How can I help reduce Healthcare Associated Infections?
Infection control is important to the wellbeing of our patients, and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the main entrance of the hospital and at the entrance to every clinical area before coming into and after leaving the clinical area or hospital. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

www.buckshealthcare.nhs.uk
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If you require a translation of this leaflet please contact the Early Pregnancy Unit

Women & Children’s Directorate
Buckinghamshire Healthcare NHS Trust
Stoke Mandeville Hospital, Mandeville Road, Aylesbury
Buckinghamshire, HP21 8AL

Approvals:
Gynaec Guidelines Group: V1 Jul 2014
O&G SDU: V1 Aug 2014
Clinical Guidelines Subgroup: Nov 2014
Patient Experience Group: Feb 2015
We are very sorry that you or someone close to you has had a miscarriage.

This leaflet hopes to provide you with information that helps you choose what treatment to have and unless you need emergency treatment, you do not need to decide straightaway, you will be given time to decide what management is best for you.

It might help you to know that research comparing natural, medical and surgical management found that:

- the risks of infection or other harm are very small with all three methods
- your chances of having a healthy pregnancy next time are equally good whichever method you choose
- women cope better when given clear information, good support and a choice of management methods.

What is expectant management of miscarriage?
Expectant management of miscarriage is where your body goes through the process of miscarrying the pregnancy naturally, without any medical or surgical intervention. This almost certainly means experiencing some heavy vaginal bleeding with passage of clots +/- tissue and cramping abdominal pain.

How successful is this method of management?
The success rate depends on the type of miscarriage. The success rate is better if the miscarriage is incomplete (when you have passed some pregnancy tissue already) as compared to if you have ‘missed miscarriage’ (the pregnancy sac is complete and you have had minimal or no bleeding).

What are the benefits?
- Some women see expectant management as a natural method of miscarriage as it allows nature to take its course.
- There is no need to be in hospital.
- You may feel more in control of the process because you are aware of the miscarriage happening and not being in hospital.
- You are able to avoid an operation and the accompanying anaesthetic (general).

When can I expect a period?
Every woman is different in regard to how soon after they miscarry they have their next period. This can range from 3 to 6 weeks as your body and hormones can take time to return to normal. Often the next period can be different than what you normally experience (heavier or lighter, again this is nothing to be concerned about, unless the bleeding is very heavy and prolonged – in which case consult with your GP).

If you do not have a period within 6 weeks of your miscarriage it may be advisable to contact your GP.

Do I need to inform anyone about my miscarriage?
No, the Early Pregnancy Unit will have sent out information to your GP, Community Midwife and Ultrasound Scan department and hospital appointments, so you will not need to worry about doing this.

The future
We would recommend you take daily folic acid (preferably for 3 months before a pregnancy) and wait for at least one period before you try again. Once you have a period then we know that your hormones are back to normal.

We hope that this leaflet provides the information to help you make decisions at what may be a difficult and distressing time.

Please remember that nothing is too trivial to talk about. If you are worried, we would like to know.

Contact numbers
Early Pregnancy Unit (0800- 1300, Monday - Friday)
Wycombe Hospital 01494 425553
Stoke Mandeville Hospital 01296 316469
Ward 15 (at all other times) 01296 316500/316365

Further information
Miscarriage association: www.miscarriageassociation.org.uk
confirm this was pregnancy tissue, and we can also sensitively bury this for you according to the hospital’s policy.

**What happens after 2 weeks?**
The Early Pregnancy staff will make contact with you by telephone after two weeks to see how things have progressed. If you are certain you have miscarried then we do not need to see you again. **We recommend you do a urine pregnancy test 3 weeks following the miscarriage, and contact us if it is still positive.** If your pregnancy test is negative, that suggests the miscarriage is complete. If you are in any doubt, please contact us, and you may need some blood tests or an ultrasound scan which we can organize for you.

**What if I have not miscarried?**
If after this you have not miscarried then we would like to see you again to reassess the situation and review your care.

If the miscarriage is not complete then you have the options of:
- Medical management of miscarriage (with pessaries/ tablets).
- Waiting up to 2 more weeks for the miscarriage to occur spontaneously.
- Surgical management of miscarriage (SMM).

If you are not sure whether the miscarriage is complete we may ask you to do another pregnancy test to determine whether any pregnancy hormone is still in your system.

Following this the staff may ask you to come back to the Early Pregnancy Unit for further assessment.

This may be a urine pregnancy test and/or an ultrasound scan.

**Can I change my mind?**
Yes, you can change your mind about having expectant management.

The other options are:
- Surgical management of miscarriage. (under a general anaesthetic).
- Medical Management of miscarriage. Using tablets or pessaries to bring on the process of miscarriage.

Please ring the EPU department to discuss your options at any time.

**And the disadvantages?**
- You cannot predict when the miscarriage will occur, or be complete.
- You may experience pain, and heavy bleeding. This is variable and you may feel anxious about how you will cope, especially if you are not in hospital at that time.
- You may find the process painful and frightening, although good information about what to expect can help.
- You may be frightened about seeing the remains of the pregnancy.
- Bleeding can continue for up to three weeks and you may need several follow-up scans to check on progress.
- Some women ultimately have an operation anyway.

**What happens?**
We wait for the process of miscarriage to start and nature to take its course. The process of miscarriage can take some time before any bleeding starts. It is normal for this to continue for up to three–six weeks. This amount of time does vary from woman to woman.

**What do I expect?**
You can lead life as ‘normal’, but we would recommend that you are prepared for the miscarriage process.

**Pain and bleeding**
It is difficult to predict when the bleeding might start, or become heavier, but it is better to be prepared. The amount of bleeding can vary and it may catch you by surprise. It is likely to be more than with a normal period and you may pass clots. These can be as big as the palm of your hand. You may see the pregnancy sac, which might look different from what you expected. **Generally if you are soaking more than one sanitary towel per hour for more than 4 hours, you are losing too much blood.**

We understand that bleeding at home can be very frightening and please do ring the numbers on page 7 for advice if you are unsure of what to do.
After you have actually miscarried (passed clots of blood or tissue) then the bleeding should ease and become lighter. Sometimes, not all will be passed and later some further clots may be passed. Then the bleeding should become lighter and the cramping should ease.

It is not unusual to bleed for 10-14 days after the miscarriage, but this bleeding should be noticeably lighter, more like a period.

Your first period after the miscarriage may be heavier than usual.

**Pain**
Most women have period-like cramps that can be very painful, especially when the pregnancy tissue is being pushed out. This is because the uterus is tightly squeezing to push its contents out, much like it does in labour. You will need pain relief such as paracetamol and ibuprofen which can be bought over the counter. We can also provide you with codeine based pain relief and anti-sickness medication. Sometimes using hot water bottles (not too hot) can help.

If the types of pain relief are insufficient, then contact the numbers at the back of this leaflet.

**Hygiene**
Your cervix is opened slightly to allow blood to drain and we want to reduce the risk of infection getting in.

Therefore we advise you **NOT** to wear tampons or to have sexual intercourse at all whilst you are bleeding. It is also advisable **NOT** to go swimming or take long soaks in the bath as these may increase the risk of infection. It is safe for you to take showers and short baths in warm but not hot water.

Once you have stopped bleeding then you can continue as normal.

**Work**
Going back to work is an individual decision. It depends on how heavy your bleeding is, and how you feel generally - the loss of a pregnancy can be a very distressing event in a woman’s life. You may decide that you need to take some time off whilst the actual miscarriage is happening. Some women need more time off than others. You can self certificate for the first week off work, and thereafter you will need to see your GP to be provided with a fitness for work certificate. Women and their partners also need support from family or friends at this difficult time.

**What are the risks?**
The main risks are infection (about 1-4 women in every 100) and haemorrhage (heavy blood loss) (about 2 in 100).

**Infection** – Symptoms that might indicate infection include fever or shivering, vaginal discharge which smells foul or looks infected, abdominal pain or tenderness which is persistent and not relieved by pain relief.

Expectant management is effective in 50-60% of cases. If it is not, or if you have an infection, you may be advised to have surgical management to complete the miscarriage.

**After the miscarriage**

**In hospital**
In our hospital, when a baby dies, in accordance with the Human Tissue Act, the gestation sac/ fetal remains are sensitively buried, along with remains of other miscarried babies. This burial service is attended by the Hospital’s Chaplain at a service held once a month.

Even if you miscarry in hospital you may want to make your own arrangements for burying or cremating the remains of your baby. You can do this through a Funeral Director or carry out your own burial at home.

**At home**
If you miscarry at home or elsewhere outside a hospital, you are most likely to pass the remains of the pregnancy into the toilet. Actually this can happen in hospital too. You may look at what has come away and see a pregnancy sac and/or, the fetus – or something you think might be the fetus. You may want to simply flush the toilet – many people do that automatically – or you may prefer to remove the remains for a closer look. That is natural too.

You may decide to bury the remains at home, in the garden or in a planter with flowers or a shrub. Please note that if you are in a rental property you should not bury the remains in the garden.

You may want to bring the remains to us and we can look at them for you. If you want us to, we can send the remains to the laboratory to