

Conservative management of miscarriage

Introduction

Loss of pregnancy can be a sad and distressing experience and we would like to express our sympathy to you during this difficult time. Over the next few days you will have many questions and concerns. This leaflet has been designed to explain about the conservative management of miscarriage, including the benefits, risks and alternatives.

However, if you have any other questions or would prefer to talk with a member of the nursing or medical staff please contact us on 0118 322 7181 when we will try our best to help you.

What is conservative management of miscarriage?

Conservative management (also described as 'expectant' or 'natural miscarriage') is when you wait to allow your body to go through the process of miscarrying the pregnancy 'naturally' without any medical or surgical intervention.

Conservative management is effective in 50-60% of cases.

What are the benefits?

- Some women see conservative management as a natural method of miscarrying as it is allowing nature to take its course.
- Some women feel more in control of the process without the need for any medication to induce the miscarriage, or surgical intervention requiring an anaesthetic and admission to hospital.

What are the disadvantages?

- You cannot predict when the miscarriage will start or how long it will take to complete.
- You are likely to experience pain and heavy bleeding but it is impossible to predict severity of symptoms.
- You may find the waiting and/or the process a frightening experience. However, if you have any concerns or you change of mind about how to manage your miscarriage you can contact the Emergency Gynaecology Clinic at any time.
- You may feel anxious about passing and seeing pregnancy tissue.
- Some women may still require a further intervention either medical/ surgical procedure if symptoms are severe or do not settle over a period of time.

What are the risks?

- Infection (this affects about 1 woman in every 100)

Signs of infection include:

- Raised temperature and flu like symptoms.
- Offensive smelling vaginal discharge.
- Abdominal pain that gets worse even when taking pain relief.
- Vaginal bleeding that is persistent and gets heavier rather than lighter.

Treatment of infection:

- Prescribed antibiotics.
- May need to have surgical management to remove any remaining tissue.
- Use pads and not tampons until the bleeding has stopped.
- Avoid intercourse until the bleeding has stopped.

- Haemorrhage (heavy vaginal bleeding) (affects about 2 in every 100 women)

Signs of haemorrhage include:

- Prolonged heavy bleeding that lasts longer than 4 hours when you are soaking a sanitary towel every 30-60 minutes or passing clots the size of your palm.
- Feeling lightheaded or dizzy.
- Fainting/collapse.

Treatment of haemorrhage:

- Call the clinic for immediate advice or attend the nearest Emergency Department.
- May need surgery to stop the bleeding.
- May require a blood transfusion.

- Retained tissue

This is when the miscarriage does not manage to resolve naturally and some pregnancy tissue remains in the uterus.

Treatment:

- Further scan to confirm the presence of retained tissue.
- You may require surgical management to remove the remaining pregnancy tissue.

Are there alternative management options?

- Medical management of miscarriage – medication is prescribed to speed up the process of miscarriage. Miscarriage usually starts within 48 hours of taking the medication.
- Surgical management of miscarriage – you undergo an operation under general anaesthetic (you are asleep). This is usually as a day surgery procedure.

Please see separate patient information leaflets which will give you more information regarding both of these options.

What happens during the miscarriage?

Every woman's experience of miscarriage is different. The first part of the process is waiting for the miscarriage to start.

Be prepared:

- Make sure that you have people on hand who can help and support you when the miscarriage starts.
- Ensure you have all the emergency contact telephone numbers to hand in case you need help and advice.
- Make sure you have a supply of pain-relief medication (paracetamol, ibuprofen, codeine).
- Make sure you have a good supply of heavy duty sanitary towels.

Pain and bleeding

Most women will experience a few hours of heavy vaginal bleeding, passing blood clots and have crampy abdominal pain – expect this to be more painful and heavier than a normal period would be.

The heavy vaginal bleeding and cramps should start to settle after a few hours (although sometimes this can stop and start) then the symptoms should become lighter. The lighter bleeding can continue for a few days.

To reduce the risk of infection:

- Wear sanitary towels and not tampons – during the miscarriage your cervix will be open to allow the pregnancy tissue to pass through.
- Avoid long soaks in the bath. It is safe to take showers or short baths in warm (not hot) water.

Pregnancy tissue:

During a miscarriage at home you are most likely to pass the pregnancy tissue into the toilet. You may wish to look at what has come away and should be prepared that you might see the pregnancy sac and/or fetus or you may wish to simply flush the toilet.

You may wish to bury the pregnancy tissue in your garden or in a planter with flowers or a shrub, or you may want to arrange a private funeral or cremation. You may prefer to bring the tissue back to the hospital so that the staff can arrange for 'sensitive management of the pregnancy tissue'.

If you have any questions or are unsure of what to do please speak with staff in the clinic. We can offer you support and advice and provide you with more information to help you make decisions during what may be a difficult and distressing time.

Contact us

If you have any concerns or questions regarding your operation, you can contact us on:

Sonning Ward: 0118 322 7181 / 0118 322 8204

Where can I get more information?

- NHS Choices www.nhs.uk/conditions/miscarriage/Pages/Introduction.aspx
- www.miscarriageassociation.org.uk
- Visit the Trust website at www.royalberkshire.nhs.uk

This document can be made available in other languages and formats upon request.

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