

## Patient advice sheet

# Miscarriage – Natural Management

Information for women under 13 weeks of pregnancy

We are very sorry that you or someone close to you has had a miscarriage and this leaflet is to help you choose what treatment to have. Unless you need emergency treatment, you do not need to decide straightaway, you will be given time to decide what management is the best way forward for you.

It might help you to know that research comparing natural, medical and surgical management of miscarriage 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 natural management of miscarriage?

This means allowing your body to go through the process of miscarrying the pregnancy naturally. This almost certainly means you are likely to have some heavy vaginal bleeding and pass clots and possibly tissue and experience 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), compared to a 'missed miscarriage' (the pregnancy sac is still present and you have had minimal or no bleeding).

### What are the benefits?

- Some women prefer to allow 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.
- You may avoid an operation and a general anaesthetic.
- You may prefer to be fully aware of what is happening, to see the pregnancy tissue and maybe the baby.

### How you may feel

- You may find it difficult not knowing when the miscarriage will happen.
- You may feel anxious about how you will cope with the pain and bleeding, especially as you will not be in hospital.
- You may find the process painful and frightening, although good information about what to expect can help.
- You may be frightened about seeing the pregnancy tissue.

- Bleeding can continue for up to three weeks and you may need a follow-up scan, although this is usually not needed.
- You may be too upset to wait for the natural process to start.
- If not all the tissue is passed you may need an operation anyway.

### **What happens?**

It may take days or weeks before the miscarriage begins. It is normal for the bleeding to continue for three or up to six weeks. The amount of time varies from woman to woman.

### **What can you expect?**

You can lead life as 'normal', but we recommend that you are prepared for the miscarriage process.

### **Bleeding**

It is difficult to predict when the bleeding might start, or become heavier, and 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 are likely to 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 call us for advice if you are unsure of what to do (see phone numbers below).**

After you have miscarried (passed clots of blood or tissue) the bleeding should ease and become lighter. Sometimes not all will be passed, and you may see some further clots. Then the bleeding should become lighter and the cramping should ease.

It is usual 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 expelled. 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 from pharmacies. Sometimes using hot water bottles (not too hot) on the tummy can help ease the pain.

If you are still having pain, please contact the Early Pregnancy Unit (see phone numbers on page 4).

### **Hygiene**

Your cervix is slightly opened to allow blood to drain and we want to avoid 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 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 hot water.

Once you have stopped bleeding you can continue living 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 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 after that you will need to see your GP for 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 bleeding) (about 2 in 100).

Signs that you may have an infection include fever or shivering, foul smelling vaginal discharge, tummy pain or tenderness that continues after you have taken pain relief.

Expectant management (natural management) is effective in 50-60% of cases. If it is not, or if you have an infection, you may be advised to have an operation or pessaries 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. Please note: if you are in a rental property you should not bury the remains in the garden. More information about this can be found below.

### **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 baby – or something you think might be the baby. You may want to simply flush the toilet - many people do that automatically - or you may want to take a closer look. That is natural too.

You may want to bring the remains to us and we can check it 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.

Please see further information on page 5 about "Burying your baby at home".

## What happens afterwards?

The Early Pregnancy Unit staff will telephone you after one week 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 after the miscarriage and contact us if it is still positive.** If you are in any doubt, please contact us - you may need some blood tests or an ultrasound scan which we can organise for you.

## What if you have not miscarried?

If you have not miscarried, we would like to see you again to reassess the situation and review your care.

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

- Waiting up to 2 more weeks for the miscarriage to happen spontaneously.
- Medical management of miscarriage (with pessaries/ tablets).
- Surgical management (operation) to remove the fetal tissue.

If you are unsure whether the miscarriage is complete, you may be asked to do another pregnancy test to find out whether any pregnancy hormone is still in your system.

Following this you may be asked to come back to the Early Pregnancy Unit for further assessment. This may require a urine pregnancy test and/or an ultrasound scan.

## Can you change your mind?

Yes, you can change your mind about having expectant management. The other options are:

- Surgical management of miscarriage (operation) under a general anaesthetic.
- Medical management of miscarriage. Using tablets or pessaries (vaginal medication) to bring on the process of miscarriage.

Please ring the Early Pregnancy Unit to talk about your options at any time.

## When can you expect a period?

Every woman is different in terms of when they will have their next period following a miscarriage. 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 ones you normally experience (heavier or lighter). This is nothing to be concerned about, unless the bleeding is very heavy and prolonged, when you should contact your GP.

If you do not have a period within 6 weeks of your miscarriage you are advised to contact your GP.

## Do you need to inform anyone about your miscarriage?

No, the Early Pregnancy Unit will have sent information to your GP and Community Midwife. Any ultrasound scan or hospital appointments will be cancelled, so you will not need to worry about doing this. Unfortunately, we are unable to stop the appointment letters that have already been sent out.

## 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 informed 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 help.**

## Contact numbers

**Early Pregnancy Unit: 01296 316469** You can call this number 8am-1pm, Monday–Friday. At all other times please call:

**Ward 15**                                 **01296 316500 or 01296 316365**

## Further information and support

**Miscarriage association:** [www.miscarriageassociation.org.uk](http://www.miscarriageassociation.org.uk)

Charity bears: [www.achingarms.co.uk](http://www.achingarms.co.uk)

## Information about burying your baby at home

If you want to take your baby home for burial, please remember:

- You may not always live at that address
- The baby should not be buried near a water supply
- The baby must be buried at least 90cm deep
- If you do not own the land, permission must be sought from the landowner
- Others using the land should be informed of the burial
- Keep a note of the exact place of burial with the deeds in case you want to take your baby with you if you move
- You may prefer to bury your baby in a simple casket or box, in case you do want to move
- If you bury your baby in a designated place, eg the Aylesbury Cemetery or Snowdrop Garden, High Wycombe, you will always be able to visit.

You can obtain further information from The Institute of Cemetery & Crematorium Manager (Inc.), phone 0208 9894661.

## How can you help reduce healthcare associated infections?

Infection prevention and control is important to the well-being of our patients and for that reason we have infection prevention and control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. Please follow our infection prevention and control guidelines when visiting our healthcare sites. Further information is available on our website.

## Patient Advice Sheet

If you would like a copy of this information on audiotape, in large print or translated, please call the Patient Advice Liaison Service on 01296 831120 or email [bht.pals@nhs.net](mailto:bht.pals@nhs.net)

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## Division of Women, Children & Sexual Health Services

*Approvals:*

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