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.

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If you require a translation of this leaflet please contact the Early Pregnancy Unit
We are very sorry that you or someone close to you has had a miscarriage. This leaflet aims to explain how the miscarriage can be ‘managed’ by medical treatment (drugs).

The aim is to give you information so you can make a decision. Unless you need emergency treatment, you do not need to decide straightaway, you will be given time to choose 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 medical management of miscarriage?**

In this process, treatment with vaginal tablets (pessaries) help start or speed up the process of a missed or incomplete miscarriage. This treatment is unsuitable for women with some health problems, including severe asthma or anaemia.

**What happens?**

The medication used to start the process of miscarriage is called Misoprostol which softens the neck of the womb (cervix) and causes the muscles of the womb (uterus) to contract. Misoprostol has been extensively studied and is very commonly used for treatment of miscarriage but its use for this indication is off-license.

You will have a blood test to check your blood count and blood group. You will be asked to sign a consent form. You will then be given an appointment to come for your treatment.

At this appointment, pessaries (misoprostol) will be given to you to insert in the vagina - this can be done by yourself or by the nurse. These make your uterus contract to push out the pregnancy tissue. If you do not wish to insert the pessaries into the vagina, you can put the tablets under your tongue. They are equally effective, but you are more likely to have side-effects. You can go home 15-30 minutes after the 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 that 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 as back to normal as possible.

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

**Do I need to inform anyone about my miscarriage?**

This leaflet explains some of the most common side-effects that some people may experience. However, it is not comprehensive. If you experience other side-effects and want to ask anything else related to your treatment please contact the above numbers.
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 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 phone after two weeks to see how things have progressed. If you are certain that you have miscarried then we do not need to see you again. **We recommend that you do a urine pregnancy test 3 weeks following the miscarriage, and contact us if it is still positive.** If you are in any doubt, or have little or no vaginal loss, then we will make arrangements to see you for a urine pregnancy test +/- a re-scan.

If the miscarriage is not complete then you have the options of:

- Repeating the Misoprotol
- Waiting for the miscarriage to occur spontaneously
- Surgical evacuations of remains of products of conception (SMM).

**Can I change my mind?**
Yes, you can change your mind about having medical management. The other options are:

- Surgical – evacuation of retained products of conception.
  (under a general anaesthetic)
- Expectant Management of miscarriage. Waiting for the onset of miscarriage to occur naturally.

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

**When can I expect a period?**
Every woman is different in regard to how soon after they miscarry that they have their next period. This can range from 3 to 6 weeks. Remember that this can vary as you are experiencing the loss of a pregnancy, and the body and your hormones can take time to return to normal. Often the next period can be different than that which you

Pessaries/ tablets have been inserted/taken. The miscarriage will take place at home. We will call you in 48/72 hours, and if the miscarriage has not started, you may need to return for a second dose.

**What are the side-effects of the medication?**
The medication may make you feel nauseous, sick and can cause diarrhoea and flu-like symptoms.

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

Most women will miscarry within 48 hours of undergoing the treatment; however it is important to understand that not everyone does. It can take up to a week to occur.

**Pain and bleeding**
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. The amount of bleeding can vary. It might 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 page7 for advice if you are unsure of what to do.

Once 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 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.
You will need pain relief such as paracetamol and ibuprofen and 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 above 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 **NOT** to wear tampons or to have sexual intercourse whilst you are bleeding. It is also advisable **NOT** to go swimming or to 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 very 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. Many women feel that at least a few days off work may be necessary. You can self certify 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 who work in the home also need support from partners, family or friends at this difficult time.

**What are the benefits?**
The main benefit is avoiding an operation and anaesthetic (general or local). Some women see medical management as more natural than having an operation, but more controllable than waiting for nature to take its course.

As with natural management, you may prefer to be fully aware of what is happening, to see the pregnancy tissue and maybe the fetus.

**And the disadvantages?**
- You may find the process painful and frightening, although good information about what to expect can help.
- You may be anxious about how you will cope with pain and bleeding, especially if you are not in hospital at the time.
- You may be frightened about seeing the remains of the pregnancy.
- Bleeding can continue for up to three weeks after the treatment and you may need follow-up scans to check on progress.
- Some women ultimately have an operation anyway.

**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. 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.