braille, large print and other languages. To request a copy, please telephone 01270 273723.

Female Surgical Ward: Telephone the hospital Switchboard on 01270 255141 and ask to be put through to the ward.

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