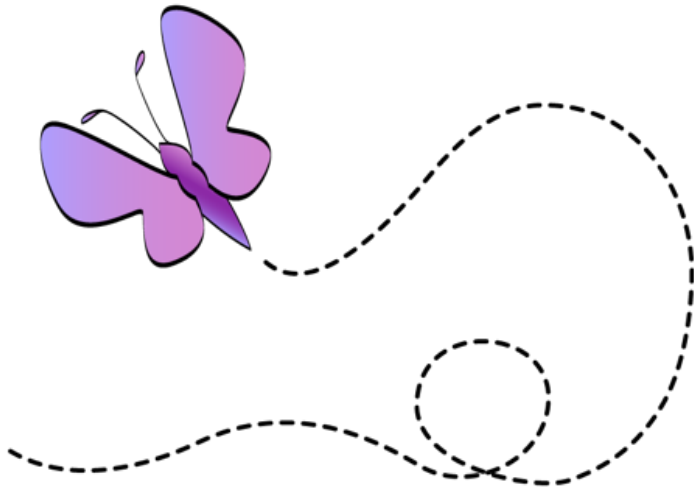




Following Confirmation of an Early Pregnancy Loss

Information for patients
The Early Pregnancy Assessment Service (EPAS)



We are sorry you are leaving hospital with confirmation of a miscarriage. Everybody reacts differently to the loss of their pregnancy. You may be surprised at your feelings and may need time to grieve. Some women are left feeling sad, depressed, guilty, angry or isolated. Others feel philosophical and recover quickly from their miscarriage. There is no right or wrong way to feel.

WHAT HAPPENS NOW?

Complete Miscarriage

This means that your womb is completely empty and there is no need for medical intervention.. You may continue to bleed for up to three weeks, but it shouldn't be heavy. You should contact us if it does not settle or you begin to bleed heavily.

Expectant Management (natural miscarriage)

Your pregnancy will eventually miscarry naturally. It is impossible to describe exactly what this experience will be like for you personally.. Most women miscarry within two weeks but sometimes it takes longer. You may have heavy bleeding and period like cramps, especially at the time you are about to pass the pregnancy tissue. Painkillers such as paracetamol or ibuprofen may help at this time. The bleeding and pain should settle down approximately two hours after passing the pregnancy tissue. You may continue to bleed for about four to six weeks.

You should have a follow-up scan arranged for two weeks' time to confirm that the miscarriage is complete. From the confirmation of the miscarriage by scan – this is arranged by the early pregnancy unit when the woman decides on expectant management.

You may experience some very heavy bleeding whilst miscarrying. If this is the case, contact us at the hospital and we will arrange an assessment at the hospital with medical staff. You may require a surgical procedure carried out under general anaesthetic (you are asleep) to remove the remaining pregnancy tissue or clots.

Possible complications are:

- ❖ Risk of infection in the womb (2 in 100)
- ❖ The miscarriage may not complete (1 in 5)

SURGICAL MANAGEMENT OF MISCARRIAGE

A surgical procedure is used to remove any pregnancy tissue that is still in your womb after an incomplete miscarriage. Prior to theatre you will have two misoprostal tablets inserted vaginally to help soften the cervix. You will be offered an antibiotic suppository, which is inserted in your back passage.

The surgical procedure is carried out in an operating theatre under general anaesthetic. The opening of your cervix is gently stretched and an instrument passed into your womb which removes any remaining pregnancy tissue. We often use a suction tube as this is more effective at emptying the womb. This procedure takes about 5-10 minutes, but you should expect to spend most of the day in hospital.

Every surgical procedure has risks and possible complications and you may not be offered this option if it is considered that the risks are too high.

- ❖ Occasionally this procedure can cause infection (3 in 100)
- ❖ Occasionally this procedure can cause excessive bleeding (1 in 2000)
- ❖ Very rarely a perforation of your womb can occur. This happens if one of the Instruments makes a small hole in your womb (2 in 1000)
- ❖ Incomplete evacuation: it is possible to leave a piece of pregnancy tissue in your womb, this can cause heavy bleeding or infection and you may need a further procedure carried out (1 in 100)

- ❖ Damage to cervix (1 in 100)
- ❖ Risk of general anaesthetic – The risk is higher if you suffer from any significant medical condition or are overweight.

You will continue to bleed after this procedure for 2-4 weeks but it should not be heavy or “smelly”. Please contact us if you have any concerns.

MEDICAL MANAGEMENT OF MISCARRIAGE

Outpatient Management - Under 9 weeks gestation

This is when medication is used to help pass the pregnancy tissue. The process involves having four misoprostal tablets inserted vaginally. A tampon is then inserted to keep them in place. You should remove the tampon two hours later at home. You will be offered an antibiotic suppository and a pain killer suppository which are inserted in your back passage. You will also be given anti-sickness medication and antibiotics to take by mouth.

After resting for 15 minutes you will be assessed by staff to ensure you are fit to go home. You will be given a medicine pack which includes strong painkillers.. You should be taken home by a responsible adult and not drive or take public transport, they should be able to stay with you for the next 24 hours.

The pregnancy tissue will usually pass within a few hours and often when you are on the toilet. Once you have passed the pregnancy tissue your pain will subside and the bleeding will start to settle.

It is usual to have heavy bleeding for the first two days and passing clots is common. This should settle, although some women can bleed for up to two weeks and also experience additional days of spotting. It takes at least three weeks for your pregnancy hormones to settle.

If you have had no bleeding or if you have had only minimal bleeding during the 48 hours following medical management, you should contact the Early Pregnancy Unit to discuss repeat medical treatment after 72 hours

According to research, the success rate is approximately 80% to 90%. The majority of women who choose medical management are satisfied with this method.

You should do a pregnancy test at home three weeks after the medical management. If the test is positive or you are still bleeding, you should contact EPAS at Wishaw (01698 366217) to arrange a review appointment.

Inpatient Management - Over 9 weeks gestation

Medication is used to help pass the pregnancy tissue. It involves taking a tablet which blocks the action of progesterone (a hormone that is essential for continuation of your pregnancy). You may go home following this, but you should contact us if you have any heavy bleeding or feel unable to cope with the bleeding and pain. 1 in 20 women may miscarry from this tablet alone.

Two days later we ask that you attend University Hospital Wishaw to have tablets placed inside your vagina (pessaries). These tablets make your womb contract to expel the pregnancy tissue. You should expect to spend the day in hospital. We will monitor your progress and provide you with analgesia if required whilst in hospital.

Not everyone is suitable and you may not be offered this option if you have heart disease, blood clotting problems, severe asthma, are a smoker over 35 years, or do not have easy access to hospital.

Medical treatment is not always successful. However, if a miscarriage does not occur, we may have to consider expectant management, repeating the medical management or arrange for surgical management of your miscarriage. We may also advise a follow-up ultrasound if there is any uncertainty that the miscarriage has been complete.

Possible complications are:

- ❖ Risk of infection (3 in 100)
- ❖ The miscarriage may not complete (1 in 2-6)

WHICH OPTION IS BEST FOR ME?

Sometimes the choice may be obvious. If you are unwell and bleeding heavily, then surgical management will be required. Occasionally, we may recommend one option over another when research has showed an improved outcome for your particular diagnosis. More often it is your personal preference. As long as you are well, we can manage your miscarriage safely using any one of these methods.

If you make a decision and go on to have doubts – please contact us and we can change the arrangements.

AFTER YOUR MISCARRIAGE

The following information outlines possible options. The midwife will discuss all the options with you and your partner to help you decide what is best for you.

Shared Cremation

The hospital can arrange for your pregnancy loss to be sensitively cremated. This means that your pregnancy loss will be placed in a small individual container and taken to South Lanarkshire Crematorium. Although, your pregnancy loss will be in its own container, a number of losses are cremated together. Following cremation there will be no individual ashes available for collection. The collective ashes will be scattered in the Baby Garden of Remembrance which you can visit at any time.

There is no service in the crematorium at this time.

Occasionally there may be no pregnancy tissue for sensitive shared cremation.

Can I make my own arrangements?

Yes. Private arrangements ensure that you have the type of service, cremation or burial that you would prefer.

You will need to contact a funeral director of your choice to make private arrangements.

There may be a cost for private arrangements.

Home Burial

Some women or couples prefer to have a home burial in the garden with a floral memorial over the burial site. You will need to discuss this with your midwife to make the necessary arrangements.

What if I'm not sure?

We realise this is a difficult time and you may not be sure what option you want to choose. If you don't feel ready to make a decision we can keep your pregnancy loss in our care for a little longer. However, if you have not informed us of your decision within six weeks we will proceed with a hospital sensitive shared cremation as described above.

Testing that may be carried out following your miscarriage

We offer laboratory examination of the pregnancy tissue to exclude rare complications of pregnancy known as Molar Pregnancy and Ectopic Pregnancy. If you do not wish to have these tests carried out please let the midwife know.

Sometimes, there may be no remaining pregnancy tissue for cremation following testing.

If you have had three or more miscarriages in a row we will request a chromosome analysis test to be carried out. This test is carried out in the Queen Elizabeth University Hospital in Glasgow. Following this test NHS Greater Glasgow & Clyde will make arrangements for sensitive shared cremation of any remaining pregnancy tissue at Craigton Crematorium in Glasgow. Again, we will need your written permission for this to be done. Please be assured that this will be carried out with dignity and respect.

ADVICE FOLLOWING A MISCARRIAGE

Why did I miscarry?

We rarely know why a woman miscarries. A large number of miscarriages happen because of developmental problems; the majority of which do not happen again.

There is no evidence that exercise or sexual intercourse in early pregnancy causes miscarriage. We do know that it is extremely unlikely you did anything that caused your miscarriage and it is important that neither you, nor your partner feel at fault. Occasionally, there is a problem with the mother's blood clotting antibodies or either parents chromosomes. Infections or hormonal imbalances are sometimes thought to cause miscarriages. However, this usually only becomes apparent after more than three miscarriages. Most hospitals do not investigate until the mother has had three miscarriages.

Am I at higher risk of miscarrying again?

Most miscarriages are chance events and are unlikely to occur in another pregnancy. You will still have the same 15-20% risk of miscarriage as anyone else. Your risk of miscarriage only significantly increases after three or more consecutive miscarriages.

When can we try again?

There is no medical reason why you cannot try again straight away. We advise that you wait until your next normal period in order that you can "date" your next pregnancy. Please remember to take folic acid before you try again.

Emotionally, you may not feel ready to try again for several months. It can be very difficult to cope with the loss of one pregnancy and the anticipation of a new one at the same time.

You should be aware that it is possible to ovulate and become pregnant before your next period arrives. Please consider using contraception until you feel ready to cope with another pregnancy.

When will my periods return?

Your period should return 2-6 weeks after your miscarriage (providing you had a regular cycle before your miscarriage).

Am I at higher risk of miscarrying again?

Most miscarriages are chance events and are unlikely to occur in another pregnancy. You will still have the same 15-20% risk of miscarriage as anyone else. Your risk of miscarriage only significantly increases after three or more consecutive miscarriages.

WHAT SUPPORT CAN YOU OFFER FOLLOWING MY MISCARRIAGE?

Please contact us if you would like any further information regarding your miscarriage. If you have had three or more miscarriages, please contact us if you would like a follow-up appointment.

We have the contact details of local miscarriage support groups or counselling services.

University Hospital Wishaw holds a midwife led miscarriage support group on the first Monday of every other month (starting in February) between 7-9pm, inside the sanctuary entrance on level 1.

A book of remembrance is available in the Quiet Room at University Hospital Wishaw. You are welcome to write a verse or message in remembrance of your miscarried baby.

NHS Lanarkshire usually holds an annual remembrance service which is publicised in the local newspapers. Please contact us if you would like further details on 01698 366217. We hope that these services will help you come to terms with your miscarriage.

Contact numbers:

Airdrie EPAS 01236 763298

Hairmyres EPAS 01355 584501

Wishaw EPAS 01698 366217

Emergency contact:

Wishaw Triage 01698 366210

Miscarriage Association:

Telephone: 01924 200799

Website: www.miscarriageassociation.org.uk

Address: Miscarriage Association

Clayton Hospital, Northgate, Wakefield WF1 3JS

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NHS Lanarkshire take care to ensure your personal information is only accessible to authorised people. Our staff have a legal and contractual duty to keep personal health information secure, and confidential. In order to find out more about current data protection legislation and how we process your information, please visit the Data Protection Notice on our website at www.nhslanarkshire.scot.nhs.uk or ask a member of staff for a copy of our Data Protection Notice.



NHS Lanarkshire - for local services and the latest health news visit www.nhslanarkshire.scot.nhs.uk
NHS Lanarkshire General
Enquiry Line: 0300 30 30 243

NHS inform - The national health information service for Scotland.
www.nhsinform.co.uk
Tel No: 0800 22 44 88

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Services@lanarkshire.scot.nhs.uk



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| Pub. date: | Sept 2021 |
| Review date: | Sept 2023 |
| Issue No: | 02 |
| Department: | EPAS |
| Clinical Lead: | |

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